Community Consumer Submission 3 (CCS 3)
Extract Specifications
Version 7.3.2

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Purpose and Scope of CCS 3

Purpose

The Department of Behavioral Health and Developmental Services (Department) developed these CCS 3 Extract Specifications in collaboration with the Data Management Committee of the Virginia Association of Community Services Boards. The Department, in partnership with community services boards and the behavioral health authority (CSBs), uses the Community Consumer Submission (CCS) to comply with federal and state reporting requirements, including those in the federal substance abuse Treatment Episode Data Set (TEDS) and federal mental health and substance abuse block grants; to submit data to state funding sources, including the General Assembly and Department of Planning and Budget; and to produce data about the performance of the public mental health, developmental, and substance abuse services system. State and federal policymakers and decision makers and many others use this CCS data. The CCS provides data for comparisons of and trends in the numbers and characteristics of individuals receiving direct and contracted mental health, developmental, and substance abuse services from CSBs. Version 7.3.2 incorporates all revisions made to the Extract Specifications since Version 7 was issued in 2009. Version 7.3.2 includes a new feature: a statement of the purpose for each data element and, where applicable, the state or federal requirement the data element addresses.

This document provides CCS 3 extract specifications to CSB information technology (IT) staff and vendors for reporting data about individuals and services through the Department's CCS process. The principal audiences for this document are Department and CSB staff and CSB IT vendors involved with collecting, reporting, and using data about individuals receiving services and the direct or contracted services they receive from CSBs. CSB staff and IT vendors responsible for implementing CCS 3 should review and must adhere to these Extract Specifications and the current CCS 3 Business Rules, incorporated by reference into these Specifications and distributed with the current CCS 3 application release. These rules establish acceptable parameters and validation criteria for CCS 3 data elements and describe error-checking routines and operations. CSB IT staff and vendors also should review and must adhere to applicable parts of the current core services taxonomy, such as service and service unit definitions. The extract specifications are incorporated into and made a part of the current community services performance contract by reference.

Core Services Taxonomy 7.2 and the FY 2010 Community Services Performance Contract eliminated requirements for reporting data in Community Automated Reporting System (CARS) reports about the numbers of individuals who received services and units of service they received because this data is now reported through the CCS. Eliminating redundant reporting requirements reduced data errors and improved the completeness and accuracy of CCS data.

Scope

Through the CCS, the Department collects required data from CSBs about services and individuals in a secure single submission to the Department. CCS software does not require any additional data entry. Instead, CSBs extract data from their local information systems or electronic health records (EHRs) by importing the data to the CCS application for the creation and transmission of required reports or files. All CCS data elements are required except 63 StaffId, which is optional.

The CCS is a compilation of demographic, clinical, and descriptive data about individuals with mental illnesses, substance use disorders, developmental disabilities, or co-occurring disorders and data about the mental health, developmental, and substance abuse services they receive. In this

document, mental illnesses, substance use disorders, and developmental disabilities refer to conditions that individuals experience, while mental health, substance abuse, and developmental refer respectively to the services that address those conditions. For the CCS to produce valid data, all CSBs must submit complete and accurate data using the same formats and definitions. This document provides definitions of the information needed to produce the standard data files and the extract specifications that are required for CSBs to report individual level data through the CCS. This document also describes the process of submitting CCS files to the Department.

Definitions and Guidance for CCS Reporting

The core services taxonomy is used, per State Board Policy 1021 (SYS) 87-9, to classify, describe, and measure the services delivered by all CSBs directly or through contracts with other providers. The taxonomy defines many of the terms used in these Extract Specifications. In the event of a conflict between definitions in the Specifications and the taxonomy, definitions in the current taxonomy, available athttp://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf, take precedence. The following definitions are based on definitions in the core services taxonomy, which should be consulted for further information since it is the prevailing authority for these definitions.

Individual Receiving Services

Section 37.2-100 of the Code of Virginia defines an individual receiving services or individual as a current direct recipient of public or private mental health, developmental, or substance abuse treatment, rehabilitation, or habilitation services. This definition includes the terms "consumer," "patient," "resident," "recipient," or "client" used in previous statutes, regulations, policies, and other documents. In this version of the CCS 3 Extract Specifications individual or individual receiving services is used, unless the context requires the use of consumer (e.g., the Community Consumer Submission). Information about individuals receiving substance abuse prevention or Part C infant and toddler early intervention services is not collected or reported through the CCS; it is collected through other reporting mechanisms.

Information about all individuals receiving any direct or contracted CSB services defined in the core services taxonomy must be reported in the CCS. The CARS no longer reports data about individuals receiving services, so there will be no other source for this data except the CCS. CSB information system or EHR extracts that generate data for the Department's CCS 3 extract must include information in Consumer.txt files only about individuals who have an open record or have been admitted to a program area and have received a valid service or have been discharged from a program area with or without receiving a service during the fiscal year (active individuals); other individuals must not be included in Consumer.txt files.

Z-Consumer: An individual receiving services is identified in the CCS by a hashed social security number (SSN) and a consumer identification number (ConsumerId). However, when a specific individual is not identified as receiving a service, a z-consumer code is used in the Service.txt file. This z-consumer code is identified by the letter z (lower or upper case) in the first position of the ConsumerId field (data element 7). Any value in that field that begins with the letter Z will be considered an unidentified individual, regardless of the characters that follow it. A z-consumer code must not be used to report services received by groups of individuals; a separate Service.txt file must be submitted for each individual receiving the service. The core services taxonomy contains more detailed information about service hours reported for z-consumers.

Service Hours

The units (data element 10) field captures and reports the number of units of services received by individuals. The following types of service units are reported in this field: service hours, day support service hours, days of service, and bed days. Refer to the core services taxonomy for more complete definitions of service units.

A service hour is a continuous period measured in fractions or multiples of an hour during which an individual or a family member, authorized representative, care giver, health care provider, or significant other through in-person or electronic (audio and video or telephonic) contact on behalf of the individual receiving services or a group of individuals participates in or benefits from the receipt of services. This definition also includes significant electronic contact with individuals receiving services and activities that are reimbursable by third party payers. Service hours measure the amounts of services received by or on behalf of individuals or groups of individuals. Service hours are reported in the CCS Service file only for the following core services:

- Emergency services,
- Motivational treatment services,
- Consumer monitoring services,
- Assessment and evaluation services,
- Early intervention services,
- Outpatient services,
- Intensive outpatient services,
- Medication assisted treatment,
- Assertive community treatment,
- Case management services,
- Individual supported employment,
- Supportive residential services, and
- Mental health and developmental prevention services.

