

**Department of Mental Health and  
Addiction Services**

**Provider Information  
System Manual**

**Provider Information for DPAS and  
Interface Users**

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## INTRODUCTION

Many Private Non Profit (PNP) agencies are required to provide DMHAS with a range of contractual, outcome, and research data requirements. Some of this information is mandated by State or Federal legislation; some is contractually specified. There are two ways that PNPs can provide this data to DMHAS. Agencies can send DMHAS an extract of their data from their own Management Information Systems on a monthly basis. This data is processed through an application called “The Interface” which inserts the data into the central database. Agencies can also provide DMHAS with the necessary data through an on-line system called DPAS or DMHAS Provider Access System.

The DMHAS Provider Access System (DPAS) is a Visual Basic application developed and maintained by the Office of the Commissioner (OOC) of the Department of Mental Health and Addiction Services (DMHAS). The application provides a means for DMHAS and providers to view, input, and edit client specific data into a HIPAA compliant database. All PNP agencies should use this application, even if they customarily submit data via the extract method, as DPAS allows users to view the status and errors of their interface data and make corrections in the database. It is also useful for generating a number of aggregate and client level reports.

DPAS contains many of the data fields required by the Department of Mental Health and Addiction Services and its affiliate agencies. This document describes many of the features of the DPAS system from a policy and procedure perspective. As development of the DMHAS application proceeds, this document will be amended to reflect new functions or issues related to the information system. Therefore, new versions should be sought from the Department at regular intervals. The latest iteration may always be found at the DMHAS Internet site URL <http://www.ct.gov/dmhas> under the hyperlink entitled **Forms** in the section under the menu item: **DPAS Written Documentation**.

Web-SAS is another reporting tool maintained by the OOC at DMHAS. Web-SAS reports contain data that comes from the same data system as DPAS; however, the Web-SAS application is intended for aggregate reporting needs for the Department and its affiliates. Examples of these reports include Performance Reports and Targeted Case Management Exception Reports.

Private Non-Profit users who use dial-up or DSL/Cable internet connections are generally required to use an RNAS token or secure digital ID in order to access data through the State of Connecticut’s firewall. This token is a small electronic device with an LED display of a six-digit number that changes every minute. Each token’s number is synchronized with a number on an authenticating computer at the Connecticut Department of Information Technology (DOIT). Users need to have physical access to this token, and be able to enter the number into the proper “client” application while making the secure network connection. Specific instructions and software on setting up dial-up or DSL/Cable connections may be obtained from the DMHAS Help Desk. They can be e-mailed at [DMHAS.Info@po.state.ct.us](mailto:DMHAS.Info@po.state.ct.us).

The DPAS application runs in a “thin client” environment within a computer’s browser, such as Internet Explorer or Firefox. This means that the application and data actually run on central computers at DOIT. The user, once the RNAS token and VPN connection is established, uses the URL <http://doit-ts101.exec.ds.state.ct.us/Citrix/AccessPlatform/site/default.aspx>. Updates to DPAS are automatically deployed to providers when they log in, and the data can be kept secure in a centralized database.

## **INTRODUCTION (CONTINUED)**

Please note that the DPAS application requires a 1024x768 resolution on the monitor. This typically requires a monitor with a diagonal viewing area of 15 inches for adequate viewing, although 17 inches or larger is recommended.

DMHAS provides all the software and necessary tokens for providers. Providers are responsible for possessing the computers and access to the Internet.

Lastly, this manual will reflect some data issues related to the use of the Interface to process extract files. A more comprehensive document, called the "Interface Document", has more specific details on how to format and send extract files to DMHAS. This document can be obtained from the DMHAS web site under 'Forms' at <http://www.ct.gov/dmhas/lib/dmhas/forms/dpasinstructions.pdf>.

Additionally, DMHAS publishes a DPAS User Guide that covers how to access the application and use many of the functions in DPAS. The User Guide should be seen as a complementary document to this document. The DPAS User Guide covers use of Reports, Admissions and Discharges, Service Entry, and SATIS entry. The guide explains methods to input and change data in the system. As with this document, it will be updated as enhancements occur with the application. This guide can be obtained by contacting the DMHAS Training Manager, Chris Farrelly at [Christine.Farrelly@po.state.ct.us](mailto:Christine.Farrelly@po.state.ct.us).

## **ADMISSION Policy**

When your agency engages a client in clinical evaluation and treatment for mental health and/or addiction services, his or her record should be added to the DPAS system, clients who are screened for treatment in a pre-admission contact may be excluded from the DPAS system **if they are not admitted to the program or are referred to other services.**

### **Engagement Programs**

Admissions for “engagement” programs (for example, a homeless outreach program,) should occur when the individual client and Program staff has established sufficient contact such that some clinical documentation or medical record of contacts is produced. Although you may have little actual demographic information to “open” a client early on in an engagement program, default and unspecified data dictionary values are available for entering clients in this phase of the work. The “unspecified” data items can and should be updated in DPAS as the program obtains accurate data on the client.

### **Interface Default Admission Date**

For agencies that provide DMHAS with electronic extracts of their data and cannot provide an admission date, DMHAS defaults the admission date as the first date of service for the client. This issue typically happens when providers send data in a HCFA 1500 or 837 Format.

### **Anonymous/Confidential Reporting**

There are a few exceptions where a client identity needs to remain anonymous to the DMHAS information system for admission and service level information. Crisis information should always include all available information so as to protect and provide for the client. These exceptions include that the client is a staff person in DMHAS, a “VIP”, or a client who adamantly refuses to allow DMHAS to obtain their client identifiable information. If the client’s name needs to remain confidential, the following procedure should be used:

1. The client’s social security number would be all zeros.
2. The first name would be the agency’s medical record number.
3. The last name would be the agency ID number.
4. The date of birth would be 1-1-1800.

## **DATA CONVENTION Policy**

### **DATA FORMATS:**

Data which is entered directly into the database from DPAS has specified formats, as indicated below. There are “edits” or checks on the data to ensure that these formats are followed.

Data submitted by extract also has specified formats, but there is more flexibility in how the data comes into the database as long as it is internally consistent. The Interface application edits errors and will typically exclude all records with problematic formats. These errors are viewable in the cc870 report in DPAS.

#### **Dates**

Dates must be entered in the MM/DD/YYYY (MM = month, DD = date, and YYYY = year) format. *Example:* 11/10/2000.

#### **Times:**

Times must be entered in the HH:MM, with afternoon (PM) times being written in “Military Time” or 24-hour times. For example, 6 PM would be written as 18:00.

#### **Dollars:**

Enter dollar amount; **do not** enter a dollar sign, any spaces or commas. Example: \$18,000 is written as 18000.

#### **Free Text:**

Free-text fields accept any combination of alpha and/or numeric characters, spaces, periods, commas, etc. Most of these text boxes are expandable to a very large number of pages, but do not accept pictures or graphics in the fields. Consequently, text from another document may be copied in, but graphs or other pictures cannot. Fixed Text Fields are usually limited to the length of the text box.

#### **Effective Dates:**

Certain fields have specific “effective dates”. Admission and Discharge data entry information defaults to the date of the admission or discharge. In contrast, Living Situation and Employment Status have fields for “effective date”, which is kept with this historical record. Currently, Diagnosis updates use the data entry date as the effective date. All data entry has “touch dates” or data entry dates recorded with the records.

Substance Abuse Treatment Information System (SATIS) admission and discharge data can be updated under the client update menu in DPAS. (This data collection is only required for addiction service treatment programs.) Data entered into the screens overwrites the previous data entry. Although the effective date does not change, the touch date does.

## **DATA ENTRY Policy**

Service, Admission, Discharge and other contractually required information may be provided to DMHAS in one of two ways: either through the on-line DPAS application, or through an electronic extract that is sent to DMHAS in a secure, confidential manner. For Addiction Service treatment programs, this includes the SATIS dataset. Private Non-Profit agencies are obligated to provide this data by 15<sup>th</sup> of the following month, regardless of method of submittal. For example, client information for the month of January should be submitted by the 15<sup>th</sup> of February.

## **DATA ENTRY Procedure**

The DPAS Training Manual covers the process of entering data into the DPAS application. It may be obtained by contacting the DMHAS Training Manager at [Christine.Farrelly@po.state.ct.us](mailto:Christine.Farrelly@po.state.ct.us).

The Interface Document covers the process of entering data through an electronic extract to DMHAS. It may be found on the DMHAS website here: <http://www.ct.gov/dmhas/lib/dmhas/forms/dpasinstructions.pdf>.

## **DIAGNOSIS Policy**

1. Providing a diagnosis to a client is an essential component of the clinical and utilization process. Clinically, the diagnosis provides a framework for understanding the current presentation and treatment for the client's needs. The Diagnosis record holds the admitting, update, and discharge diagnoses for each program admission. The fields are defined for up to three entries for all five axes.
2. Diagnoses for this software system are based on the Diagnostic and Statistical Manual, 4<sup>th</sup> Edition (DSM-IV) for Axes I and II. Axis III diagnosis codes are based on ICD-9 codes. The DPAS application provides several options for looking up diagnosis information on a client, either by label or DSM code. It is acceptable to provide a provisional diagnosis that reasonably describes a client's current symptoms and functioning, and then to change that diagnosis later when additional evaluations or treatment has taken place. DPAS cannot notate a "rule-out", so they should not be used.
3. Diagnoses should accurately reflect the current symptoms and functioning of the client. Diagnoses should not under-represent nor over-represent the functioning of the client. That is, diagnoses should not be elevated in severity in order to secure additional treatment or services, nor under represent the functioning of the client. It is desirable to have the most specific diagnosis possible for a given client.
4. A client in a mental health program should have a primary diagnosis that is a mental health diagnosis and not a substance abuse diagnosis. However, a substance abuse diagnosis is acceptable for secondary or tertiary diagnoses for clients with co-occurring disorders. A client in a substance abuse program should have a primary diagnosis that is substance abuse diagnosis and not a mental health diagnosis. However, a mental health diagnosis is acceptable for secondary and tertiary diagnoses.
5. If a program has determined, after consultation with the System Manager at DMHAS, that they should NOT provide diagnoses for the clients they serve, then a deferred diagnosis, such as 799.9, should be used. This might happen if non-credentialed or non-clinical staff provides the care for clients. However, DMHAS prefers that a "referral" diagnosis be placed into DPAS if the program does not assign diagnoses themselves, such as for a case management program. This diagnosis would reflect why another provider may refer the client to a case management program.
6. Axis III may be left blank if no medical information is known or available for the client.

7. The Axis IV criteria are listed in the DPAS system as a list of eight classifications. DPAS allows for three Axis IV dimensions to be included. If more than 3 dimensions are relevant, select the three most significant issues for the client.
8. The Axis V criteria field should be filled out with the first field being the *current level of functioning*; the second is the highest GAF during the last 12-month period. The format for Axis V is a two-digit number. If your agency uses the MGAF scoring methodology, use these Axis V fields for those measures.

### **DIAGNOSIS Procedure**

The client's diagnosis should be updated on all five axes at admission and discharge at a minimum. (As noted above, some axes may be deferred or blank as appropriate.) This can be done either through the DPAS application or through an extract file. Changes to a diagnosis should be made in the DMHAS database as the clinical team changes the diagnosis in their own medical record. Interface users can send behavioral health ICD-9 codes with their extract. These codes will be accepted by the database, but placed in the Axis III field.

### **DISCHARGE Policy**

Clients should be discharged from the DPAS system when the agency or program believes the clinical treatment of a client has ended, either because all treatment goals have been met, or for other reasons that are detailed in the Definition Section of this document. **Additionally, outpatient clients should be discharged if there has been no clinical contact with the client for 90 days in Mental Health programs or 30 days in Addiction Service Programs.** The discharge date of SA clients is then made the last date of face-to-face contact. Note: exceptions may be made with this due to contract specifications or decisions between the program and DMHAS.

At Discharge, several fields are required. These include the diagnosis, living situation, date of discharge, reason for discharge, and employment status.

If a client enrolled in a residential level of care is hospitalized, either psychiatrically or medically, for more than 3 days, **the agency should discharge the client from the program.** Exceptions to this may be made through consultation the DMHAS regional manager. This may occur when a residential program has to hold a bed as part of a client's hospitalization.

### **DISCHARGE Procedure**

The client's discharge information should ideally be entered within 24 hours of the discharge decision for DPAS users, but at the very least should be entered by the 15<sup>th</sup> deadline. Agencies that provide discharge information by extracts would provide the discharge data with their monthly submissions. Interface users can use the DPAS system to input discharge information for more timely updated information, but should be sure that the information in the agency's MIS discharge extract is the same as what is contained in the DPAS system so that data is not overwritten. Either DPAS or extracts may be used to update discharge information.

### **HELP DESK Procedure**

A centralized Help Desk has been established to handle DPAS related issues. This Help Desk has telephonic "queues" for both technical and application support.

Technical issues include difficulties with logins and passwords, obtaining additional RNAS tokens, or difficulties connecting to the application.

Application issues include data clean-up concerns, error messages or “bugs” that reflect problematic processes by the application. Affiliates of State LMHAs may have procedures to first contact their Managed Service Staff for questions regarding data quality or content of the application.

NOTE: If the user cannot make the initial connection with the RNAS or VPN (Virtual Private Network) client with the use of the RNAS token, the problem could be that the token is out of synchronization with the Authentication server at DOIT (the Department of Information Technology). This can occur when the token is not used for a long period of time, or the user has three unsuccessful login attempts. If this is the case, the user should contact the 24/7 DOIT Help Desk at (860) 622-2300.

You can access the DMHAS Help Desk by calling (860) 418-6644 during regular business hours. Their e-mail address is [DMHAS.Info@po.state.ct.us](mailto:DMHAS.Info@po.state.ct.us). There is voice mailbox at that number for leaving messages after hours. The technical Help Desk is supported through a 24-hour beeper system. The Help Desk can also be contacted via FAX at (860) 418-6640. A list of common errors and solutions is addressed at the end of this document in the FAQ section.

When calling the Help Desk, please have the following information when you call:

1. **Time and Day** of the problem.
2. The **DPAS screen and field** you were on when the problem occurred.
3. A **screen print** of the error, especially if is generated by the application, is very helpful. The name of the client, if applicable, on which the problem occurred.

### **PROGRAM CHANGE / ADD Policy & Procedure**

Regional Managers of DMHAS, or their designee, are responsible for adding or changing program information for Addiction Service or PNP-LMHA programs. Managed Service Staff at the State LMHAs are responsible for adding or changing program information for affiliate Mental Health programs.

In either case, program changes will be processed through the DMHAS Change Control process to ensure that additions are made to the various information systems that occur. Different DMHAS units review these changes, including operational, fiscal, and information system units.

If you notice a program name, level of care, capacity or other data element that is inaccurate in DPAS, please notify your appropriate DMHAS liaison to institute the proper change. Questions about the status of this change can be made to Carol Quartiero at DMHAS. She can be contacted at [Carol.Quartiero@po.state.ct.us](mailto:Carol.Quartiero@po.state.ct.us).

### **SATIS Requirement**

All State-operated and PNP addiction service treatment programs are required by State statute to provide DMHAS with specific data. This data is used for reporting statistical information to the Federal Government (the TEDS dataset), and for various block grant, research, and planning purposes. The specific Connecticut law is the **Public Act No. 99-273** entitled **An Act Concerning the Collection and Evaluation of Data Related to Substance Use, Abuse and Addiction Programs**. This act is viewable at the end of this document, page 54.

There are many addiction service programs that do **not** need to submit SATIS data to DMHAS, either because they are not treatment programs, or they do not directly provide Addiction Service Treatment. These programs include:

Gambling Programs	Homeless Outreach Programs
Addiction Service Case Management Programs	Latino Outreach Programs
AIDS Residential Programs	Peer Support Programs
Voc Rehab Programs	Hospital-licensed Addiction Service Programs

However, **ALL** Grant funded Addiction Service programs need to provide **service information**, as noted in later in this document under “Addiction Service Requirements by LOC”.

## **SECURITY & LOGIN Policy**

In this age of increased access and availability of data, it is critical that we remind ourselves and confirm the importance of maintaining the confidentiality of client records.

All personnel who work directly for the Department of Mental Health and Addiction Services (DMHAS) or who represent the Department through work in a private non-profit agency are responsible for preserving the confidentiality of client records contained in the Department’s computer systems to the same degree that they are responsible for preserving the confidentiality of paper medical records and other documents containing client specific information. State and federal penalties exist for breaching the confidentiality of computerized client information.

Data from each facility is kept on a central computer server that is logically separated from data from other state and PNP facilities. The DPAS system allows for reading client data only from your own facility. This segregation of data is intended to retain client confidentiality.

No client information should be sent in e-mails without the data being encrypted. Currently, data files should be submitted via an encrypted ZIP file or other encryption methodology. Agencies may elect to purchase and use alternative methods of transferring data to DMHAS through other encryption methods.

No data entry should occur from staff member's homes or non-secured sites. All hard copy client information should remain in protected spaces and securely locked away when not being used.

If a client specifically prohibits their information in the DMHAS information system, it is currently acceptable to use the agency ID as the last name, the agency medical record number as the first name, and zeroes for the social security number. When this method is used, all subsequent client admissions should use the same numbering system so that the client treatments in the agency can be tracked.

