DATA ASSESSMENT REGISTRY
MENTAL HEALTH & ADDICTION

# DARMHA Import and Export Specifications Manual

SFY 2016

July 2015

STATE OF INDIANA
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
402 WEST WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204

# List of Revisions to Manual

More Revisions 8/14/2015

- Pg. 7 - Child Parent Psychotherapy was added to CANS 0-5 export and removed from CANS 5-17 export
- Pg. 17 - Some of the codes for Consumer Insurance were hidden on the page
- Pg. 18 - Changing DSC status at episode close is not allowed.
- Pg. 22-23 - Changed Reporting Field 1 and 2's data type and length
- Pg. 38 - Additional error codes -86, -87 and -88

---

- Pg. 6 - Added two new fields to the end to the consumer export for the new program
- Pg. 10 - Added three omitted fields to the diagnosis exports
- Pg. 15 - Added two new fields to the end to the consumer import for the new program
- Pg. 20- Added Child-Parent Psychotherapy (CPP) and renumbered
- Pg. 22 - Removed duplicate EBP, Incredible Years, and renumbered import
- Pg. 22 - Removed Child-Parent Psychotherapy (CPP) and renumbered
- Pg. 38 – Added two new error codes related to the new program

# Table of Contents


**1. Introduction** ..... 4

1.1 Scope ..... 4

1.2 Export Types ..... 4

1.3 Export Access ..... 5

1.4 Consumer Demographics Export ..... 6

1.5 Summary Assessment Info Export ..... 7

1.6 Detail Assessment Info Export ..... 8

1.7 Episode Information Export ..... 8

1.8 Encounter Information Export ..... 9

1.9 NOMS Data Export ..... 9

1.10 Diagnosis Data Export ..... 10

1.11 EBP Data Export ..... 10

1.12 Assessment Tools ..... 11

**2. Import Functionality** ..... 12

2.1 Import Access and Requirements ..... 12

2.2 Consumer Import Layout ..... 14

2.3 Episode Data ..... 15

2.4 Close Episode Import Layout ..... 19

2.5 Assessment Import Layout ..... 20

2.6 Encounter Import Layout ..... 24

2.7 Edit Encounter Import Layout ..... 25

2.8 Delete Encounter Import Layout ..... 26

2.9 Diagnosis and Agreement Type Import Layout ..... 27

2.10 NOMS Import Layout ..... 29

**3. Import Log** ..... 34

**4. DARMHA Error Message Codes** ..... 36

**5. Substance Use/Abuse Codes** ..... 39

# 1. Introduction

The purpose of this document is to provide the specifications and guidelines for the Import and Export functionality of the DARMHA (Data Assessment Registry Mental Health & Addiction) system. The Import functionality provides a method for DARMHA users to submit data to the DARMHA system through the use of comma delimited text files containing predefined layout information. The Export functionality provides a method for DARMHA users to export data from DARMHA.

## 1.1 Scope

This document provides information about DARMHA Import and Export Functionality. This document is technical in nature and covers the following topics:

- Importing of Data
  - Datasets that are requested from the providers and their respective data elements, both required and optional
  - File layouts needed for the different datasets that will be imported into the DARMHA
  - Error Reports with error definitions and the effects on the imports
- Exporting of Data
  - Data set available with each export

Topics that are not covered in this document include:

- How to set up your application to utilize the DARMHA Import or Export functionality

# Export Functionality

The DARMHA system provides the functionality to extract data out of the system in real-time without supplying a formal request to DMHA. This functionality will facilitate the data integration efforts to the provider's Electronic Medical Records or other Case Management systems.

## 1.2 Export Types

Data can be exported as text (comma delimited) or XML. When exporting to a text file, the first line lists all of the column names. Currently there are twelve different export types available in DARMHA. For each export type, except Assessment Tools, there are four options:

- By Date – Supply a Date Range. This will export all the data between the date(s) entered.
- All new records not previously exported
- Everything in Open Episodes
- Everything: It will export all the data

| Export Type | Description |
|---|---|
| Consumer Demographics Export | This is a data extract of the consumer demographic information. |
| Assessment/ Results Export | This is a data extract of the consumer assessment information by either Summary Assessment Info (resulting algorithm recommendations) or by Detail Assessment Info (the corresponding answers to each of the items/questions). |
| Episode Information Export | This is a data extract of consumer Episode information. |
| Encounter Information Export | This is a data extract of consumer Encounter information. |
| NOMS Data Export | This is a data extract of consumer NOMS information. |
| Diagnosis/Agreement Type Data Export | This is a data extract of Diagnosis/Agreement Type information. |
| EBP Data Export | This is a data extract of EBP information. |
| Assessment Tools | This provides all assessment questions and answers. |

## 1.3 Export Access

The export functionality is available only to DARMHA users that have been authorized by their organization to have access to this functionality. Users that have this functionality activated will have available a menu named Import Export and two submenus (Export and Export log). On the Export submenu, users will be able to select the data needed to be exported as well as the format the data will be exported. The data will then be available on the Export Log page. For more information details regarding field options, see the import section.

## 1.4 Consumer Demographics Export

| Field # | Field Name |
|---|---|
| 1 | DARMHA ID |
| 2 | Agency Internal ID |
| 3 | Last Name |
| 4 | First Name |
| 5 | Middle Name |
| 6 | DOB |
| 7 | Gender |
| 8 | ZipCode |
| 9 | Social Security No |
| 10 | Moms Maiden Name |
| 11 | CSDS ID |
| 12 | Native American Ind |
| 13 | Asian Ind |
| 14 | Black Ind |
| 15 | White Ind |
| 16 | Hawaiian Ind |
| 17 | OtherSingle Ind |
| 18 | Ethnicity ID |
| 19 | Ethnicity Desc |
| 20 | Provider ID |
| 21 | Suffix ID |
| 22 | Medicaid ID |
| 23 | Dept of Correction ID |
| 24 | Register in New Program |

## 1.5 Summary Assessment Info Export

**CANS 0-5**

| Field # | Field Name |
|---|---|
| 1 | Internal ID |
| 2 | Visit Date |
| 3 | Assessment Reason Cd |
| 4 | Clinician ID |
| 5 | Option Level |
| 6 | Option Desc |
| 7 | Tool Desc |
| 8 | Tool ID |
| 9 | Algorithm Desc |
| 10 | Algorithm ID |
| 11 | Agency Assessment ID |
| 12 | Strengthening Families Program |
| 13 | Parent Child Interactive Therapy |
| 14 | Child Parent Psychotherapy |
| 15 | Incredible Years |
| 16 | Reporting Field 1 |
| 17 | Reporting Field 2 |

**ANSA**

| Field # | Field Name |
|---|---|
| 1 | Internal ID |
| 2 | Visit Date |
| 3 | Assessment Reason Cd |
| 4 | Clinician ID |
| 5 | Option Level |
| 6 | Option Desc |
| 7 | Tool Desc |
| 8 | Tool ID |
| 9 | Algorithm Desc |
| 10 | Algorithm ID |
| 11 | Agency Assessment ID |
| 12 | SMI Co Carve Out |
| 13 | ACT Indicator |
| 14 | Illness Management Recovery |
| 15 | Integrated Dual Diagnosis Therapy |
| 16 | Motivational Interviewing |
| 17 | Cognitive Behavioral Therapy |
| 18 | Matrix Model |
| 19 | Dialectical Behavior Therapy |
| 20 | Clubhouse |
| 21 | Peer Support |
| 22 | Reporting Field 1 |
| 23 | Reporting Field 2 |

