

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

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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 YYYY - century and year MM - month DD - day 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. A - Accepted by DHS R - Rejected by DHS</p>
Filler	41	41	1	alpha	<p>Leave this field blank. Value: spaces</p>
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) 20 - Family home or own home, may include foster homes that are not DHS funded 40 - State-Operated Facility (Mental Health Center or Developmental Center) 50 - Jail or correctional facility/institution (e.g., detention centers, institutions/training schools)</p>
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Field Name	From	Thru	Length	Format	Description
(continued)					<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> <p>70 - Nursing Facility, including licensed private Intermediate Care facilities (ICF) and Skilled Nursing Facilities (SNF)</p> <p>71 - Licensed Shelter Care Facility DD</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>

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Field Name	From	Thru	Length	Format	Description
Individuals in Setting	44	45	2	alpha	<p>Mandatory - 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 is NOT 68 or 69.</p>
Area of Origin					<p>Mandatory - The geographic location where the client has family or community ties.</p> <p>Refer to the current Directory of Geographic Information.</p>
County	46	48	3	numeric	Report the code of the county, out-of-state, or unknown.
Township / Community Area	49	50	2	numeric	<p>Report Community Area - if the family/community ties are in Chicago.</p> <p>Report Township - if the family/community ties are outside the Chicago city limits, but within a county that requires this further information.</p>
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	<p>Mandatory - The age (or approximate age) that the client first experienced the developmental disabilities identified.</p> <p>Valid Ages: 00-21</p>

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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>

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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.
Score Type	67	67	1	alpha	Range: -70 to +10 +99 - Not Applicable 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)

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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 2	125	132	8	alpha	Diagnosis Code Type for ICD-10 codes is A.
Diagnosis Code Type 3	133	133	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 3	134	141	8	alpha	
Diagnosis Code Type 4	142	142	1	alpha	
Diagnosis Code 4 (continued)	143	150	8	alpha	

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Field Name	From	Thru	Length	Format	Description
(continued)					
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	367	367	1	alpha	Mandatory - From ICAP, Part C, Functional Limitations and Needed Assistance, Question 9. Valid Values : <ul style="list-style-type: none"> 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.

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Field Name	From	Thru	Length	Format	Description
Filler	368	388	21	alpha	Leave this field blank. Value: spaces
DD Closing Information					Leave blank if the client is active.
Closing Disposition	389	390	2	numeric	<p>Mandatory - when closing the Client DD Information Describes the disposition of the client at the point he/she stops receiving services.</p> <p>01 - Deceased</p> <p>02 - Completed treatment: client no longer needs services from this provider</p> <p>03 - Refused treatment: client refuses further treatment from this provider</p> <p>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</p> <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>
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Field Name	From	Thru	Length	Format	Description
(continued)					99 - Unknown
DD Closing Information Residential Arrangement At Closing	391	392	2	numeric	<p>Leave blank if the client is active. Mandatory - when closing the Client DD Information. 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) 20 - Family home or own home, may include foster homes that are not DHS-funded 40 - State-Operated Facility (Mental Health Center or Developmental Center) 50 - Jail or correctional facility/institution (e.g., detention centers, institutions/training schools) 61 - IMD-Private Institution for persons with Mental Diseases 62 - Private ICF/MI that serves 17 or more clients 63 - Private ICF/MI for 16 or fewer persons 64 - MH-funded community setting 65 - Private ICF/DD for 17 or more clients 66 - Private ICF/DD for 16 or fewer persons 67 - Private Skilled Nursing Facilities for Pediatrics (SNF/Peds) 68 - DD-funded community setting where individuals with disabilities reside 69 - DD-funded Foster Care setting where individuals with disabilities reside</p>
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Field Name	From	Thru	Length	Format	Description
(continued) Residential Arrangement At Closing					(continued) 70 - Nursing Facility, including licensed private Intermediate Care facilities (ICF) and Skilled Nursing Facilities (SNF) 71 - Licensed Shelter Care Facility 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 at Closing	393	394	2	alpha	Mandatory - for closing 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 AT CLOSING is NOT 68 or 69.
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

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Field Name	From	Thru	Length	Format	Description
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