

**ILLINOIS
MENTAL HEALTH COLLABORATIVE**

FOR ACCESS AND CHOICE

**Illinois Provider Batch
Registration
File Specifications**

Version 3.0

01/22/09

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| Version 1.0 - Published June 24, 2008 |
| Version 2.0 - Published September 17, 2008 – Added error processing, response files, telecommunications – email subject line |
| Version 2.1 – Published October 2, 2008 <ul style="list-style-type: none"> - Updated accepted file – Upload Status field to only be ‘O’ - Updated rejected file – Upload Status to only be ‘1’ - Clarified Income Level – is consumer’s monthly income - Corrected Trailer record position 26 – 843 to be a length of 818 - Corrected MH Cross Disabilities Database-form completion date to MMDDYYYY - Residential Level of Care – error message corrected |
| Version 2.2 – Published November 12, 2008 <ul style="list-style-type: none"> - Added error code 157 – error message – ‘Only one of the Social Security fields can be populated’ - Added error code 158 – error message - : ‘Child functioning levels should not be populated when GAF score is used.’ - Added error code 159 – error message - : ‘Adult functioning levels should not be populated when CGAS score is used.’ |
| Version 3.0 – Published 01/22/09 <ul style="list-style-type: none"> - Removed value of ‘00’ – Not applicable from Type of services sought 1, 2 and 3 <p>The changes listed here are being implemented 2/27/09. The last run of the current batch process will be 2/26/09 at 1 PM Central. Any files received after 1 PM will need to meet the new requirements. All files received after 1 PM will be held and processed after the changes have been implemented on 02/27/09 and the reports will be available on Monday, 03/02/09.</p> <ul style="list-style-type: none"> - Added new indicator (field position 25) - Modified Error Code 154 to allow ICG registration during SASS period - Added Address Update Only process - Added new closing process - Added additional error codes 160, 161, 168, 173 - 178 - Added error codes 164 – 167 and 169 – 172 to require end date for special programs - Modified Axis 1 diagnosis codes 2 and 3, All axis 2 diagnosis codes and Axis 3 Diagnosis code 1 to be required - Modified All Axis 3 diagnosis codes from ICD-9 codes to Medical Categories |

INTRODUCTION

The Illinois Provider Batch Registration File Specifications document provides the data requirements to be implemented for all electronic registration submissions to the Illinois Mental Health Collaborative for DHS/DMH covered consumers.

PURPOSE

The purpose of this document is to provide the information necessary to submit registration data electronically to the Illinois Mental Health Collaborative. The information herein describes specific requirements for processing data within the payer's system.

Telecommunication Specifications

Providers wishing to submit electronic registration data to the Illinois Mental Health Collaborative must obtain a Submitter ID/Password. If you do not have a Submitter ID you may obtain one by completing the Account Request form available on The Illinois Mental Health Collaborative website at <http://www.illinoismentalhealthcollaborative.com/>. If you already have a ProviderConnect user ID and password, you will be able to access the registration batch submission process.

The Illinois Mental Health Collaborative can accommodate multiple submission methods for the electronic registration data. Please refer to the ETS (Electronic Transport System) Electronic Data Exchange Overview document on the Illinois Mental Health Collaborative website at <http://www.illinoismentalhealthcollaborative.com> for further details.

If you have any questions please contact The Illinois Mental Health Collaborative EDI help desk.

E-mail: e-supportservices@valueoptions.com

E-Mail subject line should begin with "Batch Registration" – This will direct the email to the correct internal resource for resolution

Telephone: 888-247-9311 (8am – 6pm Eastern, Monday – Friday)

FAX: 866-698-6032

General Comments

- The submitted file will be a flat, fixed length file.
- The last record of the file will be a trailer record. The first 10 characters should be "TRAILER" with three spaces for a total of 10 bytes in that field. Starting in position 11, put the total number of records that are included in the file. If the total number of records as counted during the batch registration upload file does not match the value in the Trailer record, the file will be rejected.

PROVIDER REGISTRATION ELECTRONIC SUBMISSION FILE SPECIFICATIONS

There are three types of registration transactions. The INDICATOR field (position 25) indicates the type of transaction. One of these three values is required on each transaction. The valid types are:

- D – Address Update Only
- C – Close registration or Special Program End Date
- R – Registration or Re-Registration

If this indicator is not one of the above the following critical error will occur.

| Error Code | Message | Description |
|------------|----------------------|---|
| 160 | Indicator is Invalid | This error will occur when the Indicator field is not 'C', 'D' or 'R' This is a critical error |

This indicator will be used to determine how the record is processed.

D – Address Update Only

A record with the indicator of 'D' will update the address only on a current registration. When processing this record if no current registration record is found for this consumer then the record will be returned on the error file with the error code 161 and error message 'No Prior Registration on File for Address Change'. If a current registration record is found then a new iteration of that registration record will be created with the address from the incoming record and all other information from the current registration on file. This will not change the consumer's eligibility and the re-registration is still required at 6 months from the current registration.

A subset of fields are required for an Address Update as defined in the file layout.

C – Close Registration or Special Program End Date

The indicator of 'C' will close the registration or Special Program(s) as indicated on the record.

A special program end date or the MH Closure Date is required. Depending on which field(s) have a date the following will occur:

| MH Closure Date | Special Program End Date | batch process |
|-----------------|---|---|
| Valid Date | Spaces | All programs (special and core) will be closed on the MH Closure Date |
| Spaces | Valid Date | The special program(s) that had an end Date will be closed as of the Special Program End date – No other programs will be updated and the registration is still active for 6 months from the previous registration transaction. |
| Valid Date | Valid Date (less than the MH Closure Date) | The special program(s) that had an end Date will be closed as of the Special Program End date and all other programs (special and core) will be closed on the MH Closure Date |
| Valid Date | Valid Date (greater than the MH Closure Date) | Error Code – 174 – Special Program End Date is greater than MH Closure Date |

The following error codes have been created for this process

| Error Code | Message | Description |
|------------|--|--|
| 168 | Special Program End Date or MH Closure Date is greater than 6 months from registration start date | This error will occur when the MH Closure Date or any special program end date is greater than 6 months from the Registration Start Date. |
| 174 | Special Program End Date is greater than MH Closure Date | This error will occur when the MH Closure date is less than a Special Program End Date |
| 175 | Indicator contains 'C' but there are no Special Program End Dates or MH Closure Date | This error will occur when the indicator is 'C' and there is no Special Program End Date or MH Closure Date. |
| 176 | MH Closure Date/Special Program End Date cannot be a Future Date | This error will occur when the MH Closure Date or any Special Program End Date is greater than the date the file was processed. |
| 177 | Indicator of 'C' with Special Program selected when Special Program was not selected on Prior Registration | This error will occur when the Indicator is 'C' and there is an end date of a special program and that special program was not selected on the prior registration. |
| 178 | Indicator of 'C' when no prior open registration on file | This error will occur when the Indicator is 'C' and there is no prior open registration on file |

R – Registration or Re-Registration

A record with an indicator of 'R' will be used for the following situations:

- Registration
- Re-registration
- Registration with an MH Closure Date under the circumstances that the consumer is being closed at the same time that they are being registered. (Example: A consumer who had an assessment and did not continue services)
- Registration with a Special Program End Date when the Special Program should be closed and the other funds should be registered or re-registered.

The following error codes have been created for this process

| Error Code | Message | Description |
|------------|---|---|
| 168 | Special Program End Date or MH Closure Date is greater than 6 months from registration start date | This error will occur when the MH Closure Date or any special program end date is greater than 6 months from the Registration Start Date. |
| 173 | Registration Start Date cannot be a Future Date | This error will occur when the Registration Start Date is greater than the date the file was processed. |
| 174 | Special Program End Date is greater than MH Closure Date | This error will occur when the MH Closure date is less than a Special Program End Date |
| 175 | Indicator contains 'C' but there are no Special Program End Dates or MH Closure Date | This error will occur when the indicator is 'C' and there is no Special Program End Date or MH Closure Date. |
| 176 | MH Closure Date/Special Program End Date cannot be a Future Date | This error will occur when the MH Closure Date or any Special Program End Date is greater than the date the file was processed. |

Batch submission File Layout

Key for usage:

R – Field is required

N – Field is not required

C – Field is conditionally required (condition under which the field is required is documented in the error processing column)

Any field that is not required and is not being reported needs to be spaces.

All alpha characters need to be upper case.