## **SECURITY & LOGIN Procedure**

1. **Never** give out or let someone else use your DPAS or Citrix password. Personnel must be made aware that by ‘loaning’ out their password they have given another person unauthorized access to client records. This is the equivalent of handing a stack of medical record files to an unauthorized person. Please note that work performed under a particular User ID and Password is tracked under the name of the person associated with that password.
2. **Always** log out of DPAS before you leave the room or before you let someone else work on the computer.
3. **Do not** store your ID or Password in a place that can be easily accessed or seen by others, such as on a “Post-It” note on the side of the computer. Protect your DPAS password as you would protect your ATM password/personal identification number.
4. **Do not** discuss or share information contained in the computer system with unauthorized personnel. Specifically, do not discuss this information unless it is part of your job responsibilities. Do not allow unauthorized personnel to view client specific information on your computer screen.
5. **Do not** distribute materials, such as report or screen print, or client information produced by the computer. Always shred and/or secure this information.

When using your personal computer to download or manipulate client specific data, please remember the following:

**Never** use the hard drive (C:/ or Root Directory) to store client specific information (for example, information that is linked to a client, such as name). Remember that when you download a file from DPAS, it resides under your C-drive until it is deleted. A complete deletion of client data from hard drives is only achieved when the hard drive sector is overwritten with specific software that masks all traces of the client information.

In order to ensure that only appropriate users can gain access to the DMHAS systems, the following Login procedures should occur.

1. Each user should have their own login name and password for DPAS and Web-SAS. Separate authorization access forms should be completed by the user and signed by the CEO or their designee to gain access to these information systems. These access forms are then faxed into DMHAS to the fax number identified on the forms. (These forms can be found at the back of this document or located at <http://tinyurl.com/6ojjrm>).
2. DMHAS personnel review system access forms and forward them on for processing. The user will typically be notified by telephone of the login name and password.
3. Each State-run and PNP agency is advised to contact the ISD Help Desk when users of either the DPAS or Web-SAS system have been terminated or have resigned from the agency. Additionally, ISD Help Desk should be notified if a staff person no longer needs access to a particular information system application due to a change in job responsibilities.

The following reports will be helpful in understanding current users of the system:

- CC891 List Staff User IDs: This report lists staff with User IDs at your agency. This report also lists inactive users separately at the bottom of the report.
  - CC892 List Current User Rights: This report lists the functional and reporting rights of the user. The report shows the default rights for the user's class level as well as any overrides made on behalf of the user. This report is important to allow diagnosis of user rights problems by the DMHAS Help Desk.
  - CC893 List User Activity: Lists the total or daily totals of time spent by each DPAS user at your agency during a time period. The time is calculated by subtracting the sign-on time each day from the last entry for the day, but does not net out each log off/log on gap. You can also display a detail record of each activity the user did during the day with a record of reports run, clients updated, and other activity.
4. To obtain permission to override the current report rights, the user should print out the cc892 report, note the changes are requested, obtain a signature from the CEO, Executive Director, or their designee, and fax it into the Help Desk at (860) 418-6640. The Help Desk will make the changes and notify the MIS contact person at the agency once the change is made.
  5. State-run and PNP agencies should contact DMHAS with all instances of known attempts at breaching the information system at DMHAS. These communications should be forwarded to the appropriate Regional Manager or OOC Health Information Officer at DMHAS.

## **TARGETED CASE MANAGEMENT (TCM) Policy**

DMHAS is authorized by State Statute to bill Medicaid for targeted case management for seriously and persistently mentally ill and addicted service individuals. Currently, mental health and addiction service agencies can provide and document TCM services for the following levels of care:

1. Case Management
2. Outpatient Care that includes Case Management
3. Assertive Community Treatment Services (ACT)
4. All levels of Residential Services

Programs that provide this service must also be sanctioned by contract with DMHAS to provide TCM services. The Private Non-Profit (PNP) agencies do not directly bill for TCM services, but provide the service level data to DMHAS, who then bills the service through the Department of Administrative Services FSC division.

**However, each individual agency must maintain the clinical and administrative documentation and audit trail for the TCM services.** For instance, TCM services require that the client has an updated assessment, treatment plan, and progress notes that reflect the service and its medical necessity based on the treatment plan. Deferred Diagnostic (799.9) categories are **not** permissible for TCM billing.

TCM services are a continuum of activities, with or on behalf of a client, concerned with assessment, planning, linking, support and advocacy. TCM services include assisting the client in **accessing** needed housing, medical, clinical, social, educational, and other services.

### **TCM services include:**

1. Obtaining, coordinating, maintaining resources and services (housing, entitlements, employment, legal assistance, education, transportation, etc.)
2. Planning, arranging, coordinating, or obtaining treatment.
3. Working with and educating collaterals, including family members, landlords, employers, etc.
4. Engaging the client in services.

### **TCM Services do not include:**

1. Directly assisting the client in personal care or ADLs, such as cooking, shopping, laundry, and payee services.
2. Performing routine services including courier services, such as running errands or delivering food stamps or medications.
3. Providing other services that are billable through Medicaid, such as medical exams, treatment, counseling, etc.
4. Transporting a client or family member.
5. Services provided to the client while they are hospitalized for either medical or psychiatric care, or while residing in a nursing home or skilled nursing facility.

If a DMHAS client receives a TCM service from a DMHAS provider once in a month, the State of Connecticut bills a fixed rate for the entire month. The date of the bill is based on the **first date for which the TCM service occurs**. For instance, if the client received a TCM service on the 6<sup>th</sup> day of the month, the TCM bill would be for the 6<sup>th</sup>, even if additional services occurred later in the month. Hence, agencies should bill based on **when the first service occurred**, not an aggregate number of services for the month.

TCM billing information is sent to FSC for billing to Medicaid on the 25<sup>th</sup> day of the following month. For instance, services entered in July would be billed on the 25<sup>th</sup> of August.

TCM services, versus Case Management services, should be used for all clients that meet the service description and documentation requirement. DMHAS will edit the services based on eligibility before billing for the service.

TCM service information can be provided either through DMHAS' on-line data input tool, DPAS, or through the electronic billing information provided to DMHAS on a monthly basis. DMHAS maintains "exception" reports that help providers find errors in client data which limit billing for TCM services. These "exception reports" are available through Web-SAS and are called "Perf TCM Reports." These reports highlight the number of clients in TCM programs with insufficient billing information based on inaccurate identifying client data, incorrect Medicaid numbers, or missing or deferred diagnoses. Detail reports allow agencies to determine which clients have these data error issues. Changes made in the DPAS application are immediate, but Web-SAS reports are updated every Sunday.

### **TRAINING Policy & Procedure**

The majority of the computers training courses for the DPAS application are provided centrally at the DMHAS/ISD Computer Training Unit located at Connecticut Valley Hospital in Middletown, CT. These training courses are led by DMHAS. Courses currently trained centrally are:

- DPAS MH Service Entry
- DPAS-SATIS with Service Entry
- DPAS Reports
- Crisis Evaluation Data Entry through DPAS
- Web-SAS Reports

Any individual interested in signing up for courses offered by DMHAS/ISD Computer Training Unit must meet course pre-requisites and follow the procedures to obtain supervisory approval to attend the training. All information on course descriptions and pre-requisites are available by contacting the DMHAS/ISD Computer Training Unit through [Christine.Farrelly@po.state.ct.us](mailto:Christine.Farrelly@po.state.ct.us)

Courses will be filled on a first come, first served basis unless otherwise noted in the calendar. Please see the Cancellation/Postponement of Training section below for information on the waiting list procedure.

Mental Health affiliates of LMHAs should contact their managed service representative at the LMHA to schedule for training classes. PNP LMHAs and Addiction Service Users should contact the DMHAS Help Desk by e-mail ([HelpDesk@po.state.ct.us](mailto:HelpDesk@po.state.ct.us)), fax (860) 418-6640 or phone (860) 418-6644 to schedule individuals at their facility/LMHA for computer training courses. To register an employee, the DPAS Registration form should be completed and authorized by the appropriate individual at the agency. This form is available at the end of this document.

As DPAS courses require a user login and password, this System Access form should be sent to the Information Systems Division Help Desk at least two business days before the course start date.

Users can repeat the same DPAS training course as deemed appropriate. However, individuals needing to attend a computer course for the first time will be given precedence over individuals repeating the course.

#### ***CANCELLATION OR POSTPONEMENT OF TRAINING***

If the DMHAS/ISD Computer Training Unit must cancel a scheduled training course, you will be notified at least three days before the course start date whenever possible. In case of an emergency, your agency will be contacted as soon as possible. If an individual signed up to attend a course and must cancel for any reason, they should either notify the DMAHS/ISD Computer Training Unit directly or contact the Help Desk.

**Low Enrollment:** If any training course enrollment is less than six (6) individuals, the session may be canceled.

**Waiting List:** A waiting list will be maintained by the DMHAS/ISD Computer Training Unit for any course that has no space available. Individuals will be placed on the waiting list on a first come, first served basis. If a cancellation is received before the course start date, the DMHAS/ISD Computer Training Unit will call the first person on the waiting list. If that person is not available or cannot attend, the next person on the list will be contacted until the vacancy is refilled. The waiting list does not carryover to the next calendar of courses. Individuals on the waiting list for a course must sign up for the course again as soon as the new calendar is published.

**Inclement Weather:** In the case of inclement weather, training will not be cancelled or postponed unless Connecticut's Governor has issued an official statement authorizing the closing or late opening of state offices. Individuals scheduled to attend training should use their best judgment in determining if they will attend training.

## **SUCCESSFUL COMPLETION OF TRAINING**

Individuals attending computer-training courses must successfully complete all training requirements in order to obtain a login and password to the application being trained. Successful completion of computer training is defined as:

- Attendance at the full session(s) for all days of the training
- Active participation in all classroom activities
- Comprehension of materials covered in the training course

## **CONFIRMATION OF TRAINING ATTENDANCE**

After completion of training courses, individuals in attendance and who have successfully completed all course requirements will receive a login and password to access the application if they have not already obtained one. If the attendee already has a login, it will be updated with the module completed in training.

The DMHAS/ISD Computer Training Unit can provide a report of attendance in training courses held centrally. The report will identify who was and was not in attendance as well as any pertinent training issues the facility should be made aware of.

### **The DMHAS/ISD Computer training calendar is available on the DMHAS Internet & Intranet.**

#### **Internet:**

- 1) Go to the DMHAS Internet Home Page ( <http://www.ct.gov/dmhas> )
- 2) Click on the Divisions link
- 3) Click on the Information Systems Division link
- 4) Click on the Computer Training link
- 5) Click on the Computer Training Calendar link

#### **Intranet:**

- 1) Go to the DMHAS Intranet Home Page:  
DMHAS employees use - <http://inside.dmhas.state.ct.us>  
PNP employees use - <http://reports.dmhas.state.ct.us/>
- 2) Click on the Provider Written Documentation link
- 3) Click on the Training Calendar link

# DEFINITIONS

## Key / Identifying Information:

### **Social Security #:**

This is the client's social security number. This field can be 9 digits, or 11 with dashes (-), depending on how it is formatted. If the social security number is missing or non-existent, it should be entered as all zeros. **This field is required.**

### **Note:**

1. No SS# can exist more than once in DPAS, so it is critical that the submitter cannot use other dummy numbers such as 999-99-9999. (The exception of all zeros is noted above.)
2. If your program has a listing of clients that are still organized by numbers instead of names, use the following procedure to try to find clients who were previously in your agency:
  1. Search on SS# first.
  2. If no hit, then search on first name using the provider's client id.
  3. Only if no hit on either, create a new client. If you later discover that the client had already been in the program under another name or number, the DMHAS Help Desk can merge the two clients and all their data.

### **Last Name:**

This is the client's last name. **It is a required field.** A blank value will not overwrite a good first name. Similarly, a numeric value (as provided by some legacy CICS Users) will not overwrite a good first name.

Edits: **The first three letters of the last name are compared to the existing client with the same SS#. If it is different, it will result in a rejected record.**

### **First Name:**

This is the client's first name. A blank value will not overwrite a good first name. Similarly, a numeric value (as provided by some legacy CICS Users) will not overwrite a good first name. **This field is required.**

### **Middle Initial:**

This is the client's middle initial. A blank middle initial will not over write a good record.

### **Gender:**

This is the client's gender. **It is required**, but an unspecified category exists.

### **Date of Birth:**

This is the client's date of birth. **It is required.**

Edits: The date of birth must be greater than 10 years ago; clients cannot be 10 years old or less. If the submitter does not have a date of birth, they can submit the default date:  
01-01-1800.

### **Race:**

This field refers to client's identified race. The race classifications are based on the Federal government's delineation of race. **This field is required.**

White	Native Hawaiian or other Pacific Islander
Black/ African American	Mixed or Other Race
American Indian, Alaskan Native	Unknown
Asian	

**Ethnicity:**

This field represents the ethnicity of the client. The ethnicity classifications are based on the Federal government’s delineation of ethnicity. **This field is required.**

- |                       |                       |
|-----------------------|-----------------------|
| Non-Hispanic          | Hispanic-Cuban        |
| Hispanic-Puerto Rican | Other Hispanic-Latino |
| Hispanic-Mexican      | Unknown               |

**Marital Status:**

**This is a required field.** The values are:

- |                    |             |
|--------------------|-------------|
| Never Married      | Widowed     |
| Married            | Civil Union |
| Separated          | Unknown     |
| Divorced /Annulled | Other       |

**Living Situation / Employment Status / Veteran’s Status**

These records hold the status codes for living situation, employment, and veteran’s status. The action of the program is to create a new record anytime any of the three codes change. Additionally, every 6 months a new record is written through the Extract methodology even if none of the three codes have changed and a service is performed using the interface. These fields will be updated and kept historically whether they are updated by extract or by DPAS.

These three fields will default to the date of admission and discharge when they are added at admission and discharge, respectively. A date field is available for use when they are updated. Although the field defaults to today’s date, it can be changed to the effective change date.

The living situation and employment codes are different than the previous SATIS codes. The data system retains the codes you enter, and cross walks them to the SATIS codes. Eventually, DMHAS intends to combine these codes of the two systems. SATIS Interface users who have been set up with the original SATIS codes, may be asked to transition to the new code options at a later point in time

**Employment:**

This field refers to the current employment status for the client as understood by the program staff. The status of this field is kept program specific. **This field is required.**

Competitive Employment Full-time: Work performed for which an individual is compensated in accordance with Fair Labor Standards Act, or person is in military. Work hours are 35 or more per week.

Competitive Employment Part-time: Work performed for which an individual is compensated in accordance with Fair Labor Standards Act, or person is in military. Gainful employment is less than 35 hours per week.

Supportive/Sheltered/Transitional Work:

Supportive work refers to full or part time work for which an individual is compensated in accordance with FLSA with professional support. It may include mental health or non-mental health support. Supportive work is *not* time limited, and the employment is competitive.

Sheltered work refers to full or part time work for which an individual is compensated in accordance with professional support in an integrated work setting. Employment is based on the person’s status as a mental health consumer and is designed to assist in his/her treatment. It may include mental health or non-mental

health support. Support is not time limited, and the employment is typically non-competitive. Examples include contract work, mobile work crews, and consumer business.

Transitional work refers to full or part time work for which an individual is compensated in accordance with professional support. It may include mental health or non-mental health support. Support work is time-limited, and the employment is competitive.

Volunteering and Unemployed: A person who has been laid off, fired, or temporarily not working. The individual is seeking gainful employment. In addition, the person is working full or part-time for an agency or group for which they are not being compensated for their time.

Volunteering and Not in Work Force: This category is for individuals who are not seeking employment. It may include students, retired persons, the disabled, and homemakers. In addition, the person is volunteering full or part-time for an agency or group for which they are not being compensated for their time.

Unemployed: A person who has been laid off, fired, or temporarily not working. The individual is seeking gainful employment.

Not in Labor Force: This category is for individuals who are not seeking employment. It may include students, retired persons, the disabled, and homemakers.

If a client's employment value is 5, which is not in labor force, a new field has been added to living situation table for why not in labor force, retired, disabled, etc. (This is only required for SATIS.)

Unknown: This data item should be have limited use, and reflect the inability to answer the employment question.

### **Living Situation:**

This field refers to the current living situation for a client based on the information of the program. This information is kept program specific. **This field is required.**

Private Residence without support: an individual living in a home, apartment, trailer, hotel, SRO, dorm and the person does not require routine or planned support to maintain his/her independence in the living situation.

Private Residence with support: an individual living in a home, apartment, trailer, hotel, SRO, dorm and the person does require routine or planned support to maintain his/her independence in the living situation. This support may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home.

24 Hour Residential Care: an individual who resides in a residential care facility with care provided on a 24 hour basis, 7 days a week. This level of care may include group homes, residential treatment, rehabilitation centers, or crisis centers.

Institution: an individual who lives in an institutional care facility that provides 24-hour care. These institutions include nursing homes, State and Veteran's hospitals, and inpatient psychiatric hospitals.

Jail/Correctional Facilities: an individual who resides in a jail or other correctional facility with care provided on a 24 hour, 7 day a week basis. This level includes jails, prisons, boot camp, and youth authority facilities.

Homeless: a person who has no permanent place of residence. The individual lacks a fixed, regular, adequate primary nighttime residence.

Unknown: Information on a person's residence is not available.

**Veteran Status:**

This field reflects whether a client was ever in the Armed Forces of the United States of America. **This field is required,** but unspecified is an available answer.

