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County Executive

Monroe County
Behavioral Health Community Database
Data Dictionary

Revised: January, 2015

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Monroe County BHCD Data Dictionary

Introduction

About this Data Dictionary...

The Monroe County Behavioral Health Community Database (BHCD) Data Dictionary describes the data elements to be submitted by area mental health providers to Coordinated Care Services, Inc. (CCSI) on a scheduled basis in order for the database to be updated and maintained for the Monroe County Office of Mental Health.

See the Monroe County website for the current version of this document:

<http://www2.monroecounty.gov/mh-statistics-reports.php>

The purpose of this Data Dictionary is to give area providers information on the content, coding and formatting of elements they are required to submit.

The Data Dictionary contains the following information:

- A history of modifications made to the Data Dictionary.
- Detailed description of each data element.
- An appendix containing specifications for CCSI extract file formats, a list of required data elements, and numeric and alphabetical listings of the data elements.

If you have any questions or comments regarding this Data Dictionary, please contact:

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Monroe County BHCD Data Dictionary

BHCD Data Dictionary – History of Modifications

Date Modified	Date Effective	Modification
1/8/2015	7/1/14	035 FACILITY ID – added codes for new agencies reporting to BHCD 39 Liberty Resources, Inc. 40 Ibero-American Action League
7/1/2014	9/1/13	054 PROCEDURE/SERVICE CODE – added code for reporting non Face-To-Face Adult Care Management Activity 4380 Care Management Activity
3/27/2014	01/01/2014	041 DIAGNOSIS-PRIMARY 042 DIAGNOSIS-ADDITIONAL 1 043 DIAGNOSIS-ADDITIONAL 2 Diagnoses information is no longer required. MC OMH will use other data sources when analyses by diagnosis are necessary. Various pages in the Appendix section have been updated to reflect this change.
3/27/2014	01/01/2014	036A PROGRAM REPORTING UNIT (RU) – added note that MC OMH Data Manager should be notified when new Program Reporting Units are added to data submissions.
3/27/2014	01/01/2014	036B OMH PROGRAM CODE – updated list to move codes no longer in use to the correct section in the table.
3/27/2014	01/01/2014	054 PROCEDURE/SERVICE CODE – updated list to move codes no longer in use to the correct section in the table.
3/27/2014	01/01/2014	065 C&E FLAG (Consultation and Education) – added description of what should be considered a C&Y case.
1/4/2013	01/01/2013	054 PROCEDURE/SERVICE CODE – added valid code for reporting Care Management (CMAD): 4360 Face-To-Face Contact
1/4/2013	01/01/2013	054 PROCEDURE/SERVICE CODE – changed valid code for reporting MICA/Network (5990): 4360 Face-to-Face Contact
1/4/2013	01/01/2013	054 PROCEDURE/SERVICE CODE – added valid code for reporting Project Link services in Advocacy Service (1760): 4360 Face-to-Face Contact
12/21/2012	01/01/2013	038 PROGRAM REFERRAL SOURCE – added code: 61 Health Home
12/11/2012	01/01/2013	036B OMH PROGRAM CODE – added code: CMAD Care Management – Adult Medicaid/Non-Medicaid
12/11/2012	01/01/2013	035 FACILITY ID – updated name for code 31 – Mental Health Association Transitional Coaching and Training
12/11/2012	01/01/2013	054 PROCEDURE/SERVICE CODE – added notes regarding discontinuation dates of codes related to PROS conversion
12/11/2012	01/01/2012	054 PROCEDURE/SERVICE CODE – added valid code for reporting Skillbuilding (0610): 4360 Face-to-Face Contact
12/11/2012	01/01/2012	036B OMH PROGRAM CODE – added Skillbuilding to description for 0610

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Date Modified	Date Effective	Modification
12/11/2012	01/01/2011	054 PROCEDURE/SERVICE CODE – added valid code for reporting MHA New Directions (1760): 1039 Visit
05/05/2011	01/01/2011	038 PROGRAM REFERRAL SOURCE – changed description for code 21 to “PROS (previously Continuing Day Treatment)”
01/01/2011	01/01/2011	035 FACILITY ID – Add code 37 – Mental Health Association New Directions
Fall 2010	10/01/2011	054 PROCEDURE/SERVICE CODE – reduced codes for Clinic Treatment (2100) reporting to: 4000 Assessment 1050 Clinic Visit Use of other codes will be phased out during 2011.
Fall 2010	10/1/2011	036B OMH PROGRAM CODE – added code: 2720 Non-Medicaid Care Coordination
Fall 2010	10/1/2011	054 PROCEDURE/SERVICE CODE – added codes for Non-Medicaid Care Coordination (2720): 4360 Face-To-Face Contact 4362 Face-To-Face Contact – PreAdmission
04/12/2010	01/01/2010	Data fields eliminated from submission requirements for 2010: Marital Status – 020 Veteran Status: Spouse/Partner – 022B Veteran Status: Parent/Legal Guardian – 022C Combat Service: Spouse/Partner – 022E Combat Service: Parent/Legal Guardian – 022F Disability – Secondary 2 – 028B Disability – Secondary 3 – 028C Inpatient Legal Status – 039 Program Referral To – 048
4/12/2010	01/01/2010	036B OMH PROGRAM CODE – added codes for PROS 6340 PROS (Personalized Recovery Oriented Services) 8340 Limited License PROS (Personalized Recovery Oriented Services) It was not necessary to add Procedure/Service Codes for this program as submission of event records (erfin file) is not required. Monroe County OMH will use Medicaid Claims data for any monitoring or reporting of service volume.
02/23/2010	02/23/2010	054 PROCEDURE/SERVICE CODE – add 9009 Drug Court (Socio-Legal Ctr)
06/29/2009	01/01/2009	054 PROCEDURE/SERVICE CODE – Change service code from 1039 (Visit) to 4230 (Direct Staff Hour), for OMH code 0610 (CCFY)
06/22/2009	07/01/2009	035 FACILITY ID – Add facility, 29 – Housing Options Made Easy
06/08/2009	2009 Data	039 INPATIENT LEGAL STATUS – Add ‘N’ (Not Applicable)
05/21/2009	2009 Data	054 PROCEDURE/SERVICE CODE – Add 9008 (Mental Health Court – Socio-Legal Ctr) to OMH, 1760 (Advocacy).
05/14/2009	2009 Data	Appendix: Added BHCD Error Reports – Error Codes and Descriptions
05/14/2009	2009 Data	Veteran and Combat fields (022A through 022F) – Clarification
5/11/2009	2009 Data	054 PROCEDURE/SERVICE CODE – Add procedure code for Assertive Community Treatment(ACT) Team, Brief Visit; OMH code, 0800 (Act); 1041 Brief Visit
04/06/2009	2009 Data	007 ALIAS, 008 STREET NAME- Correction; change Data Length to 50

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Date Modified	Date Effective	Modification
		004 LAST NAME, 005 FIRST NAME – Correction; change Data Length to 30
03/31/2009	2009 Data	Appendix: WDBITK File Format – Wdbitk files are sent to agencies in only 1 format.
03/18/2009	2009 Data	055 ATTENDANCE correction: ‘9’ Client Not Present – is also a valid code.
03/13/2009	2009 Data	026 Employment Status – more detailed descriptions of codes.
02/06/2009	2009 Data	Extract file format for Demfinxx.txt (Appendix) incorrectly identified data element, 018; it is Gender.
01/27/2009	2009 Data	New and modified fields for 2009.... Veteran and Combat fields (new) – 022A through 022F Race (formerly Ethnicity) – 019 Hispanic/Latino Indicator (new) – 019A Living Situation (formerly Residence Type) – 023 Program Referral To (new codes) – 048 Employment Status (new) – 026 Discharge Disposition (formerly Program Disposition) – 050 Household Composition has been removed The Definition, Comments, and Acceptable Codes/Descriptions sections of many data elements contain additional information for further clarification.
11/05/2008	06/26/2008	054 PROCEDURE/SERVICE CODE – Remove OMH code, 6053 (Supported Housing - Reinvestment CCSI). 036B PGMOMH – Remove OMH Code, 6053. 6053 is not a valid OMH code; all 6053 services are now reported under 6050.
06/26/2008	07/01/2008	Family Crisis Support Services..... 054 PROCEDURE/SERVICE CODE – Add OMH code, 2681 (Family Crisis Support), and the following Procedure Codes: 4321 Skillbuilding – Hours (Youth) 4322 Skillbuilding – Hours (Parent) 4323 Skillbuilding – Hours (Both) 4340 Family Advocacy Hours 4325 Emergency Crisis Support – Hours 036B PGMOMH – Add OMH Code, 2681. 054 PROCEDURE/SERVICE CODE Numerical Listing – Add the above Procedure Codes.
06/26/2008	06/26/2008	054 PROCEDURE/SERVICE CODE – Add OMH code, 6053 (Supported Housing - Reinvestment CCSI), and Procedure Code, 1548 (One Day). 036B PGMOMH – Add OMH Code, 6053.
06/12/2008	06/12/2008	065 C&E, 055 Attendance – Expand Definition, Comment descriptions
06/12/2008	06/12/2008	003 SSN – Change statement, “This element is not maintained in the BHCD” to “This element is maintained in the BHCD”
06/12/2008	01/01/2008	035 FACID – Add 26, St. Joseph’s Villa – Dewey Ave
06/06/2008	06/06/2008	Correct Wdbitk File Layout – Format 2: Remove Comma fields.
01/30/2008	01/30/2008	054 PROCEDURE/SERVICE CODE – OMH codes, no longer in use, have been removed