Service hours must not be reported in the CCS for any other services. Substance abuse prevention service hours are reported through the Department's contracted prevention services information system and must not be included in the CCS. Service hours for the services listed above that are not received by or associated directly with individuals or groups of individuals are collected using the z-consumer ConsumerId code and are reported as NC services. For NC services, if the ConsumerId in the Service file does not start with a z or the service is not listed above, an error will occur.

Consumer service hours have not been reported in data element 56 since July 1, 2009 for FY 2010, and service hours, rather than provider service hours, must be reported in data element 10. Data element 56 is still shown in several tables in the Appendices as deleted, but it is no longer required by or collected in CCS 3. The Department's internal CCS 3 software will not include consumer service hours in the Department's Central Office CCS 3 data base or reports, and data element 56 must be reported as a NULL value in Service.txt records.

Consumer-Run Services

Consumer-Run Services (730) are not traditional clinical or treatment services, and the nature and context of these programs emphasize individual empowerment and provide support in an informal setting. See the definition for these services in the current core services taxonomy. No Service.txt records are submitted for consumer-run services, and no Consumer.txt records are submitted for individuals who receive only consumer-run services. Information about this service and the individuals receiving it will be gathered and reported by CSBs providing this service separately through the CARS management report, rather than through the CCS.

Program Area

The core services taxonomy defines program area as the general classification of service activities for one of the following defined conditions: mental illnesses, developmental disabilities, or substance use disorders. The three program areas in the public services system are mental health, developmental, and substance abuse services. For CCS 3, the 400 code has been added as a pseudo ProgramAreaId to identify emergency or ancillary services (services outside of a program area). Individuals are not admitted to or discharged from the 400 code. Pseudo program area code 400 should be used only in the Service.txt file, not in the TypeOfCare.txt file.

Service

Services are defined in the core services taxonomy. In the CCS, a service is extracted as a service that can be identified by a program area or pseudo program area code and a core services category or subcategory code with a corresponding unit of measure. This includes all services received by individuals from the CSB directly and from CSB contractors. All contracted services included in performance contracts and CARS reports must be included in CCS 3 service files. CCS 3 reports actual service delivery. Estimated units of services are not collected or reported by CCS 3.

Service Codes and Units

Services are identified by the program area or pseudo program area codes and core services category or subcategory codes (service codes). Services are measured in units. The core services taxonomy identifies these service codes and defines their corresponding units. There are four kinds of service units: service hour, bed day, day support hour, and day of service.

Service Dates

CCS 3 requires that specific dates be identified for a time period during which services are received by an individual. Because services are reported with specific dates, they are not aggregated. Two date fields are available. The first date is the date that the service started (service from date); the second is the date that the service ended (service through date). If a service starts and ends on the same date, then the values of both fields would be the same. Allowing for a separate through date enables reporting services that might be reported more efficiently over a longer period than a single day. The through date is not used to calculate units of service; units of service should be those that are actually received, or those service hours provided for z-consumers, during the time period. CCS 3 does not do any calculations involving from and through dates to calculate the units of service. The use of the two fields varies by service code and is shown in Tables 1 and 2.

Date Provided

The service codes in this reporting category in Tables 1 and 2 are reported for the specific date using the ServiceFromDate field. The value of the ServiceFromDate must also be copied into the ServiceThroughDate field in the extract so that the two fields show that the service starts and ends on the same date. For example, if an individual received three hours of outpatient services on March 1, 2017, the CSB would report a single service record for three hours of outpatient services with a ServiceFromDate of 03012017 and a ServiceThroughDate of 03012017. For developmental case management services only, CSBs must send a separate service record with service from and service through dates to the Department for each face-to-face or non-face-to-face service provided

during a month. Thus, if two separate face-to-face services and one non-face-to-face service were provided for an individual in the same day, three service records would be included in the service extract file. Refer to the Service Subtype Data Element definition in these specifications and the core services taxonomy for additional information.

From/Through Date

The service records in this reporting category in Tables 1 and 2 will have separate values in each date field. The ServiceFromDate field records the day the provision or receipt of service begins, and the ServiceThroughDate field records the day the provision or receipt of service ends. These fields are inclusive; they include services provided on those days. A day represents a normal 24 hour time period from 12:00 a.m. to 12:00 a.m. (midnight to midnight). CCS 3 Business Rules about service dates include the following requirements.

- For services provided during an admission to a program area, the ServiceFromDate must be a date equal to or greater than the TypeOfCareFromDate, and the ServiceThroughDate must be a date equal to or less than the TypeOfCareThroughDate. If the TypeOfCareThroughDate is blank, the ServiceThroughDate must be a date less than or equal to the end of the current reporting month. In other words, the dates of the service must fall within the dates of the corresponding type of care for the program area.
- The ServiceThroughDate must be a date greater than or equal to the ServiceFromDate, unless it is blank. The ServiceThroughDate can be blank **only** if the CSB is technically unable to provide the ServiceThroughDate.
- Service records cannot span multiple months. If a service spans multiple months, then a separate service record must be created at the start of each month that the service is provided. The ServiceThroughDate cannot be greater than the last day of the reporting month.

For example, if a CSB began serving an individual in a group home on December 15, 2017, and the individual was still receiving services at the end of the month, the extract for December would have a service record that showed 17 bed days of intensive residential services (service code 521) for the 15th through 31st. The ServiceFromDate would be 12152017; the ServiceThroughDate would be 12312017. If the individual was still receiving services in January, but left the group home on January 14, 2018, there would be a service record in January with a ServiceFromDate of 01012018, a ServiceThroughDate of 01142018, and service units of 14 bed days (the 1st through14th). If this same individual ended his or her intensive residential services on December 22, 2017, then there would be one service record extracted for December showing a ServiceFromDate of 12152017, a ServiceThroughDate of 12222017, and service units of eight bed days (the 15th through 22nd).

Service Date Reporting Categories

The service codes and their corresponding reporting category are broken out in the following tables in the order in which they are listed in the core services taxonomy.

