

# BATCH SUBMISSION REQUIREMENTS

## VALID AS OF July 01, 2020

### File Requirements

The "Batch Submission Requirements" document has been updated to reflect recent changes to support additional enhancements to the FOID Mental Health Reporting System. The following reflect changes to the previous "Batch Submission Requirements" document dated Dec 30, 2013.

#### Changes:

1. Changed the Example Records
2. Separated "Facility Record Layout" into "Facilities With Inpatient Mental Health Treatment Programs (Inpatient) Record Layout" and "Facilities Without Inpatient Mental Health Treatment Programs (Outpatient) Record Layout" .
3. Changed "Patient" to "Person"
4. Inpatient Facility Header Record Layout
  - a. Added Facility Type "1" Inpatient Facility record
  - b. Split "Facility Zip Code" into two fields
    - i. "Facility Zip Code"
    - ii. "Facility Zip Code Extension"
5. Changes to Inpatient Facility 'Activity' Record Layout
  - a. Added Facility Type "1" Inpatient Facility record
  - b. Changed Field Lengths on Person Name
  - c. Split "Person Zip Code" into two fields
    - i. "Person Zip Code"
    - ii. "Person Zip Code Extension"
  - d. Changed "Event Type" to "Non-Adjudicated Category"
  - e. Added "Adjudicated Category"
  - f. Added three entries for "Event Type" and "Event Date"
  - g. Added C&P "Serious Threat"
  - h. Added C&P "Threatening Behavior"
  - i. Added Qualified Examiner Info:
    - i. "Qualified Examiner Last Name"
    - ii. "Qualified Examiner First Name"
    - iii. "Qualified Examiner Middle Name"
    - iv. "Qualified Examiner Type"
    - v. "Qualified Examiner Comments"
6. Inpatient Facility Trailer Record Layout
  - a. Added Facility Type "1" Inpatient Facility record
7. Added Facilities Without Inpatient Mental Health Treatment Programs (Outpatient) Header Record Layout
8. Added Facilities Without Inpatient Mental Health Treatment Programs (Outpatient) 'Activity' Record Layout
9. Added Facilities Without Inpatient Mental Health Treatment Programs (Outpatient) Trailer Record Layout

Note: For the purposes of this document, "Inpatient Facility" includes Facilities with inpatient mental health treatment programs.

The batch submittal files are to be created as ASCII DOS Text Files with each field separated by ~ (tilde) and each record delimited by CR/LF(ODOA in hex format), i.e.; tilde( ~) delimited fields followed by a carriage return character and a line feed character. The file name is to be 'FOID.DAT'.

## BATCH SUBMISSION REQUIREMENTS

VALID AS OF July 01, 2020

There are three types of records to be submitted:

1. The Facility (H) record identifies the reporting facility, the contact person, and the number of activity records.
2. The Facility (P) activity record describes the detail data for this reporting cycle.
3. The Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

The general format of the files submitted to DHS should be:

A Facility (H) record is to be followed by the corresponding "Activity" records (one per person). A Trailer (T) record provides file audit counts and is included at the end of each file.

\*\*All fields are required, unless otherwise noted. The tilde (~) will still be present.

NOTE: There are null fields identified in the record layouts to keep field positioning the same for inpatient and other provider "activity" records.

### INPATIENT Facility

The following types of facilities are considered "Facilities with Inpatient Mental Health Treatment Programs" (Inpatient) in the FOID Mental Health Reporting System:

- Hospitals with Inpatient Mental Health Treatment Programs
  - Nursing Homes with Inpatient Mental Health Treatment Programs
  - Specialized Mental Health Rehabilitation Facility
  - Supervised Transitional Residential Programs
1. The Inpatient Facility (H) Header record identifies the Inpatient reporting facility, the contact person, and the number of activity records.
  2. The Inpatient Facility (P) activity record describes the persons admitted at the facility during that cycle.
  3. The Inpatient Facility Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

#### Example for an INPATIENT Facility:

##### Example Inpatient Facility Header Record:

H~1~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~1234~JOHN  
PUBLIC~2175551234~1

##### Example Inpatient Facility "Activity" Record:

P~1~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~  
APT202~URBANA~IL~61801~1234~20130323~20130329~03~111223333 ~1~ ~BLK  
~180~511~2~16~222222~20130927~19~3~20130321~4~20130321~~~25~~Freud~Sigmund~  
~66764~Patient exhibits extreme hostility towards himself. Appears suicidal.~

