



**ILLINOIS DEPARTMENT OF HUMAN SERVICES
COMMUNITY REPORTING SYSTEMS**

**INSTRUCTION MANUAL FOR
USER CREATED FILE
SUBMISSION TO DHS**

VOLUME I - CLIENT CASE REGISTRATION

***VOLUME II - SERVICE REPORTING & MENTAL HEALTH
MEDICAID BILLING (RULE 132)***

VOLUME III - FEE FOR SERVICES BILLING

VOLUME IV - AGENCY PLAN INFORMATION

**INFORMATION MANAGEMENT AND DEVELOPMENT
UNIFIED HEALTH SYSTEMS SECTION**

DHS COMMUNITY REPORTING SYSTEMS
INSTRUCTION MANUAL FOR USER CREATED FILE SUBMISSION TO DHS

MANUAL REVISIONS

REVISION DATE	DESCRIPTION
07/06/2015	<p>Volume I Page 17 - 41</p> <p style="text-align: center;">Client Mental Health Record Format</p> <ol style="list-style-type: none"> 1. Principal Diagnosis no longer needed. 2. Diagnosis Type no longer needed. 3. Increased the size of the 9 Diagnosis fields from 5 to 8 bytes to accommodate ICD-10 codes. 4. Added 9 new fields, Diagnosis Code Type 1-9, to distinguish between ICD-9 and ICD-10 codes. Diagnosis Code Type for ICD-9 is 9. Diagnosis Code Type for ICD-10 is A. This field is required for each diagnosis code entered. 5. When Registration Date is on or after October 1, 2015, and existing MH registration information is updated; ICD-10 code is required. ICD-9 code is not allowed. 6. When Registration Date is on or before September 30, 2015, and existing MH registration information is updated; ICD-9 code is required. ICD-10 code is allowed. 7. Effective October 1, 2015, new MH registrations will no longer be allowed. 8. Duplicate diagnoses may not be entered. 9. Codes for Deferred Diagnosis and No Diagnosis will no longer be allowed. <p>Volume I Page 42 - 55</p> <p style="text-align: center;">Client Developmental Disabilities Record Format</p> <ol style="list-style-type: none"> 1. Principal Diagnosis no longer needed. 2. Diagnosis Type no longer needed. 3. Increased the size of the 9 Diagnosis fields from 5 to 8 bytes, to accommodate ICD-10 codes. 4. Added 9 new fields, Diagnosis Code Type 1-9, to distinguish between ICD-9 and ICD-10 codes. Diagnosis Code Type for ICD-9 is 9. Diagnosis Code Type for ICD-10 is A. This field is required for each diagnosis code entered. 5. When Registration Date is on or after October 1, 2015, at least one ICD-10 code is required from the subset of ICD-10 codes provided in Appendix C. ICD-9 code is not allowed. 6. When Registration Date is on or before September 30, 2015; ICD-9 code is required. ICD-10 code is allowed. 7. Duplicate diagnoses may not be entered. 8. Codes for Deferred Diagnosis and No Diagnosis

DHS COMMUNITY REPORTING SYSTEMS
INSTRUCTION MANUAL FOR USER CREATED FILE SUBMISSION TO DHS

MANUAL REVISIONS

REVISION DATE	DESCRIPTION
	<p style="text-align: center;">will no longer be allowed.</p> <p>Appendix C Replacement ICD10 Codes</p>
03/03/2008	<p><u>Volume I</u> Page 11 Add new Disaster Type value for the Northern IL University (NIU) incident.</p>
08/24/2007	<p><u>Volume III</u> Page 14 Added new Service Code values for Behavioral Intervention & Treatment (56U) and Emergency Home Response (55W).</p>
07/01/2007	<p>i Updated contact information for Help Desk iv-vi Removed references to diskette processing and updated production schedule for weekly processing of Service Reporting/MH Billing.</p> <p><u>Volume I</u> Page 30 Clarified description for "Household Income" as a "monthly" amount.</p> <p><u>Volume II</u> Page 7 Added new event activity code 5L to the notes for MH billable hours and minutes of service.</p> <p><u>Appendix</u> A,B,C,E,F Removed from manual. The information previously contained in these appendices will be posted in separate documents on the web page.</p> <p>D Renamed Appendix A G Renamed Appendix B</p>
08/21/2006	<p>Cover, vii Changed the DHS "Provider Claims Section" to the "Unified Health Systems Section"</p> <p><u>Volume I</u> Page 51-53 Added the following NOTE where applicable: Effective October 1, 2006, only ICD-9 codes can be reported for DD case registrations.</p>

PREFACE

This manual sets the guidelines for the creation and submission of files of Mental Health and Developmental Disability data to the Department of Human Services (DHS) by community agencies using their own system to develop these files.

Each community agency must be responsible for the quality of its data. The rules for the creation of data files must be followed exactly to ensure the reliability of the data and to minimize the chances of error. This requires close contact between the agency's data processing personnel and the agency's staff that is responsible for reporting data to the DHS. This communication between the two entities is essential to the success of the system. It enables the agency to resolve problems with the input quickly and prevents a high error rate that, once started, becomes difficult to resolve. **The community agency has the sole responsibility for the proper positioning and quality of the data.**

The Department of Human Services will notify the community agency in a timely manner of any changes to the current data or addition of new data that will require modification to the data record.

Questions concerning the content of this manual should be directed to the Unified Health Systems (UHS) Help Desk at 217-785-9559 or e-mail DHS.ROCS@illinois.gov.

INTRODUCTION

This manual defines the data submission requirements and record formats for the following:

Client Case Registration Information	used for both the REPORTING OF COMMUNITY SERVICES (ROCS) System and the FEE FOR SERVICES System
Service Reporting / MH Billing Information	used for the REPORTING OF COMMUNITY SERVICES (ROCS) System
Provider Information	used for the FEE FOR SERVICES System
Service Agreement Information	OBSOLETE - 07/01/2002
Client Financial Information	used for the FEE FOR SERVICES System, residential programs only
Fee for Service Billing Information	used for the FEE FOR SERVICES System
Agency Plan Information	used for the Community Agency Plans System (CAPS) and the REPORTING OF COMMUNITY SERVICES (ROCS) System

ROCS and CAPS data is used by DHS to monitor compliance with the grant agreements negotiated each fiscal year with community agency service providers. ROCS data is also used to monitor that those individuals discharged from DHS State Hospitals are provided linkage to community services and that those discharged to long-term care facilities are provided the mandated follow-up prescribed by statute; and to monitor services funded by federal funds, special contracts, and other methods of funding.

The ROCS System also processes the Mental Health (MH) billing data submitted to DHS for payment under Rule 132 - Mental Health Medicaid Clinic, Rehabilitation, and Targeted Case Management options. The procedures described in the following sections should be used by certified and enrolled participating provider agencies for reporting covered community MH service billing information to the Department of Human Services. The claim must be processed by the Department of Human Services (DHS) and the Department of Healthcare and Family Services (DHFS [formerly DPA]) no later than 2 years from the date on which the service is provided. If the individual has insurance coverage or other third party liability coverage, this information should be reported on the claim transaction.

See Volumes I and II for an explanation of the specific data reported on client case registration and service reporting/MH billing records. The DHS Management Information Services will process the service reporting and the MH billing data submitted by the agencies and will either accept or reject the data. The Department of Healthcare and Family Services must also approve each MH billing claim.

The Fee for Services system is used to collect and submit billing information to DHS for Fee For Service programs provided to clients. This includes:

Bogard Specialized Services - These services are provided to members of the Bogard class (per the OBRA 1987 and the Bogard consent decree) who reside in nursing facilities to meet their developmental needs. They are arranged through the Individual Service Coordinator serving the class member, at the request of the individual class member or guardian, and may be provided individually or in groups by traditional or non-traditional providers. Covered services include therapies, day programs, community participation training, activities of daily living training, mobility skills, and transportation.

Supported Living Services and Home Based Support Services - These services are provided to eligible clients receiving direct support, respite, Developmental Training, Supported Employment, Adult Day Care, Intervention Planning, Counseling, Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, and transportation. Needed services and providers are chosen by the individual and guardian, with assistance from the Team Leader, the Individual Service & Support Advocate (ISSA), and other members of the service/support team.

DD CILA Services - These services are a combination of supports and services individually tailored for an adult with developmental disabilities. The objective of a Community Integrated Living Arrangement (CILA) is to promote optimal independence in daily living and economic self-sufficiency of individuals with a mental disability. Based on their needs, individuals receive services that may include day programs, developmental training, supported employment, therapies, etc.

Other Specified Purchase of Service Programs - These services are provided to eligible clients receiving residential support, respite services, etc.

The Provider File will contain any new service providers or changes in previously accepted provider information. Only one transaction per provider will be allowed.

The Client Financial Information File contains information for those clients who are receiving residential service. The financial information is only needed for clients for whom you will be billing for residential programs. The file will contain all new client financial information your agency has for an individual along with any changes to previously accepted client financial information. Only one record per effective month and individual ID will be allowed. This information is used in calculating the reimbursement rate.

The fee for service Billing File will contain transactions for each covered item of service provided to an individual per day. Each billing must have an active client case registration in place; in addition, each residential program billing must have an active client financial information record accepted by DHS. The billing must reflect the services provided for the entire month. Only one record per individual, provider, program, service code/resident location/level, and service date will be allowed. Adjustments to previously accepted billings may also be submitted by the agency on this file. DHS will determine the amount of

payment for adjustments.

See Volume III for an explanation of the specific data reported on provider, client financial information, and billing file records. The DHS Management Information Services will process the client information, provider, and service billing data submitted by the agencies and will either accept or reject the data.

Note: All references to fiscal year (FY) will be the State of Illinois fiscal year (July 1 through June 30), unless stated otherwise. The value for fiscal year will be the year for June.

The agency will receive back files with the results of the processed data for each submission. After the processing of your agency's submitted data is complete, the Management Information Services will return files to your agency. Report listings are available which summarize the data processed.

Along with the FEE FOR SERVICE processed billing file, a voucher file will also be returned. The voucher file will contain provider payment information. See Volume III, SECTION 1, for an explanation of the data returned on the transaction records concerning the status of the provider, client financial information, billing records, and information contained in the voucher file.

Any rejected record may be resubmitted to DHS after the error condition has been corrected.

Paper reports are no longer being provided for data submitted for the Reporting of Community Services (ROCS) System and Fee-for-Service processing. Access to reports you formerly received in the mail are available by using Mobius Document Direct via the Internet. Report viewing is limited to your specific provider FEIN. It is the responsibility of each community agency to print reports from Mobius Document Direct, if desired. Reports will be stored for at least six months to allow sufficient time to view/print as needed.

The production file must be received by DHS/MIS by the cut-off date and time to be included in that cycle. If the production file is received after the cutoff date and time, it will be held and processed the following cycle.

You must retain (for a period of 5 years) an auditable record of each record submitted to DHS. This should be the original document as filled out by the staff member reporting service.

DHS reserves the right to review your data collection forms, procedures, processes, etc. to ensure consistency of reporting.

FILE SUBMISSION REQUIREMENTS

Data records must be created in compliance with the record formats as described in the following sections. In addition to the data records created, each file must contain a trailer record which must be the last record on the file. The trailer record formats are also described in the following sections. The data for each record must be in an ASCII fixed length format. There must be no delimiting characters between fields. Each record must be terminated with carriage return (CR) and line feed (LF) characters. The CR is one byte (hex 0D) and the LF is one byte (hex 0A). The entire file is then terminated by an end of file character (hex 1A).

DISKETTE SUBMISSIONS

Effective April 1, 2007, diskette submissions are no longer accepted by DHS/MIS for the Reporting of Community Services (ROCS) System and Fee-for-Service reporting.

Agency Plan Information files should be sent to the appropriate Region representative, as directed. *See VOLUME IV for Agency Plan specifications.*

FILE TRANSFER PROTOCOL (FTP) SUBMISSIONS

Community providers must register with the Department of Human Services (DHS), Management Information Services, in order to submit their information to the department using FTP. Registration information and forms can be found at <http://www.dhs.state.il.us/page.aspx?item=32575>. FTP software will be provided that is necessary to exchange files with DHS. An interface will also be provided that would allow the FTP software to be integrated directly in the agency's software application. Multiple FTP file submissions will be accepted for a production schedule. Refer to Appendix B for file transfer instructions.

The format of the file names must be as follows:

DHSCASE.FLE	-	Client Case Information
DHSSERV.FLE	-	Service Reporting/Mental Health Billing Information
DHSPROV.FLE	-	Provider Information
DHSINCM.FLE	-	Client Financial Information
DHSBILL.FLE	-	Fee for Service Billing Information

PRODUCTION SCHEDULE

Production files are processed on the following schedule:

- Case Registration Information is processed weekly.
- Service Reporting/Mental Health Billing Information is processed weekly, beginning the week of July 9, 2007.
- Fee for Service Provider, Client Financial Information, and Fee for Service Billing Information is processed weekly.

The cut-off for all FTP files is Monday of each week, at 5:00 p.m. If the production file is received after the cut-off date, it will be held and processed with the following cycle.

TEST DATA SUBMISSION REQUIREMENTS

Notify the Department of Human Services, Unified Health Systems Section of your intent to submit the required data files via user created software by calling (217) 785-9559 or sending an e-mail to DHS.ROCS@illinois.gov.

A file containing test data must be submitted and approved prior to sending the first production data file. Prepare the files according to the specifications in the appropriate sections of this volume. At least 10 and no more than 100 transactions per file type should be submitted for testing purposes. Be sure to include a corresponding trailer record on each file. MIS will return each file submitted with the results of the processed data.

VOLUME I

CLIENT CASE REGISTRATION

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

The client case registration process may consist of up to four different records for a client. At the time of registration, each client must have a **CLIENT DEMOGRAPHIC INFORMATION** record and a corresponding **CLIENT MENTAL HEALTH (MH)** and/or **CLIENT DEVELOPMENTAL DISABILITIES (DD) INFORMATION** record submitted. If the client has a guardian, a **CLIENT GUARDIANSHIP INFORMATION** record must also be submitted.

Example:

For a DD client - submit a **CLIENT DEMOGRAPHIC INFORMATION** record and a **CLIENT DD INFORMATION** record.

For a MH client - submit a **CLIENT DEMOGRAPHIC INFORMATION** record and a **CLIENT MH INFORMATION** record.

For a dually diagnosed client - submit a **CLIENT DEMOGRAPHIC INFORMATION** record, a **CLIENT MH INFORMATION** record and a **CLIENT DD INFORMATION** record.

For a client with a guardian - submit a **CLIENT DEMOGRAPHIC INFORMATION** record, a **CLIENT GUARDIANSHIP INFORMATION** record, and the appropriate MH or DD information record(s).

If a client is already registered and information needs to be added or changed, only the new or changed record(s) should be submitted.

Note: In the record formats that follow, all numeric fields should be right justified and zero filled. All alpha fields should be left justified, and space filled.

1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory -The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Client ID	14	22	9	numeric	Mandatory - <u>For all DD clients, and all MH clients who will be billed for fee for service programs or the Individual Care Grant (ICG) program, the individual's SSN must be used.</u> For other MH clients, a unique ID number may be assigned by the agency. If SSN is not used for MH clients, any unique number up to 9 digits is allowed (all zeros is not valid).

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Record Type	23	23	1	alpha	Mandatory - Report the value: A A - indicates CLIENT DEMOGRAPHIC INFORMATION record
Filler	24	39	16	alpha	Leave this field blank. Value: spaces
Record Status	40	40	1	alpha	Leave this field blank. Value: spaces This field will be returned with a value indicating whether the record was ACCEPTED or REJECTED during processing at DHS. A - Accepted by DHS R - Rejected by DHS
Filler	41	41	1	alpha	Leave this field blank. Value: spaces
Medicaid Site ID	42	44	3	numeric	Mandatory - The three digit Department of Public Aid (DPA) assigned Medicaid site ID number where the client is registered. Non-Medicaid enrolled agencies should report 000 for this field. NOTE: The Medicaid Site ID is assigned by DPA and is the three digits which are appended to the agency's nine digit Federal Employer Identification Number (FEIN).

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Client Name -					<p>Mandatory- The complete <u>legal</u> name of the client. The name must match the name as it appears on the client's Department of Public Aid MediPlan card, Social Security card, and/or documentation of other benefits.</p> <p>The complete legal first name.</p>
First Name	45	58	14	alpha	Middle initial should be reported, unless the client does not have one.
Middle Initial	59	59	1	alpha	The complete legal last name.
Last Name	60	89	30	alpha	The suffix should be reported, if the client has one (Jr, Sr, III, IV, etc.)
Suffix	90	92	3	alpha	The complete legal maiden last name of the client's mother.
Mother's Maiden Last Name	93	122	30	alpha	Report UNKNOWN if this name cannot be determined.
Social Security Number	123	131	9	numeric	<p>Mandatory - The client's social security number (SSN). A valid SSN is mandatory for Medicaid eligible clients and DD clients.</p> <p>NOTE: When the SSN is used for the client ID, the client's SSN must be reported in this field as well as the client ID field.</p> <p>Report 000000000 if the client has no SSN (allowed only for MH clients).</p> <p>Report 999999999 if the client's SSN is not known (allowed only for MH clients).</p>
Recipient ID (RIN)	132	140	9	numeric	<p>Mandatory - The client's recipient identification number (RIN). A valid RIN is mandatory for Medicaid eligible and MH clients.</p> <p>Report 000000000 if the client has no Medicaid Recipient ID.</p>

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
State-Operate d Facility ID (formerly referred to as DMHDD ID)	141	149	9	numeric	<p>Mandatory - The State-Operated Facility ID number for the client if he/she has been served in a State-Operated DD or MH facility.</p> <p>Report 00000000 if the client has no State-Operated facility ID.</p> <p>Report 99999999 if the client's State-Operated facility ID is not known.</p>
Birth Date	150	157	8	numeric	<p>Mandatory - The date on which the client was born.</p> <p>Format: YYYYMMDD</p> <p>YYYY = century and year</p> <p>MM = month</p> <p>DD = day</p> <p>Example: 19990801</p>
Sex	158	158	1	alpha	<p>Mandatory - Sex of the client.</p> <p>F - Female</p> <p>M - Male</p>
Race #1	159	160	2	numeric	<p>Mandatory - Race of the client. Although the categories are intended to be mutually-exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.</p> <p>10 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>20 - Black/African American. A person having origins in any of the black racial groups of Africa.</p> <p>30 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.</p> <p>40 - American Indian/Alaskan Native. A person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment.</p> <p>50 - Native Hawaiian or Other Pacific Islander. A person having</p>
(continued on next page)					

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. 99 - Unknown
Hispanic Origin	161	162	2	numeric	Mandatory - Indicates the Hispanic origin of a person of Spanish culture or origin, regardless of race. 00 - Not of Hispanic origin 11 - Mexican/Mexican American 12 - Puerto Rican 13 - Cuban 14 - Central or South American 18 - Other Hispanic 99 - Unknown, Not Classified
Language	163	164	2	numeric	Mandatory - Primary language of the client. 10 - English 20 - Spanish 30 - Other Western European 40 - Eastern European 41 - Bosnian 42 - Polish 43 - Russian 50 - Asian 51 - Arabic 52 - Chinese 53 - Indian 54 - Korean 55 - Vietnamese 60 - African 70 - American Sign Language 90 - Other 99 - Unknown
Area of Residence					Mandatory - The geographic location where the client <u>currently</u> lives. Refer to the current Directory of Geographic Information.
County	165	167	3	numeric	Report the code of the county, out-of-state, or unknown.
Township / Community Area	168	169	2	numeric	Report Community Area-if the client resides in Chicago. Report Township-if the client resides outside the Chicago city
(continued on next page)					