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01/30/2008	01/01/2007	054 PROCEDURE/SERVICE CODE – Description for procedure code, 4000, changed from “Screening” to “Assessment”
01/24/2008	01/01/2007	054 PROCEDURE/SERVICE CODE – Add procedure code for Child Health Plus, Home Visit; OMH code, 2100 (Clinic); 1049 Home Visit
01/03/2008	01/03/2008	023 RESIDENCE TYPE – Clarified description of “01”; changed from “Own residence” to “Private residence (owned or mortgaged)”.
10/18/2007	10/01/2007	054 PROCEDURE/SERVICE CODE – Add procedure code for SJV (New Care Coordination Slots), OMH code, 1760 (Advocacy) 4360 Face-To-Face Contact (SJV)
10/18/2007	01/01/2007	054 PROCEDURE/SERVICE CODE – Add procedure code for OMH code, 0690 (Outreach) 4600 Consultation
06/25/2007	01/01/1997	Included file format for the WDBITK file.
01/17/2007	01/1/2007	070 SED Status – Data element re-instated to capture SED for Children & Youth (clients < 18 years of age) served in selected programs (see page for detail). Codes to be used are: 0 – Not SED 2 – SED 9 – Unknown
01/17/2007	01/1/2007	050 PROGRAM DISPOSITION – Addition of codes 13 Hospitalized 14 Evaluation Only
01/17/2007	01/1/2007	038 PROGRAM REFERRAL SOURCE – Change description of code 16 – “Residential Program” to “Mental Health Residential Program”
01/17/2007	01/1/2007	038 PROGRAM REFERRAL SOURCE – Addition of codes 32 Chemical Dependency Treatment: Residential 52 Mental Retardation/Developmental Disability Program 53 Social Services Program 60 Child & Family Clinic Plus Screening
01/17/2007	01/1/2007	048 PROGRAM REFERRAL TO – Change description of code 16 – “Residential Program” to “Mental Health Residential Program”
01/17/2007	01/1/2007	048 PROGRAM REFERRAL TO – Addition of codes 32 Chemical Dependency Treatment: Residential 52 Mental Retardation/Developmental Disability Program 53 Social Services Program
01/17/2007	01/1/2007	036B OMH PROGRAM REPORTING CODE – Add OMH code for 2007: 0820 – Blended Case Management (For C&Y Use only)
01/17/2007	01/1/2007	054 PROCEDURE/SERVICE CODE – Add procedure code for OMH Program Code 0820 Blended Case Management (C&Y Only) 4360 Face-To-Face Contact
05/12/2006	01/1/2006	054 PROCEDURE/SERVICE CODE – Change non-PINS related services from OMH Program, 9988, to 1760 (Advocacy).
03/01/2006	01/1/2006	054 PROCEDURE/SERVICE CODE – Add procedure code for OMH Program 1650 C&Y Family Support: 4345 – Youth Support Hour
01/30/2006	01/1/2006	036B OMH PROGRAM REPORTING CODE – Add OMH codes for 2006: 1600 - Crisis/Respite Beds (replaces some 0990 and 0910 programs) 2680 - Crisis Intervention (replaces all 0510) 3010 - Inpatient Psychiatric Unit of a General Hospital (replaces all 0010)

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Date Modified	Date Effective	Modification
01/30/2006	01/1/2006	054 PROCEDURE/SERVICE CODE – Add procedure codes for new OMH codes.
01/30/2006	01/1/2006	035 FACILITY ID – Updates made to document recent agency mergers and program transitions.
01/30/2006	01/1/2006	Data Elements eliminated because submission not required as of 1/1/06: 070 SPMI/SED Status 046 Global Assessment of Functioning (GAF): Initial 047 Global Assessment of Functioning (GAF): Termination 049 Program Referral To: Secondary 045 Principal Diagnosis 053 Staff Type
01/30/2006	01/1/2006	018 GENDER – Addition of code 3 Transgender
01/30/2006	01/1/2006	050 PROGRAM DISPOSITION – Addition of code 12 Transfer
01/30/2006	01/1/2006	076 RELIGIOUS/SPIRITUAL AFFILIATION – Addition of code 00 None
01/30/2006	01/1/2006	Change in definition of Diagnosis fields: 041 DX1A becomes Primary Diagnosis 042 DX1B becomes Additional Diagnosis 1 043 DX2A becomes Additional Diagnosis 2

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Field Definitions

NUMBER:	The number corresponding to the element.
DATA ELEMENT :	Element full name.
REQUIRED BY:	This field lists the providers/programs for which the element needs to be submitted.
DEFINITION:	This field defines the content and/or the source of the information to be recorded in the data element. Often it is unnecessary, as the Label field is self-explanatory.
CONFIDENTIALITY:	<p>This field defines the level of confidentiality associated with an element. There are three levels of confidentiality. These are used to determine how reports and data are released.</p> <p><u>Level 1 – Patient Identifying Information:</u> Data that can uniquely identify an individual client. Not to be released except:</p> <ul style="list-style-type: none">- where the client has signed a release;- where the County has the authority to view client-specific data for the discharge of its responsibilities;- where there is a relationship between a primary provider and a specialized agency, and the sharing of client specific information is necessary to the County oversight function. <p><u>Level 2 – Facility Identifying Information:</u> Data that uniquely identifies an agency or an agency’s programs. Not to be released except:</p> <ul style="list-style-type: none">- to CCSI and CCSI committees;- to Monroe County; to the agency itself;- to other identified parties with written permission of the agency. <p><u>Level 3 – Other Information:</u> No special restrictions apply.</p>
DATA TYPE:	<p>This field identifies the element as Alphanumeric, Numeric, or a Date. Alphanumeric elements may contain the following: numbers, uppercase letters, blanks, and the symbols - . , # () ‘ ’ “ and ”. Dates must be of the form: YYYYMMDD.</p> <p>Numeric elements may contain the following: numbers, blanks, and periods (decimal points).</p>
DATA LENGTH:	The maximum number of columns that the data element will occupy.
COMMENTS:	This area contains additional information about the data element.
ACCEPTABLE CODES AND CODE DESCRIPTIONS:	This area displays the acceptable codes and their descriptions.

Data Elements

NUMBER: 001

DATA ELEMENT: **AGGREGATE ID** (Agg ID)

REQUIRED: All Agencies

Is found on all submission records. If this element is not blank or 'M's, and has fewer than 7 characters, the record will be rejected.

DEFINITION: Unduplicated ID in BHCD, across agencies; assigned by BHCD when client enters for the first time.

CONFIDENTIALITY: Lvl 1

DATA TYPE: ALPHANUMERIC

DATA LENGTH: 7

COMMENTS: Agencies do not collect the Aggregate ID.

The first time an agency submits a client to BHCD, the Aggregate ID must be blank or 'MMMMMMM'.

BHCD determines if that client was previously submitted by another agency. If not, BHCD automatically generates a unique Aggregate ID for the client.

The BHCD-generated Aggregate ID, along with its corresponding Case ID (element 002), is transmitted back to the submitting agency so the agency can update its files (see CCSI WDBITK File Format in Appendix A); all subsequent submissions for the client will contain the BHCD-generated Aggregate ID.

Note: the first 2 characters indicate the year the client first entered BHCD.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

First time an agency submits a client, the Aggregate ID field, in all the client's submission records, is either blank or populated with 'MMMMMMM'.

For subsequent submissions, the Aggregate ID field, in all submission records, is populated with the BHCD-assigned Aggregate ID.

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Data Elements

NUMBER: 002
DATA ELEMENT: **CASE ID**
REQUIRED BY: ALL AGENCIES
Must be entered on all submission records. This element is a maximum of 10 characters.
If omitted, the record will be rejected.

DEFINITION: Case ID is the internal ID assigned by the agency providing services.
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 10 (maximum)
COMMENTS: Submitted to CCSI to facilitate assignment of element, 001- Aggregate ID.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

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Data Elements

NUMBER: 003
DATA ELEMENT: SOCIAL SECURITY NUMBER (SSN)
REQUIRED BY: ALL AGENCIES
DEFINITION: Client's Social Security Number
CONFIDENTIALITY: Lvl 1
DATA DATA TYPE: ALPHANUMERIC; Format, 'XXXXXXXXXX' (no hyphens)
DATA LENGTH: 9
COMMENTS: DO NOT use the parent's SSN if the client is a child.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Submit using the format 'XXXXXXXXXX'; *DO NOT Use Hyphens.*
If SSN is unknown, leave blank or fill with '0's or 'M's
Note: DO NOT use the parent's SSN if the client is a child.

For C&E (element 065) cases, enter '0's.

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Data Elements

NUMBER: 004
DATA ELEMENT: LAST NAME
REQUIRED BY: ALL AGENCIES
If this element is omitted, the record will be rejected.
DEFINITION: Client's full legal last name.
For C&E cases, last name is a description of the group receiving service.
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 30
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Submit client's full legal last name.

For C&E (element 065) cases, enter the group name/description.

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 005
DATA ELEMENT: **FIRST NAME**
REQUIRED BY: ALL AGENCIES
If this element is omitted, the record will be rejected.
Exception: For C&E clients (element 065), leave First Name blank.
DEFINITION: Client's full legal first name.
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 30
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Submit client's full legal first name.

For C&E (element 065) cases, leave this element blank.

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 006
DATA ELEMENT: MIDDLE NAME INITIAL
REQUIRED BY: ALL AGENCIES
DEFINITION: Client's middle name initial
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

If no middle name initial, or for C&E (element 065) cases, leave this element blank.

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 007
DATA ELEMENT: ALIAS NAME
REQUIRED BY: ALL AGENCIES
DEFINITION: Maiden name or last name given at birth, if different from Last Name (element 006).

CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 50
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Leave blank if not applicable.