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-------------------------|---|
| 1 | 10 | 10 | R | Submitter ID | VOMIS ProviderConnect Submitter ID If submitter ID not found – assign error code 001 with error message ‘Submitting Provider ID not found’ This is a critical error |
| 11 | 24 | 14 | R | Registering Provider ID | Must be valid provider ID in VOMIS. If registering provider ID is not found – assign error code 002 with error message ‘Registering Provider ID not found’ This is a critical error |
| 25 | 25 | 1 | R | Indicator | This will indicate the type of transaction Valid Values: D – Address change R – Registration or re-registration C – Close registration or End Date Special Program If the indicator is not ‘D’, ‘R’ or ‘C’ – assign error code 160 with message ‘Indicator is Invalid’. If Indicator is ‘D’ and there is no registration on file with the Collaborative – assign error code 161 with error message – ‘No Prior Registration on file for Address Change’ If this field is ‘C’ and MH Closure Date and all Special Program End Dates are spaces – assign error code 175 with message ‘Indicator contains ‘C’ but there are no Special Program End Dates or MH Closure Date’. |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-------------------------|---|
| | | | | | If this field is 'C' and there is not a prior open registration on file – assign error code 178 with message 'Indicator of 'C' when no prior open registration on file'. |
| 26 | 29 | 4 | R | Parent Code | <p>Must be equal to ILL</p> <p>If field is spaces or not equal to ILL – assign error code 003 with error message 'Parent Code is missing/invalid'</p> <p>This is a critical error</p> |
| 30 | 37 | 8 | C | Registration Start Date | <p>Start Date of this registration period for the Consumer</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Format: MMDDYYYY</p> <p>If field is spaces - assign error code 004 with message 'Registration Start Date missing'</p> <p>If date is not in MMDDYYYY format – assign error code 005 with message 'Registration Start Date must be in format MMDDYYYY'</p> <p>If date is more than 30 days prior to date of submission – assign error code 006 with message 'Registration date cannot be 30 days prior to submission date' (This error has been suppressed at this time)</p> <p>If the consumer is not on file with Social Services Package B for the registration start date – assign error code 152 with message 'Consumer does not have Social Services Package B for Registration Start Date'.</p> <p>If this field is a future date – assign error code 173 with message 'Registration Start Date cannot be a future date'.</p> <p>Error codes 004, 005, 006 and 152 are critical errors</p> |
| 38 | 52 | 15 | R | Consumer ID | <p>The consumer's recipient identification number (RIN).</p> <p>If field is spaces – assign error code 007 with message 'Consumer ID is missing'</p> <p>If the Consumer ID is not found in the</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|------------------|---|
| | | | | | <p>VOMIS database – assign error code 008 with message ‘Consumer not on file’</p> <p>Data for consumer (name, date of birth and name) must match what is one file in the VOMIS database.</p> <p>If the consumer ID is found but the last name on file does not match incoming last name – assign error code 009 with message ‘The Last Name on file for this consumer RIN does not match’</p> <p>If the Consumer ID is found but the first name does not match incoming first name – assign error code 010 with message ‘The First Name on file for this consumer RIN does not match’ (The first name match will find a match on common nicknames)</p> <p>If the consumer ID is found but the year of birth on file does not match incoming year of birth – assign error code 011 with message ‘The year of Birth on file for this consumer RIN does not match’</p> <p>Error codes 007, 008, 009, 010 and 011 are critical errors</p> |
| 53 | 61 | 9 | R | Agency FEIN | <p>The agency’s nine digit Federal Employer Identification Number (FEIN).</p> <p>If field is spaces – assign error code 012 with message ‘Agency FEIN is missing’</p> <p>If field is not numeric – assign error code 013 with message ‘Agency FEIN must be numeric’</p> |
| 62 | 76 | 15 | N | Client ID | A unique ID number assigned by the agency to the consumer. Spaces if not reported |
| 77 | 78 | 2 | N | Satellite Code | <p>This code is assigned by DHS for the agency. If no satellite code is assigned, 00 is used for this field.</p> <p>Valid values – 00 – 99</p> <p>If not 00 – 99 – assign error code 014 with message ‘Satellite Code is invalid’</p> |
| 79 | 81 | 3 | C | Medicaid Site ID | <p>HFS assigned Medicaid site ID number where the consumer is registered. Non-Medicaid enrolled agencies report 000 for this field.</p> <p>This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing.</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|------------------------|---|
| | | | | | <p>If field is spaces - assign error code 015 with message 'Medicaid Site ID is missing'</p> <p>If field is not numeric – assign error code 016 with message 'Medicaid Site ID must be numeric'</p> |
| 82 | 106 | 25 | R | Last Name | <p>The consumer's legal last name</p> <p>If field is spaces – assign error code 017 with message 'Last Name is missing'</p> |
| 107 | 121 | 15 | R | First Name | <p>The consumer's legal first name</p> <p>If field is spaces – assign error code 018 with message 'First Name is missing'</p> |
| 122 | 122 | 1 | N | Middle Initial | Middle initial of the consumer. Spaces if not reported |
| 123 | 125 | 3 | N | Name Suffix | The name suffix if the consumer has one (Jr, Sr, III, etc) Spaces if not reported |
| 126 | 133 | 8 | R | Birth Date | <p>The date on which the consumer was born.</p> <p>If field is spaces – assign error code 019 with message 'Date of Birth is missing'</p> <p>If field is a future date – assign error code 020 with message 'Date of Birth cannot be a future date'</p> <p>If field is not in format MMDDYYYY – assign error code 021 with message 'Date of Birth must be in the format MMDDYYYY'</p> |
| 134 | 142 | 9 | C | Social Security Number | <p>The consumer's SSN</p> <p>One of the three SSN fields is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>If Social Security Number is spaces and Social Security Number Unknown Indicator is spaces and No Social Security Number indicators is spaces – assign error code 022 with message 'SSN, SSN Unknown or No SSN must be populated'</p> <p>If field is equal to any of the following values: 00000000, 11111111, 22222222, 33333333, 44444444, 55555555, 66666666, 77777777, 88888888, 99999999, 123456789 or 987654321 – assign error code 023 with message 'SSN is invalid'</p> <p>If two of the social security fields (Social</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|--|
| | | | | | Security Number, Social Security Number Unknown Indicator or No social Security Number) is not blank then assign error code 157 with message 'Only one of the Social security fields can be populated'. |
| 143 | 143 | 1 | C | Social Security Number Unknown Indicator | <p>If Social Security Number is not known then indicate with 'Y', otherwise leave spaces</p> <p>One of the three SSN fields is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>If Social Security Number is spaces and Social Security Number Unknown Indicator is spaces and No Social Security Number indicators is spaces – assign error code 022 with message 'SSN, SSN Unknown or No SSN must be populated'</p> |
| 144 | 144 | 1 | C | No Social Security Number | <p>If the consumer has no SSN then indicate with 'Y', otherwise leave spaces</p> <p>One of the three SSN fields is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>If Social Security Number is spaces and Social Security Number Unknown Indicator is spaces and No Social Security Number indicators is spaces – assign error code 022 with message 'SSN, SSN Unknown or No SSN must be populated'</p> |
| 145 | 174 | 30 | C | Mother's Maiden Name | <p>Provider may submit UNKNOWN in this field.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>If field is spaces – assign error code 024 with message 'Mother's Maiden Name is missing'</p> |
| 175 | 175 | 1 | R | Gender | <p>Gender of the consumer. F - Female M – Male</p> <p>If field is spaces of not 'F' or 'M' – assign error code 025 with message 'Gender is missing/invalid'</p> |
| 176 | 200 | 25 | R | Street Address Line 1 | <p>Provider may submit UNKNOWN in this field.</p> <p>If field is spaces – assign error code 026 with message 'Street Address Line 1 is missing'</p> |
| 201 | 225 | 25 | N | Street Address Line 2 | Spaces if not reported |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|--|
| 226 | 241 | 16 | R | City | The current City of the consumer. Provider may submit UNKNOWN in this field. If field is spaces – assign error code 027 with message ‘City is missing’ |
| 242 | 243 | 2 | R | State | The current State of the consumer. If State is unknown, provider may submit ZZ in this field If field is spaces or not valid State abbreviation or is not ZZ – assign error code 028 with message ‘State is missing/invalid’ |
| 244 | 248 | 5 | R | Zip Code | The current Postal zip code of the consumer. If Zip Code is unknown, provider may submit 99999 in this field If field is spaces or not valid postal zip code – assign error code 029 with message ‘Zip code is missing/invalid’ |
| 249 | 252 | 4 | N | Zip Code Suffix | The current last four positions of the zip code of the consumer. Spaces if not reported |
| 253 | 255 | 3 | R | Area of Residence -County | The Illinois county code where the consumer currently lives (or out-of-state/unknown code). If field is spaces or not valid county code – assign error code 030 with message ‘Area of Residence – county is missing/invalid’ |
| 256 | 257 | 2 | R | Area of Residence - Township/Community Area | The Community Area if the consumer resides in Chicago or Township if the consumer resides outside the Chicago city limits as applicable, where the consumer currently lives. If field is spaces or not valid township/community code – assign error code 031 with message ‘Area of Residence – Township/Community is missing/invalid’ |
| 258 | 263 | 6 | C | Household Income | The total monthly income of all family members in the consumer’s household. This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing. Valid Values: Range: 000000 – 999998 or 999999 if |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-----------------------|--|
| | | | | | Unknown. If field is spaces or not numeric – assign error code 032 with message ‘Household Income is missing/invalid’ |
| 264 | 269 | 6 | C | Income Level | The total monthly income of consumer. This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing. Valid Values: Range: 000000 – 999998 or 999999 if Unknown. If field is spaces or not numeric – assign error code 033 with message ‘Income Level is missing/invalid’ |
| 270 | 271 | 2 | C | Household Size | The total number of persons in consumer’s household, including the consumer. This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing. Valid Values: Range: 01 – 98 or enter 99 if unknown. If field is spaces or not numeric – assign error code 034 with message ‘Household size is missing/invalid’ |
| 272 | 273 | 2 | C | Household Composition | The consumer’s household composition. This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing. Valid Values: 10 -Lives alone 20 -Lives with one or more relatives 30 -Lives with non-related persons 99 -Unknown If field is spaces or not valid value– assign error code 035 with message ‘Household Composition is missing/invalid’ |
| 274 | 275 | 2 | C | Education Level | The highest grade level completed by the consumer. This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing. |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-------------------|---|
| | | | | | <p>Valid Values: 00 - Never attended school 01 - 11 - Last primary/secondary grade completed 20 - Preschool/kindergarten 30 - High School diploma 31 - General Equivalency Diploma (GED) 32 - Special Education Certificate of Completion 40 - Post-secondary training 41 - One year college 42 - Two years college 43 - Three years college 50 - College Bachelor's degree 60 - Post Graduate college degree 99 - Unknown</p> <p>If field is spaces or not valid value – assign error code 036 with message 'Education Level missing/invalid'</p> |
| 276 | 276 | 1 | C | Military Status | <p>The military status of the consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 0 -Not a Veteran 1 -Veteran 2 -Currently on active duty 9 -Unknown</p> <p>If field is spaces or not valid value – assign error code 037 with message 'Military Status is missing/invalid'</p> |
| 277 | 277 | 1 | C | Marital Status | <p>Marital status of the consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 1 -Never Married 2 -Married 3 -Widowed 4 -Divorced 5 -Separated 9 -Unknown, declines to specify</p> <p>If field is spaces or not valid value – assign error code 038 with message 'Marital Status is missing/invalid'</p> |
| 278 | 279 | 2 | C | Employment Status | <p>The current employment status of the consumer.</p> <p>This is required for indicator of 'C' and</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|----------------------------|--|
| | | | | | <p>'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 10 -Employed 11 -Employed full time (unsubsidized) 12 -Employed part time (unsubsidized) 13 -Employed, subsidized/supported 14 -Attending vocational/day program 20 -Unemployed/layoff from job 30 -Not in the Labor Force 90 -Other 99 -Unknown</p> <p>If field is spaces or not a valid value – assign error code 039 with message 'Employment Status is missing/invalid'</p> |
| 280 | 280 | 1 | C | SSI-SSDI Eligibility | <p>The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 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> <p>If field is spaces or not a valid value – assign error code 040 with message 'SSI-SSDI Eligibility is missing/invalid'</p> |
| 281 | 281 | 1 | C | DFI-CFI Enrollment | <p>The consumer's Donated Funds Initiative (DFI) or Contracted Funds Initiative (CFI) enrollment status.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: N -Not Applicable Y -Enrolled in DFI/CFI</p> <p>If field is spaces or not a valid value – assign error code 041 with message 'DFI-CFI Enrollment is missing/invalid'</p> |
| 282 | 283 | 2 | C | Court / Forensic Treatment | <p>Status of forensic/court-ordered treatment plans at the time of registration.</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|------------|---|
| | | | | | <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 00 –Not applicable 01 –Department of Corrections consumer 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> <p>If field is spaces or not a valid value – assign error code 042 with message 'Court/Forensic Treatment is missing/invalid'</p> |
| 284 | 285 | 2 | C | Race # 1 | <p>Race of consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 10 – White 20 – Black/African American 30 – Asian 40 – American Indian/Alaskan Native 50 – Native Hawaiian or other Pacific Islander 99 – Unknown</p> <p>If field is spaces or not a valid value – assign error code 043 with message 'Race # 1 is missing/invalid'</p> |
| 286 | 287 | 2 | C | Race #2 | <p>Race of consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 10 – White 20 – Black/African American 30 – Asian 40 – American Indian/Alaskan Native 50 – Native Hawaiian or other Pacific Islander 98 – Nothing to report</p> <p>If field is spaces or not a valid value –</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|------------|---|
| | | | | | assign error code 044 with message 'Race # 2 is missing/invalid' |
| 288 | 289 | 2 | C | Race #3 | <p>Race of consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 10 – White 20 – Black/African American 30 – Asian 40 – American Indian/Alaskan Native 50 – Native Hawaiian or other Pacific Islander 98 – Nothing to report</p> <p>If field is spaces or not a valid value – assign error code 045 with message 'Race # 3 is missing/invalid'</p> |