##### Example Inpatient Facility Trailer Record:

T~1~PUBLIC~JOHN~2175551234~20131206~1

## BATCH SUBMISSION REQUIREMENTS

*VALID AS OF July 01, 2020*

### INPATIENT Facility Header Record Layout

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'H'. Signifies that facility data is in this record.
Facility Type	1	Numeric	Value '1'. Denotes an Inpatient Facility. The following Facility Types are Facilities with Inpatient Mental Health Treatment Programs: <ul style="list-style-type: none"> <li>• Hospitals with Inpatient Mental Health Treatment Programs</li> <li>• Nursing Homes with Inpatient Mental Health Treatment Programs</li> <li>• Specialized Mental Health Rehabilitation Facility</li> <li>• Supervised Transitional Residential Programs</li> </ul>
Facility Name	30	Alphanumeric	Name of the facility.
Facility Address	25	Alphanumeric	Address of the facility.
Facility City	15	Alphanumeric	City of the location of the facility.
Facility State	2	Alphanumeric	Two character abbreviation of state of the location of the facility.
Facility Zip Code	5	Alphanumeric	Left justified 5 digit zip code.
Facility Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension is available.
Preparer Contact Person	25	Alphanumeric	Name of the appropriate person at the facility that may be contacted in case of problems.
Preparer Phone Number	10	Numeric	Area code and telephone number of the facility contact person.
Number of Activity Records	4	Numeric	The number of activity records ('P' records) following this facility record in the file.

## BATCH SUBMISSION REQUIREMENTS

VALID AS OF July 01, 2020

### INPATIENT Facility Patient Record Layout

For Transaction Code "04" the following fields are required (all other fields are optional):

- Record Identifier
- Facility Type
- Person Last Name
- Person First Name
- Date of Birth
- Sex
- Transaction Code
- Social Security Number (if originally submitted)
- Date Admitted
- Deletion Reason

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric (required)	Value 'P'. Signifies that person data is in this record.
Facility Type	1	Numeric	Value '1'. Denotes an Inpatient Facility. The following Facility Types are Facilities with Inpatient Mental Health Treatment Programs: <ul style="list-style-type: none"> <li>• Hospitals with Inpatient Mental Health Treatment Programs</li> <li>• Nursing Homes with Inpatient Mental Health Treatment Programs</li> <li>• Specialized Mental Health Rehabilitation Facility</li> <li>• Supervised Transitional Residential Programs</li> </ul>
Person Last Name	30	Alphanumeric (required)	Left justified last name of person. Hyphens and apostrophes are valid as part of the last name
Person First Name	14	Alphanumeric (required)	Left justified first name of person.
Person Middle Name	14	Alphanumeric (Optional)	Left justified middle name of person.
Person Name Suffix	5	Numeric (Optional)	Left justified person's name suffix, if applicable. Valid values: 67210 – 'Sr.' Senior 67211 – 'Jr.' Junior 67212 – 'I' the first 67213 – 'II' the second 67214 – 'III' the third 67215 – 'IV' the fourth 67216 – 'V' the fifth
Sex	1	Alphanumeric (required)	'F' – Female 'M' – Male
Date of Birth	8	Alphanumeric (required)	Birth date of person. Format – YYYYMMDD
Person Address 1	25	Alphanumeric (required)	Address of the person, first address line

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**INPATIENT Facility Patient Record Layout** - continued

Field Name	Length	Format	Description
Person Address 2	25	Alphanumeric (Optional)	Address of the person, second address line, if applicable.
Person City	15	Alphanumeric (required)	City of the residence of the person.
Person State	2	Alphanumeric (required)	Two character abbreviation of state of the residence of the person.
Person Zip Code	5	Alphanumeric (required)	Left justified 5 digit zip code.
Person Zip Code Extension	4	Alphanumeric (required)	Left justified 4 digit zip code extension if available.
Date Admitted	8	Alphanumeric (required)	Date person was admitted. Format – YYYYMMDD Note: <u>Always</u> include this field to identify the person for all transaction codes.
Date Discharged	8	Alphanumeric	Date person was discharged. Format – YYYYMMDD Valid only for transaction codes 02, 03 and 05.  *If transaction code = 01, leave the date discharged blank.
Transaction Code	2	Numeric	01 – New admission but not yet discharged. 02 – Discharge to previously submitted admission. 03 – Admission/Discharge in same record. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record. 06 – Use only when reporting Non-Adjudicated Admission Type with Emergency Admission and with Discharge Date. <i>By using this code, you confirm the patient was discharged under an Emergency (certificate/petition) and did not sign in voluntarily prior to discharge.</i>  NOTE: For transaction codes 02, 04 and 05 a matching record with the same Last Name, First Name, Date of Birth, Sex, Date Admitted, and Social Security Number (if originally submitted) must have been previously submitted to DHS.
Social Security Number	9	Numeric	This field if available should be entered to further identify the person. If for some reason the SSN is <u>not available</u> , <u>leave</u> this field <u>blank</u> .

