VERMONT

Department of Mental Health

Agency of Human Services

MSR Data Submissions

Version 51.5

Last Updated: June 19, 2017

Revision History

Date	Version	Description	Author
9/23/2006		Per the September DA/IT-MCIS meeting: Additions have been made to the documents addressing the allowable "blank & zero" issue as discussed.	Nancy Richard
10/4/2006		Modified DSM fields – DSM fields will only be edited for valid DSM codes if there are data in the field	Nancy Richard
12/21/2006		Added the following to DSM IV AXIS I & II: must be left-adjusted and padded with blanks	Nancy Richard
5/25/2007	4.0	Added the revision history page and included the Version number in the name of the document	Nancy Richard
7/13/2007	5.0	Per Enhancement Request #19666: Added new cost center = 73 Second Spring, new Primary Program Assignment = 13 CFC Elder Services, and new Program of Service = 13 CFC Elder Services. Added required/not required info for the new Program	Nancy Richard
7/30/2007	6.0	Per Enhancement Request #19747: Removed middle initial requirement from all Primary Programs, last name requirement for ADAP. #19902: Removed the Primary Program Assignment 13=CFC & Program of Service 13=CFC. Added Cost Center 74=Choices of Care, & Responsible for Fee-Primary Payer =74 Choices of Care.	Nancy Richard
8/10/2007	7.0	Per defect #20234: updated Town Code to be required by all primary programs. It is not a critical field.	Nancy Richard
8/22/2007	8.0	Updated the footer of the document to reflect its location on the ITS intranet. It was previously referencing it's ClearQuest location.	Paul Pratt
8/30/2007	9.0	Per defect #20421 – update client name, modifier, ssn, date of death, street address 1 & 2, city, state, zip code fields with "not state-funded" specs	Nancy Richard
9/24/2007	10.0	Per Enhancement Request #20621: Added 74 = Choices of Care to Responsible for Fee-Second Payer and to Responsible for Fee-Third Payer	Nancy Richard
10/15/2007	11.0	Per Enhancement Request #20932: Updated the name fields with regard to C&E recipient information Per Enhancement Request #20956: Removed DA 22=Transition II and 36=VSL from the valid Provider_ID list	Nancy Richard
10/22/2007	12.0	Per Enhancement Request #21017: Added Updates to DSM codes will be obtained by periodic extracts from PsychConsult to all DSM fields	Nancy Richard
		01/08/07 – Updated many of the edit checks to be more flexible on default values. All fields, including those checked as "CRT Reject" will be edited, but only the errors detected within the	
10/30/2007	13.0	Per Defect #21029 – Correct C&E required and critical check marks. Per discussion with Amy then Ed, removed all yellow high-lighting.	Nancy Richard
1/15/2008	14.0	Per Base Activity #22205 which compiled numerous outstanding document modifications as follow: (Task 21134) – During the MSR Autoload workgroup meeting, it was confirmed that Axis V, GAF score should have an edit that enforces valid values are 1-99 with 0 representing no information. Axis V, GAF Scores (Client Record Line 2, Column 25-26 and 30-31. (Task 21784) – Per Alice Maynard, the Family ID field is no longer used and can be removed from the Display Client Data function. It can also be removed from the MSR submission specs as agencies are no longer sending it. Please leave the row for this field and indicate that it is "reserved for future use". – Used the expression "NOT BEING USED" instead in order to be consistent with other unused fields.	Nancy Richard

		(Task 22077) – According to Tim (NE) they've got allot of Primary Program Assignment (PPA)=11(kids) records that are generating non-critical errors with regard to the 2nd & 3rd Responsible for Fee fields. NE is sending 00 in those fields because there is no 2nd or 3rd Responsible for Fee data. According to the October 30th Edits document, pages 9 & 10 both fields state: "…or there is not a 2nd or 3rd payer, it can also be blank or zero" – please change this to 00. (Task 22082) – Add a non-critical edit for the Primary Program Assignment Dates as follows: The PPA End Date (line 6, Col 57-64) must be equal to or greater than the PPA Effective Date (line 6, Col 49-56). (Task 22084) – On the client record, in the Source of Referral field (line2, column 60-61) change the description of code 26 "Institution for retarded" to "Developmental Services Facility/Institution". (Task 18333) – On page 13 of the document last updated April 16, 2007 REMOVE: (Some DAs always use the fiscal year begin date here instead of the sequential date) FROM: the Edit column for Column Name = Begin date of report. Health Care & Rehabilitative Services of Vermont is the DA that used fiscal year consistently. I've spoken with Warren Sergeant there and he said there wasn't a problem for him to conform. (Task 18867) – Per the May DA IT Directors meeting in Randolph, the following changes need to be made to the MSR submissions prior to July 1st These changes really only affect those DAs that are submitting ADAP data via the MSR (UCS and Rutland). I have outlined the changes below and have received program approval from MH and ADAP. From the MSR Document, Service Record Line 1, Column 35-35: ADAP Billable From the SATIS Document, #28: Payment Responsibility We currently have this defined as:1=Yes, 2=No We need to make a change to collect: A = Blue Cross/Blue Shield B = Private Insurance C = State (ADAP) D = Medicaid/Medicaid & VHAP E = Private Contract F = Corrections Contract G = SRS Contract H = School Contract I = Unknown From the MSR Document: Client Record Line 4, Columns 1-1 and 6-6 Number of Arrests at Intake and Number of Arrests at Discharge From the SATIS Document #36: Client Functioning We currently have this defined as: 0-9 We need to make a change to collect: 0-8 (Task 21130) – Per the MSR Autoload Workgroup meeting, the modifier field is really the client name suffix. Please add to the description of the field so that is clear. (Task 21140) – ITS proposed a new 'Primary Program Assignment' code for C&E Recipients (13). This will be used in editing data regarding C&E Recipients in order to strip out the names. Please update the MSR Specifications by adding a value to the PPA field (13 for C&E) and removing C&E from value 99. I believe that the PPA column in the document is still accurate. Also, the document needs to be changed for	

		Zip Code (Line 5 cols 66-74) because now it is required for state funded and non-state funded. (Task 21221) – Field:REFERRAL UPON DISCONTINUATION: Please mark an X for the following programs: CRT, MH-Kids MH_Adults Field: ACCOUNT NUMBER: Please mark an X for the following program: DS (Task 21225) – Field: CLIENT PAYMENT RESPONSIBILITY 98=100%: Please mark an X for the following programs: MH-Kids, MH_Adults AND – add "(Not State Funded)" to the description (Task 21227) – Please modify the description for the following fields: DSM-IV Axis I Primary DSM-IV Axis I Secondary DSM-IV Axis II Primary DSM-IV Axis II Secondary To say: "Must be left-adjusted and right-padded with blanks." (Task 21594) – In light of the new edit for Non- State Funded clients, it was determined that the Responsible for Fee – Primary field (Client Record, Line 1, Columns 30-31) should be a critical required field. This is the case for DS, ADAP, MH-KIDS, MH-ADULTS and CRT programs. Also, the DCF column can be removed from the document.	
1/16/08	15.0	Task #22276 – Update Revision History, add Processing notes	Nancy Richard
1/18/08	16.0	Task # 22321 – Removed "a <NULL> value, or" from the data exceptions section statement: General Note:	Nancy Richard
3/10/08	17.0	Modified the following data as follows: Last Name – indicate X for PPA = ADAP Zip Code, line 5 – change "Not required if..." to Required regardless of funding & Add: If Homeless, use zip code of the agency providing services Responsible for Fee Primary Payer – add 18 = DAIL to the edits Responsible for Fee Secondary Payer – add 18 = DAIL to the edits Responsible for Fee Tertiary Payer – add 18 = DAIL to the edits Begin Date of Report – indicate X for Critical End Date of Report – indicate X for Critical Diagnosis DSM-IV Axis II Secondary – remove "can be blank from edits Residential Arrangement at Intake – remove "Time to delete" – from description Discontinuation Statue – add "Date" to "If_____ Case Closed contains a date,..." in the edits Current SSI Eligibility – fix "on_e" to be "one" in edits, & remove "(not listed in 2005 spec...)" Primary Problem at Intake – add 14 = Other Tranquillizers & 15 = Barbiturates to the edits Secondary Problem at Intake – add 15 = Barbiturates to the edits Tertiary Problem at Intake – add 15 = Barbiturates to the edits Date of Transfer to ADAP Intensive Outpatient – indicate X for PPA = ADAP Date of discharge from ADAP – add "client" to "Can be blank or zero if the _____has not been..." Primary Problem at discharge – add 15 = Barbiturates Secondary Problem at discharge – add 15 = Barbiturates Tertiary Problem at discharge – add 15 = Barbiturates Type of Service Code – add I01 = transportation to edits. Date of Most Recent Review – remove comment about discussion & difficulty of collection	Nancy Richard
04/14/2008	18.0	Task # 23615 Per June Bascom and Bard Hill, change ARIS/DS site 'Champlain	Nancy Richard

		Vocational Services' to 'Champlain Community Services'. Added CVS (will chg to CCS upon MH_Autoload implementation) to the Provider_ID field where 17 = CVS Task # 23656 As a result of the Critical Edit testing, the following updates/corrections need to be made to the MSR Data Submissions document: 1. add processing notes regarding how validity & format editing will be handled 2. add processing notes regarding how fields Street Address 1, City, State, and Zip Code will be handled with regard to a client being HOMELESS 3. DOB – change "blank" to "zero" & add Primary Program Assignment (PPA) 13 as an additional exception 4. Gender – add "or zero", add PPA 13 as an additional exception, remove "If not specifically...blank zero" 5. Begin Date of Report – add "Report" 6. Name Fragment – add PPA 13 as an additional exception 7. Social Security Number – add PPA 13 as an additional exception 8. Social Security Number Suffix – add PPA 13 as an additional exception, add, "If SSN is present, SSN Suffix must be identical to the last 4 digits of the SSN" 9. Street Address 1 – remove "is not required if homeless...", add "OR Homeless", add "X" for DS, ADAP, MH_Kids, & MH_Adults. 10. Street Address 2 – remove "Not required...", remove all "X"s 11. Zip Code – remove "If not specifically required by a program it can also be blank, or zero"	
4/15/2008	19.0	Task # 23666 Update the Diagnosis DSM-IV Axis II Secondary edit to be identical to the Axis I Secondary & Axis II Primary edits. Update Processing Notes to clarify when records, but not the entire file, will be rejected.	Nancy Richard
5/6/2008	20.0	Task #23887 – added file-naming conventions & Upload/Download site information Task #23729 – corrected the Diagnosis code edit information with regard to Primary Program Assignment = DS (02). Task #23901 – indicated NOT BEING USED for Service Record columns 41-42 (Total number of individuals seen in each direct family contact) Updated Date of Death edit info, Data Default & Exception info.	Nancy Richard
5/22/2008	21.0	Defect #24059 – Updated : Pregnant at time of admission Pattern and frequency of use improved Degree of physical and/or psychological dependence improved Medicaid Billing Number Account Number Date of transfer to ADAP Outpatient program Date of transfer to ADAP Residential program Number of arrests at intake Number of arrests at discharge Employment Status at discharge Primary Problem at discharge Secondary Problem at discharge Tertiary Problem at discharge Primary problem usual route of administration at discharge Secondary problem usual route of administration at discharge Tertiary problem usual route of administration at discharge Primary problem frequency of use at discharge	Nancy Richard