Service Code	Table 1: Emergency and Ancillary Services		Reporting Category
	Core Service Name	Reported Units Provided	
100	Emergency Services	On that date	Date provided
Ancillary Services			
318	Motivational Treatment Services	On that date	Date provided
390	Consumer Monitoring Services	Over that period of time	From/through date
620	Early Intervention Services	On that date	Date provided
720	Assessment and Evaluation Services	On that date	Date provided

Service Code	Table 2: Services Available at Admission to a Program Area		Reporting Category
	Core Service Name	Reported Units Provided	
250	Acute Psychiatric Or Substance Abuse Inpatient Services	Over that period of time	From/through date
260	Community-Based Substance Abuse Medical Detoxification Inpatient Services	Over that period of time	From/through date
310	Outpatient Services	On that date	Date provided
313	Intensive Outpatient Services	Over that period of time	From/through date
320	Case Management Services	On that date	Date provided
335	Medication Assisted Treatment	On that date	Date provided
350	Assertive Community Treatment	On that date	Date provided
410	Day Treatment or Partial Hospitalization	Over that period of time	From/through date
420	Ambulatory Crisis Stabilization Services	Over that period of time	From/through date
425	Rehabilitation or Habilitation	Over that period of time	From/through date
430	Sheltered Employment	Over that period of time	From/through date
460	Individual Supported Employment	Over that period of time	From/through date
465	Group Supported Employment	Over that period of time	From/through date
501	Highly Intensive Residential Services	Over that period of time	From/through date
510	Residential Crisis Stabilization Services	Over that period of time	From/through date
521	Intensive Residential Services	Over that period of time	From/through date
551	Supervised Residential Services	Over that period of time	From/through date
581	Supportive Residential Services	Over that period of time	From/through date
610	MH or DV Prevention Services	On that date	Date provided

Type of Care and Episode of Care

Episode of Care Description

The core services taxonomy defines an episode of care as all of the services provided to an individual to address an identified condition or support need over a continuous period of time between an admission and a discharge. An episode of care begins with an admission to a program area, and it ends with the discharge from that program area. An episode of care may consist of a single face-to-face encounter or multiple services provided through one or more programs. An individual is not admitted to emergency or ancillary services; those services are outside of an episode of care. If an individual has received his or her last service but has not yet been discharged from a program area, and he or she returns for services in that program area within 90 days, the individual is not readmitted, since he or she has not been discharged; the individual is merely accepted into that program area for the needed services.

Type of Care Description

In CCS 3, type of care is used to represent a time period between a beginning and an ending point in time or a from date and a through date. A type of care in CCS 3 includes an episode of care, which is just one example of a type of care. A type of care is any time period with the following characteristics.

- It is bounded by a starting point and an ending point, both of which are specific dates.
- It represents a point in time at which to view the status of the individual receiving services.
- It is a marker after which the data input requirements in the CCS change. These markers determine what specific pieces of data are to be reported, as documented in Appendix D, When is Data Collected?

A type of care is represented by a record in the TypeOfCare file in CCS 3. The TypeOfCare file includes records that represent:

- an episode of care (i.e. an admission to and discharge from a program area),
- a consumer designation code indicating that an individual is participating in a special project, program, or initiative (indicated by a 900 code), or
- any other type of care that meets any of the three characteristics above.

Episode of Care and Program Area

In CCS 3, an episode of care in any of the three program areas represents an admission to and discharge from that program area. In CCS 3, there are no admissions to or discharges from a CSB or a particular service, only to or from a program area. Individuals can have an unlimited number of episodes of care, although at any given point in time they must be in only one episode of care for any one program area at any given CSB. A current episode of care is one in which the through date is null. A previous episode of care is one in which the through date is less than or equal to the current date or last day of the extract month. For example, if an individual is receiving treatment for co-occurring mental illnesses and substance use disorders, he or she will have one mental health episode of care and one substance abuse episode of care and may have any number of previous episodes of care.

Episodes of care in different program areas can overlap; there is no requirement that an episode of care end in one program area before another episode of care begins in a different program area. However, episodes of care cannot overlap in the same program area; CSBs must not submit TypeOfCare records for more than one episode of care in the same program area at the same time. Admission to a program area admits an individual to any of the services in that program area; there is no separate admission to a service or individual program within that program area.

Type of Care and Consumer Designation Codes

The core services taxonomy establishes consumer designation codes to identify individuals who are served in specific initiatives or projects. These codes are not service codes per se, like 310 is the core services code for outpatient services; instead, they reflect a particular status of those individuals. The core services taxonomy includes the following consumer designation codes:

905 - Mental Health Mandatory Outpatient Treatment (MOT) Orders,
910 - Discharge Assistance Program (DAP),
915 - Mental Health Child and Adolescent Services Initiative,
916 - Mental Health Services for Children and Adolescents in Juvenile Detention Centers,
918 - Program of Assertive Community Treatment (PACT),
919 - Projects for Assistance in Transition from Homelessness (PATH),
920 - Medicaid Intellectual Disability Home and Community-Based Waiver Services,
933 - Substance Abuse Medication Assisted Treatment, and
935 - Substance Abuse Recovery Support Services.

The component services of these projects or initiatives are included in the appropriate core services and numbers of individuals in those initiatives are counted in the CCS in the following manner. When an individual receives services in any of the initiatives listed above, the consumer designation code for the initiative will be entered in a type of care record for the individual. Units of service for these initiatives will be recorded and accumulated in the applicable core services associated with the initiative, such as outpatient, case management, day treatment or partial hospitalization, rehabilitation or habilitation, or various residential services.

A type of care record must be created in the TypeOfCare file for each individual receiving a service in one of these initiatives or projects. The consumer designation code must be entered in the TypeOfCare field. This record must be created when an individual first receives a service in one of these initiatives or projects (TypeOfCareFromDate); that is, when an individual enters into or participates in one of those initiatives or projects, thus starting his or her type of care, and when the individual leaves or stops participating in the initiative or project (TypeOfCareThroughDate).

Normally a type of care record for a program area episode of care must be created and exist before creating a type of care record for a consumer designation code. In other words, an individual must be admitted to a program area before being given a consumer designation code. However, this rule does not apply to the following codes and situations:

- Mental Health Mandatory Outpatient Treatment (MOT) Orders (905) when the CSB only monitors the individual's compliance with the MOT order,
- Discharge Assistance Program (DAP) (910) because the hospital discharge date and related DAP TypeOfCareFromDate may precede the TypeOfCareFromDate for admission to the mental health services program area,
- Mental Health Services for Children and Adolescents in Juvenile Detention Centers (916) when the CSB only provides emergency or ancillary services,
- Projects for Assistance in Transition from Homelessness (PATH) (919) because PATH is included in consumer monitoring services, an ancillary service, and
- Substance Abuse Recovery Support Services (935) if the individual only receives emergency or ancillary services.