| 290 | 291 | 2 | C | Race #4 | <p>Race of consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 10 – White 20 – Black/African American 30 – Asian 40 – American Indian/Alaskan Native 50 – Native Hawaiian or other Pacific Islander 98 – Nothing to report</p> <p>If field is spaces or not a valid value – assign error code 046 with message 'Race # 4 is missing/invalid'</p> |
| 292 | 293 | 2 | C | Race #5 | <p>Race of consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 10 – White 20 – Black/African American 30 – Asian 40 – American Indian/Alaskan Native 50 – Native Hawaiian or other Pacific Islander 98 – Nothing to report</p> <p>If field is spaces or not a valid value – assign error code 047 with message 'Race # 5 is missing/invalid'</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-----------------|---|
| 294 | 295 | 2 | C | Hispanic Origin | <p>Hispanic origin of a person of Spanish culture or origin, regardless of race.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 00 - Not of Hispanic origin 11 - Mexican/Mexican American 12 - Puerto Rican 13 - Cuban 14 - Central American 18 - Other Hispanic 99 - Unknown, not classified</p> <p>If field is spaces or not a valid value – assign error code 048 with message 'Hispanic Origin is missing/invalid'</p> |
| 296 | 297 | 2 | C | Language | <p>Primary language of the consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 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</p> <p>If field is spaces or not a valid value – assign error code 049 with message 'Language is missing/invalid'</p> |
| 298 | 298 | 1 | C | Citizenship | <p>The citizenship status of the consumer.</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: Y -U.S. Citizen N -Non-U.S. Citizen</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-----------------------------|--|
| | | | | | <p>U -Unknown</p> <p>If field is spaces or not a valid value – assign error code 050 with message ‘Citizenship is missing/invalid’</p> |
| 299 | 299 | 1 | C | Interpreter Services Needed | <p>The type of interpreter services required by the consumer.</p> <p>This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing.</p> <p>Valid Values: 0 - Services Not Needed 1 - American Sign Language 2 - Foreign Language 9 - Unknown</p> <p>If field is spaces or not a valid value – assign error code 051 with message ‘Interpreter Service Needed is missing/invalid’</p> |
| 300 | 301 | 2 | C | MH Residential Arrangement | <p>The consumer’s primary residential situation while services are being provided.</p> <p>This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing.</p> <p>Valid Values: 10 -Homeless 21 -Private residence - supervised 22 -Private residence - unsupervised 31 -Other residential setting - supervised 32 -Other residential setting - unsupervised 40 -State-Operated Facility 50 -Jail or correctional facility/institution 60 -Other institutional setting 70 -skilled/intermediate care nursing facility 90 -Other 99 -Unknown</p> <p>If field is spaces or not a valid value – assign error code 052 with message ‘MH Residential Arrangement is missing/invalid’</p> |
| 302 | 303 | 2 | C | Justice System Involvement | <p>The consumer’s criminal justice system involvement at the time of case registration</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-----------------------------|---|
| | | | | | <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> <p>Valid Values: 00 - Not Applicable 01 - Arrested 02 - Charged with a Crime 03 - Incarcerated (jail) 04 - Incarcerated (prison) 05 - Juvenile Detention Center 06 - Detained(Jail) 07 - Mental Health Court 10 Adult Probation 11 Adult Parole 08 - Other 09 - Unknown</p> <p>If field is spaces or not a valid value - assign error code 053 with message 'Justice system Involvement is missing/invalid'</p> |
| 304 | 305 | 2 | N | Disaster Guest Type | <p>Indicates the Disaster that brought the consumer to Illinois (Spaces if not applicable)</p> <p>Valid Values: HK- Hurricane Katrina HR - Hurricane Rita NI - NIU Incident</p> <p>If field is not spaces or is not valid value - assign error code 054 with message 'Disaster Guest Type is invalid'</p> |
| 306 | 307 | 2 | N | Disaster Guest State | <p>The Post Office abbreviation for the consumer's home state if he/she is an Illinois guest due to a disaster. (Spaces if not applicable)</p> <p>If field is not spaces or is not a valid state abbreviation - assign error code 055 with message 'Disaster Guest State is invalid'</p> |
| 308 | 310 | 3 | N | Disaster County | <p>The FIPS county Code where the consumer lived in their state. (Spaces if not applicable)</p> <p>If field is not spaces or is not a valid state abbreviation - assign error code 056 with message 'Disaster County is invalid'</p> |
| 311 | 311 | 1 | C | Consumer third party payor? | <p>Indicates if the consumer has other insurance, commercial or Medicare</p> <p>This is required for indicator of 'C' and 'R'. Can be sent on 'D' but will be not be used in processing.</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| | | | | | <p>Valid Values: 1 - Yes 0 - No</p> <p>If field is spaces or not a valid value – assign error code 057 with message ‘Consumer Third Party Payor is missing/invalid’</p> |
| 312 | 312 | 1 | C | MH Residential Indicator | <p>Designates whether the consumer is enrolled in the DHS funded MH Residential program.</p> <p>This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing.</p> <p>Valid Values: N -Not applicable Y -Enrolled in MH Residential</p> <p>If field is spaces or not a valid value – assign error code 058 with message ‘MH Residential Indicator is missing/invalid’</p> |
| 313 | 313 | 1 | C | Special Program Enrollment Juvenile Justice Program | <p>Indicates the consumer is being registered for the Juvenile Justice Program</p> <p>This is required for indicator of ‘C’ and ‘R’. Can be sent on ‘D’ but will be not be used in processing.</p> <p>Valid Values: 1 = Yes 0 = No</p> <p>If field is spaces or not a valid value – assign error code 059 with message ‘Special Program Enrollment Juvenile Justice Program Indicator is missing/invalid’</p> <p>If this field is ‘0’ and this field was ‘1’ and the Special Program Enrollment Juvenile Justice Program End Date was spaces on the previous registration - assign error code 164 with message ‘Registration without Juvenile Justice when prior registration did not contain an End Date’.</p> |
| 314 | 321 | 8 | C | Special Program Enrollment Juvenile Justice Program Begin Effective Date | <p>Required for indicator ‘C’ or ‘R’ if Special Program Enrollment Juvenile Justice Program is 1 (Yes), this is the original date the consumer is registered for this program. This should not change when re-registering the consumer for the program. Spaces if not reported</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|--|
| | | | | | <p>Format: MMDDYYYY</p> <p>If Special Program Enrollment Juvenile Justice Program is 1 (yes) and this field is spaces –assign error code 060 with message ‘Special Program Enrollment Juvenile Justice Program Begin Effective Date is missing’</p> <p>If format is not MMDDYYYY – assign error code 061 with message ‘Juvenile Justice Program Begin Date must be in the format MMDDYYYY’</p> |
| 322 | 329 | 8 | N | Special Program Enrollment Juvenile Justice Program End Date | <p>The date the consumer is no longer receiving services under the Juvenile Justice Program. Spaces if not reported</p> <p>FORMAT: MMDDYYYY</p> <p>If format is not MMDDYYYY – assign error code 062 with message ‘Juvenile Justice Program End Date must be in the format MMDDYYYY’</p> <p>If date is less than registration Start Date – assign error code 156 with message ‘The requested end date is less than the Registration start date’.</p> <p>If the Special Program Enrollment Juvenile Justice Indicator is ‘0’ (No) and the previous registration’s Special Program Enrollment Juvenile Justice Indicator is ‘1’ (Yes) and the previous registrations Special Program Enrollment Juvenile Justice Program End date was spaces – assign error code 164 with message ‘Registration Without Juvenile Justice when prior Registration did not contain an End Date’</p> <p>If this field is not spaces and is 6 months or greater from the Registration Start Date – assign error code 168 with message ‘Special Program End Date or MH Closure Date is greater than 6 months from Registration Start Date’.</p> <p>If this field is a future date – assign error code 176 with message ‘MH Closure Date/Special Program End Date cannot be a future date’.</p> <p>If the Indicator is ‘C’ and this field is not spaces and Special Program Enrollment</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|--|
| | | | | | <p>Juvenile Justice Indicator was '0' on the prior registration - assign error code 177 with message 'Indicator of 'C' with Special Program selected when Special Program was not selected on Prior Registration'.</p> <p>This will be used for the termination date of the Juvenile Justice benefits for the consumer</p> |
| 330 | 330 | 1 | R | Special Program Enrollment Comm Hosp Inpatient (CHIPS) | <p>Indicates the consumer is being registered for the CHIPS Program</p> <p>Valid Values: 1 = Yes 0 = No</p> <p>If field is spaces or not a valid value – assign error code 063 with message 'Special Program Enrollment CHIPS Program Indicator is missing/invalid'</p> <p>If this field is '0' and this field was '1' and the Special Program Enrollment CHIPS Program End Date was spaces on the previous registration - assign error code 166 with message 'Registration without CHIPS when prior registration did not contain an End Date'.</p> |
| 331 | 338 | 8 | C | Special Program Enrollment Comm Hosp Inpatient (CHIPS) Begin Effective Date | <p>Required if Special Program Enrollment CHIPS Program is 1 (Yes), this is the original date the consumer is registered for this program. This should not change when re-registering the consumer for the program. Spaces if not reported</p> <p>Format: MMDDYYYY</p> <p>If Special Program Enrollment CHIPS Program is 1 (yes) and this field is spaces –assign error code 064 with message 'Special Program Enrollment CHIPS Program Begin Effective Date is missing'</p> <p>If format is not MMDDYYYY – assign error code 065 with message 'CHIPS Program Begin Date must be in the format MMDDYYYY'</p> |
| 339 | 346 | 8 | N | Special Program Enrollment Comm Hosp Inpatient (CHIPS) End Date | <p>The date the consumer is no longer receiving services under the CHIPS Program. Spaces if not reported</p> <p>Format: MMDDYYYY</p> <p>If format is not MMDDYYYY – assign error code 066 with message 'Special</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | <p>Program enrollment Comm Hosp Inpatient (CHIPS) Program End Date must be in the format MMDDYYYY'</p> <p>If date is less than registration Start Date – assign error code 156 with message 'The requested end date is less than the Registration start date'.</p> <p>If this field is not spaces and is 6 months or greater from the Registration Start Date – assign error code 168 with message 'Special Program End Date or MH Closure Date is greater than 6 months from Registration Start Date'.</p> <p>If this field is a future date – assign error code 176 with message 'MH Closure Date/Special Program End Date cannot be a future date'.</p> <p>If the Indicator is 'C' and this field is not spaces and Special Program Enrollment CHIPS Indicator was '0' on the prior registration - assign error code 177 with message 'Indicator of 'C' with Special Program selected when Special Program was not selected on Prior Registration'.</p> <p>This will be used for the termination date of the CHIPS benefits for the consumer</p> |
| 347 | 347 | 1 | R | Special Program Enrollment PATH Grants | <p>Indicates the consumer is being registered for the PATH Grants Program</p> <p>Valid Values: 1 = Yes 0 = No</p> <p>If field is spaces or not a valid value – assign error code 067 with message 'Special Program Enrollment Path Grant Program Indicator is missing/invalid'</p> <p>If this field is '0' and this field was '1' and the Special Program Enrollment PATH Grant Program End Date was spaces on the previous registration - assign error code 165 with message 'Registration without PATH Grant when prior registration did not contain an End Date'.</p> |
| 348 | 355 | 8 | C | Special Program Enrollment PATH Grants Begin Effective Date | <p>Required if Special Program Enrollment PATH Grant Program is 1 (Yes), this is the original date the consumer is registered for this program. This should not change when re-registering the consumer for the program. Spaces if not</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | <p>reported</p> <p>Format: MMDDYYYY</p> <p>If Special Program Enrollment PATH Grant Program is 1 (yes) and field is spaces –assign error code 068 with message ‘this Special Program Enrollment PATH Grant Program Begin Effective Date is missing’</p> <p>If format is not MMDDYYYY – assign error code 069 with message ‘PATH Grant Program Begin Date must be in the format MMDDYYYY’</p> |
| 356 | 363 | 8 | N | Special Program Enrollment PATH Grants End Date | <p>The date the consumer is no longer receiving services under the PATH Grant Program. Spaces if not reported</p> <p>Format: MMDDYYYY</p> <p>If format is not MMDDYYYY – assign error code 070 with message ‘Special Program Enrollment PATH Grant Program End Date must be in the format MMDDYYYY’</p> <p>If date is less than registration Start Date – assign error code 156 with message ‘The requested end date is less than the Registration start date’.</p> <p>If this field is not spaces and is 6 months or greater from the Registration Start Date – assign error code 168 with message ‘Special Program End Date or MH Closure Date is greater than 6 months from Registration Start Date’.</p> <p>If this field is a future date – assign error code 176 with message ‘MH Closure Date/Special Program End Date cannot be a future date’.</p> <p>If the Indicator is ‘C’ and this field is not spaces and Special Program Enrollment PATH Grants Indicator was ‘0’ on the prior registration - assign error code 177 with message ‘Indicator of ‘C’ with Special Program selected when Special Program was not selected on Prior Registration’.</p> <p>This will be used for the termination date of the PATH Grant benefits for the consumer</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| 364 | 364 | 1 | R | Consumer in residential program funded by DMH and operated by registering provider | <p>Indicates the consumer is being registered for the residential program funded by DMH and operated by the registering provider</p> <p>Valid Values: 0 = Not in Residential Program 1 = ICG 2 = Program 620 (Residential) 3 = Program 820 (Supported Residential) 4 = Program 830 (Supervised Residential)</p> <p>If field is spaces or not a valid value – assign error code 071 with message ‘Consumer in res. Program funded by DMH and operated by registering provider is missing/invalid’</p> <p>If this field is ‘0’ and this field was ‘1’ and there the Special Program Enrollment Residential Program End Date was spaces on the previous registration - assign error code 167 with message ‘Registration without ICG when prior registration did not contain an End Date’.</p> <p>If this field is ‘0’ and this field was ‘2’ and there the Special Program Enrollment Residential Program End Date was spaces on the previous registration - assign error code 169 with message ‘Registration without CILA (620) when prior registration did not contain an End Date’.</p> <p>If this field is ‘0’ and this field was ‘3’ and there the Special Program Enrollment Residential Program End Date was spaces on the previous registration - assign error code 170 with message ‘Registration without Supported Residential (820) when prior registration did not contain an End Date’.</p> <p>If this field is ‘0’ and this field was ‘4’ and there the Special Program Enrollment Residential Program End Date was spaces on the previous registration - assign error code 171 with message ‘Registration without Supervised Residential (830) when prior registration did not contain an End Date’.</p> <p>If this field indicates a residential program (is not ‘0’) and this field indicated a different residential program and the Special Program Enrollment Residential</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | Program End Date was spaces on the previous registration - assign error code 172 with message 'Prior Registration for a different Residential Program did not contain an End Date' |