**Co-occurring Values in DPAS:**

Effective July 1, 2007, DMHAS required funded agencies to screen for mental health and addiction issues with clients and to report those findings to DMHAS. (The requirement for agencies to submit this data via an extract was January 1, 2008.) The additional fields are the following:

**Field 1: Mental Health Screening**

- 1-Mental Health Screening Form-III (MHSF-III)
- 2-Modified Mini
- 8- Client declined to take screening
- 9- Medically/Clinically inappropriate

**Field 2: MH Score**

- If using MHSF-III, a 0 through 15 are acceptable values
- If using a Modified Mini, a 0 through 23 are acceptable values

**Field 3: “Yes” on Question 4 of Modified Mini**

- If using the Modified Mini and question 4 is ‘Yes’ (suicidality), enter a 1 in this field. A 0 can be used as a ‘No’. No data should be left blank.

**Field 4: “Yes” on Questions 14 AND 15 on Modified Mini**

- If using the Modified Mini and questions 14 AND 15 are ‘Yes’ (trauma), enter a 1 in this field. A 0 can be used as a ‘No’. No data should be left blank.

**Field 5: Substance Abuse Screening**

- 1- Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD)
- 2-CAGE – Adapted to Include Drugs (CAGE-AID)
- 8- Client declined to take screening
- 9- Medically/Clinically inappropriate

**Field 6: Substance Use Score**

- If using a SSI-AOD, a 0 through 14 is an acceptable value
- If using a CAGE, a 0 through 8 is an acceptable value

**Demographic Fields:**

This record holds the addresses, phone numbers and marital status of the clients. The fields are required unless indicated below. The program will create a new demographic record any time the zip code changes.

**Address 1:**

This field designates the current street address of the client. If the user does not know the address, an NA may be used. A valid address in the database will not be overwritten with an NA designation. If the client is homeless and living on the streets, a designation of “homeless” may be used. If the client resides at a shelter, the shelter address can be used. **This field is required.**

**Address 2:**

It is not required. If it is left blank, it will be left blank in DPAS.

**City:**

This designates where the client typically lives. If the client is homeless, use the city and ZIP in which the client typically stays. If unavailable, the Provider’s *City*, *State*, and *ZIP* should be defaulted so that clients with missing addresses will have a location attributed to them. **This field is required.**

**State:**

**It is required.** At present, “CT” is defaulted in this field.

**ZIP-5:**

This is the first five digits of the ZIP code. **This field is required.**

**ZIP-4:**

This is the last four digits of the ZIP code. This field is optional.

**Home phone:**

This is the client’s home phone number. **This field is required by the database.** If the Phone number is unavailable, it will be defaulted to all 1s: (111-111-1111).

**Work phone:**

This is the client’s work phone. It is not required.

**Insurance Fields:**

This record holds the insurance coverage and date of the clients. **Some insurance data is required.** If the client has no insurance or the user does not know, a client should be given the insurance code of “DMHAS-No Other Insurance” with a start date of the client’s admission to the program. If no insurance information is entered, the above default information is added.

**Insurance Codes:**

This code indicates the insurance coverage type, such as Medicaid, Medicare, etc. If a provider gives us multiple insurances, we prescribe that the insurances are in a hierarchy of:

1. Medicaid	5. Blue Cross/ Blue Shield
2. Medicare	6. Other Private
3. GA	7. DMHAS- No Other Insurance
4. Other Public Insurances like Champus, State Fee for Service	8. ATR

The default of “DMHAS-No Other Insurance” will be entered for all clients with no insurance information provided.

**Insurance Start Date:**

The date the client was first known to have that insurance coverage. If the start date is unknown, the default date of the client admission date should be used. **This field is required.**

**Insurance Policy Number:**

This is the policy number for the client’s insurance company. This field is where the Medicaid number is placed. **This field is required.**

**Medicaid Data Rules:**

- a. The number cannot look like a SS#. It cannot have dashes. This error will give an error message "The Medicaid (or GA) number is invalid."

b. The number must begin with "001", "002", "003", or "004". If not, their will be an error message: "The Medicaid (or GA) number is invalid."

c. If a number passes these two tests and there is already a number in the database that passes the same tests but is different than the new value, DPAS will give an error message "A different Medicaid (or GA) number is already on file."

**Insurance To Date:**

This date is provided to allow submitters to indicate that a policy is inactive. This is prevalent with Medicaid.

**Admit Date:**

This field is required and reflects the beginning of a clinical episode of care for a client in a program. Typically, this reflects when a client has a medical record opened for them at the agency. Services must occur after this admission date or the information system will not accept the service as valid. **This field is required.**

**Provider/Site Fields:**

**Provider Id:**

This field identifies the provider through a number that is established and maintained at DMHAS. New provider numbers are created through the DMHAS Change Control Process that creates all new provider and program names and numeric IDs. **This field is required.**

**Site/Program Id:**

This field specifies the program to which the client is being admitted. Typically, it refers to a cost center specified in a DMHAS funded contract that reflects a singular level of care at a specific address. As all client information occurs within a program, this field is also required for any demographic, clinical, or service level data.

**Service Entry Fields:**

**Service Code, CPT –4:**

This field is used for provider service codes that reflect the direct and collateral services provided for clients. This code can be a standard CPT –4 code, or an internal service code that reflects collateral or non-insurance services. **This field is required.**

Not all service codes are used in DPAS. Instead, service types are, at times, consolidated for simplicity. Although this may lessen the specificity of the services from providers, it ends up reflecting the overall types and amounts of services provided. For instance, the 90804, a half-hour individual therapy code, maps to a 90806, an hour individual therapy code which will have half-hour duration attached to it.

The underlying database does retain the original service code. Users may view how their Interface extract maps a particular service code by running the cc872 report in DPAS.

**Service From Date:**

This field denotes the beginning date of the services performed. We do allow the provider to send data with all the services “batched”. This allows the “from date” to be the beginning of a month. This may be used for a client in a residential program for the entire month. **This field is required.**

**Service Session Units:**

This field is intended for the number of sessions for which the service is performed. In a batch submission, this might show the number of residential days in the month for that service as 30. **This field is required.**

**Service To Date:**

This field specifies the ending date for the service being submitted. In a batch submission, this date would typically be the end of the month. **This field is required.**

**Method of Contact:**

This field holds the **method of contact** for the service that occurs, either face-to-face, over the phone, etc.

**Limitations of Service Amounts:**

The information system only allows for one distinct service record for a client in a particular program with specific method of contact per day. As an example, a client can only have a single case management service record in an outpatient program during a given day that was face-to-face. The system does allow for multiple units of service and duration for that service record. For instance, the client could have 3 units of case management that lasted for a total of 3 hours on the given day. This allows providers to add up the same services to a client in a day into one record. For Interface or Extract users, this requires the PNP agency to aggregate the discrete daily services into one record before sending them to DMHAS.

When the same service record for a given client in a given program on a specific date is applied to the database, the system stores the most recent record and overwrites the previous one. This allows users to update client records with the rule being the last service is considered the correct one. These rules are applicable for on-line and extract users of the system.

**Provider Client ID:**

This field allows the user to pass to the DPAS database their own, internal ID. It is sometimes useful in debugging. In rare cases of a client with no social security # and no name, this match may be useful.

**Service Length:**

This is the length of time in minutes of the service provided. **This field is required.**

Some Interface users are unable to provide this time, so we have set up a table of default time values. In this table, we have a default for the standard times used for CPT codes that include the write-up times for sessions. Those times are:

Service	Requested Default
90804 Individual Psychotherapy	30
90805 Individual Psychotherapy	30
90806 Individual Psychotherapy	60
90807 Individual Psychotherapy	60
90808 Individual Psychotherapy level	90
90814 Individual Psychotherapy	90
90816 Individual Psychotherapy	60
90846 Family psychotherapy no patient	60
90847 Family psychotherapy with patient	60
90853 Group Medical psychotherapy Level	60
80101 Drug Screen, single drug class	10
90801 Psychiatric diagnostic evaluation	60
90862 Pharmacology management	30
90782 Injections	15

**Discharge Date**

This field is required in a discharge and reflects the point that clinical responsibility for the client has ended. For addiction service programs, when a client has not had any program contact for 30 days, the client is discharged to the date of the last service. For mental health program, a variety of durations are used by

agencies. Generally, clients without program contact for 90 days should be discharged. The DPAS application allows discrete dates to be entered. **This field is required.**

**Reason For Discharge**

The “Reason for Discharge” data item is intended to provide information on the reason why a client is “discharged” from treatment, including clients who drop out of the treatment program. (The categories and codes available for this data item are listed below). **This field is required.**

This information is of interest at two levels. Of primary interest is the simple dichotomy of whether the client did or did not complete treatment. At the second level, there is interest in knowing the reason why the client did not complete treatment. At the second level, there has been some confusion regarding how to code the reason for discharge, primarily because it is often difficult or impossible to know why a client does not complete treatment.

It is expected that most providers will make some effort to determine the reason why a client fails to complete treatment. If a reason can be determined, it should be coded to the most appropriate category. For example, there are specific codes for incarcerated and death. The “other” category should be used for such reasons as moved, hospitalized or illness. When the client chooses not to complete treatment, even if the reason is not known, the category “Left against clinical advice (drop out)” should be used. Left against professional advice may imply a more formal process or more provider knowledge than was intended for this category. A better label for this category would be “Client chose not to complete treatment plan or program.”

**Reason for Discharge Categories and Codes**

Code	Addiction Service Codes
00	Unspecified
01	Treatment completed with formal referral to an SA Treatment Program
02	Treatment completed without formal referral
03	Left with Program’s Advice and formal referral to an SA Program
04	Left with Program’s Advice and without formal referral to an SA Program
05	AMA
06	Incarcerated
07	Deceased
08	Discharged for non-compliance-Substance Use
09	Discharged for non-compliance: Non-Substance Use
10	Administrative Discharge: Admission in Error

## Reason for Discharge Categories and Codes

<b>Code</b>	<b>Mental Health Codes</b>
00	Unspecified
01	Facility Concur
02	Against Medical Advice
03	Facility Not Advised / Drop Out
04	DMHAS Inpatient Transfer
05	AWOL
06	Died
07	Court Order
08	IP Discharge for IP Medical Treatment
10	Moved out of area
11	GA Benefits expired
12	Against Clinical Advice (SA)
13	Non-compliance with Rules (SA)
15	Treatment Continued Elsewhere-IP
16	Treatment Continued Elsewhere-Non-IP
90	Administrative Discharge
91	No Referral, Services Not Needed
92	No Referral, Other
93	No Referral, Client Refused
94	Incarcerated

## DPAS-FAQs

ITEM #	TYPE OF PROBLEM	SOLUTION
1	Admission in DPAS made in error.	Help Desk staff can delete admission. (EQMI Option)
2	Cannot find an admission.	Sometimes the screen does not refresh after adding data. The user can refresh data by “clicking” on ‘program’ in program select field. Admission information may also be outside the range of the ‘From’ and ‘To’ parameter.
3	Cannot find Citrix on Desktop	Look under Program Listing in Windows to see if the Citrix Program Neighborhood is installed. If it’s not installed, contact the Data Contact person at your agency. If you need Citrix application again, contact Help Desk to request Citrix disk. As of March 2008, the Citrix icon and client is no longer needed for access to DPAS. A web browser such as Internet Explorer or Mozilla Firefox can be used. This may need to be updated per recent events.
4	Cannot log in with RNAS token.	If token was used more than three different times without a successful login, the token is disabled. The user needs to contact the DOIT Help Desk to reset the token. Also, if the token is not used for a long period of time, which can be as little as 3 weeks, the token can be “out of synch” with the authentication computer and will need to be reset with the DOIT Help Desk (1-860-662-2300)
5	Client data entered accidentally into two programs.	Contact Help Desk. (EQMI Option) They can merge client treatment and services from one program to another. Concurrent episodes of treatment are allowed by the DPAS system.
6	Demographic Information is incorrect or needs updating.	In DPAS, select the program, click on <b>Client Management</b> , select the client, click on <b>Update</b> , select <b>Change Demographics</b> , select field that needs updating and make change. Click <b>Update</b> . Some fields, such as Social Security numbers and Names require intervention by DMHAS staff- contact the Help Desk (EQMI Option).
7	Front-End Icon not in Citrix.	Click on Refresh button in Citrix Neighborhood. Citrix will reflect the icons attributed to that user based on their login name.
8	Entered client under wrong program	In DPAS, select the program, click on <b>Client Management</b> , select the client, click on <b>Update</b> , select <b>Change Program</b> , select correct program from drop down menu. Click <b>Update</b> .
9	Error message indicates that client in system with SS# that already exists with a different name. Message indicates to call Help Desk.	Check with Client or documentation for SS#. If your records appear accurate, then contact Help Desk to find out discrepancy. (EQMI Option)
10	Login with token but access denied.	Need password reset by DOIT Help Desk. (1-860-662-2300)
11	Name, Date of Birth, is incorrect	In DPAS, select the program, click on <b>Client Management</b> , select the client, click on <b>Update</b> , select <b>Key Change</b> , select field that needs updating and make change. Click <b>Update</b> .  Note: You cannot change the first three letters of someone’s last name for a given social security number, with the exception of a SS# of all zeros. If someone has changed their name, contact the Help Desk to change the name in the DMHAS database to allow data entry for new

		client name. (EQMI Option)
12	Searching when client's name is a number.	If your program has a listing of clients that are still organized by numbers instead of names, use the following procedure to try to find clients who were previously in your agency: <ol style="list-style-type: none"> <li>1. Search on SS# first.</li> <li>2. If no hit, then search on first name using the provider's client id.</li> <li>3. Only if no hit on either, create a new client.</li> </ol>
13	Service Data Missing	If agency provides data through an electronic interface, check Interface error report in cc870 to determine if clients not in database due to errors or electronic submissions are not being sent.
14	Service entry made in error in DPAS	The Help Desk can delete services. Specific users at agency can be able to delete services if approved by CEO. (EQMI Option)
15	Unable to print DPAS reports	Find out if user has access by running cc 892 Report. Some difficulties for printing have to do with Citrix not recognizing a Printer. Contact Help Desk if cannot print to desired printer. (ISD Option)
15	Utilization is Greater Than Capacity due to un-discharged Clients	Users for both MH and SA can discharge clients using DPAS. If the reason for discharge is unknown, the user can use the administrative discharge code and use the "unspecified" codes to answer questions for which the medical record data cannot answer.
16	Working in DPAS application and system is very slow. Screen repaints very slowly.	If Dial-up User, try reconnecting as connection may have been slow. If screen seems to look like two views superimposed over one another, hit "Tab" key or F5 key.

## DPAS-SATIS Admission Edits

Item #	Field Name	Required ?	Valid Values
1	Provider Id	Y	
2	Program Id	Y	
3	Providers client id	N	
4	A1.Admit Date	Y	
5	SA2. Date Intake Completed	N	
6	Admission Type	Y	0 = Unspecified 1 = First Admission 2 = Readmission
7	SA3. Primary source of referral	Y	see table ref source *** Appendix D
8	D14.Veteran status	Y	0 = Unspecified 1 = Yes 2 = No
9	D13 Living Situation	Y	0 Unspecified 1 Homeless 2 Dependent 3 Independent
10	SA4. Highest grade completed	Y	00-no grade completed 8-completed 8th grade 12-GED or high school 14-Associates degree 16 4-year college 18-masters degree 20-doctorate degree
11	SA5.Voc Training in 6 months	N	0 = Unspecified 1 = Yes 2 = No
12	SA5.Voc Training in 30 days	N	0 = Unspecified 1 = Yes 2 = No
13	D12.Employment Status	Y	0 Unknown 1 Not in labor force 2 Unemployed 3 Employed PT 4 Employed FT
14	SA6.Days worked in last 30	Y	Number between 0 & 30
15	SA7.Principal source of support	Y	0 = None 1 = Public Assistance/Welfare 2 = Retirement/Pension 3 = Salary 4 = Disability 5 = Other
16	SA8.Current annual income (1000s)	N	Cannot be greater than 999

17	SA9.# persons dependant on income. If only person is client, default value should be 1.	N	Number between 01 and 20
18	SA10.# persons dependant age 17 or less	N	Number between 01 and 20
19	SA11.Pregnancy status, if female it is required	Y	0 = Unspecified 1 = Pregnant 2 = Not Pregnant 3 = Don't know/Unsure
20	SA12.Week prenatal care began	N	0 = no prenatal care 1 to 43 weeks
21	Number of Times in 6 Months	N	Number 00 to 183
22	Number of Times in 30 Days	Y	Number 00 to 30
23	Days in jail in Last 6 Months	N	Number 00 to 183
24	Days in jail in Last 30 days	N	Number 00 to 30
25	Residential/In-Patient Alcohol/Drug Tx 6 months	N	Number 00 to 183
26	Residential/In-Patient Alcohol/Drug Tx 30 Days	N	Number 00 to 30
27	Days in Hospital in last 6 months	N	Number 00 to 183
28	Days in Hospital in last 30 days	N	Number 00 to 30
29	Days in residential inpatient Psychiatric TX 6 months	N	Number 00 to 183
30	Days in residential inpatient Psychiatric TX 30 days	N	Number 00 to 30
31	Number of Days in Other/Group Home in last 6 months	N	Number 00 to 183
32	Number of Days in Other/Group Home in last 30 days	N	Number 00 to 30
33	Number of Days in ER in the past 6 months	N	Number 00 to 183
34	Number of Days in ER in the past 30 Days	N	Number 00 to 30
35	Self Help Group	Y	Number 00 to 30