The Department and VACSB Data Management Committee may approve additional consumer designation codes to identify other special projects or initiatives and to gather information about them.

Extract Files

Each CSB extracts data from its information system or EHR into four separate ASCII comma delimited extract files: Consumer, TypeOfCare, Service, and Diagnosis. Each record in a file must have an Agency Code that will identify the record as belonging to the particular CSB. The data elements in those files are described in more detail and with acceptable values in Appendix C.

Consumer File (Consumer.txt)

The Consumer extract file contains a record for each individual that represents a snapshot of the individual receiving services at a point in time. It contains identifying, demographic, and status or descriptive information about the individual.

Extract Schedule and Individual Status Changes

The CCS is a batch system, and extracts are done and transmitted to the Department each month. Because consumer records are extracted monthly, they will contain information about individuals at the time the extract is run. It is possible that an individual's status may have changed more than once during the month, but those changes will not be captured in the extract; only the status that is current when the extract is run will be submitted to the Department. If an individual's status for any Consumer file data element changes during a month, the change must be recorded in the CSB's information system or EHR so it can be extracted for the Consumer file in the monthly CCS extract.

At the Department, the Central Office CCS database will use monthly extract submissions to record changes in an individual's status over time and will maintain a separate record for each individual's change in status, with a different artificial key identifying each consumer record. This will allow the Department to track the history of changes in an individual's status and relate them to specific service dates. However, this happens in the Department's CCS data base and does not affect the local CSB extract process.

Extract Criteria

CSBs must send consumer records to the Department each month for any individuals receiving services from them who within the current fiscal year:

- received an emergency or ancillary service (services available outside of a program area), OR
- were admitted to a program area and received a service, OR
- were discharged from a program area, with or without receiving a service.

A Consumer.txt file extract record for an individual must contain all the current values in all of the applicable data elements for that individual at the time of extract.

Type of Care File (TypeOfCare.txt)

Extract Criteria

CSBs must send all type of care records each month for all individuals who within the current fiscal year:

- were admitted to a program area and received a service, OR
- were discharged with or without receiving a service, OR
- received or lost a consumer designation code; for example, began or stopped participating in a PACT (918).

TypeOfCare records must be sent only for these three circumstances.

The FromDate in a TypeOfCare record containing a consumer designation code must be the date on which an individual first began participating in the specialized initiative or project, and the ThroughDate must be the date on which the individual stopped participating in the specialized initiative or project. If an individual receives a consumer designation code in one fiscal year and continues participating in that specialized project or initiative in the following fiscal year, all of the TypeOfCare records related to that consumer designation code would contain a FromDate but no

ThroughDate, until the individual's participation ended. This enables the correct calculation of the days that an individual participated in the specialized project or initiative, and it supports accurate reporting of when the individual began and ended his or her participation in the initiative or project.

CSBs must not submit TypeOfCare records containing consumer designation codes with Through Dates for all of the individuals currently participating in specialized projects or initiatives at the end of the current fiscal year and new TypeOfCare records with FromDates on the first day of the next fiscal year for all of the same individuals. This would create erroneous TypeOfCare records.

Service File (Service.txt)

The current core services taxonomy defines all services and service units that are included in CCS 3 extracts, and the unit of service is listed for each service in the Core Services Taxonomy Category and Subcategory Matrix.

Extract Criteria

CSBs must send service records to the Department each month for all services they provided directly or contractually during the current fiscal year. Each service extract must contain records for all services delivered during the fiscal year. For example, the service file for July would include the service records for July; the service file for August would include the service records for July and for August; the service file for September would include the service records for July, for August, and for September; and so on. The service file grows during the year until at the end of the fiscal year it includes all the records for that fiscal year.

The Service Units field reports the services received on the service date or dates; it must not accumulate or total service units at a higher amount than on that date or those dates. For example, it must not represent the total service units for more than one month. In situations where the same service is provided to an individual at multiple times during the same day, CSBs may opt to report these records individually, or CSBs may summarize the units for the day in a single record except for developmental case management services.

Diagnosis File (Diagnosis.txt)

The Diagnosis extract file contains a record for each individual that represents a snapshot of his or her diagnoses. It contains identifying and diagnostic information about the individual. There may be multiple diagnosis records for an individual, but there must be at least one record. The Diagnosis file will accept DSM-4 mental illness, developmental disability, or substance use disorder codes and ICD-10 mental illness, developmental disability, substance use disorder, or medical codes.

Extract Criteria

CSBs must send diagnosis records to the Department each month for any individuals who received services from them within the current fiscal year:

- received an emergency or ancillary service (services available outside of a program area), OR
- were admitted to a program area and received a service, OR
- were discharged from a program area, with or without receiving a service.

A Diagnosis.txt file extract record for an individual must contain all the current values in all of the applicable data elements for that individual at the time of extract.

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Submission Procedures and Processes

Timeliness

CSBs must submit all CCS data on a monthly basis. Unless otherwise directed, extract data must be received at the Department no later than the end of the month following the month of the extract. For example, November data is due in the Department no later than December 31. When a scheduled submission will not be made on time, the CSB must notify the Department by telephone, fax, or email and provide a revised delivery date. The Department will monitor and report on compliance with the monthly reporting requirements. Semi-monthly disbursements of state and federal funds by the Department to CSBs are contingent on the Department's receipt of monthly CCS submissions.

Protocol for Resubmitting a CCS 3 Extract

The community services performance contract requires each CSB to submit monthly CCS 3 extracts containing consumer, type of care, and service files that contain records reporting individual consumer characteristic and service data to the Department. Each CSB must submit these extracts to the Department by the end of the month following the month for which the data is being submitted, except for the complete CSB fiscal year extract. Refer to Exhibit E of the performance contract for additional information. The complete fiscal year CSB extract, which is a resubmission of corrected end of fiscal year data, is exempt from this protocol. Also, if the Department identifies a problem with a monthly CSB extract submission and the Department's CCS 3 Question and Answer (Q&A) Team determines that a resubmission is necessary, the subsequent CSB resubmission is also exempt. Although CSBs are expected to provide complete and accurate information in their monthly extract submissions, occasionally, it may be necessary for a CSB to resubmit a monthly CCS extract submission in order to correct inaccurate or incomplete service records, consumer records, or type of care records submitted during the month or to replace an incorrectly named or corrupted file.