| 365 | 372 | 8 | C | Consumer in residential program Begin effective date | <p>Required if Consumer in residential program funded by DMH and operated by registering provider is 1 (Yes), this is the original date the consumer is registered for this program. This should not change when re-registering the consumer for the program. Spaces if not reported</p> <p>Format: MMDDYYYY</p> <p>If Consumer in residential program funded by DMH and operated by registering provider is 1, 2, 3, or 4 and this field is spaces –assign error code 072 with message 'Consumer in residential program Begin Effective Date is missing'</p> <p>If format is not MMDDYYYY – assign error code 073 with message 'Consumer in residential program Begin Date must be in the format MMDDYYYY'</p> |
| 373 | 380 | 8 | N | Consumer in residential program End date | <p>The date the consumer is no longer receiving services under the residential Program. Spaces if not reported</p> <p>Format: MMDDYYYY</p> <p>If format is not MMDDYYYY – assign error code 074 with message 'Consumer in residential program End Date must be in the format MMDDYYYY'</p> <p>If date is less than registration Start Date – assign error code 156 with message 'The requested end date is less than the Registration start date'.</p> <p>If this field is not spaces and is 6 months or greater from the Registration Start Date – assign error code 168 with message 'Special Program End Date or MH Closure Date is greater than 6 months from Registration Start Date'.</p> <p>If this field is a future date – assign error code 176 with message 'MH Closure Date/Special Program End Date cannot be a future date'.</p> <p>If the Indicator is 'C' and this field is not spaces and Special Program Enrollment</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---------------------------|--|
| | | | | | Residential Indicator was '0' on the prior registration - assign error code 177 with message 'Indicator of 'C' with Special Program selected when Special Program was not selected on Prior Registration'. This will be used for the termination date of the residential program benefits for the consumer |
| 381 | 381 | 1 | C | Residential level of care | Indicates the level of care in the residential program. Required if Consumer in Residential program is 1 – 4. Spaces if not reported Valid Values: 1 = Low intensity 2 = Medium intensity 3 = High intensity If Consumer in residential program funded by DMH and operated by registering provider is 1, 2, 3, or 4 and this field is spaces – assign error code 075 with message 'Residential level of care is missing/invalid' |
| 382 | 382 | 1 | R | MH Diagnosis Code Type | The manual used for reporting diagnosis codes for Axis I and II. Valid Values: D –DSM-IV I –ICD-9-CM If field is spaces or not a valid value – assign error code 076 with message 'MH Diagnosis Code Type is missing/invalid' |
| 383 | 387 | 5 | R | MH Axis 1 Diagnosis 1 | Valid Axis 1 diagnosis code If field is spaces or not a valid value – assign error code 077 with message 'MH Axis 1 Diagnosis 1 is missing/invalid' |
| 388 | 392 | 5 | R | MH Axis 1 Diagnosis 2 | Valid Axis 1 diagnosis code If this field is spaces or not a valid value – assign error code 078 with message 'MH Axis 1 Diagnosis 2 is missing/invalid' |
| 393 | 397 | 5 | R | MH Axis 1 Diagnosis 3 | Valid Axis 1 diagnosis code If this field is spaces or not a valid value – assign error code 079 with message 'MH Axis 1 Diagnosis 3 is missing/invalid' |
| 398 | 402 | 5 | R | MH Axis 2 Diagnosis 1 | Valid Axis 2 diagnosis code If this field is spaces or not a valid value – assign error code 080 with message 'MH Axis 2 Diagnosis 1 is missing/invalid' |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|----------------------------------|--|
| 403 | 407 | 5 | R | MH Axis 2 Diagnosis 2 | Valid Axis 2 diagnosis code If this field is spaces or not a valid value – assign error code 081 with message ‘MH Axis 2 Diagnosis 2 is missing/invalid’ |
| 408 | 412 | 5 | R | MH Axis 2 Diagnosis 3 | Valid Axis 2 diagnosis code If this field is spaces or not a valid value – assign error code 082 with message ‘MH Axis 2 Diagnosis 3 is missing/invalid’ |
| 413 | 417 | 5 | R | MH Axis 3 Diagnosis 1 | Must be Valid Medical Category If field is spaces or not a valid value – assign error code 083 with message ‘MH Axis 3 Diagnosis 1 is missing/invalid’ |
| 418 | 422 | 5 | N | MH Axis 3 Diagnosis 2 | Must be Valid Medical Category. Spaces if not reported If field is not spaces or not a valid value – assign error code 084 with message ‘MH Axis 3 Diagnosis 1 is invalid’ |
| 423 | 427 | 5 | N | MH Axis 3 Diagnosis 3 | Must be Valid Medical Category. Spaces if not reported If field is not spaces or not a valid value – assign error code 085 with message ‘MH Axis 3 Diagnosis 1 is invalid’ |
| 428 | 428 | 1 | R | MH Principal Diagnosis Indicator | The consumer’s principal diagnosis for the focus of treatment. Valid Values: A -Axis I, Diagnosis 1 B -Axis I, Diagnosis 2 C -Axis I, Diagnosis 3 D -Axis II, Diagnosis 1 E -Axis II, Diagnosis 2 F -Axis II, Diagnosis 3 If field is spaces or not a valid value – assign error code 086 with message ‘MH Principal Diagnosis Indicator is missing/invalid’ |
| 429 | 429 | 1 | R | Functional Scale Used | The functional scale used. Valid Values: C -CGAS G –GAF If field is spaces or not a valid value – assign error code 087 with message ‘Functional Scale Used is missing/invalid’ Note: Scale selection will prescribe which consumer functioning information has been reported. If Children’s Global Assessment Scale (CGAS) scale is used, |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| | | | | | the Child & Adolescent consumer functioning fields are populated; if Global Assessment of Functioning (GAF) scale is used, the Adult consumer functioning fields are populated. |
| 430 | 431 | 2 | R | GAF/CGAS Score | Current functioning scale score as assessed in the registration process. Valid Values: Range 01-99 If field is spaces or not a valid value – assign error code 088 with message ‘GAF/CGAS Score is missing/invalid’ |
| 432 | 433 | 2 | C | Functioning -Children & Adolescents Self Care | Children and Adolescent Functioning assessment – Self Care. Spaces if not reported Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is CGAS then this field is required. If functional scale used = ‘C’ and this field is spaces or not a valid value – assign error code 089 with message ‘CGAS Self Care field is missing/invalid’ If functional scale used is = ‘G’ and this field is not spaces – assign error code 158 with message ‘Child functioning levels should not be populated when GAF score is used’. |
| 434 | 435 | 2 | C | Functioning -Children & Adolescents Community | Children and Adolescent Functioning assessment – Community. Spaces if not reported Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is CGAS then this field is required. If functional scale used = ‘C’ and this field is spaces or not a valid value – assign error code 090 with message ‘CGAS Community field is missing/invalid’ |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | If functional scale used is = 'G' and this field is not spaces – assign error code 158 with message 'Child functioning levels should not be populated when GAF score is used'. |
| 436 | 437 | 2 | C | Functioning -Children & Adolescents Social Relations | Children and Adolescent Functioning assessment – Social Relations. Spaces if not reported Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is CGAS then this field is required. If functional scale used = 'C' and this field is spaces or not a valid value – assign error code 091 with message 'CGAS Social Relations field is missing/invalid' If functional scale used is = 'G' and this field is not spaces – assign error code 158 with message 'Child functioning levels should not be populated when GAF score is used'. |
| 438 | 439 | 2 | C | Functioning -Children & Adolescents Family Relations | Children and Adolescent Functioning assessment – Family Relations. Spaces if not reported Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is CGAS then this field is required. If functional scale used = 'C' and this field is spaces or not a valid value – assign error code 092 with message 'CGAS Family Relations field is missing/invalid' If functional scale used is = 'G' and this field is not spaces – assign error code 158 with message 'Child functioning levels should not be populated when GAF score is used'. |
| 440 | 441 | 2 | C | Functioning -Children & Adolescents School | Children and Adolescent Functioning assessment – School. Spaces if not reported |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| | | | | | <p>Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria</p> <p>If Functional Scale used is CGAS then this field is required.</p> <p>If functional scale used = 'C' and this field is spaces or not a valid value – assign error code 093 with message 'CGAS School field is missing/invalid'</p> <p>If functional scale used is = 'G' and this field is not spaces – assign error code 158 with message 'Child functioning levels should not be populated when GAF score is used'.</p> |
| 442 | 443 | 2 | C | Functioning -Adults Social Group/School | <p>Adult Functioning assessment – Social Group/ School Spaces if not reported.</p> <p>Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria</p> <p>If Functional Scale used is GAF then this field is required.</p> <p>If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 094 with message 'GAF Social Group/ School field is missing/invalid'</p> <p>If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'.</p> |
| 444 | 445 | 2 | C | Functioning -Adults Employment | <p>Adult Functioning assessment – Employment. Spaces if not reported</p> <p>Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria</p> <p>If Functional Scale used is GAF then this field is required.</p> <p>If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 095 with message 'GAF</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|--|
| | | | | | Employment field is missing/invalid' If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'. |
| 446 | 447 | 2 | C | Functioning -Adults Financial | Adult Functioning assessment – Financial. Spaces if not reported Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is GAF then this field is required. If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 096 with message 'GAF Financial field is missing/invalid' If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'. |
| 448 | 449 | 2 | C | Functioning -Adults Community Living | Adult Functioning assessment – Community Living Spaces if not reported. Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is GAF then this field is required. If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 097 with message 'GAF Community Living field is missing/invalid' If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'. |
| 450 | 451 | 2 | C | Functioning -Adults Supportive Social | Adult Functioning assessment – Supportive Social. Spaces if not reported Valid Values: |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| | | | | | <p>00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria</p> <p>If Functional Scale used is GAF then this field is required.</p> <p>If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 098 with message 'GAF Supportive Social field is missing/invalid'</p> <p>If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'.</p> |
| 452 | 453 | 2 | C | Functioning -Adults Daily Living Activity | <p>Adult Functioning assessment – Daily Living Activity. Spaces if not reported</p> <p>Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria</p> <p>If Functional Scale used is GAF then this field is required.</p> <p>If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 099 with message 'GAF Daily Living Activity field is missing/invalid'</p> <p>If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'.</p> |
| 454 | 455 | 2 | C | Functioning -Adults Inappropriate or Dangerous Behavior | <p>Adult Functioning assessment – Inappropriate or Dangerous Behavior. Spaces if not reported</p> <p>Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria</p> <p>If Functional Scale used is GAF then this field is required.</p> <p>If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 100 with message 'GAF Inappropriate or Dangerous Behavior field</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|--|
| | | | | | is missing/invalid' If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'. |
| 456 | 457 | 2 | C | Functioning -Adults Previous Functional Impairment | Adult Functioning assessment – Previous Functional Impairment. Spaces if not reported Valid Values: 00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria If Functional Scale used is GAF then this field is required. If functional scale used = 'G' and this field is spaces or not a valid value – assign error code 101 with message 'GAF Previous Functional Impairment field is missing/invalid' If functional scale used is = 'C' and this field is not spaces – assign error code 159 with message 'Adult functioning levels should not be populated when CGAS score is used'. |
| 458 | 458 | 1 | C | LOCUS - Risk of Harm | LOCUS Score – Risk of Harm. Spaces if not reported Locus fields are not required, however if one is filled in than all must be filled in. Valid values: Range 1-5 If all LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 102 with message 'LOCUS – Risk of Harm is missing/invalid' |
| 459 | 459 | 1 | C | LCOUS - Recovery-Environment-Stressor | LOCUS Score – Recovery-Environment-Stressor. Spaces if not reported Locus fields are not required, however if one is filled in than all must be filled in. Valid values: Range 1-5 If all LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 103 with message 'LOCUS – |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| | | | | | Recovery-Environment-Stressor is missing/invalid' |
| 460 | 460 | 1 | C | LOCUS - Recovery Environment-Supports | <p>LOCUS Score – Recovery Environment-Supports. Spaces if not reported</p> <p>Locus fields are not required, however if one is filled in than all must be filled in.</p> <p>Valid values: Range 1-5</p> <p>If all LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 104 with message 'LOCUS – Recovery Environment-Supports is missing/invalid'</p> |
| 461 | 461 | 1 | C | LOCUS - Functional Status | <p>LOCUS Score – Functional Status. Spaces if not reported</p> <p>Locus fields are not required, however if one is filled in than all must be filled in.</p> <p>Valid values: Range 1-5</p> <p>If all LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 105 with message 'LOCUS – Functional Status is missing/invalid'</p> |
| 462 | 462 | 1 | C | LOCUS - Co-Morbidity | <p>LOCUS Score – Co-Morbidity. Spaces if not reported</p> <p>Locus fields are not required, however if one is filled in than all must be filled in.</p> <p>Valid values: Range 1-5</p> <p>If all LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 106 with message 'LOCUS – Co-Morbidity is missing/invalid'</p> |
| 463 | 463 | 1 | C | LOCUS - Recovery and Treatment History | <p>LOCUS Score – Recovery and Treatment History. Spaces if not reported</p> <p>Locus fields are not required, however if one is filled in than all must be filled in.</p> <p>Valid values: Range 1-5</p> <p>If all LOCUS fields are not spaces</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | and this field is spaces or not a valid value – assign error code 107 with message ‘LOCUS – Recovery and Treatment History is missing/invalid’ |
| 464 | 464 | 1 | C | LOCUS - Acceptance and Engagement | <p>LOCUS Score – Acceptance and Engagement. Spaces if not reported</p> <p>Locus fields are not required, however if one is filled in than all must be filled in.</p> <p>Valid values: Range 1-5</p> <p>If all LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 108 with message ‘LOCUS – Acceptance and Engagement is missing/invalid’</p> |