**CANS 5-17**

| Field # | Field Name |
|---|---|
| 1 | Internal ID |
| 2 | Visit Date |
| 3 | Assessment Reason Cd |
| 4 | Clinician ID |
| 5 | Option Level |
| 6 | Option Desc |
| 7 | Tool Desc |
| 8 | Tool ID |
| 9 | Algorithm Desc |
| 10 | Algorithm ID |
| 11 | Agency Assessment ID |
| 12 | Trauma Focused CBT |
| 13 | Aggression Replacement Training |
| 14 | Cannabis Youth Treatment |
| 15 | Strengthening Families Program |
| 16 | Parent Child Interactive Therapy |
| 17 | Structured Psychotherapy |
| 18 | Dialectical Behavior Therapy |
| 19 | Cognitive Behavior Intervention |
| 20 | Incredible Years |
| 21 | Functional Family Therapy |
| 22 | High Fidelity Wraparound |
| 23 | Youth First Family |
| 24 | Alternative Families CBT |
| 25 | Motivational Interviewing |
| 26 | Cognitive Behavior Therapy |
| 27 | Reporting Field 1 |
| 28 | Reporting Field 2 |

### 1.6 Detail Assessment Info Export

| Field # | Field Name |
|---|---|
| 1 | Internal ID |
| 2 | Visit Date |
| 3 | Tool ID |
| 4 | Tool Desc |
| 5 | Module ID |
| 6 | Module Name |
| 7 | Question ID |
| 8 | Question Text |
| 9 | Answer ID |
| 10 | Answer Desc |
| 11 | Clinician ID |
| 12 | Internal Episode Code |
| 13 | Agency Assessment ID |
| 14 | Assessment Status |
| 15 | Assessment Reason CD |
| 16 | Answer Value |

## 1.7 Episode Information Export

| Field # | Field Name |
|---|---|
| 1 | Internal ID |
| 2 | Internal Episode ID |
| 3 | Episode St Dt |
| 4 | Episode End Dt |
| 5 | DSC Start Dt |
| 6 | Medicaid Enrolled |
| 7 | Marital Status Code |
| 8 | County |
| 9 | Disability Code |
| 10 | FoodStamps |
| 11 | Referral Source Code |
| 12 | TANF Status Code |
| 13 | Legal Basis Code |
| 14 | Mil Served |
| 15 | Mil Veteran |
| 16 | Mil Deployed |
| 17 | Mil Combat |
| 18 | Mil Family |
| 19 | Health Insurance Code |
| 20 | Episode Status Code |
| 21 | Children Wcare |
| 22 | Prior SAEpisodes |
| 23 | Family Size |
| 24 | Family Income |
| 25 | Episode ID |
| 26 | DSC Status |

## 1.8 Encounter Information Export

| Field # | Field Name |
|---|---|
| 1 | Internal ID |
| 2 | Internal Episode ID |
| 3 | Encounter Dt |
| 4 | Procedure Code |
| 5 | Procedure Units |
| 6 | Procedure Value |
| 7 | Clinician Lvl Code |
| 8 | Internal Service ID |
| 9 | Creation Date |

## 1.9 NOMS Data Export

| Field # | Field Info |
|---|---|
| 1 | Internal ID |
| 2 | Internal Episode ID |
| 3 | NOMS Dt |
| 4 | NOMS Reason |
| 5 | Education Level |
| 6 | School Attendance Status |
| 7 | Employment |
| 8 | Employment Detail |
| 9 | ROLES Score |
| 10 | Living Arrangement |
| 11 | Housing Category |
| 12 | Housing Stability |
| 13 | Level Residential Support |
| 14 | Level Community Integration |
| 15 | Homeless Services |
| 16 | Primary Substance |
| 17 | Primary Route |
| 18 | Primary Frequency Use |
| 19 | Primary Age First Use |
| 20 | Secondary Substance |
| 21 | Secondary Route |
| 22 | Secondary Frequency Use |
| 23 | Secondary Age First Use |
| 24 | Tertiary Substance |
| 25 | Tertiary Route |
| 26 | Tertiary Frequency Use |
| 27 | Tertiary Age First Use |
| 28 | Criminal Involvement |
| 29 | Social Support |
| 30 | Needle Use |
| 31 | Is Pregnant |
| 32 | Created Dt |
| 33 | Updated Dt |
| 34 | Supported Employment |
| 35 | Supported Housing |

## 1.10 Diagnosis Data Export

**OLD Format**

| Field # | Field Info |
|---|---|
| 1 | Internal ID |
| 2 | Internal Episode ID |
| 3 | Diagnosis Dt |
| 4 | Axis1 Diagnosis 1 |
| 5 | Axis1 Diagnosis 2 |
| 6 | Axis1 Diagnosis 3 |
| 7 | Axis1 Diagnosis 4 |
| 8 | Axis1 Diagnosis 5 |
| 9 | Axis2 Diagnosis 1 |
| 10 | Axis2 Diagnosis 2 |
| 11 | Axis3 Diagnosis 1 |
| 12 | Axis3 Diagnosis 2 |
| 13 | Axis3 Diagnosis 3 |
| 14 | Axis3 Nara |
| 15 | Axis4 |
| 16 | Axis4 Nara |
| 17 | Axis5_GAF |
| 18 | Leading Cause Diagnosis |
| 19 | SOGS |
| 20 | Agreement Type |
| 21 | Specialized Treatment |
| 22 | Agreement Change |

**NEW Format**

| Field # | Field Info |
|---|---|
| 1 | Internal ID |
| 2 | Internal Episode ID |
| 3 | Diagnosis Dt |
| 4 | Primary Diagnosis 1 |
| 5 | Diagnosis 2 |
| 6 | Diagnosis 3 |
| 7 | Diagnosis 4 |
| 8 | Diagnosis 5 |
| 9 | SOGS |
| 10 | HC Diabetes Ind |
| 11 | HC Cardiovascular Disease Ind |
| 12 | HC Hypertension Ind |
| 13 | HC Hyperlipidemia Ind |
| 14 | HC Cancer Ind |
| 15 | HC Smoking Ind |
| 16 | HC Obesity Ind |
| 17 | HC Asthma Ind |
| 18 | HC COPD Ind |
| 19 | Agreement Type |
| 20 | Specialized Treatment |
| 21 | Agreement Change |

## 1.11 Old EBP Data Export

| Field # | Field Info |
|---|---|
| 1 | Internal ID |
| 2 | Internal Episode ID |
| 3 | EBP History Date |
| 4 | ACT Indicator |
| 5 | System of Care Indicator |
| 6 | Supported Employment |
| 7 | IDDT |
| 8 | IMR |
| 9 | Supported Housing |
| 10 | Motivational Interview |
| 11 | Cognitive Behavioral Therapy |
| 12 | Matrix Model |
| 13 | DBT |

## 1.12 Assessment Tools

Export contains CANS/ANSA assessment questions and answers for all tools.

| Field # | Field Name |
|---|---|
| 1 | Tool ID |
| 2 | Tool Desc |
| 3 | Module Order |
| 4 | Module ID |
| 5 | Module Name |
| 6 | Question Text |
| 7 | Question Order |
| 8 | Question ID |
| 9 | Answer ID |
| 10 | Answer Desc |
| 11 | Answer Value |
| 12 | Question Clarification |

# 2. Import Functionality

The goal of the Import functionality in DARMHA is to provide users with a method to submit their data to the DARMHA system by utilizing comma-delimited text files. Unlike in the past, the user can now submit data without choosing layout type.

| Import Layout Name | Record Identifier | Description |
|---|---|---|
| Consumer | C | Insert/Update Consumer demographic |
| Assessment – CANS 0-5 | Z | Insert CANS 0-5 Assessment information. |
| Assessment – CANS 5-17 | F | Insert CANS 5-17 Assessment information. |
| Assessment – ANSA | A | Insert ANSA Assessment information. |
| Episode | E | Insert/Update Consumer Episode information. |
| Close Episode | L | Close Episode Information. |
| Encounter | S | Insert New Consumer Encounter. |
| Encounter | U | Edit Existing Consumer Encounter. |
| Delete Encounter | X | Delete Existing Consumer Encounter. |
| NOMS | N | Insert Consumer NOMS information. |
| Diagnosis & Agreement Type | D | Insert Diagnosis & Agreement Type information. |

## 2.1 Import Access and Requirements

The Import functionality of DARMHA available to DMHA contracted providers allows them to import data into the DARMHA system. The DARMHA Import functionality validates and processes data at the point of delivery to the system.

