Illinois Provider Batch Registration File Specifications

Version 1.0

June 27, 2008

TABLE OF CONTENTS

Version 1.0 - **Published June 27, 2008**

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
> 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.

Shading Key within this document:

Fields auto filled
Data conditionally required based on other field(s)
Data optional
Input data as required

5

PROVIDER REGISTRATION ELECTRONIC SUBMISSION FILE SPECIFICATIONS

Position From	Position To	Length	Usage	Field name	Error Processing
1	10	10	R	Submitter ID	VOMIS ProviderConnect Submitter ID
11	25	15	R	Registering Provider ID	Must be valid provider ID in VOMIS.
26	29	4	R	Parent Code	Must be equal to ILL.
30	37	8	R	Registration Start Date	Start Date of this registration period for the Consumer Format: MMDDYYYY
38	52	15	R	Consumer ID	The consumer's recipient identification number (RIN). The Consumer ID must be found in the VOMIS database. Data for consumer (name, date of birth and name) must match what is one file in the VOMIS database.
53	61	9	R	Agency FEIN	The agency's nine digit Federal Employer Identification Number (FEIN). Value must be numeric.
62	76	15	N	Client ID	An unique ID number assigned by the agency to the consumer.
77	78	2	N	Satellite Code	This code is assigned by DHS for the agency. If no satellite code is assigned, 00 is used for this field. Valid values – 00 – 99
79	81	3	R	Medicaid Site ID	HFS assigned Medicaid site ID number where the consumer is registered. Non-Medicaid enrolled agencies report 000 for this field. Value must be numeric.
82	106	25	R	Last Name	The consumer's legal last name
107	121	15	R	First Name	The consumer's legal first name
122	122	1	N	Middle Initial	Middle initial of the consumer.

06/27/08

Position From	Position To	Length	Usage	Field name	Error Processing
123	125	3	N	Name Suffix	The name suffix if the consumer has one (Jr, Sr, III, etc)
126	133	8	R	Birth Date	The date on which the consumer was born. Must be valid date and not future date Format MMDDYYYY
134	142	9	C	Social Security Number	The consumer's SSN Required if Social Security Number Unknown or No Social Security Number indicators are blank. Provider may not submit any of the following values: 000000000 111111111 222222222 333333333 444444444 555555555 666666666 777777777 888888888 999999999 123456789 987654321
143	143	1	C	Social Security Number Unknown Indicator	Required if Social Security Number or No Social Security Number are blank.
144	144	1	C	No Social Security Number	Required if Social Security Number or Social Security Number Unknown are blank.
145	174	30	R	Mother's Maiden Name	Provider may submit UNKNOWN in this field.
175	175	1	R	Gender	Gender of the consumer. F - Female M – Male
176	200	25	R	Street Address Line 1	Provider may submit UNKNOWN in this field.
201	225	25	N	Street Address Line 2	
226	241	16	R	City	The current City of the consumer.

8

Position From	Position To	Length	Usage	Field name	Error Processing
					Provider may submit UNKNOWN in this field.
242	243	2	R	State	The current State of the consumer. If State is unknown, provider may submit ZZ in this field
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
249	252	4	N	Zip Code Suffix	The current last four positions of the zip code of the consumer.
253	255	3	R	Area of Residence -County	The Illinois county code where the consumer currently lives (or out-of-state/unknown code).
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.
258	263	6	R	Household Income	The total monthly income of all family consumers in the consumer's household. Range: 000000 - 999999 (Unknown). Value must be numeric.
264	269	6	R	Income Level	The total income of the consumer. Range: 000000 - 999999 (Unknown) Value must be numeric.
270	271	2	R	Household Size	The total number of persons in consumer's household, including the consumer. Range: 01 - 99 (Unknown). Value must be numeric.
272	273	2	R	Household Composition	The consumer's household composition. 10 -Lives alone 20 -Lives with one or more relatives 30 -Lives with non-related persons 99 -Unknown
274	275	2	R	Education Level	The highest grade level completed by the consumer. 00 - Never attended school __ - Last primary/secondary grade completed (0111) 20 - Preschool/kindergarten 30 - High School diploma 31 - General Equivalency Diploma (GED) 32 - Special Education Certificate of Completion 40 - Post-