| 465 | 466 | 2 | C | Level of Care Recommended - Assessors | <p>The assessors recommended level of care for the consumer. Required if Locus fields are entered. Spaces if not reported</p> <p>Valid Values: 01 -Level I (Recovery Maintenance and Health Management score 7 – 13) 02 - Level II (Low Intensity Community Based Services score 14 – 16) 03 - Level III (High Intensity Community Based Services score 17 – 19) 04 - Level IV (Medically Monitored Non-Residential Services score 20 – 22) 05 - Level V (Medically Monitored Residential Services score 23 – 27) 06 - Level VI (Medically Managed Residential Services score 28 or more)</p> <p>If LOCUS fields are not spaces and this field is spaces or not a valid value – assign error code 109 with message ‘LOCUS – Level of Care Recommended - Assessors is missing/invalid’</p> |
| 467 | 468 | 2 | R | History of Illness - Continuous Treatment | <p>Consumers History of Illness – Continuous Treatment</p> <p>Valid Values: 00 -consumer does not meet treatment history criteria 01 -consumer meets treatment history criteria</p> <p>If field is spaces or not a valid value – assign error code 110 with message</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|--|
| | | | | | 'History of Illness - Continuous Treatment is missing/invalid' |
| 469 | 470 | 2 | R | History of Illness - Continuous Residential | <p>Consumers History of Illness – Continuous Residential</p> <p>Valid Values: 00 -consumer does not meet treatment history criteria 01 -consumer meets treatment history criteria</p> <p>If field is spaces or not a valid value – assign error code 111 with message 'History of Illness - Continuous Residential is missing/invalid'</p> |
| 471 | 472 | 2 | R | History of Illness - Multiple Residential | <p>Consumers History of Illness – Multiple Residential</p> <p>Valid Values: 00 -consumer does not meet treatment history criteria 01 -consumer meets treatment history criteria</p> <p>If field is spaces or not a valid value – assign error code 112 with message 'History of Illness – Multiple Residential is missing/invalid'</p> |
| 473 | 474 | 2 | R | History of Illness - Outpatient | <p>Consumers History of Illness – Outpatient</p> <p>Valid Values: 00 -consumer does not meet treatment history criteria 01 -consumer meets treatment history criteria</p> <p>If field is spaces or not a valid value – assign error code 113 with message 'History of Illness – Outpatient is missing/invalid'</p> |
| 475 | 476 | 2 | R | History of Illness - Previous Treatment | <p>Consumers History of Illness – Previous Treatment</p> <p>Valid Values: 00 -consumer does not meet treatment history criteria 01 -consumer meets treatment history criteria</p> <p>If field is spaces or not a valid value – assign error code 114 with message 'History of Illness – Previous Treatment is missing/invalid'</p> |
| 477 | 477 | 1 | N | Evidence Based Practice – Supported Employment | Indicates if Evidence Based Practice – Supported Employment was used. Spaces if not reported |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| | | | | | <p>Valid Values: 1 = Yes 0 = No</p> <p>If field is not spaces or not a valid value – assign error code 115 with message ‘Evidence Based Practice – Supported Employment is invalid’</p> |
| 478 | 478 | 1 | N | Evidence Based Practice - IDDT | <p>Indicates if Evidence Based Practice – IDDT was used. Spaces if not reported</p> <p>Valid Values: 1 = Yes 0 = No</p> <p>If field is not spaces or not a valid value – assign error code 116 with message ‘Evidence Based Practice – IDDT is invalid’</p> |
| 479 | 479 | 1 | N | Evidence Based Practice – Medication Algorithm | <p>Indicates if Evidence Based Practice – Medication Algorithm was used. Spaces if not reported</p> <p>Valid Values: 1 = Yes 0 = No</p> <p>If field is not spaces or not a valid value – assign error code 117 with message ‘Evidence Based Practice – Medication Algorithm is invalid’</p> |
| 480 | 480 | 1 | R | Co-Occurring Disorders | <p>Indicates whether or not the consumer has been screened for co-occurring mental illness/substance abuse disorders.</p> <p>Valid Values: Y -Yes N -No</p> <p>If field is spaces or not a valid value – assign error code 118 with message ‘Co-Occurring Disorders is missing/invalid’</p> |
| 481 | 488 | 8 | R | MH Cross Disabilities Database –Form Completion Date | <p>The date on which the MH cross disabilities database form was completed.</p> <p>Format: MMDDYYYY</p> <p>If field is spaces or not a valid value – assign error code 119 with message ‘MH Cross Disabilities Database –Form Completion Date is missing/invalid’</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | If format is not MMDDYYYY – assign error code 120 with message ‘MH Cross Disabilities Database –Form Completion Date must be in the format MMDDYYYY’ |
| 489 | 490 | 2 | R | MH Cross Disabilities Database – Primary Care Giver Age | The age of the primary care giver. Valid Value: Age range: 18-98 00 – Not Applicable 99 – Unknown If field is spaces or not a valid value – assign error code 121 with message ‘MH Cross Disabilities Database – Primary Care Giver Age is missing/invalid’ |
| 491 | 492 | 2 | R | MH Cross Disabilities Database –Type of Services Needed 1 | The type of services needed by the consumer as determined by the assessment staff. Valid Values: 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 If field is spaces or not a valid value – assign error code 122 with message ‘MH Cross Disabilities Database – Type of Services Needed 1 is missing/invalid’ |
| 493 | 494 | 2 | N | MH Cross Disabilities Database –Type of services Needed 2 | The type of services needed by the consumer as determined by the assessment staff. Spaces if not reported Valid Values: 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 If field is not spaces or not a valid value – assign error code 123 with message ‘MH Cross Disabilities Database – Type of Services Needed 2 is invalid’ |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|--|---|
| 495 | 496 | 2 | N | MH Cross Disabilities Database -Type of Services Needed 3 | The type of services needed by the consumer as determined by the assessment staff. Spaces if not reported Valid Values: 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 If field is not spaces or not a valid value – assign error code 124 with message ‘MH Cross Disabilities Database – Type of Services Needed 3 is invalid’ |
| 497 | 526 | 30 | C | MH Cross Disabilities Database -Type of Services Needed Other Description | Describes the type of services when Other (90) is selected for Type of Services Needed. Required when Type of Services needed 1, 2 or 3 is (90) OTHER. Spaces if not reported If Type of Services needed 1, 2 or 3 is (90) OTHER and this field is spaces – assign error code 125 with message ‘MH Cross Disabilities Database -Type of Services Needed Other Description is missing’ |
| 527 | 528 | 2 | R | MH Cross Disabilities Database -Type of Services Sought 1 | The type of services sought by the consumer as determined by the consumer. Valid Values: 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 If field is spaces or not a valid value – assign error code 126 with message ‘MH Cross Disabilities Database – Type of Services Sought 1 is missing/invalid’ |
| 529 | 530 | 2 | N | MH Cross Disabilities Database -Type of Services Sought 2 | The type of services sought by the consumer as determined by the consumer. Spaces if not reported |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---|---|
| | | | | | <p>Valid Values: 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</p> <p>If field is not spaces or not a valid value – assign error code 127 with message ‘MH Cross Disabilities Database – Type of Services Sought 2 is invalid’</p> |
| 531 | 532 | 2 | N | MH Cross Disabilities Database –Type of Services Sought 3 | <p>The type of services sought by the consumer as determined by the consumer. Spaces if not reported</p> <p>Valid Values: 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</p> <p>If field is not spaces or not a valid value – assign error code 128 with message ‘MH Cross Disabilities Database – Type of Services Sought 3 is invalid’</p> |
| 533 | 562 | 30 | C | MH Cross Disabilities Database -Type of Services Sought Other Description | <p>Describes the type of services when Other (90) is selected for Type of Services Sought.</p> <p>Required when Type of Services Sought 1, 2 or 3 is (90) OTHER. Spaces if not reported</p> <p>If Type of Services Sought 1, 2 or 3 is (90) OTHER and this field is spaces – assign error code 129 with message ‘MH Cross Disabilities Database -Type of Services Sought Other Description is missing’</p> |
| 563 | 570 | 8 | N | MH Closing Date | <p>The date that the agency terminated its commitment to provide services to the individual. Spaces if not reported</p> <p>Format: MMDDYYYY</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|----------------------------------|--|
| | | | | | <p>If format is not MMDDYYYY – assign error code 130 with message ‘MH Closing Date must be in the format MMDDYYYY’</p> <p>If date is less than registration Start Date – assign error code 156 with message ‘The requested end date is less than the Registration start date’.</p> <p>If this field is not spaces and is 6 months or greater from the Registration Start Date – assign error code 168 with message ‘Special Program End Date or MH Closure Date is greater than 6 months from Registration Start Date’.</p> <p>If this field is less than a Special Program End Date – assign error code 174 with message ‘Special Program End Date is greater than MH Closure Date’.</p> <p>If this field is a future date – assign error code 176 with message ‘MH Closure Date/Special Program End Date cannot be a future date’.</p> |
| 571 | 572 | 2 | C | MH Closing Disposition | <p>The disposition of the consumer at the point he/she stops receiving services. If MH closing date not spaces this is required.</p> <p>Valid Values: 01 Deceased 02 Completed treatment 03 Refused treatment 04 Transfer 05 Moved 06 Transfer to Long Term Care provider setting 07 Transfer to State-Operated facility 08 Incarcerated 90 Other 99 Unknown</p> <p>If MH Closing Date is not spaces and this field is spaces – assign error code 131 with message ‘MH Closing Disposition is missing/invalid’</p> |
| 573 | 573 | 1 | C | Functional Scale Used at Closing | <p>If MH closing date not spaces this is required. Spaces if not reported</p> <p>Valid Values: C –CGAS G -GAF</p> <p>If MH Closing Date is not spaces and this</p> |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---------------------------|--|
| | | | | | field is spaces or not valid value – assign error code 132 with message ‘Functional Scale Used at Closing is missing/invalid’ |
| 574 | 575 | 2 | C | GAF/CGAS Score at Closing | Current functioning scale score as assessed at the time of the case closing process. If MH closing date not spaces this is required. Spaces if not reported Valid Values: Range: 00 - 99 If MH Closing Date is not spaces and this field is spaces or not valid value – assign error code 133 with message ‘GAF/CGAS Score at Closing is missing/invalid’ |
| 576 | 577 | 2 | N | Guardian 1 Type | Describes the relationship of the guardian or responsible person to the consumer. Note: Guardian fields will be spaces if no information has been reported Valid values: 02 - Parent of minor child 0-17 05 - Plenary of Person If field is not spaces or not a valid value – assign error code 134 with message ‘Guardian Type 1 is invalid’ |
| 578 | 591 | 14 | C | Guardian 1 First Name | The first name of the guardian or responsible person If Guardian 1 Type not spaces then required If Guardian Type 1 is not spaces and this field is spaces – assign error code 135 with message ‘Guardian 1 First Name is missing’ |
| 592 | 592 | 1 | N | Guardian 1 Middle Initial | Middle initial of the guardian or responsible person. Spaces if not reported |
| 593 | 622 | 30 | C | Guardian 1 Last Name | The last name of the guardian or responsible person If Guardian 1 Type not spaces then required If Guardian Type 1 is not spaces and this field is spaces – assign error code 136 with message ‘Guardian 1 Last Name is missing’ |
| 623 | 662 | 40 | C | Guardian 1 Address | Street or box number of the guardian or responsible person If Guardian 1 Type not spaces then required |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-----------------------------|---|
| | | | | | If Guardian Type 1 is not spaces and this field is spaces – assign error code 137 with message ‘Guardian 1 Address is missing’ |
| 663 | 682 | 20 | C | Guardian 1 City | City of the guardian or responsible person If Guardian 1 Type not spaces then required If Guardian Type 1 is not spaces and this field is spaces – assign error code 138 with message ‘Guardian 1 City is missing’ |
| 683 | 684 | 2 | C | Guardian 1 State | Post Office abbreviation for State of the guardian or responsible person If Guardian 1 Type not spaces then required If Guardian Type 1 is not spaces and this field is spaces – assign error code 139 with message ‘Guardian 1 State is missing’ |
| 685 | 689 | 5 | C | Guardian 1 Zip Code | Postal zip code of the guardian or responsible person If Guardian Type 1 is not spaces and this field is spaces – assign error code 140 with message ‘Guardian 1 Zip Code is missing’ |
| 690 | 693 | 4 | N | Guardian 1 Zip Code Suffix | The last four positions of the zip code of the guardian or responsible person. |
| 694 | 701 | 8 | N | Guardian 1 Appointment Date | The date of appointment as guardian by the court. Format: MMDDYYYY If format is not MMDDYYYY – assign error code 141 with message ‘Guardian 1 Appointment Date must be in the format MMDDYYYY’ |
| 702 | 709 | 8 | N | Guardian 1 Termination Date | The date this guardian relationship to the consumer ended. Format: MMDDYYYY If format is not MMDDYYYY – assign error code 142 with message ‘Guardian 1 Termination Date must be in the format MMDDYYYY’ |
| 710 | 711 | 2 | N | Guardian 2 Type | Describes the relationship of the guardian or responsible person to the consumer. Note: Guardian fields will be spaces if no information has been reported Valid values: 02 - Parent of minor child 0-17 05 - Plenary of Person |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---------------------------|---|
| | | | | | If field is not spaces or not a valid value – assign error code 143 with message ‘Guardian Type 2 is invalid’ |
| 712 | 725 | 14 | C | Guardian 2 First Name | The first name of the guardian or responsible person If Guardian 2 Type not spaces then required If Guardian Type 2 is not spaces and this field is spaces – assign error code 144 with message ‘Guardian 2 First Name is missing’ |
| 726 | 726 | 1 | N | Guardian 2 Middle Initial | Middle initial of the guardian or responsible person. Spaces if not reported |
| 727 | 756 | 30 | C | Guardian 2 Last Name | The last name of the guardian or responsible person If Guardian 2 Type not spaces then required If Guardian Type 2 is not spaces and this field is spaces – assign error code 145 with message ‘Guardian 2 Last Name is missing’ |
| 757 | 796 | 40 | C | Guardian 2 Address | Street or box number of the guardian or responsible person If Guardian 2 Type not spaces then required If Guardian Type 2 is not spaces and this field is spaces – assign error code 146 with message ‘Guardian 2 Address is missing’ |
| 797 | 816 | 20 | C | Guardian 2 City | City of the guardian or responsible person If Guardian 2 Type not spaces then required If Guardian Type 2 is not spaces and this field is spaces – assign error code 147 with message ‘Guardian 2 City is missing’ |
| 817 | 818 | 2 | C | Guardian 2 State | Post Office abbreviation for State of the guardian or responsible person If Guardian 2 Type not spaces then required If Guardian Type 2 is not spaces and this field is spaces – assign error code 148 with message ‘Guardian 2 State is missing’ |
| 819 | 823 | 5 | C | Guardian 2 Zip Code | Postal zip code of the guardian or responsible person |