\*\*Continued on next page.

July 01, 2020

## BATCH SUBMISSION REQUIREMENTS

*VALID AS OF July 1, 2020*

### INPATIENT Facility Patient Record Layout - continued

Field Name	Length	Format	Description
Race	1	Numeric (required)	<p>1 - White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian subcontinent.</p> <p>2 - Black, not of Hispanic origin. A person having origins in any of the black racial groups.</p> <p>3 - Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p>4 - American Indian, a person having origins in any of the original peoples of America, including Alaska.</p> <p>5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</p> <p>6 - Other, these racial/ethnic categories are those required by the Office of Civil Rights. 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>
Eye Color	3	Alphanumeric (optional)	<p>BLK – black            BRO – brown            BLU – blue            GRY – gray            GRN – green            MAR - maroon            PNK – pink            HAZ – hazel            MUL – multicolored            XXX – unknown</p>
Hair Color	3	Alphanumeric (optional)	<p>BAL – bald            BLK – black            BLN – blond            BRO – brown            BLU – blue            GRY – gray or partially gray            GRN – green            ONG – orange            PLE – purple            RED – red or auburn            PNK – pink            SDY – sandy            WHI - white            XXX - Unknown</p>

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**INPATIENT Facility Patient Record Layout** - continued

Field Name	Length	Format	Description
Weight	3	Numeric (optional)	3 characters for the recipient's physical weight in Pounds.
Height	3	Numeric (optional)	One digit for the number of feet in the recipient's current height and two digits for the number of inches in the recipient's current height.
Admission Type	1	Numeric (required)	Value '1' Non-Adjudicated Value '2' Adjudicated See below for Business Rules of Admission Type / Admission Category Values.
Admission Category	2	Numeric (required)	See below for Business Rules of Admission Type / Admission Category Values.
Docket Number	20	Alphanumeric	Required for Adjudicated Person (Admission Type =2)
Docket Date	8	Alphanumeric	Required for Adjudicated Person (Admission Type =2) Format – YYYYMMDD
Docket County Code	4	Numeric	Required for Adjudicated Person (Admission Type =2) See Appendix A – Docket County Codes Provide the 1, 2, 3 or 4 digit code exactly as depicted on Appendix A (with no zero fill). Example: 43 would be used for DuPage County.
CP Event Type	1	Numeric	Value '3'. Signifies Clear and Present Danger (CP) Include a tilde (~) when not used.
CP Event Date	8	Alphanumeric	Actual date when event occurred. Required for CP Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
DD Event Type	1	Numeric	Value '4'. Signifies Developmentally Disabled (DD) Include a tilde (~) when not used.
DD Event Date	8	Alphanumeric	Actual date when event occurred. Required for DD Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
ID Event Type	1	Numeric	Value '5'. Signifies Intellectually Disabled (ID) Include a tilde (~) when not used.
ID Event Date	8	Alphanumeric	Actual date when event occurred. Required for ID Event Type Format – YYYYMMDD - Include a tilde (~) when not used.

\*\*Continued on next page.