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					limits, but within a county that requires this further information.
Race #2	170	171	2	alpha	Optional - If used, same description as for Race #1 above (excluding 99 -Unknown); if not used, this field must be blank (value spaces).
Race #3	172	173	2	alpha	Optional - If used, same description as for Race #1 above (excluding 99 -Unknown); if not used, this field must be blank (value spaces).
Race #4	174	175	2	alpha	Optional - If used, same description as for Race #1 above (excluding 99 -Unknown); if not used, this field must be blank (value spaces).
Race #5	176	177	2	alpha	Optional - If used, same description as for Race #1 above (excluding 99 -Unknown); if not used, this field must be blank (value spaces).
Interpreter Services Needed	178	178	1	numeric	Mandatory - The type of interpreter services required by the client. 0 - Services Not Needed 1 - American Sign Language 2 - Foreign Language 9 - Unknown
Education Level (continued on next page)	179	180	2	numeric	Mandatory - Identifies the highest grade level completed by the client. 00 - Never attended school == - Last primary/secondary grade completed (Report the appropriate grade level 01-11) 20 - Preschool/kindergarten 30 - High School diploma 31 - General Equivalency Diploma (GED) 32 - Special Education Certificate of Completion 40 - Post-secondary training

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					41 - One year college 42 - Two years college 43 - Three years college 50 - College Bachelor's degree 60 - Post Graduate college degree 99 - Unknown
Employment Status	181	182	2	numeric	Mandatory - Describes the current employment status of the client. 10 - Employed, including on vacation or sick leave 11 - Employed full time (unsubsidized employment, including self-employment) 12 - Employed part time (unsubsidized employment, including self-employment) 13 - Employed (full or part time) in subsidized or supported employment 14 - Attending vocational/day program, including programs funded by DHS or by other entities 20 - Unemployed/layoff from job 30 - Not in the Labor Force (retired, homemaker, student, resident/inmate of institution) 90 - Other (not seeking employment/vocational services) 99 - Unknown
Marital Status	183	183	1	numeric	Mandatory - Marital status of the client. 1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 9 - Unknown, declines to specify

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
SSI-SSDI Eligibility	184	184	1	numeric	<p>Mandatory - Describes the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the client. Note: Only codes 1, 2, and 3 are acceptable for waiver clients.</p> <p>0 - Not Applicable 1 - Eligible, receiving payments 2 - Eligible, not receiving payments 3 - Eligibility determination pending 4 - Potentially eligible but has not applied or status unknown 5 - Determined to be ineligible 9 - Eligibility status unknown</p>
DFI-CFI Enrollment	185	185	1	alpha	<p>Mandatory - Designates whether the client is enrolled in DFI or CFI.</p> <p>N - Not Applicable Y - Enrolled in DFI/CFI (DFI Donated Funds Initiative CFI Contracted Funds Initiative)</p>
Citizenship	186	186	1	alpha	<p>Mandatory - Indicates the citizenship status of the client.</p> <p>Y - U.S. Citizen N - Non-U.S. Citizen U - Unknown</p>
Military Status	187	187	1	alpha	<p>Mandatory - Indicates the military status of the client. A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard, or Merchant Marines.</p> <p>0 - Not a Veteran 1 - Veteran 2 - Currently on active duty 9 - Unknown</p>

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Court / Forensic Treatment	188	189	2	numeric	<p>Mandatory - Status of forensic/ court-ordered treatment plans at the time of registration.</p> <p>NOTE: Criminal court-ordered treatment should be used only when the order is an outcome of criminal proceeding against the client (including juveniles).</p> <p>00 - Not applicable 01 - Department of Corrections client (e.g., probation, parole) 02 - Unable to Stand Trial 03 - Unable to Stand Trial-ET (Extended Term) 04 - Unable to Stand Trial-G2 05 - Not Guilty by Reason of Insanity 06 - Civil court-ordered treatment 07 - Criminal court-ordered treatment 08 - Court-ordered evaluation/assessment only 99 - Forensic status unknown</p>
Previous Client ID	190	198	9	alpha	<p>Optional - Use this field when a change is being made to the client ID number. This field should contain the existing ID for the client (as it was originally reported). The Client ID in positions 14 - 22, will contain the "new" Client ID number. Only one 'A' record should be submitted at a time with a Client ID Change.</p>

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Client Address -					Mandatory - The current address of the client.
Street	199	238	40	alpha	Street or box number
City	239	258	20	alpha	City
State	259	260	2	alpha	The Post Office abbreviation for State.
Zip Code	261	265	5	numeric	Postal zip code
Zip Code Suffix	266	269	4	alpha	The last four positions of the zip code. (Optional) NOTE: If the client is homeless report the address of the agency providing the service.
Disaster Information					If not used, these fields must be blank (value spaces). Mandatory - Use these fields when the client is an Illinois guest due to a disaster or the client is seeking services due to an incident.
Guest State	270	271	2	alpha	The Post Office abbreviation for the client's home state. Note: For Type "NI" leave blank
Guest County	272	274	3	alpha	The Federal Information Processing Standards (FIPS) county code where the client lived in their state. Note: For Type "NI" leave blank
Disaster Type	275	276	2	alpha	Indicates which disaster brought the client to Illinois. HK - Hurricane Katrina HR - Hurricane Rita NI - Northern IL University (NIU) Incident
Filler	277	394	118	alpha	Leave this field blank. Value: spaces

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1.1 CLIENT DEMOGRAPHIC INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Submit Date	395	402	8	numeric	Mandatory - The date on which the record is being submitted to DHS. Example: 19990801 Format: YYYYMMDD YYYY = century and year MM = month DD = day
Process Date	403	410	8	alpha	Leave this field blank. Value: spaces This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY = century and year MM = month DD = day
Reject Codes					Leave these fields blank. Value: spaces
Code 1	411	413	3	alpha	These fields will be returned after DHS has processed the record. If the record is rejected during processing by DHS, up to three error codes will be noted, indicating the reason the record was rejected
Code 2	414	416	3	alpha	
Code 3	417	419	3	alpha	
Warning Codes					Leave these fields blank. Value: spaces
Code 1	420	422	3	alpha	These fields will be returned after DHS has processed the record. Up to two warning codes will be noted, indicating the reason the data was changed by DHS or needs agency update.
Code 2	423	425	3	alpha	
Filler	426	439	14	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS
 1.2 CLIENT GUARDIANSHIP INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Client ID	14	22	9	numeric	Mandatory - <u>For all DD clients, and all MH clients who will be billed for fee for service programs or the Individual Care Grant (ICG) program, the individual's SSN must be used.</u> For other MH clients, an unique ID number may be assigned by the agency. If SSN is not used for MH clients, any unique number up to 9 digits is allowed (all zeros is not valid).
Record Type	23	23	1	alpha	Mandatory - Report the value: B B - indicates CLIENT GUARDIANSHIP INFORMATION record
Filler	24	39	16	alpha	Leave this field blank. Value: spaces
Record Status	40	40	1	alpha	Leave this field blank. Value: spaces This field will be returned with a value indicating whether the record was ACCEPTED or REJECTED during processing at DHS.
(continued on next page)					

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1.2 CLIENT GUARDIANSHIP INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					A - Accepted by DHS R - Rejected by DHS
Filler	41	41	1	alpha	Leave this field blank. Value: spaces
Guardian Type	42	43	2	alpha	Mandatory - Describes the relationship of the guardian to the client. The provider must obtain a copy of the legal guardianship documents to verify that guardianship is official, except for parent of minor child. NOTE: Type of guardianship should be verified by review of the court order and periodically updated. NOTE: To delete <u>all</u> previous DHS accepted guardian information, report '01' in Guardian Type and leave all other guardianship information fields blank. 01 - Delete guardian(s) 02 - Parent of minor child 0-17 03 - Limited of Person 04 - Limited of Estate 05 - Plenary of Person 06 - Plenary of Estate
Guardian Name					Mandatory - report the name of the guardian or responsible person.
First Name	44	57	14	alpha	The complete first name
Middle Initial	58	58	1	alpha	Middle initial
Last Name	59	88	30	alpha	The complete last name
(continued on next page)					NOTE: If the person listed is not the parent of a minor

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1.2 CLIENT GUARDIANSHIP INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					child or a court appointed guardian, the provider must have in the client's file a current signed release of information to authorize release of this information.
Guardian Address					Mandatory - report the complete address of the guardian or responsible person.
Street Address	89	128	40	alpha	Street or box number
City	129	148	20	alpha	City
State	149	150	2	alpha	Post Office abbreviation for State
Zip Code	151	155	5	alpha	Postal zip code
Zip Code Suffix	156	159	4	alpha	The last four positions of the zip code, if known. (Optional)
Appointment Date	160	167	8	alpha	Mandatory - when GUARDIAN TYPE is 03, 04, 05, 06 , report the date of appointment as guardian by the court. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801 NOTE: When guardian type is 02 , leave this field blank.
Guardian Information - Guardian 2 (continued on next page)					NOTE: If there is only one Guardian, leave the second set of Guardian information fields blank, value spaces. Mandatory, if applicable - Describes the relationship

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1.2 CLIENT GUARDIANSHIP INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					of the second guardian to the client.
Guardian Type	168	169	2	alpha	02 - Parent of minor child 0-17 03 - Limited of Person 04 - Limited of Estate 05 - Plenary of Person 06 - Plenary of Estate
Guardian First Name	170	183	14	alpha	The complete first name
Middle Initial	184	184	1	alpha	Middle initial
Last Name	185	214	30	alpha	The complete last name
Street Address	215	254	40	alpha	Street or box number
City	255	274	20	alpha	City
State	275	276	2	alpha	Post Office abbreviation for State
Zip Code	277	281	5	alpha	Postal zip code
Zip Code Suffix	282	285	4	alpha	The last four positions of the zip code, if known. (Optional)
Appointment Date	286	293	8	alpha	When GUARDIAN TYPE is 03, 04, 05, 06 , report the date of appointment as guardian by the court. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801 NOTE: When guardian type is 02 , leave this field blank.
Filler	294	394	101	alpha	Leave this field blank. Value: spaces
Submit Date (continued on next page)	395	402	8	numeric	Mandatory - The date on which the record is being submitted to DHS.

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1.2 CLIENT GUARDIANSHIP INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					Format: YYYYMMDD YYYY = century and year MM = month DD = day
Process Date	403	410	8	alpha	Leave this field blank. Value: spaces This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY = century and year MM = month DD = day
Reject Codes					Leave these fields blank. Value: spaces
Code 1	411	413	3	alpha	These fields will be returned after DHS has processed the record. If the record is rejected during processing by DHS, up to three error codes will be noted, indicating the reason the record was rejected by DHS.
Code 2	414	416	3	alpha	
Code 3	417	419	3	alpha	
Warning Codes					Leave these fields blank. Value: spaces
Code 1	420	422	3	alpha	These fields will be returned after DHS has processed the record. Up to two warning codes will be noted, indicating the reason the data was changed by DHS or needs agency update.
Code 2	423	425	3	alpha	
Filler	426	439	14	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Client ID	14	22	9	numeric	Mandatory - <u>For all DD clients, and all MH clients who will be billed for fee for service programs or the Individual Care Grant (ICG) program, the individual's SSN must be used.</u> For other MH clients, an unique ID number may be assigned by the agency. If SSN is not used for MH clients, any unique number up to 9 digits is allowed (all zeros is not valid).
Record Type	23	23	1	alpha	Mandatory - Report the value: M M - indicates CLIENT MH INFORMATION record

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Closing Date	24	31	8	numeric	<p>Leave blank if the client is active.</p> <p>Mandatory - when closing the Client MH Information.</p> <p>The date that the agency terminated its commitment to provide services to the individual.</p> <p>Format: YYYYMMDD YYYY - Century and year MM - Month DD - Day Example: 19990801</p>
Registration Date	32	39	8	numeric	<p>Mandatory - Date on which the client was registered with the agency. This is the date of the first billable or reportable service event or intake interview with the client, parent, or guardian.</p> <p>Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19980801</p>
Record Status	40	40	1	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field will be returned with a value indicating whether the record was ACCEPTED or REJECTED during processing at DHS.</p> <p>A - Accepted by DHS R - Rejected by DHS</p>
Filler	41	41	1	alpha	<p>Leave this field blank. Value: spaces</p>

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Residential Arrangement	42	43	2	numeric	<p>Mandatory - Describes the client's primary residential situation at the present time while services are being initiated or provided.</p> <p>10 - Homeless (e.g., living on the street, in an emergency shelter, or transient)</p> <p>21 - Private residence (e.g., structure with accommodations for sleeping in which some individual knowingly owns or rents for the purpose of housing the client) - client supervised (not considered to be living independently)</p> <p>22 - Private residence (e.g., structure with accommodations for sleeping in which some individual knowingly owns or rents for the purpose of housing the client) - client unsupervised (considered to be living independently)</p> <p>(Continued on next page)</p>

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued) Residential Arrangement					<p>31 - Other residential setting (e.g., group homes, half-way houses, supported living situations) - client supervised (not considered to be living independently)</p> <p>32 - Other residential setting (e.g., group homes, half-way houses, supported living situations) - client unsupervised (considered to be living independently)</p> <p>40 - State-Operated Facility (Mental Health Center or Developmental Center)</p> <p>50 - Jail or correctional facility/institution (e.g., detention centers, institutions/training schools)</p> <p>60 - Other institutional setting (e.g., psychiatric, VA, or community hospitals, residential treatment centers, nursing homes, intermediate care facilities)</p> <p>80 - Boarding school</p> <p>90 - Other</p> <p>99 - Unknown</p>

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Household Composition	44	45	2	numeric	<p>Mandatory - The client's household composition.</p> <p>10 - Lives alone</p> <p>20 - Lives with one or more relatives (e.g., biological, step, or adoptive relationships)</p> <p>30 - Lives with non-related persons (e.g., professional child care staff and other children in group care, foster parents and other foster children)</p> <p>99 - Unknown</p>
Filler	46	46	1	alpha	Value: spaces (Previously Diagnosis Code Type)
Filler	47	47	1	alpha	Value: spaces (Previously Principal Diagnosis Indicator)
Filler	48	92	45	alpha	Value: spaces (Previously Diagnosis Information AXIS I - Diagnosis 1 Diagnosis 2 Diagnosis 3 AXIS II - Diagnosis 1 Diagnosis 2 Diagnosis 3 AXIS III - Diagnosis 1 Diagnosis 2 Diagnosis 3)
GAF/CGAS					Mandatory - Current functioning scale score as assessed in the registration

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					process. GAF scores are to be obtained by rating the adult's current level of functioning (i.e., within the past week), while CGAS scores are to be obtained by rating the child's or adolescent's most impaired level of general functioning over the previous month.
Score	93	94	2	alpha	Valid Values: 01-99 Mandatory - The functional scale used. C - Children's Global Assessment Scale (CGAS) G - Global Assessment of Functioning (GAF) NOTE: Scale selection will prescribe which client functioning information should be reported. If CGAS scale is used - report the Child and Adolescent section for Client Functioning; if GAF scale is used, report the Adult section for Client Functioning.
Scale Used	95	95	1	alpha	
Client Functioning - Adult					Mandatory - Use this section if the GAF scale was used for Axis V Diagnosis Information. If this section is not used, leave these fields blank; value spaces.
Social Group/School	96	97	2	alpha	Determination of impairment criteria for adults. Report one of the following codes for each impairment category.
Employment	98	99	2	alpha	
Financial	100	101	2	alpha	
(continued)					(Continued on next page)

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Community Living	102	103	2	alpha	<p>(continued)</p> <p>00 - Client does not meet serious impairment criteria</p> <p>01 - Client meets serious impairment criteria</p> <p>Client has serious impairment in social, occupational, or school functioning.</p> <p>Client is unemployed or working only part-time due to mental illness and not for reasons of physical disability or some other role responsibility (e.g., student or primary care giver for dependent family member); is employed in a sheltered setting or supportive work situation, or has markedly limited work skills.</p> <p>Client requires help to seek public financial assistance for out-of-hospital maintenance (e.g., Medicaid, SSI, SSDI, other indicators).</p> <p>Client does not seek appropriate supportive community services, e.g., recreational, educations, or vocational support services, without assistance.</p>
(continued on next page)					

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					(continued)
Client Functioning - Adult					
Supportive Social	104	105	2	alpha	Client lacks supportive social systems in the community (e.g., no intimate or confiding relationship with anyone in their personal life, no close friends or group affiliations, is highly transient or has inability to co-exist within family setting).
Daily Living Activity	106	107	2	alpha	Client requires assistance in basic life and survival skills (e.g., must be reminded to take medication, must have transportation to mental health clinic and other supportive services, needs assistance in self-care, household management, food preparation or money management, etc., is homeless or at risk of becoming homeless).
Inappropriate or Dangerous Behavior	108	109	2	alpha	Client exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.
Previous Functional Impairment	110	111	2	alpha	Currently receiving Mental health treatment, has a history within the past five years of functional impairment meeting two of the functional criteria listed above which persisted for a least 12 months, and there is documentation supporting the professional judgement that regression in functional impairment would occur without continuing treatment.

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Client Functioning - Children & Adolescents					<p>Mandatory - Only use this section if the CGAS scale was used for Axis V Diagnosis Information. If this section is not used, leave these fields blank; value spaces.</p> <p>Determination of impairment criteria for children and adolescents. Report one of the following codes for each impairment category.</p> <p>00 - Client does not meet serious impairment criteria</p> <p>01 - Client meets serious impairment criteria</p>
Self Care	112	113	2	alpha	Consistent inability to take care of age appropriate personal grooming, hygiene, clothes and meeting of nutritional needs.
Community	114	115	2	alpha	Consistent lack of age appropriate behavioral controls, decision-making, judgement, and value systems which result in potential involvement or involvement of the juvenile justice system.
Social Relations	116	117	2	alpha	Consistent inability to develop and maintain satisfactory relationships with peers or adults. (Continued on next page)

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					(continued)
Client Functioning - Children & Adolescents					
Family Relations	118	119	2	alpha	A pattern of disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness), significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents or inability to conform to reasonable limitations and expectations. The degree of impairment requires intensive (i.e., beyond age appropriate) supervision by parent/care giver and may result in removal from family or its equivalent.
School	120	121	2	alpha	Inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence towards others) that cannot be remedied by a classroom setting (whether traditional or specialized).

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
History of Illness					<p>Mandatory - Determination of the client's previous contacts with elements of the mental health delivery system. Report one of the following codes for each category.</p> <p>00 - Client does not meet treatment history criteria</p> <p>01 - Client meets treatment history criteria</p>
Continuous Treatment	122	123	2	numeric	Continuous treatment of six months or more in one or a combination of the following treatment modalities: inpatient treatment; day treatment; partial hospitalization
Continuous Residential	124	125	2	numeric	Six months continuous residence in residential treatment programming.
Multiple Residential	126	127	2	numeric	Two or more admissions to inpatient treatment, day treatment, partial hospitalization or residential treatment programming within a 12 month period.
Outpatient	128	129	2	numeric	History of using the following outpatient services over a one year period, whether continuously or intermittently: psycho tropic medication management; case management; out reach and engagement services, including SASS and intensive community-based services
Previous Treatment	130	131	2	numeric	Previous treatment in an outpatient modality and a history of at least one mental health psychiatric hospitalization

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
MH CILA Enrollment	132	132	1	alpha	<p>Mandatory - Designates whether the client is enrolled in the DHS funded MH CILA program.</p> <p>N - Not applicable Y - Enrolled in MH CILA</p>
Family Household Size	133	134	2	numeric	<p>Mandatory - The total number of the client's family members in the household, including the client.</p> <p>NOTE: A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. All people in the household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family.</p> <p>Range: 01 - 99 (99 = Unknown)</p>
Household Income	135	140	6	numeric	<p>Mandatory - The total monthly income of all family members in the client's household.</p> <p>NOTE: "Total Income" is the sum of the amounts reported separately for wages, salary, commissions, bonuses, or tips; self-employment income from own non-farm or farm businesses, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare</p>
(continued on next page)					

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					office; retirement, survivor, or disability pensions; and any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Range: 000000 - 999999 (999999 = Unknown)
Client Income	141	146	6	numeric	Mandatory - The total income of the client. See definition of "Total Income" above. Range: 000000 - 999999 (999999 = Unknown)
Co-Occurring Disorders	147	147	1	alpha	Mandatory - Indicates whether or not the client has been screened for co-occurring mental illness/substance abuse disorders. Y - Yes N - No
Justice System Involvement	148	148	1	numeric	Mandatory - Describes the client's criminal justice system involvement at the time of case registration. 0 - Not Applicable 1 - Arrested 2 - Charged with a Crime 3 - Incarcerated (jail) 4 - Incarcerated (prison) 5 - Juvenile Detention Center 8 - Other 9 - Unknown
Functional Impairment - Adults (continued on next page)					If not used, these fields must be blank (value spaces). Optional - Use this section if the Multnomah Community Ability Scale (MCAS) was

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					used. NOTE: Consult the MCAS instrument for full descriptions of each item. Staff using the MCAS <u>must</u> be trained by a DMH approved trainer. Determination of functional impairment criteria for adults. Report the appropriate rating for each MCAS domain. <u>Domains 1 - 13 and 15 - 17</u> Range: 1 - 5 9 Unknown <u>Domain 14</u> Range: 0 - 5 9 Unknown
Domain #1	149	149	1	alpha	Physical Health - Impairment of client by his/her physical health status.
Domain #2	150	150	1	alpha	Intellectual Functioning - General intellectual functioning
Domain #3	151	151	1	alpha	Thought Process - Impairment as evidenced by symptoms such as hallucinations, delusions, tangentiality, etc.
Domain #4	152	152	1	alpha	Mood Abnormality - Impairment as evidenced by such symptoms as constricted mood, extreme mood swings, etc.
Domain #5	153	153	1	alpha	Response to Stress and Anxiety - Impairment as evidenced by inappropriate and/or stressful events, etc.
(continued on next page)					

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Functional Impairment - Adults (continued)					(continued)
Domain #6	154	154	1	alpha	Ability to Manage Money - Successfulness of ability of client to manage his/her money and control expenditures.
Domain #7	155	155	1	alpha	Independence in Daily Life - Ability to perform independently in day-to-day living.
Domain #8	156	156	1	alpha	Acceptance of Illness - How well client accepted his/her psychiatric disability.
Domain #9	157	157	1	alpha	Social Acceptability - Other people's reactions to the client.
Domain #10	158	158	1	alpha	Social Interest - Frequency with which client initiates social contracts or responds to other's initiation of contact.
Domain #11	159	159	1	alpha	Social Effectiveness - Effectiveness of client's interaction with others.
Domain #12	160	160	1	alpha	Social Network - Extensiveness of client's social support network.
Domain #13	161	161	1	alpha	Meaningful Activity - Frequency with which client is involved in meaningful activities that are satisfying to him/her.
Domain #14 (continued on next page)	162	162	1	alpha	Medication Compliance - Frequency with which client complies with his/her medication regimen.