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|-----------------------------|--|
| | | | | | If Guardian Type 2 is not spaces and this field is spaces – assign error code 149 with message ‘Guardian 2 Zip Code is missing’ |
| 824 | 827 | 4 | N | Guardian 2 Zip Code Suffix | The last four positions of the zip code of the guardian or responsible person. |
| 828 | 835 | 8 | N | Guardian 2 Appointment Date | The date of appointment as guardian by the court. Format: MMDDYYYY If format is not MMDDYYYY – assign error code 150 with message ‘Guardian 2 Appointment Date must be in the format MMDDYYYY’ |
| 836 | 843 | 8 | N | Guardian 2 Termination Date | The date this guardian relationship to the consumer ended. Format: MMDDYYYY If format is not MMDDYYYY – assign error code 151 with message ‘Guardian 2 Termination Date must be in the format MMDDYYYY’ |

Trailer Record

| Position From | Position To | Length | Usage | Field name | Error Processing |
|---------------|-------------|--------|-------|---------------|--|
| 1 | 10 | 10 | R | Trailer | Constant ‘TRAILER ‘ |
| 11 | 25 | 15 | R | Record Number | Number of records submitted in this batch excluding the trailer record – this should be left justified, space filled Example: 14 records would be ‘14 ‘ |
| 26 | 843 | 818 | R | Filler | blank |

Medical Categories for Axis 3 Diagnosis

| Valid Value | Description |
|-------------|--|
| ALLE | Allergies |
| ALZH | Alzheimer's Disease |
| ANEM | Anemia |
| ARTH | Arthritis or Rheumatism |
| ASTH | Asthma |
| CANC | Cancer or Leukemia |
| CARD | Cardiovascular Problems |
| CHRO | Chronic Pain |
| CIRC | Circulation Problems in Arms and Legs |
| COPD | Chronic Obstructive Pulmonary Disease |
| DIAB | Diabetes |
| DISA | Disabilities or Physical Impairments (eg. Blind) |
| EMPH | Emphysema or Chronic Bronchitis |
| EPIL | Epilepsy/Seizures |
| FIBR | Fibromyalgia |
| GLAU | Glaucoma |
| HIGH | High Blood Pressure (Hypertension) |
| HINJ | Head Injury |
| HIVA | HIV / AIDS |
| KIDN | Kidney Disease |
| LIVD | Liver Disease |
| MIGR | Migraine Headaches |
| MSLE | Multiple Sclerosis |
| NONE | None |
| OBES | Obesity |
| OTHE | Med condition seriously impacting mbr's health |
| PARK | Parkinson's Disease |
| PREG | Pregnancy |
| SKIN | Skin Disorders (Severe burns, leg ulcers, etc) |
| SPCH | Speech Impediment or Impairment |
| STOM | Stomach GI Problems (e.g., acid reflux, ulcers) |
| STRK | Stroke / Effects of stroke |
| THYR | Thyroid or Other Glandular Disorders |
| UNKN | Unknown |
| URIN | Urinary Tract or Prostate problems |

Error Processing

If a registration record is not accepted due to missing or invalid information the registration record will be returned on an error file. The individual error code and description can be found in the error processing column of the file layout.

Error Codes 001 – 011 and 152 are critical errors. When this error is encountered processing of the registration record will cease and this error code will be the only error code for that registration record.

If no critical error is encountered during processing but there are non critical errors then all non critical error codes and descriptions will be reported.

There are two error conditions that could be reported on either the accepted or rejected report depending on the status of all programs. On the rejected file the error code and description will be reported. On the accepted file only the description will be reported in the comment field.

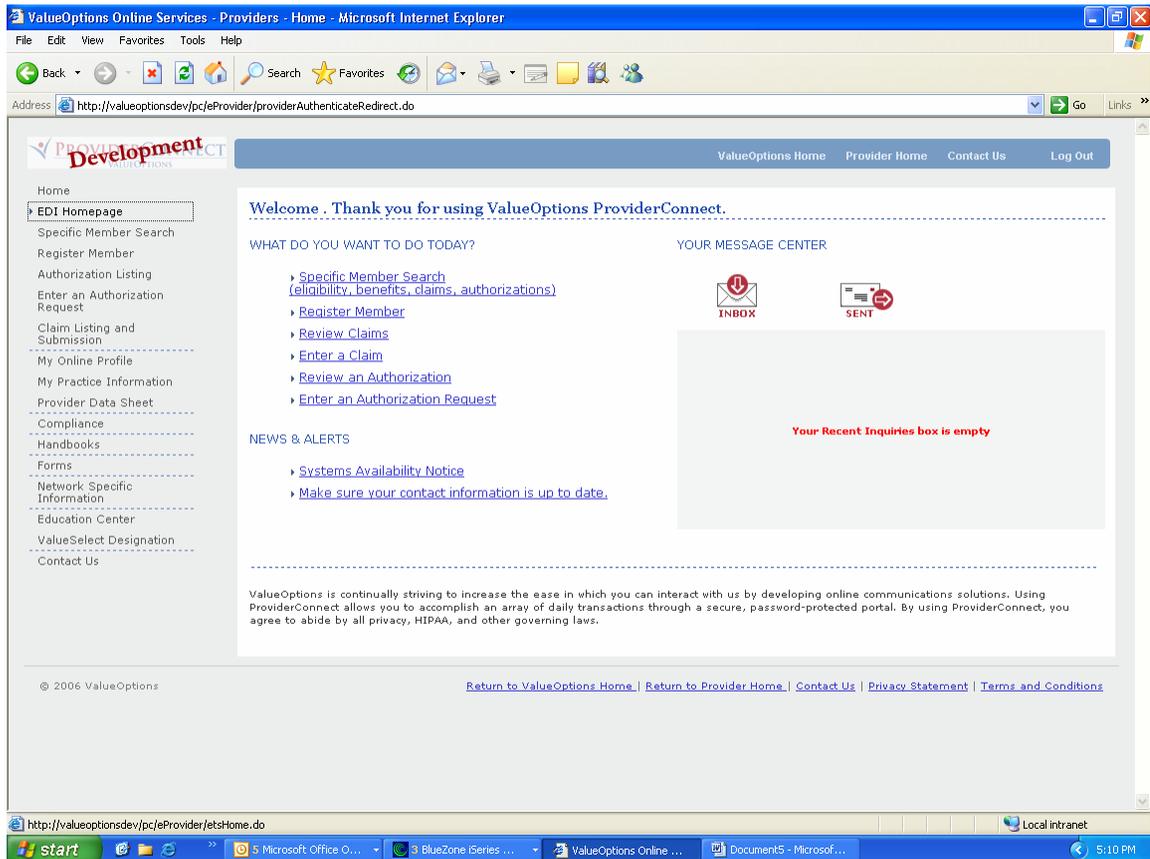
| Error Code | Description | Accepted File | Rejected File |
|------------|---|---|---|
| 153 | Provider is not contracted for requested program | If consumer was updated with at least one (core or special) program but the provider is not contracted for a special program that was requested | If the consumer was not updated for any (core or special) program |
| 154 | Consumer is SASS eligible for registration start date | If consumer was updated with Juvenile Justice or ICG but the provider also requested another special program | If the provider did not request Juvenile Justice or ICG |

If the requested program was not loaded due to the consumer is already in the Collaborative processing system then the record will appear on the accepted file with the comment 'Consumer already registered for the requested program'.

Submitting a Batch Registration File

Upload the batch registration file using the ProviderConnect application

A. Log into ProviderConnect and click the 'EDI Homepage' option on the left hand side of the page



B. Click 'Submit Batch File'

ValueOptions Online Services - Providers - Microsoft Internet Explorer

Address: http://valueoptionsdev/pc/eProvider/etsHome.do

ValueOptions Home | Provider Home | Contact Us | Log Out

Home
Submit Batch File
Search Files
Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to ValueOptions.
****Signature must be on file.**

Previous Claims File Batch Submissions

| Submission # | Result | Date Received | Form # |
|----------------------------|-------------------|------------------------------|-----------|
| 0087295867 | Passed Validation | Tue Jul 29 13:43:46 EDT 2008 | BATCH-REG |
| 0087295866 | Passed Validation | Tue Jul 29 11:25:04 EDT 2008 | BATCH-REG |
| 0087295865 | Passed Validation | Tue Jul 29 11:03:38 EDT 2008 | BATCH-REG |
| 0087295864 | Passed Validation | Tue Jul 29 11:03:29 EDT 2008 | BATCH-REG |
| 0087295863 | Passed Validation | Tue Jul 29 11:03:18 EDT 2008 | BATCH-REG |
| 0087265855 | Passed Validation | Sat Jul 26 17:19:17 EDT 2008 | BATCH-REG |

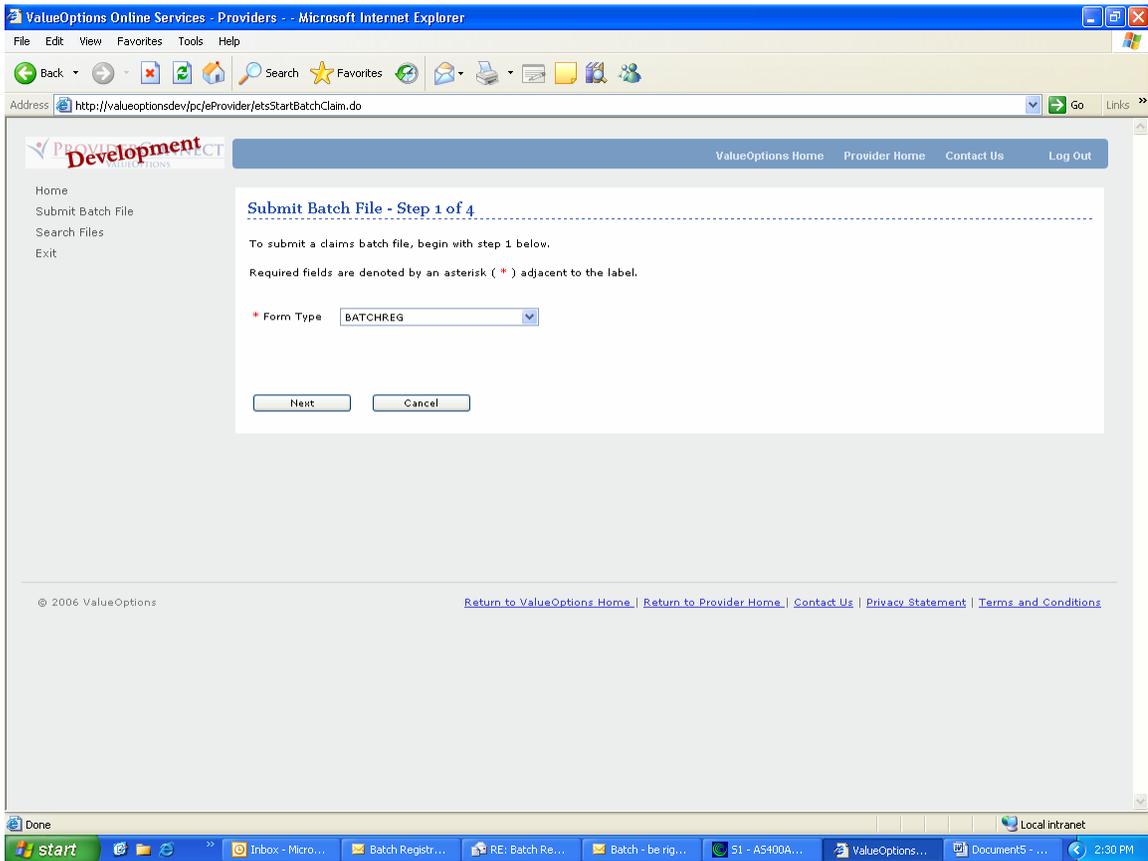
Incoming Files

| File Name | Date Posted | File Size |
|-----------|-------------|-----------|
| | | |