Data Elements

NUMBER: 008
DATA ELEMENT: **STREET ADDRESS**
REQUIRED BY: ALL AGENCIES
DEFINITION: Number, street name, street type (types listed below).
 Client's permanent or institution address.
 C&E clients – the group's address
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 50
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

If client is in community residence or institution, enter the residence or institution address.
 If client is in temporary residential care or inpatient, enter the client's permanent residence.
 If client has no permanent address, enter 'transient'.

For C&E (element 065) cases, enter the group's address.

The street type codes below are suggestions for abbreviating addresses that may exceed the 50 character length.

STREET TYPE CODE	DESCRIPTION
Alley	
Ave	Avenue
Bldv	Boulevard
Cir	Circle
Ct	Court
Cresc	Crescent
Dr	Drive
Hgts	Heights
Hgwy	Highway
Hill	
Lane	
Park	
Pkway	Parkway
Pl	Place
Pt	Point
Rd	Road
Sq	Square
St	Street
Terr	Terrace
Trail	
Way	

Data Elements

NUMBER: 010
DATA ELEMENT: CITY
REQUIRED BY: ALL AGENCIES
DEFINITION: Client's permanent or institution address.
C&E (element 065) cases – the group's address.
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 10
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

If client is in community residence or institution, enter the residence or institution address.
If client is in temporary residential care or inpatient, enter the client's permanent residence.

For C&E (element 065) cases, enter the group's address.

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 011
DATA ELEMENT: STATE
REQUIRED BY: ALL AGENCIES
DEFINITION: Client's permanent or institution address.
C&E (element 065) cases – the group's address
CONFIDENTIALITY: Lvl 1
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS: Submitted to CCSI to facilitate assignment of 001, Aggregate ID.
This element is maintained in BHCD in accordance with Level 1 Confidentiality.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

If client is in community residence or institution, enter the residence or institution address.
If client is in temporary residential care or inpatient, enter the client's permanent residence.

For C&E (element 065) cases, enter the group's address.

CODE	DESCRIPTION	CODE	DESCRIPTION
AL	Alabama	MO	Missouri
AK	Alaska	MT	Montana
AZ	Arizona	NE	Nebraska
AR	Arkansas	NV	Nevada
CA	California	NH	New Hampshire
CN	Canada	NJ	New Jersey
CZ	Canal Zone	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	District of Columbia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PA	Pennsylvania
HI	Hawaii	PR	Puerto Rico
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
IA	Iowa	TN	Tennessee
KS	Kansas	TX	Texas
KY	Kentucky	00	UnKnown
LA	Louisiana	UT	Utah
ME	Maine	VT	Vermont
MD	Maryland	VI	Virgin Islands
MA	Massachusetts	VA	Virginia
MI	Michigan	WA	Washington
MN	Minnesota	WV	West Virginia
MM	Missing	WI	Wisconsin
MS	Mississippi	WY	Wyoming

Data Elements

NUMBER: 012
DATA ELEMENT: **ZIP CODE**
REQUIRED BY: ALL AGENCIES
DEFINITION: Client's permanent or institution address.
C&E (element 065) cases – group's address.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC; Format, '99999'
DATA LENGTH: 5
COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Use format, '99999'.

Submit the 1st 5 digits of a 9-digit zip code.

If client is in community residence or institution, enter the residence or institution address.

If client is in temporary residential care or inpatient, enter the client's permanent residence.

If unknown, leave ZIP blank or populate with 'MMMMM'.

For C&E (element 065) cases, enter the group's address.

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Data Elements

NUMBER: 013
DATA ELEMENT: COUNTY
REQUIRED BY: ALL AGENCIES
DEFINITION: Client's permanent or institution address.
C&E (element 065) cases – group's address
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

If client is in community residence or institution, enter the residence or institution address.
If client is in temporary residential care or inpatient, enter the client's permanent residence.

For C&E (element 065) cases, enter the group's address.

01 Albany	23 Jefferson	45 St. Lawrence
02 Allegany	24 Kings	46 Saratoga
03 Bronx	25 Lewis	47 Schenectady
04 Broome	26 Livingston	48 Schoharie
05 Cattaraugus	27 Madison	49 Schuyler
06 Cayuga	28 Monroe	50 Seneca
07 Chautauqua	29 Montgomery	51 Steuben
08 Chemung	30 Nassau	52 Suffolk
09 Chenango	31 New York	53 Sullivan
10 Clinton	32 Niagara	54 Tioga
11 Columbia	33 Oneida	55 Tompkins
12 Cortland	34 Onondaga	56 Ulster
13 Delaware	35 Ontario	57 Warren
14 Dutchess	36 Orange	58 Washington
15 Erie	37 Orleans	59 Wayne
16 Essex	38 Oswego	60 Westchester
17 Franklin	39 Otsego	61 Wyoming
18 Fulton	40 Putnam	62 Yates
19 Genesee	41 Queens	70 NYS County Unk.
20 Greene	42 Rensselaer	80 USA, not NYS
21 Hamilton	43 Richmond	90 Not USA
22 Herkimer	44 Rockland	99 Unknown

Data Elements

NUMBER: 017
DATA ELEMENT: **DATE OF BIRTH**
REQUIRED BY: ALL AGENCIES
If this element is invalid or omitted, the record will be rejected.
DEFINITION: Client's date of birth (best available information).
CONFIDENTIALITY: Lvl 1
DATA TYPE: DATE; Format, 'YYYYMMDD'
DATA LENGTH: 8
COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

If DOB is unknown, submit YYYY0101 where YYYY equals approximate year of birth.

For C&E (element 065) cases, enter '01/01/1900'

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Data Elements

NUMBER: 018
DATA ELEMENT: GENDER
REQUIRED BY: ALL AGENCIES
DEFINITION: Gender of client.
CONFIDENTIALITY: Lvl 3 (Could be 1 when combined with other data elements per HIPAA)
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '9' (Unknown).

CODE	DESCRIPTION
1	Male
2	Female
3	Transgender
9	Unknown

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Data Elements

NUMBER: 019
DATA ELEMENT: RACE (*new 2009 – formerly Ethnicity*)
REQUIRED BY: ALL AGENCIES
DEFINITION: The code which best represents the race of the client.
CONFIDENTIALITY: Lvl 3 (May be level 1 when combined with other data per HIPAA)
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS: This element, together with the Hispanic/Latino Indicator (019A), makes it possible to compare race/ethnicity to other data sets including US Census and OMH Patient Characteristic Survey.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '90' (Unknown).

CODE	DESCRIPTION	2009 Notes
10	White	
20	Black – Unspecified Origin	
21	African-American	
22	Black – of Jamaican Origin	
23	Black – of Other Origin	
40	Asian/Pacific Islander – Unspecified Origin	
41	Asian/Pacific Islander – of Chinese Origin	
42	Asian/Pacific Islander – of Indo-Chinese Origin	
43	Asian/Pacific Islander – of Indian/Pakistani Origin	
44	Asian/Pacific Islander- Other Origin	
50	American Indian / Alaskan Native	<i>DESCRIPTION changed</i>
60	Multi-racial	<i>DESCRIPTION changed</i>
70	Other	
90	Unknown	

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 019A
DATA ELEMENT: HISPANIC/LATINO INDICATOR (*new 2009*)
REQUIRED BY: ALL AGENCIES
DEFINITION: The code which best represents the ethnic background of the client.
CONFIDENTIALITY: Lvl 3 (May be level 1 when combined with other data per HIPAA)
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS: This element, together with Race (019), makes it possible to compare race/ethnicity to other data sets including US Census and OMH Patient Characteristic Survey.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '19' (Unknown).

CODE	DESCRIPTION
00	Not Hispanic/Latino
10	Yes, Mexican, Mexican American, Chicano
11	Yes, Puerto Rican
12	Yes, Cuban
13	Yes, Other Known Origin
14	Yes, Origin Not Specified
19	Unknown

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 021
DATA ELEMENT: EDUCATION
REQUIRED BY: ALL AGENCIES
DEFINITION: The highest grade or degree completed by the client; if client is a child, enter child's current education level.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '9' (Unknown).

CODE	DESCRIPTION
01	No education
02	Less than high-school (8 th grade or less)
03	Some high school
04	High-school/GED diploma
05	Vocational, technical, business school
06	Some college
07	2 year college degree
08	4 year college degree
09	Graduate school
99	Unknown

Data Elements

NUMBER: 022A
DATA ELEMENT: VETERAN STATUS OF CLIENT (*new 2009*)
REQUIRED BY: ALL AGENCIES SERVING ADULTS
DEFINITION: The current veteran status of the client
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS: Provides ability to assess service utilization and to plan for specific needs of those who have served in armed forces, and their families.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '99' (Unknown).

CODE	DESCRIPTION
01	Yes, now on active duty (includes Reserves or National Guard)
02	Yes, in past but not now (Veteran)
03	Yes, current active status unknown
04	No, training for Reserves or National Guard duty
05	No, never served in military
99	Unknown

If Client is younger than 18 – Populate Veteran Status of Client's Parent or Legal Guardian; leave the 2 other veteran status fields blank (or they can be populated with M's).

If Client is 18 or older – Populate Veteran Status of Client, and Veteran Status of Client's Spouse or Partner (if no spouse or partner, leave blank); leave Veteran Status of Parent or Guardian blank (or it can be populated with M's).

Data Elements

NUMBER: 022D
DATA ELEMENT: COMBAT SERVICE OF CLIENT (*new 2009*)
REQUIRED BY: ALL AGENCIES SERVING ADULTS
DEFINITION: The current combat service of the client.

CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS: Provides ability to assess service utilization and to plan for specific needs of those who have served in armed forces, and their families.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Note: Answers the question... *Have you ever served in a combat zone?*

For C&E (element 065) cases, enter '9' (Unknown).

CODE	DESCRIPTION
1	Yes
2	No
9	Unknown

If Client is younger than 18 – Populate Combat Service of Client's Parent or Legal Guardian; leave the 2 other combat service fields blank (or they can be populated with M's).