## BATCH SUBMISSION REQUIREMENTS

*VALID AS OF July 1, 2020*

### INPATIENT Facility Patient Record Layout - continued

Field Name	Length	Format	Description
C&P - Serious Threat	2	Numeric	Clear and Present Danger – Serious Threat. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.)  25 – Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner.
C&P – Threatening Behavior	2	Numeric	Clear and Present Danger – Threatening Behavior. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.)  26 – Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.
Qualified Examiner Last Name	30	Alphanumeric	Left justified last name of Qualified Examiner. Hyphens and apostrophes are valid as part of the last name. Required for CP Event Type.
Qualified Examiner First Name	14	Alphanumeric	Left justified first name of Qualified Examiner. Required for CP Event Type.
Qualified Examiner Middle Name	14	Alphanumeric (Optional)	Left justified middle name of Qualified Examiner.
Qualified Examiner Type	5	Numeric	Required for CP Event Type. valid values: 66764 – ‘Psychiatrist’ 66765 – ‘Physician’ 66766 – ‘Clinical Psychologist’ 66767 – ‘Clinical Social Worker’ 66768 – ‘Registered Nurse’ 66769 – ‘Licensed Clinical Professional Counselor’ 67997 – ‘Licensed Family Therapist’
Qualified Examiner Comments	500	Alphanumeric	Qualified Examiner’s comments describing why the person was designated as a clear and present danger. Required for CP Event Type.
Deletion Reason	250	Alphanumeric	Reason for deleting this person / admission entry. Required for Transaction Code 04.



**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

Business Rules for INPATIENT Admission Type and Admission Category Values

NOTE: Only one record is permitted per Person, Date Admitted. One Admission type and corresponding Admission Category must be chosen.

Admission Type 1 and Admission Category - Non-Adjudicated Admissions (*not court ordered*).

Value (Admission Type)	Description												
1	<p><u>Non-Adjudicated Admissions</u> (Only report one Admission Type and Admission Category per Person and Date Admitted)</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;">Admission Category (for Non- Adjudicated)</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">6</td> <td>Voluntary</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Informal</td> </tr> <tr> <td style="text-align: center;">8</td> <td>Detention and Evaluation (inpatient only)</td> </tr> <tr> <td style="text-align: center;">9</td> <td>Emergency Admission (Petition/Certificates)</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Juvenile Admissions</td> </tr> </tbody> </table>	Admission Category (for Non- Adjudicated)	Description	6	Voluntary	7	Informal	8	Detention and Evaluation (inpatient only)	9	Emergency Admission (Petition/Certificates)	10	Juvenile Admissions
Admission Category (for Non- Adjudicated)	Description												
6	Voluntary												
7	Informal												
8	Detention and Evaluation (inpatient only)												
9	Emergency Admission (Petition/Certificates)												
10	Juvenile Admissions												

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**INPATIENT Admission Type and Admission Category Values – continued**

Admission Type 2 and Admission Category - Adjudicated Mentally Disabled Person (*court ordered*)

Value (Admission Type)	Description																														
2	<p><b><u>Adjudicated Mentally Disabled Person</u></b> (Only report one Admission Type and Admission Category per Person and Date Admitted)</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="text-align: center;">Admission Category (for Adjudicated)</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11</td> <td>Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.</td> </tr> <tr> <td style="text-align: center;">12</td> <td>Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.</td> </tr> <tr> <td style="text-align: center;">14</td> <td>Is not guilty in a criminal case by reason of insanity, mental disease or defect.</td> </tr> <tr> <td style="text-align: center;">15</td> <td>Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.</td> </tr> <tr> <td style="text-align: center;">16</td> <td>Is incompetent to stand trial in a criminal case.</td> </tr> <tr> <td style="text-align: center;">17</td> <td>Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.</td> </tr> <tr> <td style="text-align: center;">18</td> <td>Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.</td> </tr> <tr> <td style="text-align: center;">19</td> <td>Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.</td> </tr> <tr> <td style="text-align: center;">20</td> <td>Is unfit to stand trial under the Juvenile Court Act of 1987.</td> </tr> <tr> <td style="text-align: center;">21</td> <td>Is not guilty by reason of insanity under the Juvenile Court Act of 1987.</td> </tr> <tr> <td style="text-align: center;">22</td> <td>Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.</td> </tr> <tr> <td style="text-align: center;">23</td> <td>Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.</td> </tr> <tr> <td style="text-align: center;">24</td> <td>Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.</td> </tr> </tbody> </table>	Admission Category (for Adjudicated)	Description	11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.	12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).	13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.	14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.	15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.	16	Is incompetent to stand trial in a criminal case.	17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.	18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.	19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.	20	Is unfit to stand trial under the Juvenile Court Act of 1987.	21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.	22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.	23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.	24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.
Admission Category (for Adjudicated)	Description																														
11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.																														
12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).																														
13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.																														
14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.																														
15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.																														
16	Is incompetent to stand trial in a criminal case.																														
17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.																														
18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.																														
19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.																														
20	Is unfit to stand trial under the Juvenile Court Act of 1987.																														
21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.																														
22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.																														
23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.																														
24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.																														