To utilize the Import Functionality, DMHA Contracted Providers are required to supply through the DARMHA Help Desk (darmha@fssa.in.gov) at least one user to be assigned a DARMHA login for data submission and retrieval. More accounts may be created at the provider's discretion.

Providers are required submit test data to the DARMHA Quality Assurance (QA) environment (https://dmhaqa.fssa.in.gov/DARMHAQA). This allows providers the opportunity to review and refine their process without the risk of corrupting live data. For data security reasons, all data submitted to the DARMHA QA environment must be test data only. Before being given access to import in DARMHA Production, providers are required to perform a minimum of two (2) error-free submissions of each import area (Consumer, Episode, Assessment, Diagnosis/Agreement Type, Encounter, and NOMS) they intend to use to submit data. Once the providers have successfully performed their testing in the DARMHA QA environment, the provider can request to the DARMHA Help Desk their production access to the Import functionality. After approval, access will be granted to the assigned users for production data submission.

The following requirements apply for DARMHA Import.

- Only comma-delimited text files are accepted. Do not include a header row in the import file. The field names displayed in the import layouts are for reference only and should not be included in the text file.
- If records are rejected, after correcting the error, resubmit only the records with errors.

- Optional fields that contain no data must have a placeholder in the comma-separated file in order for the application to parse the data successfully.
- The Consumer Import needs to be done first followed by the "E" Episode Import. The order of the rest of the imports is not important.
- String Fields can include commas if field is encapsulated with double quotes.
- Required Identifiers
    - Providers need to create a unique identifier for consumers called the "**Internal ID**." **Internal IDs are required in every import.**
    - Providers need to create an identifier for episodes called the "**Internal Episode Code**." This is the provider's identifier for a specific episode in a consumer's history and allows the provider to edit both current and past episodes. The Internal Episode Code must be unique for the specific consumer, but does not have to be unique across the provider. This means that Consumer A can have an Internal Episode Code of "1" and Consumer B can have an Internal Episode Code of "1", but Consumer A cannot have two Internal Episode Codes of "1." **Internal Episode Code's are required in every import, except the Consumer Import.**
    - Providers need to create an identifier for encounters/services called "**Internal Service ID**" if they want to edit or delete encounters through Import. This ID identifies a specific encounter/service for future edits or deletion. The Internal Service ID must be unique for the specific consumer, but does not have to be unique across the provider. This means that Consumer A can have an Internal Service ID of "123" and Consumer B can have an Internal Service ID of "123", but Consumer A cannot have two Internal Service IDs of "123."
    - Providers can choose whether they want to create an "**Internal Assessment ID**." This is not a required identifier.

## 2.2 Consumer Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and<br>how the row should be formed<br>**Value = "C"** | Yea |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Unique ID | String | 16 | If consumers were included in the previous state database (CSDS), please supply this identifier for tracking purposes and do not change it. | No |
| 4 | Last Name | String | 30 | Consumer's Last Name | Yes |
| 5 | First Name | String | 25 | Consumer's First Name | Yes |
| 6 | Gender | Character | 1 | M = Male, F = Female | Yes |
| 7 | Date Of Birth | Date | | Consumer's Birth Date (MM/DD/YYYY) | Yes |
| 8 | SSN | String | 11 | Consumer's Social Security Number (999-99-9999) | No |
| 9 | Ethnicity | Integer | | Consumer's ethnic status.<br>1 = Puerto Rican<br>2 = Mexican<br>3 = Cuban<br>4 = Other Hispanic/Latino<br>5 = Not Hispanic/Latino<br>6 = Latino, Unknown Origin | Yes |
| 10 | Zip Code | String | 10 | Consumer's Zip Code (99999 or 99999-9999) | Yes |
| 11 | Middle Name | String | 25 | Consumer's Middle Name | No |
| 12 | Mother's Maiden Name | String | 30 | Consumer's Mother's Maiden Name | No |
| **At least one of the Races listed below must be "Yes".** | | | | | |
| 13 | American Indian | Integer | | 0 = No, 1 = Yes | Yes |
| 14 | Asian | Integer | | 0 = No, 1 = Yes | Yes |
| 15 | African American | Integer | | 0 = No, 1 = Yes | Yes |
| 16 | Caucasian | Integer | | 0 = No, 1 = Yes | Yes |
| 17 | Hawaiian/Pacific Islander | Integer | | 0 = No, 1 = Yes | Yes |
| 18 | Other Single Race | Integer | | 0 = No, 1 = Yes | Yes; can only be used when none of the other race categories apply |
| 19 | Suffix | Integer | | -2 = None<br>1 = I (First)<br>2 = II (Second)<br>3 = III (Third)<br>4 = IV (Fourth)<br>5 = V (Fifth)<br>10 = Jr.<br>11 = Sr. | No |
| 20 | Medicaid/HIP ID | Integer | 12 | Consumer's Medicaid ID, must be 12 digits starting with 10 and ending with 99 or 12 digits starting with "6". | Yes, if Active Medicaid/HIP |

| | | | | | |
|---|---|---|---|---|---|
| 21 | Dept of Correction ID | String | 6 | Field is utilized for new program – optional for new program | No |
| 22 | Register in New Program | Integer | | Field used for new program- required for new program (0 = No, 1 = Yes) | No |

## 2.3 Episode Data

The Episode Data contains all of the detail data that determine the consumer's episode of care. The file is a variable length, variable field, comma-delimited data set. Each row of data will be tagged with a leading attribute, the Record Identifier that indicates which record set the row belongs to. Providers can submit all Episode data in the same file or in separate files.

Note: It is easier to troubleshoot import issues if one type of Episode data is sent at a time. For example, importing only NOMS data in a file.

Note: The Episode Data will be processed in the order received within the file. Detail data may not be submitted for areas such as the Assessment, Encounter, NOMS or Diagnosis/Agreement Type data sets without a previously submitted Episode ("E" Import) for the consumer.

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed **Value = "E"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | Episode Start Date | Date | | Date the consumer's episode of care began (MM/DD/YYYY) | Yes, on episode creation only, cannot be edited |
| 5 | Episode End Date | Date | | Date the consumer's episode of care ended (MM/DD/YYYY) | No, except when closing an episode of care |
| 6 | Active Medicaid/HIP | Integer | | Does the consumer have Medicaid or HIP that is active? 0 = No, 1 = Yes<br>*If Yes, Medicaid ID in Consumer data is required.* | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 7 | Marital Status | Integer | | 1 = Single<br>2 = Married/Living together<br>3 = Widowed<br>4 = Divorced<br>5 = Married separated | Yes |
| 8 | County of Residence ID | Integer | | Numerical county identifier | Yes |
| 9 | Food Stamps | Integer | | Is the consumer currently receiving Food Stamps?<br>0 = No<br>1 = Yes | Yes |
| 10 | Source of Referral | Integer | | 1 = Individual/Self<br>2 = Alcohol/Drug Abuse Care Provider<br>3 = Health Care, Other<br>4 = School (Educational)<br>5 = Employer/Employee Assistance Program<br>6 = Other Community Referral<br>7 = Court/Criminal Justice<br>8 = Referral from Child Welfare/Department of Child Services (DCS) | Yes |
| 11 | Legal Basis For Referral | Integer | | 1 = State/Federal Court<br>2 = Other Court (not State or Federal)<br>3 = Probation/Parole<br>4 = Other Recognized Legal Entity (E.G. local law enforcement agency, corrections agency, youth services, review board/agency)<br>5 = Diversionary Program (e.g., TASC)<br>6 = Prison<br>7 = DUI/DWI<br>8 = Other | Yes, if Source of Referral = 7 otherwise list as -3 |
| 12 | Served | Integer | | The consumer served in one of the branches of the military, including the National Guard.<br>0 = No<br>1 = Yes<br>-3 = Not Applicable | Yes, if consumer is under 18 mark as -3 Not Applicable |
| 13 | Veteran | Integer | | The consumer is considered to be a veteran.<br>0 = No<br>1 = Yes<br>-3 = Not Applicable | Yes, if Served is 0 then list 0. If served is -3 then list as -3. |
| 14 | Deployed | Integer | | The consumer has been deployed in the past.<br>0 = No<br>1 = Yes<br>-3 = Not Applicable | Yes, if Served is 0 then list 0. If served is -3 then list as -3. |