If Client is 18 or older – Populate Combat Service of Client, and Combat Service of Client's Spouse or Partner (if no spouse or partner, leave blank); leave Combat Service of Parent or Guardian blank (or it can be populated with M's).

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 023

DATA ELEMENT: **LIVING SITUATION** (*new 2009 – formerly Residence Type*)

REQUIRED BY: ALL AGENCIES

DEFINITION: The client’s *current* living situation, whether it is a temporary or permanent situation. Identifies where the client is spending the night, not where the client’s mail is received.

CONFIDENTIALITY: Lvl 3

DATA TYPE: ALPHANUMERIC

DATA LENGTH: 2

COMMENTS: Provides ability to track changes in living situation to assess improvement in independence and socio-economic status.
Important to capture these changes for programs where Living Situation is an identified outcome measure.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter ‘99’ (Unknown).

Note: Code, 12, for “Therapeutic Foster Home (C&Y clients)”, has been removed. These cases should be included as code, 11, “Foster Home (C&Y clients).”

CODE	DESCRIPTION	2009 Notes
01	Private residence (owned or mortgaged)	
02	Rental home or apartment	
03	Home of relative or friend	
04	Rooming house, hotel, SRO (non-MH)	<i>“(non-MH)” added to DESCRIPTION</i>
05	Nursing/health-related facility	
06	Institution (ex: RPC)	<i>“(ex: RPC)” added to DESCRIPTION</i>
07	Community residence	
08	Adult home (PPHA)	
09	Family care	
10	Incarcerated (prison, jail, lock-up)	
11	Foster Home (C&Y clients)	
13	Residential Treatment Facility (C&Y clients)	
14	SRO (Mental Health)	<i>new code</i>
15	Supported Housing/Apartment	<i>new code</i>
77	Transient/Homeless	
88	Other	
99	Unknown	

Data Elements

NUMBER: 025
DATA ELEMENT: INCOME SOURCE – PRIMARY
REQUIRED BY: ALL AGENCIES EXCEPT ED
DEFINITION: The client's single largest source of income.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Submit the code corresponding to the single largest source of income.

For C&E (element 065) cases, enter '99' (Unknown).

CODE	DESCRIPTION
00	None
01	Full-time employment
02	Part-time employment
04	Alimony or child support
05	Unemployment
06	Pension, Social Security
07	Support from employed spouse
08	Support from employed parent
11	SSI
12	SSDI
13	ADC, Home Relief or other welfare
14	VA Benefits
15	Worker's Comp
88	Other
99	Unknown

Data Elements

NUMBER: 026
DATA ELEMENT: EMPLOYMENT STATUS (*new 2009*)
REQUIRED BY: ALL AGENCIES
DEFINITION: The client's current employment status
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS : Provides ability to track changes in employment to assess improvement in socio-economic status and employment goals over the course of mental health treatment. Important to capture these changes for clients with programs where employment is an identified outcome measure.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '99' (Unknown).

CODE	DESCRIPTION
10	Competitive employment (employer-paid position) with no formal supports
11	Competitive employment (employer-paid position) with ongoing supports
20	Community-integrated employment run by a state or local agency (agency-funded positions only)
30	Non-integrated employment run by a state or local agency (sheltered workshop, affirmative businesses, enclaves, mobile work crews)
40	Sporadic or casual employment for pay (includes odd jobs)
41	Non-paid work position (volunteer)
50	Not in Labor Force: looking for work
51	Not in Labor Force: retired, homemaker, student
52	Not in Labor Force: disabled, psychiatric inpatient, incarcerated
53	Not in Labor Force: other
99	Unknown

Data Elements

NUMBER: 027
DATA ELEMENT: **DISABILITY – PRIMARY**
REQUIRED BY: ALL AGENCIES
DEFINITION: A disability (Primary) of the client which results in substantial functional limitations in 3 or more of the following major life activity areas:
Self-care
Receptive & expressive language
Learning, mobility
Self-direction
Capacity for independent living
Economic self-sufficiency.

CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '99' (Unknown).

CODE	DESCRIPTION
00	No disability
10	Mental Health
20	Developmental disability
21	Mental retardation
30	Substance abuse (type unknown)
31	Alcohol
32	Drug
33	Mixed substance
40	Physical impairment
41	Blind
42	Hearing impaired
43	Ambulation impairment
50	Homebound
60	Educational disability
88	Other
99	Unknown

Data Elements

NUMBER: 028A

DATA ELEMENT: **DISABILITY – SECONDARY 1**

REQUIRED BY: ALL AGENCIES

DEFINITION: A disability (Secondary 1) of the client which results in substantial functional limitations in 3 or more of the following major life activity areas:

- Self-care
- Receptive & expressive language
- Learning, mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

CONFIDENTIALITY: Lvl 3

DATA TYPE: ALPHANUMERIC

DATA LENGTH: 2

COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For C&E (element 065) cases, enter '99' (Unknown).

CODE	DESCRIPTION
00	No disability
10	Mental Health
20	Developmental disability
21	Mental retardation
30	Substance abuse (type unknown)
31	Alcohol
32	Drug
33	Mixed substance
40	Physical impairment
41	Blind
42	Hearing impaired
43	Ambulation impairment
50	Homebound
60	Educational disability
88	Other
99	Unknown

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 035

DATA ELEMENT: **FACILITY ID**

REQUIRED BY: ALL AGENCIES

Must be submitted on all records. If this element is omitted or invalid, the record will be rejected.

If this element, concatenated with OMH Program Code (element 036B) and Procedure/Service Code (element 054), is not a valid code combination, the record will be rejected.

DEFINITION: A two-character code which identifies the submitting agency.

CONFIDENTIALITY: Lvl 2

DATA TYPE: ALPHANUMERIC

DATA LENGTH: 2

COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

CODE	DESCRIPTION
02	Rochester Mental Health Center
03	University of Rochester Mental Health Center
04	Unity
05	Crestwood Children's Center
06	Rochester Psychiatric Center
09	East House Corporation
10	Rochester Rehabilitation Center
15	Winship Community Residences (DePaul)
16	Compeer Rochester Inc.
17	Rochester General Hospital
19	Socio-Legal Center
21	Catholic Family Center
22	Villa of Hope
23	Hillside Children's Center
25	DePaul Community Services
26	Villa of Hope – Dewey Ave
27	Mental Health Association – Better Days Ahead
29	Housing Options Made Easy
31	Mental Health Association - Transitional Coaching and Training
32	Mental Health Association - Drop-In-Center
36	Rochester General Hospital – Genesee Mental Health Center Site
37	Mental Health Association – New Directions
38	Villa of Hope – Skillbuilding
39	Liberty Resources
40	Ibero-American Action League

Monroe County BHCD Data Dictionary

NUMBER: 035 (Cont'd)

DISCONTINUED FACILITIES

CODE	DESCRIPTION	Discontinued Date
01	Genesee Mental Health Center	05/30/2001
07	Livingston County Counseling Services	01/01/1993
08	Depaul Mental Health Center	01/01/1993
11	Community Network, Inc	06/01/1995
12	St. John's Home	01/01/1993
13	Jewish Home	01/01/2003
14	Operation Friendship	01/01/2005 – Transferred to DePaul from The Health Association
18	Monroe County Court Clinic	01/01/2004
19	Hudson Avenue	09/01/1989
20	Berkshire Farm Center (started 01/01/2008)	11/30/2008
24	Unity – Genesee St	12/03/2003 – Merged into Unity (04). Formerly St. Mary's
28	YFP Care Manager	6/30/2011
30	WorkGuide	09/30/2009 – Transitioned to PROS 01/01/2006 – Formerly The Health Association – transferred to DePaul
33	Cornerstone (DePaul)	01/01/2004 – Merged into DePaul (25)
34	Parkside (DePaul)	01/01/2004 – Merged into DePaul (25)
35	T-Shirt Factory (DePaul)	01/01/2004 – Merged into DePaul (25)
98	CSS	
99	ICM	

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 036A
DATA ELEMENT: PROGRAM REPORTING UNIT (RU)
REQUIRED BY: ALL AGENCIES
DEFINITION: The agency's internal identifying number used to identify a specific program or program component.
CONFIDENTIALITY: Lvl 2
DATA TYPE: ALPHANUMERIC; Format, left-justified
DATA LENGTH: 5
COMMENTS : Every RU must be related to a value in element 36B (OMH Program Code).

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

It is up to the agency whether or not to use leading zeros if the identifying number has fewer than 5 characters; however, there must be format consistency between the RU in the PGMFIN record and the RU in the ERFIN record. (*See CCSI File Formats in Appendix A*)

When providers add new Program Reporting Units, the Monroe County OMH Data Manager should be notified in order to update tables in BHCD to properly identify the program.

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 036B

DATA ELEMENT: **OMH PROGRAM CODE**

REQUIRED BY: ALL AGENCIES

If this element is omitted or invalid, the record will be rejected.

If this element, concatenated with Facility ID (element 035) and Procedure/Service Code (element 054), is not a valid code combination, the record will be rejected.

DEFINITION: The OMH program certification type.