## BATCH SUBMISSION REQUIREMENTS

*VALID AS OF July 1, 2020*

### INPATIENT Facility Trailer Record Layout

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Facility Type	1	Numeric	Value '1'. Denotes an Inpatient Facility. The following Facility Types are Facilities with Inpatient Mental Health Treatment Programs: <ul style="list-style-type: none"> <li>• Hospitals with Inpatient Mental Health Treatment Programs</li> <li>• Nursing Homes with Inpatient Mental Health Treatment Programs</li> <li>• Specialized Mental Health Rehabilitation Facility</li> <li>• Supervised Transitional Residential Programs</li> </ul>
Preparer Last Name	12	Alphanumeric	Left justified last name of preparer.
Preparer First Name	9	Alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	Alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number.  NOTE: Preparer information should match the 'Preparer Contact' person information.
Date Prepared	8	Alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Number of Activity Records	4	Numeric	The number of activity records ('P' records) contained in this file. (Agrees with the count of activity records in the 'H' record.)

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

Other Facilities without Inpatient Mental Health Treatment Programs (Outpatient)

The following types of facilities are considered "Facilities without Inpatient Mental Health Treatment Programs" (Outpatient) in the FOID Mental Health Reporting System:

- Hospitals without Inpatient Mental Health Treatment Programs
  - Medical Clinics without Inpatient Mental Health Treatment Programs
  - Outpatient Mental Health without Inpatient Mental Health Treatment Programs
  - Mental Health Centers without Inpatient Mental Health Treatment Programs
  - Nursing Homes without Inpatient Mental Health Treatment Programs
  - University Clinics without Inpatient Mental Health Treatment Programs
1. The Other Facilities without Inpatient Mental Health Treatment Programs (H) Header record identifies the Other Provider reporting facility, the contact person, and the number of activity records.
  2. The Other Facilities without Inpatient Mental Health Treatment Programs (P) activity record describes the persons seen at the facility during that cycle.
  3. The Other Facilities without Inpatient Mental Health Treatment Programs Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

Example for Other Facilities without Inpatient Mental Health Treatment Programs:

Example Other Facilities without Inpatient Mental Health Treatment Programs Header Record:

H~2~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~1234~JOHN  
PUBLIC~2175551234~1

Example Other Facilities without Inpatient Mental Health Treatment Programs "Activity" Record:

P~2~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~  
APT202~URBANA~IL~61801~1234~20130323~~01~111223333 ~1~ ~BLK  
~180~511~2~16~2222222~20130927~19~3~20130321~4~20130321~~~25~~Freud~Sigmund~  
~66764~Patient exhibits extreme hostility towards himself. Appears suicidal.~

Example Other Facilities without Inpatient Mental Health Treatment Programs Trailer Record:

T~2~PUBLIC~JOHN~2175551234~20131206~1

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**Other Facilities without Inpatient Mental Health Treatment Programs Header**  
**Record Layout (Outpatient)**

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'H'. Signifies that facility data is in this record.
Facility Type	1	Numeric	Value '2'. Denotes an Other Facilities without Inpatient Mental Health Treatment Programs. The following Facility Types are Facilities without Inpatient Mental Health Treatment Programs: <ul style="list-style-type: none"> <li>• Hospitals without Inpatient Mental Health Treatment Programs</li> <li>• Medical Clinics without Inpatient Mental Health Treatment Programs</li> <li>• Outpatient Mental Health without Inpatient Mental Health Treatment Programs</li> <li>• Mental Health Centers without Inpatient Mental Health Treatment Programs</li> <li>• Nursing Homes without Inpatient Mental Health Treatment Programs</li> <li>• University Clinics without Inpatient Mental Health Treatment Programs</li> </ul>
Facility Name	30	Alphanumeric	Name of the facility.
Facility Address	25	Alphanumeric	Address of the facility.
Facility City	15	Alphanumeric	City of the location of the facility.
Facility State	2	Alphanumeric	Two character abbreviation of state of the location of the facility.
Facility Zip Code	5	Alphanumeric	Left justified 5 digit zip code.
Facility Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension is available.
Preparer Contact Person	25	Alphanumeric	Name of the appropriate person at the facility that may be contacted in case of problems.
Preparer Phone Number	10	Numeric	Area code and telephone number of the facility contact person.
Number of Activity Records	4	Numeric	The number of activity records ('P' records) following this facility record in the file.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**Other Facilities without Inpatient Mental Health Treatment Programs Patient Record Layout (Outpatient)**