		Secondary problem frequency of use at discharge Tertiary problem frequency of use at discharge	
6/5/2008	22.0	Enhancement #24193 – Remove DS-specific info from Diagnosis Axis I & II fields	Nancy Richard
7/24/2008	23.0	Defect #24383 – modified the description for the field, Date of Most Recent Review. Defect #24781 – corrected the 1-digit options listed in the Edits column to be 2-digits with leading zeros. Added 2 new BLANK fields to define 2 missing positions in line 2 of the Client record. Additionally, all fields with the description "Not Being Used" have been given "Blank" as their column name instead of leaving outdated information as the column name. Specifically, in the Client Record, I replaced: Line 2, 32-32's column name, "Client Status" with "Blank" Line 2, 36-40's column name, "Statewide MH/DS patient/client identifier" with "Blank" Line 2, 46-46's column name, "ADAP Transfer" with "Blank" And, in the Service Record, I consolidated Blank columns 41-42 and 43-49 into a single Blank field as columns 41-49 since they were next to each other and I replaced the outdated column names: in positions 41-42's "Total number of individuals seen in each direct family contact" with "Blank" in positions 43-49's column name, "Family ID #' with "Blank" By doing this, the document handles empty fields consistently and can more efficiently aids in knowing what space is available, should the need arise to add additional data elements.	Nancy Richard
8/26/2008	24.0	Defect #25116 – removed the following from the Service Record, Account Number field, columns 51-62: (This is the same number found in line 6, columns 37- 48 of the related Client Record.)	Nancy Richard
9/4/2008	25.0	ER # 25056 – update the possible race value to reflect "White" instead of "White, including French Canadian"	Anna Roesner
11/3/2008	26.0	Defect #25592 – update the abbreviation for Rutland and adjust the Name of the agency on many of the DAs.	Paul Pratt
12/2/08	27.0	ER #25927 – added duplicate rules to the processing notes.	Paul Pratt
12/2/08	28.0	Defect #25935 – fixed typo in SSN suffix field	Paul Pratt
12/8/08	29.0	ER#25939 – clarified edit on First, Mid, Last Name fields as to what characters are allowed.	Paul Pratt
12/23/08	30.0	Defect #26123 – fixed typo in Disenrollment Reason	Paul Pratt
2/11/09	31.0	ER #26025 – modified the 'Date Case Opened', 'Date Case Closed', 'PPA Effective Date', and 'End Date' descriptions .	Ann Roesner
02/19/09	32.0	ER #24213 – modified #3 col 49-54 edit. Defect #26580 – fixed Northwest Counseling's abbreviation from NW to NC. Also fixed CV to reflect the proper description of Champlain Community Services and corrected typo in phrase "yy is the 2 digit calendar year" from the same section. Lastly updated the whole table to use the same abbreviations as #1 col 11-12.	Paul Pratt
05/13/09	33.0	Defect #26245 – modified #2 col. To remove 99999 as a valid entry	Nancy Rowell
07/02/09	34.0	ER #27904 – modified wording of Name Fragment ER #27972 – added new cost center 75 ER #27972 – made Cost Center and Type of Service critical edits for certain programs	Paul Pratt
09/17/09	35.0	ER#28532 – added wording to the processing notes section for how to	Paul Pratt

		handle action code D records.	
09/17/09	36.0	Defect #28792 – corrected data element placement in action code D	Paul Pratt
09/24/09	37.0	ER #28850 – changed the bridge center cost center to 76	Paul Pratt
09/28/09	38.0	ER #28906 – changed inpatient field to refer to the "Previous Treatment by Mental Health Facility of Any Kind" field rather than the "Previous Treatment by this Organization" field.	Paul Pratt
12/10/09	39.0	ER #29544 – changed Name Fragment wording ER #29525 – Add column for Reference Number	Paul Pratt
01/21/10	40.0	ER #30013 – From processing notes section the Count and Family seen were removed as required items for submitting a service for deletion using Action Code D	Paul Pratt
02/01/10	41.0	ER #30103 – added Reference Number to items required for submitting a service for deletion using Action Code D	Paul Pratt
6/15/10	42.0	Added Cost Center 77 for Meadowview Changed Headers and Footers for DMH	Amy Guidice
7/15/10	43.0	Changed Medicaid Billing Number Requirements Added MBN to List of Fields Required for State Funded Clients	Amy Guidice
11/23/10	44.0	Added Cost Center 80 (CIS)	Amy Guidice
2/22/11	45.0	Added Cost Centers 78/79 (FIN ONLY) Added Cost Centers 81 (SFI) and 82 (Community Initiatives	Amy Guidice
3/24/11	46.0	Added Location Code B for Telemedicine	Amy Guidice
4/28/11	47.0	Added Residential Cost Centers (HC and WC Only) Clarified Cost Centers 65, 66 (HC and WC Only)	Amy Guidice
7/16/12	48.0	Corrected PNMI abbreviation Added Referral Upon Discontinuation Code 09 Added Cost Cntrs and Serv. Codes for IFS CSAC Pilot Added A02 for Success Beyond Six CSAC Pilot	Amy Guidice
9/27/12	49.0	Added Cost Center 90 for Hilltop (HCRS Only)	Amy Guidice
4/9/13	50.0	Clarified Cost Center 66 (Heaton St, WC Only)	Amy Guidice
3/14/14	51.0	Added fields to accommodate ICD-10 codes	Brenda Hudson
8/8/2014	51.1	Clarified business rules for ICD-10 implementation. Added two new fields to the Client data set	Brenda Hudson
9/24/2014 9/24/2014 9/24/2014	51.2	Added Cost Center 92 Reach Up Added Cost Center 93 Peer Crisis Bed (WCMH) Added Cost Center 94 Applied Behavior Analysis	Jessica Whitaker
12/1/2014		Added Cost Center 91 Youth in Transition Added Cost Center 95 Assist (HC)	Jessica Whitaker
1/30/2015		Added Cost Center 44 Soteria (PW) Added Cost Center 46 Wellness Co-op (PW) Added Cost Center 47 Vermont Support Line (PW) Added Cost Center 48 Housing First (PW)	Jessica Whitaker
6/6/16		Updated formatting for document Added Cost Center 96 Maplewood Recovery	Jessica Whitaker
9/16/16		Updated formatting for document Added Cost Center 97 Oasis House	Jessica Whitaker
6/13/17		Added Cost Center 98 Chris's Place Added Service Code N01 Communication Support Added Service Code N02 Other Supportive Services	Jessica Whitaker

Table of Contents

Introduction 1
Data Default Values 1
Special Note for ADAP Submissions 2
Data Exceptions for Client Record 2
Definition of State Funded versus Non-State Funded 2
File-Naming Conventions 3
File Locations 4
Processing Notes 4
MSR Submission File Layout: Client Level 6
Record Identifier 6
Client_ID 6
Provider_ID 6
Primary Program Assignment 6
DOB 6
Gender 6
Gross Annual Family Income at Intake 7
Client Payment Responsibility 7
Individuals on Income 7
Responsible for Fee – Primary Payer 8
Responsible for Fee – Second Payer 8
Responsible for Fee– Third Payer 9
Diagnosis DSM-IV Axis I Primary 9
Marital / Family Problem 10
Social / Interpersonal Problem 10
Coping Problem 10
Medical Somatic Problem 10
Depression or mood disorder 10
Attempt, threat or danger of suicide 11
Alcohol 11
Drugs 11
Eating disorder 11
Thought disorder 11

Involvement with criminal justice 11
Abuse / assault /rape victim 12
Runaway behavior 12
Condition on termination 12
Begin date of report 12
End date of report 12
C & E recipient type 12
Date of 'Income at Intake' 14
Date case opened 14
ICD-9 14
ICD-10 14
Date case closed 14
Diagnosis DSM-IV Axis I Secondary 14
Diagnosis DSM-IV Axis II Primary 15
Diagnosis DSM-IV Axis II Secondary 15
Diagnosis DSM-IV Axis 5 – current level of functioning 16
Diagnosis DSM-IV Axis 5 – level of functioning at admission 16
Name fragment 16
Previous treatment by mental health organization of any kind 16
Previous treatment within the past year 16
Previous treatment by this organization 17
Inpatient 17
Residential 17
Partial Day 17
Outpatient 18
Case Management 18
Emergency 18
Race 19
Hispanic Origin 19
Marital Status 19
Zip code of residence at admission to this organization 19
Veteran Status 19
Legal Status 20
Source of Referral 20
Residential Arrangement at Intake 21

Living Arrangement at Intake 21
SSI Eligibility at Intake 22
Discontinuation Status 22
Referral upon discontinuation 23
Current primary therapist or case manager 24
Zip code of current residence 24
Current residential arrangement 24
Current living arrangement 24
Current SSI Eligibility 25
Current Gross Annual Family Income 25
Date of most recent review 25
ADAP Program of Service 25
ADAP Client Identifier 26
Significant Other 26
Number of prior admissions to treatment 26
Primary Problem at intake 26
Secondary Problem at intake 27
Tertiary Problem at intake 27
Primary problem, usual route of administration at intake 28
Secondary problem, usual route of administration at intake 28
Tertiary problem, usual route of administration at intake 28
Primary problem frequency of use at intake 29
Secondary problem frequency of use at intake 29
Tertiary problem frequency of use at intake 29
Age of first drug use as related to the primary problem reported 30
Age of first drug use as related to the secondary problem reported 30
Age of first drug use as related to the tertiary problem reported 30
Use of methadone as part of treatment 30
Level of education at time of intake 30
Pregnant at time of admission 30
Employment Status 31
Date of transfer to ADAP Intensive Outpatient 31
Date of transfer to ADAP Outpatient program 32
Date of transfer to ADAP Residential program 32
Date of discharge from ADAP 32

Number of arrests at intake 32
Social Security Number Suffix 32
Number of arrests at discharge 32
Social Security Number Suffix 32
Level of education at time of discharge 33
Employment Status at discharge 33
Primary Problem at discharge 33
Secondary Problem at discharge 34
Tertiary Problem at discharge 35
Primary problem, usual route of administration at discharge 35
Secondary problem, usual route of administration at discharge 35
Tertiary problem, usual route of administration at discharge 36
Primary problem frequency of use at discharge 36
Secondary problem frequency of use at discharge 36
Tertiary problem frequency of use at discharge 37
Pattern and frequency of use improved 37
Degree of physical and/or psychological dependence improved 37
First Name 38
Middle Initial 38
Last Name 38
Modifier 38
Social Security Number 38
Date of Death 38
Social Security Number Suffix 39
Street Address 1 39
Street Address 2 39
City 39
State 39
Town Code 39
Medicaid Billing Number 39
Account Number 40
Primary Program Assignment Effective Date 40
Primary Program Assignment End Date 40
Birth Year Prefix 40
Diagnosis ICD-10 Primary 40

Diagnosis ICD-10 Secondary 41
Diagnosis ICD-10 Tertiary 41
Diagnosis ICD-10 Quaternary 41
MSR Submission File Layout: Service Level 42
Record Identifier 42
Action Code 42
Date of Service 42
Duration of Service 42
Program of Service 43
Cost Center 44
Type of Service Code 45
Location Code 47
Count 47
ADAP Billable 47
Staff member ID# 47
HIV Information 47
Given 47
Account Number 48
Reference Number 48
Service Primary Diagnosis ICD-10 48

Introduction

This document contains all data elements that make up the dataset for the MSR submission. Each data field is listed in the Table of Contents by its relative position in the dataset, along with its name, description, the edit criteria applied, and an indicator specifying which programs require the field.