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Functional Impairment - Adults (continued)					(continued)
Domain #15	163	163	1	alpha	Cooperation with Treatment Providers - Frequency with which client cooperates with providers (for example, keeping appointments, complying with treatment plan, etc).
Domain #16	164	164	1	alpha	Alcohol/Drug Abuse - Frequency with which client abuses drugs/alcohol.
Domain #17	165	165	1	alpha	Impulse Control - Frequency of episodes of acting out (e.g., temper outbursts, spending sprees, aggressive actions, etc).
Functional Impairment - Children & Adolescents					<p>If not used, these fields must be blank (value spaces).</p> <p>Optional - Use this section if the Child and Adolescent Functional Assessment Scale (CAFAS) was used.</p> <p>NOTE: Consult the CAFAS instrument for full descriptions of each item. The CAFAS is copyrighted. Staff using the CAFAS must be trained by a DMH approved trainer.</p> <p>Determination of functional impairment criteria for children and adolescents. Report the appropriate rating for each CAFAS domain. Range: 00 - 30 99 Could Not Rate</p>
Domain #1	166	167	2	alpha	School/Work - Extent to which child/adolescent meets performance expectations of school/work.

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Functional Impairment - Children & Adolescents (continued)					(continued)
Domain #2	168	169	2	alpha	Home - Extent to which self-care is appropriate and household chores are performed satisfactorily.
Domain #3	170	171	2	alpha	Community - Extent to which child/adolescent community role performance is satisfactory.
Domain #4	172	173	2	alpha	Behavior Towards Others - Extent to which behavior towards others is impaired.
Domain #5	174	175	2	alpha	Mood/Emotion - Extent to which expression of feelings or control is impaired.
Domain #6	176	177	2	alpha	Self-Harm Behavior - Extent to which child/adolescent displays behavior that is harmful to self (e.g. resulting in pain or injury)
Domain #7	178	179	2	alpha	Substance Use - Impairment due to the use of alcohol/drugs.
Domain #8	180	181	2	alpha	Thinking - Impairment in thought process.
Domain #9	182	183	2	alpha	Care-Giver Resources: Material Needs - Extent to which care-giver provides for child/adolescent basic needs (e.g. housing, food, etc)
Domain #10	184	185	2	alpha	Family/Social Support - Extent to which adequate resources exist to care for child/adolescent.

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
DLA/TLA Meeting Information at Discharge	186	187	2	alpha	<p>If not used, this field must be blank (value spaces).</p> <p>Optional- The location of the first face to face meeting with the client or the reason a meeting did not take place upon discharge/triage from the State Operated Facility.</p> <p style="text-align: center;"><u>Meeting Locations</u></p> <p>01 - At Client's Home/Residence 02 - At Agency 03 - At State Hospital 04 - At Other Location</p> <p style="text-align: center;"><u>Reasons for No Meeting</u></p> <p>10 - Client Not Located 11 - Client Refused Contact with Agency 12 - Client Moved Out of Service Area 13 - Client in Jail/DOC 14 - Client Readmitted to SOF 15 - Access to Client Denied by Residential Facility 19 - Other Reason for No Meeting 99 - Unknown Reason for No Meeting</p>
DLA/TLA Agency Involvement in Discharge (continued on next page)	188	189	2	alpha	<p>If not used, this field must be blank (value spaces).</p> <p>Optional - The agency's type of involvement in the client's discharge/triage from the State Operated Facility or the reason the agency was not involved in the discharge process.</p> <p style="text-align: center;"><u>Agency Involved</u></p> <p>01 - Participation in Person 02 - Participation by Phone</p> <p style="text-align: center;"><u>Agency Not Involved</u></p> <p>10 - Agency Not Notified by State Operated Facility</p>

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					11 - Agency Not Available 12 - Agency Involvement Refused by Client 99 - Agency Involvement Unknown
Discharge/ Triage Date	190	197	8	alpha	If not used, this field must be blank (value spaces). Optional - The date on which the client was discharged from the State Operated Facility or the date of triage. Format: YYYYMMDD YYYY - Century and year MM - Month DD - Day Example: 20050801
Filler	198	199	2	alpha	Leave this field blank. Value: spaces
MH Cross Disabilities Database Information					If not used, these fields must be blank (value spaces). Mandatory - when reporting MH Cross Disabilities Database Information
Form Completion Date	200	207	8	alpha	The date on which the MH cross disabilities database form was completed. Format: YYYYMMDD
Primary Care Giver Age	208	209	2	alpha	The age of the primary care giver. Range: 18-98 00 - Not Applicable 99 - Unknown
Type of Services Needed	210	211	2	Alpha	Describes the type of services needed by the client as determined by the assessment staff 01 - Residential/Living Arrangements 02 - Vocational Rehabilitation 03 - Transportation 04 - Medical
(continued on next page)					

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1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					<p>05 - Substance Abuse Treatment</p> <p>06 - MH Case Management</p> <p>07 - Hospitalization</p> <p>90 - Other</p> <p>99 - Unknown</p>
Type of Services Sought	212	213	2	alpha	<p>Describes the type of services sought by the client as determined by the consumer</p> <p>00 - Not Applicable</p> <p>01 - Residential/Living Arrangements</p> <p>02 - Vocational Rehabilitation</p> <p>03 - Transportation</p> <p>04 - Medical</p> <p>05 - Substance Abuse Treatment</p> <p>06 - MH Case Management</p> <p>07 - Hospitalization</p> <p>90 - Other</p> <p>99 - Unknown</p>
Types of Services Needed - Other Description	214	243	30	alpha	<p>Specifies the type of services needed when Other (90) is selected</p>
Type of Services Sought - Other Description	244	273	30	alpha	<p>Specifies the type of services sought when Other (90) is selected</p>
MH Diagnosis Codes and Types					Mandatory
Diagnosis Code Type 1	274	274	1	alpha	<p>Describes the major mental illnesses or developmental disabilities for which the client is seeking or receiving services. Report any valid diagnosis code and the appropriate diagnosis code type for the following fields.</p>
Diagnosis Code 1 (continued on next page)	275	282	8	alpha	

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
MH Diagnosis Codes and Types (continued)					Diagnosis Code Type for ICD-9 codes is 9. Diagnosis Code Type for ICD-10 codes is A.
Diagnosis Code Type 2	283	283	1	alpha	NOTE: Do not include the period imbedded in the diagnosis code. Example, for diagnosis code 295.10, report 29510 in the field.
Diagnosis Code 2	284	291	8	alpha	
Diagnosis Code Type 3	292	292	1	alpha	
Diagnosis Code 3	293	300	8	alpha	
Diagnosis Code Type 4	301	301	1	alpha	
Diagnosis Code 4	302	309	8	alpha	
Diagnosis Code Type 5	310	310	1	alpha	
Diagnosis Code 5	311	318	8	alpha	
Diagnosis Code Type 6	319	319	1	alpha	
Diagnosis Code 6	320	327	8	alpha	
Diagnosis Code Type 7	328	328	1	alpha	
Diagnosis Code 7 (continued on next page)	329	336	8	alpha	

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					
Diagnosis Code Type 8	337	337	1	alpha	
Diagnosis Code 8	338	345	8	alpha	
Diagnosis Code Type 9	346	346	1	alpha	
Diagnosis Code 9	347	354	8	alpha	
Filler	355	389	35	alpha	
MH Closing Information					Leave blank if the client is active. Mandatory - when closing the Client MH Information.
Closing Disposition	390	391	2	numeric	Describes the disposition of the client at the point he/she stops receiving services. 01 - Deceased 02 - Completed treatment: client no longer needs services from this provider 03 - Refused treatment: client refuses further treatment from this provider 04 - Transfer: client has been transferred to another community provider, including providers of mental health or developmental disability services, substance abuse treatment, general social services, hospital outpatient services, or other medical care
(continued on next page)					

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					<p>05 - Moved: client/guardian from service area/out of state, with no transfer to another provider</p> <p>06 - Transfer to Long Term Care provider setting (ICFDD, IMD, VA inpatient hospital)</p> <p>07 - Transfer to State-Operated facility</p> <p>08 - Incarcerated</p> <p>90 - Other: Includes discharge of long-term inactive clients and of persons who have been lost to contact</p> <p>99 - Unknown</p>
GAF/CGAS Score at Closing	392	393	2	numeric	<p>Current functioning scale score as assessed at the time of the case closing process. GAF scores are to be obtained by rating the adult's current level of functioning (i.e., within the past week at last contact), while CGAS scores are to be obtained by rating the child's or adolescent's most impaired level of general functioning over the previous month of the last contact.</p> <p>Valid Values: 00 - 99</p>
Scale Used for Closing	394	394	1	alpha	<p>The functional scale used.</p> <p>C - Children's Global Assessment Scale (CGAS)</p> <p>G - Global Assessment of Functioning (GAF)</p>

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Submit Date	395	402	8	numeric	Mandatory - The date on which the record is being submitted to DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801
Process Date	403	410	8	alpha	Leave this field blank. Value: spaces This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801
Reject Codes					Leave these fields blank. Value: spaces
Code 1	411	413	3	alpha	These fields will be returned after DHS has processed the record. If the record is rejected during processing by DHS, up to three error codes will be noted, indicating the reason the record was rejected by DHS.
Code 2	414	416	3	alpha	
Code 3	417	419	3	alpha	
Warning Codes					Leave these fields blank. Value: spaces
Code 1	420	422	3	alpha	These fields will be returned after DHS has processed the record. Up to two warning codes will be noted, indicating the reason the data was changed by DHS or needs agency update.
Code 2	423	425	3	alpha	
Filler	426	439	14	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Client ID	14	22	9	numeric	Mandatory - <u>For all DD clients, and all MH clients who will be billed for fee for service programs or the Individual Care Grant (ICG) program, the individual's SSN must be used.</u> For other MH clients, an unique ID number may be assigned by the agency. If SSN is not used for MH clients, any unique number up to 9 digits is allowed (all zeros is not valid).
Record Type	23	23	1	alpha	Mandatory - Report the value: D D - indicates CLIENT DD INFORMATION record
Closing Date	24	31	8	numeric	Leave blank if the client is active. Mandatory - when closing the Client DD Information. The date that the agency terminated its commitment to provide services to the individual. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Registration Date	32	39	8	numeric	<p>Mandatory - Date on which the client was registered with the agency. This is the date of the first billable or reportable service event or intake interview with the client, parent, or guardian.</p> <p>Format: YYYYMMDD</p> <p>YYYY - century and year MM - month DD - day</p> <p>Example: 19990801</p>
Record Status	40	40	1	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field will be returned with a value indicating whether the record was ACCEPTED or REJECTED during processing at DHS.</p> <p>A - Accepted by DHS R - Rejected by DHS</p>
Filler	41	41	1	alpha	<p>Leave this field blank. Value: spaces</p>

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Residential Arrangement	42	43	2	numeric	<p>Mandatory - Describes the client's primary residential situation at the present time while services are being initiated or provided.</p> <p>10 - Homeless (e.g., living on the street, in an emergency shelter, or transient)</p> <p>20 - Family home or own home, may include foster homes that are not DHS funded</p> <p>40 - State-Operated Facility (Mental Health Center or Developmental Center)</p> <p>50 - Jail or correctional facility/institution (e.g., detention centers, institutions/training schools)</p> <p>61 - IMD-Private Institution for persons with Mental Diseases</p> <p>62 - Private ICF/MI that serves 17 or more clients</p> <p>63 - Private ICF/MI for 16 or fewer persons</p> <p>64 - MH-funded community setting</p> <p>65 - Private ICF/DD for 17 or more clients</p> <p>66 - Private ICF/DD for 16 or fewer persons</p> <p>67 - Private Skilled Nursing Facilities for Pediatrics (SNF/Peds)</p> <p>68 - DD-funded community setting where individuals with disabilities reside</p> <p>69 - DD-funded Foster Care setting where individuals with disabilities reside</p>
(continued on next page)					

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued) Residential Arrangement					(continued) 70 - Nursing Facility, including licensed private Intermediate Care facilities (ICF) and Skilled Nursing Facilities (SNF) 71 - Licensed Shelter Care Facility DD 72 - Community Residential Alcoholism home 73 - Alcohol inpatient residential setting 74 - Substance abuse inpatient residential setting 80 - Boarding school 81 - Crisis care 90 - Other 99 - Unknown
Individuals in Setting	44	45	2	alpha	Mandatory - when RESIDENTIAL ARRANGEMENT is 68 or 69. Report the number of individuals residing in the DD-funded community or Foster Care setting. This field must be blank when RESIDENTIAL ARRANGEMENT is NOT 68 or 69.

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Area of Origin					Mandatory - The geographic location where the client has family or community ties. Refer to the current Directory of Geographic Information.
County	46	48	3	numeric	Report the code of the county, out-of-state, or unknown.
Township / Community Area	49	50	2	numeric	Report Community Area - if the family/community ties are in Chicago. Report Township - if the family/community ties are outside the Chicago city limits, but within a county that requires this further information.
Zip Code	51	55	5	numeric	The postal zip code.
Zip Code Suffix	56	59	4	alpha	The last four positions of the postal zip code, if known. (Optional)
Age at Onset	60	61	2	numeric	Mandatory - The age (or approximate age) that the client first experienced the developmental disabilities identified. Valid Ages: 00-21

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
ICAP/SIB Score Information					
Service Score	62	63	2	numeric	<p>Mandatory - Required only for clients with developmental disabilities who are receiving waiver-funded or other services which require administration of the Inventory for Client and Agency Planning (ICAP) or Scales of Independent Behavior (SIB). The ICAP is currently required for all clients receiving Community-Integrated Living Arrangement (CILA) services or Developmental Training (DT) services, and for all Medicaid waiver clients receiving other waiver-funded services, including adult residential services, (HIP, SHP, CLF) and supported employment.</p> <p>Report the ICAP or SIB service score that the client received on the most recent ICAP/SIB administered.</p> <p>Range: 01 to 99 00 - Not Applicable</p> <p>NOTE: If the Service Score is not available, but the ICAP Service Level is known, enter the ICAP Service Level as the first digit and enter 5 as the second digit; this is the mid-point of the range.</p>

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					(continued)
ICAP/SIB Score Information					
Behavioral Score Indicator	64	64	1	alpha	Use this field to indicate whether the Behavioral Score is a negative or positive number. N - negative value P - positive value
Behavioral Score	65	66	2	numeric	The General Maladaptive Index (GMI) score that the client received on the most recent ICAP/SIB administered. Range: -70 to +10 +99 - Not Applicable
Score Type	67	67	1	alpha	SCORE TYPE: Indicates whether the ICAP or SIB was administered. I - Inventory for Client and Agency Planning (ICAP) S - Scales of Independent Behavior (SIB) N - Not Applicable
Filler	68	68	1	alpha	Value: spaces (Previously Diagnosis Code Type)
Filler	69	69	1	alpha	Value: spaces (Previously Principal Diagnosis Indicator)

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Filler	70	114	45	alpha	Value: spaces (Previously Diagnosis Information AXIS I Diagnosis 1 Diagnosis 2 Diagnosis 3 AXIS II Diagnosis 1 Diagnosis 2 Diagnosis 3 AXIS III Diagnosis 1 Diagnosis 2 Diagnosis 3)
DD Diagnosis Codes and Types					Mandatory Describes the major mental illnesses or developmental disabilities for which the client is seeking or receiving services. Report any valid diagnosis code and the appropriate diagnosis code type for the following fields.
Diagnosis Code Type 1	115	115	1	alpha	
Diagnosis Code 1	116	123	8	alpha	
Diagnosis Code Type 2	124	124	1	alpha	Diagnosis Code Type for ICD-9 codes is 9. Diagnosis Code Type for ICD-10 codes is A.
Diagnosis Code 2	125	132	8	alpha	
Diagnosis Code Type 3	133	133	1	alpha	(continued on next page) NOTE: Do not include the period imbedded in the diagnosis code. Example, for diagnosis code 295.10, report 29510 in the field.
Diagnosis Code 3	134	141	8	alpha	
Diagnosis Code Type 4 (continued)	142	142	1	alpha	

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Diagnosis Code 4	143	150	8	alpha	
Diagnosis Code Type 5	151	151	1	alpha	
Diagnosis Code 5	152	159	8	alpha	
Diagnosis Code Type 6	160	160	1	alpha	
Diagnosis Code 6	161	168	8	alpha	
Diagnosis Code Type 7	169	169	1	alpha	
Diagnosis Code 7	170	177	8	alpha	
Diagnosis Code Type 8	178	178	1	alpha	
Diagnosis Code 8	179	186	8	alpha	
Diagnosis Code Type 9	187	187	1	alpha	
Diagnosis Code 9	188	195	8	alpha	
Filler	196	366	171	alpha	Leave this field blank. Value: spaces
Mobility (continued)	367	367	1	alpha	Mandatory - From ICAP, Part C, Functional Limitations and Needed Assistance, Question 9.