For Transaction Code "04" the following fields are required (all other fields are optional):

- Record Identifier
- Facility Type
- Person Last Name
- Person First Name
- Date of Birth
- Sex
- Transaction Code
- Social Security Number (if originally submitted)
- Person Report Date
- Deletion Reason

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric (required)	Value 'P'. Signifies that person data is in this record.
Facility Type	1	Numeric	Value '2'. Denotes an Other Facilities without Inpatient Mental Health Treatment Programs. The following Facility Types are Facilities without Inpatient Mental Health Treatment Programs: <ul style="list-style-type: none"> <li>• Hospitals without Inpatient Mental Health Treatment Programs</li> <li>• Medical Clinics without Inpatient Mental Health Treatment Programs</li> <li>• Outpatient Mental Health without Inpatient Mental Health Treatment Programs</li> <li>• Mental Health Centers without Inpatient Mental Health Treatment Programs</li> <li>• Nursing Homes without Inpatient Mental Health Treatment Programs</li> <li>• University Clinics without Inpatient Mental Health Treatment Programs</li> </ul>
Person Last Name	30	Alphanumeric (required)	Left justified last name of person. Hyphens and apostrophes are valid as part of the last name
Person First Name	14	Alphanumeric (required)	Left justified first name of person.
Person Middle Name	14	Alphanumeric (Optional)	Left justified middle name of person.
Person Name Suffix	5	Numeric (Optional)	Left justified person's name suffix, if applicable. Valid values: 67210 – 'Sr.' Senior 67211 – 'Jr.' Junior 67212 – 'I' the first 67213 – 'II' the second 67214 – 'III' the third 67215 – 'IV' the fourth 67216 – 'V' the fifth
Sex	1	Alphanumeric (required)	'F' – Female 'M' – Male
Date of Birth	8	Alphanumeric (required)	Birth date of person. Format – YYYYMMDD

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**Other Facilities without Inpatient Mental Health Treatment Programs Patient Record Layout (Outpatient) – continued**

Field Name	Length	Format	Description
Person Address 1	25	Alphanumeric (required)	Address of the person, first address line
Person Address 2	25	Alphanumeric (Optional)	Address of the person, second address line, if applicable.
Person City	15	Alphanumeric (required)	City of the residence of the person.
Person State	2	Alphanumeric (required)	Two character abbreviation of state of the residence of the person.
Person Zip Code	5	Alphanumeric (required)	Left justified 5 digit zip code.
Person Zip Code Extension	4	Alphanumeric	Left justified 4 digit zip code extension if available.
Person Report Date	8	Alphanumeric (required)	Date person is seen at the Other Facilities without Inpatient Mental Health Treatment Programs. Format – YYYYMMDD Note: <u>Always</u> include this field to identify the person for all transaction codes.
Not Used	8		Null Field with delimiter.
Transaction Code	2	Numeric	01 – New Event. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record.  NOTE: For transaction codes 04 and 05 a matching record with the same Last Name, First Name, Date of Birth, Sex, Person Report Date, and Social Security Number (if originally submitted) must have been previously submitted to DHS.
Social Security Number	9	Numeric	This field, if available, should be entered to further identify the person. If for some reason the SSN <u>is not available</u> , <u>leave</u> this field <u>blank</u> .

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**Other Facilities without Inpatient Mental Health Treatment Programs Patient Record Layout (Outpatient) - continued**

Field Name	Length	Format	Description
Race	1	Numeric (required)	<p>1 - White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian subcontinent.</p> <p>2 - Black, not of Hispanic origin. A person having origins in any of the black racial groups.</p> <p>3 - Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p>4 - American Indian, a person having origins in any of the original peoples of America, including Alaska.</p> <p>5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</p> <p>6 - Other, these racial/ethnic categories are those required by the Office of Civil Rights. 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>
Eye Color	3	Alphanumeric (optional)	<p>BLK – black</p> <p>BRO – brown</p> <p>BLU – blue</p> <p>GRY – gray</p> <p>GRN – green</p> <p>MAR - maroon</p> <p>PNK – pink</p> <p>HAZ – hazel</p> <p>MUL – multicolored</p> <p>XXX – unknown</p>
Hair Color	3	Alphanumeric (optional)	<p>BAL – bald</p> <p>BLK – black</p> <p>BLN – blond</p> <p>BRO – brown</p> <p>BLU – blue</p> <p>GRY – gray or partially gray</p> <p>GRN – green</p> <p>ONG – orange</p> <p>PLE – purple</p> <p>RED – red or auburn</p> <p>PNK – pink</p> <p>SDY – sandy</p> <p>WHI - white</p> <p>XXX - Unknown</p>

\*\*Continued on next page.