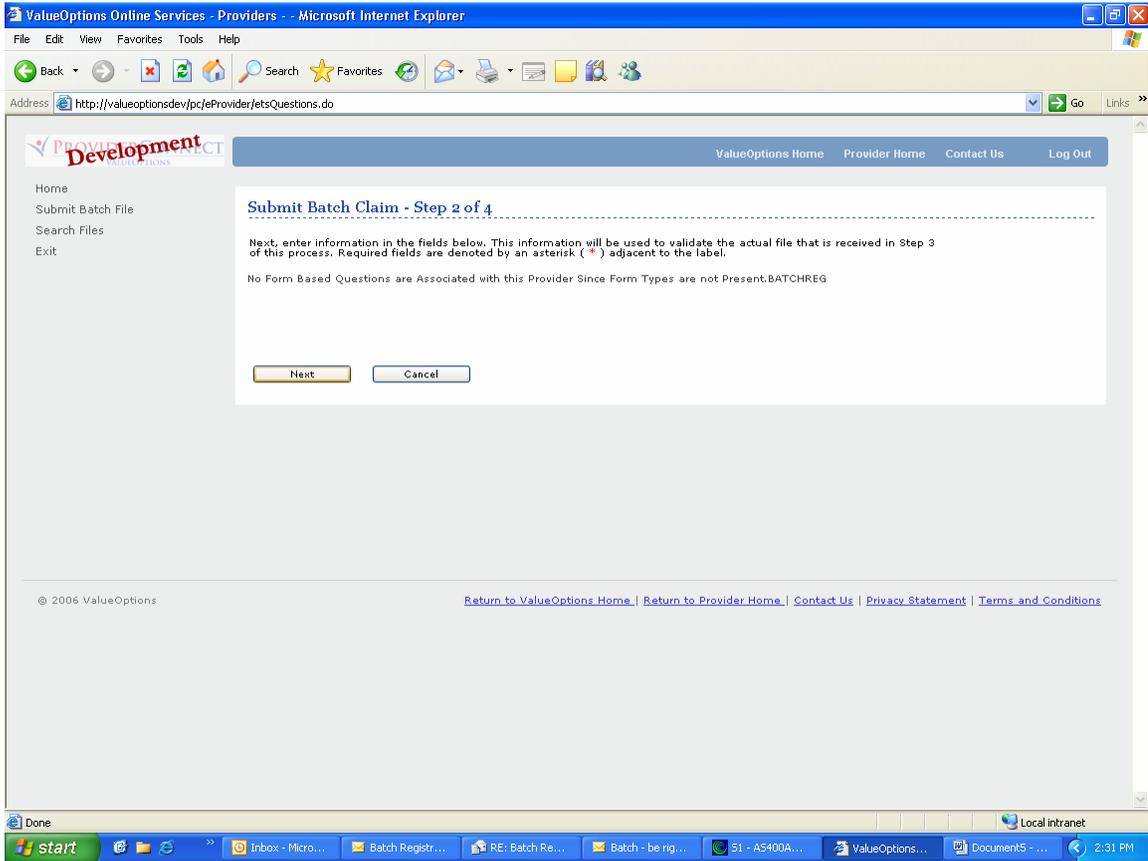
© 2006 ValueOptions | [Return to ValueOptions Home](#) | [Return to Provider Home](#) | [Contact Us](#) | [Privacy Statement](#) | [Terms and Conditions](#)

Done | Local intranet | 2:29 PM

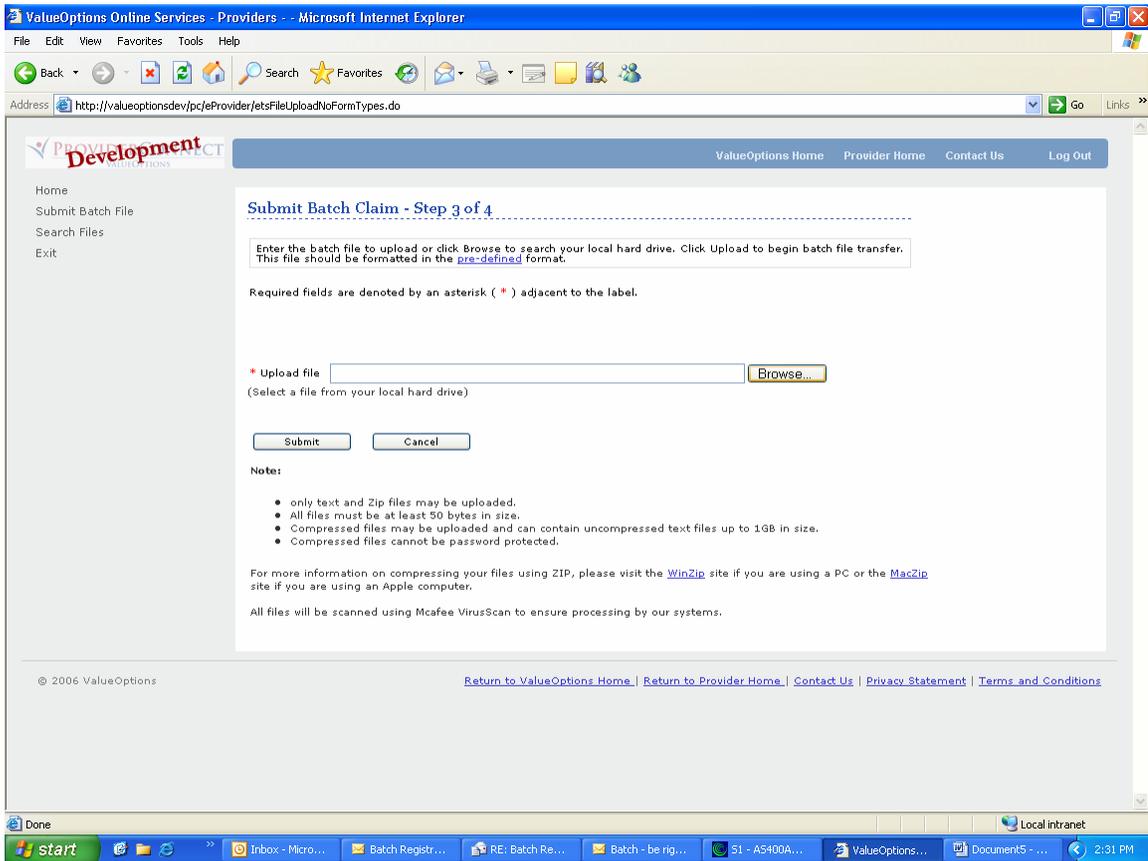
C. Select the 'BATCHREG' form type and click 'Next'



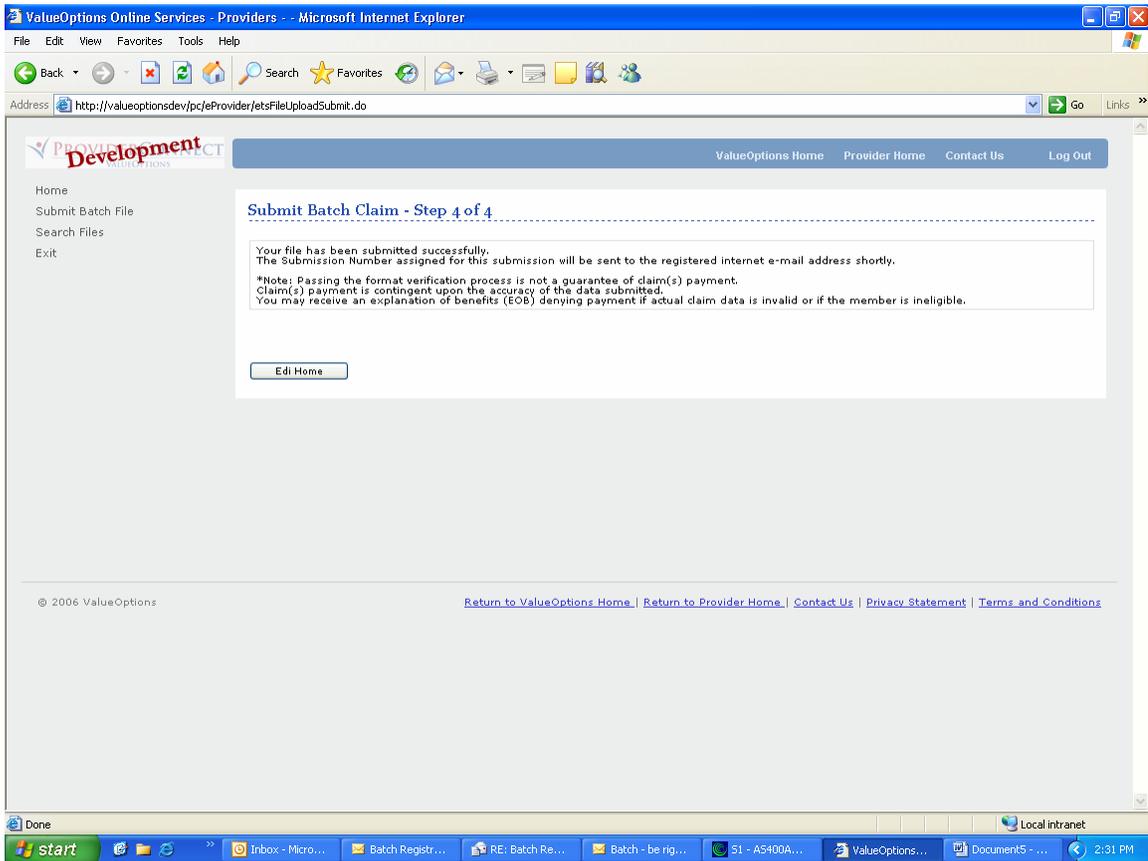
D. Click 'Next'



D. Click 'Browse' and attach the file. Once attached click 'Submit'



E. The below message will display indicating that the file was submitted successfully and that the email recipient attached to the account will receive an email with the file submission number.



Two emails will be generated once the file has been submitted. Example emails below. Please note the submission number that has been assigned to the batch registration as this submission number will be used on the response files.

First email:

-----Original Message-----

From: ets@valueoptions.com [mailto:ets@valueoptions.com]

Sent: Friday, August 29, 2008 12:35 PM

To: Provider, Illinois

Subject: EDI Submission Number

Your EDI File was successfully received from submitter 123456. The Submission ID is: 0088296061

Second Email:

-----Original Message-----

From: e-supportservices@valueoptions.com [mailto:e-supportservices@valueoptions.com]

Sent: Friday, August 29, 2008 12:35 PM

To: Provider, Illinois

Subject: EDI File Outcome

Your EDI File 0088296061 was successfully received from submitter 123456 and has passed initial validation. Once it has passed any additional validation needed, it will be transferred to the backend server for processing. Thank you for your submission!

File Errors

There are several conditions when met will cause the entire file to be rejected.

- If the file format is incorrect – error message will be 'INVALID FILE FORMAT'
- If there is no trailer record – error message will be 'NO TRAILER RECORD'
- If the trailer record position 11 is not numeric – error message will be 'TOTAL NUMBER OF RECORDS NOT NUMERIC'
- If the number in the trailer record does not equal the number of registration records - error message will be 'TOTAL NUMBER OF RECORDS NOT EQUAL TO TRAILER RECORD'

If any of the above conditions are met then a response file will be generated which will contain one record with the applicable error message indicated above.

The file name will be the submission number with the first zero replaced with '#' and an 'R' suffix.

Example:

Submission Number – 0088252927

Response file - #088252927R

Response Files

There could be up to three response files sent for each batch registration file if the registration file was not rejected. The file name will be the submission number with the first zero replaced with '#' and a one character suffix added.

- Summary File – 'R' suffix (If the file was rejected this is the only response file that will be sent for that submission)
- Accepted File - 'A' suffix
- Error File - 'E' suffix

Example: Submission Number – 0088252928

Summary file - #088252928R

Accepted file - #088252928A

Error file - #088252928E

The summary ('R') file will always be sent. The accepted and error file will be generated if there are registration records that are being reported on those files. For example if all the records were successfully loaded and there were no rejected records than the summary ('R') file and the accepted ('A') file will be generated. The error ('E') file will not be generated.

Summary File

The summary file will indicate if the registration record was accepted or rejected (error). The file layout will be the input file with the following fields added to the end of each registration record.

| Position From | Position To | Length | Field name | Description |
|---------------|-------------|--------|---------------------|--|
| 844 | 844 | 1 | Upload Status | This indicates the status of this registration record Valid values are: 0 = accepted 1 = rejected |
| 845 | 845 | 1 | Registration Status | Will only be present for records that have an upload status of '0' Valid values are: A = Approved |

The Trailer record submitted will be included and 2 additional records will be added to the end of the file. One record will report the number of accepted registrations and one record will report the number of rejected registrations.

| Position From | Position To | Length | Field name | Description |
|---------------|-------------|--------|------------|--|
| 1 | 10 | 10 | Accepted | Will always be 'Accepted' |
| 11 | 25 | 15 | Total | Total number of registration records accepted in this batch submission |

| Position From | Position To | Length | Field name | Description |
|---------------|-------------|--------|------------|--|
| 1 | 10 | 10 | Rejected | Will always be 'Rejected' |
| 11 | 25 | 15 | Total | Total number of registration records in error in this batch submission |

Accepted File

The accepted file will contain all registration records that were accepted.