9

Position From	Position To	Length	Usage	Field name	Error Processing
					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
276	276	1	R	Military Status	The military status of the consumer. 0 -Not a Veteran 1 -Veteran 2 -Currently on active duty 9 -Unknown
277	277	1	R	Marital Status	Marital status of the consumer. 1 -Never Married 2 -Married 3 -Widowed 4 -Divorced 5 -Separated 9 -Unknown, declines to specify
278	279	2	R	Employment Status	The current employment status of the consumer. 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
280	280	1	R	SSI-SSDI Eligibility	The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the consumer. 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
281	281	1	R	DFI-CFI Enrollment	The consumer's Donated Funds Initiative (DFI) or Contracted Funds Initiative (CFI) enrollment status. N -Not Applicable Y -Enrolled in DFI/CFI
282	283	2	R	Court / Forensic Treatment	Status of forensic/court-ordered treatment plans at the time of registration. 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
284	285	2	R	Race # 1	Race of consumer. 10 – White, 20 – Black/African American, 30 – Asian, 40 – American Indian/Alaskan Native, 50 – Native Hawaiian or other Pacific Islander, 99 – Unknown

10

Position From	Position To	Length	Usage	Field name	Error Processing
286	287	2	R	Race #2	Same description as for Race #1 above excluding code 99 (unknown) and including 98 (nothing to report)
288	289	2	R	Race #3	Same description as for Race #1 above excluding code 99 (unknown) and including 98 (nothing to report)
290	291	2	R	Race #4	Same description as for Race #1 above excluding code 99 (unknown) and including 98 (nothing to report)
292	293	2	R	Race #5	Same description as for Race #1 above excluding code 99 (unknown) and including 98 (nothing to report)
294	295	2	R	Hispanic Origin	Hispanic origin of a person of Spanish culture or origin, regardless of race. 00 - Not of Hispanic origin 11 - Mexican/Mexican American 12 - Puerto Rican 13 – Cuban 14 – Central American 18 – Other Hispanic 99 – Unknown, not classified
296	297	2	R	Language	Primary language of the consumer. 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
298	298	1	R	Citizenship	The citizenship status of the consumer. Y -U.S. Citizen N - Non-U.S. Citizen U -Unknown
299	299	1	R	Interpreter Services Needed	The type of interpreter services required by the consumer. 0 - Services Not Needed 1 - American Sign Language 2 - Foreign Language 9 - Unknown
300	301	2	R	MH Residential Arrangement	The consumer's primary residential situation while services

11

Position From	Position To	Length	Usage	Field name	Error Processing
					are being provided. 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
302	303	2	R	Justice System Involvement	The consumer's criminal justice system involvement at the time of case registration. Spaces if never reported. 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 Adults, 08 – Other, 09 - Unknown
304	305	2	N	Disaster Guest Type	Indicates the Disaster that brought the consumer to Illinois Hurricane Katrina (HK), Hurricane Rite (HR), NIU Incident (NI).
306	307	2	N	Disaster Guest State	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) Valid State abbreviation
308	310	3	N	Disaster County	The FIPS county Code where the consumer lived in their state
311	311	1	R	Consumer third party payor?	1 = Yes 0 = No
312	312	1	R	MH Residential Indicator	Designates whether the consumer is enrolled in the DHS funded MH Residential program. N -Not applicable Y - Enrolled in MH Residential
313	313	1	R	Special Program Enrollment Juvenile Justice Program	1 = Yes 0 = No If Yes - Verify provider is eligible for Juvenile Justice – If not eligible, then error and provider cannot register consumer for JJ