			00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
36	SA21 Substance of choice 1	Y	
37	Age of first use-1	Y	Number 01 to 99
38	Days used in past 30-1	Y	Number between 0 & 30
39	Route of administration-1	Y	0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
40	Substance-2	N	00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS, STP 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
41	Age of first use-2	N	Number 01 to 99
42	Days used in past 30-2	N	Number between 0 & 30

43	Route-2	N	0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
44	Substance-3	N	00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
45	Age of first use-3	N	Number 01 to 99
46	Days used in past 30-3	N	Number between 0 & 30
47	Route-3	N	0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other

			00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
48	Substance-4	N	
49	Age of first use-4	N	Number 01 to 99
50	Days used in past 30-4	N	Number between 0 & 30
			0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
51	Route-4	N	
			00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
52	Substance-5	N	
53	Age of first use-5	N	Number 01 to 99
54	Days used in past 30-5	N	Number between 0 & 30

			0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
55	Route-5	N	
56	SA22.Days in last 30 drank to effect	N	Number between 0 & 30
57	SA23.Days in last 30 used more than one sub	N	Number between 0 & 30
58	SA24.Do you smoke or chew tobacco regularly	N	0 = Unspecified 1 = Yes 2 = No
59	Amt spent for alcohol in past 30 days	N	Number 0 to 999
60	Amt spent for drugs in past 30 days	N	Number 0 to 999
61	SA26.Last Time client had withdrawal-alcohol	N	0 = Never 1 = More than 12 months ago 2 = More than 3 months ago 3 = More than 1 month ago 4 = More than 1 week ago 5 = During the last week
62	SA27.Last Time client had withdrawal-drug	N	0 = Never 1 = More than 12 months ago 2 = More than 3 months ago 3 = More than 1 month ago 4 = More than 1 week ago 5 = During the last week
63	Alcohol problems in past 30 days	N	Number between 0 & 30
64	Drug problems in past 30 days	N	Number between 0 & 30
65	Client troubled by alcohol	N	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely
66	Client troubled by drugs	N	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely
67	In lifetime number of times in Mental Health - Resident	Y	Numeric
68	In lifetime number of times in Mental Health - Out Patient	Y	Numeric
69	In lifetime number of times admitted for substance abuse - resident	Y	Numeric
70	In lifetime number of times	Y	Numeric

	admitted for substance abuse - out patient		
71	Importance of TX for alcohol	N	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely
72	Importance of TX for Drugs	N	0 = Not at all 1 = Slightly 2 = Moderately 3 = Considerably 4 = Extremely
73	A2.Axis1-1	Y	Use DSM-IV codes excluding Axis II values
74	Axis1-_2	N	" "
75	Axis1-_3	N	" "
76	Axis2_1	N	301.0 Paranoid personality disorder, 301.20 Schizoid personality disorder, 301.22 Schizotypal personality disorder, 301.4 Obsessive compulsive, 301.50 Histrionic personality disorder, 301.6 Dependent personality disorder, 301.7 Antisocial personality disorder, 301.81 Narcissistic personality disorder, 301.82 Avoidant personality disorder, 301.83 Borderline personality disorder, 301.9 Personality disorder NOS, 317 Mild mental retardation, 318.0 Moderate mental retardation, 318.1 Severe mental retardation, 318.2 Profound mental retardation, 319 Unspecified mental retardation, 799.9 Diagnosis deferred on this axis, V62.89 Phase of life problem, V71.09 No diagnosis/condition
77	Axis2_2	N	see axis 2-1
78	Axis2_3	N	see axis 2-1
79	Axis3_1	N	Use ICD-9 Codes
80	Axis3_2	N	" "
81	Axis3_3	N	" "
82	Axis4_1	N	0 problems w primary support 1 social problems 2 educational problems 3 occupation problems 4 housing problems 5 economic problems 6 access to health care problems 7 legal problems 8 other psychosocial problems

			0 problems w primary support 1 social problems 2 educational problems 3 occupation problems 4 housing problems 5 economic problems 6 access to health care problems 7 legal problems 8 other psychosocial problems
83	Axis4_2	N	
84	Axis4_3	N	0 problems w primary support 1 social problems 2 educational problems 3 occupation problems 4 housing problems 5 economic problems 6 access to health care problems 7 legal problems 8 other psychosocial problems
85	GAF Current Year	Y	Use numbers 000 to 100
86	GAF Last year	N	Use numbers 000 to 100
87	Client Zip Code	N	
88	Not In Labor Force Detail, Required if #14 value is Not In Labor Force	N	01 Homemaker 02 Student 03 Retired 04 Disabled 05 inmate of institution 06 other 96 Not applicable 97 Unknown 1 MHSF-III 2 Modified Mini 8 Declined
89	MH Screen	N	9 Medically or clinically inappropriate If MH Screen is 1, then MH score is 0-15
90	MH Score	N	If MH Screen is 2, then MH score is 0-23
91	MH Modified Mini Suicidal (Question 4)	N	Yes = 1 No = 0
92	MH Modified Mini Trauma (Question 14 & 15)	N	Yes = 1 No = 0 1= SSI-AOD 2= CAGE-AID 8 Declined
93	SU Screen	N	9 Medically or clinically inappropriate If SU = 1, then SU score is 0-14.
94	SU Score	N	If SU = 2, then SU score is 0-8

## DPAS-SATIS Discharge Edits

Item #	Field Name	Required ?	Valid Values
1	Provider Id	Y	
2	Providers Client Id	N	
3	Admission Date	Y	
4	Program Id	Y	
5	SD6.Date form completed	N	
6	SD1.Discharge Date	Y	
7	SD2.Discharge Type	Y	0 Unspecified 1 Treatment complete with formal referral 2 Treatment complete without formal referral 3 Left with programs advice and formal referral 4 Left w/ programs advice & without formal referral 5 Left against clinical advice 6 Incarcerated 7 Deceased 8 Discharged for non compliance substance use 9 Discharged for non compliance non substance use 10 Administrative discharge
8	SD7.Referred to	N	see table ref source in DPAS cc895 or cc896
9	Recovery House	N	0 = No 1 = Yes
10	MH Inpatient	N	0 = No 1 = Yes
11	Legal	N	0 = No 1 = Yes
12	Domestic Violence Counseling	N	0 = No 1 = Yes
13	Vocational Counseling	N	0 = No 1 = Yes
14	Housing Assistance	N	0 = No 1 = Yes
15	AIDS Service	N	0 = No 1 = Yes
16	Self Help Group	N	0 = No 1 = Yes
17	Medical Care	N	0 = No 1 = Yes
18	Mental Health Outpatient	N	0 = No 1 = Yes

19	Parenting Education	N	0 = No 1 = Yes
20	Child Protective Service (DCF)	N	0 = No 1 = Yes
21	Sexual Abuse Counseling	N	0 = No 1 = Yes
22	Other	N	0 = No 1 = Yes
23	SD9.Did the client participate in self help	Y	0 = Unspecified 1 = Yes 2 = No
24	SD10.Private insurance	N	0 = No 1 = Yes
25	Public Insurance	N	0 = No = Yes 1
26	Medicaid	N	0 = No 1 = Yes
27	Medicare	N	0 = No 1 = Yes
28	SAGA	N	0 = No 1 = Yes
29	Champus	N	0 = No 1 = Yes
30	Insured/Not Authorized	N	0 = No 1 = Yes
31	Uninsured	N	0 = No 1 = Yes
32	Unknown	N	0 = No 1 = Yes
33	SD4.Living Situation	Y	0 = Unspecified 1 = Homeless 2 = Dependent 3 = Independent
34	SD11. High Grade	Y	00 no grade completed 8 completed 8th grade 12 GED or high school 14 Associates degree 16 4 year college 18 masters degree 20 doctorate degree
35	SD12.Educ or Voc programs while in Tx	N	0 = Unspecified 1 = Yes 2 = No 3 = Not applicable

			0 = Unknown 1 = Not in labor force 2 = Unemployed 3 = Employed PT 4 = Employed FT
36	SD3.Employment status	Y	
37	SD13.# days worked in last 30	N	Number between 0 & 30
38	SD15.Smoke or chew tobacco regularly	N	0 = Unspecified 1 = Yes 2 = No
39	Times arrested in last 30 days	Y	Number 01 to 30
40	SD17.Alcohol and drug free at discharge	N	0 = Unspecified 1 = Yes 2 = No 3 = Unknown
41	SD18.Criteria for drug free-Last urine test	N	0 = No 1 = Yes
42	Other	N	0 = No 1 = Yes
43	Clinical Test	N	0 = No 1 = Yes
44	Self report	N	0 = No 1 = Yes
45	Test Not Applicable	N	0 = No 1 = Yes
46	Days used in last 30-1	Y	Number between 0 & 30
47	SD21.Primary substance of choice	Y	00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS, STP 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other

			0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
48	Route of administration-1	Y	
49	Substance of choice-2	N	00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS, STP 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
50	Days used in last 30-2	N	Number between 0 & 30
51	Route of administration-2	N	0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other

			00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS, STP 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
52	Substance of choice-3	N	
53	Days used in last 30-3	N	Number between 0 & 30
			0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
54	Route of administration-3	N	
			00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS, STP 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
55	Substance of choice-4	N	
56	Days used in last 30-4	N	Number between 0 & 30

			0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
57	Route of administration-4	N	
58	Substance of choice-5	N	00 = None 01 = Amphetamines 02 = Alcohol 03 = Barbiturates 04 = Benzodiazepines 05 = Cocaine 06 = Crack 07 = Hallucinogens: LSD, DMS, STP 08 = Heroin 09 = Inhalants 10 = Marijuana, Hashish, THC 11 = Methamphetamines 12 = Non-Prescriptive Methadone 13 = Other Opiates & synthetics 14 = Other sedatives or Hypnotics 15 = Other Stimulants 16 = Over-the-Counter 17 = PCP 18 = Tranquilizers 19 = Other
59	Days used in last 30-5	N	Number between 0 & 30
60	Route of administration-5	N	0 = Unspecified 1 = Oral 2 = Smoking 3 = Inhalation 4 = Injection 5 = Other
61	SD5.Axis1-1	Y	Use DSM-IV codes, excluding those for Axis II.
62	SD5.Axis1-2	N	" "
63	SD5.Axis1-3	N	" "

			301.0 Paranoid personality disorder, 301.20 Schizoid personality disorder, 301.22 Schizotypal personality disorder, 301.4 Obsessive compulsive, 301.50 Histrionic personality disorder, 301.6 Dependent personality disorder, 301.7 Antisocial personality disorder, 301.81 Narcissistic personality disorder, 301.82 Avoidant personality disorder, 301.83 Borderline personality disorder, 301.9 Personality disorder NOS, 317 Mild mental retardation, 318.0 Moderate mental retardation, 318.1 Severe mental retardation, 318.2 Profound mental retardation, 319 Unspecified mental retardation, 799.9 Diagnosis deferred on this axis, V62.89 Phase of life problem, V71.09 No diagnosis/condition
64	Axis 2_1	N	
65	Axis 2_2	N	see axis 2-1
66	Axis 2_3	N	see axis 2-1
67	Axis 3_1	N	Use ICD-9 values
68	Axis 3_2	N	" "
69	Axis 3_3	N	" "
70	Axis 4_1	N	0 problems w primary support 1 social problems 2 educational problems 3 occupation problems 4 housing problems 5 economic problems 6 access to health care problems 7 legal problems 8 other psychosocial problems
71	Axis 4_2	N	0 problems w primary support 1 social problems 2 educational problems 3 occupation problems 4 housing problems 5 economic problems 6 access to health care problems 7 legal problems 8 other psychosocial problems

			0 problems w primary support 1 social problems 2 educational problems 3 occupation problems 4 housing problems 5 economic problems 6 access to health care problems 7 legal problems 8 other psychosocial problems
72	Axis 4_3	N	
73	GAF current year	N	0-100
74	GAF last year	N	0-100
75	SD14.Psychotropic medications while in Tx	N	0 = Unspecified 1 = Yes 2 = No
76	Self paid	N	0 = No = Yes
			1
77	Not In Labor Force	N	01 Homemaker 02 Student 03 Retired 04 Disabled 05 inmate of institution 06 other 96 Not applicable 97 Unknown
78	SD-20 CSSD Discharge Status	N	0 Unspecified 1 Satisfactory 2 Unsatis new offense 3 Unsatis old offense 4 Unsatis Sub Abuse 5 Unsatis Refuse rules 6 Unsatis absconder 7 Unsatis assault/threat 8 Unsatis fail to comply 9 Unsatis parole revocation



## Addiction Service Requirements by LOC

FUNDED LOCs PROVIDE SATIS DATA TO EXCEPT WHERE NOTED UNDER “**Services for Reporting**”

<b>Intensity</b>	<b>Mode</b>	<b>Services for Reporting</b>
Case Management	AIDS/HIV Services	All Case Management Services, No SATIS
Case Management	Latino Outreach	All Case Management Services, No SATIS
Case Management	SA Case Management	All Case Management Services, No SATIS
Detox	OP Ambulatory Detox	Individual & Group Counseling
Detox	OP Social Setting Detox	Individual & Group Counseling
Detox	IP Detoxification 4.2	Acute Inpatient Code
Detox	IP Detoxification 3.7d	Acute Inpatient Code
Detox	IP Observation/Flex Bed	Acute Inpatient Code
Methadone Maint	Methadone Maintenance	Initial Eval, Med. Management codes, Ind. & Group Counseling
Other	Transportation	Client Transportation (# of Trips), , No SATIS
Out-Patient	Outpatient Cocaine	Ind., Family, & Group Counseling, Initial Eval, Med. Mngt.
Out-Patient	Outpatient Gambling	Ind., Family, & Group Counseling, Initial Evaluation, Med. Management, No SATIS
Out-Patient	Outpatient Pregnant Women	Ind., Family, & Group Counseling, Initial Eval, Med. Mngt.
Out-Patient	Outpatient SA	Ind., Family, & Group Therapy, Initial Eval, Med. Mngt
Partial Hospital	Intensive Outpatient	Hours in Program
Partial Hospital	Partial Hospital	Half or Full Day
Residential	AIDS Residential	Days, No SATIS
Residential	Inten Res Pregnant Women	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt.
Residential	Intensive Res 3.8, 3.7e, 3.7	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	Long term Tx / Intermed. Res 3.5	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	Long Term Care and Rehab	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	Long Term Tx	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	Long Term Tx Committed Youth	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	LTT 3.5 (CSSD)	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	Residential DWI	(Morris Foundation) Days
Residential	Shelter (Therapeutic)	Days, No SATIS
Residential	Shelter (Homeless)	Assessments, Referrals, No SATIS
Residential	Trans Care Halfway House	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
Residential	Transitional Residential	Days, Ind., Family & Group Counseling, Initial Eval, Med Mngt
All ATR LOCs		All ATR levels of care do not need to report services directly to DMHAS. These services will be loaded from the Payor system.
Education	Impaired Driver Education	None required
Education	Pre-Trial Drug Alcohol (PTIP)	None required

## Mental Health Service Requirements by LOC

<b>Intensity</b>	<b>Mode</b>	<b>Service Matrix</b>
ABI/TBI	ABI	Acute Inpatient Code
ABI/TBI	Community CM/Consulting	All direct services with clients and collaterals
ABI/TBI	Geriatric ABI	Acute Inpatient Code
ABI/TBI	TBI	Acute Inpatient Code
Acute In-Patient	Acute Inpatient	Acute Inpatient Code
Acute In-Patient	Observation/Flex Bed	Acute Inpatient Code
Acute In-Patient	Sub-Acute Community	Acute Inpatient Code
Case Management	Access	TCM + Other Case Management & All Other Direct Client Services
Case Management	ACT	TCM + Other Case Management & All Other Direct Client Services
Case Management	Case Management	TCM + Other Case Management & All Other Direct Client Services
Case Management	Clinical Case Management	TCM + Other Case Management & All Other Direct Client Services
Case Management	Homeless Outreach	TCM + Other Case Management & All Other Direct Client Services
Case Management	Housing Assistance	TCM + Other Case Management & All Other Direct Client Services
Case Management	Housing Assistance-Pilots	TCM + Other Case Management & All Other Direct Client Services
Case Management	Latino Case Management	TCM + Other Case Management & All Other Direct Client Services
Case Management	Shelter Plus	TCM + Other Case Management & All Other Direct Client Services
Case Management	Supportive Housing-Pilots	TCM + Other Case Management & All Other Direct Client Services
Counseling and Ed.	Advocacy and Ed.	NA for DPAS
Crisis	Crisis & CIT	Enter Clinical Documentation for Crisis Event in DPAS
Crisis	Jail Diversion	Enter Clinical Documentation for Jail Diversion Event in DPAS
Crisis	Respite	Respite Service Code
Crisis	Respite-Jail Diversion	Respite Service Code
Crisis	Sub-Acute Community	Respite Service Code
General Psych	Gen Psych Acute Forensics	NA for DPAS
General Psych	Gen Psych Geriatrics	NA for DPAS
General Psych	Gen Psych Intensive Rehab	NA for DPAS
Out-Patient	Forensic Consultation	Enter Clinical Event for Forensic Evaluation in DPAS
Out-Patient	Hearing Impaired	All Direct Face-to-face Services with Clients
Out-Patient	Outpatient Clinical	All Direct Face-to-face Services with Clients
Out-Patient	Outpatient Dual Diagnosis	All Direct Face-to-face Services with Clients
Out-Patient	Research	NA for DPAS
Out-Patient	Special Populations	All Direct Face-to-face Services with Clients
Partial Hospital	Intensive Outpatient	IOP Hours <b>or</b> All Direct Face-to-face Services with Clients
Partial Hospital	Partial Hospital	Half or full day
Residential	Group Residential	Days (PP167) + TCM code*
Residential	Supervised Apartments	Days (PP167), Case Management codes + TCM code*
Residential	Supported Apartments	Case Management pp169 + TCM.
Residential	Supportive Housing-Pilots	Case Management pp169 + TCM.
Residential	Transitional residential	Days & TCM
Social Rehab	Clubhouse	Days (Based on attendance at activities, exclusive of meals.)
Social Rehab	Day Tx/ Social Rehab	Days & Trips if applicable
Social Rehab	Mentoring	NA for PNPs
Social Rehab	Warmline	NA for PNPs
Vocational Rehab	Voc Rehab/Work Services	All Direct Face-to-face Services with Clients