CONFIDENTIALITY: Lvl 2

DATA TYPE: ALPHANUMERIC

DATA LENGTH: 4

COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

OMH PROGRAM CODE	DESCRIPTION
CMAD	Care Management – Adult Medicaid/Non-Medicaid <i>(Added 1/1/13)</i>
0040	Family Care
0200	Day Treatment
0230	Home and Community Based Waiver
0380	Transitional Employment
0610	Skillbuilding (effective 1/1/12 at Villa of Hope)
0690	Outreach
0800	Assertive Community Treatment (ACT) Teams
0810	Case Management – CSS
0910	Crisis Residence
1080	Residential Treatment Facility – Children and Youth
1600	Crisis/Respite Beds
1650	Children and Youth (C&Y) Family Support Service
1680	Crisis Outreach (CPEP)
1760	Advocacy Service
1770	Drop-In Center
1810	Intensive Case Management
1920	Extended Observation Beds (CPEP)
2100	Clinic Treatment
2200	Partial Hospitalization
2680	Crisis Intervention
2681	Family Crisis Support
2720	Non-Medicaid Care Coordination
3010	Inpatient Psychiatric Unit of a General Hospital
3040	Home-based Crisis Intervention
3130	Crisis Intervention (CPEP)
5990	MICA Network
6050	Supported Housing
6070	Treatment/Congregate

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 036B *cont'd.*

OMH PROGRAM CODE	DESCRIPTION
6080	Support/Congregate
6340	PROS (Personalized Recovery Oriented Services)
6810	Supportive Case Management
7070	Treatment/Apartment
8050	Community Residence/Single Room Occupancy
OMH Program Codes No Longer in Use	
0340	Sheltered Workshop/Satellite Shltd Wrkshp (<i>Inactive as of 9/30/13</i>)
0610	Community Connections For Youth (<i>ended March 2011</i>)
0670	Client Transportation (<i>Inactive as of 12/31/11</i>)
0700	Non-Inpatient Crisis Services (<i>Inactive as of 2007</i>)
0770	Psychosocial Club (<i>Inactive as of 2/28/10</i>)
1310	Continuing Day Treatment (<i>Inactive as of October 2010</i>)
1380	Assisted Competitive Employment (<i>Inactive as of 12/31/11</i>)
2040	Family Based Treatment Program (<i>Inactive as of 12/31/11</i>)
2320	Intensive Psychiatric Rehabilitation Treatment (<i>Inactive as of 3/31/11</i>)
2340	Affirmative Business/Industry (<i>Inactive as of 12/31/12</i>)
3340	Client Worker Program (<i>Inactive as of 11/30/10</i>)
4340	Ongoing Integrated Supported Emp (<i>Inactive as of 12/31/12</i>)
6060	Case Management – Supported Housing (<i>Inactive as of 12/31/09</i>)
6820	Adult Home Supportive Case Management (<i>Inactive as of 12/31/13</i>)
8340	Limited License PROS (Personalized Recovery Oriented Services) (<i>inactive as of 3/31/12</i>)

Data Elements

NUMBER: 037
DATA ELEMENT: PROGRAM ADMISSION DATE
REQUIRED BY: ALL AGENCIES
If this element is omitted or invalid, the record will be rejected.
DEFINITION: Date the client is first seen in the agency program.
CONFIDENTIALITY: Lvl 3 (Could be 1 when combined with other data elements per HIPAA)
DATA TYPE: DATE; 'YYYYMMDD'
DATA LENGTH: 8
COMMENTS :
ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 038
DATA ELEMENT: PROGRAM REFERRAL SOURCE
REQUIRED BY: ALL AGENCIES
DEFINITION: The type of agency or program from which the client was referred.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

CODE	DESCRIPTION
00	Self
10	Inpatient: Acute Psych Unit
11	Inpatient: State Psychiatric
15	Residential Treatment Facility
16	Mental Health Residential Program
20	Clinic
21	PROS (previously Continuing Day Treatment)
22	Day Treatment
23	Partial Hospitalization
24	Intensive Psych Rehabilitation Treatment
25	Psychosocial Club
26	Private Practitioner: Mental Health
27	Crisis Service/Emergency Department
28	Intensive Case Management
29	Mobile Crisis
30	Chemical Dependency Treatment: Inpatient
31	Chemical Dependency Treatment: Outpatient
32	Chemical Dependency Treatment: Residential
40	Court/correctional System
41	Vocational Services
42	Educational Program
43	Medical Practitioner
44	Medical Unit/General Hospital
45	Nursing Facility
46	Shelter for Homeless
50	Self Help Group
51	Non Traditional Treatment Provider
52	Mental Retardation/Developmental Disability Program
53	Social Services Program
60	Child & Family Clinic Plus Screening
61	Health Home
88	Other
99	Unknown

Data Elements

NUMBER: 050
DESCRIPTION : **DISCHARGE DISPOSITION** (*revised 2009 – formerly Program Disposition*)
REQUIRED BY: ALL AGENCIES
Required when the client is discharged from a program. When Termination Date (element 075) is submitted, a Discharge Disposition is required.
DEFINITION: The code which best describes the client’s success in meeting clinical/program goals at program discharge.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS : Captures client progress toward meeting clinical/program goals. Provides the ability to assess the success of a client-program episode.

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

When Termination Date (element 075) is submitted, a Discharge Disposition is required.

CODE	DESCRIPTION
20	Successfully met all mutually-agreed upon goals
21	Successfully met half or more mutually-agreed upon goals
22	Did not meet mutually-agreed upon goals
23	Client left against clinical/medical advice
30	Client incarcerated
31	Client hospitalized
32	Client moved/relocated
33	Client lost to contact
34	Client died

Data Elements

NUMBER: 051
DATA ELEMENT: **EVENT DATE**
REQUIRED BY: ALL AGENCIES
If omitted or invalid, the record will be rejected.
DEFINITION: Date of the Service (Visit, Contact, etc.)

CONFIDENTIALITY: Lvl 3 (Could be 1 when combined with other data elements per HIPAA)
DATA TYPE: DATE; 'YYYYMMDD'
DATA LENGTH: 8
COMMENTS :

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

For inpatient and residential services, submit one record per month where the Event Date is the last day during the month the client was still in residence. Use the minutes portion of Duration field (element 057) to submit the number of days during that month the client was in residence.

For other services, submit 1 record for each unit of service.

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 054

DATA ELEMENT: **PROCEDURE/SERVICE CODE**

REQUIRED BY: ALL AGENCIES

If this element is omitted or invalid, the record will be rejected.

If this element, concatenated with Facility ID (element 035) and OMH Program Code (element 036B), is not a valid code combination, the record will be rejected.

DEFINITION:

CONFIDENTIALITY: Lvl 3

DATA TYPE: ALPHANUMERIC

DATA LENGTH: 4

COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS :

Procedure/Service Codes With Their Related OMH Program Codes			
OMH PROGRAM CODE	DESCRIPTION	PROCEDURE/SERVICE CODE and DESCRIPTION	
CMAD	Care Management	4360	Face-to-Face Contact
		4380	Care Management Activity
0040	Family Care	1548	One Day
0200	Day Treatment	1020	Home Visit
		1030	Crisis Visit
		1044	Collateral Visit
		1510	Full day
		1512	Half day
0230	Home and Community Based Waiver	4230	Direct Staff Hours
0380	Transitional Employment	4230	Direct Staff Hours
		4232	Indirect Staff Hours
0610	Skillbuilding	4360	Face-to-Face Contact
0690	Outreach	1047	Outreach Visits
		4600	Consultation
0800	Assertive Community Treatment (ACT) Teams	1041	Brief Visit
		4360	Face-to-Face Contact
		4361	Face-to-Face Contact – Collateral
0810	Case Management	4230	Direct Staff Hour
0910	Crisis Residence	1548	One Day
1080	Residential Treatment Facility – Children and Youth	1548	One Day
1600	Crisis/Respite Beds	1548	One Day
1650	Children and Youth (C&Y) Family Support Service	4230	Direct Staff Hours

Monroe County BHCD Data Dictionary

Data Elements

Procedure/Service Codes With Their Related OMH Program Codes			
OMH PROGRAM CODE	OMH PROGRAM DESCRIPTION	PROCEDURE/SERVICE CODE and DESCRIPTION	
1680	Crisis Outreach (CPEP)	1047	Outreach Visit
		1120	Crisis Intervention Visit
1760	Advocacy Service	1039	Visit (New Directions)
		4230	Direct Staff Hours
		4232	Indirect Staff Hours
		4360	Face-to-Face Contact (Project Link)
		4360	Face-To-Face Contact (Villa CC)
		9001	730 (Socio-Legal Ctr)
		9002	Court Order (Socio-Legal Ctr)
		9003	County Probation (Socio-Legal Ctr)
		9004	County Parole (Socio-Legal Ctr)
		9005	Other (Socio-Legal Ctr)
		9006	NYS Parole (Socio-Legal Ctr)
		9007	US Federal Probation (Socio-Legal Ctr)
		9008	Mental Health Court (Socio-Legal Ctr)
		9009	Drug Court (Socio-Legal Ctr)
1770	Drop-In Center	1039	Visit
		4390	Phone Calls
1810	Intensive Case Management	4360	Face-to-Face Contact
1920	Extended Observation Beds (CPEP)	1548	One Day
2100	Clinic Treatment	1050	Clinic Visit
	<i>Note: Codes other than 1050 and 4000 should have been phased out during 2011.</i>	4000	Assessment Visit
		1043	Regular Visit (RPC Only)
2200	Partial Hospitalization	4000	Assessment Visit
		4030	Crisis Visit Hours
		4043	Regular Visit Hours
		4044	Collateral Visit Hours
		4046	Group Collateral Visit Hours
2680	Crisis Intervention	1039	Visit
2681	Family Crisis Support	4321	Skillbuilding – Hours (Youth)
		4322	Skillbuilding – Hours (Parent)
		4323	Skillbuilding – Hours (Both)
		4325	Emergency Crisis Support – Hour
		4340	Family Support Hour
2720	Non-Medicaid Care Coordination	4360	Face-to-Face Contact
		4362	Face-to-Face Contact-PreAdmission
3010	Inpatient Psychiatric Unit of a General Hospital	1548	One Day
3040	Home-based Crisis Intervention	4230	Direct Staff Hours
		4232	Indirect Staff Hours
3130	Crisis Intervention (CPEP)	4370	Contact