When this data is submitted to the Health Department by the Designated Agency, it will be detected and edited through an automated process. The completed editing process will generate error reports and a notice to the Designated Agency informing them the editing is complete, and stating whether the data was accepted.

Two error reports will be generated and placed in the secure FTP site. The first contains critical errors that resulted in the file being rejected and non-critical errors that should be corrected for subsequent submissions. The second report contains those records that were flagged as rejected.

The following conditions apply to all records, and describe the minimum acceptable dataset for a specific client. Failure to comply with these criteria will result in a rejected data file.
NOTE: See the 'Processing Notes' for further explanation regarding acceptance or rejection of MSR Submission files.

All records must contain these data elements except in the two listed, specified exception scenarios.

Data Default Values

Required for ALL CLIENT RECORDS unless the data falls into one of the 2 exception categories:

Record ID

Client ID

Provider ID

Start Date of Report

End Date of Report

DOB – For those programs where the DOB is required, in <1% of the cases, the DOB is either unavailable or not provided by the patient. In those instances, the Year of Birth will be set to 01/01/1900, resulting in the DOB field having a value of 000101 (yymmdd)

Gender

Name Fragment

SSN – For those programs where the SSN is required, in <1% of the cases the SSN is either unavailable or not provided by the patient. In those instances, the SSN is to be coded as 999999999

SSN Suffix - For those programs where the SSN is required, in <1% of the cases the SSN Suffix is either unavailable or not provided by the patient. In those instances, the SSN Suffix is to be coded as 9999

Birth Year Prefix – Refer to the above note for DOB. If the DOB is unavailable or not provided and the DOB has been set to 000101, then the Birth Year Prefix will have a value of 19

Primary Program Assignment

Special Note for ADAP Submissions

ADAP Information – Only those DA's who submit ADAP data using the MSR dataset will have their data edited according to the specifications. All other DA's will need to follow the same coding structure, except blanks and zeros will be accepted for all ADAP related fields. The providers who currently submit ADAP data using the dataset are 08, Rutland Mental Health (RMH) and 09, United Counseling Services (UCS).

Data Exceptions for Client Record

Data Exception 1: If the Primary Program Assignment is '09' (Emergency) required fields are:

Client ID
Provider ID
Record ID
Start Date of Report
End Date of Report

Data Exception 2: If the Primary Program Assignment is '13' (C&E Recipient) required fields are:

Client ID
Provider ID
Record ID
Start Date of Report
End Date of Report
C&E Recipient Type

General Note: If a field is required, or is provided, then it will be edited to ensure that it meets the criteria established within this document. If a field is not required, and it is not provided, blank, and in most cases, a zero is acceptable.

Definition of State Funded versus Non-State Funded

1 – If the 'Client Payment Responsibility' (Client Record, Line 1, Column 27-28) is '98', the client is considered NOT STATE FUNDED and the applicable fields listed below are NOT REQUIRED. If any other value is sent for Client Payment Responsibility, the funding is determined as follows:

2 – If the following values are sent for any of the three 'Responsible for Fee' fields (Client Record, Line 1, Columns 30-31, 32-33, 34-35), the client is considered STATE FUNDED. Otherwise, the client is considered NOT STATE FUNDED.

01 Medicaid
04 Medicaid Waiver
05 Organization to Absorb Total Cost, No Insurance

07 Medicare or Title VIII
08 Veteran's Administration
11 ADAP
12 Division of Mental Health
13 Vocational Rehab
14 DCF
15 PNMI
16 Schools
17 Managed Medicaid (VHAP)
74 Choices for Care

Fields not required for non-state funded clients:

Client First Name	Client Record, Line 4, Columns 29-39
Client Middle Initial	Client Record, Line 4, Column 40
Client Last Name	Client Record, Line 4, Columns 41-55
Modifier (Client Name Suffix)	Client Record, Line 4, Columns 56-58
Street Address 1	Client Record, Line 5, Columns 1-24
Street Address 2	Client Record, Line 5, Columns 25-48
City	Client Record, Line 5, Columns 49-63

Fields required for non-state funded clients (see MSR Data Submissions for complete list):

Name Fragment	Client Record, Line 2, Columns 33-35
Gender	Client Record, Line 1, Column 21
Date of Birth	Client Record, Line 1, Columns 15-20
Social Security Number Suffix	Client Record, Line 4, Columns 76-79
Zip Code	Client Record, Line 5, Columns 66-74
Town Code	Client Record, Line 5, Columns 75-77

File-Naming Conventions

MSR Data Submission files are to be named using the following format: *ccyymmms.dat*

Where cc is the 2 letter clinic identifier, yy is the 2 digit calendar year, mm is the 2 digit month

An example would be: Northeast Kingdom Human Health Service submission for March 2008: *NE0803ms.dat*

Table containing 2-Letter Abbreviation information

DA/SSA Abbreviation	2-Letter Abbreviation	Provider_ID	Name of Agency
CSAC	CS	01	Counseling Service of Addison County

DA/SSA Abbreviation	2-Letter Abbreviation	Provider_ID	Name of Agency
NCSS	NC	02	Northwest Counseling and Support Services
HCHS	HC	03	Howard Center
LCMH	LC	04	Lamoille County Mental Health
HCRS	SE	05	Health Care & Rehabilitation Services of Southeast Vermont
NEKHS	NE	06	Northeast Kingdom Mental Health Services
CMC	CM	07	Clara Martin Center
RMHS	RM	08	Rutland Mental Health Services
UCS	UC	09	United Counseling Services
WCMH	WC	10	Washington County Mental Health Services
PTHW	PW	50	Pathways to Housing
NFI	NF	11 – (DS)	Northeastern Family Institute
UVS	UV	12 – (DS)	Upper Valley Services
LI	LI	14 – (DS)	Lincoln Street
SAS	SA	16 – (DS)	Sterling Area Services
CVS	CV	17 – (DS)	Champlain Community Services
SCC	SC	18 – (DS)	Specialized Community Care
FAM	FF	35 – (DS)	Families First

File Locations

DAs send, "upload" their files via the top right pane of: https://webmail.vdh.state.vt.us/upload/ and those uploaded files go to: \\ddmhs-net\dataupload .

Mental Health and ITS send, "download" files to the DAs via the bottom pane of https://webmail.vdh.state.vt.us/upload/ and those files go to: \\ddmhs-net\MCISDATA\Download .

Processing Notes

The following table lists and defines all possible data elements by record type, including line and column position, within the MSR Submission file. Columns 'Critical, DS, CRT, ADAP, EMERGENCY, MH-KIDS, MH-ADULTS and C&E RECIP' are used to indicate fields required by specific Vermont Department of Health (VDH) programs and whether or not submission of that data is critical to the program.

An 'X' in a program column indicates that valid data must be sent in that field. An 'X' in the 'Critical' column indicates that if valid data is not sent in that field, *the entire MSR submission file will be rejected* and a report indicating both critical and non-critical errors will be generated, placed in the Designated Agency's (DA) download folder, and the DA will be notified via e-mail.

If there is not an 'X' in a program column but data is sent, the data will be validity-checked and if invalid data exists, *the MSR submission file will be loaded* into the VDH database with the invalid data changed to blank or zero as appropriate. A report indicating non-critical errors will be generated, placed in the Designated Agency's (DA) download folder, and the DA will be notified via e-mail.

There are a few instances where individual records will be rejected and written into a 'reject table' instead of rejecting the entire MSR submission. A report indicating rejected records will be generated, placed in the Designated Agency's (DA) download folder, and the DA will be notified via e-mail.

Examples follow:

- When more than a single matching record is found in the VDH database for a single Provider ID / Client_ID, combination.
- When more than a single matching record is found in the VDH database for a single Date of Birth / Social Security Number combination.
- When more than a single matching record is found in the VDH database for a single C&E Recipient (organization).

Homeless - If a client is homeless, the "Residential Arrangement at Intake" field, line 2, columns 62-63, must contain code "11" indicating "On the street or in a shelter for the homeless", even though the "Residential Arrangement at Intake" field is not a "critical" edit field. If the "Residential Arrangement at Intake" field does not contain an "11", when "critical" edits are run against field "Street Address 1", line 5, columns 1-24, "City", line 5, columns 49-63, and "State", line 5, columns 64-65 fields, and finds any one of them to contain "Blanks, since homeless clients are always state-funded, a critical error will generate, and the entire submission file will be rejected.

The file is checked for duplicate client ids, if duplicates are found the file will be rejected. The duplicates are defined as records within the submission file that have the same client id but other identifying information fields (SSN, SSN Suffix, Gender, Names, name fragment and Date of Birth) are different. Records with matching client id and identifying fields are deemed OK if they adhere to one of the following cases:

- If the PPA is the same, but one has a close date and one does not
- If the PPA is the same, but open and close dates are different
- If the PPA is the same, both closed dates cannot be blank
- If primary program assignment values are different

When submitting a service for deletion using Action Code D (Service Record, Line 1, Col 2-2), the following fields submitted for the service with the D code must exactly match those submitted for the original service: (ServiceDate, Duration, CostCenter, TypeCode, LocationCode, BillADAP, StaffID, HIVInfo, AccountID, Reference Number). If the fields do not match, the service with the D code will be rejected and the original service will remain intact.