**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**Other Facilities without Inpatient Mental Health Treatment Programs Patient Record Layout (Outpatient) - continued**

Field Name	Length	Format	Description
Weight	3	Numeric (optional)	3 characters for the recipient's physical weight in Pounds.
Height	3	Numeric (optional)	One digit for the number of feet in the recipient's current height and two digits for the number of inches in the recipient's current height.
Adjudicated Type	1	Numeric	Blank if Non-Adjudicated; Value '2' if Adjudicated See below for Business Rules of Adjudicated Type / Adjudicated Category Values.
Adjudicated Category	2	Numeric	See below for Business Rules of Adjudicated Type / Adjudicated Category Values. Required for Adjudicated Person (Adjudicated Type = 2)
Docket Number	20	Alphanumeric	Required for Adjudicated Person (Adjudicated Type =2)
Docket Date	8	Alphanumeric	Required for Adjudicated Person (Adjudicated Type =2) Format – YYYYMMDD
Docket County Code	4	Numeric	Required for Adjudicated Person (Adjudicated Type =2) See Appendix A – Docket County Codes Provide the 1, 2, 3 or 4 digit code exactly as depicted on Appendix B (with no zero fill). Example: 43 would be used for DuPage County.
CP Event Type	1	Numeric	Value '3'. Signifies Clear and Present Danger (CP) Include a tilde (~) when not used.
CP Event Date	8	Alphanumeric	Actual date when event occurred. Required for CP Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
DD Event Type	1	Numeric	Value '4'. Signifies Developmentally Disabled (DD) Include a tilde (~) when not used.
DD Event Date	8	Alphanumeric	Actual date when event occurred. Required for DD Event Type Format – YYYYMMDD - Include a tilde (~) when not used.
ID Event Type	1	Numeric	Value '5'. Signifies Intellectually Disabled (ID) Include a tilde (~) when not used.
ID Event Date	8	Alphanumeric	Actual date when event occurred. Required for ID Event Type Format – YYYYMMDD - Include a tilde (~) when not used.

\*\*Continued on next page.

## BATCH SUBMISSION REQUIREMENTS

*VALID AS OF July 1, 2020*

### Other Facilities without Inpatient Mental Health Treatment Programs Patient Record Layout (Outpatient) - continued

Field Name	Length	Format	Description
C&P - Serious Threat	2	Numeric	Clear and Present Danger – Serious Threat. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.)  25 – Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner.
C&P – Threatening Behavior	2	Numeric	Clear and Present Danger – Threatening Behavior. (Either Serious Threat or Threatening Behavior or both are Required for CP Event Type.)  26 – Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.
Qualified Examiner Last Name	30	Alphanumeric	Left justified last name of Qualified Examiner. Hyphens and apostrophes are valid as part of the last name. Required for CP Event Type.
Qualified Examiner First Name	14	Alphanumeric	Left justified first name of Qualified Examiner. Required for CP Event Type.
Qualified Examiner Middle Name	14	Alphanumeric (Optional)	Left justified middle name of Qualified Examiner.
Qualified Examiner Type	5	Numeric	Required for CP Event Type. valid values: 66764 – ‘Psychiatrist’ 66765 – ‘Physician’ 66766 – ‘Clinical Psychologist’ 66767 – ‘Clinical Social Worker’ 66768 – ‘Registered Nurse’ 66769 – ‘Licensed Clinical Professional Counselor’ 67997 – ‘Licensed Family Therapist’
Qualified Examiner Comments	500	Alphanumeric	Qualified Examiner’s comments describing why the person was designated as a clear and present danger. Required for CP Event Type.
Deletion Reason	250	Alphanumeric	Reason for deleting this person / event entry. Required for Transaction Code 04.

## BATCH SUBMISSION REQUIREMENTS

VALID AS OF July 1, 2020

### Business Rules for Other Facilities without Inpatient Mental Health Treatment Programs - Adjudicated Type and Adjudicated Category Values (Outpatient)

NOTE: Only one record is permitted per Person and Person Report Date. The record can contain any or all of the following items: Adjudicated Type (value 2), Clear and Present Danger, Developmentally Disabled, or Intellectually Disabled.