Monroe County BHCD Data Dictionary

Procedure/Service Codes With Their Related OMH Program Codes			
OMH PROGRAM CODE	OMH PROGRAM DESCRIPTION	PROCEDURE/SERVICE CODE and DESCRIPTION	
5990	MICA/Network	4360	Face-to-Face Contact
		4240	Staff Hours (<i>prior to 1/1/13</i>)
6050	Supported Housing – NYS	1548	One Day
6070	Treatment/Congregate	1548	One Day
6080	Support/Congregate	1548	One Day
6340	PROS (Personalized Recovery Oriented Services)	<i>No event record submission required.</i>	
6810	Supportive Case Management	4360	Face-to-face Contact
7070	Treatment/Apartment	1548	One Day
8050	Community Residence/Single Room Occupancy	1548	One Day
DISCONTINUED PROGRAM/PROCEDURE CODE COMBINATIONS			
0200	Day Treatment <i>(Procedure codes no longer used in program)</i>	1514	Brief Day
		1530	Pre-admission full day
		1532	Pre-admission half day
0349	Sheltered Workshop/Satellite Shtld Wrkshp <i>(Last program closed 12/31/13)</i>	1510	Full Day
		1512	Half Day
		1514	Brief Day
0610	Recreation (Community Connections for Youth <i>discontinued March 2011</i>)	4230	Direct Staff Hour
		4365	Child Family Team (CFT) Meeting
0670	Client Transportation <i>(Reporting requirement discontinued in 2012)</i>	4400	Transportation One Way Trip
0700	Non-Inpatient Crisis Services <i>(discontinued with YES conversion to System of Care in 2007)</i>	1039	Visit
		1041	Brief Visit
		1042	Group Visit
		4000	Assessment Visit
0770	Psychosocial Club <i>(Last program closed with PROS conversion Feb 2010)</i>	1039	Psychosocial Club Visit
1310	Continuing Day Treatment <i>(Last program closed with PROS conversion October 2010)</i>	4000	Assessment Hours
		4030	Crisis Visit Hours
		4043	Regular Visit Hours
		4044	Collateral Visit Hours
		4046	Group Collateral Visit Hours
1380	Assisted Competitive Employment <i>(Program closed end of 2011)</i>	4000	Assessment Hours
		4230	Direct Staff Hours
		4232	Indirect Staff Hours
1650	Children and Youth (C&Y) Family Support Service <i>(Codes associated with MHA program that stopped reporting to BHCD 12/31/13)</i>	4320	Home Based Support Staff Hour
		4340	Family Support Hour
		4345	Youth Support Hour
		4350	Advocacy Staff Hour

Monroe County BHCD Data Dictionary

Procedure/Service Codes With Their Related OMH Program Codes			
OMH PROGRAM CODE	OMH PROGRAM DESCRIPTION	PROCEDURE/SERVICE CODE and DESCRIPTION	
DISCONTINUED PROGRAM/PROCEDURE CODE COMBINATIONS			
2040	Family Based Treatment Program	1548	One Day
2100	Clinic Treatment <i>(Codes phased out during 2011 when Clinic restructuring occurred.)</i>	1030	Crisis Visit
		1041	Brief Visit
		1042	Group Visit
		1044	Collateral Visit
		1046	Group Collateral Visit
		1048	Case Management Visit
		1049	Home Visit
2320	Intensive Psychiatric Rehabilitation Treatment <i>(Last program closed with PROS conversion Q1 2011)</i>	4000	Assessment Visit
		4043	Regular Visit Hours
2340	Affirmative Business/Industry <i>(All reporting for this code stopped 12/31/12)</i>	4000	Assessment Hours
		4220	Employment Client Hours
		4230	Direct Staff Hours
3340	Client Worker Program <i>(Program closed Nov 2010 with PROS Conversion)</i>	4000	Assessment Hours
		4230	Direct Staff Hours
		4232	Indirect Staff Hours
4340	Ongoing Integrated Supported Emp <i>(All reporting for this code stopped 12/31/12)</i>	4000	Assessment Hours
		4230	Direct Staff Hours
		4232	Indirect Staff Hours
6060	Case Management – Supported Housing <i>(Reporting requirement discontinued in 2010)</i>	4230	Direct Staff Hours
		4232	Indirect Staff Hours
6820	Adult Home Supportive Case Management <i>(Inactive as of 12/31/13)</i>	4360	Face-to-Face Contact
		4364	Adult Home Supportive Case Mgmt
8340	Limited License PROS (Personalized Recovery Oriented Services) <i>(Program closed March 2012)</i>	<i>No event record submission required.</i>	

Monroe County BHCD Data Dictionary

Data Elements

PROCEDURE/SERVICE CODES – Numerical Listing	<i>Current Program Codes Where Use is Valid</i>
1020 Home Visit	0200
1030 Crisis Visit	0200
1039 Visit	1760, 1770, 2680
1041 Brief Visit	0800
1043 Regular Visit	2100 (RPC)
1044 Collateral Visit	0200
1047 Outreach Visit	0690, 1680
1050 Clinic Visit	2100
1120 Crisis Intervention Visit	1680
1510 Full day	0200
1512 Half day	0200
1548 One Day	0040, 0910, 1080, 1600, 1920, 3010, 6050, 6070, 6080, 7070, 8050
4000 Assessment	2100, 2200
4030 Crisis Visit Hours	2200
4043 Regular Visit Hours	2200
4044 Collateral Visit Hours	2200
4046 Group Collateral Visit Hours	2200
4230 Direct Staff Hours	0230, 0380, 0810, 1650, 1760, 3040
4232 Indirect Staff Hours	0380, 1760, 3040, 4340
4321 Skillbuilding – Hours (Youth)	2681
4322 Skillbuilding – Hours (Parent)	2681
4323 Skillbuilding – Hours (both)	2681
4325 Emergency Crisis Support - Hour	2681
4340 Family Support Hour	2681
4360 Face-to-Face Contact	0610, 0800, 1760, 1810, 2720, 5990, 6810
4361 Face-to-Face Contact – Collateral	0800
4362 Face-to-Face Contact-PreAdmission	2720
4370 Contact	3130
4380 Care Management Activity	CMAD
4390 Phone Calls	1770
4600 Consultation	0690
9001 730 Evaluation (Socio-Legal Center)	1760
9002 Other Court Order Evaluation (Socio-Legal Center)	1760
9003 Probation Evaluation (Socio-Legal Center)	1760
9004 Parole Evaluation (Socio-Legal Center)	1760
9005 Other Evaluation (Socio-Legal Center)	1760
9006 NYS Parole (Socio-Legal Ctr)	1760
9007 US Federal Probation (Socio-Legal Ctr)	1760
9008 Mental Health Court Evaluation (Socio-Legal Ctr)	1760
9009 Drug Court Evaluation (Socio-Legal Ctr)	1760

Data Elements

NUMBER: 055
DATA ELEMENT: ATTENDANCE CODE
REQUIRED BY: ALL AGENCIES
DEFINITION:
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS: Only events with the following Attendance codes need to be submitted; others will be dropped.
1 Appointment kept
2 Walk-in
3 Emergency
9 Client not present

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

Only codes 1, 2, 3, 9 must be submitted; events with codes other than these 4 will be dropped.

CODE	DESCRIPTION
0	Not client-related
1	Appointment kept
2	Walk-in
3	Emergency
4	Cancelled by client
5	Cancelled by staff
6	No show
9	Client not present

Data Elements

NUMBER: 056
DATA ELEMENT: LOCATION CODE
REQUIRED BY: ALL AGENCIES
DEFINITION: Where the service took place.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

CODE	DESCRIPTION
1	At Center
2	Client's home
3	General hospital
4	Court/jail
5	Agency office (C&E)
6	School
7	Industrial location
8	Satellite location
9	Other location
A	RFU (Socio-Legal Ctr)
B	RPC Civil (Socio-Legal Ctr)
C	Hillside (Socio-Legal Ctr)

Data Elements

NUMBER: 057
DATA ELEMENT: **DURATION**
REQUIRED BY: ALL AGENCIES
If omitted or invalid, the record will be rejected.
DEFINITION: The length of time (duration) of the actual event.
Positions 1-3 are for hours; positions 4 and 5 are for minutes.
For Residential and Inpatient programs, positions 4 and 5 are the number of days during the month the client was resident.
CONFIDENTIALITY: Lvl 3
DATA TYPE: NUMERIC; Format HHHMM
DATA LENGTH: 5
COMMENTS: WARNING: Anomalies in use of this field may affect service units reported.

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

For inpatient and residential services, use the minutes portion of Duration field to submit the number of days during that month the client was in residence.

Data Elements

NUMBER: 065
DATA ELEMENT: **C&E FLAG** (Consultation and Education)
REQUIRED BY: ALL AGENCIES
DEFINITION: Identifies the recipient of services as a group or organization.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS: Cases are flagged as C&E to allow CCSI to exclude these records when computing client-based measures such as “average services per client” and “average length of stay”.

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

C&E is used to denote an ongoing relationship with another entity where services are provided to a group of clients who are not considered enrolled at your agency and, therefore, are not tracked as individuals in your information system.

For a C&E recipient, submit other data elements as follows...