| | | | | | |
|---|---|---|---|---|---|
| 15 | Combat | Integer | | The consumer served in combat.<br>0 = No<br>1 = Yes<br>-3 = Not Applicable | Yes, if Served is 0 then list 0. If served is -3 then list as -3. |
| 16 | Family in Military | Integer | | A member of the consumer's immediate family served in the military.<br>0 = No<br>1 = Yes | Yes |
| 17 | Consumer Disability | Integer | | -2 = None<br>2 = Blind<br>3 = MR/DD<br>4 = Deaf<br>5 = Mute<br>6 = Non-ambulatory<br>7 = Other Physical/Medical<br>8 = Neurological Impairment<br>9 = Learning or reading disabilities<br>11 = Traumatic Brain Injury<br>12 = Hard of Hearing | Yes |
| 18 | TANF | Integer | | Is the consumer enrolled in TANF? (0 = No<br>1 = Yes | Yes |
| 19 | Consumer Health Insurance | Integer | | -2 = None<br>1 = Private Insurance<br>4 = Medicaid<br>5 = Medicare<br>6 = Other<br>10 = HIP<br>11 = TRI Care<br>12 = Medicaid and Medicare | Yes |
| 20 | Family Size | Integer | | Number of individuals<br>supported by the adjusted family income<br>Maximum value is 30 | Yes, Must be at least one |
| 21 | Adjusted Family Income | Integer | | Annual family income - Maximum of six digits – Cannot be a negative number | Yes |

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 22 | Episode Status | Integer | | 1 = Consumer in treatment<br>3 = Service Completed*<br>4 = Consumer Dropped/Opted out*<br>5 = Death*<br>6 = Moved out of Service area*<br>7 = Incarcerated (treatment has stopped)*<br>8 = Entered Nursing Home (treatment has stopped)*<br>9 = Administrative Discharge* | Yes<br><br>** Indicates an Episode End Date is required.* |
| 23 | Prior SA Episodes | Integer | | The number of prior Substance Abuse Episodes Value should be 0 - 30 | Yes |
| 24 | Dependent Children | Integer | | Does the consumer have dependent children?<br>0 = No<br>1 = Yes | Yes |
| 25 | DSC Status | Integer | | 0 = Not a DMHA Supported Consumer – **This is the default.**<br>1 = DMHA Supported Consumer<br>2 = DMHA Supported Consumer - Medication Only<br>**Note:** Changing this status at episode close is not allowed. | Yes |
| 26 | DSC Start Date | Date | | For new episodes, this field will be automatically populated with the episode start date. When the status is changed, a date will be required. *No future dates, no date before the Episode Start Date and no date before a previous DMHA Supported Consumer Status Start Date are allowed.* | No, except when the HAP Status is changed, a date will be required. |

Conditions for which the above record generates an error:

- No consumer is found with the corresponding Internal ID
- There is no corresponding Internal Episode Code for the consumer.
- Required fields are missing.
- Date fields are not formatted correctly.
- Non-required fields require an empty field place holder (, ,)
- Number of fields does not equal what is anticipated for an Episode Record (26)
- The Internal Episode Code is for a closed episode of care that is older than 180 days.

## 2.4 Close Episode Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed **Value = "L"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | Episode End Date | Date | | Date the consumer's episode of care ended (MM/DD/YYYY) | Yes |
| 5 | Episode Status | Integer | | 3 = Service Completed<br>4 = Consumer Dropped/Opted out<br>5 = Death<br>6 = Moved out of Service area<br>7 = Incarcerated (treatment has stopped)<br>8 = Entered Nursing Home (treatment has stopped)<br>9 = Administrative Discharge | Yes |

## 2.5 Assessment Import Layout

### a. CANS 0-5

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed<br>**Value = "Z"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Certified CANS/ANSA Professional ID | String | 25 | The ID of the clinician, registered and currently certified, at the provider's practice, responsible for administering the CANS/ANSA to the consumer | Yes |
| 4 | Assessment Date | Date | | Date the assessment was administered (MM/DD/YYYY) | Yes |
| 5 | Assessment Reason CD | Integer | | 1 = Initial Assessment<br>2 = Reassessment<br>3 = Transition/Discharge | Yes, One Initial and one Discharge per Episode |
| 6 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer | Yes |
| 7 | Internal Assessment ID | String | 25 | This is the provider's internally assigned identifier. | No |
| 8 | Strengthening Families Program | Integer | | 0 = No<br>1 = Yes | Yes |
| 9 | Parent Child Interactive Therapy (PCIT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 10 | Child-Parent Psychotherapy (CPP) | Integer | | 0 = No<br>1 = Yes | Yes |
| 11 | Incredible Years | Integer | | 0 = No<br>1 = Yes | Yes |
| 12 | Reporting Field 1 | Integer | 2 | Number to link with default list or the list you give DARMHA Support<br>*(Leave blank if not used)* | No |
| 13 | Reporting Field 2 | Integer | 2 | Number to link with default list or the list you give DARMHA Support<br>*(Leave blank if not used)* | No |
| 14 | Answer IDs | Integer (Array) | | The ID provided by DARMHA that Differentiates assessment tool answers.<br><br>*(Values should be comma separated)* | Yes |

### b. CANS 5-17

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed<br>**Value = "F"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Certified CANS/ANSA Professional ID | String | 25 | The ID of the clinician, registered and currently certified, at the provider's practice, responsible for administering the CANS/ANSA to the consumer | Yes |
| 4 | Assessment Date | Date | | Date the assessment was administered (MM/DD/YYYY) | Yes |
| 5 | Assessment Reason CD | Integer | | 1 = Initial Assessment<br>2 = Reassessment<br>3 = Transition/Discharge | Yes, One Initial and one Discharge per Episode |
| 6 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer | Yes |
| 7 | Internal Assessment ID | String | 25 | This is the provider's internally assigned identifier. | No |
| 8 | Trauma Focused Cognitive Behavior Therapy (TF-CBT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 9 | Aggression Replacement Training (ART) | Integer | | 0 = No<br>1 = Yes | Yes |
| 10 | Cannabis Youth Treatment (CYT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 11 | Strengthening Families Program | Integer | | 0 = No<br>1 = Yes | Yes |
| 12 | Parent Child Interactive Therapy (PCIT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 13 | Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) | Integer | | 0 = No<br>1 = Yes | Yes |
| 14 | Dialectical Behavior Therapy (DBT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 15 | Cognitive Behavior Intervention for Therapy in Schools (CBITS) | Integer | | 0 = No<br>1 = Yes | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 16 | Incredible Years | Integer | | 0 = No<br>1 = Yes | Yes |
| 17 | Functional Family Therapy (FFT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 18 | High Fidelity Wraparound | Integer | | 0 = No<br>1 = Yes | Yes |
| 19 | Youth First's Family Connections (YFFC) | Integer | | 0 = No<br>1 = Yes | Yes |
| 20 | Alternative for Families: A Cognitive-Behavioral Therapy (AF-CBT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 21 | Motivational Interviewing | Integer | | 0 = No<br>1 = Yes | Yes |
| 22 | CBT – Cognitive Behavioral Therapy | Integer | | 0 = No<br>1 = Yes | Yes |
| 23 | Reporting Field 1 | Integer | 2 | Data to link with assessment.<br>*(Leave blank if not used)* | No |
| 24 | Reporting Field 2 | Integer | 2 | Data to link with assessment.<br>*(Leave blank if not used)* | No |
| 25 | Answer IDs | Integer (Array) | | The ID provided by DARMHA that Differentiates assessment tool answers.<br><br>*(Values should be comma separated)* | Yes |