CSBs cannot resubmit an extract for any month that precedes its most recent submission. If a CSB determines that it needs to resubmit its CCS 3 extract for the current month, it shall follow the steps below to request a resubmission.

1. The designated CCS 3 contact person at the CSB e-mails the Department's CCS 3 Q&A Team at ccs3@co.dbhds.virginia.gov describing and justifying its request for a resubmission.
2. Members of the CCS 3 Q &A Team may seek additional information from the CSB to better understand the request and its potential impact if the resubmission were not made.
3. The CCS 3 Q&A Team will review each request on a case by case basis as soon as possible.
4. The CCS 3 Q&A Team will communicate its decision and any instructions related to the resubmission, if necessary, to the requesting CSB.
5. If the request is approved, the CSB will resubmit its extract for that month to the Department via the sFTP.

Security

Security of the data during transmission from the CSB to the Department is the responsibility of the Department. Data will be transmitted to the Department's secure FTP site by authorized CSB users, which will ensure compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and community services performance contract requirements.

Quality Control Responsibilities

Each CSB is responsible for:

- ensuring that each record in the data submission contains the required key fields, all fields in the record contain valid codes, and no duplicate records are submitted;
- cross-checking data items for consistency across data fields; and
- responding promptly to CCS error reports by correcting data locally so that the next extract will contain correct, accurate, and complete data or by resubmitting data where appropriate.

The Department is responsible for:

- processing CSB data submissions promptly into the CCS data warehouse;
- checking each record submitted to verify that all CCS key fields are valid;
- creating quality improvement reports that can be run locally by CSBs on the extract files before they have been submitted and processed and providing monthly data quality reports on data after it has been received and processed by the Department.

CCS Extracts Submitted for a New Fiscal Year

When beginning the cycle of extract submissions for a new fiscal year, a CSB shall drop the following records from its extracts:

- service records prior to July 1 of the new fiscal year,
- type of care records with discharge dates prior to July 1 of the new fiscal year,
- consumer records for individuals discharged from all program areas (mental health, developmental, and substance abuse) prior to July 1 of the new fiscal year,
- consumer records for individuals with open cases but not admitted to a program area who have not received a service on or after July 1 of the new fiscal year, and
- diagnosis records for individuals whose consumer records have been dropped (preceding two criteria).

Appendix A: Extract Lookup Tables

CCS extract lookup tables used by CSBs and validated by the CCS 3 extract software are listed below. Each begins with a three character prefix, lkp. The enumeration of each value in each lookup table is not included here for brevity. However, the values in most lookup tables are shown under the data elements that rely on them in Appendix C. If there is any conflict between those values and the values in the lookup tables, the value in the lookup table will take precedence.

CCS 3 Extract Lookup Tables	
Lkp Table Name	**Lookup Table Description**
lkpAgency	Three character code identifying a CSB
lkpCognitive	Code indicating whether the individual has a cognitive delay
lkpDisStatus	Code indicating the status of the individual at the end of a type of care
lkpDrug	Code indicating type of drug used by an individual with a substance use disorder
lkpDrugMethod	Code indicating the method of drug use or usual route of administration
lkpEducation	Code indicating the highest grade level completed by the individual
lkpEmployment	Code indicating the involvement of the individual in the labor force
lkpEmployDiscuss	Code indicating whether an employment discussion occurred during annual case management ISP meeting or update
lkpEpisodes	Code indicating the number of previous episodes of care in any drug or alcohol program for the individual
lkpFIPS	Federal code indicating the city or county in which the individual lives.
lkpFrequency	Code indicating the frequency of use for a substance use disorder
lkpGender	Code indicating the gender of the individual receiving services
lkpGoalMeasure	Code indicating extent to which a goal measure is achieved or implemented.
lkpHispanic	Code indicating the individual's Hispanic origin
lkpHousingMoves	Code indicating the number of times an individual moved
lkpInsuranceType	Code indicating the individual's current type of insurance coverage
lkpLanguage	Code indicating preferred language used by the individual receiving services
lkpLegal	The individual's legal status in relation to the receipt of services
lkpMaritalStatus	Code indicating the current marital status of the individual.
lkpMilitaryStatus	Code indicating the current status of an individual who is serving or has served in a U.S. military branch or who is a dependent family member
lkpProgram	Identifier for a program area or pseudo program area
lkpRace	Code indicating the self-identified race of the individual receiving services
lkpReferral	Code indicating person, agency, or organization that referred individual to a CSB
lkpResidence	Code indicating where the individual receiving services lives
lkpService	The three character core services taxonomy code for a service
lkpServiceLocation	Code indicating location at which a service was received by the individual
lkpServiceSubtype	Code indicating a specific activity associated with a particular core service
lkpSMISED	Code indicating if the individual has a serious mental illness (SMI), a Serious Emotional Disturbance (SED), or is at-risk of SED
lkpSocial Connectedness	Code indicating the frequency of the individual's participation in social contacts that support recovery
lkpStabilityMeasure	Code indicating extent to which a stability measure is maintained.
lkpTypeOfCare	Code indicating the type of care program area or consumer designation
lkpYesNo	Code indicating yes, no, not applicable, unknown, or not collected
lkpYesNoECM	Code indicating yes, not, or not applicable for enhanced case management

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Appendix B: CCS 3 Extract File Layouts - DS1

Listed below are the file layouts for the four files to be produced by each CSB as part of the initial extract process from the CSB's information system or EHR. As the first or original set of extract files, they are identified as Data Set 1 (DS1). These files are then used as input to subsequent processing, including hashing or transforming sensitive identifying information about individuals receiving services, before transmission of the extracted data to the Department. Full definitions, descriptions, and validations of each of these data elements are contained in Appendix C: CCS 3 Extract Data Element Definitions.

The No. column refers to the data element number. The numbers were carried forward from CCS 2 as much as possible. The order of the fields follows the order of CCS 2 as much as possible, with new fields generally added to the end of the file layout.