MSR Submission File Layout:
Client Level

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
1	1-1	Record Identifier	Indicates that the data in this record is Client data	Must be a 1	X	X	X	X	X	X	X	X
1	2-10	Client_ID	A unique number assigned to a client by a DA	Cannot be zero Cannot be blank Must be numeric	X	X	X	X	X	X	X	X
1	11-12	Provider_ID	A unique number assigned to a DA by DMH	Cannot be 00 Cannot be blank Must be one of the following: 01 = CSAC 02 = NCSS 03 = HCHS 04 = LCMH 05 = HCRS 06 = NEKHS 07 = CMC 08 = RMHS 09 = UCS 10 = WCMH 11 = NFI 12 = UVS 14 = LI 16 = SAS 17 = CCS 18 = SCC 19 = ARIS 35 = FAM 50 = PTHW	X	X	X	X	X	X	X	X
1	13-14	Primary Program Assignment	A number representing the primary program to which the client is assigned	Cannot be 00 Cannot be blank Must be one of the following: 02 = DS 04 = CRT 05 = ADAP 09 = EMERGENCY 11 = MH-Children 12 = MH-Adults 13 = C&E Recipient 99 = NONE	X	X	X	X	X	X	X	X
1	15-20	DOB	The date of birth of the client receiving the service.	Cannot be zero unless the Primary Program Assignment is 09, 13, or 99 Must be in YYMMDD format Code 000101 if unknown	X	X	X	X		X	X	
1	21-21	Gender	The gender of the client	Cannot be blank or zero unless the Primary Program Assignment is 09, 13, or 99	X	X	X	X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				Must be one of the following: 1 = Male 2 = Female 9 = Unknown								
1	22-26	Gross Annual Family Income at Intake	The actual gross annual income amount of the family, or a numeric code representing indicating why the actual gross annual income amount is not included upon intake	Cannot contain a decimal Must be the actual dollar amount rounded to the nearest whole dollar from 00000 – 99989 or one of the following codes: 99990 = $99,990.00 or more 99991 = Medicaid Client or Data not collected 99992 = Client refused to provide income 99993 = Pending 99994 = Data not collected for clinical reasons 99999 = No information If not specifically required by a program it can also be: Blank Zero				X		X	X	
1	27-28	Client Payment Responsibility	A pre-defined number used to represent the percentage of payment the client will be responsible to pay	Must be one of the following: 01 = No Charge 05 = 5% up to but not including 10% 10 = 10% up to but not including 15% 15 = 15% up to but not including 20% 20 = 20% up to but not including 25% (this pattern continues through 90 for 90% up to but not including 100%) 98 = 100% 99 = undetermined % If not specifically required by a program it can also be: Blank Zero						X	X	
1	29-29	Individuals on Income	A pre-defined number used to represent the number of individuals living on the Gross Annual Family Income at Intake amount	Must be one of the following: 1 = one 2 = two 3 = three 4 = four 5 = five 6 = six 7 = seven or more than 7 9 = Unknown If not specifically required by a program it can also be: Blank						X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				Zero								
1	30-31	Responsible for Fee – Primary Payer	A pre-defined numeric code used to categorize the person or organization responsible for paying for services	Must be one of the following: 01 = Medicaid 02 = Any private insurance company 03 = Self-pay, no insurance 04 = Medicaid Waiver 05 = Organization to absorb total cost, no insurance 06 = Contract with Employee Assistance 07 = Medicare or Title VIII 08 = Veteran's Administration 09 = CHAMPUS 10 = Worker's compensation 11 = ADAP 12 = Division of Mental Health 13 = Vocational Rehabilitation 14 = DCF 15 = PNMI 16 = Schools 17 = Managed Medicaid (VHAP) 18 = DAIL 74 = Choices for Care 99 = Client refused to provide the information or Unknown If not specifically required by a program it can also be: Blank Zero	X	X	X	X		X	X	
1	32-33	Responsible for Fee – Second Payer	A pre-defined numeric code used to categorize another person or another organization responsible for paying for services	It must be one of the following: 01 = Medicaid 02 = Any private insurance company 03 = self-pay, no insurance 04 = Medicaid Waiver 05 = Organization to absorb total cost, no insurance 06 = Contract with Employee Assistance 07 = Medicare or Title VIII 08 = Veteran's Administration 09 = CHAMPUS 10 = Worker's compensation 11 = ADAP 12 = Division of Mental Health 13 = Vocational Rehabilitation 14 = DCF 15 = PNMI 16 = Schools 17 = Managed Medicaid (VHAP)		X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				18 = DAIL 74 = Choices for Care 99 = Client refused to provide the information or Unknown If not specifically required by a program or there is not a second payer, it can also be: Blank 00								
1	34-35	Responsible for Fee– Third Payer	A pre-defined numeric code used to categorize another person or another organization responsible for paying for services Note: Some clients have 4 or more payers.	It must be one of the following: 01 = Medicaid 02 = Any private insurance company 03 = self-pay, no insurance 04 = Medicaid Waiver 05 = Organization to absorb total cost, no insurance 06 = Contract with Employee Assistance 07 = Medicare or Title VIII 08 = Veteran's Administration 09 = CHAMPUS 10 = Worker's compensation 11 = ADAP 12 = Division of Mental Health 13 = Vocational Rehabilitation 14 = DCF 15 = PNMI 16 = Schools 17 = Managed Medicaid (VHAP) 18 = DAIL 74 = Choices for Care 99 = Client refused to provide the information or Unknown If not specifically required by a program, or there is not a third payer, it can also be: Blank 00		X		X		X	X	
1	36-40	Diagnosis DSM-IV Axis I Primary	Diagnostic and Statistical Manual of Mental Disorders - IV codes are diagnosis codes specific to mental health issues. They are similar to and in most cases identical to ICD-9 codes however, they are not as granular as ICD-9 codes.	**If service dates are prior to *10/1/2015* the following apply.** **If service dates are *10/1/2015* or greater this field should be blank.** At least ONE of the diagnosis fields (Axis I or II, Primary or Secondary) must contain a valid DSM-IV value.		X	X	X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				Up to three of the four diagnosis fields may be blank & cannot contain a decimal point. If a DSM field contains data, it must be a valid DSM-IV. Any Axis I Primary or Secondary, or Axis II Primary or Secondary code is acceptable. Must be left-adjusted and right padded with blanks.								
1	41-41	Marital / Family Problem	Indicates whether the client has a marital / family problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	42-42	Social / Interpersonal Problem	Indicates whether the client has a social / interpersonal problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	43-43	Coping Problem	Indicates whether the client has a coping problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	44-44	Medical Somatic Problem	Indicates whether the client has a medical somatic problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	45-45	Depression or mood disorder	Indicates whether the client has depression or a mood disorder	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not						X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				completed If not specifically required by a program it can also be: Blank Zero								
1	46-46	Attempt, threat or danger of suicide	Indicates whether the client has attempted or is in danger of suicide	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	47-47	Alcohol	Indicates whether the client has an alcohol problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	48-48	Drugs	Indicates whether the client has a drug problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	49-49	Eating disorder	Indicates whether the client has an eating disorder	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	50-50	Thought disorder	Indicates whether the client has a thought disorder problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	51-51	Involvement with criminal justice	Indicates whether the client has an involvement with criminal justice	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed						X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				If not specifically required by a program it can also be: Blank Zero								
1	52-52	Abuse / assault /rape victim	Indicates whether the client is a victim of abuse, assault, or rape	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	53-53	Runaway behavior	Indicates whether the client has a runaway behavioral problem	Must be one of the following: 1 = Yes 2 = No 9 = Problem appraisal not completed If not specifically required by a program it can also be: Blank Zero						X	X	
1	54-54	Condition on termination	The condition of the client when services were terminated	Must be one of the following: 0 = Client not discharged during reporting period 1 = Improved 2 = Unchanged 3 = Worse 4 = Undetermined 9 = Client discharged but condition not rated If not specifically required by a program it can also be: Blank						X	X	
1	55-60	Begin date of report	The start date of the period this data is being reported for	Cannot be blank Cannot be zero Must be in YYMMDD format Must be sequential with the previous month's End date of Report	X	X	X	X	X	X	X	X
1	61-66	End date of report	The end date of the period this data is being reported for	Cannot be blank Cannot be zero Must be in YYMMDD format	X	X	X	X	X	X	X	X
1	67-68	C & E recipient type	C & E recipients are organizations within the community receiving a consultation and / or an educational service	It must be one of the following: 02 = Facilities and organizations concerned with alcoholism and / or drug abuse 04 = Facilities and organizations concerned with family planning 05 = Mental health organizations not part of this agency for example, VSH, BTS, CMHC's and other	X							X

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				organizations 06 = Health services delivery system 07 = Department for Children and Families, DCF 08 = Facilities and agencies for the aged for example, RSVP, AAA 09 = Facilities and organizations concerned with children other than schools for example, PTO 11 = VA facilities or other organizations concerned with veteran care or services 12 = General public for example, fraternal & professional organizations, Rotary, Kiwanis, United Way, etc. 13 = Other 14 = Families not enrolled in mental health services 15 = Early Childhood Councils on Programs (that are not childcare providers) 16 = Part C and B Early Essential Education providers 21 = State and local law enforcement agencies 22 = State and local correctional agencies 23 = Judicial agencies and departments 26 = Other state agencies and departments 31 = Childcare providers (including Head Start, preschools, family day care homes, Parent Child Centers, etc.) 32 = Public primary schools including semi-private 33 = Private primary schools 34 = Public secondary schools including semi-private 35 = Private secondary schools 36 = Post-secondary educational institutions 40 = Businesses and industries If not specifically required by a program it can also be: Blank Zero								