Demfin

Last Name = Name of the group receiving the service

First Name = Blanks

DOB = 01/01/1900

SSN = 0's

Other Demfin fields = their “Unknown” values

Pgmfin

Primary Diagnosis = “V71.09” (No Diagnosis)

CODE	DESCRIPTION
0	Not C&E
1	C&E entity

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 067
DATA ELEMENT: LANGUAGE - PRIMARY
REQUIRED BY: ALL AGENCIES
DEFINITION: The client's Primary Language
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

CODE	DESCRIPTION
A	English
B	Spanish
C	Chinese
D	Creole
E	French
F	Greek
G	Italian
H	Japanese
I	Russian
J	Vietnamese
K	Other
L	Sign Language
N	Braille
Z	Unknown

Monroe County BHCD Data Dictionary

Data Elements

NUMBER: 070
DATA ELEMENT: SED STATUS
REQUIRED BY: Agencies providing services to Children & Youth (clients < 18 years of age) in the following programs:
Clinic Treatment (2100)
Day Treatment (0200)
Partial Hospitalization (2200)
ICM (1810)
SCM (6810)
Psychiatric Inpatient (3010).
DEFINITION: Identifies a client as seriously emotionally disturbed.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1
COMMENTS:
ACCEPTABLE CODES AND CODE DESCRIPTIONS:

CODE	DESCRIPTION
0	Not SED
2	SED
9	Unknown

Data Elements

NUMBER: 075
DATA ELEMENT: PROGRAM TERMINATION DATE
REQUIRED BY: ALL AGENCIES
If this element contains an invalid date (other than blank), the record will be rejected.
DEFINITION: The date the client is terminated (discharged) from the program.

CONFIDENTIALITY: Lvl 3
DATA TYPE: DATE; 'YYYYMMDD'
DATA LENGTH: 8
COMMENTS:
ACCEPTABLE CODES AND CODE DESCRIPTIONS:

Data Elements

NUMBER: 076
DATA ELEMENT: RELIGIOUS AFFILIATION
REQUIRED BY: ALL AGENCIES
DEFINITION: Religious or spiritual affiliation of patient
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 2
COMMENTS:

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

CODE	DESCRIPTION
00	None
01	Roman Catholic
02	Protestant
03	Baptist
04	Pentecostal
05	Methodist
06	Jewish
07	Islam
08	Buddhist
09	Hindu
10	Christian Scientist
11	Jehovah's Witness
88	Other
99	Unknown

Data Elements

NUMBER: 078
DATA ELEMENT: SUICIDE ASSESSMENT
REQUIRED BY: Agencies with emergency department services
DEFINITION: The assessment made at the time of an ED visit.
CONFIDENTIALITY: Lvl 3
DATA TYPE: ALPHANUMERIC
DATA LENGTH: 1

ACCEPTABLE CODES AND CODE DESCRIPTIONS:

CODE	DESCRIPTION
1	Non-suicidal
2	Suicidal Ideation
3	Suicidal Threat
4	Mild Attempt
5	Serious Attempt
9	N/A

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BHCD Extract File Formats

General

BHCD data for Monroe County OMH is submitted to CCSI, year-to-date, on a quarterly basis (beginning in 2010) on the 20th day of the month following the completion of a calendar quarter.

Each agency must submit BHCD data in the following 3 extract file formats ('XX' is the agency's Facility ID (035)):

- ErfinXX.txt – Event (service) data for each client who was served during the YTD reporting (event date, duration, etc.) **Note: *PROS event data is not required.***
- PgmfinXX.txt - Program data for each program in which the client was served during the YTD reporting period (admit/term dates, discharge disposition, referred to, etc.)
- DemfinXX.txt – Demographic data for each client who was served during the YTD reporting period (name, address, race, living situation, employment status, etc.)

Also included here is the Wdbitk file format. CCSI sends a Wdbitk file to each agency to communicate the Aggregate ID (AggID) assigned to each of the agency's clients. The agency will include the AggID in each of the 3 submission files described above.

Monroe County BHCD Data Dictionary

BHCD Extract File Formats

ERFINxx.TXT File Format

The Erfin file provides service/event information for each service a client receives during the submission time period. *Service/event activity for PROS programs is not required.*

Refer to the body of the BHCD Data Dictionary for additional information on specific data elements.

CCSI NUMBER	ELEMENT NAME	LENGTH	COLUMNS	FORMAT REQUIREMENTS
001	Aggregate ID	7	1-7	
002	Client ID	10	8-17	Left Justify
035	Facility ID	2	18-19	
036A	Program RU	5	20-24	Left Justify
036B	OMH Program Code	4	25-28	
054	Procedure/Service Code	4	29-32	
051	Event Date	8	33-40	YYYYMMDD
057	Duration	5	41-45	HHHMM
055	Attendance Code	1	46	
056	Location Code	1	47	
	blank field (<i>formerly Staff Type</i>)	3	48-50	Fill or leave spaces to maintain file format
	Agency's Procedure/Service Code	4	51-54	Not maintained in BHCD; Displayed on Erfin Error Reports
	Agency's Staff Type	6	55-60	Not maintained in BHCD; Displayed on Erfin Error Reports
078	Suicide Assessment	1	61	

Monroe County BHCD Data Dictionary

BHCD Extract File Formats

PGMFINxx.TXT File Format

The Pgmfin file provides program information for each agency program, for each client, where the client received services during the submission time period. All services except **Assessments** require a program record.

Refer to the body of the BHCD Data Dictionary for additional information on specific data elements.

*** new or modified for 2014**

CCSI NUMBER	ELEMENT NAME	LENGTH	COLUMNS	FORMAT REQUIREMENTS
001	Aggregate ID	7	1-7	
002	Client ID	10	8-17	Left Justify
035	Facility ID	2	18-19	
	blank field * <i>(formerly Primary Diagnosis)</i>	6	20-25	Fill with alphanumeric characters or leave spaces to maintain file format
	blank field * <i>(formerly Diagnosis – Additional 1)</i>	6	26-31	Fill with alphanumeric characters or leave spaces to maintain file format
	blank field * <i>(formerly Diagnosis – Additional 2)</i>	6	32-37	Fill with alphanumeric characters or leave spaces to maintain file format
	blank field <i>(formerly Principle Diagnosis)</i>	1	38	Fill or leave spaces to maintain file format
036A	Program RU	5	39-43	Left Justify
037	Program Admit Date	8	44-51	YYYYMMDD
038	Referral Source	2	52-53	
	blank field <i>(formerly Inpatient Legal Status)</i>	1	54	Fill or leave spaces to maintain file format
	blank field or CGAS at Admission <i>(formerly GAF: Initial)</i>	2	55-56	Fill or leave spaces to maintain file format. Hillside C&Y Crisis programs submit CGAS score at admission in this field.
	blank field or CGAS at Discharge <i>(formerly GAF: Term)</i>	2	57-58	Fill or leave spaces to maintain file format. Hillside C&Y Crisis programs submit CGAS score at discharge in this field.
075	Program Term Date	8	59-66	YYYYMMDD
	blank field <i>(formerly Program Referral To)</i>	2	67-68	Fill or leave spaces to maintain file format
	blank field <i>(formerly Program Ref To: Secondary)</i>	2	69-70	Fill or leave spaces to maintain file format
050	Discharge Disposition	2	71-72	
036B	OMH Program Code	4	73-76	

Monroe County BHCD Data Dictionary

BHCD Extract File Format

DEMFINxx.TXT File Format

The Demfin file provides demographic information on all clients served during the submission time period. Each agency must submit one Demfin record for each client having 1 or more services during the submission time period.

Refer to the body of the BHCD Data Dictionary for additional information on specific data elements.

CCSI NUMBER	ELEMENT NAME	LENGTH	COLUMNS	FORMAT REQUIREMENTS
001	Aggregate ID	7	1-7	
002	Client ID	10	8-17	Left Justify
035	Facility ID	2	18-19	
065	C&E Flag	1	20	
013	County	2	21-22	
012	Zip Code	9	23-31	Only the 1 st 5 Digits are maintained
017	Date of Birth	8	32-39	YYYYMMDD
018	Gender	1	40	
019	Race	2	41-42	
067	Language - Primary	1	43	
	blank field <i>(formerly Marital Status)</i>	1	44	Fill or leave spaces to maintain file format
021	Education	2	45-46	
023	Living Situation	2	47-48	
019A	Hispanic/Latino Indicator	2	49-50	
025	Income Source - Primary	2	51-52	
027	Disability - Primary	2	53-54	
028A	Disability - Secondary 1	2	55-56	
	blank field <i>(formerly Disability - Secondary 2)</i>	2	57-58	Fill or leave spaces to maintain file format
	blank field <i>(formerly Disability - Secondary 3)</i>	2	59-60	Fill or leave spaces to maintain file format
003	Social Security Number	9	61-69	No Hyphens or Spaces
076	Religious Affiliation	2	70-71	
070	SED Status	1	72	
026	Employment Status	2	73-74	
022A	Veteran Status: Client	2	75-76	
	blank field <i>(formerly Veteran Status: Spouse/Partner)</i>	2	77-78	Fill or leave spaces to maintain file format
	blank field <i>(formerly Veteran Status: Parent/Legal Guardian)</i>	2	79-80	Fill or leave spaces to maintain file format

Monroe County BHCD Data Dictionary

CCSI NUMBER	ELEMENT NAME	LENGTH	COLUMNS	FORMAT REQUIREMENTS
022D	Combat Service: Client*	1	81	
	blank field <i>(formerly Combat Service: Spouse/Partner)</i>	1	82	Fill or leave spaces to maintain file format
	blank field <i>(formerly Combat Service: Parent/Legal Guardian)</i>	1	83	Fill or leave spaces to maintain file format
004	Client Last Name	30	84-113	
005	Client First Name	30	114-143	
006	Client Middle Initial	1	144	
007	Client Alias Name	50	145-194	
008	Street Address	50	195-244	
010	City	30	245-274	
011	State	2	275-276	

BHCD WDBITK File Format

WDBITK_{xx} File Format

The Wdbitk file is sent to each provider agency at the end of each production run, in order to communicate the Aggregate IDs (001), assigned by BHCD to each of the agency's clients. This can be an assignment for a new client or a correction for an existing client.