Consumer File (Consumer.txt)				
No.	**Field Name**	**Type**	**Length**	**Description**
2	AgencyCode	Text	3	Code identifying a CSB (e.g., 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
8	SSN	Text	9	Social security number of the individual. This raw value will be hashed before transmission
16	DateOfBirth	Text	8	MMDDYYYY of the individual's birth date
17	Gender	Text	2	Code indicating the gender of the individual
18	Race	Text	2	Code indicating the race of the individual
19	HispanicOrigin	Text	2	Code indicating Hispanic origin of the individual
13a	SMISEDAtRisk	Text	2	Code indicating if the individual has serious mental illness (SMI), serious emotional disturbance (SED), or is at-risk of SED
13b	CognitiveDelay	Text	2	Code indicating whether the individual is a child who is at least three but less than six years old and has a confirmed cognitive delay within one year of assessment, but does not have an intellectual disability diagnosis
~~26~~	~~AxisICode1~~	~~Text~~	~~5~~	~~DSM Axis I diagnosis, code 1~~
~~27~~	~~AxisICode2~~	~~Text~~	~~5~~	~~DSM Axis I diagnosis, code 2~~
~~52~~	~~AxisICode3~~	~~Text~~	~~5~~	~~DSM Axis I diagnosis, code 3~~
~~53~~	~~AxisICode4~~	~~Text~~	~~5~~	~~DSM Axis I diagnosis, code 4~~
~~54~~	~~AxisICode5~~	~~Text~~	~~5~~	~~DSM Axis I diagnosis, code 5~~
~~55~~	~~AxisICode6~~	~~Text~~	~~5~~	~~DSM Axis I diagnosis, code 6~~
~~28~~	~~AxisIIPrimary~~	~~Text~~	~~5~~	~~DSM Axis II primary diagnosis code~~
~~29~~	~~AxisIISecondary~~	~~Text~~	~~5~~	~~DSM Axis II secondary diagnosis code~~
~~30~~	~~AxisIII~~	~~Text~~	~~1~~	~~DSM Axis III diagnosis (Y/N)~~
~~31~~	~~AxisV~~	~~Text~~	~~3~~	~~DSM Axis V diagnosis code~~
14	CityCounty ResidenceCode	Text	3	Federal (FIPS) code indicating the city or county in which the individual lives
15	ReferralSource	Text	2	Code indicating person, agency, or organization that referred individual to the CSB for evaluation or treatment

Consumer File (Consumer.txt) - Continued				
No.	**Field Name**	**Type**	**Length**	**Description**
23	TypeOfResidence	Text	2	Code indicating where the individual lives
22	EmploymentStatus	Text	2	Code indicating the individual's employment status
21	EducationLevel	Text	2	Code indicating the individual's education level
24	LegalStatus	Text	2	Code indicating the individual's legal status
25	NbrPriorEpisodes AnyDrug	Text	2	Code indicating the number of previous episodes in any drug or alcohol program for the individual
44	PregnantStatus	Text	1	Code indicating if the individual is a female with a substance use disorder who is pregnant.
45	FemaleWith Dependent ChildrenStatus	Text	1	Code indicating if the individual is a female with a substance use disorder who is living with dependent children
~~46~~	~~DaysWaitingTo EnterTreatment~~	~~Text~~	~~3~~	~~Code indicating the number of calendar days from the first contact or request for service until the first scheduled appointment in a substance abuse service accepted~~
47	NbrOfArrests	Text	2	Number of arrests in the past 30 days
32	SAPDType	Text	2	SA primary drug: type of drug code
34	SAPDMethUse	Text	2	SA primary drug: method of use code
33	SAPDFreqUse	Text	2	SA primary drug: frequency of use code
35	SAPDAgeUse	Text	2	SA primary drug: age of first use code
36	SASDType	Text	2	SA secondary drug: type of drug code
38	SASDMethUse	Text	2	SA secondary drug: method of use code
37	SASDFreqUse	Text	2	SA secondary drug: frequency of use code
39	SASDAgeUse	Text	2	SA secondary drug: age of first use
40	SATDType	Text	2	SA tertiary drug: type of drug code
42	SATDMethUse	Text	2	SA tertiary drug: method of use code
41	SATDFreqUse	Text	2	SA tertiary drug: frequency of use code
43	SATDAgeUse	Text	2	SA tertiary drug: age of first use
49	AuthRep	Text	1	Code indicating presence of an authorized representative
57	MedicaidNbr	Text	12	The individual's Medicaid number in the format prescribed by the DMAS
58	Consumer FirstName	Text	30	The first name of the individual, used to generate a unique consumer Id; the full name is not transmitted to the Department
59	ConsumerLastName	Text	30	The last name of the individual, used to generate a unique consumer Id; same as No. 58
66	MilitaryStatus	Text	2	Current status of an individual serving in or who has served in the military or who is a dependent family member of the individual
67	MilitaryService StartDate	Text	4	The year in which the individual's most recent active or reserve duty began
68	MilitaryService EndDate	Text	4	The year in which the individual's most recent active or reserve duty ended
69	MaritalStatus	Text	2	The individual's current marital status
70	Social Connectedness	Text	2	Measure of frequency of participation in social contacts that support recovery