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
					Valid Values : 1 - Walks with or without aids 2 - Usually in a wheelchair or does not walk. 3 - Limited to bed most of the day. 4 - Confined to bed for the entire day.
Filler	368	388	21	alpha	Leave this field blank. Value: spaces
DD Closing Information					Leave blank if the client is active. Mandatory - when closing the Client DD Information Describes the disposition of the client at the point he/she stops receiving services.
Closing Disposition	389	390	2	numeric	01 - Deceased 02 - Completed treatment: client no longer needs services from this provider 03 - Refused treatment: client refuses further treatment from this provider 04 - Transfer: client has been transferred to another community provider, including providers of mental health or developmental disability services, substance abuse treatment, general social services, hospital outpatient services, or other medical care 05 - Moved: client/guardian from service area/out of state, with no transfer to another provider 06 - Transfer to Long Term Care provider setting (ICFDD, IMD, VA
(continued on next page)					

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
					<p>inpatient hospital)</p> <p>07 - Transfer to State-Operated facility</p> <p>08 - Incarcerated</p> <p>90 - Other: Includes discharge of long-term inactive clients and of persons who have been lost to contact</p> <p>99 - Unknown</p>
<p>DD Closing Information</p> <p>Residential Arrangement At Closing</p> <p>(continued on next page)</p>	391	392	2	numeric	<p>Leave blank if the client is active.</p> <p>Mandatory - when closing the Client DD Information.</p> <p>Describes the client's primary residential situation at the time he/she stops receiving services.</p> <p>10 - Homeless (e.g., living on the street, in an emergency shelter, or transient)</p> <p>20 - Family home or own home, may include foster homes that are not DHS-funded</p> <p>40 - State-Operated Facility (Mental Health Center or Developmental Center)</p> <p>50 - Jail or correctional facility/institution (e.g., detention centers, institutions/training schools)</p> <p>61 - IMD-Private Institution for persons with Mental Diseases</p> <p>62 - Private ICF/MI that serves 17 or more clients</p> <p>63 - Private ICF/MI for 16 or fewer persons</p> <p>64 - MH-funded community setting</p> <p>65 - Private ICF/DD for 17 or more clients</p> <p>66 - Private ICF/DD for 16 or fewer persons</p> <p>67 - Private Skilled Nursing</p>

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Individuals in Setting at Closing	393	394	2	alpha	<p>Facilities for Pediatrics (SNF/Peds)</p> <p>68 - DD-funded community setting where individuals with disabilities reside</p> <p>69 - DD-funded Foster Care setting where individuals with disabilities reside</p> <p>70 - Nursing Facility, including licensed private Intermediate Care facilities (ICF) and Skilled Nursing Facilities (SNF)</p> <p>71 - Licensed Shelter Care Facility</p> <p>72 - Community Residential Alcoholism home</p> <p>73 - Alcohol inpatient residential setting</p> <p>74 - Substance abuse inpatient residential setting</p> <p>80 - Boarding school</p> <p>81 - Crisis Care</p> <p>90 - Other</p> <p>99 - Unknown</p> <p>Mandatory - for closing when RESIDENTIAL ARRANGEMENT is 68 or 69.</p> <p>Report the number of individuals residing in the DD-funded community or Foster Care setting.</p> <p>This field must be blank when RESIDENTIAL ARRANGEMENT AT CLOSING is NOT 68 or 69.</p>
Submit Date (continued)	395	402	8	numeric	<p>Mandatory - The date on which the record is being submitted to DHS.</p> <p>Format: YYYYMMDD</p> <p>YYYY - century and year</p> <p>MM - month</p> <p>DD - day</p>

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.4 CLIENT DD INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
					Example: 19990801
Process Date	403	410	8	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>
Reject Codes					<p>Leave these fields blank. Value: spaces</p> <p>Code 1 411 413 3 alpha</p> <p>Code 2 414 416 3 alpha</p> <p>Code 3 417 419 3 alpha</p> <p>These fields will be returned after DHS has processed the record. If the record is rejected during processing by DHS, up to three error codes will be noted, indicating the reason the record was rejected by DHS.</p>
Warning Codes					<p>Leave these fields blank. Value: spaces</p> <p>Code 1 420 422 3 alpha</p> <p>Code 2 423 425 3 alpha</p> <p>These fields will be returned after DHS has processed the record. Up to two warning codes will be noted, indicating the reason the data was changed by DHS or needs agency update.</p>
Filler	426	439	14	alpha	<p>Leave this field blank. Value: spaces</p>
Software Indicator	440	440	1	alpha	<p>Mandatory - Report the value: Z Z - indicates agency's own software created the file.</p>
Filler	441	450	10	alpha	<p>Leave this field blank. Value: spaces</p>

VOLUME I: SECTION 1 - CLIENT CASE REGISTRATION RECORD FORMATS

1.5 CLIENT CASE INFORMATION TRAILER RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Trailer Nines	14	22	9	numeric	Mandatory - Report the value: 999999999 in this field.
Record Type	23	23	1	alpha	Mandatory - Value: T T - indicates the CLIENT TRAILER record
Record Count	24	31	8	numeric	Mandatory - Report the number of records in the file, including the trailer record.
Agency Name	32	61	30	alpha	Mandatory - Report the Agency Name.
Filler	62	439	378	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

VOLUME II

SERVICE REPORTING & MENTAL HEALTH MEDICAID BILLING (RULE 132)

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Client ID or Client's Age Group	14	22	9	numeric or alpha-n umeric	Mandatory, if applicable - The agency client ID assigned by the agency to the registered client or the age group of the client if the client is not registered with the agency. When SERVICE RECIPIENT CODE is "registered" (value 1) or "collateral" (value 3), report the client's ID. Use the agency client ID number assigned to the client by the agency and reported on the client's case registration (this may be the same number as the client's SSN number). All nine positions must be numeric. Examples: 000234567 333445555 When SERVICE RECIPIENT CODE is "unregistered" (value 2), report the age group of the client (A for adults, C for children and adolescents) plus an 8 digit numeric identifier assigned by the agency. Examples: A00000001 - Adults(age 18+) C00000001 - C & A(ages 00-17) When SERVICE RECIPIENT CODE is "community" (value 4) or "agency" (value 5), leave this field blank (value spaces).

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Record Type	23	23	1	alpha	Mandatory - Report the value: D D - indicates DAILY record
Case ID Number	24	36	13	alpha	Mandatory - The DHS (formerly Department of Public Aid) eligibility Case ID number for the client. Report 0000000000000 if the client has no Case ID Number. Report 9999999999999 if the client's Case ID Number is unknown.
Site Number	37	38	2	numeric or spaces	Mandatory, if applicable - The site number assigned by DHS that represents the unique or specific geographical site as the base for service delivery. Refer to your current DHS contract or Agency Plan 2.0/2.1. NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces).
Unit Code	39	40	2	numeric or spaces	Mandatory, if applicable - A unique number assigned to a component of the provider's service delivery organization to reflect a distinction of that component, such as location, client population to be served, staff or staff team providing the services, or source of funding for the service. Refer to your current DHS contract or Agency Plan 2.0/2.1. If unit code is not applicable, leave this field blank (value spaces.)
Program Code	41	43	3	numeric	Mandatory - The program number assigned by DHS that represents the program through which services were provided. Refer to your current DHS contract or Agency Plan 2.0/2.1.

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Activity Code	44	45	2	numeric or alpha-numeric	<p>Mandatory, for Mental Health programs - Indicates the specific service provided in the program. If the program provides more than one specific service, each must be reported separately. See the MH Billing Service Activity Codes listing for a detailed listing and descriptions.</p> <p>NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces)</p>
Location Code	46	46	1	numeric or spaces	<p>Mandatory, for Mental Health programs - Report the code for the location at which the service actually occurred.</p> <p>0 - Own Agency 1 - Social Service Agency 2 - Long Term Care Facility 3 - Client's Residence 4 - Public Place 5 - Law Enforcement/Jail/Court 6 - School/Workplace 7 - General Hospital/Detox/Emergency Room 8 - State Operated Facility 9 - Other</p> <p>Optional, for Developmental Disability programs - This field may be blank (value spaces) when reporting for DD programs.</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Billing Option	47	47	1	alpha	<p>Mandatory - Report the appropriate code:</p> <p>D - Service Reporting Only (Use for all DD programs and not billable MH activities)</p> <p>C - MH Medicaid Clinic option (Invalid after 07-31-2004)</p> <p>N - MH Billable, Non-Medicaid</p> <p>R - MH Medicaid Rehab option</p> <p>T - MH Medicaid Targeted Case Management option</p>
Filler	48	51	4	alpha	<p>Leave this field blank. Value: spaces</p>
Date of Service	52	59	8	numeric	<p>Mandatory - The date on which the service was performed.</p> <p>Format: YYYYMMDD</p> <p>YYYY = century and year</p> <p>MM = month</p> <p>DD = day</p> <p>Example: 19990801</p>
Staff ID #1	60	68	9	numeric or spaces	<p>Mandatory, for Mental Health programs - The ID number of the professional staff member responsible for providing the services to this client. The staff ID number must be numeric - report 123 as 000000123.</p> <p>Optional, for DD programs; if not used, this field must be blank (value spaces).</p>
Staff ID #2	69	77	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>
Staff ID #3	78	86	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Staff ID #4	87	95	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #5	96	104	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #6	105	113	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Filler	114	133	20	alpha	Leave this field blank. Value: spaces
Service Start Time	134	137	4	numeric or spaces	Optional, for Mental Health programs - The time at which the service began. If used, time must be reported using the 24 hour clock (Range: 0001-2400). If not used, leave this field blank (value spaces). NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces)
Total Dollars Spent on Client	138	143	6	numeric or spaces	Mandatory, if applicable - The dollars expended on behalf of a specific client for the service. These dollars can be reported with or without associated client service hours. Format: 9(4)v99. NOTE: This field is only used for MH program codes 131, 572, 573, and 574 when reporting designated activity codes; if not used, this field must be blank (value spaces).

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Group ID	144	148	5	numeric or spaces	Optional - (for agency use only) If the service was performed in a group setting, report the Group ID. If not a group service, this field must be blank (value spaces).
Number of Staff in Group	149	150	2	numeric or spaces	Mandatory, if applicable - If the service was performed in a group setting, report the total number of staff involved in the group service. If not a group service, this field must be blank (value spaces).
Number of Clients in Group	151	153	3	numeric or spaces	Mandatory, if applicable - If the service was performed in a group setting, report the total number of clients involved in the group service. If not a group service, this field must be blank (value spaces).
Agency Optional Data	154	163	10	alpha	Optional - This area may be used by the agency for any miscellaneous data they desire to retain in this record.
Contractor FEIN	164	172	9	numeric or spaces	Optional - This field is to be used for special processing purposes only. The FEIN number of the agency who is actually being funded by DHS should be reported here (it must be a different FEIN than the FEIN reported in positions 1 - 9 of this record). If not used, this field must be blank (value spaces).

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Service Recipient Code	173	173	1	numeric	<p>Mandatory - Report the code that identifies the type of client served or the setting.</p> <p>1 - Registered 2 - Unregistered 3 - Collateral 4 - Community 5 - Own Agency</p>
Hours of Service	174	175	2	numeric	<p>Mandatory - The duration of the service. Valid range: 00-24 (Report 00 when back billing MH programs. This is also done to accepted services which previously did not have MH Medicaid prior to 6/30/04.)</p>
Minutes of Service	176	177	2	numeric	<p>Mandatory - The duration of the service. Valid range: 00-59 (Report 00 when back billing MH programs. This is also done to accepted services which previously did not have MH Medicaid prior to 6/30/04.)</p>
MH Billable Hours of Service	178	179	2	numeric or spaces	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - The duration of the service that is billable to MH. Valid range: 00-24</p> <p>NOTE: For activity codes 2D, 25, and 5L, this field must be "00".</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
MH Billable Minutes of Service	180	181	2	numeric or spaces	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - The duration of the service that is billable to MH.</p> <p>Valid range: 00-59</p> <p>NOTE: If no MH Billable Hours of Service were reported, the minimum value for this field is eight minutes of services.</p> <p>Exception: For activity codes 2D, 25, and 5L, this field represents the number of events. 2D & 25 - valid range 01-03 5L - must be 01</p>
Location Description	182	198	17	alpha	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory, if applicable - When the service is provided off-site and a <i>Location Code</i> of 9 (Other) is reported, a description of where the service was provided must be reported.</p>
Diagnosis Code	199	203	5	alpha	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - Report the ICD-9-CM or DSM-IV diagnostic code which describes the condition primarily responsible for the client's treatment. (Refer to the MH Billing diagnosis codes listing for valid codes.)</p> <p>NOTE: Do not include the period imbedded in the diagnosis code. Example, for diagnosis code 295.10, report 29510 in the field.</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Medicaid Site ID	204	206	3	numeric or spaces	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - Report the three digit Department of Public Aid (DPA) site location number of the site the service was provided. NOTE: The Medicaid Site ID is assigned by DPA when the agency is enrolled for MH Medicaid and is the three digits which are appended to the agency's nine digit Federal Employer Identification Number (FEIN).</p>
Charge Amount	207	213	7	numeric or spaces	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - The total charge for the service, not deducting the TPL Amount if there is one. Format: 9(5)v99 Example: \$10.50 should be reported as 0001050</p>
Net Charge Amount	214	220	7	numeric or spaces	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - The difference between the <i>Charge Amount</i> minus the <i>Total TPL Amount</i>. Format: 9(5)v99 Example: \$10.50 should be reported as 0001050</p>
Total Third Party Liability (TPL) Amount	221	227	7	numeric or spaces	<p>This field is used for MH billing only; if not used, this field must be blank (value spaces).</p> <p>Mandatory - The sum of <i>TPL Amount</i> (occurrence 1) plus <i>TPL Amount</i> (occurrence 2) Format 9(5)v99 Example: \$10.50 should be reported as 0001050</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Third Party Liability (TPL) Data - up to 2 occurrences	228	269	42	alpha	This field is used for MH billing only; if not used, these fields must be blank (value spaces).
TPL Code	228 249	231 252	4	alpha	Report the TPL Code contained on the client's Medical Eligibility Card (MEC).
TPL Status Code	232 253	233 254	2	alpha	Report the appropriate code indicating the disposition of the third party billing.
TPL Amount	234 255	240 261	7	numeric	Report the amount of payment received from the third party resource. A dollar amount is required when <i>TPL Status Code</i> 01 is reported. Format: 9(5)v99 Example: \$10.50 should be reported as 0001050
TPL Date	241 262	248 269	8	numeric	A TPL Date is required for all TPL status codes. NOTE: Refer to Appendix A for specific Third Party Liability (TPL) data specifications.
Agency Net Charge Amount	270	276	7	numeric or spaces	Leave this field blank. Value: spaces For MH billing only - This field is returned with the original <i>Net Charge Amount</i> the agency billed.
Net Approved Amount	277	283	7	numeric or spaces	Leave this field blank. Value: spaces For MH billing only - This field is returned with the actual amount approved by DPA and the DHS. Format: 9(5)v99 Example: \$10.50 would be returned as 0001050

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
DHS Tracking Number	284	293	10	alpha	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only - This field is returned with DHS assigned number that is used in tracking the payment in the DHS accounting system.</p>
DPA Voucher Number	294	304	11	alpha	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only - This field is returned with the DPA voucher number if the billing is approved.</p>
Payment Fiscal Year	305	308	4	numeric or spaces	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only - This field is returned with the state fiscal year the bill is approved for payment.</p>
Filler	309	335	27	alpha	<p>Leave this field blank. Value: spaces</p>
DPA Segment Indicator	336	336	1	alpha	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only - This field is returned with the DPA segment to which the billing was applied.</p> <p>A - DPA Medicaid Segment B - DPA Non-Medicaid Segment</p>
Filler	337	356	20	alpha	<p>Leave this field blank. Value: spaces</p>
Submit Date	357	364	8	numeric	<p>Mandatory - The date on which the record is being submitted to DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Process Date	365	372	8	numeric or spaces	<p>Leave this field blank. Value: spaces</p> <p>This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>
Acceptance Indicator	373	374	2	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field is returned with one of the following codes indicating the result of the processing. RJ - Rejected PD - Approved RD - Approved, MH rate reduced NV - Approved, MH payment not vouchered AR - Approved ROCS, Rejected MH billing SS - Suspended, action pending</p>
Approval Date	375	382	8	numeric or spaces	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only - This field is returned with the date the data was approved by DHS. (Blank for service reporting only.)</p> <p>Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Document Control Number	383	399	17	alpha	Leave this field blank. Value: spaces This field is returned with a unique assigned number. This number will need to be referenced when submitting adjustments to accepted data.
Prior FY Indicator	400	400	1	alpha	Leave this field blank. Value: spaces For MH billing only - This field is returned with a value of Y if the date the service was performed was in the prior state fiscal year and the lapse period for <u>payment</u> has passed.
Cycle Number	401	401	1	alpha	Leave this field blank. Value: spaces For MH billing only - This field is returned with the DHS processing data cycle number.
Warning Codes up to 3 warning codes (3 positions each)	402	410	9	alpha	Leave these fields blank. Value: spaces These fields are returned after DHS has processed the record. Up to three warning codes will be noted, indicating the reason the data was changed.
Reject Codes up to 5 error codes (3 positions each)	411	425	15	alpha	Leave these fields blank. Value: spaces These fields are returned after DHS has processed the record. If the record is rejected during processing by DHS, up to five error codes will be noted, indicating the reason the record was rejected by DHS.
Filler	426	439	14	alpha	Leave this field blank. Value: spaces

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.1 SERVICE REPORTING/MH BILLING DAILY RECORD FORMAT - continued

Field Name	From	Thru	Length	Format	Description
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Client ID or Client's Age Group	14	22	9	numeric or alpha-numeric	Mandatory, if applicable - The agency client ID assigned by the agency to the registered client or the age group of the client if the client is not registered with the agency. When SERVICE RECIPIENT CODE is "registered" (value 1) or "collateral" (value 3), report the client's ID. Use the agency client ID number assigned to the client by the agency and reported on the client's case registration (this may be the same number as the client's SSN number). All nine positions must be numeric. Examples: 000234567 333445555 When SERVICE RECIPIENT CODE is "unregistered" (value 2), report the age group of the client (A for adults, C for children and adolescents) plus a unique 8 digit numeric identifier assigned by the agency. Examples: A00000001 - Adults(age 18+) C00000001 - C & A(ages 00-17) When SERVICE RECIPIENT CODE is "community" (value 4) or "agency" (value 5), leave this field blank (value spaces).

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Record Type	23	23	1	alpha	Mandatory - Report the value: M M - indicates MONTHLY record NOTE: The monthly record format is used for service reporting only; you cannot use this format for MH Medicaid billing.
Case ID Number	24	36	13	alpha	Mandatory - The DHS (formerly public aid) eligibility Case ID number for the client. Report 0000000000000 if the client has no Case ID Number. Report 9999999999999 if the client's Case ID Number is unknown.
Site Number	37	38	2	numeric or spaces	Mandatory, if applicable - The site number assigned by DHS that represents the unique or specific geographical site as the base for service delivery. Refer to your current DHS contract or Agency Plan 2.0/2.1. NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces).
Unit Code	39	40	2	numeric or spaces	Mandatory, if applicable - A unique number assigned to a component of the provider's service delivery organization to reflect a distinction of that component, such as location, client population to be served, staff or staff team providing the services, or source of funding for the service. Refer to your current DHS contract or Agency Plan 2.0/2.1. If unit code is not applicable, leave this field blank (value spaces).
Program Code	41	43	3	numeric	Mandatory - The program number assigned by DHS that represents the program through which services were provided. Refer to your current DHS contract or Agency Plan 2.0/2.1.