12

Position From	Position To	Length	Usage	Field name	Error Processing
314	321	8	C	Special Program Enrollment Juvenile Justice Program Begin Effective Date	MMDDYYYY Required if Special Program Enrollment Juvenile Justice Program is 1 (Yes) – Must be valid date
322	329	8	N	Special Program Enrollment Juvenile Justice Program End Date	MMDDYYYY This will be used for the termination date of the Juvenile Justice benefits for the consumer
330	330	1	R	Special Program Enrollment Comm Hosp Inpatient (CHIPS)	1 = Yes 0 = No If Yes - Verify provider is eligible for CHIPS
331	338	8	C	Special Program Enrollment Comm Hosp Inpatient (CHIPS) Begin Effective Date	MMDDYYYY Required if Special Program Enrollment CHIPS is 1 (Yes) – Must be valid date
339	346	8	N	Special Program Enrollment Comm Hosp Inpatient (CHIPS) End Date	MMDDYYYY This will be used for the termination date of the CHIPS benefits for the consumer
347	347	1	R	Special Program Enrollment PATH Grants	1 = Yes 0 = No If Yes - Verify provider is eligible for CHIPS
348	355	8	C	Special Program Enrollment PATH Grants Begin Effective Date	MMDDYYYY Required if Special Program Enrollment PATH Grants is 1 (Yes) – Must be valid date
356	363	8	N	Special Program Enrollment PATH Grants End Date	MMDDYYYY This will be used for the termination date of the PATH Grants benefits for the consumer
364	364	1	R	Consumer in residential program funded by DMH and operated by registering provider	0 = Not in Residential Program 1 = ICG

13

Position From	Position To	Length	Usage	Field name	Error Processing
					2 = Program 620 (Residential) 3 = Program 820 (Supported Residential) 4 = Program 830 (Supervised Residential) If 1 – 4 verify provider is eligible for that specific residential programs 1 – ICG, 2 – 620, 3 – 820, 4 – 830
365	372	8	C	Consumer in residential program Begin effective date	MMDDYYYY Required if Consumer in Residential program is 1 – 4
373	380	8	N	Consumer in residential program End date	MMDDYYYY This will be used for the termination date of the residential benefits for the consumer
381	381	1	C	Residential level of care	1 = Low intensity 2 = Medium intensity 3 = High intensity Required if Consumer in Residential program is 1 – 4
382	382	1	R	MH Diagnosis Code Type	The manual used for reporting diagnosis codes for Axis I and II. D –DSM-IV I –ICD-9-CM
383	387	5	R	MH Axis 1 Diagnosis 1	Valid diagnosis code Must be valid diagnosis for type indicated in MH Diagnosis Code Type
388	392	5	C	MH Axis 1 Diagnosis 2	Valid diagnosis code This is required if MH Principal Diagnosis Indicator is 'B' Must be valid diagnosis for type indicated in MH Diagnosis Code Type
393	397	5	C	MH Axis 1 Diagnosis 3	Valid diagnosis code This is required if MH Principal Diagnosis Indicator is 'C' Must be valid diagnosis for type indicated in MH Diagnosis

14

Position From	Position To	Length	Usage	Field name	Error Processing
					Code Type
398	402	5	C	MH Axis 2 Diagnosis 1	Valid diagnosis code This is required if MH Principal Diagnosis Indicator is 'D' Must be valid diagnosis for type indicated in MH Diagnosis Code Type
403	407	5	C	MH Axis 2 Diagnosis 2	Valid diagnosis code This is required if MH Principal Diagnosis Indicator is 'E' Must be valid diagnosis for type indicated in MH Diagnosis Code Type
408	412	5	C	MH Axis 2 Diagnosis 3	Valid diagnosis code This is required if MH Principal Diagnosis Indicator is 'F' Must be valid diagnosis for type indicated in MH Diagnosis Code Type
413	417	5	N	MH Axis 3 Diagnosis 1	Valid ICD-9 diagnosis code
418	422	5	N	MH Axis 3 Diagnosis 2	Valid ICD-9 diagnosis code
423	427	5	N	MH Axis 3 Diagnosis 3	Valid ICD-9 diagnosis code
428	428	1	R	MH Principal Diagnosis Indicator	The consumer's principal diagnosis for the focus of treatment. 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
429	429	1	R	Functional Scale Used	The functional scale used. Note: Scale selection will prescribe which consumer functioning information has been reported. If Children's Global Assessment Scale (CGAS) scale is used, the Child & Adolescent consumer functioning fields are populated; if Global Assessment of Functioning (GAF) scale is used, the Adult consumer functioning fields are populated. C -CGAS G -GAF
430	431	2	C	CGAS Score	Current functioning scale score as assessed in the