Adjudicated Type for Other Facilities without Inpatient Mental Health Treatment Programs (Outpatient) can only be a 2 when wanting to report an Adjudicated Mentally Disabled Person. (*court ordered*)

Value (Adjudicated Type)	Description	
2	<b>Adjudicated Mentally Disabled Person</b> (Only report one Adjudicated Category per Person and Person Report Date)	
	Adjudicated Category	Description
	11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.
	12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).
	13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.
	14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.
	15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.
	16	Is incompetent to stand trial in a criminal case.
	17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.
	18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.
	19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.
	20	Is unfit to stand trial under the Juvenile Court Act of 1987.
	21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.
	22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.
	23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.
	24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

**Other Facilities without Inpatient Mental Health Treatment Programs Trailer Record Layout (Outpatient)**

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Facility Type	1	Numeric	Value '2'. Denotes an Other Facilities without Inpatient Mental Health Treatment Programs. The following Facility Types are Facilities without Inpatient Mental Health Treatment Programs: <ul style="list-style-type: none"> <li>• Hospitals without Inpatient Mental Health Treatment Programs</li> <li>• Medical Clinics without Inpatient Mental Health Treatment Programs</li> <li>• Outpatient Mental Health without Inpatient Mental Health Treatment Programs</li> <li>• Mental Health Centers without Inpatient Mental Health Treatment Programs</li> <li>• Nursing Homes without Inpatient Mental Health Treatment Programs</li> <li>• University Clinics without Inpatient Mental Health Treatment Programs</li> </ul>
Preparer Last Name	12	Alphanumeric	Left justified last name of preparer.
Preparer First Name	9	Alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	Alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number.  NOTE: Preparer information should match the 'Preparer Contact' person information in the 'H' record.
Date Prepared	8	Alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Number of Activity Records	4	Numeric	The number of activity records ('P' records) contained in this file. (Agrees with the count of activity records in the 'H' record.)

BATCH SUBMISSION REQUIREMENTS  
VALID AS OF July 1, 2020

Appendix A

Docket County Codes  
*Required for Adjudicated Mentally Disabled Person*

FIPS COUNTY CODE	COUNTY NAME
0	Unknown
1	Adams
3	Alexander
5	Bond
7	Boone
9	Brown
11	Bureau
13	Calhoun
15	Carroll
17	Cass
19	Champaign
21	Christian
23	Clark
25	Clay
27	Clinton
29	Coles
31	Cook
33	Crawford
35	Cumberland
37	DeKalb
39	DeWitt
41	Douglas
43	DuPage
45	Edgar
47	Edwards
49	Effingham
51	Fayette
53	Ford
55	Franklin
57	Fulton
59	Gallatin
61	Greene
63	Grundy
65	Hamilton

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

Docket County Codes- continued

FIPS COUNTY CODE	COUNTY NAME
67	Hancock
69	Hardin
71	Henderson
73	Henry
75	Iroquois
77	Jackson
79	Jasper
81	Jefferson
83	Jersey
85	Jo Daviess
87	Johnson
89	Kane
91	Kankakee
93	Kendall
95	Knox
99	LaSalle
97	Lake
101	Lawrence
103	Lee
105	Livingston
107	Logan
109	McDonough
111	McHenry
113	McLean
115	Macon
117	Macoupin
119	Madison
121	Marion
123	Marshall
125	Mason
127	Massac
129	Menard
131	Mercer
133	Monroe
135	Montgomery
137	Morgan
139	Moultrie
141	Ogle
143	Peoria

\*\*Continued on next page.

**BATCH SUBMISSION REQUIREMENTS**  
*VALID AS OF July 1, 2020*

Docket County Codes- continued

FIPS COUNTY CODE	COUNTY NAME
145	Perry
147	Piatt
149	Pike
151	Pope
153	Pulaski
155	Putnam
157	Randolph
159	Richland
161	Rock Island
163	St Clair
165	Saline
167	Sangamon
169	Schuyler
171	Scott
173	Shelby
175	Stark
177	Stephenson
179	Tazewell
181	Union
183	Vermillion
185	Wabash
187	Warren
189	Washington
191	Wayne
193	White
195	Whiteside
197	Will
199	Williamson
201	Winnebago
203	Woodford
1030	Out of State
9999	