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Activity Code	44	45	2	numeric or alpha-n umeric	<p>Mandatory, if applicable - Indicates the specific service provided in the program. If the program provides more than one specific service, each must be reported separately.</p> <p>For DD CILA (program 600) report the following activity code for service dates before 07/01/04:</p> <p>88 - Residential Habilitation</p> <p>NOTE: For service dates after 06/30/04, not used for DD programs. For DD service reporting, leave this field blank (value spaces)</p>
Location Code	46	46	1	numeric or spaces	<p>Mandatory, for Mental Health programs - Report the code for the location at which the service actually occurred.</p> <p>0 - Own Agency 1 - Social Service Agency 2 - Long Term Care Facility 3 - Client's Residence 4 - Public Place 5 - Law Enforcement/Jail/Court 6 - School/Workplace 7 - General Hospital/Detox/Emergency Room 8 - State Operated Facility 9 - Other</p> <p>Optional, for Developmental Disability programs - This field may be blank (value spaces) when reporting for DD programs.</p>
Billing Option	47	47	1	alpha	<p>Mandatory - Report the value: D D - <i>Service Reporting Only</i> The monthly record format is used for service reporting only; you cannot use this format for MH billing.</p>
Filler	48	51	4	alpha	<p>Leave this field blank. Value: spaces</p>

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1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Date of Service	52	59	8	numeric	<p>Mandatory - The month and year in which the service was performed.</p> <p>Format: YYYYMMDD YYYY = century and year MM = month DD = 00 (the actual day of service is reported in another area of the record)</p> <p>Example: 19990800</p>
Staff ID #1	60	68	9	numeric or spaces	<p>Mandatory, for Mental Health programs - The ID number of the professional staff member responsible for providing the services to this client. The staff ID number must be numeric - report 123 as 000000123.</p> <p>Optional, for DD programs; if not used this field must be blank (value spaces).</p>
Staff ID #2	69	77	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>
Staff ID #3	78	86	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>
Staff ID #4	87	95	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>
Staff ID #5	96	104	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>
Staff ID #6	105	113	9	numeric or spaces	<p>Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Filler	114	143	30	alpha	Leave this field blank. Value: spaces
Group ID	144	148	5	numeric or spaces	Optional - (for agency use only) If the service was performed in a group setting, report the Group ID. If not a group service, this field must be blank (value spaces).
Number of Staff in Group	149	150	2	numeric or spaces	Mandatory, if applicable - If the service was performed in a group setting, report the total number of staff involved in the group service. If not a group service, this field must be blank (value spaces).
Number of Clients in Group	151	153	3	numeric or spaces	Mandatory, if applicable - If the service was performed in a group setting, report the total number of clients involved in the group service. If not a group service, this field must be blank (value spaces).
Agency Optional Data	154	163	10	alpha	Optional - This area may be used by the agency for any miscellaneous data they desire to retain in this record.
Contractor FEIN	164	172	9	numeric or spaces	Optional - This field is to be used for special processing purposes only. The FEIN number of the agency who is actually being funded by DHS should be reported here (it must be a different FEIN than the FEIN reported in positions 1 - 9 of this record). If not used, this field must be blank (value spaces).
Service Recipient Code	173	173	1	numeric	Mandatory - Report the code that identifies the type of client served or the setting. 1 - Registered 2 - Unregistered 3 - Collateral 4 - Community 5 - Own Agency

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1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Attendance or Hours and Minutes of Service 31 occurrences (up to 31 days in a month) length= 4 each Day/Position 01 (174 - 177) 02 (178 - 181) 03 (182 - 185) 04 (186 - 189) 05 (190 - 193) 06 (194 - 197) 07 (198 - 201) 08 (202 - 205) 09 (206 - 209) 10 (210 - 213) 11 (214 - 217) 12 (218 - 221) 13 (222 - 225) 14 (226 - 229) 15 (230 - 233) 16 (234 - 237) 17 (238 - 241) 18 (242 - 245) 19 (246 - 249) 20 (250 - 253) 21 (254 - 257) 22 (258 - 261) 23 (262 - 265) 24 (266 - 269) 25 (270 - 273) 26 (274 - 277) 27 (278 - 281) 28 (282 - 285) 29 (286 - 289) 30 (290 - 293) 31 (294 - 297)	174	297	124	alpha or numeric	<p>Mandatory -</p> <p>To report attendance, report one of the following codes in the first field position of the corresponding day of the month (the other 3 positions for that day must be spaces):</p> <p>P - Present A - Absent B - Bed-hold</p> <p>To report hours and minutes, report the duration of hours (valid range: 00-24) in the first two positions and the duration of minutes (valid range: 00-59) in the last two positions of the corresponding days of the month when the client received the service.</p> <p>Examples: report 3 hours as 0300 report 30 minutes as 0030</p> <p>For months with less than 31 days, leave the remaining fields for those days blank (value spaces).</p>
Filler	298	356	59	alpha	Leave this field blank. Value: spaces

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1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Submit Date	357	364	8	numeric	Mandatory - The date on which the record is being submitted to DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801
Process Date	365	372	8	numeric or spaces	Leave this field blank. Value: spaces This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801
Acceptance Indicator	373	374	2	alpha	Leave this field blank. Value: spaces This field is returned with one of the following codes indicating the result of the processing. RJ - Rejected PD - Approved
Filler	375	382	8	alpha	Leave this field blank. Value: spaces
Document Control Number	383	399	17	alpha	Leave this field blank. Value: spaces This field is returned with a unique assigned number. This number will need to be referenced when submitting adjustments to accepted data.
Filler	400	401	2	alpha	Leave this field blank. Value: spaces

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1.2 SERVICE REPORTING MONTHLY RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Warning Codes up to 3 warning codes (3 positions each)	402	410	9	alpha	Leave these fields blank. Value: spaces These fields are returned after DHS has processed the record. Up to three warning codes will be noted, indicating the reason the data was changed.
Reject Codes up to 5 error codes (3 positions each)	411	425	15	alpha	Leave these fields blank. Value: spaces These fields are returned after DHS has processed the record. If the record is rejected during processing by DHS, up to five error codes will be noted, indicating the reason the record was rejected by DHS.
Filler	426	439	14	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

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1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN). Report the same FEIN as indicated on the original approved reporting.
Agency Satellite Code	10	13	4	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it (assigned by DHS). Report the same SATELLITE CODE as indicated on the original approved reporting.
Client ID or Client's Age Group	14	22	9	numeric or alpha-n umeric	Mandatory, if applicable - The agency client ID assigned by the agency to the registered client or the age group of the client if the client is not registered with the agency.
Record Type	23	23	1	alpha	Mandatory - Report the value: S S - indicates ADJUSTMENT to the accepted DAILY record
Case ID Number	24	36	13	alpha	Mandatory - The DHS (formerly public aid) eligibility Case ID number for the client. Report 0000000000000 if the client has no Case ID Number. Report 9999999999999 if the client's Case ID Number is unknown.
Site Number	37	38	2	numeric or spaces	Mandatory, if applicable - The site number assigned by DHS that represents the unique or specific geographical site as the base for service delivery. Refer to your current DHS contract or Agency Plan 2.0/2.1. NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces).

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1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Unit Code	39	40	2	numeric or spaces	Mandatory, if applicable - A unique number assigned to a component of the provider's service delivery organization to reflect a distinction of that component, such as location, client population to be served, staff or staff team providing the services, or source of funding for the service. Refer to your current DHS contract or Agency Plan 2.0/2.1. If unit code is not applicable, leave this field blank (value spaces).
Program Code	41	43	3	numeric or alpha-n umeric	Mandatory - The program number assigned by DHS that represents the program through which services were provided. Refer to your current DHS contract or Agency Plan 2.0/2.1.
Filler	44	59	16	alpha	Leave this field blank. Value: spaces
Staff ID #1	60	68	9	numeric or spaces	Mandatory, for Mental Health programs - The ID number of the professional staff member responsible for providing the services to this client. The staff ID number must be numeric - report 123 as 000000123. Optional, for DD programs; if not used, this field must be blank (value spaces).
Staff ID #2	69	77	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #3	78	86	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #4	87	95	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).

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1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Staff ID #5	96	104	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #6	105	113	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Filler	114	133	20	alpha	Leave this field blank. Value: spaces
Service Start Time	134	137	4	numeric or spaces	Mandatory, for Mental Health programs - The time at which the service began. Time must be reported using the 24 hour clock. Range: 0001 - 2400 NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces)
Total Dollars Spent on Client	138	143	6	numeric or spaces	Mandatory, if applicable - The dollars expended on behalf of a specific client for the service. These dollars can be reported with or without associated client service hours. Format: 9(4)v99. NOTE: This field is only used for MH program codes 131, 572, 573, and 574 when reporting designated activity codes; if not used, this field must be blank (value spaces).
Filler	144	172	29	alpha	Leave this field blank. Value: spaces
Service Recipient Code	173	173	1	numeric	Mandatory - Report the code that identifies the type of client served or the setting. 1 - Registered 2 - Unregistered 3 - Collateral 4 - Community 5 - Own Agency

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1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Hours of Service	174	175	2	numeric	Mandatory - The duration of the service. Valid range: 00-24
Minutes of Service	176	177	2	numeric	Mandatory - The duration of the service. Valid range: 00-59
Filler	178	205	28	alpha	Leave this field blank. Value: spaces
Original DPA Voucher Number	206	216	11	numeric	This field is used for MH billing only; if not used, this field must be blank (value spaces). Mandatory, if applicable for MH billing - Report the exact DPA Voucher Number assigned to the original accepted MH billing claim.
MH Billable Hours of Service	217	218	2	numeric or spaces	This field is used for MH billing only; if not used, this field must be blank (value spaces). Mandatory, if applicable for MH billing - Report the hours reported on the original accepted claim. Must be numeric. Valid range: 00-24
MH Billable Minutes of Service	219	220	2	numeric or spaces	This field is used for MH billing only; if not used, this field must be blank (value spaces). Mandatory, if applicable for MH billing - Report the minutes or events reported on the original accepted claim. Must be numeric. Valid range: 00-59
Adjustment Charge Amount	221	227	7	numeric or spaces	This field is used for MH billing only; if not used, this field must be blank (value spaces). Mandatory, if applicable for MH billing - Report all zeros to indicate payment should not have been made. Value = 0000000

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Filler	228	269	42	spaces	Leave this field blank. Value: spaces
Credit Amount	270	276	7	numeric or spaces	Leave this field blank. Value: spaces For MH billing only - This field is returned with the total amount the previously approved charge amount was decreased. This is the amount of credit due the DHS. Format: 9(5)v99 Example: \$10.50 would be displayed as 0001050
Filler	277	283	7	spaces	Leave this field blank. Value: spaces
DHS Tracking Number	284	293	10	alpha	Leave this field blank. Value: spaces For MH billing only - This field is returned with the DHS assigned number that is used in tracking the payment in the DHS accounting system.
DPA Voucher Number	294	304	11	alpha	Leave this field blank. Value: spaces For MH billing only - This field is returned with the DPA voucher number if the billing is approved.
Payment Fiscal Year	305	308	4	numeric or spaces	Leave this field blank. Value: spaces For MH billing only - This field is returned with the State fiscal year the credit is applied to.
Filler	309	336	28	alpha	Leave this field blank. Value: spaces
Original Document Control Number	337	353	17	alpha	Mandatory - Report the exact Document Control Number which was assigned by DHS to the original accepted service reporting/claim.

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Adjustment Type	354	355	2	alpha	<p>Mandatory - Report the appropriate code to identify the reason for the adjustment.</p> <p>03 - Use this code to indicate data changes are being made to the original accepted <u>service reporting</u>. Valid data to change: DHS Case ID, Site Code, Unit Code, Program Code, Staff ID, Hours, Minutes, Service Recipient Code, Service Start Time, and Total Dollars Spent on Client.</p> <p>04 - Use this code to VOID the original accepted service reporting and, if one exists, the MH billing claim.</p>
Adjustment Purpose	356	356	1	alpha	<p>Mandatory - This code is used to further describe the reason for the adjustment. Valid values:</p> <p>D - Use when <i>Adjustment Type</i> = 04, if the adjustment is voiding the original approved service reporting and MH billing claim.</p> <p>N - Use when <i>Adjustment Type</i> = 03</p>
Submit Date	357	364	8	numeric	<p>Mandatory - The date on which the record is being submitted to DHS.</p> <p>Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Process Date	365	372	8	numeric or spaces	<p>Leave this field blank. Value: spaces</p> <p>This field will be returned with the date the data was processed by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>
Acceptance Indicator	373	374	2	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field is returned with one of the following codes indicating the result of the processing. RJ - Rejected PD - Approved SS - Suspended, action pending</p>
Approval Date	375	382	8	numeric or spaces	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only, this field is returned with the date the data was approved by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>
Document Control Number	383	399	17	alpha	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only, this field is returned with a unique assigned number. This number will need to be referenced when submitting adjustments to accepted data.</p>

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.3 SERVICE REPORTING/MH BILLING DAILY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Prior FY Indicator	400	400	1	alpha	<p>Leave this field blank. Value: spaces</p> <p>MH billing only, this field is returned with a value of Y if the date the service was performed was in the prior state fiscal year and the lapse period for payment has passed.</p>
Cycle Number	401	401	1	alpha	<p>Leave this field blank. Value: spaces</p> <p>For MH billing only, this field is returned with the DHS processing data cycle number.</p>
Warning Codes up to 3 warning codes (3 positions each)	402	410	9	alpha	<p>Leave these fields blank. Value: spaces</p> <p>These fields are returned after DHS has processed the record. Up to three warning codes will be noted, indicating the reason the data was changed.</p>
Reject Codes up to 5 error codes (3 positions each)	411	425	15	alpha	<p>Leave these fields blank. Value: spaces</p> <p>These fields are returned after DHS has processed the record. If the record is rejected during processing by DHS, up to five error codes will be noted, indicating the reason the record was rejected by DHS.</p>
Filler	426	439	14	alpha	<p>Leave this field blank. Value: spaces</p>
Software Indicator	440	440	1	alpha	<p>Mandatory - Report the value: Z Z - indicates agency's own software created the file.</p>
Filler	441	450	10	alpha	<p>Leave this field blank. Value: spaces</p>

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN). Report the same FEIN as indicated on the original approved reporting.
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it (assigned by DHS). Report the same SATELLITE CODE as indicated on the original approved reporting.
Client ID or Client's Age Group	14	22	9	numeric or alpha-numeric	Mandatory, if applicable - The agency client ID assigned by the agency to the registered client or the age group of the client if the client is not registered with the agency.
Record Type	23	23	1	alpha	Mandatory - Report the value: R R - indicates ADJUSTMENT to the accepted MONTHLY record NOTE: The monthly record format is used for service reporting only; you cannot use this format to adjust MH Medicaid billing.
Case ID Number	24	36	13	alpha	Mandatory - The DHS (formerly public aid) eligibility Case ID number for the client. Report 000000000000 if the client has no Case ID Number. Report 999999999999 if the client's Case ID Number is unknown.
Site Number	37	38	2	numeric or spaces	Mandatory, if applicable - The site number assigned by DHS that represents the unique or specific geographical site as the base for service delivery. Refer to your current DHS contract or Agency Plan 2.0/2.1. NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces).

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Unit Code	39	40	2	numeric or spaces	Mandatory, if applicable - A unique number assigned to a component of the provider's service delivery organization to reflect a distinction of that component, such as location, client population to be served, staff or staff team providing the services, or source of funding for the service. Refer to your current DHS contract or Agency Plan 2.0/2.1. If unit code is not applicable, leave this field blank (value spaces).
Program Code	41	43	3	numeric	Mandatory - The program number assigned by DHS that represents the program through which services were provided. Refer to your current DHS contract or Agency Plan 2.0/2.1.
Filler	44	59	16	alpha	Leave this field blank. Value: spaces
Staff ID #1	60	68	9	numeric	Mandatory, for Mental Health programs - The ID number of the professional staff member responsible for providing the services to this client. The staff ID number must be numeric - report 123 as 000000123. Optional, for DD programs; if not used this field must be blank (value spaces).
Staff ID #2	69	77	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #3	78	86	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #4	87	95	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Staff ID #5	96	104	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Staff ID #6	105	113	9	numeric or spaces	Optional - If used, same description as for Staff ID #1 above; if not used, this field must be blank (value spaces).
Filler	114	172	59	alpha	Leave this field blank. Value: spaces
Service Recipient Code	173	173	1	numeric	Mandatory - Report the code that identifies the type of client served or the setting. 1 - Registered 2 - Unregistered 3 - Collateral 4 - Community 5 - Own Agency

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Attendance or Hours and Minutes of Service 31 occurrences (up to 31 days in a month) length= 4 each Day/Position 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	174	297	124	alpha or numeric	<p>Mandatory -</p> <p>To report attendance, report one of the following codes in the first field position of the corresponding day of the month (the other 3 positions for that day must be spaces):</p> <p>P - Present A - Absent B - Bed-hold</p> <p>To report hours and minutes, report the duration of hours (valid range: 00-24) in the first two positions and the duration of minutes (valid range: 00-59) in the last two positions of the corresponding days of the month when the client received the service.</p> <p>Examples: report 3 hours as 0300 report 30 minutes as 0030</p> <p>For months with less than 31 days, leave the remaining fields for those days blank (value spaces).</p> <p>Note: This reporting will overlay the previous accepted reporting for each day of the month. Be sure to report for all days applicable, not just those being corrected.</p>
Filler	298	336	39	alpha	Leave this field blank. Value: spaces
Original Document Control Number	337	353	17	alpha	Mandatory - Report the exact Document Control Number which was assigned by DHS to the original accepted service reporting/claim.

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Adjustment Type	354	355	2	alpha	<p>Mandatory - Report the appropriate code to identify the reason for the adjustment:</p> <p>03 - Use this code to indicate data changes are being made to the original accepted service reporting. Valid data to change: DHS Case ID, Site Code, Unit Code, Program Code, Staff ID, Hours, Minutes, and Service Recipient Code.</p> <p>04 - Use this code to VOID the original accepted service reporting.</p>
Adjustment Purpose	356	356	1	alpha	<p>Mandatory - This code is used to further describe the reason for the adjustment.</p> <p>Valid values:</p> <p>D - Use when <i>Adjustment Type</i> = 04, if the adjustment is voiding the original approved service reporting.</p> <p>N - Use when <i>Adjustment Type</i> = 03</p>
Submit Date	357	364	8	numeric	<p>Mandatory - The date on which the record is being submitted to DHS.</p> <p>Format: YYYYMMDD</p> <p>YYYY - century and year MM - month DD - day</p> <p>Example: 19990801</p>
Process Date	365	372	8	alpha	<p>Leave this field blank.</p> <p>Value: spaces</p> <p>This field will be returned with the date the data was processed by DHS.</p> <p>Format: YYYYMMDD</p> <p>YYYY - century and year MM - month DD - day</p> <p>Example: 19990801</p>

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Acceptance Indicator	373	374	2	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field is returned with one of the following codes indicating the result of the processing. RJ - Rejected PD - Approved</p>
Filler	375	382	8	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field is returned with the date the data was approved by DHS. Format: YYYYMMDD YYYY - century and year MM - month DD - day Example: 19990801</p>
Document Control Number	383	399	17	alpha	<p>Leave this field blank. Value: spaces</p> <p>This field is returned with a unique assigned number. This number will need to be referenced when submitting adjustments to accepted data.</p>
Filler	400	401	2	alpha	<p>Leave this field blank. Value: spaces</p>
Warning Codes up to 3 warning codes (3 positions each)	402	410	9	alpha	<p>Leave these fields blank. Value: spaces</p> <p>These fields are returned after DHS has processed the record. Up to three warning codes will be noted, indicating the reason the data was changed.</p>
Reject Codes up to 5 error codes (3 positions each)	411	425	15	alpha	<p>Leave these fields blank. Value: spaces</p> <p>These fields are returned after DHS has processed the record. If the record is rejected during processing by DHS, up to five error codes will be noted, indicating the reason the record was rejected by DHS.</p>

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.4 SERVICE REPORTING MONTHLY ADJUSTMENT RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Filler	426	439	14	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file.
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

VOLUME II: - SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.5 MH BILLING CLIENT ELIGIBILITY CHANGE RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	The agency's Federal Employer Identification Number (FEIN).
Agency Satellite Code	10	13	4	numeric	The agency satellite code which was submitted on the original MH bill.
Client ID	14	22	9	numeric	The current agency client ID for the registered client.
Record Type	23	23	1	alpha	L - indicates a client eligibility change for the accepted MH bill.
Filler	24	283	260	alpha	Value: spaces
DHS Tracking Number	284	293	10	alpha	The DHS assigned number that is used in tracking the payment in the DHS accounting system.
Filler	294	304	11	alpha	Value: spaces
Payment Fiscal Year	305	308	4	numeric	The State fiscal year the eligibility change is applied.
Filler	309	364	27	alpha	Value: spaces
DPA Segment Indicator	336	336	1	alpha	The DPA segment to which the billing is now applied. A - DPA Medicaid Segment
Filler	337	364	28	alpha	Value: spaces
Process Date	365	372	8	numeric	The date the change was processed by DHS. Format: YYYYMMDD
Filler	373	382	10	alpha	Value: spaces
Document Control Number	383	399	17	alpha	The Document Control Number which was assigned by DHS to the original accepted MH bill.
Filler	400	450	51	alpha	Value: spaces

VOLUME II: SECTION 1 - SERVICE REPORTING/MH BILLING RECORD FORMATS

1.6 SERVICE REPORTING/MH BILLING TRAILER RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Agency FEIN	1	9	9	numeric	Mandatory - The agency's nine digit Federal Employer Identification Number (FEIN).
Filler	10	11	2	alpha	Leave this field blank. Value: spaces
Agency Satellite Code	12	13	2	numeric	Mandatory - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.
Trailer Nines	14	22	9	numeric	Mandatory - Report the value 999999999 in this field.
Record Type	23	23	1	alpha	Mandatory - Report the value: T T - indicates the TRAILER record
Record Count	24	31	8	numeric	Mandatory - Report the total number of records in the file, including the trailer record.
Agency Name	32	61	30	alpha	Mandatory - Report the agency name.
Total Hours Billed to MH	62	67	6	numeric	Mandatory - Report the total number of hours being billed to MH in the file. If none, report zeros in this field.
Total Minutes Billed to MH	68	73	6	numeric	Mandatory - Report the total number of minutes (<i>DO NOT CONVERT TO HOURS</i>) being billed to MH in the file. If none, report zeros in this field.
Filler	74	439	366	alpha	Leave this field blank. Value: spaces
Software Indicator	440	440	1	alpha	Mandatory - Report the value: Z Z - indicates agency's own software created the file
Filler	441	450	10	alpha	Leave this field blank. Value: spaces

VOLUME III

FEE FOR SERVICES BILLING

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

The data fields to be used when creating an input record are marked with **Y**, **N**, or **NA** under the column titled "RQD" (Required). Fields marked with **Y** are required input fields on the transaction. Fields marked with **N** are optional input fields. Fields marked with **NA** (not applicable) should contain spaces or zeros as specified on the input record. Unless stated otherwise, numeric fields should be right justified and zero filled, and alphanumeric fields should be left justified and space filled.