On a transaction of an 'R' it will report all programs the consumer was enrolled in for that registration with the effective and expiration date for the fund and the status of all special programs requested.

On a transaction of an 'C' it will report all programs the consumer registration closed with the effective and expiration date for the fund and the status of all special programs requested.

On a transaction of a 'D' it will report one record with fund and the effective and expiration dates blank and the comment – 'Address Only Update Record submitted – Address has been updated'.

The file format will be the input file with the fields added to the end of the record to indicate the fund, effective date, expiration date and a comment, where applicable.

The registration record will be repeated for each fund the consumer was enrolled in or closed. For example if the consumer was enrolled in 3 funds then the registration record will be repeated 3 times.

| Position From | Position To | Length | Field name | Description |
|---------------|-------------|--------|---------------------|--|
| 844 | 844 | 1 | Upload Status | This indicates the status of this registration record Valid values are: 0 = accepted |
| 845 | 845 | 1 | Registration Status | All records will have 'A'. Valid values are: A = Approved |
| 846 | 849 | 4 | Program Code | Core or Special Program Code |
| 850 | 857 | 8 | Effective Date | Date on which the consumer became eligible for the program |
| 858 | 865 | 8 | Expiration Date | Date by which the consumer will need to be re-registered if the consumer is still receiving services |
| 866 | 965 | 100 | Comment | This field will indicate why a specific program requested was not accepted. |

Error File

The error file will contain all registration records that were rejected. If there is a critical error encountered only the critical error will be reported. If the record contains a non critical error then the all non critical errors will be reported by repeating the registration record for each error. For example, if the record contains 3 non critical errors then the registration record will be repeated 3 times.

The file format will be the input file with the fields added to the end of the record to indicate the error code and error description.

| Position From | Position To | Length | Field name | Description |
|---------------|-------------|--------|---------------------|--|
| 844 | 844 | 1 | Upload Status | This indicates the status of this registration record Valid values are: 1 = rejected |
| 845 | 845 | 1 | Registration Status | All records will be blank. |
| 846 | 848 | 3 | Error Code | A code assigned that indicates why the record was rejected |
| 849 | 948 | 100 | Error Description | Description of why the record was rejected |

Retrieving Response files

The response file(s) will be sent to ProviderConnect. This will result in the email recipient receiving email notification(s) that there are files available and ready for download.

If there was a file level error than one email will be sent. If the file was successfully loaded than up to three emails will be sent, one for each response file for that submission.

-----Original Message-----

From: e-supportservices@valueoptions.com [mailto:e-supportservices@valueoptions.com]

Sent: Friday, August 08, 2008 10:55 AM

To: Provider, Illinois

Subject: File Awaiting Download

You are receiving this e-mail because a file is now ready for submitter 123456 to download from Valueoptions #088296061R.txt. Providers may login and pick up their file from the following website:

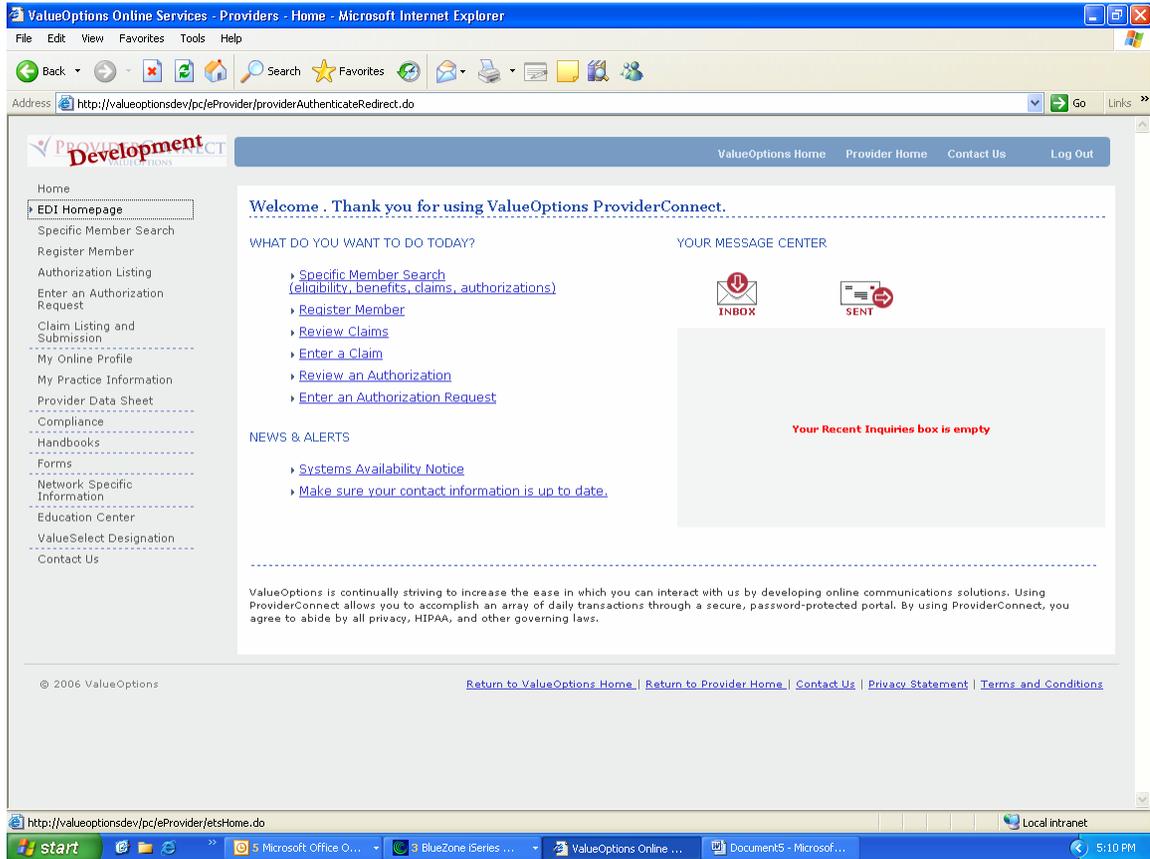
<http://www.valueoptions.com/eprovider>

Clients may login and pick up their file from the following website:

<http://www.valueoptions.com/eclient>

To retrieve the response files:

A. Log into the ProviderConnect application and click the 'EDI Homepage' option on the left hand side of the page



- B. The response files will appear under the heading of 'Incoming Files'. Click the hyperlink on the files for that submission. If there is only one response file for that submission number then the entire file was rejected. If the entire file was not rejected then there will be up to 3 response files.

Batch Submission. To submit files, select the "Submit Batch File" button below.

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to ValueOptions.
****Signature must be on file.**

Previous Claims File Batch Submissions

| Submission # | Result | Date Received | Form # |
|----------------------------|-------------------|------------------------------|----------|
| 0087305876 | Passed Validation | Wed Jul 30 17:17:20 EDT 2008 | BATCHREG |
| 0087305875 | Passed Validation | Wed Jul 30 17:16:22 EDT 2008 | BATCHREG |
| 0087305874 | Passed Validation | Wed Jul 30 16:22:01 EDT 2008 | BATCHREG |
| 0087305873 | Passed Validation | Wed Jul 30 16:18:38 EDT 2008 | BATCHREG |
| 0087305872 | Passed Validation | Wed Jul 30 16:15:58 EDT 2008 | BATCHREG |
| 0087305871 | Passed Validation | Wed Jul 30 16:13:37 EDT 2008 | BATCHREG |

Incoming Files

| File Name | Date Posted | File Size |
|---------------------------------|------------------------------|-----------|
| #087305874E.txt | Wed Jul 30 18:30:21 EDT 2008 | 2541 |
| #087305874E.txt | Wed Jul 30 18:30:18 EDT 2008 | 1900 |
| #087305874A.txt | Wed Jul 30 18:30:15 EDT 2008 | 4830 |

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C. Click the hyperlink on the file that to download it.

ValueOptions Online Services - Providers -- Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://valueoptionsdev/pc/provider/etsViewIncomingFiles.do>

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Development SOLUTIONS

Home
Submit Batch File
Search Files
Exit

View Incoming Files

To download a file: Click on the file name, the download will automatically begin and you will be prompted as to whether you received your file or not. Each file will remain on our server and can be downloaded as many times as you wish.

To delete a file: Click the box next to the file name, and then click the "Delete" link found at the bottom of the page. To delete all files, click the top box and then click the "Delete" link found at the bottom of the page.

| Select Files | File Name | Date Posted | Size |
|--------------------------|---------------------------------|------------------------|------|
| <input type="checkbox"/> | #087305874R.txt | 07/30/2008 06:30:21 PM | 2541 |
| <input type="checkbox"/> | #087305874E.txt | 07/30/2008 06:30:18 PM | 1900 |
| <input type="checkbox"/> | #087305874A.txt | 07/30/2008 06:30:15 PM | 4830 |

Delete

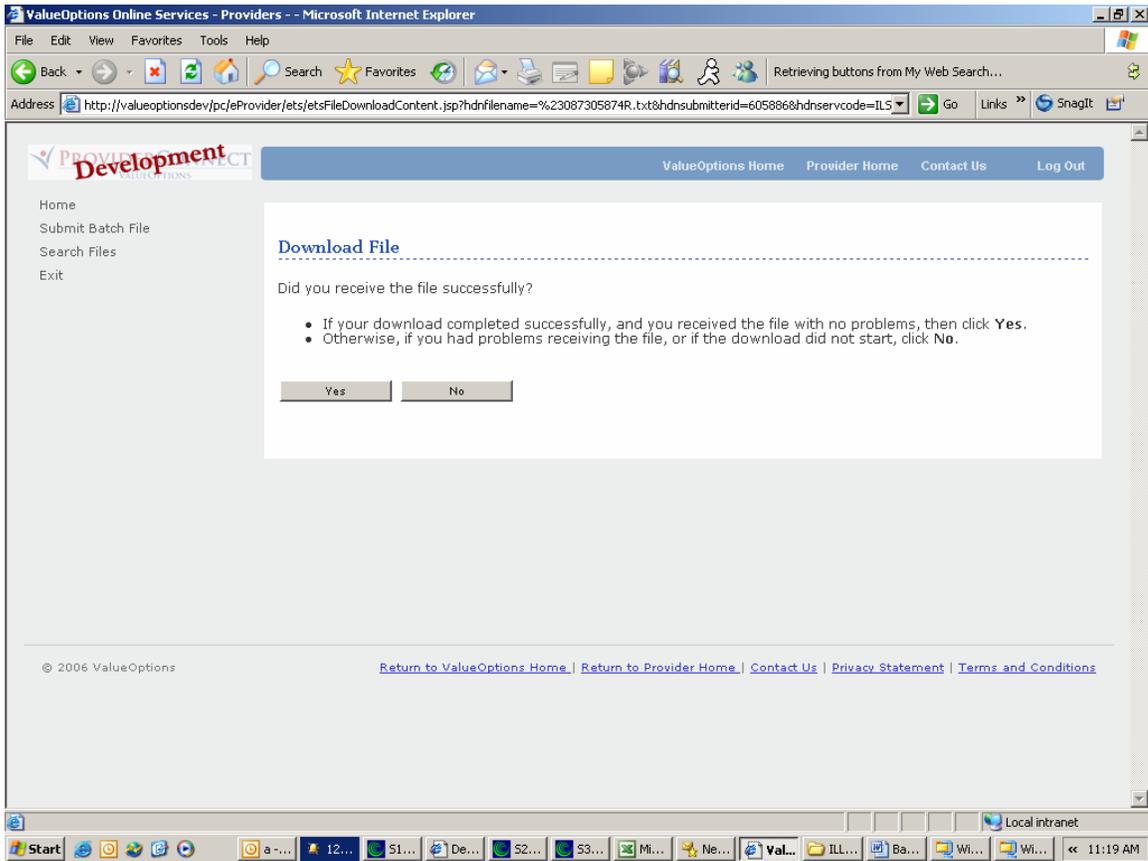
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javascript:downloadFile('#087305874E.txt','ILSC','605886')

Local intranet

Start a - ... 12 R... S1 - ... Dev... S2 - ... S3 - ... Micr... New ... Valu... ILL B... Batc... << 11:16 AM

D. The below screen will appear asking if the file was downloaded successfully.



- E. If the file was downloaded successfully then click Yes then the 'View Incoming Files' screen will appear. If the file did not download successfully then select no and the below screen will appear and the download can be tried again or downloaded directly.