### c. ANSA

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed<br>**Value = "A"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Certified CANS/ANSA Professional ID | String | 25 | The ID of the clinician, registered and currently certified, at the provider's practice, responsible for administering the CANS/ANSA to the consumer | Yes |
| 4 | Assessment Date | Date | | Date the assessment was administered (MM/DD/YYYY) | Yes |
| 5 | Assessment Reason CD | Integer | | 1 = Initial Assessment<br>2 = Reassessment<br>3 = Transition/Discharge | Yes, One Initial and one Discharge per Episode |
| 6 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 7 | Internal Assessment ID | String | 25 | This is the provider's internally assigned identifier. | No |
| 8 | SMI/Co-Occuring Carve-out | Integer | | 0 = No<br>1 = Yes | Yes |
| 9 | ACT Indicator | Integer | | 0 = No<br>1 = Yes | Yes |
| 10 | Illness Management and Recovery (IMR) | Integer | | 0 = No<br>1 = Yes, with fidelity to the model<br>2 = Yes, without fidelity to the model | Yes |
| 11 | Integrated Dual Diagnosis Treatment (IDDT) | Integer | | 0 = No<br>1 = Yes, with fidelity to the model<br>2 = Yes, without fidelity to the model | Yes |
| 12 | Motivational Interviewing | Integer | | 0 = No<br>1 = Yes | Yes |
| 13 | Cognitive Behavioral Therapy | Integer | | 0 = No<br>1 = Yes | Yes |
| 14 | Matrix Model | Integer | | 0 = No<br>1 = Yes | Yes |
| 15 | Dialectical Behavior Therapy (DBT) | Integer | | 0 = No<br>1 = Yes | Yes |
| 16 | Clubhouse | Integer | | 0 = No<br>1 = Yes | Yes |
| 17 | Peer Support | Integer | | 0 = No<br>1 = Yes | Yes |
| 18 | Reporting Field 1 | Integer | 2 | Data to link with assessment.<br>*(Leave blank if not used)* | No |
| 19 | Reporting Field 2 | Integer | 2 | Data to link with assessment.<br>*(Leave blank if not used)* | No |
| 20 | Answer IDs | Integer (Array) | | The ID provided by DARMHA that differentiates assessment tool answers.<br><br>*(Values should be comma separated)* | Yes |

## Assessment Import Layout Requirements

- The "Internal ID" value must match an existing consumer submitted prior to the submission of the assessment.
- The "Certified CANS/ANSA Professional ID" value (also called "Clinician ID") must be registered with a certified individual within the DARMHA system prior to the submission of the assessment. The information is currently supplied to the DARMHA by contacting the DARMHA support center and registering the users.
- The "Assessment Date" must be prior to the expiration date of the CANS/ANSA clinician's certification. Future dates are not allowed
- The "Answer IDs" field must coincide with the IDs supplied by DMHA and the DARMHA system for the CANS/ANSA tools. This ensures consistent data and valid algorithm recommendations.
- The "Internal Episode Code" specifies which episode of care to attach this assessment to.

When generating a crosswalk or integrating the CANS/ANSA tools into your application the following items need to be considered:

- All answers submitted must correspond to the same assessment tool. Several tools have similar questions/modules and answers; however, each answer has its own unique identifier. Substitution of an "Answer ID" from another tool/module/question results in the rejection of the assessment.

- All assessments must be submitted as complete assessments. No modifications of an assessment can be made after it is submitted via the import process. If an assessment is partially complete, enter it in through the web interface and return to it later to complete it.

- All assessments have core modules and possibly an extension module triggered by answers to specific questions within a core module. When an assessment is submitted, all core modules and extension modules are required to have a valid answer or else the import process rejects the assessment. Extension modules are evaluated based upon the answers supplied in the respective core modules.

- Some modules currently have "Not Applicable" available as an answer option. In these modules, the "NA" value is required for each question within the module for it to apply to the whole module. Failure to do so will result in an incomplete assessment. Incomplete assessments are rejected.

## 2.6 Encounter Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed<br>**Value = "S"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | Service Date | Date | | Date the service was provided (MM/DD/YYYY) | Yes |
| 5 | Procedure Code | String | 6 | Current Procedural Terminology Codes (CPT) or Health Care Common Procedure System Codes (HCPCS) | Yes |
| 6 | Units | Integer | | The number of units of the procedure supplied above, must be greater than 0 - no partial units accepted – Maximum value is 999. | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 7 | Common Value | Integer | | The customary or typical value of this service for a **single unit** – No negative numbers allowed Maximum value is 99,999. | Yes |
| 8 | Level of Clinician | Integer | | 1 = Psychiatrist, Board Eligible or Certified<br>4 = Other MD or DO<br>7 = PhD Psychologist, HSPP<br>8 = PhD Psychologist, Non HSPP<br>10 = PhD or Masters in Social Work, Nursing, Counseling, Marriage and Family Therapy, Psychology, LCSW, LMHC or LMFT<br>13 = Other Masters or Other PhD<br>16 = Certified Addiction Counselor<br>19 = RNs<br>22 = Bachelors<br>25 = Less Than Bachelors<br>28 = Facility (Residential Care) Staff | Yes |
| 9 | Internal Service ID | String | 25 | The providers internal identifier for this rendered service | Required data field in order to edit or delete an encounter through Import |

Conditions for which the above record generates an error:

- No consumer is found with the corresponding Internal ID
- No episode is found with the specified Internal Episode Code
- The Internal Episode Code is for a closed episode of care that is older than one calendar year
- Required fields are missing
- Date fields are not formatted correctly
- Non-required fields require an empty field place holder (, ,)
- Number of fields does not equal what is anticipated for an Encounter Record (8 or 9)
- Service date is prior to the start of the episode or after the end of the episode of care indicated
- Procedure Code supplied is not recognized

In the event that a service is supplied with an Internal Service ID that already exists, the current existing service record in the system will be updated (overwritten) with the new data supplied.

## 2.7 Edit Encounter Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed<br>**Value = "U"** | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | Service Date | Date | | Date the service was provided (MM/DD/YYYY) | Yes |
| 5 | Procedure Code | String | 6 | Current Procedural Terminology Codes (CPT) or Health Care Common Procedure System Codes (HCPCS) | Yes |
| 6 | Units | Integer | | The number of units of the procedure supplied above, must be greater than 0 - no partial units accepted – Maximum value is 999. | Yes |
| 7 | Common Value | Integer | | The customary or typical value of this service for a **single unit** – No negative numbers allowed Maximum value is 99,999. | Yes |
| 8 | Level of Clinician | Integer | | 1 = Psychiatrist, Board Eligible or Certified<br>4 = Other MD or DO<br>7 = PhD Psychologist, HSPP<br>8 = PhD Psychologist, Non HSPP<br>10 = PhD or Masters in Social Work, Nursing, Counseling, Marriage and Family Therapy, Psychology, LCSW, LMHC or LMFT<br>13 = Other Masters or Other PhD<br>16 = Certified Addiction Counselor<br>19 = RNs<br>22 = Bachelors<br>25 = Less Than Bachelors<br>28 = Facility (Residential Care) Staff | Yes |
| 9 | Internal Service ID | String | 25 | The providers internal identifier for this rendered service | Yes |