## Payor Codes for DMHAS Funded Agencies

Services	DPAS Code (Internal DMHAS code)	Time Increment
<b>Inpatient Services</b>		
Respite	PP002	1 day
Residential Treatment	PP167	1 day
Residential Supervised Apartment	PP168	1 day
Acute Inpatient or Med. Managed Detox	PP124	1 day
<b>Partial Hospitalization Services</b>		
Day Treatment/Partial Hosp.	90899	1/2 day
<b>Outpatient Services</b>		
Initial / Comprehensive Evaluation	90801	Minutes
Crisis Evaluation	PP003	Minutes
Non-Crisis Evaluation	PP004	Minutes
Individual Psychotherapy / Counseling	90806	Minutes
Group Psychotherapy Counseling	90853	Minutes
Family Psychotherapy / Counseling (patient present)	90847	Minutes
Case Consult with Client Present	90887	Minutes
Case Consult w/o Client Present	90888	Minutes
IOP	H0015	Minutes
Outpatient Methadone Detox	PP080	1 Day
<b>Methadone Maintenance</b>		
Methadone Dosing	PP081	1 Unit
<b>Med Management</b>		
Med Management	90862	Minutes
Med Renewal Brief Visit	MM064	Minutes
IM Injection	90782	1 injection
Med Management Clozapine	90863	Minutes
<b>Case Management Services</b>		
Case Management Services -TCM	9790Z	Minutes
<b>NOTE: TCM CM can only be used if Specified in DMHAS Contract</b>		
Case Management Services with Client -Other	9791Z	Minutes
Residential Supported CM	PP169	Minutes
<b>Other Direct Services</b>		
Psychological Testing	96100	Minutes
Neuropsychological Testing Battery	96117	Minutes
Drug Screen	9080Y	Minutes
<b>Social/Vocational Services</b>		
Supported Education	PP020	Minutes
Individual Employment Services	PP024	Minutes
Group Employment Services	PP025	Minutes
Social Rehabilitation-Individual	PP026	1 day

<b>Services</b>	<b>DPAS Code (Internal DMHAS code)</b>	<b>Time Increment</b>
Social Rehabilitation-Group	PP027	1 day
Recreational/Social Events-Individuals	PP028	Minutes
Recreational/Social Events-Groups	PP029	Minutes
Occupational Therapy-Individual	PP030	Minutes
Occupational Therapy-Group	PP031	Minutes
Psycho-educational-Individual	PP032	Minutes
Psycho-educational-Group	PP033	Minutes
<b>Other Support Services</b>		
Travel to provide Service	PP036	Minutes
Formal Client-Related Staff Meetings	PP037	Minutes
Charting/Documentation	PP038	Minutes
Language Translation/Interpreting	PP040	Minutes
Entitlements and Information Checking	PP043	Minutes
Cancellation / No Show	PP050	Units
Collateral Contacts	PP060	Minutes
Community 1:1 (Specialing)	PP061	Minutes
Diagnostic Screening Tool	PP070	Minutes
Physical Exam by MD / Nurse	PP071	Minutes
Medical Procedure by MD / Nurse	PP072	Minutes
<b>Transportation Services</b>		
Client Transportation	PP062	Trip

## Definitions of Service Codes

Services	DPAS Code	Description
<b>Inpatient Services</b>		
Respite	PP002	The Respite program provides care to treat a rapidly deteriorating behavioral health condition, reduce the risk of harm to self or others, stabilize psychiatric symptoms, or behavioral and situational problems including substance abuse and whenever possible to avert the need for acute hospitalization. The respite beds may also be used to provide transitional care to clients that are on leave or discharged or transferred from other inpatient or residential facilities.
Residential Treatment	PP167	A residential program provides continuous staffing to multiple clients with severe and persistent psychiatric or addiction service disorders in a congregate residence. Services may include assessment, medical evaluation, psychiatric evaluation if indicated, and an intensive regimen of treatment modalities including individual and family therapy, specialty groups, psychosocial education, orientation to AA or similar support groups, and instruction in relapse prevention.
Residential Supervised/ Supported Apartment	PP168	This program provides supervision or support to clients residing in apartments in the community. Supervised programs require 24 hour staffing within an apartment setting or through a range of support activities that enhance an individual's ability to live independently in the community. This may include assistance in all areas of daily living, community integration, education assistance and counseling, client management of personal financial resources and budgeting, referrals to all necessary services, meal preparation, improving communication skills, and use of leisure time. Supported Apartment programs have access to the range of behavioral health services including case management.
Acute Inpatient or Med. Managed Detox	PP124	This inpatient program provides medically directed treatment of a psychiatric, dual diagnosis, or addictive condition, where patient admission is the result of a serious or dangerous condition that requires rapid stabilization of behavioral health symptoms. The program is utilized when 24-hour medical and nursing supervision are required to provide intensive evaluation, medication management, symptom stabilization and intensive brief treatment.
<b>Partial Hospitalization Services</b>		
Day Treatment/Partial Hosp.	90899	This HCFA certified program provides acute intensive substance abuse or psychiatric programming a minimum of four hours per day, for up to five days per week. The program provides a range of therapeutic activities including diagnosis, individual or group therapy, rehabilitative services. The program is targeted to adults that have been recently discharged from an inpatient or residential facility or whose admission to inpatient care might be prevented by treatment in a partial hospital or day treatment program.
<b>Outpatient Services</b>		
Initial / Comprehensive Evaluation	90801	Psychiatric diagnostic interview examination including history, mental status, or disposition. It may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. Typically, it is used one time per year or per treatment episode.
Crisis Evaluation	PP003	Evaluation by clinical staff to assess risk of clients related to danger to self or others, or significant impairment. Culminates in a disposition. Evaluation process is documented in DPAS application, which is to be transitioned to

Services	DPAS Code	Description
		DPAS in Fall 2004.
Non-Crisis Evaluation	PP004	Diagnostic assessment including history, definition of problem, and narrative formulation. It may include communication with family or other sources.
Individual Psychotherapy / Counseling	90806	Individual psychotherapy or counseling, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, with the client. Includes Treatment Planning
Group Psychotherapy / Counseling	90853	Group psychotherapy or counseling (other than of a multiple-family group) by a clinician that is insight oriented, behavior modifying and/or supportive, in an office or outpatient facility,
Family Psychotherapy / Counseling (patient present)	90847	Family psychotherapy / counseling that is structural, strategic, system with the client present by a clinician in an office or outpatient facility.
Case Consult with Client Present	90887	Review of treatment plan goals, objectives, and interventions with client present. May include history of problem and review of other supports. Consult can occur with providers, client's support system, and others as requested by client.
Case Consult w/o Client Present	90888	Review of treatment plan goals, objectives, and interventions without client present. May include history of problem and review of other supports. Consult can occur with providers, client's support system, and others as requested by client.
IOP	H0015	This program offers acute intensive substance abuse programming a minimum of three hours per day, for up to three days per week. The program offers case management, individual and group therapy, and an orientation to AA and a range of relapse prevention activities when substance abuse is a focus of concern.
Outpatient Methadone Detox	PP080	The program provides outpatient, medically directed substance dependence evaluation and withdrawal management. Medical and nursing supervision are provided.
<b>Methadone Maintenance</b>		
Methadone Dosing	PP081	Daily prescribed methadone medication intended to treat opiate addiction.
<b>Med Management</b>		
Med Management	90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.
Med Renewal Brief Visit	MM064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.
IM Injection	90782	Therapeutic or diagnostic injection that is subcutaneous or intra-muscular.
Med Management Clozapine	90863	Pharmacological management, including prescription, use, and review of the medication Clozapine with no more than minimal medical psychotherapy
<b>Case Management Services</b>		
Case Management Services -TCM	9790Z	This code reflects the continuum of activities with a client or collateral (on behalf of a client) concerned with assessment, planning, linkage support and advocacy. This code may include phone contacts. Progress note should include how the service relates to the client's treatment plan. <b>NOTE: TCM CM can only be used if Specified in DMHAS Contract</b>
Case Management Services with Client -Other	9791Z	This face-to-face service involves assisting and enabling a client to obtain needed medical, clinical, social, and educational services that are prescribed in their treatment plan.
Residential Supported CM	PP169	This face-to-face service involves assisting and enabling a client in residential care treatment to obtain needed medical, clinical, social, and educational services that are prescribed in their treatment plan.
<b>Other Direct Services</b>		
Psychological Testing	96100	Psychological testing (includes psycho-diagnostic assessment of personality,

Services	DPAS Code	Description
		psychopathology, emotionality, intellectual abilities, e.g.: By WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.
Neuropsychological Testing Battery	96117	Neuro-psychological testing battery (e.g.: Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour. For use by licensed psychologists only.
Drug Screen	9080Y	Any number of drug screens intended to ascertain the use or abuse of illicit substances by client.
<b>Social/Vocational Services</b>		
Supported Education	PP020	Services provided individually aimed at helping the client obtain a GED, an academic degree, or some other educational goal.
Individual Employment Services	PP024	One-to-one services aimed at helping the client get and/or keep a job, including work placement and employment counseling, placement assistance, on-site job coaching, services, and assisting in and obtaining job interview for clients, their job development and employer consultation.
Group Employment Services	PP025	Services provided in a group aimed at helping the client get and/or keep a job, including work placement and employment counseling, placement assistance, on-site job coaching, services, and assisting in and obtaining job interview for clients', their job development and employer consultation.
Social Rehabilitation-Individual	PP026	Interventions provided to one client, including ADL skill training, to foster the client's capacity for healthy interpersonal relationships. May include ADL skills training, recreational and social events and pre-vocational activities.
Social Rehabilitation-Group	PP027	Interventions provided in a group, including ADL skill training, to foster the client's capacity for healthy interpersonal relationships. May include ADL skills training, recreational and social events and pre-vocational activities.
Recreational/Social Events-Individuals	PP028	Interventions provided to one client, including ADL skill training, to foster the client's capacity for healthy interpersonal relationships. May include ADL skills training, recreational and social events and pre-vocational activities.
Recreational/Social Events-Groups	PP029	Interventions provided to one client in a group setting, including ADL skill training, to foster the client's capacity for healthy interpersonal relationships. May include ADL skills training, recreational and social events and pre-vocational activities.
Occupational Therapy-Individual	PP030	Individual intervention aimed at providing a client with adaptive techniques for day-to-day living. May include ADL training. For use by OTR and COTA only.
Occupational Therapy-Group	PP031	Group intervention aimed at providing a client with adaptive techniques for day-to-day living. May include ADL training. For use by OTR and COTA only.
Psycho-educational-Individual	PP032	Interventions provided 1:1 to a client to educate the individual about the effects, interventions and treatments for their addiction service or mental health difficulties.
Psycho-educational-Group	PP033	Interventions provided to a client in a group session to educate the individual about the effects, interventions and treatments for their addiction service or mental health difficulties.
<b>Collateral Service Codes</b>		
Travel to provide Service	PP036	Travel to provide service to a client.
Formal Client-Related Staff Meetings	PP037	In-house staff meetings regarding a client.
Charting/Documentation	PP038	Time spent reviewing or documenting a client medical record

<b>Services</b>	<b>DPAS Code</b>	<b>Description</b>
Language Translation/Interpreting	PP040	A translation service provided in a session to a client to facilitate their treatment or assessment.
Entitlements and Information Checking	PP043	Time spent reviewing the demographic or insurance information of a client.
Cancellation / No Show	PP050	A service notation indicating that the session did not occur, either because the client or clinician cancelled or did not show for the session.
Collateral Contacts	PP060	Miscellaneous phone or 1:1 contacts with other providers on behalf of a client for managing the treatment or service delivery on behalf of a client.
Community 1:1 (Specialing)	PP061	Time spent with a client by an identified staff person to sustain or maintain the functioning of a client provided as part of specialized treatment plan and/or contract.
Diagnostic Screening Tool	PP070	Screening assessments provided for clients to determine applicability and appropriateness for different treatment modalities.
Physical Exam by MD / Nurse	PP071	Any medical exam by licensed physicians or nursing staff.
Medical Procedure by MD / Nurse	PP072	Any number of evaluation & management services, or medical evaluations by licensed physicians or nursing staff.
<b>Transportation Services</b>		
Client Transportation	PP062	Trips provided for clients as part of their recovery and treatment. This should be used only by programs specifically funded to provide transportation.

**CT Department of Mental Health and Addiction Services**  
**DPAS Front End and VPN Request Form**

**Instructions:** (Please read carefully)

- If you need help completing this form, contact Karen Oliver at [Karen.Oliver@po.state.ct.us](mailto:Karen.Oliver@po.state.ct.us) or 860-418-6611.
- If you have questions regarding the VPN token, contact Kevin Murphy at [Kevin.j.murphy@po.state.ct.us](mailto:Kevin.j.murphy@po.state.ct.us) or 860-418-6606.
- TYPE, SAVE, PRINT** and DO NOT use abbreviations for your agency. Complete sections 1- 3. Required items are marked with an asterisk (\*). Training must be completed to receive some access. For class schedules please go to the DMHAS webpage at <http://www.dmhas.ct.us> , click on Divisions, Information Systems Division and then Computer Training. To sign-up for training, mental health providers should contact their state LMHA training coordinator; substance abuse providers should contact the DMHAS/ISD Training Coordinator at [Christine.Farrelly@po.state.ct.us](mailto:Christine.Farrelly@po.state.ct.us)
- # 4 must be **SIGNED** by your agency's administrator or designee, and *include their telephone #*, to indicate approval of your request.
- Carefully read # 5, the Confidentiality Pledge, and **SIGN** to indicate your agreement.
- FAX** completed form to Karen Oliver at 860-418-6896. **Incomplete, unsigned, or e-mailed forms will not be accepted.** Allow 7 business days for processing. Userid's will be given only to the users themselves, either at a required class or by telephone.

**1. User Information:**

*Have you been assigned a VPN token?		<input type="checkbox"/> Y Serial # <input type="checkbox"/> N If No, you will be assigned one, which will be mailed to you at the address you provide. It is a device that will allow you to connect to the secure network.	
*Last Name:		*First Name:	MI:
*Agency Name:			
*Agency Address:	Street: City: State:	Zip:	
*E-mail:		*Phone #:	Ext:
Name of Training Completed:		Date Completed:	

**2. Access:** (insert a check mark for each type of access requested/required)

Consumer Survey Sys (CSS)	<input type="checkbox"/>	NO training required
Web Reports	<input type="checkbox"/> SA and /or <input type="checkbox"/> MH	Indicate whether access is for S A and/or M H program(s)
DPAS-Reports ONLY	<input type="checkbox"/> SA and /or <input type="checkbox"/> MH	
DPAS-Full Rights	<input type="checkbox"/> SA and /or <input type="checkbox"/> MH	MUST Complete "DPAS" training to get access
DPAS-Jail Diversion	<input type="checkbox"/>	MUST Complete "DPAS" training to get access
DPAS-Crisis	<input type="checkbox"/>	MUST Complete "DPAS" training to get access
DPAS-Off. Of Court Eval.	<input type="checkbox"/>	MUST Complete "DPAS" training to get access
DPAS-PTIP	<input type="checkbox"/>	MUST Complete "DPAS" training to get access
DPAS-UM Screening	<input type="checkbox"/>	MUST Complete "DPAS" training to get access

**3. Reactivate Access:**  Y /  N If Y, please indicate in #2 (above) what reactivation access is being requested.

**4. Provider Approval:**

* Provider Approval (must be CEO or designee)		*Phone #:		*Date	
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5. \*CONFIDENTIALITY PLEDGE / \*NOT APPLICABLE FOR Consumer Survey System (CSS) USERS I, \_\_\_\_\_, understand that DMHAS Web Reports and the DMHAS Provider Access System (DPAS) application will allow me to access client level information that my agency has submitted to The Department of Mental Health & Addiction Services as a business Associate of The Department. I agree to ensure the protection of this information as appropriate under HIPAA and other State of Connecticut and Federal privacy regulations. I understand that access to this information is protected through my information system logins and passwords; I agree that these will not be shared by me with any other person.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Facility \_\_\_\_\_

**Notes:**



## Interface Error Listing

Type of Error	Definition	Is record written to database?	How do we fix it?
010 ERROR No Provider/Site on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up. Missing values can be seen in the cc871 report in DPAS.  Contact the Help Desk (ISD option).
011 ERROR No Matching Provider in x-walk	The agency extract contains a Provider ID (Agency) code that is not mapped to the DMHAS database.	No	Contact the Help Desk (ISD option).to add field to X-walk in Interface Set-up.
013 ERROR No Matching Site in x-walk	The agency extract contains a Site ID (Program or Cost Center) code that is not mapped to the DMHAS database.	No	Changes and additions must be made by DMHAS. Missing or mis-mapped values can be viewed in the DPAS cc871 report.  Contact the Help Desk (ISD option).
014 ERROR: Site/LOC invalid	The Site ID is not mapped or not a recognized value.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
015 ERROR No Matching CPT in x-walk	The agency extract contains a service code that is not mapped to the DMHAS database.	No	This service x-walk can be viewed in the DPAS cc872 report. Changes and additions must be made by DMHAS.  Contact the Help Desk (ISD option).
016 ERROR: Unable to Match Client in DMHAS DB	Unable to Match Client in DMHAS Database in comparison of extract name to DMHAS name.	No	Application error  Contact the Help Desk (ISD option).
017 ERROR No Valid Admit Date for Treatment	The “Admit Date” is not valid for the specific treatment. This is either due to the admission date being before the DOB, having a future value, or being before 1950.	No	Agency must correct the value.  Contact the Help Desk (EQMI option).