Consumer File (Consumer.txt) - Continued				
No.	**Field Name**	**Type**	**Length**	**Description**
71	InsuranceType1	Text	2	The type of the individual's current insurance coverage
72	InsuranceType2	Text	2	The type of the individual's current insurance coverage
73	InsuranceType3	Text	2	The type of the individual's current insurance coverage
74	InsuranceType4	Text	2	The type of the individual's current insurance coverage
75	InsuranceType5	Text	2	The type of the individual's current insurance coverage
76	InsuranceType6	Text	2	The type of the individual's current insurance coverage
77	InsuranceType7	Text	2	The type of the individual's current insurance coverage
78	InsuranceType8	Text	2	The type of the individual's current insurance coverage
79	DateNeedforMH ServicesFirstDeter	Text	8	Date on which CSB staff first determined the individual needs MH services
80	DateNeedforSA ServicesFirstDeter	Text	8	Date on which CSB staff first determined the individual needs SA services
81	HealthWellBeing	Text	2	Extent to which goals in the individual's ISP are met
82	CommunityInclusion	Text	2	Extent to which goals in the individual's ISP are met
83	ChoiceandSelf Determination	Text	2	Extent to which goals in the individual's ISP are met
84	LivingArrangement	Text	2	Extent to which goals in the individual's ISP are met
85	DayActivity	Text	2	Extent to which goals in the individual's ISP are met
86	SchoolAttendance	Text	2	School attendance during past three months
87	IndependentLiving	Text	1	Living independently or dependently in private residence
88	HousingStability	Text	2	Number of changes in residence during a quarter
89	PreferredLanguage	Text	2	Preferred language used by individual receiving services
90	EnhancedCase Management	Text	1	Identifies individuals receiving enhanced Developmental Case Management under the DOJ Settlement Agreement
91	Employment Discussion	Text	2	Employment discussed at annual case management ISP meeting or update
92	EmploymentGoals	Text	1	Employment goals included in case management ISP
93	Reported Diagnosis	Text	7	ICD-10 diagnosis codes for individuals
94	DiagnosticStartDate	Text	8	The date the diagnosis started.
95	DiagnosticEndDate	Text	8	The date the diagnosis ended.
96	DiscussionofLast CompletePhysical	Text	1	Case manager asked about the last complete physical examination during ISP meeting or update.
97	DateofLastComplete PhysicalExamination	Text	8	Date on which the individual received his or her last regularly scheduled complete physical examination.
98	DiscussionofLast SchduledDental	Text	1	Case manager asked about the last regularly scheduled dental examination during ISP meeting or update.
99	DateofLastScheduled DentalExamination	Text	8	Date on which the individual received his or her last regularly scheduled routine preventative dental examination.

Data elements 26 - 31 and 52 - 55 are no longer required in the Consumer.txt file and must be reported as NULL values. DSM IV diagnoses can now be reported in the Diagnosis file using data element 93. Data element 46 is not required in CCS 3; it is replaced by data elements 79 and 80. Data element 46 must be reported as a NULL value. Please see instructions in Appendix E for formatting NULL values.

Type of Care File (TypeOfCare.txt)				
No.	**Field Name**	**Type**	**Length**	**Description**
2	AgencyCode	Text	3	Code identifying a CSB (e.g., 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services; the local consumer Id, not the statewide Id (hashed SSN)
3	TypeOfCare	Text	3	Code indicating the program area (100, 200, or 300) or consumer designation code (ex. 910, 915)
12	DischargeStatus	Text	2	Code indicating treatment status of an individual at the end of the type of care.
61	TypeOfCareFromDate	Text	8	MMDDYYYY of the starting date of the type of care
60	TypeOfCareThroughDate	Text	8	MMDDYYYY of the ending date of the type of care

Service File (Service.txt)				
No.	**Field Name**	**Type**	**Length**	**Description**
2	AgencyCode	Text	3	Code identifying a CSB (e.g., 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
3	ProgramAreaId	Text	3	Code indicating if the individual received this service in a service area (100, 200, or 300 for MH, DV, SA) or as emergency or ancillary services (400)
5	ServiceCode	Text	3	Core services taxonomy service code for this service
48	ServiceFromDate	Text	8	MMDDYYYY indicating the start date of the service
10	Units	Text	8	Units of service as specified in the current core services taxonomy: service hours, day support hours, days of service, and bed days; reported with two decimal places (e.g., 1.25, 1.00, etc.)
~~56~~	~~ConsumerServiceHours~~	~~Text~~	~~8~~	~~No longer collected; reported as a NULL value~~
62	ServiceThroughDate	Text	8	MMDDYYYY indicating the end date of a service If the service started and ended on the same day, this value must be the same as the service from date
63	StaffId	Text	10	The CSB local staff identification number (optional)
64	ServiceSubtype	Text	2	A specific activity associated with a particular core service category or subcategory
65	ServiceLocation	Text	2	The location at which the service was received by or provided to an individual

Data element 56 is no longer required in CCS 3; it must be reported as a NULL value. Please see instructions in Appendix E for formatting NULL values.

Diagnosis File (Diagnosis.txt)				
No.	**Field Name**	**Type**	**Length**	**Description**
2	AgencyCode	Text	3	Code identifying a CSB (e.g., 049, 031)
7	ConsumerId	Text	10	Identifier assigned by the CSB to an individual who is or will be receiving services
93	ReportedDiagnosisCode	Text	7	Valid DSM-4 or ICD-10 diagnosis code
94	DiagnosisStartDate	Text	8	Date the diagnosis started
95	DiagnosisEndDate	Text	8	Date the diagnosis ended

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Appendix C: CCS 3 Extract Data Element Definitions

This appendix contains definitions and validations of the data elements in CCS 3. Valid values for some data elements will be matched to ensure they can be found in a lookup table. Both the lookup table name and the valid values are listed in the definitions for clarity. Some of the lookup tables, like the ICD10 diagnostic codes, are too big to be reproduced here. If there is any conflict between this document and the values in the lookup tables, the values in the lookup tables take precedence. Each definition contains a line for the purpose(s) the data element is collected, such as meeting federal block grant (FBG), mental health block grant (MHBG), substance abuse block grant (SABG), treatment episode data set (TEDS), or DBHDS Annual Report (required in the Appropriation Act) requirements or supporting One Source, the Department's data warehouse. The current CCS 3 Business Rules, incorporated by reference into these Extract Specifications, also contain additional information needed to collect and report these date elements accurately. The following table lists current CCS 3 data elements alphabetically with their corresponding data element numbers for convenient reference; it does not include retired data elements.