## 2.8 Delete Encounter Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed<br>**Value = "X"** | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | Internal Service ID | String | 25 | The providers Internal identifier for this rendered service | Yes |

## 2.9 Diagnosis and Agreement Type Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "D"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems. | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | Diagnosis/Agreement Date | Date | | Date of consumer's diagnosis and agreement type (MM/DD/YYYY) | Yes |
| 5 | Primary Diagnosis | String | 8 | Behavioral Health Diagnoses (DSM 5 or ICD 10) | Yes |
| 6 | Diagnosis 2 | String | 8 | Same as above | No |
| 7 | Diagnosis 3 | String | 8 | Same as above | No |
| 8 | Diagnosis 4 | String | 8 | Same as above | No |
| 9 | Diagnosis 5 | String | 8 | Same as above | No |
| 10 | SOGS | Integer | | South Oaks Gambling Score Accepted values are from 0 – 20. Required for consumers with Gambling funding type. If no SOGS score, you can code -2 (None). | No |
| 11 | Diabetes | Integer | | 0 = No, 1 = Yes | Yes |
| 12 | Cardiovascular Disease | Integer | | 0 = No, 1 = Yes | Yes |
| 13 | Hypertension | Integer | | 0 = No, 1 = Yes | Yes |
| 14 | Hyperlipidemia | Integer | | 0 = No, 1 = Yes | Yes |
| 15 | Cancer | Integer | | 0 = No, 1 = Yes | Yes |
| 16 | Smoking | Integer | | 0 = No, 1 = Yes | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 17 | Obesity | Integer | | 0 = No, 1 = Yes | Yes |
| 18 | Asthma | Integer | | 0 = No, 1 = Yes | Yes |
| 19 | COPD | Integer | | 0 = No, 1 = Yes | Yes |
| 20 | Agreement Type | Integer | | 1 = SMI<br>2 = SED<br>3 = CA<br>Consumer s with SED agreement type must be less than 18 years old.<br>To Select SMI, consumer must be at least 18 years old. | Yes |
| 21 | Specialized Treatment | Integer | | -2 = None<br>2 = Deaf Services<br>4 = Opioid Treatment<br>5 = Gambling Treatment | No,<br>4 must have Agreement type of CA |
| 22 | Agreement Change | Integer | | 1 = Initial<br>2 = Refined Diagnosis<br>3 = Special Funding Requested | Yes,<br>3 must have Specialized Treatment of 2 or 4 |

Conditions for which the above record generates an error:

- No consumer is found with the corresponding Internal ID
- No episode is found with the specified Internal Episode Code
- The Episode ID is for a closed episode of care that is older than 180 days.
- Required fields are missing.
- Non-required fields require an empty field place holder (, ,)
- Date fields are not formatted correctly
- Number of fields does not equal what is anticipated for an Diagnosis Agreement Type Record (22)
- Diagnosis/Agreement Date is prior to the start of the episode or after the end of the episode of care indicated

## 2.10 NOMS Import Layout

| Field # | Field Name | Data Type | Length | Comments/Description | Required |
|---|---|---|---|---|---|
| 1 | Record Identifier | Character | 1 | This flag determines data contained within the remainder of the row and how the row should be formed.<br>**Value = "N"** | Yes |
| 2 | Internal ID | String | 20 | The provider's internal consumer identifier used at the provider's practice in their internal systems. | Yes |
| 3 | Internal Episode Code | String | 25 | The provider's internal episode identifier for the episode of care for the specified consumer. | Yes |
| 4 | NOMS Date | Date | | Date the NOMS history is obtained. (MM/DD/YYYY) | Yes |
| 5 | NOMS Reason | Integer | | The associated event for the capturing of the NOMS History<br>1 = Initial<br>2 = Reassessment<br>3 = Discharge | Yes, One Initial and one Discharge per Episode |
| 6 | Consumer Education Level | Integer | | 0 = No formal schooling<br>1 = First Grade<br>2 = Second Grade<br>3 = Third Grade<br>4 = Fourth Grade<br>5 = Fifth Grade<br>6 = Sixth Grade<br>7 = Seventh Grade<br>8 = Eighth Grade<br>9 = Ninth Grade<br>10 = Tenth Grade<br>11 = Eleventh Grade<br>12 = High School Graduate<br>13 = One Yr Of College Completed<br>14 = 2 Yrs Of College Completed/2 Yr Associate Degree<br>15 = 3 Yrs Of College Completed<br>16 = College Graduate/4 Yr<br>17 = Awarded Graduate Degree<br>18 = Doctorate Degree<br>21 = Post-secondary Vocational Skills Training<br>23 = Nursery School / Preschool<br>24 = Kindergarten<br>25 = Self-contained Special Education (no equivalent grade level) | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 7 | School Attendance Status | Integer | | Yes or No answer required for children ages 3-17.<br>1 = Yes, consumer has attended school at any time in the past three months<br>0 = No, consumer has not attended school at any time in the past three months<br>-3 = Not applicable (use for infants and adults) | Yes |
| 8 | Employment | Integer | | 1 = Unemployed, Looking For work<br>2 = Unemployed, Not In Labor Force (community only)<br>3 = Employed - Full Time (35+ Hours/week)<br>4 = Employed - Part Time(1 - 5 hours)<br>5 = Employed - Part Time(6 - 10 hours)<br>6 = Employed - Part Time(11 - 15 hours)<br>7 = Employed - Part Time(16 - 20 hours)<br>8 = Employed - Part Time(21 - 34 hours) | Yes |
| 9 | Employment Detail | Integer | | -3 = Not Applicable (this is not an option if Employment Status = 2)<br>1 = Homemaker<br>2 = Student<br>3 = Retired<br>4 = Disabled<br>5 = Inmate of Institution<br>6 = Other | Yes |
| 10 | ROLES score | Integer | | -3 = Not Applicable<br>1 = Homeless<br>2 = Independent<br>3 = Biological Family<br>4 = School Dormitory<br>5 = Relative's home/Adopted<br>6 = Supervised Independent<br>7 = Foster Care<br>8 = Therapeutic Foster Care<br>9 = Individual Home/Group Emergency Shelter<br>10 = Group Home<br>11 = Residential Treatment Center<br>12 = Medical Hospital (non-psychiatric)<br>13 = Intensive Treatment Unit<br>14 = State Hospital<br>15 = Juvenile Detention<br>16 = Jail/Prison | Yes, if consumer is less than 18 years old; list as -3 if the consumer is 18 or older. |
| 11 | Living Arrangement | Integer | | -3 = Not Applicable<br>1 = Homeless<br>2 = Residential Facility<br>3 = Independent Living<br>4 = Jail/Correctional Facility<br>5 = Supported Living<br>6 = Person In Foster Care/Foster Home<br>7 = Inpatient Hospital<br>8 = State Institution SOF<br>10 = Other<br>12 = Crisis Residential and Sub-Acute Stabilization<br>13 = Nursing Home<br>14 = Shelter Facility | Yes, if the consumer is 18 years old or older; list as -3 if the consumer is younger than 18. |