018 ERROR Invalid Treatment Insurer Code	The Insurance code sent in the extract is not mapped to the DPAS value in the database.	No	An invalid code reflects a value being provided that DMHAS does not have mapped. Contact DMHAS Help Desk to explain which code to map new value.  Contact the Help Desk (ISD option).
019 ERROR No Matching Sex Code in x-walk	The agency extract contains a Sex code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
020 ERROR No Matching Race Code in x-walk	The agency extract contains a Race code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
021 ERROR No Matching Lang1 Code in x-walk	The agency extract contains a language code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
022 ERROR: No Matching Lang2 Code in x-walk	The agency extract contains a language code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
023 ERROR No Matching Ethnic Code in x-walk	The agency extract contains an ethnicity code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
024 ERROR No Matching Marital Status in x-walk	The agency extract contains a marital code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
025 ERROR No Matching Insurer ID in x-walk	The agency extract contains an insurance provider code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
026 ERROR No Matching Site ID in x-walk	The agency extract contains a Site ID (Program or Cost Center) code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
028 ERROR No Matching Provider ID in x-walk	The agency extract contains a Provider ID (Agency) code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
029 ERROR No Matching Admit Type in x-walk	This Admit type is not set up in the x-walk table.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
030 ERROR No Matching Disch Type in x-walk	The agency extract contains a discharge code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).

031 ERROR No Matching AXIS-IV in x-walk	DMHAS has a listing of 8 Axis IV narratives reflecting different environmental stressors. These are mapped from the agency's file to DMHAS'.	Yes	An invalid code reflects a value being provided that DMHAS does not have mapped. Contact DMHAS Help Desk to explain which code to map new value.  Contact the Help Desk (ISD option).
032 ERROR No Matching Treatment Insurer in x-walk	The agency extract contains a Treatment Insurer code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
033 ERROR No Matching CPT Code in x-walk	The agency extract contains a service code that is not mapped to the DMHAS database.	No	An invalid code reflects a value being provided that DMHAS does not have mapped. Contact DMHAS Help Desk to explain which code to map new value.  Contact the Help Desk (ISD option).
037 ERROR No Matching Method of Contact in x-walk	The agency extract contains a "method of contact" code that is not mapped to the DMHAS database.	No	An invalid code reflects a value being provided that DMHAS does not have mapped. Contact DMHAS Help Desk to explain which code to map new value. This field can default to "face-to-face."  Contact the Help Desk (ISD option).
038 ERROR No Matching Living Situation in x-walk	The agency extract contains a living situation code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
039 ERROR No Matching Employment Status in x-walk	The agency extract contains an employment status that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
040 ERROR No Matching Veteran Status in x-walk	The agency extract contains a Veteran code that is not mapped to the DMHAS database.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
041 ERROR: No Matching 'Not in Labor Force' in x-walk	The mapping for the 'Not in workforce values' is incomplete.	No	Contact DMHAS to add field to X-walk in Interface Set-up.  Contact the Help Desk (ISD option).
045 ERROR Proc_id not found in dmhas_table_item	A procedure code is not set up correctly in an internal DMHAS table. (There is a "bug" in the DMHAS system.)	No	Contact DMHAS to fix their internal table.  Contact the Help Desk (ISD option).
046 ERROR #days > date range	Number of days of service is greater than the date range for the service. For instance, 31 days of service in a 30-day month.	No	Problem with agency data. Reduce number of services to match the number of days in that month.
047 ERROR This seems to be hours when CPT calls for days	This error occurs when there is a colon ( : ) in the service time on a "day" type of cpt code.	No	Check field to make sure it is days and not hours.

101 ERROR No Provider ID on Input File	This is a “set-up” error; the field was not set-up in Interface to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
102 ERROR No Site ID on Input File	The service record does not contain a “site ID” in the record	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
105 ERROR No Last Name on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
106 ERROR No First Name on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
108 ERROR No SSN on Input File	The service record does not contain a “Social Security number” in the record.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
109 ERROR No Gender on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
110 ERROR Invalid DOB	The date is not in the correct format as prescribed in the initial mapping documentation or an erroneous date, such as “02/31/04”.	No	Several formats are acceptable, but they must be consistent in the file. Check the format of the file for how it aligns with the initial specification. If the agency wants to change it, this should be coordinated through the DMHAS Help Desk.  Contact the Help Desk (ISD option).
111 ERROR No Race on Input File	The agency extract does not contain a Race value in the data field for the DMHAS database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
112 ERROR No Ethnicity on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
113 ERROR No Marital Status on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
114 ERROR: No Address Line 1 on Input File	There is no address for the client. There should be some reference to a street for the client. If the client is homeless, the address of ‘homeless’ can be used.	No	Add value to extract.

116 ERROR	No City on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
117 ERROR	No State on Input File	The service record does not contain a “State” in the record	No	Contact DMHAS to add field to Interface Set-up. DMHAS can default in “CT” if requested.  Contact the Help Desk (ISD option).
118 ERROR	No Zip5 on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
119 ERROR	No Zip4 on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
121 ERROR:	No Admit Axis1_1 on Input File	At least one diagnosis is required. If no diagnosis is appropriate for the level of care, a 799.9 diagnosis can be used.	Yes	The provider should review the position or values of this field. If need assistance with positioning of field- Contact the Help Desk (ISD option).
134 Error:	No Admit Date on Input File	The file must contain an admit date.	No	The provider should review the position or values of this field. If need assistance with positioning of field- Contact the Help Desk (ISD option).
134 ERROR	No Admit Date on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up. ISD- mapping
135 Error:	No Discharge Date on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up. Contact the Help Desk (ISD option).
136 ERROR	No Disch Reason on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
137 ERROR	No Insurance Code on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
138 ERROR	No Policy No on Input File	The agency extract does not contain a Policy number for the DMHAS database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).

139 ERROR No Insurance From Date on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
140 ERROR No Insurance To Date on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
141 ERROR No Service From Date on Input File	The service record does not contain a “from date” in the record	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
142 ERROR No Service To Date on Input File	The service record does not contain a “to date” in the record	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
143 ERROR No CPT Code on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
144 ERROR: No Service Amt on Input File	This is a “set-up” error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
145 ERROR No Service Units on Input File	The service record does not contain a “service units” in the record	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
149 ERROR: No Admit Type on Input File	This is a required field for the TEDs data set. It specifies whether the client had previously been admitted to the program.	No	The provider should review the position or values of this field. If need assistance with positioning of field- Contact the Help Desk (ISD option).
156 ERROR: No Disch Axis1_1 on Input File	At discharge, one Axis I diagnosis should be used. If no diagnosis is appropriate given the population, a 799.9 diagnosis can be used.	No	The provider should review the position or values of this field. If need assistance with positioning of field- Contact the Help Desk (ISD option).
167 ERROR: No Disch Axis5_1 on Input File	The GAF score is required for some contracts, so this score should be filled in.	No	The provider should review the position or values of this field. If need assistance with positioning of field- Contact the Help Desk (ISD option).

169 ERROR No Service Length Time on Input File	The service record does not contain a "length time" in the record	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
170 ERROR No Home Phone on Input File	This is a "set-up" error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
171 ERROR No Wk Phone on Input File	This is a "set-up" error; the field was not set-up in the Interface to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
173 ERROR No Claim Method on Input File	This is a "set-up" error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
174 ERROR No Lang 1 on Input File	This is a "set-up" error in which the field was not set-up in the Interface application to write the data to the database.	No	Contact DMHAS to add field to Interface Set-up.  Contact the Help Desk (ISD option).
178 Error: No Employment on Input File	Employment is a required field. If none is present or it is in the incorrect sequence, an error will result.	No	Review. If need more help, contact the Help Desk (EQMI option).
179 Error: No Vet Status on Input file.	Veteran Status is a required field. If none is present or it is in the incorrect sequence, an error will result.	No	Review. If need more help, contact the Help Desk (EQMI option).
180 Warning Invalid AXIS-III Admit Diagnosis	The diagnosis code may not match the current listing of ICD-9 listing of diagnoses. As some codes are inactivated or added each year, the current file may reflect these changes.	Yes	The solution is to either edit out inactivated ICD codes or instruct staff to use current codes.  Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
181 Warning Invalid AXIS-IV Admit Diagnosis	DMHAS has a listing of 8 Axis IV narratives reflecting different environmental stressors. These are mapped from the agency's file to DMHAS'.	Yes	An invalid code reflects a value being provided that DMHAS does not have mapped. Contact DMHAS Help Desk to explain which code to map new value.  Contact the Help Desk (ISD option).
182 Warning Invalid AXIS-V Admit Diagnosis	The value does not fit within the 0 to 100 numerical scoring of GAF.	Yes	Change value sent to DMHAS to reflect the correct parameter.

183 Warning Invalid AXIS-I Discharge Diagnosis	The diagnosis number provided in the diagnosis record is not included in the DSM-IV listing of Axis I diagnoses.	Yes	The invalid diagnosis may be an Axis II diagnosis, or an ICD-9 diagnosis that remains in some billing tables, especially for Hospital-based systems, but is not part of the DSM-IV options. The solution is to either edit out non-DSM codes or instruct staff to use DSM codes. Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
184 Warning Invalid AXIS-II Discharge Diagnosis	The diagnosis number provided in the diagnosis record is not included in the DSM-IV listing of Axis II diagnoses. The invalid diagnosis may be an Axis II diagnosis, or an ICD-9 diagnosis that remains in some billing tables, especially for Hospital-based systems, but is not part of the DSM-IV options.	Yes	The invalid diagnosis may be an Axis II diagnosis, or an ICD-9 diagnosis that remains in some billing tables, especially for Hospital-based systems, but is not part of the DSM-IV options. The solution is to either edit out non-DSM codes or instruct staff to use DSM codes. Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
185 Warning Invalid AXIS-III Discharge Diagnosis	The diagnosis code may not match the current listing of ICD-9 listing of diagnoses. As some codes are inactivated or added each year, the current file may reflect these changes.	Yes	The solution is to either edit out inactivated ICD codes or instruct staff to use current codes. Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
186 Warning Invalid AXIS-IV Discharge Diagnosis	DMHAS has a listing of 8 Axis IV narratives reflecting different environmental stressors. These are mapped from the agency's file to DMHAS'.	Yes	An invalid code reflects a value being provided that DMHAS does not have mapped. Contact DMHAS Help Desk to explain which code to map new value. Contact the Help Desk (ISD option).
187 Warning Invalid AXIS-V Disch Diagnosis	The value does not fit within the 0 to 100 numerical scoring of GAF for the Discharge diagnosis.	Yes	Change value sent to DMHAS to reflect the correct parameter.
200 ERROR Invalid Service From Date	The date is not in the correct format as prescribed in the initial mapping documentation or an erroneous date, such as "02/31/04".	No	Agency must correct the value in extract.
201 ERROR Invalid Service To Date	The date is not in the correct format as prescribed in the initial mapping documentation or an erroneous date, such as "02/31/04".	No	Agency must correct the value in extract.

205 ERROR Negative Service Minutes	The number of minutes for a service was provided as a negative number	No	This sometimes occurs when minutes are computed from Start and End times for a session. Check the extract to ensure the data is not negative.
206 ERROR Service Hours > 299	The service hours cannot be greater than 299 hours in the time frame. This is a check to ensure that too many hours were not accidentally added to the service record.	No	Agency must correct the value. If the number of units is correct, agency should submit the services in additional records.
207 ERROR No Service Duration	The service duration is required if no default value exists for the service	No	Agency must include the value in the extract.
210 ERROR Name does not match	The name on file associated with this SS# has a different name associated with it. This frequently happens when the client's name changes due to marriage or divorce, or there is a typographical error in either the name or SS#.	No	Review the source documentation for the client, such as their Medicaid card or SS card. If those are unavailable, contact the Help Desk to research the correct SS#. Contact the Help Desk (EQMI option).
220 ERROR Svc From Date < Admit date	Services were entered prior to the admission date provided by the agency.	No	This may be due to a SATIS admission (for addiction service programs) being entered first, and then other services being entered later in time that precede the SATIS admission and most likely belong to an earlier episode of care in that program. The services may also have been in error. Agency should review the services for accuracy. The agency can move the admission back through DPAS to include the services if the admission date is in error, by changing the admission date.  Contact the Help Desk (EQMI option).
221 ERROR Svc From Date > Disch date	Services were entered after the client was discharged from the agency.	No	This occurs for several reasons. The agency may have a policy of discharging clients & later following up with clients. Services are counted within an open episode of care bounded by an admission and discharge date, so latter services are rejected. The agency can "undischarge" a client if the discharge occurred in error. By doing this, discharge information is deleted.  Contact the Help Desk (EQMI option).
222 ERROR Svc From Date > Svc To Date	Service "from-date" is after the "to-date". For instance, the service date range is "06/30/04 to 06/01/04".	No	The agency must correct the dates. This may have occurred due to a "flipping" of the dates in the extraction, or data entry errors

223 ERROR Disch Date cannot be < Admit Date	The discharge date cannot be less than the admission date.	No	The agency should check the dates of the input file to ensure that the data is correct. If all of these dates are wrong, it may be a mapping issue.  Contact the Help Desk (ISD option).
226 Warning – Name Mismatch	The name in the extract is different by 1 or 2 characters from the name DMHAS has. However, SS# and DOB match, so the record is written to the database.	Yes	The agency should check source documentation to ensure the name being sent is accurate and make changes to their MIS system if the agency value is incorrect. If DMHAS appears to have the incorrect spelling, please contact EQMI Help Desk to make a change in the DMHAS data.
227 ERROR – SSN Mismatch	The SS# in the extract is different by 1 or 2 characters from the SS# DMHAS has. However, name and DOB match, so the record is written to the database.	No	The agency should check source documentation to ensure the SS# being sent is accurate and make changes to their MIS system if the agency value is incorrect. If DMHAS appears to have the incorrect SS#, please contact EQMI Help Desk to make a change in the DMHAS data.
228 ERROR – DOB Mismatch	The date of birth in the extract is different by 1 or 2 characters from the DOB DMHAS has. However, SS# and name match, so the record is written to the database.	No	The agency should check source documentation to ensure the DOB being sent is accurate and make changes to their MIS system if the agency value is incorrect. If DMHAS appears to have the incorrect DOB, the agency can go into DPAS and update the DOB under the Key Change option under the “Update Client” menu option.
230 ERROR: Admit Date is Later than Current Date	The admit date cannot be greater than the current date. This is a validation of the data.	No	The provider should review the position or values of this field. If need assistance with positioning of field- contact the Help Desk (ISD option).
231 ERROR: Admit Date is Before 1/1/1950	The admit date cannot be before 1-1-1950. This is a validation of the data.	No	The provider should review the position or values of this field. If need assistance with positioning of field- contact the Help Desk (ISD option).
232 ERROR: Site ID Can't be 0	This is a validation of the value for this field	No	The provider should review the position or values of this field. If need assistance with positioning of field- contact the Help Desk (ISD option).

250 Warning: Invalid Axis Lookup	This occurs when trying to write to the diagnosis history table with an axis id of 0.	Yes	The provider should review the position or values of this field. If need assistance with positioning of field- contact the Help Desk (ISD option).
300 Warning-Invalid Medicaid #	The Medicaid number is not in a recognized format and will not be added to the DPAS database.	Yes	Agency should review the source document for Medicaid number and update in their information system.
301 Warning-Invalid GA #	The GA number is not in a recognized format and will not be added to the DPAS database.	Yes	Agency should review the source document for the GA number and update in their information system.
302 Warning-A different GA # is on file	A valid GA number already exists in the DPAS database. The number submitted will not overwrite the existing number.	Yes	Agency should review the source document for the GA number and update in their information system.
303 Warning-A different Medicaid # is on file	A valid Medicaid number already exists in the DPAS database. The number submitted will not overwrite the existing number.	Yes	Agency should review the source document for Medicaid number and update in their information system.
304 ERROR - A different SS# is on file	The SS# in the extract is different by greater than 2 characters from the SS# DMHAS has for a given name and DOB match, so the record is not written to the database.	No	The agency should check source documentation to ensure the SS# being sent is accurate and make changes to their MIS system if the agency value is incorrect. If DMHAS appears to have the incorrect SS#, please contact EQMI Help Desk to make a change in the DMHAS data.
305 Warning-Invalid Check-box Value	A value in the field is different than the permitted values for that field. For instance, a check may only permit a "0" or "1", and a 2 value is being sent	No	Agencies should edit the extracts to DMHAS to ensure that only acceptable values are included in the extract. The agency's MIS may also be altered to ensure that only acceptable values are stored in the database.
306 ERROR - Open Adm exists for this client/site	The client already has an open admission for which the service file's admission date does not match.	No	Check the admission date in the service file compared to the date in DPAS. The dates have to match exactly. The user can change an admission date in DPAS if the current one is incorrect. If the service file's date is wrong, change the date in your MIS and resend record.
307 ERROR Overlapping admission exists same disch date	The client already has an open admission for which the service file's admission date does not match.	No	The provider should review the admission date for the episode of care. Often, the previous episode was not discharged, the admission is for the wrong program, or admission fields are different for services versus SATIS admit.  For assistance, contact the EQMI Help Desk.