After processing, when the diskette is returned to the agency, the record will contain the same data that was reported for input plus certain fields (marked as **NA** for input and specified to contain returned data) will contain information concerning the status of the transactions. The records in the provider file will be returned in sequence number, provider ID, and provider ID suffix order. The records in the client financial information file will be returned in sequence number, provider ID, individual ID, and effective date order. The records in the billing file will be returned in sequence number, fiscal year, service date, individual ID, provider ID, provider ID suffix, and program code order. A voucher file will also be returned containing voucher numbers for each billing transaction that was accepted in sequence number order.

Detailed descriptions of the record layouts are on the following pages.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.1 Provider Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Entry Agency FEIN	9	1-9	numeric	Y	The agency's nine digit Federal Employer Identification Number (FEIN). This is for the agency submitting the data.
Action Code	1	10-10	alpha	Y	Action for processing the transaction. Valid values are: A - add/submit new provider information to DHS. C - change provider information previously accepted by DHS.
Service Provider FEIN Number	9	11-19	numeric	Y	The service provider's nine digit Federal Employer Identification Number (FEIN).
FEIN Suffix	4	20-23	numeric	Y	If a suffix is not assigned by your agency, value = all zeros.
Taxpayer ID (FEIN) Number Type	2	24-25	alpha	Y	Taxpayer ID number type approved by the Comptroller's Office. Valid values are: 01 - Federal Employer Identification Number 02 - Social Security Number. 03 - Government Unit Code. 04 - Comptroller-assigned number for certain non reportable payments. 05 - Vendor awaiting Taxpayer ID number assignment. 06 - Comptroller-assigned number for nonresident alien, foreign corp or foreign partnership.
Filler	4	26-29	alpha	N/A	Value = spaces
Provider Type	1	30-30	alpha	Y	Value = S . Indicates Fee For Services provider.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.1 Provider Record Format - continued

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Start Date	8	31-38	numeric	Y	Date on which the provider began providing services. Format: century, year, month, day.
Termination Date	8	39-46	numeric	Y	Date on which the provider stopped providing services. Format: century, year, month, day. If the provider is active, value = 99990101.
Provider Name	30	47-76	alpha	Y	Provider's legal name. When Taxpayer ID (FEIN) Number Type = 02, this field is divided by last name, space, first name, space, title.
Provider Address Address 1	30	77-106	alpha	Y	Street or box number.
Address 2	30	107-136	alpha	N	Additional address information, if needed.
City	17	137-153	alpha	Y	City.
State	2	154-155	alpha	Y	Post Office abbreviation for state.
Zip Code	5	156-160	numeric	Y	Post Office designation for zip code.
Zip Suffix	4	161-164	numeric	N	Post Office designation for zip code suffix.
Attention	25	165-189	alpha	N	Name to whom daily mail will be addressed.
Telephone Nbr	10	190-199	numeric	Y	Provider area code and general number. If unavailable, enter all nines.
Telephone Ext	4	200-203	numeric	N	Extension of provider telephone number.
Filler	2	204-205	alpha	NA	Value = spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.1 Provider Record Format - continued

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
County	3	206-208	numeric	Y	Provider county. Refer to the current State of IL Directory of Geographic Info.
Township/Comm Area	2	209-210	numeric	Y	Provider township/community area. Refer to the current State of IL Directory of Geographic Info.
Filler	2	211-212	numeric	NA	Value = 00 (zeros)
Control Type	1	213-213	alpha	Y	Operator of business. Valid values are: I - Individual S - Sole Proprietorship P - Partnership C - For Profit Corporation N - Not-for-Profit Corporation R - Real Estate Agent K - County Agency G - Other Government Agency E - Trust/Estate H - Medical/Health Care Corp T - 501(a) Tax Exempt
Bank Account Number	17	214-230	alpha	N	Bank account number if warrant is to be mailed to a bank.
Warrant Name	30	231-260	alpha	N	Name of person or business where warrant is to be mailed.
Warrant Address 1	30	261-290	alpha	N	Street or box number where warrant is to be mailed.
Warrant Address 2	30	291-320	alpha	N	Additional address information where warrant is to be mailed.
Warrant City	17	321-337	alpha	N	Community where warrant is to be mailed.
Warrant State	2	338-339	alpha	N	Post Office abbreviation where warrant is to be mailed.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.1 Provider Record Format - continued

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Warrant Zip	5	340-344	numeric	N	Post Office designation for zip code where warrant is to be mailed.
Warrant Zip Code Suffix	4	345-348	numeric	N	Post Office designation for zip code suffix where warrant is to be mailed.
Warrant Telephone Number	10	349-358	numeric	N	Area code and general number where warrant is to be mailed.
Warrant Extension	4	359-362	numeric	N	Extension of telephone number where warrant is to be mailed.
Filler	2	363-364	alpha	NA	Value = Spaces
Submittal Date	8	365-372	alpha	Y	Date the transaction was written to the file for submission to DHS. Format: century, year, month, day
Filler	6	373-378	numeric	NA	Value = all zeros. This field is used only at DHS.
Reject Code	2	379-380	alpha	NA	Leave this field blank. Value: spaces This field is returned after DHS has processed the record. Accepted = space Rejected = Contains a code indicating reason the transaction was not accepted by DHS.
Filler	1	381-381	alpha	NA	Value = space. Used by DHS only.
Filler	1	382-382	alpha	Y	Value = Z
Filler	18	383-400	alpha	NA	Value = Spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.2 Provider Trailer Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Entry Agency FEIN	9	1-9	numeric	Y	The agency's nine digit Federal Employer Identification Number (FEIN). This is for the agency submitting the data.
Filler	1	10-10	alpha	Y	Value = T
Filler	13	11-23	numeric	Y	Value = all nines (9)
Record Identifier	7	24-30	alpha	Y	Value = TRAILER Used to identify this record as the trailer record.
Record Count	7	31-37	numeric	Y	A count of the total number of records submitted on this file. <u>This count should include the trailer record.</u>
Filler	7	38-44	numeric	NA	Value = all zeros
Agency Name	30	45-74	alpha	Y	Agency Name
Filler	290	75-364	alpha	NA	Value = Spaces
Submittal Date	8	365-372	alpha	Y	Date the file was submitted to DHS. Format: century, year, month, day
Filler	6	373-378	numeric	NA	Value = all zeros
Filler	3	379-381	alpha	NA	Value = all spaces
Filler	1	382-382	alpha	Y	Value = Z
Filler	18	383-400	alpha	NA	Value = all spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.3 Client Financial Information Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Entry Agency FEIN	9	1-9	numeric	Y	The agency's nine digit Federal Employer Identification Number (FEIN). This is the FEIN of the provider submitting the file.
Individual ID (SSN)	9	10-18	numeric	Y	Social Security Number of the individual receiving service.
Effective Date	6	19-24	numeric	Y	Starting date on which the client financial information should be used in rate calculations. Format: YYYYMM YYYY = century & year MM = month
Previous Effective Date	6	25-30	numeric	N	Only report a date in this field if you want to <u>change</u> the effective date of a previous accepted Client Financial Information record. Format: YYYYMM YYYY = century & year MM = month The date in this field, should match the effective date of a previously accepted record.
Individual Name			alpha	Y	
First name	9	31-39			First name of the individual receiving services.
Middle initial	1	40			Middle initial of the individual receiving services.
Last name	14	41-54			Last name of the individual receiving services.
Filler	8	55-62	alpha	NA	Leave this field blank. Value: spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.3 Client Financial Information Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Indicator	1	63	alpha	Y	Valid values: E - Report E for all individuals.
Record Type	1	64	numeric	Y	Valid values: 0 - Report 0 (zero) for all individuals.
Average Monthly Earned Income	7	65-71	numeric	Y	The projected average monthly earned income, based on past earnings and anticipated future earnings, for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
SSI Amount	7	72-78	numeric	Y	The monthly Supplemental Security Income for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
SSDI Amount	7	79-85	numeric	Y	The monthly Social Security Disability Insurance benefit for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
Veteran Award Amount	7	86-92	numeric	Y	The monthly veteran's award benefit for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.3 Client Financial Information Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Railroad Retirement Amount	7	93-99	numeric	Y	The monthly Railroad Retirement benefit for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
Insurance Amount	7	100-106	numeric	Y	The monthly private insurance benefit for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
CHAMPUS Amount	7	107-113	numeric	Y	The monthly CHAMPUS benefit for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
HUD Allowance	7	114-120	numeric	Y	The monthly HUD allowance for the effective time period. If 0, report all zeros 0000000. Enter a percent - Format = 9(5)V99 Example: report 29.8% as 0002980
Other Amount	7	121-127	numeric	Y	Any other monthly income for the effective time period. If \$0, report all zeros 0000000. Format = 9(5)V99 Example: report \$150.00 as 0015000
Provider Remarks	76	128-203	alpha	N	Explanatory notes for the provider to use, if desired.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.3 Client Financial Information Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
DHS Remarks	76	204-279	alpha	NA	<p>Leave this field blank. Value: spaces</p> <p>This field is returned after DHS has processed the record.</p> <p>Explanatory notes from the results of DHS processing are returned in this field. For example, if the SSI amount you reported is different from the SSI amount found on file at the Social Security Administration, it will be overwritten and will be noted here.</p>
Submit Date	8	280-287	numeric	Y	<p>Date the record was written to the file for submission to DHS. Format: YYYYMMDD YYYY = century & year MM = month DD = day</p>
Filler	6	288-293	alpha	NA	<p>Leave this field blank. Value: spaces</p>
Status	1	294	alpha	NA	<p>Leave this field blank. Value: spaces</p> <p>This field is returned after DHS has processed the record.</p> <p>Returned values: A - accepted by DHS R - Rejected by DHS</p>

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.3 Client Financial Information Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Reject Code	2	295-296	alpha	NA	<p>Leave this field blank. Value: spaces</p> <p>This field is returned after DHS has processed the record.</p> <p>If Status = A (accepted by DHS), the reject code is not applicable and will be spaces.</p> <p>If Status = R (rejected by DHS), the reject code will contain a code indicating the reason the record was not accepted by DHS.</p>
Software Indicator	1	297	alpha	Y	Value = Z
DHS Process Date	8	298-305	numeric	NA	<p>Leave this field blank. Value: spaces</p> <p>This field is returned after DHS has processed the record.</p> <p>Date the record was processed by DHS. Format: YYYYMMDD YYYY = century & year MM = month DD = day</p>
Filler	95	306-400	alpha	NA	Leave this field blank. Value: spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.4 Client Financial Information Trailer Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQ D	DESCRIPTION
Entry Agency FEIN	9	1-9	numeric	Y	The agency's nine digit Federal Employer Identification Number (FEIN). This is the FEIN of the provider submitting the file.
Filler	15	10-24	alpha	Y	Report all 9's - Value = 999999999999999
Filler	21	25-45	alpha	NA	Leave this field blank. Value: spaces
Record Identifier	7	46-52	alpha	Y	Value = TRAILER Used to identify this record as the trailer record.
Record Count	7	53-59	numeric	Y	A count of the total number of records submitted on this file. <u>This count should include the trailer record.</u>
Filler	7	60-66	alpha	NA	Leave this field blank. Value: spaces
Agency Name	30	67-96	alpha	Y	Agency Name
Filler	200	97-296	alpha	NA	Leave this field blank. Value: spaces
Software Indicator	1	297	alpha	Y	Value = Z
Filler	103	298-400	alpha	NA	Leave this field blank. Value: spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Entry Agency FEIN	9	1-9	numeric	Y	The agency's nine digit Federal Employer Identification Number (FEIN). This is for the agency submitting the data.
Fiscal Year	4	10-13	numeric	Y	Fiscal year of the service being billed. Format: century, year
Service Date	6	14-19	numeric	Y	Date of the service being billed. Format: century, year, month
Individual ID	9	20-28	numeric	Y	Social Security Number of the individual receiving service.
Service Provider FEIN Number	9	29-37	numeric	Y	The service provider's nine digit Federal Employer Identification Number (FEIN).
FEIN Suffix	4	38-41	numeric	N	If a suffix is not assigned by your agency, value = all zeros. Note: Effective March 1, 2005, non-zero FEIN suffix is only valid for program codes 69, 70, 75, and 76.
Program Code	3	42-44	alpha	Y	DHS program code through which services were provided.
Filler	1	45-45	alpha	NA	Value = space
Filler	1	46-46	numeric	NA	Value = zero

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Service Code	2	47-48	alpha	Y	<p>This is a multi-purpose field and should be used based on what DHS program code number through which services were provided.</p> <p>1) For <u>Bogard</u> Specialized Services programs, indicate the appropriate service setting (used for rate determination). Valid values: I - Individual G - Group</p> <p>2) For In-Home Respite DD (87D) report the rate level Valid values: 1, 2, or 3</p> <p>3) For Residential Respite DD(89D), report the resident location number. Note: Report both digits, (i.e., report 1 as 01, etc) Valid values: 01 - 99</p> <p>4) For Personal Support (55D), report the entry number. Valid values: 1 - 5</p> <p>5) For Behavioral Intervention & Treatment (56U), report the provider type. Valid values: 1 - Clinical Psychologist or Board-certified Behavior Analyst 2 - Other</p> <p>6) For Emergency Home Response (55W), report the charge type. 1 - One-time Installation 2 - Monthly Fee</p> <p>7) For all other programs, leave this field blank. Value = all spaces</p>

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Billing Unit	1	49-49	alpha	Y	Program billing unit. E - event H - hourly D - per diem
Total Monthly Service Units	(5)	(50-54)	alpha	Y	Format depends upon billing unit. Report only one type - event or hourly or per diem data.
• Event	5	50-54			Total number of service events for the month. Value range: 00001-00279
OR					OR
• Hourly	3	50-52			Total hours of service for the month. Value range: 000-744
	2	53-54			Total minutes of service for the month. Value range: 00-59
OR					OR
• Per Diem	5	50-54			Total number of present and bedhold days. Value range: 00000-00031
Rate	5	55-59	numeric	Y	Program top-line rate (hourly and per diem programs only). Format: 9(3)V99
Monthly Charge	7	60-66	numeric	Y	Total monthly charge. Format: 9(5)V99
Mileage	6	67-72	numeric	Y	For the In-Home Respite program (codes 87D and 87M), report the amount due for mileage. Format: 9(4)V99 For all other programs, report 000000

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Number of Overnight Stays	2	73-74	numeric	Y	For the In-Home Respite program (codes 87D and 87M), report the number of overnight stays due for reimbursement. Valid values: 01-31 For all other programs, report 00.
Filler	1	75-75	alpha	NA	Value = space
Processing Flags	2	76-77	alpha	Y	Combination of codes which indicate the necessary processing at DHS. F - Not yet paid by DHS AP - Adjustment to a previously paid request for payment DP - Void a previously paid request for payment
Staff ID	9	78-86	alpha	N	Staff ID or name. For agency use only.
From Date	2	87-88	numeric	Y	First day of service billed for the month. Value range: 01-31
Thru Date	2	89-90	numeric	Y	Last day of service billed for the month. Value range: 01-31
Individual First Name	9	91-99	alpha	Y	First name of the individual receiving services.
Mid Initial	1	100-100	alpha	N	Middle initial of the individual receiving services.
Last Name	14	101-114	alpha	Y	Last name of the individual receiving services.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Problem Area	2	115-116	alpha	Y	Problem area of the individual receiving service. DD - developmental disability DL - dual disabilities
Optional Data	10	117-126	alpha	N	For agency use only.
Daily Units	(217)	(127-343)	alpha	Y	Units of service for each day of the month for which services are being billed. The format depends upon the billing unit (position 49). There are 31 occurrences and each daily value is 7 positions. Each occurrence relates to the services provided on that specific day of the month. Occurrence 1 is for services that occurred on the first day of the month, etc.
Exp. for Day 01: • Event Day1	6	127-132	numeric		Total dollar amount billed DHS for the day. Format: 9(4)V99
	1	133-133	numeric		Total number of events for the day. Value range: 1-9
OR					OR
• Hourly Day1	2	127-128	numeric		Total service hours for the day. Value range: 0-24
	2	129-130	numeric		Total service minutes for the day. Value range: 00-59
	3	131-133	numeric		Value = zeros
OR					OR
• Per Diem Day1	1	127	alpha		Valid values: P = present A = absent Bed-hold values: H = Hospitalization C = Convalescent care S = Short term SODC F = Family/home visit I = Incarceration
	6	128-133	alpha		Value = spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Filler	2	344-345	alpha	NA	Value = spaces
Submit Date	8	346-353	alpha	Y	Date the record was written to the file for submission to DHS. Format: century, year, month, day
Filler	6	354-359	numeric	NA	Value = zeros. This field is only used at DHS.
Filler	1	360-360	alpha	NA	Value = space
Reject Code	2	361-362	alpha	NA	Leave this field blank. Value: spaces This field is returned after DHS has processed the record. Accepted = space Rejected = Contains a code indicating reason the transaction was not accepted by DHS.
Filler	1	363-363	alpha	NA	Value = space
Filler	1	364-364	alpha	Y	Value = Z
Cycle Date	6	365-370	numeric	Y	For first time billing, report all zeros. For adjustments or voids (when processing flags (positions 76-77) = AP or DP)), report the value returned by DHS processing of the original bill. Format: CCYYMM century, year, month

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
CRBCS Sequence Number	4	371-374	numeric	Y	For first time billing, report all zeros. For adjustments or voids (when processing flags (positions 76-77) = AP or DP)), report the value returned by DHS processing of the original bill.
Filler	8	375-382	alpha	NA	Value = spaces
Unit Number	2	383-384	alpha	Y	<u>Only required when:</u> 1.) Program code is: 31U - Dev. Training 36U - Employment Subs. Individual 36G - Employment Subs. Group 39U - Supported Employment Indv 39G - Supported Employment Group 38U - Reg. Work /Sheltered Employment and 2.) When a unit is assigned to the corresponding grant program 310, 380, 390. Leave this field blank(spaces), if no unit number is assigned to the corresponding grant funded program.
Payee Provider FEIN Number	9	385-393	numeric	Y	The <u>payee provider's</u> nine digit Federal Employer Identification Number (FEIN).
FEIN Suffix	4	394-397	numeric	Y	If a suffix is not assigned by your agency, value = all zeros.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Filler	3	398-400	alpha	NA	Value = spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.6 Billing Trailer Record Format

FIELD NAME	LENGTH	POSITION	FORMAT	RQD	DESCRIPTION
Entry Agency FEIN	9	1-9	numeric	Y	The agency's nine digit Federal Employer Identification Number (FEIN). This is for the agency submitting the data.
Filler	36	10-45	numeric	Y	Value = all nines (9)
Record Identifier	7	46-52	alpha	Y	Value = TRAILER Used to identify this record as the trailer record.
Record Count	7	53-59	numeric	Y	A count of the total number of records submitted on this file. <u>This count should include the trailer record.</u>
Filler	7	60-66	numeric	Y	Value = all zeros
Agency Name	30	67-96	alpha	Y	Agency Name
Filler	249	97-345	alpha	NA	Value = spaces
Submittal Date	8	346-353	alpha	Y	Date the file was submitted to DHS. Format: century, year, month, day
Filler	6	354-359	numeric	NA	Value = all zeros
Filler	4	360-363	alpha	NA	Value = all spaces
Filler	1	364-364	alpha	Y	Value = Z
Filler	36	365-400	alpha	NA	Value = all spaces

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.7 Voucher Record Format

FIELD NAME	LENGTH	POSITION	DESCRIPTION
Entry Agency FEIN	9	1-9	The agency's nine digit Federal Employer Identification Number (FEIN). This is for the agency submitting the data.
Filler	6	10-15	This field is only used at DHS.
Fiscal Year	4	16-19	Fiscal year of billing transaction. Format: century, year
Record Type	1	20-20	Record type of billing transaction. Value: S (Fee For Services)
Service Provider FEIN Number	9	21-29	The service provider's nine digit Federal Employer Identification Number (FEIN).
FEIN Suffix	4	30-33	If a suffix is not assigned by your agency, value = all zeros.
Filler	6	34-39	Not Used.
Program Code	3	40-42	DHS program number through which services were provided.
Filler	1	43-43	Not Used.
Service Code	1	44-44	Indicates individual or group program rate for Bogard Specialized Services only. I - individual G - group space - NA (All other programs)
Filler	4	45-48	Not Used.
Service Date	6	49-54	Date of the corresponding billing transaction. Format: century, year, month
Individual ID	9	55-63	Social Security Number of the individual receiving service.