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
1	69-72	Date of 'Income at Intake'	Date when the Gross Annual Family Income at Intake information was collected	Must be a valid date Must be in YYMM format If not specifically required by a program it can also be: Blank Zero						X	X	
1	73-78	Date case opened	Date when this case was originally opened and should reflect the overall client episode	Must be a valid date Must be in YYMMDD format If not specifically required by a program it can also be: Blank Zero	X	X				X	X	
1	79	ICD-9	An indicator that this data set is reflecting service(s) prior to the ICD-10 cutover and that the service records following will contain ICD-9 codes values	Must be a Y or a N Must not be Blank Both Indicators cannot contain the same value	X	X	X	X	X	X	X	X
1	80	ICD-10	An indicator that this data set is reflecting service(s) equal to or greater than the ICD-10 cutover and that the service records following will contain ICD-10 codes values	Must be a Y or a N Must not be Blank Both Indicators cannot contain the same value	X	X	X	X	X	X	X	X
2	1-6	Date case closed	Date when this case was closed and should reflect the overall client episode	Can be zero or blank if case is currently open Must be a valid date Must be in YYMMDD format If not specifically required by a program it can also be: Blank Zero Special Note: If the DA sends identical records for a single client, with the same program assignment, only one of those records can have zeroes or blanks in this field.	X	X				X	X	
2	7-11	Diagnosis DSM-IV Axis I Secondary	A code from the Diagnostic and Statistical Manual of Mental Disorders - IV book. These are diagnosis codes specific to mental health issues. They are similar to and in most cases identical to ICD-9 codes however, they are not as granular as ICD-9 codes.	**If service dates are prior to 10/1/2015 the following apply.** **If service dates are 10/1/2015 or greater this field should be blank**. At least ONE of the diagnosis fields (Axis I or II, Primary or Secondary) must contain a valid DSM-IV value. Up to three of the four diagnosis		X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				fields may be blank & cannot contain a decimal point. If a DSM field contains data, it must be a valid DSM-IV. Any Axis I Primary or Secondary, or Axis II Primary or Secondary code is acceptable. Must be left-adjusted and right padded with blanks								
2	12-16	Diagnosis DSM-IV Axis II Primary	A code from the Diagnostic and Statistical Manual of Mental Disorders - IV book. These are diagnosis codes specific to mental health issues. They are similar to and in most cases identical to ICD-9 codes however, they are not as granular as ICD-9 codes.	**If service dates are prior to 10/1/2015 the following apply.** **If service dates are 10/1/2015 or greater this field should be blank.** At least ONE of the diagnosis fields (Axis I or II, Primary or Secondary) must contain a valid DSM-IV value. Up to three of the four diagnosis fields may be blank & cannot contain a decimal point. If a DSM field contains data, it must be a valid DSM-IV. Any Axis I Primary or Secondary, or Axis II Primary or Secondary code is acceptable. Must be left-adjusted and right padded with blanks		X		X		X	X	
2	17-21	Diagnosis DSM-IV Axis II Secondary	A code from the Diagnostic and Statistical Manual of Mental Disorders - IV book. These are diagnosis codes specific to mental health issues. They are similar to and in most cases identical to ICD-9 codes however, they are not as granular as ICD-9 codes.	**If service dates are prior to 10/1/2015 the following apply.** **If service dates are 10/1/2015 or greater this field should be blank.** At least ONE of the diagnosis fields (Axis I or II, Primary or Secondary) must contain a valid DSM-IV value. Up to three of the four diagnosis fields may be blank & cannot contain a decimal point.		X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				If a DSM field contains data, it must be a valid DSM-IV. Any Axis I Primary or Secondary, or Axis II Primary or Secondary code is acceptable. Must be left-adjusted and right padded with blanks								
2	22-24	Blank	NOT BEING USED	NOT BEING USED								
2	25-26	Diagnosis DSM-IV Axis 5 – current level of functioning	A code from the Diagnostic and Statistical Manual of Mental Disorders - IV book specifying the client's current "global assessment of functioning "(GAF)	Cannot be blank Must be a valid DSM-IV Axis 5 code 0 - 99 are valid DSM-IV Axis 5 code values where zero represents 'no information'				X		X	X	
2	27-29	Blank	NOT BEING USED	NOT BEING USED								
2	30-31	Diagnosis DSM-IV Axis 5 – level of functioning at admission	A code from the Diagnostic and Statistical Manual of Mental Disorders - IV book specifying the client's "global assessment of functioning "(GAF) at the time of admission	Cannot be blank Must be a valid DSM-IV Axis 5 code 0 - 99 are valid DSM-IV Axis 5 code values where zero represents 'no information'				X		X	X	
2	32-32	Blank	NOT BEING USED	NOT BEING USED								
2	33-35	Name fragment	A way to identify a client when identity needs to be confidential consisting or the 1st, 3rd, and 5th positions of the client's last name.	Cannot be blank unless the Primary Program Assignment is 09, 13, or 99 Consists of the 1st, 3rd, and 5th positions of the client's last name. No special characters can be included, Letters and trailing blanks only.	X	X	X	X		X	X	
2	36-40	Blank	NOT BEING USED	NOT BEING USED								
2	41-41	Previous treatment by mental health organization of any kind	Number indicating if prior to this admission, previous treatment by a mental health organization of any kind was received	Must contain one of the following: 1 = Yes 2 = No 9 = Unknown If not specifically required by a program it can also be: Blank Zero						X	X	
2	42-42	Previous treatment within the past year	Number indicating if prior to this admission, previous treatment was received within the past year	Must contain one of the following: 1 = Yes 2 = No 9 = Unknown If not specifically required by a program it can also be: Blank Zero						X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
2	43-43	Previous treatment by this organization	Number indicating if prior to this admission, previous treatment was received at this organization	Must contain one of the following: 1 = Yes 2 = No 9 = Unknown If not specifically required by a program it can also be: Blank Zero						X	X	
2	44-44	Inpatient	Number indicating whether a client received inpatient services "Unknown" is not listed as an option	If Previous Treatment By Mental Health Facility Of Any Kind field was answered YES then this must contain one of the following: 1 = Yes 2 = No If Previous Treatment By Mental Health Facility Of Any Kind field was answered NO, or UNKNOWN then this must contain the following: 9 = Not applicable If not specifically required by a program it can also be: Blank Zero						X	X	
2	45-45	Residential	Number indicating whether a client received residential services	If Previous treatment by this organization was answered YES then this must contain one of the following: 1 = Yes 2 = No If Previous treatment by this organization was answered NO, or UNKNOWN then this must contain the following: 9 = Not applicable If not specifically required by a program it can also be: Blank Zero						X	X	
2	46-46	Partial Day	Number indicating whether a client received partial day services	If Previous treatment by this organization was answered YES then this must contain one of the following: 1 = Yes 2 = No If Previous treatment by this organization was answered NO, or						X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				UNKNOWN then this must contain the following: 9 = Not applicable If not specifically required by a program it can also be: Blank Zero								
2	47-47	Outpatient	Number indicating whether a client received outpatient services	If Previous treatment by this organization was answered YES then this must contain one of the following: 1 = Yes 2 = No If Previous treatment by this organization was answered NO, or UNKNOWN then this must contain the following: 9 = Not applicable If not specifically required by a program it can also be: Blank Zero						X	X	
2	48-48	Case Management	Number indicating whether a client received case management services	If Previous treatment by this organization was answered YES then this must contain one of the following: 1 = Yes 2 = No If Previous treatment by this organization was answered NO, or UNKNOWN then this must contain the following: 9 = Not applicable If not specifically required by a program it can also be: Blank Zero						X	X	
2	49-49	Emergency	Number indicating whether a client received emergency services	If Previous treatment by this organization was answered YES then this must contain one of the following: 1 = Yes 2 = No If Previous treatment by this organization was answered NO, or UNKNOWN then this must contain						X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				the following: 9 = Not applicable If not specifically required by a program it can also be: Blank Zero								
2	50-50	Race	A number indicating a division of the human population distinguished by physical characteristics transmitted by genes	Must contain one of the following: 1 = White 2 = Black African/American 3 = American Indian or Alaskan Native 4 = Asian or Pacific Islander 5 = Other 8 = Declined to answer 9 = Unknown If not specifically required by a program it can also be: Blank Zero	X	X		X		X	X	
2	51-51	Hispanic Origin	A number indicating a client's relation to Spain or Spanish-speaking Latin America.	Must contain one of the following: 1 = Mexican/Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Other Hispanic 5 = Unspecified Hispanic 6 = Not of Hispanic Origin 8 = Declined to answer 9 = Unknown If not specifically required by a program it can also be: Blank Zero	X	X		X		X	X	
2	52-52	Marital Status	A number indicating a client's marital status	Must contain one of the following: 1 = Never married 2 = Now married 3 = Separated 4 = Divorced 5 = Widowed 9 = Unknown If not specifically required by a program it can also be: Blank Zero		X				X	X	
2	53-57	Zip code of residence at admission to this organization	A 5-digit number representing the zip code for the client's residence at the time of this admission	Must contain a valid zip code If not specifically required by a program it can also be: Blank				X		X	X	
2	58-58	Veteran Status	A number indicating a client's status as a veteran	Must contain one of the following: 1 = Yes				X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				2 = No 9 = Unknown If not specifically required by a program it can also be: Blank Zero								
2	59-59	Legal Status	A number indicating how this client came to the organization with regard to any legal action	Must contain one of the following: 1 = Voluntarily 2 = Involuntarily / Civil 3 = Involuntarily / Criminal 5 = Court / Legislatively mandated DWI 6 = Other court mandated 7 = Protective services If not specifically required by a program it can also be: Blank Zero		X		X		X	X	
2	60-61	Source of Referral	A number indicating who sent the client to this organization DS would like to revisit these values in the future.	Must contain one of the following: 01 = Self 02 = Family or Friends 03 = Police, not including court or corrections 04 = Court or corrections 05 = School system or education agency 06 = Social Service Agency 07 = State or County psychiatric hospital 08 = General hospital inpatient psychiatric program 09 = Other inpatient psychiatric organization 10 = Alcohol treatment inpatient /residential 11 = Drug abuse treatment inpatient / residential 12 = Nursing home 13 = Community residential organization 14 = Other unit 15 = Multi-service mental health agency 16 = Outpatient psychiatric service or clinic 17 = Private psychiatrist 18 = Other physician 19 = Other private mental health practitioner		X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				20 = Partial day organization 21 = Shelter for the homeless / abused 22 = Alcohol treatment organization other than inpatient / residential 23 = Drug abuse treatment organization other inpatient / residential 24 = Employer / EAP 25 = Other 26 = Developmental Services Facility/Institution 27 = Local Interagency Team 28 = State Interagency Team 99 = Unknown If not specifically required by a program it can also be: Blank Zero								
2	62-63	Residential Arrangement at Intake	A number indicating residential setting of the client at the time of intake	Must contain one of the following: 01 = Owned home / condo / trailer 02 = Section 8 subsidized rental 03 = Other rental 04 = Residential care home 05 = Group home, ICF or individualized placement 06 = Nursing home 07 = Vermont State Hospital 08 = Other psychiatric hospital or ward 10 = Jail or correctional facility 11 = On the street or in a shelter for the homeless 12 = Other residential setting 13 = Residential School 14 = Residential Treatment 15 = Out of State placement 99 = Unknown If not specifically required by a program it can also be: Blank Zero		X		X		X	X	
2	64-64	Living Arrangement at Intake	A number indicating the living arrangement of the client at the time of intake	Must contain one of the following: 1 = Lives alone 2 = Lives with spouse or domestic partner and / or minor children 3 = Lives with parents, adult children, and / or other relatives 4 = Lives with non-related persons		X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				5 = Lives with foster parent(s) 9 = Unknown If not specifically required by a program it can also be: Blank Zero								
2	65-65	SSI Eligibility at Intake	A number indicating the client's eligibility status with regard to Supplemental Security Income at the time of intake	Must contain one of the following: 1 = Eligible and receiving payments 2 = Eligible but not receiving payments 3 = Potentially eligible (the case has not yet been submitted for determination or is in the process or determination) 4 = Determined to be ineligible (the case has been submitted and reviewed and a decision of ineligible was returned 5 = Not applicable 9 = Unknown If not specifically required by a program it can also be: Blank Zero						X	X	
2	66-66	Discontinuation Status	A number indicating why a client is no longer receiving services	Must contain one of the following: 1 = Administratively discontinued (no contact with the organization for 90 days) 2 = Patient / Client died 3 = Patient / Client terminated services against advice 4 = Patient / Client lost contact 5 = Discharged – treatment completed; no referral 6 = Discharged – additional services advised; no referral 7 = Discharged – additional services advised; referral made 8 = Transferred – responsibility for the patient officially accepted by another organization 9 = Not applicable If Date Case Closed contains a date, then this field must have a valid value for the indicated programs. For an open case, valid values are 9, 0 or blank. If not specifically required by a		X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				program it can also be: Blank Zero								
2	67-68	Referral upon discontinuation	A number indicating where the client was advised to pursue additional treatment	If a client has discontinued services: (if Date Case Closed contains a valid date) Must contain one of the following: 01 = No referral 02 = State or County psychiatric hospital 03 = General hospital inpatient psychiatric program 04 = Other inpatient psychiatric organization 05 = Alcohol treatment inpatient / residential 06 = Drug abuse treatment inpatient / residential 07 = Nursing home 08 = Community residential organization 09 = Return to penal/ correctional organization 10 = Other unit 11 = Multi-service mental health agency 12 = Private psychiatrist 13 = Other physician 14 = Other private mental health practitioner 15 = Partial day organization 16 = Returned to court for adjudication 17 = Alcohol treatment organization other than inpatient or residential 18 = Drug abuse treatment organization other inpatient or residential 19 = School system or education agency 20 = Social service agency 21 = Other If the input value is 99, then set equal to 0 before editing. Edit for full range of values, including zero and blank. If not specifically required by a program it can also be:			X			X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				Blank Zero								
2	69-73	Current primary therapist or case manager	The DA-assigned identification number belonging to the staff member who is currently the client's primary therapist, case manager, or advocate (this number is used to link client data to case manager data)	Can contain both numbers and letters If not specifically required by a program it can also be: Blank Zero						X	X	
2	74-78	Zip code of current residence	Zip code of current residence for this client	A 5-digit number representing the zip code for the client's current residence If not specifically required by a program it can also be: Blank Zero				X		X	X	
2	79-80	Current residential arrangement	A number indicating the current residential setting of the client	Must contain one of the following: 01 = Owned home / condo / trailer 02 = Section 8 subsidized rental 03 = Other rental 04 = Residential care home 05 = Group home, ICF or individualized placement 06 = Nursing home 07 = Vermont State Hospital 08 = Other psychiatric hospital or ward 10 = Jail or correctional facility 11 = On the street or in a shelter for the homeless 12 = Other residential setting 13 = Residential School 14 = Residential Treatment 15 = Out of State placement 99 = Unknown If not specifically required by a program it can also be: Blank Zero		X				X	X	
3	1-1	Current living arrangement	A number indicating the current living arrangement of the client	Must contain one of the following: 1 = Lives alone 2 = Lives with spouse or domestic partner and / or minor children 3 = Lives with parents, adult children, and / or other relatives 4 = Lives with non-related persons 5 = Lives with foster parent(s) 9 = Unknown		X				X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				If not specifically required by a program it can also be: Blank Zero								
3	2-2	Current SSI Eligibility	A number indicating the client's current eligibility status with regard to Supplemental Security Income	Must contain one of the following: 1 = Eligible and receiving payments 2 = Eligible but not receiving payments 3 = Potentially eligible (the case has not yet been submitted for determination or is in the process or determination) 4 = Determined to be ineligible (the case has been submitted and reviewed and a decision of ineligible was returned 5 = Not applicable 9 = Unknown If not specifically required by a program it can also be: Blank Zero						X	X	
3	3-7	Current Gross Annual Family Income	The actual amount or a number representing the current, gross annual income of the family of the client. This number should be obtained during a bi-annual review.	Must be the actual dollar amount rounded to the nearest whole dollar from 00000 – 99989 or one of the following codes: 99990 = $99,990.00 or more 99991 = Medicaid Client or Data not collected 99992 = Client refused to provide income 99993 = Pending 99994 = Data not collected for clinical reasons 99999 = No information If not specifically required by a program it can also be: Blank						X	X	
3	8-13	Date of most recent review	This date should be a past date, the date, the date when all "current" client demographic information was collected or updated	Must be a valid date Must be in YYMMDD format, Blank, or Zero		X				X	X	
3	14-14	ADAP Program of Service	A number indicating the type of program an ADAP client is in at admission	Must contain one of the following: 1 = Hospital Inpatient Detoxification 2 = Free-standing Residential (non-hospital) detoxification 3 = Inpatient Hospital Treatment				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				4 = Free-standing Residential Treatment 5 = Long-term Residential Rehabilitation (halfway) 6 = Outpatient Treatment 7 = Intensive Outpatient 8 = Outpatient Detoxification Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
