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** - 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. 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

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description

Closing Date	24	31	8	numeric	Leave blank if the client is active.
					
					Mandatory - when closing the Client MH 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

Registration Date	32	39	8	numeric	**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.
					  Format: **YYYYMMDD**
					    YYYY - century and
					     year
					    MM - month
					    DD - day
					  Example: 19980801

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

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Residential Arrangement	42	43	2	numeric	**Mandatory** - Describes the client's primary residential situation at the present time while services are being initiated or provided. **10 -** Homeless (e.g., living on the street, in an emergency shelter, or transient) **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) **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) (Continued on next page)

1.3   CLIENT MH INFORMATION RECORD FORMAT

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

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Household Composition	44	45	2	numeric	**Mandatory** - The client's household composition. **10 -** Lives alone **20 -** Lives with one or more relatives (e.g., biological, step, or adoptive relationships) **30 -** Lives with non-related persons (e.g., professional child care staff and other children in group care, foster parents and other foster children) **99 -** Unknown
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)

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
GAF/CGAS					**Mandatory** - Current functioning scale score as assessed in the registration 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**
Scale Used	95	95	1	alpha	**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.
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	
Employment (continued on next page)	98	99	2	alpha	Determination of impairment criteria for adults. Report one of the following codes for each impairment category.

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued) Financial	100	101	2	alpha	**00 -** Client does not meet serious impairment criteria
Community Living	102	103	2	alpha	**01 -** Client meets serious impairment criteria Client has serious impairment in social, occupational, or school functioning. 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. Client requires help to seek public financial assistance for out-of-hospital maintenance (e.g., Medicaid, SSI, SSDI, other indicators). Client does not seek appropriate supportive community services, e.g., recreational, educations, or vocational support services, without assistance.
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 (continued on next page)	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

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					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.
Client Functioning-Children & Adolescents					**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. Determination of impairment criteria for children and adolescents. Report one of the following codes for each impairment category. **00 -** Client does not meet serious impairment criteria **01 -** Client meets serious impairment criteria
Self Care (continued on next page)	112	113	2	alpha	Consistent inability to take care of age appropriate personal grooming, hygiene, clothes and meeting of nutritional needs.

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					
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.
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).

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
History of Illness					**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. **00 -** Client does not meet treatment history criteria **01 -** Client meets treatment history criteria
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.

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
MH CILA Enrollment	132	132	1	alpha	**Mandatory** - Designates whether the client is enrolled in the DHS funded MH CILA program. **N** - Not applicable **Y** - Enrolled in MH CILA
Family Household Size	133	134	2	numeric	**Mandatory** - The total number of the client's family members in the household, including the client. **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. **Range:** 01 - 99 (99 = Unknown)
Household Income (continued on next page)	135	140	6	numeric	**Mandatory** - The total monthly income of all family members in the client's household. **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

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					(continued) (SSI); any public assistance or welfare payments from the state or local welfare 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

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
Functional Impairment - Adults					**If not used, these fields must be blank (value spaces).** **Optional** - Use this section if the Multnomah Community Ability Scale (MCAS) was 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 (continued on next page)	153	153	1	alpha	**Response to Stress and Anxiety** - Impairment as evidenced by inappropriate and/or stressful events, etc.

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.

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					**If not used, these fields must be blank (value spaces).** **Optional** - Use this section if the Child and Adolescent Functional Assessment Scale (CAFAS) was used. **NOTE: Consult the CAFAS instrument for full descriptions of each item. The CAFAS is copyrighted. Staff using the CAFAS <u>must</u> be trained by a DMH approved trainer.** Determination of functional impairment criteria for children and adolescents. Report the appropriate rating for each CAFAS domain. Range: 00 - 30 99 Could Not Rate
Domain #1 (continued on next page)	166	167	2	alpha	**School/Work** - Extent to which child/adolescent meets performance expectations of school/work.

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 perform 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.

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
DLA/TLA Meeting Information at Discharge	186	187	2	alpha	**If not used, this field must be blank (value spaces).** **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. **Meeting Locations** **01** - At Client's Home/Residence **02** - At Agency **03** - At State Hospital **04** - At Other Location **Reasons for No Meeting** **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
DLA/TLA Agency Involvement in Discharge (continued on next page)	188	189	2	alpha	**If not used, this field must be blank (value spaces).** **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. **Agency Involved** **01** - Participation in Person **02** - Participation by Phone **Agency Not Involved** **10** - Agency Not Notified

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					by State Operated Facility **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 (continued on next page)	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

1.3 CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					**03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** - Other **99** - Unknown

Type of Services Sought	212	213	2	alpha	Describes the type of services sought by the client as determined by the consumer
					00 - Not Applicable
					01 - Residential/Living
					        Arrangements
					02 - Vocational
					        Rehabilitation
					03 - Transportation
					04 - Medical
					05 - Substance Abuse
					        Treatment
					06 - MH Case Management
					07 - Hospitalization
					90 - Other
					99 - Unknown

Types of Services Needed – Other Description	214	243	30	alpha	Specifies the type of services needed when Other (90) is selected
Type of Services Sought – Other Description	244	273	30	alpha	Specifies the type of services sought when Other (90) is selected
MH 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	274	274	1	alpha	
Diagnosis Code 1 (continued)	275	282	8	alpha	

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 2	283	283	1	alpha	Diagnosis Code Type for ICD-10 codes is A.
Diagnosis Code 2	284	291	8	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 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	

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 Closing Disposition (continued on next page)	390	391	2	numeric	Leave blank if the client is active. **Mandatory -** when closing the Client MH Information. 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 **05** - Moved:

1.3   CLIENT MH INFORMATION RECORD FORMAT

Field Name	From	Thru	Length	Format	Description
(continued)					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 inpatient hospital) **07** - Transfer to State-Operated facility **08** - Incarcerated **90** - Other: Includes discharge of long-term inactive clients and of persons who have been lost to contact **99** - Unknown
GAF/CGAS Score at Closing	392	393	2	numeric	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. Valid Values: **00 - 99**
Scale Used for Closing	394	394	1	alpha	The functional scale used. **C** - Children's Global Assessment Scale (CGAS) **G** - Global Assessment of Functioning (GAF)

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	

1.3   CLIENT MH INFORMATION 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