VOLUME III: SECTION 1 - FEE FOR SERVICES RECORD FORMATS

1.7 Voucher Record Format

FIELD NAME	LENGTH	POSITION	DESCRIPTION
DHS Voucher Info			
Number	7	64-70	Voucher number.
Suffix	3	71-73	Voucher suffix.
Date	8	74-81	Date the voucher was produced. Format: century, year, month, day
Fund Code	2	82-83	Funding code voucher was paid from.
Amt Paid	7	84-90	Amount paid on the voucher for this billing. Format: 9(05)V99
C/D Ind	1	91-91	Indicates whether amount paid was a credit/debit. C - Credit (negative) D - Debit (positive)
Cycle Date	6	92-97	Date DHS processed the billing transaction. Format: century, year, month
Cycle Seq	2	98-99	Sequence number of the billing cycle.
Filler	31	100-130	Not Used.

NOTE: This file is not sent to DHS. It is returned to the agency after the requests for payment have been accepted.

VOLUME IV

AGENCY PLAN INFORMATION

VOLUME IV: SECTION 1 - AGENCY PLAN INTRODUCTION

The Community Agency Plan System (CAPS) collects agency plan information each fiscal year. The Grant Agreement provides the basis for Departmental financial participation in grant-in-aid programs and formalizes the contractual relationship between the Department and the community agency. The agency plan is the part of the Grant Agreement which identifies the services to be provided, the target population, and the geographic areas to be served.

The Comprehensive Community Service Networks are the primary contact in the agency plan process.

This volume sets the guidelines for the creation of the Agency Plan Program Service and Funding Plan (2.0/2.1), Personnel Information (2.3), and Operating Fund Projected Revenue and Expenses (4.0/4.1) data on diskette by agencies using their own system for reporting.

These guidelines must be used in conjunction with the Agency Plan instructions packet issued yearly.

VOLUME IV: SECTION 2 - AGENCY PLAN FILE CREATION REQUIREMENTS

Submit Agency Plan information only when requested by the Department. It must be accompanied by signed paper documents.

Data records must be created in compliance with the record formats as described in Volume IV - Section 4.

Only IBM compatible 3.5 inch diskettes may be submitted. On the diskette label, include the agency Federal Employer Identification Number (FEIN), the agency name, and the type of file being submitted.

Use standard PC DOS file labeling. Data set names must be as follows:

AGYTRAN.FLE	-	Program Service and Funding Plan (2.0/2.1)
AGYPRSL.FLE	-	Personnel Information (2.3)
AGYFUND.FLE	-	Operating Fund Projected Revenue and Expenses (4.0/4.1)

Each diskette submitted must have an attached Transaction Transmittal Report. It will be used if your diskette must be returned for any reason. The Transaction Transmittal Report is to be created as shown in the following format. For each unit and program's Agency Plan which is being submitted, include a line and indicate Y/N in the Grant Funded column.

Agency Plan diskettes and accompanying documents should be mailed to your appropriate **Network** representative. **NOTE:** Agencies which provide both DD and MH services should submit diskettes and documents to both network addresses.

VOLUME IV: SECTION 3 - AGENCY PLAN DATA SUBMISSION REQUIREMENTS

Prepare diskettes according to the specifications in the appropriate sections of this volume. A new diskette must be submitted each time. Your diskette will NOT be returned unless there is a problem as noted on the Transaction Transmittal Report.

All diskettes should be mailed to your Network representative in a secure manner.

The Department reserves the right to review your data collection forms, procedures, process, etc. to ensure consistency of reporting.

Any diskette that cannot be processed will be returned to the sending agency. The data must then be resubmitted.

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.1 Program Service and Funding Plan Record Format (2.0/2.1)

Note: For numeric fields, "V" is the assumed decimal position. The actual decimal point is not in the field.

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Agency FEIN	1	9	9	Federal Employer Identification Number
Site Number	10	11	2	Required for MH program codes. Not used for DD program codes and must equal spaces.
Unit Number	12	13	2	For MH program codes, if not used report 00. For DD program codes, if not used report spaces.
Program Service Code	14	16	3	The specific program service for which grant funds are being received.
Fiscal Year	17	20	4	Must be numeric - from Agency Plan 1.0. Format: CCYY Example: 2000
Agency Name	21	50	30	Legal name of the agency
Network	51	54	4	The Mental Health or Developmental Disabilities network responsible for this particular program at the agency. <u>MENTAL HEALTH</u> MHCA - Metro C & A MHCE - Central MHCS - Chicago Suburban MHMN - Metro North MHMS - Metro South MHMW - Metro West MHNC - North Central MHNW - Northwest MHSO - Southern MHSM - Metro East Southern <u>DEVELOPMENTAL DISABILLTIES</u> CE - Central MCCN - North Chicago Metro MCCS - South Chicago Metro MCNS - North Suburban MCSS - South Suburban NC - North Central NW - Northwest SO - Southern

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.1 Program Service and Funding Plan Record Format (2.0/2.1)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Program Fund Ind	55	55	1	Valid Values are: 1 - DHS Grant Funded 2 - DFI/CFI 3 - Contract Funded 4 - Special Programs 5 - Non-DHS Funded
Program Service Name	56	85	30	The name commonly used for the program service by the agency.
Program Service Capacity	86	92	7	Must be numeric
Number Of Days Open	93	95	3	Must be numeric
Days & Time of Program Operation				There are 7 occurrences. Sunday thru Saturday X = Applies Space = Does not apply
Days Open	96	96	1	1st occurrence - Sunday
Evenings Open	97	97	1	1st occurrence - Sunday
24 Hours Open	98	98	1	1st occurrence - Sunday
Answering Service	99	99	1	1st occurrence - Sunday
	100	103	4	2nd occurrence - Monday
	104	107	4	3rd occurrence - Tuesday
	108	111	4	4th occurrence - Wednesday
	112	115	4	5th occurrence - Thursday
	116	119	4	6th occurrence - Friday
	120	123	4	7th occurrence - Saturday
Length of Program Service Day	124	127	4	Must be numeric 99V99
Geographic Impact Planning Area				There are 6 occurrences.
County	128	130	3	1st occurrence
Township	131	132	2	1st occurrence
Percentage	133	135	3	1st occurrence
	136	143	8	2nd occurrence
	144	151	8	3rd occurrence
	152	159	8	4th occurrence
	160	167	8	5th occurrence
	168	175	8	6th occurrence
Filler	176	183	8	Must equal spaces

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.1 Program Service and Funding Plan Record Format (2.0/2.1)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Geographic Impact Planning Area				There are 8 more occurrences.
County	184	186	3	1st occurrence
Township	187	188	2	1st occurrence
Percentage	189	191	3	1st occurrence
	192	199	8	2nd occurrence
	200	207	8	3rd occurrence
	208	215	8	4th occurrence
	216	223	8	5th occurrence
	224	231	8	6th occurrence
	232	239	8	7th occurrence
	240	247	8	8th occurrence
Filler	248	284	37	Must equal spaces
Primary Service Population				
MI	285	287	3	Must be numeric
DD	288	290	3	Must be numeric
Other	291	293	3	Must be numeric
Age Groups				
0 - 3	294	296	3	Must be numeric
4 - 12	297	299	3	Must be numeric
13 - 17	300	302	3	Must be numeric
18 - 22	303	305	3	Must be numeric
23 - 64	306	308	3	Must be numeric
65+	309	311	3	Must be numeric
Key Statistic	312	312	1	E = Direct Serv Employee Hours R = Nights of Service C = Client Hours O = Other

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.1 Program Service and Funding Plan Record Format (2.0/2.1)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Projections - Column A - Total Projected Service Units				<p>For MH program codes, if you choose to report only the annual total, report the annual total of all 12 months in positions 313 - 319. If you choose to report monthly, follow the description below.</p> <p>For DD program codes, you must report monthly; follow the description below.</p>
July	313	319	7	Must be numeric
August	320	326	7	Must be numeric
September	327	333	7	Must be numeric
October	334	340	7	Must be numeric
November	341	347	7	Must be numeric
December	348	354	7	Must be numeric
January	355	361	7	Must be numeric
February	362	368	7	Must be numeric
March	369	375	7	Must be numeric
April	376	382	7	Must be numeric
May	383	389	7	Must be numeric
June	390	396	7	Must be numeric
Projections - Column B - Registered Individuals				<p>Required for both MH and DD program codes.</p>
July	397	403	7	Must be numeric
August	404	410	7	Must be numeric
September	411	417	7	Must be numeric
October	418	424	7	Must be numeric
November	425	431	7	Must be numeric
December	432	438	7	Must be numeric
January	439	445	7	Must be numeric
February	446	452	7	Must be numeric
March	453	459	7	Must be numeric
April	460	466	7	Must be numeric
May	467	473	7	Must be numeric
June	474	480	7	Must be numeric
Annual Number of Unduplicated Registered Individuals	481	487	7	<p>Must be numeric</p> <p>Required for both MH and DD program codes.</p>

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.1 Program Service and Funding Plan Record Format (2.0/2.1)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Projections - Column C - Average Units Per Registered Individual				For MH program codes, leave this area spaces - do not report. For DD program codes, follow the description below.
July	488	494	7	Must be numeric 9(5)V99
August	495	501	7	Must be numeric 9(5)V99
September	502	508	7	Must be numeric 9(5)V99
October	509	515	7	Must be numeric 9(5)V99
November	516	522	7	Must be numeric 9(5)V99
December	523	529	7	Must be numeric 9(5)V99
January	530	536	7	Must be numeric 9(5)V99
February	537	543	7	Must be numeric 9(5)V99
March	544	550	7	Must be numeric 9(5)V99
April	551	557	7	Must be numeric 9(5)V99
May	558	564	7	Must be numeric 9(5)V99
June	565	571	7	Must be numeric 9(5)V99
Projections - Column D - Contacts Non-registered				Required for both MH and DD program codes.
July	572	578	7	Must be numeric
August	579	585	7	Must be numeric
September	586	592	7	Must be numeric
October	593	599	7	Must be numeric
November	600	606	7	Must be numeric
December	607	613	7	Must be numeric
January	614	320	7	Must be numeric
February	621	627	7	Must be numeric
March	628	634	7	Must be numeric
April	635	641	7	Must be numeric
May	642	648	7	Must be numeric
June	649	655	7	Must be numeric
Projected Operating Expenses				
1st Quarter	656	662	7	Must be numeric
2nd Quarter	663	669	7	Must be numeric
3rd Quarter	670	676	7	Must be numeric
4th Quarter	677	683	7	Must be numeric
Total Grant Disbursements	684	692	9	Must be numeric
Projected Revenue	693	699	7	Must be numeric, signed

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.1 Program Service and Funding Plan Record Format (2.0/2.1)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Projected Surplus/Deficit	700	706	7	Must be numeric, signed
Cost of Production	707	713	7	Must be numeric, signed
Total Expenses - Net Cost of Production	714	720	7	Must be numeric, signed
Total Unit/Client Cost	721	727	7	Must be numeric, signed S9(5)V99
MH/DD Unit/Client Cost	728	734	7	Must be numeric, signed S9(5)V99
Filler	735	741	7	Must equal spaces
File Creation Date Year Month Day	742	749	8	Date on which the file was created for submission. Format: CCYYMMDD
Software Indicator	750	753	4	Must equal 9.99 (Indicates Own Software)
Program Service Address - Street	754	793	40	Street address of the program service
Program Service Address - City	794	813	20	City of the program service
Program Service Address - State	814	815	2	State abbreviation of the program service
Program Service Address - Zip Code Zip Code Suffix	816 821	820 824	5 4	Zip code and zip code suffix of the program service
Filler	825	825	1	Must equal spaces

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.2 Personnel Information Record Format (2.3)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Filler	1	4	4	Must equal spaces
Fiscal Year	5	8	4	Must be numeric - from Agency Plan 1.0 Format: CCYY
Site Number	9	10	2	Required for MH program codes. Not used for DD program codes and must equal spaces.
Unit Number	11	12	2	For MH program codes, if not used report 00. For DD program codes, if not used report spaces.
Program Service Code	13	15	3	The specific program service for which grant funds are being received.
Filler	16	16	1	Must equal space
Program Service Name	17	46	30	The name commonly used for the program service.
Filler	47	48	2	Must equal spaces
Network	49	52	4	The Mental Health or Developmental Disabilities network responsible for this program. <u>MENTAL HEALTH</u> MHCA - Metro C & A MHCE - Central MHCS - Chicago Suburban MHMN - Metro North MHMS - Metro South MHMW - Metro West MHNC - North Central MHNW - Northwest MHSO - Southern MHSM - Metro East Southern <u>DEVELOPMENTAL DISABILLTIES</u> CE - Central MCCN - North Chicago Metro MCCS - South Chicago Metro MCNS - North Suburban MCSS - South Suburban NC - North Central NW - Northwest SO - Southern

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.2 Personnel Information Record Format (2.3)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
FTE Hours Per Week	53	55	3	Must be numeric 99V9
Percent MH/DD Funded	56	58	3	Must be numeric
Administration				
CEO/Pres/Exec Dir	59	64	6	Must be numeric 999V999
FTEs	65	70	6	Must be numeric 999V999
Assistant FTEs	71	76	6	Must be numeric 999V999
Bookkeeper FTEs	77	82	6	Must be numeric 999V999
Business Manager FTEs	83	88	6	Must be numeric 999V999
Public Relations FTEs	89	118	30	
Other Description	119	124	6	Must be numeric 999V999
Other FTEs	125	132	8	Must be numeric
Total Salary				
Program Service				
Pgm Svc Manager FTEs	133	138	6	Must be numeric 999V999
Pgm Svc Mngr Salary	139	145	7	Must be numeric
LPHA FTEs	146	151	6	Must be numeric 999V999
LPHA Salary	152	158	7	Must be numeric
QMHP FTEs	159	164	6	Must be numeric 999V999
QMHP Salary	165	171	7	Must be numeric
QMRP FTEs	172	177	6	Must be numeric 999V999
QMRP Salary	178	184	7	Must be numeric
MHP FTEs	185	190	6	Must be numeric 999V999
MHP Salary	191	197	7	Must be numeric
RSA FTEs	198	203	6	Must be numeric 999V999
RSA Salary	204	210	7	Must be numeric
Dir Serv Worker FTEs	211	216	6	Must be numeric 999V999
Dir Serv Wrkr Salary	217	223	7	Must be numeric
Other Description	224	253	30	
Other FTEs	254	259	6	Must be numeric 999V999
Other Salary	260	266	7	Must be numeric
Total Salary	267	274	8	Must be numeric

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.2 Personnel Information Record Format (2.3)

ITEM/FIELD NAME	FROM	TO	SIZE	FIELD DESCRIPTION
Support Services				
Consultant Ftes	275	280	6	Must be numeric 999v999
Consultant Salary	281	287	7	Must be numeric
	288	293	6	Must be numeric 999v999
Housekeeping Ftes	294	300	7	Must be numeric
	301	330	30	
Housekeeping Salary	331	336	6	Must be numeric 999v999
	337	343	7	Must be numeric
Other Description	344	351	8	Must be numeric
Other FTEs				
Other Salary				
Total Salary				
Agency Name	352	381	30	Legal name of the agency
Filler	382	439	58	Must equal spaces
File Creation Date				Date on which the file was created for submission.
Year	440	443	4	
Month	444	445	2	Format: CCYYMMDD
Day	446	447	2	
Software Indicator	448	451	4	Must equal 9.99 (Indicates Own Software)
Filler	452	500	49	Must equal spaces

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.3 Operating Fund Projected Revenue & Expense Record Format (4.0/4.1)

ITEM/FIELD NAME	FRO M	TO	SIZ E	FIELD DESCRIPTION
Filler	1	1	4	Must equal spaces
Fiscal Year	5	8	4	Must be numeric - from Agency Plan 1.0 Format: CCYY
Site Number	9	10	2	Required for MH program codes. Not used for DD program codes and must equal spaces.
Unit Number	11	12	2	For MH program codes, if not used report 00. For DD program codes, if not used report spaces.
Program Service Code	13	15	3	The specific program service for which grant funds are being received. NOTE: Total columns have a program code of "C" and a program service suffix of the column number. C02 - Total Agency C03 - Total Program Not MH/DD Grant Funded C04 - Total Program MH/DD Grant Funded C05 - DD CILA Programs
Filler	16	18	3	Must equal space

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.3 Operating Fund Projected Revenue & Expense Record Format (4.0/4.1)

ITEM/FIELD NAME	FRO M	TO	SIZ E	FIELD DESCRIPTION
Network	19	22	4	The Mental Health or Developmental Disabilities network responsible for this program/column. <u>MENTAL HEALTH</u> MHCA - Metro C & A MHCE - Central MHCS - Chicago Suburban MHMN - Metro North MHMS - Metro South MHMW - Metro West MHNC - North Central MHNW - Northwest MHSO - Southern MHSM - Metro East Southern <u>DEVELOPMENTAL DISABILLTIES</u> CE - Central MCCN - North Chicago Metro MCCS - South Chicago Metro MCNS - North Suburban MCSS - South Suburban NC - North Central NW - Northwest SO - Southern
Fees For Service				
1. MH/DD Pgm Svc Fnd	23	31	9	Must be numeric
2. Local Ed Agy/ISBE	32	40	9	Must be numeric
	41	49	9	Must be numeric
3. Dept of Pub Aid	50	58	9	Must be numeric
4. MH/DD Medicaid Pay	59	67	9	Must be numeric
5a. Other-A	68	88	21	
Other-A Desc	89	97	9	Must be numeric
5b. Other-B	98	118	21	
Other-B Desc	119	127	9	Must be numeric
5c. Other-C	128	148	21	
Other-C Desc	149	157	9	Must be numeric
5d. Other-D	158	178	21	
Other-D Desc	179	187	9	Must be numeric
6. Clnt/Family Pay	188	196	9	Must be numeric
	197	205	9	Must be numeric
7. Oth 3rd Party Pay				
8. Tot Fees For Serv				

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.3 Operating Fund Projected Revenue & Expense Record Format (4.0/4.1)

ITEM/FIELD NAME	FRO M	TO	SIZ E	FIELD DESCRIPTION
Grants				
9. MH/DD Pgm Svc Fnd	206	214	9	Must be numeric
	215	223	9	Must be numeric
10. DPA DFI/CFI	224	232	9	Must be numeric
	233	253	21	Must be "United Way"
11a.Other-A	254	262	9	Must be numeric
Other-A Desc	263	283	21	
11b.Other-B	284	292	9	Must be numeric
Other-B Desc	293	313	21	
11c.Other-C	314	322	9	Must be numeric
Other-C Desc				
12. Total Grants				
Other Sources				
13. Contribution-Rstr	323	331	9	Must be numeric
	332	340	9	Must be numeric
14. In-Kind Contrib	341	349	9	Must be numeric
	350	358	9	Must be numeric
15. Contrib-Unrstr	359	367	9	Must be numeric
	368	376	9	Must be numeric
16. Investment Income	377	385	9	Must be numeric, signed S9(9)
	386	406	21	Must be Local Government Fund
17. Sale Of Goods/Svc	407	415	9	Must be numeric, signed S9(9)
	416	436	21	
18. LEA Transport Pay	437	445	9	Must be numeric, signed S9(9)
19a.Other-A	446	466	21	
	467	475	9	Must be numeric, signed S9(9)
Other-A Desc	476	484	9	Must be numeric
19b.Other-B	485	493	9	Must be numeric
Other-B Desc				
19c.Other-C	494	502	9	Must be numeric
Other-C Desc	503	511	9	Must be numeric
20. Total Oth Sources				
21. Total Revenue				
22. Total Projected Operating Expense				
23. Depreciation				
24. Tot Proj Oper Exp With Depreciation				
Agency Name	512	541	30	Legal name of the agency
Software Indicator	542	545	4	Must be 9.99 (Indicates Own Software)
File Creation Date				Date on which the file was created for submission
Year	546	549	4	Format: CCYYMMDD
Month	550	551	2	
Day	552	553	2	

VOLUME IV: SECTION 4 - AGENCY PLAN RECORD FORMATS

4.3 Operating Fund Projected Revenue & Expense Record Format (4.0/4.1)

ITEM/FIELD NAME	FRO M	TO	SIZ E	FIELD DESCRIPTION
Agency FEIN	554	562	9	Federal Employer Identification Number
11d.Transition Line	563	571	9	Must be numeric
Filler	572	675	104	Must equal spaces

APPENDIX A

Mental Health Medicaid Third Party Liability (TPL) Data Specifications

Mental Health Medicaid TPL Data Specifications

This data is required if the individual has Third Party Liability (TPL) coverage.