3	15-20	ADAP Client Identifier	An alphabetical identifier for an ADAP client consisting of the 1st three letters of the client's first name plus the 1st three letters of the client's mother's maiden name	Must contain the 1st three letters of the client's first name plus the 1st three letters of the client's mother's maiden name Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	21-21	Significant Other	A number indicating if an ADAP client is the significant other of a substance abuser	Must contain one of the following: 1 = Yes 2 = No Only required for ADAP Clients (Primary Program Assignment =05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	22-23	Number of prior admissions to treatment	The number of admissions to treatment this client has not counting this admission	0 – 98 99= Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	24-25	Primary Problem at intake	A number representing the primary problem being experienced by the client as related to this admission	01 = None 02 = Alcohol 03 = Cocaine / Crack 04 = Marijuana / Hashish 05 = Heroin 06 = Non-prescription Methadone 07 = Other Opiates and Synthetics 08 = PCP 09 = Other Hallucinogens 10 = Methamphetamines				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				11 = Other Amphetamines 12 = Other Stimulants 13 = Benzodiazepine 14 = Other Tranquillizers 15 = Barbiturates 16 = Other Sedatives or Hypnotics 17 = Inhalants 18 = Other-the-counter 19 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Other wise value can also be blank or zero.								
3	26-27	Secondary Problem at intake	A number representing a secondary problem being experienced by the client as related to this admission – if any	Can be blank or zero if no secondary problem reported 01 = None 02 = Alcohol 03 = Cocaine / Crack 04 = Marijuana / Hashish 05 = Heroin 06 = Non-prescription Methadone 07 = Other Opiates and Synthetics 08 = PCP 09 = Other Hallucinogens 10 = Methamphetamines 11 = Other Amphetamines 12 = Other Stimulants 13 = Benzodiazepine 14 = Other Tranquillizers 15 = Barbiturates 16 = Other Sedatives or Hypnotics 17 = Inhalants 18 = Other-the-counter 19 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero				X				
3	28-29	Tertiary Problem at intake	A number representing a third problem being experienced by the client as related to this admission – if any	Can be blank or zero f no tertiary problem reported Cannot be zero 01 = None 02 = Alcohol 03 = Cocaine / Crack 04 = Marijuana / Hashish				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				05 = Heroin 06 = Non-prescription Methadone 07 = Other Opiates and Synthetics 08 = PCP 09 = Other Hallucinogens 10 = Methamphetamines 11 = Other Amphetamines 12 = Other Stimulants 13 = Benzodiazepine 14 = Other Tranquillizers 15 = Barbituates 16 = Other Sedatives or Hypnotics 17 = Inhalants 18 = Other-the-counter 19 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
3	30-30	Primary problem, usual route of administration at intake	A number representing the usual route a substance related to the primary problem reported is being administered.	1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection by needle (IV or Intramuscular) 5 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	31-31	Secondary problem, usual route of administration at intake	A number representing the usual route a substance related to the secondary problem reported is being administered.	Can be blank or zero if no secondary problem reported Cannot be zero 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection by needle (IV or Intramuscular) 5 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero				X				
3	32-32	Tertiary problem,	A number representing the	Can be blank or zero if no tertiary				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
		usual route of administration at intake	usual route a substance related to the third problem reported is being administered.	problem reported 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection by needle (IV or Intramuscular) 5 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
3	33-33	Primary problem frequency of use at intake	A number representing how often the substance reported as the primary problem is used or has been used in the past	1 = No past use 2 = one – three times in the past month 3 = one – two times in the past week 4 = three – six times in the past week 5 = daily Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	34-34	Secondary problem frequency of use at intake	A number representing how often the substance reported as the secondary problem is used or has been used in the past	Can be blank or zero if no secondary problem reported 1 = No past use 2 = one – three times in the past month 3 = one – two times in the past week 4 = three – six times in the past week 5 = daily Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	35-35	Tertiary problem frequency of use at intake	A number representing how often the substance reported as the third problem is used or has been used in the past	Can be blank or zero if no tertiary problem reported 1 = No past use 2 = one – three times in the past month 3 = one – two times in the past week 4 = three – six times in the past week 5 = daily Only required for ADAP Clients (Primary Program Assignment =				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
3	36-37	Age of first drug use as related to the primary problem reported	The actual age of the client when they first used the drug reported as the primary problem for this admission	1-98 = actual age 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	38-39	Age of first drug use as related to the secondary problem reported	The actual age of the client when they first used the drug reported as the secondary problem for this admission	Can be blank or zero if no secondary problem reported 1-98 = actual age 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	40-41	Age of first drug use as related to the tertiary problem reported	The actual age of the client when they first used the drug reported as the third problem for this admission	Can be blank or zero if no tertiary problem reported 1-98 = actual age 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	42-42	Use of methadone as part of treatment	A number indicating whether methadone has been used as part of a treatment. The methadone does not have to be administered at this facility in order to respond as yes	1 = Yes 2 = No Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	43-44	Level of education at time of intake	The actual number of years of education the client has completed when the client is admitted to ADAP	0-20 = actual number of years completed 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank				X				
3	45-45	Pregnant at time of admission	A number representing whether the client is	If Gender = 1 (male), Options can be:				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
			pregnant at the time of this admission	Blank Zero 2 (no) If Gender = 2 (female) Options can be: 1 (yes) 2 (no) 9 (unknown) cannot be Blank or Zero Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
3	46-46	Blank	NOT BEING USED	NOT BEING USED								
3	47-48	Employment Status	A number representing the employment status of the client	01 = Employed full time (35 hours or more per week) 02 = Employed part time (less than 35 hours per week but more than 20) 03 = Unemployed (looking for work in the past 30 days or on layoff from current job) 04 = In the Armed Forces 05 = Twenty hours a week or more but less than 35) 06 = Less than 20 hours a week 07 = Homemaker 08 = Student 09 = Retired 10 = Resident of an institution 11 = Volunteer or Other 12 = Disabled 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	49-54	Date of transfer to ADAP Intensive Outpatient	The date the client was transferred to an intensive ADAP outpatient program	Can be blank or zero Must be in YYMMDD format Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				or zero.								
3	55-60	Date of transfer to ADAP Outpatient program	The date the client was transferred to an ADAP outpatient program	Can be blank or zero Must be in YYMMDD format Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	61-66	Date of transfer to ADAP Residential program	The date the client was transferred to an ADAP residential program	Can be blank or zero Must be in YYMMDD format Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
3	67-72	Date of discharge from ADAP	The date the client was discharged from ADAP	Can be blank or zero if the client has not been Discharged from ADAP Must be in YYMMDD format Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	1-1	Number of arrests at intake	The number of arrests that occurred in the 30 days prior to enrollment.	0 – 8 Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	2-5	Social Security Number Suffix	The last four digits of the Social Security Number	Must be numeric and cannot be zero or blank. Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	6-6	Number of arrests at discharge	The number of arrests that occurred in the 30 days prior to Discharge.	0 – 8 Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	7-10	Social Security	The last four digits of the	Must be numeric and cannot be zero				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
		Number Suffix	Social Security Number	or blank. Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
4	11-12	Level of education at time of discharge	The actual number of years of education the client has completed when the client is discharged from ADAP	Can be blank or zero if date of discharge is blank 0-20 = actual number of years completed 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero				X				
4	13-14	Employment Status at discharge	A number representing the employment status of the client at the time of discharge from ADAP	Can be blank or zero if date of discharge from ADAP is blank 01 = Employed full time (35 hours or more per week) 02 = Employed part time (less that 35 hours per week but more than 20) 03 = Unemployed (looking for work in the past 30 days or on layoff from current job) 04 = In the Armed Forces 05 = Twenty hours a week or more but less than 35) 06 = Less than 20 hours a week 07 = Homemaker 08 = Student 09 = Retired 10 = Resident of an institution 11 = Volunteer or Other 12 = Disabled 99 = Unknown Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	15-16	Primary Problem at discharge	A number representing the primary problem being experienced by the client as related to this	Can be blank or zero if date of discharge from ADAP is blank 01 = None 02 = Alcohol				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
			admission at the time of discharge from ADAP	03 = Cocaine / Crack 04 = Marijuana / Hashish 05 = Heroin 06 = Non-prescription Methadone 07 = Other Opiates and Synthetics 08 = PCP 09 = Other Hallucinogens 10 = Methamphetamines 11 = Other Amphetamines 12 = Other Stimulants 13 = Benzodiazepine 14 = Other Tranquilizers 15 = Barbiturates 16 = Other Sedatives or Hypnotics 17 = Inhalants 18 = Other-the-counter 19 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero								
4	17-18	Secondary Problem at discharge	A number representing a secondary problem being experienced by the client as related to this admission – if any, at the time of discharge from ADAP	Can be blank or zero if date of discharge from ADAP is blank Can be blank or zero if no secondary problem reported 01 = None 02 = Alcohol 03 = Cocaine / Crack 04 = Marijuana / Hashish 05 = Heroin 06 = Non-prescription Methadone 07 = Other Opiates and Synthetics 08 = PCP 09 = Other Hallucinogens 10 = Methamphetamines 11 = Other Amphetamines 12 = Other Stimulants 13 = Benzodiazepine 14 = Other Tranquilizers 15 = Barbiturates 16 = Other Sedatives or Hypnotics 17 = Inhalants 18 = Other-the-counter 19 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09.				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				Otherwise value can also be blank or zero.								
4	19-20	Tertiary Problem at discharge	A number representing a third problem being experienced by the client as related to this admission – if any, at the time of discharge	Can be blank or zero if date of discharge from ADAP is blank Can be blank or zero if no tertiary problem reported 01 = None 02 = Alcohol 03 = Cocaine / Crack 04 = Marijuana / Hashish 05 = Heroin 06 = Non-prescription Methadone 07 = Other Opiates and Synthetics 08 = PCP 09 = Other Hallucinogens 10 = Methamphetamines 11 = Other Amphetamines 12 = Other Stimulants 13 = Benzodiazepine 14 = Other Tranquilizers 15 = Barbiturates 16 = Other Sedatives or Hypnotics 17 = Inhalants 18 = Other-the-counter 19 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero				X				
4	21-21	Primary problem, usual route of administration at discharge	A number representing the usual route a substance related to the primary problem reported is being administered at the time of discharge from ADAP	Can be blank or zero if date of discharge from ADAP is blank 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection by needle (IV or Intramuscular) 5 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	22-22	Secondary problem, usual route of administration at	A number representing the usual route a substance related to the secondary problem reported is being	Can be blank or zero if no secondary problem reported Can be blank or zero if date of discharge from ADAP is blank				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
		discharge	administered at the time of discharge from ADAP.	1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection by needle (IV or Intramuscular) 5 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
4	23-23	Tertiary problem, usual route of administration at discharge	A number representing the usual route a substance related to the third problem reported is being administered at the time of discharge from ADAP.	Can be blank or zero if no tertiary problem reported Can be blank or zero if date of discharge from ADAP is blank 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection by needle (IV or Intramuscular) 5 = Other Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero				X				
4	24-24	Primary problem frequency of use at discharge	A number representing how often the substance reported as the primary problem is used or has been used in the past at the time of discharge from ADAP	Can be blank or zero if date of discharge from ADAP is blank 1 = No past use 2 = one – three times in the past month 3 = one – two times in the past week 4 = three – six times in the past week 5 = daily Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	25-25	Secondary problem frequency of use at discharge	A number representing how often the substance reported as the secondary problem is used or has been used in the past at the time of discharge from	Can be blank or zero if no secondary problem reported Can be blank or zero if date of discharge from ADAP is blank 1 = No past use 2 = one – three times in the past				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
			ADAP	month 3 = one – two times in the past week 4 = three – six times in the past week 5 = daily Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
4	26-26	Tertiary problem frequency of use at discharge	A number representing how often the substance reported as the third problem is used or has been used in the past at the time of discharge from ADAP	Can be blank or zero if no tertiary problem reported Can be blank or zero if date of discharge from ADAP is blank 1 = No past use 2 = one – three times in the past month 3 = one – two times in the past week 4 = three – six times in the past week 5 = daily Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
4	27-27	Pattern and frequency of use improved	A number indicating whether the pattern and frequency of use has improved over the course of treatment	If Date of Discharge = Blank Options can be: Blank or Zero If Date of Discharge exists Options must be: 1 (yes) 2 (no) Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero				X				
4	28-28	Degree of physical and/or psychological dependence improved	A number indicating whether the degree of physical and/or psychological dependence has improved over the course of treatment	If Date of Discharge = Blank Options can be: Blank or Zero If Date of Discharge exists Options must be: 1 (yes) 2 (no)				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
4	29-39	First Name	The first name of the client	All characters except numbers (0 – 9) allowed. Can be blank if the client is NOT state-funded (any Responsible For Fee field contains either a 2 –Private Insurance, or a 3 –Self-Pay only) Note: If the C&E Recipient Type field contains a valid code, this field is not relevant and data sent will not be saved.	X	X		X		X	X	
4	40-40	Middle Initial	Middle initial of the client	All characters except numbers (0 – 9) allowed. Note: If the C&E Recipient Type field contains a valid code, this field is not relevant and data sent will not be saved.								
4	41-55	Last Name	The last name of the client	All characters except numbers (0 – 9) allowed. Can be blank if the client is NOT state-funded (any Responsible For Fee field contains either a 2 –Private Insurance, or a 3 –Self-Pay only) Note: If the C&E Recipient Type field contains a valid code, this field is not relevant and data sent will not be saved.	X	X		X		X	X	
4	56-58	Modifier	Client's name suffix. For example, JR., SR., III, etc.	Can be blank								
4	59-67	Social Security Number	The social security number of the client	Cannot be blank <u>unless</u> the Primary Program Assignment is 09, 13, or 99 <u>OR</u> the client is NOT state-funded. Must be numeric. If unknown or unavailable, Or if the client is not funded by Medicaid, it must be set to 999999999	X	X	X	X		X	X	
4	68-75	Date of Death	The date of death of the client receiving the service.	Required if the Discontinuation Status contains a 2 and the Client is State- Funded, otherwise it can be blank or zero. Must be in MMDDYYYY format If not specifically required by a program it can also be: Blank Zero	X	X		X		X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
4	76-79	Social Security Number Suffix	The last four digits of the social security number of the client	Cannot be blank unless the Primary Program Assignment is 09, 13, or 99 Cannot be zeros Must be numeric If SSN is present, SSN Suffix must be identical to the last 4 digits of the SSN. If unknown or unavailable, it must be set to 9999	X	X	X	X		X	X	
5	1-24	Street Address 1	The first line of the street address where the client resides	Street address 1 Not required if the client is not state- funded or is Homeless	X	X		X		X	X	
5	25-48	Street Address 2	The second line of the street address where the client resides	Can be Blank								
5	49-63	City	The name of the city where the client resides	Not required if the client is not state- funded or is Homeless	X	X		X		X	X	
5	64-65	State	A 2-digit alpha abbreviation for the name of the state where the client resides	Must be a valid abbreviation for the name of a state Not required if the client is not state- funded or is Homeless	X	X		X		X	X	
5	66-74	Zip Code	A 5 or 9 digit zip code where the client resides	Must be numeric Required regardless of funding. If Homeless, use the zip code of the location of the agency providing services	X	X		X		X	X	
5	75-77	Town Code	A 3-digit numeric code representing the town where the client resides	Must be numeric Must be a valid town code as listed on the town code documentation posted in the Documentation Folder on the DA's Download site including: 888 = Address Unknown 999 = Out of State MUST be included for clients that are not state-funded If not specifically required by a program it can also be: Blank Zero		X	X	X	X	X	X	X
6	1-27	Blank	NOT BEING USED	NOT BEING USED								
6	28-36	Medicaid Billing Number	A unique number used by the DA to bill Medicaid for services provided to the client	Cannot be blank <u>unless</u> the Primary Program Assignment is 02, 05, 09, 11, 12, 13, or 99 <u>OR</u> the client is NOT state-funded. Must be numeric If unknown or unavailable, Or if the	X		X					