401 ERROR: Invalid Provider Id	The file does not include a provider id value or is different than one stored in the database.	No	The provider should review the extract to review the position of the provider ID or its values. This error will prevent entire extract from running.  Contact the Help Desk (ISD option).
402 ERROR: Invalid Program Id	The file does not include a program id value or is different than one stored in the database.	No	The provider should review the position of the extract to review the program ID or its values. This error will prevent that program's data for the extract from running. The program may not have been set-up in the interface application that reads the data.  Contact the Help Desk (ISD option).
403 ERROR: Invalid Providers client id	The file does not include a provider id value or is different than one stored in the database.	No	The provider should review the position of the extract to review the provider ID or its values. This error will prevent that program's data for the extract from running. The program may not have been set-up in the interface application that reads the data.  Contact the Help Desk (ISD option).
404 ERROR: Invalid Admit Date	The admit date is not in the correct date format	No	The provider should review the position of the fields or the format of the date. The date format must be consistent throughout the extract.  If need assistance with positioning of field- contact the Help Desk (ISD option).
405 ERROR: Invalid Date Intake Completed	The admit date is not in the correct date format	No	The provider should review the position of the fields or the format of the date. The date format must be consistent throughout the extract.  If need assistance with positioning of field- contact the Help Desk (ISD option).
406 ERROR: Invalid Admission Type	The numeric value for the admit type is not valid based on the current listing. The acceptable values are 0-2.	No	The provider should review the position of the fields or the format of the date. The date format must be consistent throughout the extract.  If need assistance with positioning of field- contact the Help Desk (ISD option).

407 ERROR: Invalid Primary source of referral	The numeric value for the referral source is not valid based on the current listing.	No	The provider should review the position or values of the referral number. Updated listings of values can be found in DPAS in the cc895 and cc896 reports entitled "List SATIS Referral Codes".  If need assistance with positioning of field- contact the Help Desk (ISD option).
409 ERROR: Invalid Veteran status	The numeric value for the veteran status is out of range of acceptable values. The acceptable values are 0-2.	No	The provider should review the position or values of the veteran number.  If need assistance with positioning of field- contact the Help Desk (ISD option).
410 ERROR: Invalid Living Situation	The numeric value for this field is out of range of acceptable values. The acceptable values are 0-3.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
411 ERROR: Invalid Highest grade completed	The numeric value for this field is out of range of acceptable values. The acceptable values are 0-26. GED's are counted as 12.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
412 ERROR: Invalid Voc Training in 6 months	The numeric value for this field is out of range of acceptable values. The values are 1 and 2.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
413 ERROR: Invalid Voc Training in 30 days	The numeric value for this field is out of range of acceptable values. The value are 1 and 2.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
414 ERROR: Invalid Employment Status	The numeric value for this field is out of range of acceptable values. Valid values are 0-4.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

415 ERROR: Invalid Days worked in last 30	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
416 Warning: Invalid Principal source of support	The numeric value for this field is out of range of acceptable values. The values can range from 0-5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
417 Warning: Invalid Current annual income (1000s)	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 9999.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
418 Warning: Invalid # persons dependant on income	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 20.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
419 Warning: Invalid # persons dependant age 17 or less	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 20.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
420 ERROR: Invalid Pregnancy status	The numeric value for this field is out of range of acceptable values. The values can only be 0-3.	No	The provider should review the position or values of this field. This field is only required for females.  If need assistance with positioning of field- contact the Help Desk (ISD option).
421 ERROR: Invalid Week prenatal care began	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 43.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
423 WARNING: Invalid Number of Times Arrested in 6 Months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

424 ERROR: Invalid Number of Times Arrested in 30 Days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
426 WARNING: Invalid Days in jail in Last 6 Months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
427 WARNING: Invalid Days in jail in Last 30 days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
429 WARNING: Invalid Residential/In-Patient Alcohol/Drug Tx 6 months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
430 WARNING: Invalid Residential/In-Patient Alcohol/Drug Tx 30 Days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
432 WARNING: Invalid Days in Hospital in last 6 months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
433 WARNING: Invalid Days in Hospital in last 30 days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
435 WARNING: Invalid Days in residential inpatient Psychiatric TX 6 months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

436 WARNING: Invalid Days in residential inpatient Psychiatric TX 30 days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
438 WARNING: Invalid Number of Days in Other/Group Home in last 6 months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
439 WARNING: Invalid Number of Days in Other/Group Home in last 30 days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
441 WARNING: Invalid Number of Days in ER in the past 6 months	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 183	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
442 WARNING: Invalid Number of Days in ER in the past 30 Days	The numeric value for this field is out of range of acceptable values. The value cannot be greater than 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
444 WARNING: Invalid Self Help Group	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
445 ERROR: Invalid Substance of choice 1	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
446 ERROR: Invalid Age of first use-1 <sup>st</sup> drug	The numeric value for this field is out of range of acceptable values. The value must fall between 1 and 99.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

447 ERROR: Invalid Days used in past 30- 1 <sup>st</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
448 ERROR: Invalid Route of administration-1 <sup>st</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
449 ERROR: Invalid Substance-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
450 ERROR: Invalid Age of first use-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value must be between 1 and 99.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
451 ERROR: Invalid Days used in past 30-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
452 ERROR: Invalid Route-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
453 ERROR: Invalid Substance-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
454 ERROR: Invalid Age of first use-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value must be between 1 and 99.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

455 ERROR: Invalid Days used in past 30-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
456 ERROR: Invalid Route-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
457 ERROR: Invalid Substance-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
458 ERROR: Invalid Age of first use-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value must be between 1 and 99.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
459 ERROR: Invalid Days used in past 30-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- ISD-mapping
460 ERROR: Invalid Route-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
461 ERROR: Invalid Substance-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
462 ERROR: Invalid Age of first use-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value must be between 1 and 99.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

463 ERROR: Invalid Days used in past 30-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
464 ERROR: Invalid Route-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
465 WARNING: Invalid Days in last 30 drank to effect	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
466 WARNING: Invalid Days in last 30 used more than one substance	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
467 WARNING: Invalid Do you smoke or chew tobacco regularly	The numeric value for this field is out of range of acceptable values. The value can only be 0, 1 or 2.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
469 WARNING: Invalid Amount spent for alcohol in past 30 days	The numeric value for this field is out of range of acceptable values. The value has to be below \$99999.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
470 WARNING: Invalid Amt spent for drugs in past 30 days	The numeric value for this field is out of range of acceptable values. The value has to be below \$99999.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
471 WARNING: Invalid Last Time client had withdrawal-alcohol	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

472 WARNING: Invalid Last Time client had withdrawal-drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
474 WARNING: Invalid Alcohol problems in past 30 days	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
475 WARNING: Invalid Drug problems in past 30 days	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
477 WARNING: Invalid Client troubled by alcohol	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 4.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
478 WARNING: Invalid Client troubled by drugs	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 4.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
480 ERROR: Invalid In lifetime number of times in Mental Health - Resident	The numeric value for this field is out of range of acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
481 ERROR: Invalid In lifetime number of times in Mental Health - Out Patient	The numeric value for this field is out of range of acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
483 ERROR: Invalid In lifetime number of times admitted for substance abuse - resident	The numeric value for this field is out of range of acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

484 ERROR: Invalid In lifetime number of times admitted for substance abuse - out patient	The numeric value for this field is out of range of acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
486 WARNING: Invalid Importance of TX for alcohol	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 4.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
487 WARNING: Invalid Importance of TX for Drugs	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 4.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
488 ERROR: Invalid Axis1-1 <sup>st</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes. The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).  Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
489 WARNING: Invalid Axis1_2 <sup>nd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes. The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).  Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).

490 WARNING: Invalid Axis1_3 <sup>rd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
491 WARNING: Invalid Axis2_1 <sup>st</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
492 WARNING: Invalid Axis2_2 <sup>nd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>

493 WARNING: Invalid Axis2_3 <sup>rd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
494 WARNING: Invalid Axis3_1 <sup>st</sup> position	This field is for medical diagnoses of clients. The numeric value for this field is out of range of acceptable values. The values can only be ICD-9 codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
495 WARNING: Invalid Axis3_2 <sup>nd</sup> position	This field is for medical diagnoses of clients. The numeric value for this field is out of range of acceptable values. The values can only be ICD-9 codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>

496 WARNING: Invalid Axis3_3 <sup>rd</sup> position	This field is for medical diagnoses of clients. The numeric value for this field is out of range of acceptable values. The values can only be ICD-9 codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
497 WARNING: Invalid Axis4_1 <sup>st</sup> position	This field is for environmental stressors of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-8.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
498 WARNING: Invalid Axis4_2 <sup>nd</sup> position	This field is for environmental stressors of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-8.	Yes	<p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p>
499 WARNING: Invalid Axis4_3 <sup>rd</sup> position	This field is for environmental stressors of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-8.	Yes	<p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p>
500 ERROR: Invalid GAF Current Year	This field is for the Global Assessment of Functioning of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-100.	Yes	<p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p>

501 WARNING: Invalid GAF Last year	This field is for the Global Assessment of Functioning of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-100.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
502 WARNING: Invalid Client Zip Code	This field is for the ZIP code of clients. The numeric value for this field is out of range of acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
503 WARNING: Invalid CSSD Category	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 7.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
504 WARNING: Invalid CSSD Offense	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 7.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
505 WARNING: Invalid Not In Labor Force	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 6, 96 and 97.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
601 WARNING: Invalid Provider Id	The numeric value for this field is out of range of acceptable values.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
602 WARNING: Invalid Providers Client Id	The numeric value for this field is out of range of acceptable values.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
603 WARNING: Invalid Admission Date	This is not a valid date field, or admission date is before the date of birth.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

604 WARNING: Invalid Program Id	The numeric value for this field is out of range of acceptable values.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
605 WARNING: Invalid Date form completed	This is not a valid date field.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
606 ERROR: Invalid Discharge Date	The value is not a valid date field or the discharge date is prior to the admission date.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
607 WARNING: Invalid Discharge Reason	The numeric value for this field is out of range of acceptable values of 0-10. See the worksheet for acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
608 WARNING: Invalid Referred to Field	The numeric value for this field is out of range of acceptable values. See the cc895 or cc896 DPAS reports for acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
610 WARNING: Invalid Referred to Recovery House	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
611 WARNING: Invalid Referred to Mental Health - Inpatient	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
612 WARNING: Invalid Referred to Legal	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

613 WARNING: Invalid Referred to DV Counseling	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
614 WARNING: Invalid Referred to Vocational Counseling	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
615 WARNING: Invalid Referred to Housing Assistance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
616 WARNING: Invalid Referred to AIDS Service	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
617 WARNING: Invalid Referred to Self Help	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
618 WARNING: Invalid Referred to Medical Care	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
619 WARNING: Invalid Referred to Mental Health Outpatient	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
620 WARNING: Invalid Referred to Parenting Education	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

621 WARNING: Invalid Referred to Child Protective DCF	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
622 WARNING: Invalid Referred to Sexual Abuse Counseling	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
623 WARNING: Invalid Referred to Other	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
625 ERROR: Invalid Did the client participate in self help	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
626 WARNING: Invalid Private insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
627 WARNING: Invalid Public Insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
628 WARNING: Invalid Medicaid Insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
629 WARNING: Invalid Medicare Insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

630 WARNING: Invalid SAGA Insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
631 WARNING: Invalid Champus Insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
632 WARNING: Invalid Insured/Not Authorized	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
633 WARNING: Invalid Patient Uninsured	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
634 WARNING: Invalid Unknown Insurance	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
635 ERROR: Invalid Living Situation	The numeric value for this field is out of range of acceptable values. The values must be 0-3.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
636 WARNING: Invalid High Grade	The numeric value for this field is out of range of acceptable values. The values can only between 0 and 26. GED's should be treated as a '12'.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
637 WARNING: Invalid Education or Vocational (employment) programs while in Treatment.	The numeric value for this field is out of range of acceptable values. The values can only be 1, 2 or 3.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

638 ERROR: Invalid Employment status	The numeric value for this field is out of range of acceptable values. See the worksheet for acceptable values.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
639 WARNING: Invalid # days worked in last 30	The numeric value for this field is out of range of acceptable values. The values must be between 0 and 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
640 ERROR: Invalid Primary substance of choice	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
641 WARNING: Invalid Smoke or chew tobacco regularly	The numeric value for this field is out of range of acceptable values. The values can only be 0, 1 or 2.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
643 WARNING: Invalid number of times arrested in last 30	The numeric value for this field is out of range of acceptable values. The values must be between 0 and 30.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
644 WARNING: Invalid Alcohol and drug free at discharge	The numeric value for this field is out of range of acceptable values. The values can only be 0 to 3.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
645 WARNING: Invalid Criteria for drug free-Last urine test	The numeric value for this field is out of range of acceptable values. Acceptable values are 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
646 WARNING: Invalid Test Other	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

647 WARNING: Invalid Clinical Test	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
648 WARNING: Invalid Self Test	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
649 WARNING: Invalid Test N/A	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
650 ERROR: Invalid Days used in last 30-1 <sup>st</sup> drug	The numeric value for this field is out of range of acceptable values. The value has to be 0-30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
651 ERROR: Invalid Route of administration-1 <sup>st</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
652 ERROR: Invalid Substance of choice-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
653 ERROR: Invalid Days used in last 30-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
654 ERROR: Invalid Route of administration-2 <sup>nd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

655 ERROR: Invalid Substance of choice-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
656 ERROR: Invalid Days used in last 30-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
657 ERROR: Invalid Route of administration-3 <sup>rd</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
658 ERROR: Invalid Substance of choice-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
659 ERROR: Invalid Days used in last 30-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
660 ERROR: Invalid Route of administration-4 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
661 ERROR: Invalid Substance of choice-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 19.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
662 ERROR: Invalid Days used in last 30-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 30.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

663 ERROR: Invalid Route of administration-5 <sup>th</sup> drug	The numeric value for this field is out of range of acceptable values. The value can only be between 0 and 5.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
664 ERROR: Invalid Axis1-1 <sup>st</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes. The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).  Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
665 WARNING: Invalid Axis1_2 <sup>nd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes. The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).  Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).
666 WARNING: Invalid Axis1_3 <sup>rd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes. The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).  Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).