15

Position From	Position To	Length	Usage	Field name	Error Processing
					registration process. Valid Values: 01-99 If Functional Scale used is CGAS then this field is required.
432	433	2	C	Functioning -Children & Adolescents Self Care	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.
434	435	2	C	Functioning -Children & Adolescents Community	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.
436	437	2	C	Functioning -Children & Adolescents Social Relations	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.
438	439	2	C	Functioning -Children & Adolescents Family Relations	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.
440	441	2	C	Functioning -Children & Adolescents School	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.
442	443	2	C	Functioning -Adults	00 -consumer does not meet serious impairment criteria 01 -consumer meets serious impairment criteria

16

Position From	Position To	Length	Usage	Field name	Error Processing
				Social Group/School	If Functional Scale used is GAF then this field is required.
444	445	2	C	Functioning -Adults Employment	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.
446	447	2	C	Functioning -Adults Financial	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.
448	449	2	C	Functioning -Adults Community Living	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.
450	451	2	C	Functioning -Adults Supportive Social	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.
452	453	2	C	Functioning -Adults Daily Living Activity	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.
454	455	2	C	Functioning -Adults Inappropriate or Dangerous Behavior	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.
456	457	2	C	Functioning -Adults Previous Functional Impairment	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.

Position From	Position To	Length	Usage	Field name	Error Processing
458	458	1	C	LOCUS - Risk of Harm	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
459	459	1	C	LOCUS - Recovery-Environment-Stressor	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
460	460	1	C	LOCUS - Recovery Environment-Supports	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
461	461	1	C	LOCUS - Functional Status	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
462	462	1	C	LOCUS - Co-Morbidity	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
463	463	1	C	LOCUS - Recovery and Treatment History	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
464	464	1	C	LOCUS - Acceptance and Engagement	Locus fields are not required, however if one is filled in than all must be filled in. Valid values: 1-5
465	466	2	C	Level of Care Recommended - Assessors	Required if Locus fields are entered Level I (Recovery Maintenance and Health Management score 7 – 13): Level II (Low Intensity Community Based Services score 14 – 16): Level III (High Intensity Community Based Services score 17 – 19): Level IV (Medically Monitored Non-Residential Services score 20 – 22):

Position From	Position To	Length	Usage	Field name	Error Processing
					Level V (Medically Monitored Residential Services score 23 – 27): Level VI (Medically Managed Residential Services score 28 or more):
467	468	2	R	History of Illness - Continuous Treatment	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria
469	470	2	R	History of Illness - Continuous Residential	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria
471	472	2	R	History of Illness - Multiple Residential	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria
473	474	2	R	History of Illness - Outpatient	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria
475	476	2	R	History of Illness - Previous Treatment	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria
477	477	1	N	Evidence Based Practice – Supported Employment	1 = Yes 0 = No
478	478	1	N	Evidence Based Practice - IDDT	1 = Yes 0 = No
479	479	1	N	Evidence Based Practice – Medication Algorithm	1 = Yes 0 = No
480	480	1	R	Co-Occurring Disorders	Indicates whether or not the consumer has been screened for co-occurring mental illness/substance abuse disorders. Y -Yes N -No
481	488	8	R	MH Cross Disabilities Database –Form Completion Date	The date on which the MH cross disabilities database form was completed. Format: DDMMYYYY
489	490	2	R	MH Cross Disabilities Database –Primary Care Giver Age	The age of the primary care giver. Valid Value: 18-98 00 – Not Applicable 99 – Unknown
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. **01** – Residential/Living Arrangements **02** – Vocational Rehabilitation **03** – Transportation **04** – Medical **05** – Substance Abuse Treatment **06** – MH Case Management **07** – Hospitalization

19

Position From	Position To	Length	Usage	Field name	Error Processing
					90 – Other **99** – Unknown
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. 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
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. 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
497	526	30	C	MH Cross Disabilities Database -Type of Services Needed Other Description	Conditional on Type of Services needed 1, 2 or 3 being (90) OTHER.