The agencies use the file to update their client records with the Aggregate ID Number (001). Subsequent data submissions will carry the Aggregate IDs in each of the 3 submitted files (ERFIN_{xx}.TXT, PGMFIN_{xx}.TXT, DEMFIN_{xx}.TXT).

Refer to the body of the BHCD Data Dictionary for additional information on specific data elements.

WDBITK_{xx}.txt

CCSI NUMBER	ELEMENT NAME	LENGTH	COLUMNS	NOTES
001	Aggregate ID	7	1-7	Generated by BHCD
035	Facility ID	2	8-9	
002	Client ID	10	10-19	Left Justified

BHCD Required Data Elements

The following data elements must be present and valid in order for the data to be added to BHCD. If any of these data elements are found to be missing or in error, an error report is generated for the agency, and unless otherwise noted below, the record will not be included in BHCD until the error is corrected.

Refer to the body of the BHCD Data Dictionary for additional information on specific data elements.

Required Data Elements - Common to All Files

1. Aggregate ID (001) – can be blank, 0's or M's only for new client
2. Case ID (002)
3. Facility ID (035)

Required Data Elements - Event (Erfinxx) Data

4. OMH Program Code (036B)
5. Program RU (036A) – This value must match 1 of the submitting agency's values in CCSI's master list of agency RUs; this is necessary, in order to identify the Agency Code, Program Code and Program Index used in financial reporting of this activity. Records with missing or invalid codes will be added to database with a generic invalid or missing code value.
6. Procedure Code (054)
7. A valid combination for Facility ID (035), OMH Program Code (036B), Procedure Code (054).
8. Event Date (051)
9. Duration (057)
10. Aggregate ID (001) can only be blank, 0's or M's when the client is new to the agency.

Required Data Elements - Program (Pgmfinxx) Data

11. Program Admission Date (037)
12. Discharge Disposition (050) – Required if there is a Program Termination Date (075). Records with missing or invalid codes will be added to database with a generic invalid or missing code value.
13. OMH Program Code (036B)
14. Program RU (036A) – This value must match 1 of the submitting agency's values in CCSI's master list of agency RUs; this is necessary, in order to identify the Agency Code, Program Code and Program Index used in financial reporting of this activity. Records with missing or invalid codes will be added to database with a generic invalid or missing code value.
15. Aggregate ID (001) can only be blank, 0's or M's when the client is new to the agency.

Required Data Elements - Demographic (Demfinxx) Data

16. Last Name (004)
17. First Name (005) – can only be blank for cases marked as C&E
18. Street Address(008)
19. Date of Birth (017)
20. SED Status (070) – Valid code must be present. Records with missing or invalid codes will be added to the BHCD with a generic invalid or missing code value.
21. Aggregate ID (001) can only be blank, 0's or M's when the client is new to the agency.

Monroe County BHCD Data Dictionary

BHCD Error Reports – Error Codes and Descriptions

Error Num	Error Description	Error Definition
2	REJECTED - Facility ID	Invalid Facility ID
3	REJECTED - Client ID	Missing Client ID
5	REJECTED - Event Date	Event Date is not a date, is in the future or is missing
6	REJECTED - Admit Date	Admit Date is not a date, is in the future, is missing or is more than 70 years ago
7	REJECTED - Termination Date	Termination Date is not a date, is in the future, is less than the Admit Date or is missing
8	REJECTED - Date of Birth	Date of Birth is not a date, is in the future, is missing or, for other than Strong, client is 1 year or younger
9	REJECTED - OMH code	Invalid OMH Program code
11	SSN Error	SSN is improperly formatted or is missing
12	Zip Code Error	Invalid Zip code
14	Attendance Error	Missing Attendance code
16	Location Error	Invalid Location
18	C&E Error	Invalid C&E value or associated fields (First Name, DOB, SSN) indicate flag not valid
19	State	Invalid State code
20	REJECTED - Agy/Omh/Proc Combination	The combination of Facility ID, OMH Program code and Procedure code is invalid
24	Suicide Assessment	Invalid Suicide Assessment (validated only for Emergency Dept. OMH codes)
25	Race	Invalid Race
26	Disability - Primary	Invalid Primary Disability
28	Disability - Secondary	Invalid Secondary Disability
31	Education Level	Invalid Education Level
33	Income	Invalid Income code
34	Legal Status	Invalid Legal status
35	Primary Language	Invalid Primary Language
38	Discharge Disposition	Invalid Discharge Disposition (renamed from Program Disposition in 2009)
39	Referral Source	Invalid Referral Source
40	Religious Affiliation	Invalid Religious Affiliation
41	Living Situation	Invalid Living Situation
42	Gender	Invalid Gender
43	Street	Missing Street
45	County	Invalid County code
46	City	Missing City
50	Event Has No Program Record	Missing program record for the event (matched on FacilityID, OMH, ClientID)
54	Event Date Out of Range: Program Admit/Term Dates	Event Date is not within the program admit and termination dates
55	REJECTED - Valid Demfin Not Submitted	For Demfin, Erfin and Pgmfin records - Aggregate ID is M's, 0's, or blank and a demfin record has not been submitted or is missing key elements to assign an Aggregate ID.
56	Program RU is Missing, Invalid, or Expired	For Erfin and Pgmfin records - RU is missing, invalid, or expired
57	REJECTED - Duration is Missing	Missing Duration (Hrs/Mins, Visits or Days)
58	SED Status	Invalid SED (validated for children <19 with service(s) in selected OMH Codes: 2100, 0200, 2200, 1810, 6810, 3010)

Monroe County BHCD Data Dictionary

Error Num	Error Description	Error Definition
60	REJECTED - First Name	Missing First Name
61	REJECTED - Last Name	Missing Last Name
62	Hispanic Latino Indicator	Invalid Hispanic Latino Indicator
63	County	Mismatch between County and Zip Code - County updated to match Zip Code
64	Employment	Invalid Employment Status
65	Combat Service Client	Invalid Combat Service Code - Service of Client (validated only for clients who are 18 or older)
68	Veteran Status Client	Invalid Veteran Status Code - Status of Client (validated only for clients who are 18 or older)

Monroe County BHCD Data Dictionary

Data Elements – Numeric Listing

Number	Description	Extract File
001	Aggregate ID	All Files
002	Case ID	All Files
003	Social Security Number	DEMFINxx
004	Last Name	DEMFINxx
005	First Name	DEMFINxx
006	Middle Name – Initial	DEMFINxx
007	Alias Name	DEMFINxx
008	Street Address	DEMFINxx
010	City	DEMFINxx
011	State	DEMFINxx
012	Zip Code	DEMFINxx
013	County	DEMFINxx
017	Date Of Birth	DEMFINxx
018	Gender	DEMFINxx
019	Race	DEMFINxx
019A	Hispanic/Latino Indicator	DEMFINxx
021	Education	DEMFINxx
22A	Veteran Status: Client	DEMFINxx
22D	Combat Service: Client	DEMFINxx
023	Living Situation	DEMFINxx
025	Income Source - Primary	DEMFINxx
026	Employment Status	DEMFINxx
027	Disability - Primary	DEMFINxx
028A	Disability – Secondary 1	DEMFINxx
035	Facility ID	All Files
036A	Program RU	PGMFINxx
036B	OMH Program Code	PGMFINxx
037	Program Admission Date	PGMFINxx
038	Referral Source	PGMFINxx
050	Discharge Disposition	PGMFINxx
051	Event Date	ERFINxx
054	Procedure/Service Code	ERFINxx
055	Attendance Code	ERFINxx
056	Location Code	ERFINxx
057	Duration	ERFINxx
065	C&E Flag	DEMFINxx

Monroe County BHCD Data Dictionary

Number	Description	Extract File
067	Language - Primary	DEMFINxx
070	SED Status	DEMFINxx
075	Program Termination Date	PGMFINxx
076	Religious Affiliation	DEMFINxx

Monroe County BHCD Data Dictionary

Data Elements – Alphabetical Listing

Number	Description	Extract File
001	Aggregate ID	All Files
007	Alias Name	DEMFINxx
055	Attendance Code	ERFINxx
065	C&E Flag	DEMFINxx
002	Case ID	All Files
010	City	DEMFINxx
22D	Combat Service: Client	DEMFINxx
013	County	DEMFINxx
017	Date of Birth	DEMFINxx
027	Disability – Primary	DEMFINxx
028A	Disability – Secondary 1	DEMFINxx
050	Discharge Disposition	PGMFINxx
057	Duration	ERFINxx
021	Education	DEMFINxx
026	Employment Status	DEMFINxx
051	Event Date	ERFINxx
005	First Name	DEMFINxx
035	Facility ID	All Files
018	Gender	DEMFINxx
019A	Hispanic/Latino Indicator	DEMFINxx
025	Income Source - Primary	DEMFINxx
067	Language - Primary	DEMFINxx
004	Last Name	DEMFINxx
023	Living Situation	DEMFINxx
056	Location Code	ERFINxx
006	Middle Name - Initial	DEMFINxx
036B	OMH Program Code	PGMFINxx/ERFINxx
054	Procedure/Service Code	ERFINxx
037	Program Admission Date	PGMFINxx
036A	Program RU	PGMFINxx/ERFINxx
075	Program Termination Date	PGMFINxx
019	Race	DEMFINxx
038	Referral Source	PGMFINxx
076	Religious Affiliation	DEMFINxx
070	SED Status	DEMFINxx
003	Social Security Number	DEMFINxx
011	State	DEMFINxx

Monroe County BHCD Data Dictionary

Number	Description	Extract File
008	Street Address	DEMFINxx
078	Suicide Assessment	ERFINxx
22A	Veteran Status: Client	DEMFINxx
012	Zip Code	DEMFINxx

Monroe County BHCD Data Dictionary

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