667 WARNING: Invalid Axis2_1 <sup>st</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
668 WARNING: Invalid Axis2_2 <sup>nd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
669 WARNING: Invalid Axis2_3 <sup>rd</sup> position	The numeric value for this field is out of range of acceptable values. The values can only be DSM-IV codes.	Yes	<p>The provider should review the position or values of this field. Some behavioral health or medical information systems use ICD-9 codes that include legacy DSM codes.</p> <p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p> <p>Refer to documentation for codes. If need more help, contact the Help Desk (EQMI option).</p>
670 WARNING: Invalid Axis3_1 <sup>st</sup> position	This field is for medical diagnoses of clients. The numeric value for this field is out of range of acceptable values. The values can only be ICD-9 codes.	Yes	<p>The provider should review the position or values of this field.</p> <p>If need assistance with positioning of field- contact the Help Desk (ISD option).</p>

671 WARNING: Invalid Axis3_2 <sup>nd</sup> position	This field is for medical diagnoses of clients. The numeric value for this field is out of range of acceptable values. The values can only be ICD-9 codes.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
672 WARNING: Invalid Axis3_3 <sup>rd</sup> position	This field is for medical diagnoses of clients. The numeric value for this field is out of range of acceptable values. The values can only be ICD-9 codes.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
673 WARNING: Invalid Axis4_1 <sup>st</sup> position	This field is for environmental stressors of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-8.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
674 WARNING: Invalid Axis4_2 <sup>nd</sup> position	This field is for environmental stressors of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-8.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
675 WARNING: Invalid Axis4_3 <sup>rd</sup> position	This field is for environmental stressors of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-8.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
676 ERROR: Invalid GAF Current Year	This field is for the Global Assessment of Functioning of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-100.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
677 WARNING: Invalid GAF Last Year	This field is for the Global Assessment of Functioning of clients. The numeric value for this field is out of range of acceptable values. The values can only 0-100.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
678 WARNING: Invalid CSSD Discharge	The numeric value for this field is out of range of acceptable values. The value can only be 0 to 9.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

683 WARNING: Invalid Psychotropic medications while in Tx	The numeric value for this field is out of range of acceptable values. The values can only be 0, 1 or 2.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
684 WARNING: Invalid Self_paid	The numeric value for this field is out of range of acceptable values. The values can only be 0 or 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
685 WARNING: Invalid Not In Labor Force	The numeric value for this field is out of range of acceptable values. The values can only be between 0 and 6, 96 and 97.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
703 WARNING: Highest Grade must be between 0 and 26	The numeric value for this field is out of range of acceptable values. The values can only be between 0 and 26.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
704 WARNING: Intake Date cannot be < existing Admission Date	The intake must be equal to or after the admission date.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
705 WARNING: Number of Dependent Persons must be between 1 and 20	The numeric value for this field is out of range of acceptable values. The values can only be between 0 and 20.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
706 WARNING: Number of children age 17 or less must be less than # dependants	The numeric value for this field cannot be less than the number of dependants listed in prior field.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
707 WARNING: Age 1st Used Cannot Exceed Clients Age	The numeric value cannot exceed the client's current age.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

708 ERROR: SATIS Axis IV if value is <0 or >8.	The numeric value must be a value between 0 and 8.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
709 ERROR: SATIS GAF value if value <0 or > 100	SATIS GAF value must be between 0 and 100.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
710 WARNING: If CSSD - Must be between 0 - 6	The numeric value for this field is out of range of acceptable values. The values can only between 0 and 6.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
711 WARNING: If CSSD - Must be between 0 - 8	The numeric value for this field is out of range of acceptable values. The values can only be between 0 and 8.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
712 ERROR: Primary Referral Source if length is greater than 6	The number of characters for referral in SATIS is greater than 6.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
713 WARNING: Number of Dependents changed to 1	This is not a warning but a change in the data entered into the database. If the field for number of dependants is null or zero, it is changed to 1 to reflect the client him/herself.	Yes	
714 WARNING: Week Prenatal Care started cannot be > 43	The numeric value for this field is out of range of acceptable values. The values can only be between 0 and 43.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
715 WARNING: Pregnancy Status Invalid	The numeric value for this field is out of range of acceptable values. The values can only be 0 and 1.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

716 ERROR: Prenatal Care Value Invalid	The numeric value for this field is out of range of acceptable values.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
750 ERROR: Discharge Date must be >= Admission Date	The discharge date must be equal to or greater than the admission date. This is a validation.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
751 ERROR: Value must be between 0 and 30	This error refers to the 'Days Used in Last 30' pertaining to the substance use fields in SATIS admission and discharge extracts.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
753 ERROR: Input Admit Date < Current Admit Date	Value for Admit date is earlier than the admit date in the DPAS database for this episode.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
754 ERROR: Household Income cannot be > 999	This is a validation check. The income, measured in thousands of dollars a year, cannot be greater than 9999.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
755 ERROR: At least ONE Private Insurance must be Selected	One insurance must be specified. This can include the DMHAS/No Insurance variable.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
756 - ERROR: Admission History Entry not Found	This error was added to replace the VB6 error that occurred if no record was found in the admission history table during a SATIS admission.	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
802 ERROR: Sys Error in Write_LivSit	This is a program code 'trap' to find a visual basic error in the Write_LivSit routine in DPAS	No	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

803 ERROR: Sys Error in Patient	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
804 ERROR: Sys Error in Create Log Record	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
805 ERROR: Sys Error in ProcessFile	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
810 ERROR: Sys Error in LoadTempFile	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
815 ERROR: Sys Error in GetSubmitterInfo	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
820 ERROR: Sys Error in Save	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
825 ERROR: Sys Error in Getcc3Ids	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
830 ERROR: Sys Error in DemoSpan	This is an internal IDEA application error.	No	Notify ISD programming staff of error.

835 ERROR: Sys Error in InsuSpan	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
840 ERROR: Sys Error in Event	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
845 ERROR: Sys Error in Treat	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
850 ERROR: Sys Error in TreatAdd	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
870 ERROR: Sys Error in Claims	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
875 ERROR: Sys Error in Xwalk	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
900 ERROR: Sys Error in Check_co_occurring_fields	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
901 ERROR Missing or invalid SSN	The Social Security number is not in the correct format or is different than the current one.	No	Review the detailed file information in the error report. If the number has the wrong number of digits, it will be rejected. If the number appears correct, contact the Help Desk (EQMI Option) to research the issue.

903 ERROR Missing or invalid Medicaid Number	The Medicaid number is not in the correct format or is different than the current one.	Yes	Review the detailed file information in the error report. If the error has dashes or does not begin with a 001, 002, etc., it will be rejected. If the number appears correct, contact the Help Desk (EQMI Option) to research what the correct number is.
904 ERROR: Matching SSNs - Names Do Not match	The client's SSN matches the record within the DPAS database, but the name does not.	No	Contact the Help Desk (EQMI Option) for assistance.
905 ERROR: Invalid MH Screening Value	The value for the MH screen is out of range of acceptable values	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
907 ERROR: Invalid SU Screening Score	The value for the SU screen is out of range of acceptable values	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
911 ERROR: Suicidality not NULL, 0, or 1	For interfaces that use the Modified Mini MH screen, the field related to suicidality must be filled in.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
912 ERROR: MH Screen = 1, Score must be 0 - 15	If the value for the mental health screen is 1, the acceptable values are zero to 15.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
913 ERROR: MH Screen = 2, Score must be 0 - 23	If the value for the mental health screen is 2, the acceptable values are zero to 23.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
914 ERROR: Trauma not NULL, 0, or 1	For interfaces that use the Modified Mini MH screen, the field related to trauma must be filled in.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).

915 ERROR: SU Screen = 1, Score must be 0 - 14	If the value for the substance use screen is 1, the acceptable values are zero to 14.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
916 ERROR: SU Screen = 2, Score must be 0 - 8	If the value for the substance use screen is 2, the acceptable values are zero to 8.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
917 ERROR: MH Screen Not Numeric	This is a validation to ensure the values are numeric.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
918 ERROR: MH Score Not Numeric	This is a validation to ensure the values are numeric.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
919 ERROR: SU Screen Not Numeric	This is a validation to ensure the values are numeric.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
920 ERROR: SU Score Not Numeric	This is a validation to ensure the values are numeric.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
940 WARNING: Invalid MH Screening Value from BHIS	This is a validation to ensure the values are numeric.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
941 WARNING: Invalid SU Screening Value from BHIS		Yes	Check with MIS Coordinator on value in BHIS

944 WARNING: Suicidality not NULL, 0, or 1	For interfaces that use the Modified Mini MH screen, the field related to suicidality must be filled in.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
945 WARNING MH Screen=1, Score must be between 0-15. From BHIS interface.	This is an error specific to State- operated data uploads. Contact Help Desk for triaging issue.	Yes	
946 WARNING MH Screen=2, Score must be between 0-23. From BHIS interface.	This is an error specific to State- operated data uploads. Contact Help Desk for triaging issue.	Yes	
947 WARNING: Trauma not NULL, 0, or 1	For interfaces that use the Modified Mini MH screen, the field related to trauma must be filled in.	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
948 WARNING SU Screen = 1, Score must be between 0-14. Data From BHIS.	This is an error specific to State- operated data uploads. Contact Help Desk for triaging issue.	Yes	
949 WARNING SU Screen = 2, Score must be between 0-8. Data From BHIS.	This is an error specific to State- operated data uploads. Contact Help Desk for triaging issue.	Yes	
950 WARNING MH screen not numeric. Data From BHIS.	This is an error specific to State- operated data uploads. Contact Help Desk for triaging issue.	Yes	
951 WARNING MH score not numeric. Data From BHIS.	This is an error specific to State- operated data uploads. Contact Help Desk for triaging issue.	Yes	

952 WARNING SU Screen not numeric. Data From BHIS.	This is an error specific to State-operated data uploads. Contact Help Desk for triaging issue.	Yes	
953 WARNING SU Score not numeric. Data From BHIS.	This is an error specific to State-operated data uploads. Contact Help Desk for triaging issue.	Yes	
956 ERROR: Invalid MH Screening Value from BHIS	The value for MH screening is out of range of acceptable values	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
957 WARNING: Invalid MH Screening Value from BHIS	This is an error specific to State-operated data uploads. Contact Help Desk for triaging issue.	Yes	
958 ERROR: Invalid SU Screening Value	The value for SU screening is out of range of acceptable values	Yes	The provider should review the position or values of this field.  If need assistance with positioning of field- contact the Help Desk (ISD option).
960 ERROR: Sys Error in GetSuffixes()	This is an internal IDEA application error.	No	Notify ISD programming staff of error.
961 ERROR: Please contact your DMHAS Regional Manager for more information	This error occurs when the client may be active in another level of care similar to the one the client is being admitted to.	No	The provider should contact the Regional Manager or their designate to research which other program the client is active in. The Regional staff will contact the other agency to ascertain the client's current status.

## **Process for sending extract files to DMHAS**

Agencies can send DMHAS their extract files in several ways. Information can be sent to DMHAS by e-mail as an encrypted file, or a floppy disc or CD through the U.S. mail.

In most cases, providers send us the data attached to an e-mail in one of the prescribed file formats. These files are mailed to [dmhas.interface@po.state.ct.us](mailto:dmhas.interface@po.state.ct.us). It is recommended that the user send the file with receipt requested to be certain the file was received. If the provider does not get a receipt back, or believes the file may not have gotten to our mailbox, the user is encouraged to contact the DMHAS Help Desk at 860-418-6644. At times, certain providers have had their e-mail rejected due to the ZIP or encryption file format. In these circumstances, DMHAS can alter the e-mail filters to allow specific e-mail addresses to get through.

For encrypting the file information, several options are available. The most used option is WinZip. The versions 8.0 or higher have 128-bit encryption. The MIS or data contact person at the provider can determine the password the agency will use with Maria Cabrera, our staff person who processes the extract files. She can be reached at 860-418-6601. Other providers may choose other encryption methods, such as PGP. Any of these high-level security options are fine if the files are sent as self-decrypting files.

## SATIS Data Requirement: Public Act 99-273

### ***An Act Concerning the Collection and Evaluation of Data Related to Substance Use, Abuse and Addiction Programs.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof:

- (a) The Commissioner of Mental Health and Addiction Services shall be a qualified person with a masters degree or higher in a health-related field and at least ten years' experience in hospital, health, mental health or substance abuse administration.
- (b) The commissioner shall be the executive head of the Department of Mental Health and Addiction Services.
- (c) [He] The commissioner shall prepare and issue regulations for the administration and operation of the Department of Mental Health and Addiction Services, and all state-operated facilities and community programs providing care for persons with psychiatric disabilities or persons with substance abuse disabilities, or both.
- (d) [He] The commissioner shall coordinate the community programs receiving state funds with programs of state-operated facilities for the treatment of persons with psychiatric disabilities or persons with substance abuse disabilities, or both.
- (e) [He] The commissioner shall collaborate and cooperate with other state agencies providing services for mentally disordered children and adults with psychiatric disabilities or persons with substance abuse disabilities, or persons with both disabilities, and shall coordinate the activities of the Department of Mental Health and Addiction Services with the activities of said agencies.
- (f) [He] The commissioner shall establish and enforce standards and policies for the care and treatment of persons with psychiatric disabilities or persons with substance abuse disabilities, or both, in public and private facilities which are consistent with other health care standards.
- (g) [He] The commissioner shall establish and direct research, training, and evaluation programs.
- (h) [He] The commissioner shall develop a state-wide plan for the development of mental health services which identifies needs and outlines procedures for meeting these needs.
- (i) [He] The commissioner shall be responsible for the coordination of all activities in the state relating to substance abuse disabilities and treatment, including activities of the Departments of Children and Families, Correction, Public Health, Social Services [,] and Veterans' Affairs, the Judicial [Department] Branch and any other department or entity providing services to persons with substance abuse disabilities.
- (j) [He] The commissioner shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance abuse plan. The plan shall include state-wide, long-term planning goals and objectives and annual revisions of objectives. In the development of the substance abuse plan the commissioner shall solicit and consider the recommendations of the subregional planning and action councils established under section 17a-671.

(k) [He] The commissioner shall prepare a consolidated budget request for the operation of the Department of Mental Health and Addiction Services.

(l) [He] The commissioner shall appoint professional, technical and other personnel necessary for the proper discharge of [his] the commissioner's duties, subject to the provisions of chapter 67.

(m) [He] The commissioner shall from time to time adjust the geographic territory to be served by the facilities and programs under [his] the commissioner's jurisdiction.

(n) [He] The commissioner shall specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, demographic and clinical information about such persons, frequency of admission and readmission, [and] frequency and duration of treatment, [and] level or levels of care provided and discharge and referral information. The commissioner shall also require all facilities [for the] that provide prevention or treatment of alcohol or drug abuse or dependence that are operated or funded by the state or licensed under sections 19a-490 to 19a-503, inclusive, to implement such methods. The commissioner shall report any licensed facility that fails to report to the licensing authority. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder.

(o) The commissioner shall establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the Judicial Branch, including, but not limited to: (1) The use of prevention, education, treatment and criminal justice services related to substance use, abuse and addiction; (2) client demographic and substance use, abuse and addiction information; and (3) the quality and cost effectiveness of substance use, abuse and addiction services. The commissioner shall, in consultation with the Secretary of the Office of Policy and Management, ensure that the Judicial Branch, all state agencies and state-funded community-based programs with substance use, abuse and addiction programs or services comply with such policies and procedures. Notwithstanding any other provision of the general statutes concerning confidentiality, the commissioner, within available appropriations, shall establish and maintain a central repository for such substance use, abuse and addiction program and service data from the Judicial Branch, state agencies and state-funded community-based programs administering substance use, abuse and addiction programs and services. The central repository shall not disclose any data that reveals the personal identification of any individual. The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667 shall have access to the central repository for aggregate analysis. The commissioner shall submit an annual report to the General Assembly, in accordance with the provisions of section 11-4a, the Office of Policy and Management and the Connecticut Alcohol and Drug Policy Council. The report shall include, but need not be limited to, a summary of: (A) Client and patient demographic information; (B) trends and risks factors associated with alcohol and drug use, abuse and dependence; (C) effectiveness of services based on outcome measures; and (D) a state-wide cost analysis.

[(o) He] (p) The commissioner may contract for services to be provided for the department or by the department for the prevention of mental illness or substance abuse in persons, as well as other mental health or substance abuse services described in section 17a-478 and shall consult with providers of such services in developing methods of service delivery.

[(p) (1) He] (q) (1) The commissioner may make available to municipalities or nonprofit community organizations any services, premises and property under the control of the Department of Mental

Health and Addiction Services but shall be under no obligation to continue to make such property available in the event the department permanently vacates a facility. Such services, premises and property may be utilized by such municipalities or nonprofit community organizations in any manner not inconsistent with the intended purposes for such services, premises and property. The Commissioner of Mental Health and Addiction Services shall submit to the Commissioner of Administrative Services any agreement for provision of services by the Department of Mental Health and Addiction Services to municipalities or nonprofit community organizations for approval of such agreement prior to the provision of services pursuant to this section. (2) The municipality or nonprofit community organization using any premises and property of said department shall be liable for any damage or injury which occurs on said premises and property and shall furnish to the Commissioner of Mental Health and Addiction Services proof of financial responsibility to satisfy claims for damages on account of any physical injury or property damage which may be suffered while said municipality or nonprofit community organization is using said premises and property of said department in such amount as the commissioner determines to be necessary. The state of Connecticut shall not be liable for any damage or injury sustained on said premises and property while said premises and property are being utilized by any municipality or nonprofit community organization. (3) The Commissioner of Mental Health and Addiction Services shall adopt regulations, pursuant to sections 4-166 to 4-174, inclusive, to carry out the provisions of this subsection.

[(q) He] (r) The commissioner shall prepare an annual report for the Governor.

[(r) He] (s) The commissioner shall perform all other duties which are necessary and proper for the operation of the department.

[(s) He] (t) The commissioner may direct clinical staff at Department of Mental Health and Addiction Services facilities or in crisis intervention programs funded by the department who are providing treatment to a patient to request disclosure, to the extent allowed under state and federal law, of the patient's record of previous treatment in order to accomplish the objectives of diagnosis or treatment of the patient. If the clinical staff in possession of the requested record determines that disclosure would assist the accomplishment of the objectives of diagnosis or treatment, the record may be disclosed, to the extent allowed under state and federal law, to the requesting clinical staff without patient consent. Records disclosed shall be limited to records maintained at department facilities or crisis intervention programs funded by the department. The Commissioner of Mental Health and Addiction Services shall adopt regulations in accordance with chapter 54 to administer the provisions of this subsection and to ensure maximum safeguards of patient confidentiality.

[(t)] (u) The commissioner shall adopt regulations to establish a fair hearing process which provides the right to appeal final determinations of the Mental Health Division of the Department of Mental Health and Addiction Services or of said division's grantee agencies as determined by the commissioner regarding: The nature of denial, involuntary reduction or termination of services. Such hearings shall be conducted in accordance with the provisions of chapter 54, after a person has exhausted the department's established grievance procedure. Any matter which falls within the jurisdiction of the Psychiatric Security Review Board under sections 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of this section. Any person receiving services from a Department of Mental Health and Addiction Services facility or a grantee agency determined by the commissioner to be subject to this subsection and who is aggrieved by a violation of sections 17a-540 to 17a-549, inclusive, may elect to either use the procedure specified in this subsection or file for remedies under section 17a-550.

Approved June 29, 1999