| | | | | | |
|---|---|---|---|---|---|
| 12 | Housing Category | Integer | | 1 = Permanent Housing<br>2 = Temporary Housing<br>3 = Institutional Housing<br>4 = Homeless | Yes |
| 13 | Housing Stability | Integer | | 1 = Less than 6 months<br>2 = 6 months to one year<br>3 = One to two years<br>4 = More than 2 years | Yes |
| 14 | Level of Residential Support | Integer | | -3 = Not Applicable<br>1 = Residential Support not needed or not provided<br>2 = Living with person(s) who provide supportive services in the home that are needed<br>3 = Access to paid support in the consumer's residence as needed<br>4 = Access to paid support in the consumer's residence 5 or more days per week for up to 8 hrs<br>5 = Access to paid support in the consumer's residence 5 or more days per week for 9 to 16 hrs<br>6 = Access to paid support in the consumer's residence 24 hours a day, 7 days per week. | Yes, if Housing Category is 1 or 2; otherwise list as -3 |
| 15 | Level of Community Integration | Integer | | -3 = Not Applicable<br>1 = Living environment is fully integrated in the community<br>2 = Living environment is home to persons with mental health/addiction issues, persons with other disabilities, and persons without identified disabilities.<br>3 = Living environment is home to persons with mental health/addiction issues only. | Yes, if Housing Category is 1 or 2; otherwise list as -3 |
| 16 | Homeless Services | Integer | | -3 = Not Applicable<br>1 = Daily<br>2 = Weekly<br>3 = Monthly<br>4 = Less frequently<br>5 = None<br>6 = Consumer refuses assistance | Yes, if Housing Category = 4; otherwise list as -3 |
| 17 | Primary Substance | Integer | | See Section 5<br>"Not Applicable" and "None" cannot be used for primary substance for Agreement Type CA. | Yes, if Agreem ent Type = 3 (CA) |
| 18 | Primary Route | Integer | | -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug<br>1 = Oral<br>2 = Smoked<br>3 = Inhaled<br>4 = Injection<br>5 = Other | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 19 | Primary Frequency of Use | Integer | | -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug<br>1 = None in the past month<br>2 = One - three time in the past month<br>3 = One-two times per week<br>4 = Three - six times per week<br>5 = Daily | Yes |
| 20 | Primary Age of 1st Use | Integer | | Required field if drug is listed and CA is the Agreement Type. SMI and SED agreement can put Unknown (-1). -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug | Yes |
| 21 | Secondary Substance | Integer | | See Section 5 | No |
| 22 | Secondary Route | Integer | | -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug | No |
| 23 | Secondary Frequency of Use | Integer | | -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug | No |
| 24 | Secondary Age of 1st Use | Integer | | Required field if drug is listed and CA is the Agreement Type. SMI and SED agreement can put Unknown (-1). -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug | No |
| 25 | Tertiary Substance | Integer | | See Section 5 | No |
| 26 | Tertiary Route | Integer | | -3 = Not Applicable – This can only be used if Not | No |
| 27 | Tertiary Frequency of Use | Integer | | -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug | No |
| 28 | Tertiary Age of 1st Use | Integer | | Required field if drug is listed and CA is the Agreement Type. SMI and SED agreement can put Unknown (-1). -3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug | No |
| 29 | Criminal Involvement | Integer | | Arrests in the last 30 days (Maximum Value is 30) | Yes |
| 30 | Social Support | Integer | | Frequency of Attendance at self-help programs or support groups in the last 30 days (e.g. AA, NA, Depression Support Group, Bipolar Support Group, etc.)<br>-2 = No attendance in the past month<br>2 = 1-3 times in past month<br>3 = 4-7 times in past month<br>4 = 8-15 times in past month<br>5 = 16-30 times in past month<br>6 = Some attendance in past month, but frequency unknown | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 31 | Needle Use | Integer | | 0 = No, Consumer has not used a needle<br>1 = Yes, Consumer has used and shared a needle<br>2 = Yes, Consumer has used a needle | Yes |
| 32 | Pregnant | Integer | | Is the consumer currently pregnant?<br>0 = No<br>1 = Yes | Yes |
| 33 | Supported Employment | Integer | | 0 = Not enrolled in or not receiving supported employment services<br>1 = Supported employment for paid, full-time work (35 hours per week or more with continuing support)<br>2 = Supported employment for paid, less than full-time work (21 to 34 hours per week with continuing support)<br>3 = Supported employment for paid, part-time work (16 to 20 hours per week with continuing support)<br>5 = Supported employment for paid, part-time work (11 to 15 hours per week with continuing support)<br>6 = Supported employment for paid, part-time work (6 to 10 hours per week with continuing support)<br>7 = Supported employment for paid, part-time work (1 to 5 hours per week with continuing support)<br>8 = Enrolled in supported employment and not yet employed | Yes |
| 34 | Supported Housing | Integer | | Is the consumer receiving supported housing?<br>0 = No<br>1 = Yes | Yes |

Conditions for which NOMS import record generates an error:

- No consumer is found with the corresponding Internal ID
- No episode is found with the specified Internal Episode Code
- The Internal Episode Code is for a closed episode of care that is older than one calendar year
- Required fields are missing
- Date fields are not formatted correctly
- Number of fields does not equal what is anticipated for a NOMS History Record (34)
- Non-required fields require an empty field place holder (, ,)
- NOMS History date is prior to the start of the episode or after the end of the episode of care indicated
- This NOMS History Record is assigned to either an Initial or Discharge NOMS Reason when one already exists for the episode of care indicated for this consumer.

## 3. Import Log

The Import log functionality allows you to view current or historical import log results. The top of the Import log results grid displays the import summary which includes the date and time the import was processed, the name of the user that performed the import, the imported file name and records count.

**Import Log**

Print Report

| | Log ID | Date & Time | Imported By | FileName | Records |
|---|---|---|---|---|---|
| Detail | 159993 | 8/19/2013 4:08:31 PM | Mendoza, Michael | CANSDEMO_5_17_20130819__102922645+TEST [1].txt | 2 |
| Detail | 150474 | 6/3/2013 5:50:50 PM | Mendoza, Michael | DXTEST_X3.txt | 2 |
| Detail | 129647 | 12/21/2012 2:20:08 PM | Mendoza, Michael | consumer_x2.txt | 2 |

1 2

◉ All Records ○ OK Records ○ Error Records

By selecting the "Detail" button located on the left of each import log row, more detail information is displayed. The detail results grid shows each record processed from the file. Information displayed in the detail includes the date & time the record was processed, the record number (row number in the file), the transaction type (Insert, Update, Validate, Delete, etc), the reference message or code, the message ID (see Section 4 – DARMHA Message Codes) and the status of the transaction (OK or Error). The detail grid can be filtered to display all the records, the OK records (success) or Error records (fail).

**Import Log**

Print Report

| | Log ID | Date & Time | Imported By | FileName | Records |
|---|---|---|---|---|---|
| Detail | 159993 | 8/19/2013 4:08:31 PM | Mendoza, Michael | CANSDEMO_5_17_20130819__102922645+TEST [1].txt | 2 |
| Detail | 150474 | 6/3/2013 5:50:50 PM | Mendoza, Michael | DXTEST_X3.txt | 2 |
| Detail | 129647 | 12/21/2012 2:20:08 PM | Mendoza, Michael | consumer_x2.txt | 2 |

1 2

| | Log ID | Detail ID | Timestamp | Rec # | Transaction | Reference | Message ID | Internal ID From File | Status |
|---|---|---|---|---|---|---|---|---|---|
| View Msg | 159993 | 34878177 | 8/19/2013 4:08:39 PM | 1 | Insert Consumer | 690 | -57 | 690 | ✗ |
| View Msg | 159993 | 34878178 | 8/19/2013 4:08:41 PM | 2 | Insert Consumer | 394 | 1 | 394 | ✓ |

◉ All Records ○ OK Records ○ Error Records

Message ID: **-57**
Message Text: **Other Single Race Can only be Used When the Other Race Categories do not Apply**

## Import Errors Troubleshooting

The goal of the following sections is to provide a description of some of the information provided for each record processed using the import functionality. If after reviewing these items the user still can't identify the cause of an error, the user should contact the DARMHA Helpdesk (**darmha@fssa.in.gov**) for further assistance.

### Message ID

The Message ID column of the Import Log Detail grid report displays the resulted DARMHA Message Code number for the processed transaction (record). A complete list of all the DARMHA Message Codes and their descriptions are available Section 4 at the end of the document.