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				client is not funded by Medicaid, it must be set to 99999999 The MBN is between 1-8 characters in length and will be Right Justified with No Leading Zeros If not specifically required by a program it can be: Blank Zero								
6	37-48	Account Number	A reference number or invoice number used by the DA in order to reconcile payment	Can be blank Can be zero								
6	49-56	Primary Program Assignment Effective Date	Date the client was assigned to the Primary Program recorded in this record on line 1, columns 13-14 as it relates to the specific program	Must be a valid date Must be in YYYYMMDD format If not specifically required by a program it can also be: Blank Zero		X				X	X	
6	57-64	Primary Program Assignment End Date	Date the client association with the Primary Program recorded in this record on line 1, columns 13-14, ended as it relates to the specific program	Can be blank or zero if the client is still associated with the Primary Program Must be in YYYYMMDD format If not specifically required by a program it can also be: Blank Zero This Primary Program Assignment End Date must be equal to or greater than the Primary Program Assignment Effective Date (line 6, columns 49-56)		X				X	X	
6	65-66	Birth Year Prefix	The century portion of the date of birth of the client receiving services	Cannot be blank or zero unless the Primary Program Assignment is 09 or is 99 Must be in CC format for example **19**550305 where the DOB = 550305, March 5th 1955 in YYMMDD format If the DOB is unavailable or not provided and the DOB has been set to 000101**,** then the Birth Year Prefix must be equal to "19"		X	X	X		X	X	
6	67-73	Diagnosis ICD-10 Primary	ICD-10 Diagnosis Code.	**If Service Dates are prior to 10/1/2015, MUST BE Blank.** **If Service dates are 10/1/2015 or**	X		X			X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				GREATER the following apply: Up to 7-digit alpha numeric code. Must contain a valid ICD-10 Code value. Must not contain a decimal point Must be left-adjusted and right padded with blanks								
6	74-80	Diagnosis ICD-10 Secondary	ICD-10 Diagnosis Code	**If Service Dates are prior to 10/1/2015, MUST BE Blank.** **If Service dates are 10/1/2015 or GREATER the following apply:** Up to 7-digit alpha numeric code. Must contain a valid ICD-10 Code value. Must not contain a decimal point Must be left-adjusted and right padded with blanks			X			X	X	
6	81-87	Diagnosis ICD-10 Tertiary	ICD-10 Diagnosis Code	**If Service Dates are prior to 10/1/2015, MUST BE Blank.** **If Service dates are 10/1/2015 or GREATER the following apply:** Up to 7-digit alpha numeric code. Must contain a valid ICD-10 Code value. Must not contain a decimal point Must be left-adjusted and right padded with blanks			X			X	X	
6	88-94	Diagnosis ICD-10 Quaternary	ICD-10 Diagnosis Code	**If Service Dates are prior to 10/1/2015, MUST BE Blank.** **If Service dates are 10/1/2015 or GREATER the following apply:** Up to 7-digit alpha numeric code. Must contain a valid ICD-10 Code value. Must not contain a decimal point Must be left-adjusted and right padded with blanks			X			X	X	

