



Illinois Department  
Of Human Services

# DHS FOID Mental Health Reporting System Inpatient & Outpatient FTP Submission User Manual



<p><b>DHS FOID MENTAL HEALTH REPORTING SYSTEM</b>  <b>FTP EVENT SUBMISSION FOR INPATIENT AND OUTPATIENT EVENTS</b>  <b>USERS MANUAL</b></p>
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**Reporting events to FOID Mental Health Reporting System through FTP process**

Facilities can now upload Event files to DHS FOID Mental Health Reporting System using FTP process.

- The file can be uploaded to the DHS FTP server.
- The credential & FTP Server details will be provided to facilities upon request, please contact [dhs.foid@ilinois.gov](mailto:dhs.foid@ilinois.gov) for details.
- Multiple files can be uploaded by each facility. Individual emails will be sent to the facilities (One email for each file uploaded) on the process status of the uploaded files.
- The files uploaded before 6 PM CST will start getting processed at 7 PM CST and should be completed within an hour or so.
- All valid records will be processed and will be recorded in the FOID Mental Health Reporting system, invalid records will not be processed and the same will be notified to the facility by email, it is crucial to provide valid email id on the files uploaded by the facility (as described in the header format below).

**File Record Layout**

○ **Header Record Format**

<b>Header Format</b>		
#	Field Name	Values
1	Record Identifier	Value 'H'. Signifies that facility data is in this record
2	Facility Type	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>
3	Facility Id	• Numeric value will be provided on request, Unique ID for a Facility. Please contact <a href="mailto:dhs.foid@ilinois.gov">dhs.foid@ilinois.gov</a> .
4	Facility Name	Name of the facility.
5	Facility Address	Address of the facility.
6	Facility City	City of the location of the facility.

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7	State	Two character abbreviation of state of the location of the facility.
8	Zip	Left justified 5 digit zip code.
9	Zip Ext	Left justified 4 digit zip code extension is available
10	Contact Person Name	Name of the appropriate person at the facility that may be contacted in case of problems.
11	Contact Person Number	Area code and telephone number of the facility contact person
12	Contact person Email Id	The email id, the upload result will be mailed to this email id, the email ID is crucial to receive the confirmation on the upload process.
13	Number of Activity Records	The number of activity records ('P' records) following this facility record in the file.

- Sample Header Data: H~1~27135335039427~XYZ MEDICAL CENTER~1200 SO. 1ST AVE.~HINES~IL~60141~~KKaren~2177859571~xyz@yourfacility.com~77
- Facility Id: This will uniquely identify the facility, the facility which would like to use the FTP option to upload their event files can request for the facility ID by contacting OCAPS at DHS.FOID@illinois.gov
- **Activity Record Format:** Please refer Activity Layout in FOID Mental Health Reporting system (Under Help & FAQ on FOID Home Page), <https://foid2.dhs.illinois.gov/foidpublic/foid>
- **Trailer Record Format:** Please refer Trailer Layout in FOID Mental Health Reporting system (Under Help & FAQ on FOID Home Page), <https://foid2.dhs.illinois.gov/foidpublic/foid>

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**Example for an INPATIENT Facility:**

**Example Inpatient Facility Header Record:**

H~1~27135335039427~MED HOSPITAL~2011 MAIN  
 ST~SPRINGFIELD~IL~62702~1234~  
 K~1 en~2177859571~xyz@yourfacility.com

**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  
 ~180~511~2~16~2222222~20130927~19~3~20130321~4~20130321~~~25~~Freud~Sigmund~  
 ~66764~Patient exhibits extreme hostility towards himself. Appears suicidal.~

**Example Inpatient Facility Trailer Record:**

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

**Example for Other Facilities without Inpatient Mental Health Treatment Programs:**

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

H~2~27135335039427~MED HOSPITAL~2011 MAIN  
 ST~SPRINGFIELD~IL~62702~1234~  
 en~2177859571~xyz@yourfacility.com

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**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