Describes the type of services when Other (90) is selected for Type of Services Needed. |
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. **00** – Not Applicable **01** – Residential/Living Arrangements **02** – Vocational Rehabilitation **03** – Transportation **04** – Medical **05** – Substance Abuse Treatment **06** – MH Case Management **07** – Hospitalization **90** – Other **99** – Unknown
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. 00 – Not Applicable 01 – Residential/Living Arrangements 02 – Vocational Rehabilitation 03 – Transportation 04 – Medical 05 – Substance Abuse Treatment 06 – MH Case Management 07 – Hospitalization 90 – Other 99 – Unknown
531	532	2	N	MH Cross Disabilities Database –Type of Services Sought 3	The type of services sought by the consumer as determined by the consumer. 00 – Not Applicable 01 – Residential/Living Arrangements 02 – Vocational Rehabilitation 03 – Transportation 04 – Medical 05 – Substance Abuse Treatment 06 – MH Case Management 07 – Hospitalization 90 – Other 99 – Unknown
533	562	30	C	MH Cross Disabilities Database -Type of	Conditional on Type of Services Sought 1, 2 or 3 being

20

Position From	Position To	Length	Usage	Field name	Error Processing
				Services Sought Other Description	(90) OTHER. Describes the type of services when Other (90) is selected for Type of Services Sought. (Spaces if not applicable)
563	570	8	N	MH Closing Date	The date that the agency terminated its commitment to provide services to the individual. Spaces if consumer has not been closed. Format: MMDDYYYY
571	572	2	C	MH Closing Disposition	If MH closing date not spaces this is required. The disposition of the consumer at the point he/she stops receiving services. Spaces if consumer has not been closed. 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
573	573	1	C	Functional Scale Used at Closing	If MH closing date not spaces this is required The functional scale used. Spaces if consumer has not been closed. C -CGAS G -GAF
574	575	2	C	GAF/CGAS Score at Closing	If MH closing date not spaces this is required Current functioning scale score as assessed at the time of the case closing process. Spaces if consumer has not been closed. Valid Values: 00 - 99
576	577	2	N	Guardian 1 Type	Describes the relationship of the guardian or responsible person to the consumer. Valid values: 02 - Parent of minor child 0-17 05 - Plenary of Person
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
592	592	1	N	Guardian 1 Middle Initial	Middle initial of the guardian or responsible person
593	622	30	C	Guardian 1 Last Name	The last name of the guardian or responsible person

21

Position From	Position To	Length	Usage	Field name	Error Processing
					If Guardian 1 Type not spaces then required
623	662	40	C	Guardian 1 Address Line 1	Street or box number of the guardian or responsible person If Guardian 1 Type not spaces then required
663	682	20	C	Guardian 1 City	City of the guardian or responsible person
683	684	2	C	Guardian 1 State	Post Office abbreviation for State of the guardian or responsible person
685	689	5	C	Guardian 1 Zip Code	Postal zip code of the guardian or responsible person
690	693	4	N	Guardian 1 Zip Code Suffix	The last four positions of the zip code of the guardian or responsible person. (Optional)
694	701	8	N	Guardian 1 Appointment Date	The date of appointment as guardian by the court. Format: MMDDYYYY
702	709	8	N	Guardian 1 Termination Date	
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, **02** - Parent of minor child 0-17, **05** - Plenary of Person
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
726	726	1	N	Guardian 2 Middle Initial	Middle initial of the guardian or responsible person
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
757	796	40	C	Guardian 2 Address Line 1	Street or box number of the guardian or responsible person If Guardian 2 Type not spaces then required
797	816	20	C	Guardian 2 City	City of the guardian or responsible person
817	818	2	C	Guardian 2 State	Post Office abbreviation for State of the guardian or responsible person

22

Position From	Position To	Length	Usage	Field name	Error Processing
					Valid state code
819	823	5	C	Guardian 2 Zip Code	Postal zip code of the guardian or responsible person
824	827	4	N	Guardian 2 Zip Code Suffix	The last four positions of the zip code of the guardian or responsible person. (Optional)
828	835	8	N	Guardian 2 Appointment Date	The date of appointment as guardian by the court. Format: MMDDYYYY
836	843	8	N	Guardian 2 Termination Date	

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
26	843	820	R	Filler	blank