MSR Submission File Layout: Service Level

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
1	1-1	Record Identifier	Indicates that the data in this record is Service data	Must be a 2	X	X	X	X	X	X	X	X
1	2-2	Action Code	A code indicating whether this service record is being corrected or is a new record. (All new records should contain a "blank" in this column. If a previously submitted Service record needs to be corrected, the record needing correction is to be submitted again but with a "D" instead of a "blank" in this Action Code field, and the correct data should be submitted as a "new" record with a "blank" in this Action Code field.)	Blank = a new record or a correction record D = delete this record		X		X		X	X	
1	3-9	Blank	NOT BEING USED	NOT BEING USED								
1	10-15	Date of Service	The start date for the billing Unit of Days that are continuous from this date	Must be a valid date Must be in YYMMDD format	X	X	X	X	X	X	X	X
1	16-19	Blank	NOT BEING USED	NOT BEING USED								
1	20-25	Duration of Service	The number of hours rounded to the nearest 100th of an hour, or the number of Days, Units, or Trips, being reported for this service SEE: Service_Codes_ and_Unit_Types.xls located in the Documentation folder on the DA's Download site for clarification	Cannot be blank Cannot be zero Must include a decimal point and at least 2 numbers to the right of the decimal point A01 = Hours A02 = Hours B01 = Hours B02 = Hours B03 = Hours C01 = Hours C02 = Hours C03 = Hours C04 = Hours D01 = Hours D02 = Days E01 = Hours E02 = Hours	X	X	X			X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				E03 = Hours E04 = Hours E05 = Visits E06 = Days F01 = Hours F02 = Hours F03 = Hours F04 = Hours F05 = Hours G01 = Hours G02 = Days H01 = Hours H02 = Days H03 = Days H04 = Days H05 = Days H06 = Days I01 = One-way Trips J01 = Hours J02 = Hours K01 = Hours L01 = Hours M01 = Hours M02 = Hours M03 = Hours M04 = Hours M05 = Hours M06 = Hours M07 = Hours M08 = Hours M09 = Hours M10 = Hours M11 = Hours M12 = Hours X01 = Hours If not specifically required by a program it can also be: Blank Zero								
1	26-27	Program of Service	A number representing the program that provided this service to the client.	Cannot be zero Cannot be blank Must be one of the following: 02 = DS 04 = CRT 05 = ADAP 09 = EMERGENCY 11 = MH-Children 12 = MH-Adults 98 = Other	X	X	X	X		X	X	X

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
1	28-29	Cost Center	A financial component within a program. A program within the Program of Service that is associated with the cost of the service provided to the client.	Cannot be zero Cannot be blank Must be one of the following: 07 = Respite 08 = Non-DMH 10 = Administration 11 = Building 12 = Fringe 13 = Transportation 14 = Other 19 = Success Beyond Six (Schools) 20 = ICF / DD 22 = ISBs / Waiver 23 = Access 26 = CUPS (Clients Upstream Preventative Emergency Program for Kids) 28 = CODTP (HCHS & HCRS only) 50 = Information Technology 51 = Service Planning & Coordination (DS) 52 = Community Supports (DS) 53 = Employment Services 55 = Clinical Interventions 56 = Consultation, Education & Advocacy (MH Kids & ADAP) 57 = Crisis Services 58 = Emergency / Crisis Beds 59 = Supervised / Assisted Living (DS) 60 = Staffed Living / Apartments (DS) 61 = Group Living (DS) 62 = Contracted Home Providers 63 = ADAP Day Services 65 = Intensive Residential (MH) (Branches, HC Only) (62 Barre St, WC Only) 66 = Intermediate Residential (MH) (Lakeview, HC Only) (Heaton Street, WC Only) 67 = Community Supports & Service Planning (MH) 68 = Specialized Community Contracts (MH Kids) 69 = Elder Care (MH) 70 = Day Services 71 = J.O.B.S. 72 = Therapeutic Child Care 73 = Second spring	X	X	X		X	X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				74 = Choices of Care 76 = Bridge Program (DS) 77 = Meadowview 78&79 (FIN Only, refer to FIN Specs) 80 = Children's Integrated Svs/CIS 81 = SFI 82 = Community Initiatives 83 = 20 S Willard (HC Only) 84 = 72 N Winooski (HC Only) 85 = Arroway (HC Only) 86 = Safe Haven (HC Only) 87 = 7 St Paul (WC Only) 88 = IFS (CSAC and NCSS Only) 89 = PCC IFS (CSAC and NCSS Only) 90 = Hilltop (HCRS Only) 91 = Youth in Transition 92 = Reach Up 93 = Peer Crisis Bed(WCMH) 94 = ABA 95 = Assist 96 = Maplewood Recovery 44 = Soteria 46 = Wellness Co-op 47 = Vermont Support Line 48 = Housing First 97 = Oasis House 98 = Chris's Place								
1	30-32	Type of Service Code	SEE: Service_Codes_ and_Definitions.doc located in the Documentation folder on the DA's Download site, for clarification	Must be one of the following: A01 = Service Planning & Coordination A02 = Comprehensive School Based Services (CSAC Only) B01 = Community Supports B02 = Group Community Supports B03 = Family Education B04 = CERT C01 = Employment Assessment C02 = Employer & Job Development C03 = Job Training C04 = Ongoing support to Maintain Employment D01 = Respite (by the hour) – Not for MH Adult D02 = Respite (by the day or overnight) – Not for MH Adult E01 = Clinical Assessment E02 = Individual Therapy E03 = Family Therapy E04 = Group Therapy	X	X	X	X	X	X	X	

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				E05 = Medication & Medical Support & Consultation Services E06 = Assessment Bed F01 = Consultation, Education & Advocacy F02 = ADAP – Individual Consultation & Education for Professional Staff F03 = ADAP – Group Consultation & Education for Professional Staff F04 = ADAP – Individual Consultation & Education for Participants F05 = ADAP – Group Consultation & Education for Participants G01 = Emergency / Crisis Assessment, Support & Referral G02 = Emergency / Crisis Beds H01 = Supervised / Assisted Living (by the hour) H02 = Staffed Living H03 = Group Treatment / Living H04 = Licensed Home Providers / Foster Families H05 = Unlicensed Home Providers / Foster Families H06 = ICF / DD– Not for MH Adults I01 = Transportation J01 = ADAP – Intensive Outpatient J02 = ADAP – Follow-up for Intensive Outpatient K01 = Partial Hospitalization – Not for DS use L01 = Day Services – Not for DS use **(M Codes are CSAC Only)** M01 = PCC Parent Educator Services M02 = PCC Pediatric Under 1yo M03 = PCC Pediatric Older than 1 M04 = PCC Prenatal M05 = PCC Pregnancy Prevention M06 = PCC EI Early Intervention M07 = PCC EI Service Coordination M08 = PCC EI Annual Meeting M09 = PCC Welcome Baby M10 = PCC Rocking Horse M11 = PCC General Outreach M12 = PCC Strengthening Families N01 = Communication Support N02 = Other Supportive Services								

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				X01 = Hold for DA use for non-DMH-reportable service activities If not specifically required by a program it can also be: Blank Zero								
1	33-33	Location Code	A single-digit code representing the location where this service took place	Must be one of the following: 1 = DA / SSA Site 2 = Community 3 = Nursing Facility 4 = Inpatient Hospital 5 = Home 6 = School 7 = PNMI (Private Non-Medical Institution) 8 = Emergency Room A = ICF / DD B = Telemedicine If not specifically required by a program it can also be: Blank Zero		X				X	X	
1	34-34	Count	Indicates whether this service should be counted	Must be one of the following: 1 = Yes, count 2 = No, do not count If not specifically required by a program it can also be: Blank Zero								
1	35-35	ADAP Billable	Indicates whether this service is billable to ADAP	Must contain one of the following: A = Blue Cross/Blue Shield B = Private Insurance C = State (ADAP) D = Medicaid/Medicaid & VHAP E = Private Contract F = Corrections Contract G = SRS Contract H = School Contract I = Unknown Only required for ADAP Clients (Primary Program Assignment =05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.				X				
1	36-40	Staff member ID#	The unique Staff member assigned to a client.	If not specifically required by a program it can also be: Blank Zero						X	X	
1	41-49	Blank	NOT BEING USED	NOT BEING USED								
1	50-50	HIV Information Given	Indicates whether HIV information was given	Only required for ADAP clients Must contain one of the following:				X				

#	Col.	Column Name	Description	Edits	Critical	DS	CRT	ADAP	EMERGENCY	MH-KIDS	MH-ADULTS (AOP)	C&E RECIP
				1 = Yes 2 = No Only required for ADAP Clients (Primary Program Assignment = 05) and Provider ID = 08 or 09. Otherwise value can also be blank or zero.								
1	51-62	Account Number	A reference number or invoice number used by the DA in order to reconcile payment	Can be blank Can be zero								
1	63-72	Reference Number	A reference number or Invoice number used by the DA in order to identify and distinguish service records. In the event of service record discrepancies, it may be useful in problem-solving and reconciling data between the DA and State.									
1	73-79	Service Primary Diagnosis ICD-10	ICD-10 Primary Diagnosis Code for this Service	**If this service date is prior to 10/1/2015, MUST BE Blank.** **If Service dates are 10/1/2015 or GREATER the following apply:** May not be blank Up to 7 digit alpha numeric code. Must contain a valid ICD-10 Code value. Must not contain a decimal point Must be left-adjusted and right padded with blanks.	X		X			X	X	