### Reference ID

The Reference ID column of the Import Log Detail grid report provides further information for the processed transaction (record). The reference ID may contain one of the following values:

- DARMHA Message Code
- Binary (0 or 1) string representing the status of each field (0 = ok or 1 = error)
- Text message
- Reference value (Internal ID, Episode ID, Date, etc)

### Binary String (0100000…)

The binary string found in some Reference ID records represents the status of each field for the record layout being imported. For example, an error on the Date of Birth while inserting or updating a consumer record will display an error on the position # 6 (00000100000000000).

## 4. DARMHA Error Message Codes

| Code Value | Subject Area | Code Description |
|---|---|---|
| 1 | General | Operation completed successfully |
| 0 | Consumer | Consumer Record Not Found |
| -1 | General | Invalid Flow |
| -2 | General | SQL exception |
| -3 | General | Authentication Failed |
| -4 | General | Web Service Secure Connection Failed |
| -5 | Assessment | No Assessment Found |
| -6 | Assessment | Assessment Date is required |
| -7 | Assessment | Invalid Assessment Date (format) |
| -8 | Assessment | Future Assessment Date is not allowed |
| -9 | Assessment | Duplicate Assessment – Same Internal ID and Assessment Date |
| -10 | Assessment | Answer ID is required |
| -11 | Assessment | Clinician ID is required |
| -12 | Assessment | Clinician ID not found or certification is missing or has expired |
| -13 | Assessment | Invalid Assessment Reason Code |
| -14 | Assessment | Assessment is empty |
| -15 | Assessment | Assessment Answer Error: An answer does not match with existing assessment |
| -16 | Assessment | Assessment is incomplete: <<Error Question>> answer is missing from core module <<Error Module>> |
| -18 | Assessment | Assessment is incomplete: <<Error Question>> answer is missing from a mandated extension module <<Error Module>> |
| -19 | General | Unexpected error |
| -20 | General | Field(s) with errors |
| -21 | Assessment | Reason Code Error: Incorrect Reason Code Specified |
| -23 | Assessment | System Error: Simple Episode Creation Failed |
| -24 | Assessment | Episode Error: Assessment cannot be attached to an episode closed for more than 180 days |
| -25 | Assessment | Episode Error: Assessment date is not within the boundaries of the episode |
| -27 | Assessment | Episode Error: Invalid Episode specified |
| -28 | Assessment | System Error: Insert Visit failed! Please try again or contact DARMHA Help Desk |
| -29 | Episode | Invalid Episode of Care specified |
| -30 | Episode | Consumer has no Episode of Care defined |
| -31 | Episode | No open episode of care defined by the supplied criteria |
| -32 | Episode | Existing Open Episode of Care Exists, cannot create second open episode without closing first. |
| -33 | Episode | No Episode of Care exists, use Insert instead of Update |
| -34 | Episode | Latest Episode has no Internal Identifier |
| -35 | Episode | Invalid Episode Status Code |
| -36 | Episode | Service Outside Episode of Care Bounds |
| -37 | Episode | Invalid Episode Start Date or Internal Episode Code |
| -38 | Episode | Invalid Episode Close Date |
| -40 | Encounter | No Service Record found related to supplied Internal Service ID |

| Code Value | Subject Area | Code Description |
|---|---|---|
| | | |
| -42 | Diagnosis/Agreement | An Agreement Type of CA if required for Opioid Treatment |
| -43 | Diagnosis/Agreement | Invalid Age/Agreement Type Combination |
| -44 | File | Number of fields is invalid for the selected file type. |
| -45 | File | Invalid Episode Data type identifier |
| -46 | Episode | No Prior Episode of Care Defined |
| -47 | Episode | Episode Closed longer 180 days - cannot modify |
| -48 | Episode | Episode Overlap Error: Episode predates existing episode or is defined inside another existing episode. |
| -49 | Episode | Internal Episode ID Exists, cannot insert new episode with duplicate internal episode id |
| -50 | Episode | Invalid Consumer/Provider Combination |
| -51 | Episode | Episode status is already closed |
| -52 | Consumer | At least one race must be selected |
| -53 | Episode | Invalid DSC Status Start Date |
| -54 | Episode | Invalid DSC Status value |
| -55 | Episode | Reopened episode must remain open for 24 hours. |
| -56 | Diagnosis/Agreement | Invalid value in SOGS Field |
| -57 | Consumer | Other single race can only be used when the other race categories do not apply |
| -58 | Assessment | Invalid Assessment Tool for Consumer's Age, 1 |
| -59 | Encounter | Internal Service ID already exists; record skipped. |
| -60 | Encounter | Internal Service ID is required. |
| -61 | NOMS | School Attendance Status is required for children ages 3-17. |
| -62 | NOMS | Housing Category does not match with Level of Residential Support, Level of Community Integration or Homeless Services. |
| -63 | Diagnosis/Agreement | Funding has been requested for this record; it cannot be overwritten. |
| -64 | Diagnosis/Agreement | Required data to request funding is missing. |
| -65 | Consumer | Based on DOB and Social Security Number, this consumer already exists. |
| -66 | Consumer | Cannot update consumer record, DOB does not match assessment tool. |
| -67 | Encounter | Encounter record can only be updated or deleted for 180 days after the date of submission to DARMHA. |
| -68 | Episode & Diagnosis/Agreement | Agreement Type cannot be changed on the same day as the episode was closed |
| | | |
| -70 | Episode | Episode must be open for at least one day |
| -71 | General | New data can only be added for 180 days after the Episode End Date |
| -72 | Diagnosis/Agreement | The date of the first Diagnosis Agreement Type record must be the same as the Episode Start Date. |
| -73 | Diagnosis/Agreement | Primary Diagnosis and Agreement Type does not match |
| -74 | General | Records can only be updated for 180 days after the submission date to DARMHA |
| -75 | Diagnosis/Agreement | Special Funding Requested should have an Specialized Treatment of Deaf Services or Opioid Treatment |
| -76 | Assessment | Valid County ID code required |
| -77 | Assessment | Clinician ID does not exist in DARMHA |
| -78 | Assessment | Certification does not exist in DARMHA |

| | | |
|---|---|---|
| -79 | Assessment | Clinician certification is expired |
| -80 | Episode | Medicaid ID is required if Medicaid status is active or Medicaid ID format is invalid |
| -81 | Episode | When Served is “Yes,” Veteran, Deported and Combat questions cannot be “Not Applicable”. |
| -82 | Episode | Cannot create new episode with "Death" termination code in previous record. |
| -83 | NOMS | Duplication of drugs selected for primary, secondary or tertiary substances are not allowed. |
| -84 | Consumer | Provider not eligible for new program |
| -85 | Consumer | Required data for new program is not complete |
| -86 | Episode | Duplicate Internal Episode Code exist for consumer |
| -87 | Diagnosis/Agreement | Duplicate use of Diagnosis Code is not allowed |
| -88 | Episode | DSC status cannot change at episode closing |

## 5. Substance Use/Abuse Codes

At least one substance is required if Agreement type is CA; “None” and “Not Applicable” are NOT options for Primary Substance for CA consumers. DMHA encourages providers to report drug information for SMI/SED consumers if it is know.

*List from* Treatment Episode Data Set (TEDS) Admission Data with National Outcome Measures, February 2010

-3 = Not Applicable **(this option is only allowed for consumers with SED and SMI agreement types.)**

-2 = None

2= Alcohol

3 = Cocaine/Crack

4 = Marijuana/Hashish

5 = Heroin

6 = Non-Prescription Methadone

7 = Other Opiates and Synthetics

8 = PCP

9 = Other Hallucinogens

10 = Methamphetamine

11 = Other Amphetamines

12 = Other Stimulants

13 = Benzodiazepines

14 = Other non- Benzodiazepines Tranquilizers

15 = Barbiturates

16 = Other non- Barbiturate Sedatives or Hypnotics

17 = Inhalants

18 = Over-the-Counter

19 = Tobacco

20 = Other