TPL Item	Description
Code	Report the TPL code contained on the individual's Medical Eligibility Card (MEC). If the TPL code on the card is only 3 digits, enter a space and then the 3 digit code in this field. If payment was received from a third party resource not listed on the MEC, report the appropriate TPL code. If none of the TPL codes are applicable to the source of payment, enter space and code 999. (See "Medical Assistance Program Handbook for Physicians" General Appendix 9 for valid TPL codes.)
Status	<p>The appropriate code indicating the disposition of the third party billing. If no TPL code is reported, this field must equal spaces. Valid TPL status codes are:</p> <p>01 - TPL Adjudicated - Total Payment Shown: TPL Status Code 01 is to be reported when payment has been received from individual third party resource. The amount of payment received <u>must</u> be reported in the TPL amount field.</p> <p>02 - TPL Adjudicated - Individual Not Covered: TPL Status Code 02 is to be reported when advised by the third party resource that the individual was not insured at the time goods or services were provided.</p> <p>03 - TPL Adjudicated - Service Not Covered: TPL Status Code 03 is to be reported when <u>advised by the third party resource</u> that goods or services provided are not covered.</p> <p>04 - TPL Adjudicated - Spend-Down Met: TPL Status Code 04 is to be reported when the individual's Form 2432, Split Billing Transmittal shows \$0 liability.</p> <p>05 - Client not covered: TPL Status Code 05 is to be reported when a <u>client informs the clinic</u> that the third party resource identified on the Medical Eligibility Card is not in force.</p> <p>06 - Services not covered: TPL Status Code 06 is to be reported when the <u>clinic determines</u> that the identified resource is not applicable to the service provided.</p> <p>07 - Third Party Adjudication Pending: TPL Status Code 07 may be reported when an invoice has been submitted to the third party and reasonable follow-up efforts to obtain payment have failed.</p> <p>10 - Deductible Not Met: TPL Status Code 10 is to be reported when the clinic has been informed by the third party resource that nonpayment of the service was because the deductible was not met.</p>
Amount	Report the amount of payment received from the third party resource. A dollar amount is required if TPL Status Code 01 was reported in TPL Status Code field.
Date	<p>A TPL date is required when any status code is reported in the TPL status code field. Report the following dates for specific TPL status codes:</p> <p>01 - Third Party Adjudication date 02 - Third Party Adjudication date 03 - Third Party Adjudication date 04 - Date from DPA 2432 05 - Date of Service 06 - Date of Service 07 - Date of Submittal to TPL Resource 10 - Third Party Adjudication date</p>

APPENDIX B

FTP File Transfer Instructions

FTP Transfers

After the community agency has been successfully registered with DHS, you may begin transmitting files via FTP. If your agency utilizes a fire wall (and most do), then port 2021 must be open for connectivity. Establish a connection to the Internet, if not already established (such as a dial up connection) then run "CALLFTP.EXE". The following screen will be displayed.

The screenshot shows the 'FTP Transfer to/from DHS' application window. The title bar is blue and contains the text 'FTP Transfer to/from DHS' and standard window control buttons. The menu bar includes 'Settings' and 'Transaction History'. The main content area is light gray and contains the following elements:

- FTP Provider ID:** A text box containing 'HSD00001'.
- Primary Email Address:** A text box containing 'hsd00001@dhs.state.il.us'.
- Secondary Email Address:** An empty text box.
- Transfer Type:** A dropdown menu.
- DHSCRS Data Files:** A section containing six rows, each with a checkbox and a text box:
 - DHSCASE
 - DHSSERV
 - DHSPROV
 - DHSBILL
 - DHSINCM
 - DHSVCHR
- Buttons:** 'Process' and 'Exit' buttons at the bottom center.

This screen displays the selection process for FTP file transfers. There are two options displayed on the menu bar.

Settings

Displays a screen showing detailed file information. File locations and their names can be modified.

Transaction History

Displays a window showing past file transfer activity after *View Log* is selected from the drop down list. This is a running log of ALL transfers attempted. The log may be cleared by selecting *Clear Log* from the drop down list.

FTP File Specifications Screen

Filetype	PC Folder	PC Filename	FTP Server Filename	RECL
1) DHSCASE	Upload: \PRRS\Upload	DHSCASE.FLE	DHS9018.PDCRSICS.@.#'	450
	Download: \PRRS\Download	DHSCASE.FLE	DHS9018.PDCRSC01.@'	
2) DHSSERV	Upload: \PRRS\Upload	DHSSERV.FLE	DHS9018.PDCRSISV.@.#'	450
	Download: \PRRS\Download	DHSSERV.FLE	DHS9018.PDCRSS01.@'	
3) DHSPROV	Upload: \PRRS\Upload	DHSPROV.FLE	DHS9018.PDCRS2PV.@.#'	400
	Download: \PRRS\Download	DHSPROV.FLE	DHS9018.PDCRSF01.@'	
4) DHSBILL	Upload: \PRRS\Upload	DHSBILL.FLE	DHS9018.PDCRS2BL.@.#'	400
	Download: \PRRS\Download	DHSBILL.FLE	DHS9018.PDCRSF02.@'	
5) DHSINCM	Upload: \PRRS\Upload	DHSINCM.FLE	DHS9018.PDCRS2IN.@.#'	400
	Download: \PRRS\Download	DHSINCM.FLE	DHS9018.PDCRSF03.@'	
6) DHSVCHR	Download: \PRRS\Download	DHSVCHR.FLE	DHS9018.PDCRSF04.@'	

Verify Files Save Exit @ - Agency RACF ID
 # - Timestamp

The above screen appears after **Settings** is selected from the menu bar and displays detailed file information. You can modify where the files are located and their names. File specifications cannot be modified once you get into the FTP Transfer window. There are two options displayed on the menu bar.

Filetype Descriptions

Displays the descriptions of the files.

Filetype	Description
1	Client Case Registration
2	Service Reporting/MH Bill
3	FFS Provider
4	FFS Billing
5	FFS Income
6	FFS Voucher

Save Cancel

Backup Settings

Allows selection of the directory/folder to place backups of the results files from DHS. You can turn the backup process on or off.

Backup Result files:

Backup Results folder: F:\back

Save Exit

FTP Transfer to DHS

Establish a connection to the Internet, if not already established (such as a dial up connection) then run "CALLFTP.EXE". The following screen will be displayed.

FTP Transfer to/from DHS

Settings Transaction History

FTP Provider ID: HSD00001

Primary Email Address: hsd00001@dhs.state.il.us

Secondary Email Address:

Transfer Type:

DHSCRS Data Files

DHSCASE

DHSSERV

DHSPROV

DHSBILL

DHSINCM

DHSVCHR

Process Exit

To begin the file transfer to DHS, enter the **FTP Provider ID** received during the FTP registration process and the **Primary/Secondary Email Addresses** to be notified when the DHS processing is complete. Select *Upload* in the Transfer Type drop down list then select the files you want to transfer listed under **DHSCRS Data Files** by clicking in the box next to the file type. Click **Process** to continue or **Exit** to abort the transfer.

Next, the Login window will be displayed. Enter your **FTP User ID** and **Password** then click **Ok** to continue. If an error box is displayed, check that the FTP User ID and Password are correct. **Note:** The first time you log into the system, enter your FTP User ID as the password and then you will be prompted to change your password. The password is case sensitive and must be changed every 30 days.

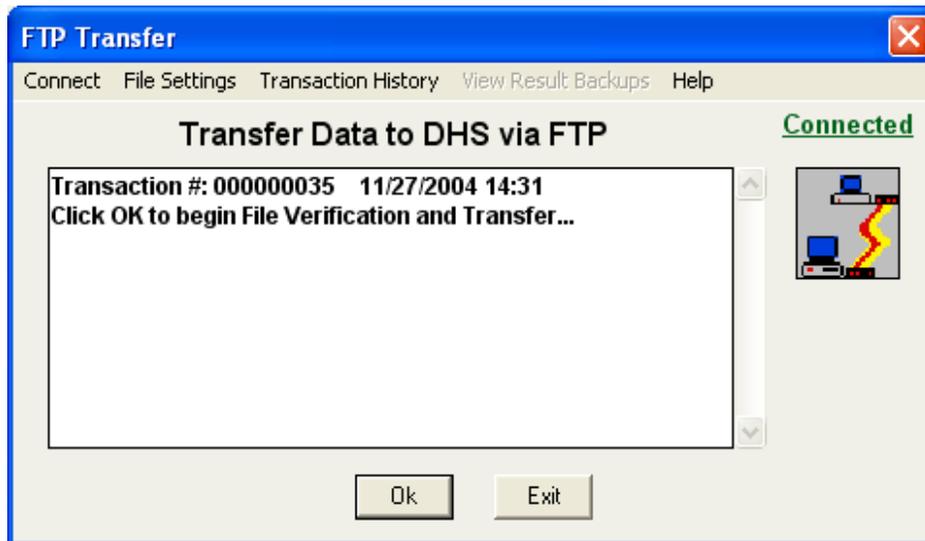
Login

FTP User ID: DHS9018

Password:

Change Password

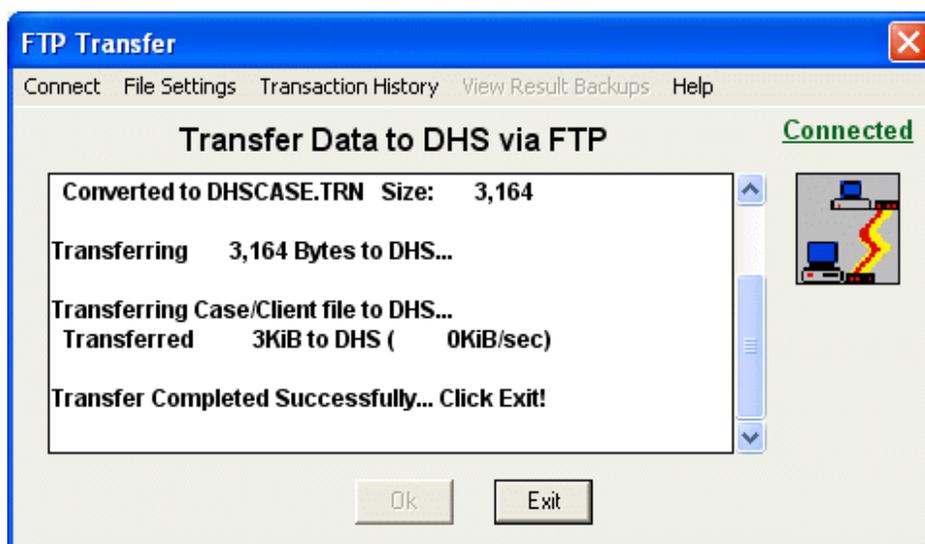
Ok Cancel



The above screen appears after successfully connecting to the FTP server. Click **Ok** to begin the transfer to DHS. There are four options displayed on the menu bar.

- Connect** Displays the Login window.
- File Settings** Displays the FTP File Specifications Screen.
- Transaction History** Displays a window showing past file transfer activity.
- Help** Displays the software version and technical assistance information (including the DHS Network Services phone number if a password needs to be reset [1-800-523-1476]).

The FTP Transfer dialog box will display information about the transfer process. To verify a successful transfer, scroll to the bottom of the dialog box to view the transfer results.



FTP Transfer from DHS

Establish a connection to the Internet, if not already established (such as a dial up connection) then run "CALLFTP.EXE". The following screen will be displayed.

The screenshot shows a Windows-style dialog box titled "FTP Transfer to/from DHS". It has two tabs: "Settings" and "Transaction History". The "Settings" tab is selected. The dialog contains the following fields and controls:

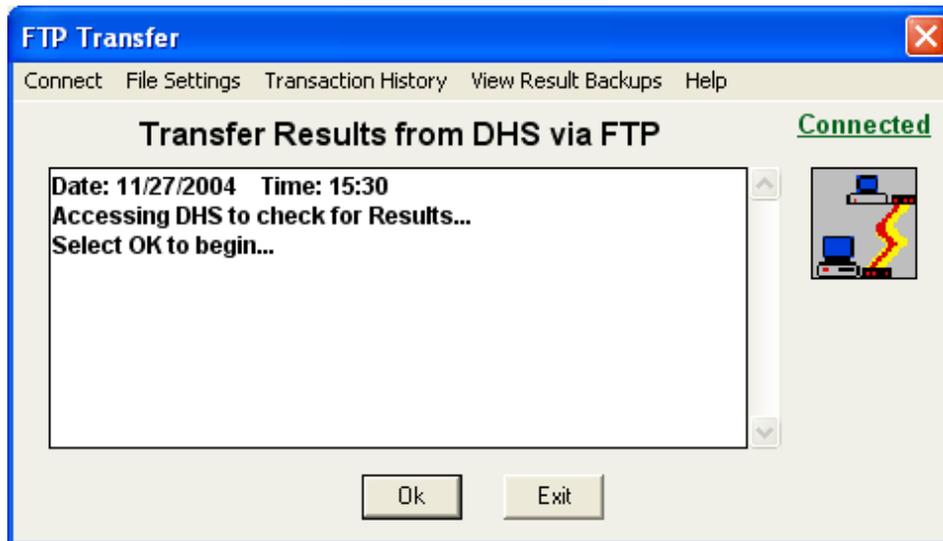
- FTP Provider ID:** A text box containing "HSD00001".
- Primary Email Address:** A text box containing "hsd00001@dhs.state.il.us".
- Secondary Email Address:** An empty text box.
- Transfer Type:** A dropdown menu.
- DHSCRS Data Files:** A section containing six checkboxes, each with a corresponding text box:
 - DHSCASE
 - DHSSERV
 - DHSPROV
 - DHSBILL
 - DHSINCM
 - DHSVCHR
- Buttons:** "Process" and "Exit" buttons at the bottom.

To begin the file transfer from DHS, enter the **FTP Provider ID** received during the FTP registration process. Select **Download** or **Download All** in the **Transfer Type** drop down list. If downloading specific files, select the files you want to transfer listed under **DHSCRS Data Files** by clicking in the box next to the file type. If downloading all files, box selection is not necessary. Click **Process** to continue or **Exit** to abort the transfer.

Next, the **Login** window will be displayed. Enter your **FTP User ID** and **Password** then click **Ok** to continue. If an error box is displayed, check that the FTP User ID and Password are correct. **Note:** The first time you log into the system, enter your FTP User ID as the password and then you will be prompted to change your password. The password is case sensitive and must be changed every 30 days.

The screenshot shows a "Login" dialog box with the following fields and controls:

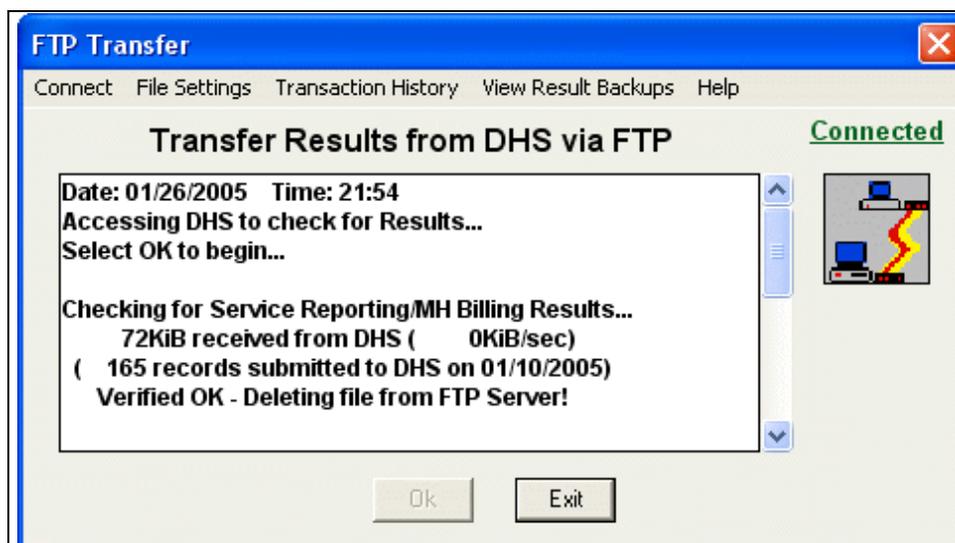
- FTP User ID:** A text box containing "DHS9018".
- Password:** An empty text box.
- Change Password:** An unchecked checkbox.
- Buttons:** "Ok" and "Cancel" buttons at the bottom.



The above screen appears after successfully connecting to the FTP server. Click **Ok** to begin the transfer from DHS. There are four options displayed on the menu bar.

- | | |
|-----------------------------|--|
| Connect | Displays the Login window. |
| File Settings | Displays the FTP File Specifications Screen. |
| Transaction History | Displays a window showing past file transfer activity. |
| View Results Backups | If backup files exist you can choose to apply those results again by choosing a file from the choices displayed. |
| Help | Displays the software version and technical assistance information (including the DHS Network Services phone number if a password needs to be reset [1-800-523-1476]). |

The FTP Transfer dialog box will display information about the transfer process. To verify a successful transfer, scroll to the bottom of the dialog box to view the transfer results.



APPENDIX C

ICD-10 Replacement Codes

Category Name	ICD-9 Code	ICD-10 Equivalent
Autism	29900	F840
Childhood Disintegrative Disorder	2991	F842, F843, F845
Persuasive Developmental Disorder	2998	F848, F849
Cerebral Palsy	3439	G800, G801 ,G802, G803 ,G804, G808, G809
Mild Mental Retardation	317	F70
Moderate MR	3180	F71
Severe MR	3181	F72
Profound MR	3182	F73
Unspecified Mental Retardation	319	F79, F78
Epilepsy	3450	G40001, G40009, G4001, G40011, G40019, G4010, G40101, G40109, G40111, G40119, G40201, G40209, G40211, G40219, G40301, G40309, G40311, G40319, G40A01, G40A09, G40A11, G40A19, G40B01, G40B09, G40B11, G40B19, G40401, G40409, G40411, G40419, G40501, G40509, G40801, G40802, G40803, G40804, G40811, G40812, G40813, G40814, G40821, G40822, G40823, G40824, G40901, G40909, G40911, G40919