Alphabetical Cross Reference of Data Elements

No.	Data Element	No.	Data Element	No.	Data Element	No.	Data Element
2	AgencyCode	98	DiscussionofLastScheduled DentalExamination	24	LegalStatus	36	SASDType
49	AuthRep			84	LivingArrangementMeasure	43	SATDAgeUse
83	ChoiceandSelf-Determination	21	EducationLevel	69	MaritalStatus	41	SATDFreqUse
14	CityCountyResidenceCode	91	EmploymentDiscussion	57	MedicaidNbr	42	SATDMethUse
13b	CognitiveDelay	92	EmploymentGoals	68	MilitaryServiceEndDate	40	SATDType
82	CommunityInclusionMeasure	22	EmploymentStatus	67	MilitaryServiceStartDate	86	SchoolAttendanceStatus
58	ConsumerFirstName	90	EnhancedCaseManagement	66	MilitaryStatus	5	ServiceCode
7	ConsumerId	45	FemaleWithDependent	47	NbrOfArrests	48	ServiceFromDate
59	ConsumerLastName		ChildrenStatus	25	NbrPriorEpisodesAnyDrug	65	ServiceLocation
97	DateLastCompletePhysical Examination	17	Gender	89	PreferredLanguage	64	ServiceSubtype
		81	HealthWellBeingMeasure	44	Pregnant Status	62	ServiceThroughDate
99	DateLastScheduledDental Examination	19	HispanicOrigin	3	ProgramAreaId	13a	SMISEDAtRisk
		88	HousingStability	18	Race	70	SocialConnectedness
79	DateNeedforMHServices	87	IndependentLivingStatus	15	ReferralSource	8	SSN
80	DateNeedforSAServices	71	InsuranceType1	93	Reported DiagnosisCode	63	StaffId (optional)
16	DateOfBirth	72	InsuranceType2	35	SAPDAgeUse	61	TypeOfCareFromDate
85	DayActivityMeasure	73	InsuranceType3	33	SAPDFreqUse	60	TypeOfCareThroughDate
95	DiagnosisEndDate	74	InsuranceType4	34	SAPDMethUse	23	TypeOfResidence
94	DiagnosisStartDate	75	InsuranceType5	32	SAPDType	10	Units
12	DischargeStatus	76	InsuranceType6	39	SASDAgeUse		
96	DiscussionofLastComplete PhysicalExamination	77	InsuranceType7	37	SASDFreqUse		
		78	InsuranceType8	38	SASDMethUse		

CCS 3 Data Element Names, Definitions, and Descriptions

No.	Data Element Name and Definition	Data Type	Max Length
2	**AgencyCode:** The number provided by the Department that identifies the CSB providing services to the individual and supplying individual and service data through the CCS.	Text	3
Must match one of the values in the lookup table, lkpAgency. Leading zeros are used in that table for two digit CSB numbers to make the field length 3 characters.			
Purposes: Identify the CSB reporting CCS 3 data and meet federal block grant (FBG: MHBG and SABG) and TEDS reporting requirements.			
3	**ProgramAreaId:** Indicates in the Service file the program area in which an individual is receiving services. The current core services taxonomy defines program areas. The three program areas are mental health, developmental, and substance abuse services. Program AreaID 400 is a pseudo program area for emergency or ancillary services. Data element 3 also is used in the Type of Care file for the **TypeOfCare** field to capture program area (100, 200, or 300) or consumer designation (900) codes. In the Type of Care file, this data element must match one of the values in the lookup table, lkpTypeOfCare.	Text	3
Must match one of the values in the lookup table, lkpProgram. Valid codes are: 100 Mental Health Services Program Area 200 Developmental Services Program Area 300 Substance Abuse Services Program Area 400 Emergency or Ancillary Services			
Purposes: Identify the program area in the service and type of care records and meet FBG and TEDS reporting requirements.			
5	**ServiceCode:** Each core service in which the individual receives services. Core services are defined in the current core services taxonomy, and the Core Services Category and Subcategory Matrix indicates the type of service unit collected and reported for each service and lists each service code.	Text	3
Must match one of the values in the lookup table, lkpService. Service.txt records are not submitted in CCS 3 for consumer-run, substance abuse prevention, or infant and toddler intervention (Part C) services.			
Purposes: Identify the program area in the service and type of care records and meet FBG and TEDS reporting requirements.			
7	**ConsumerId:** A number or a combination of numerical and alphabetical characters used to identify the individual receiving services uniquely within the CSB; it is the local consumer Id, rather than the statewide Id.	Text	10
Each CSB assigns and maintains these numbers, which can be up to 10 alphanumeric characters. If an individual returns to the same CSB after discharge from a previous type of care, the CSB should use his or her same ConsumerId again.			
Purposes: Identify the unique individual whose data is being reported in the consumer, type of care, service, and diagnosis records; link services to the individual receiving them; and report unduplicated individuals receiving services in the DBHDS Annual Report.			

No.	Data Element Name and Definition	Data Type	Max Length
8	**SSN:** The social security number of the individual receiving services from the CSB. Hashed for HIPAA privacy purposes before transmission to the Department.	Text	9
Numbers only, no separations, dashes, or other special characters.			
Purposes: Identify unique individuals, report unduplicated individuals, and construct unique identifier algorithm for One Source.			
10	**Units:** Amount of service received by the individual in the time period from the ServiceFromDate field to the ServiceThroughDate field. Reported with two decimal places (e.g., 1.25 or 1.00)	Text (decimal)	8
These units are the numeric measurement of the service received by the individual. Units of measure for this field include service hours, day support hours, days of service, and bed days, as defined in the current core services taxonomy. Units of prevention are collected here for mental health and developmental prevention services using the unidentified z-consumer Id. Valid services and units in each program area and emergency and ancillary services are listed in a table issued by the Department.			
Purposes: Collect and report amounts of services in the DBHDS Annual Report, calculate unit costs, and meet FBG and TEDS reporting requirements.			
12	**DischargeStatus:** Status of the individual at the end of a type of care when the individual is discharged from a program area; this field is captured in a type of care record. The coding of this data element must reflect an individual's status at the end of an episode of care when the CSB discharges the individual from a program area (mental health, developmental, or substance abuse services), not when the individual moves among core services within a program area.	Text	2
Must match one of the values in the lookup table, lkpDisStatus. Valid codes are: 01 Retired: Assessment and evaluation services are ancillary services; this code is not available for use by the CSB and is hidden in the extract software. Individuals for whom this value was used previously should be reported as 07. 02 Treatment Completed: Individual discharged from a program area having made significant progress toward completing current goals in the ISP. 03 Treatment Incomplete at Discharge: Individual discharged from a program area without significant progress toward completing treatment goals at discharge or after the CSB lost contact with the individual for 90 days. In the later situation, the TypeOfCareThroughDate is the date of the last face-to-face service or service-related contact. 04 Individual Died: Individual's death is documented in his or her clinical record. 05 Breaking Program Rules: Individual discharged from a program area for breaking program rules. 06 Retired: This code is not available for use by CSBs and is hidden in the extract software. Archival data will be combined with 03 Treatment Incomplete at Discharge.		

No.	Data Element Name and Definition	Data Type	Max Length
Must match one of the values in the lookup table, lkpDisStatus. Valid codes are (continued): 07 Other: Includes individuals who moved or left treatment due to illness, hospitalization, transfer to a state training center or certified nursing facility (ID), or for any other reason not captured by a value in the lookup table. 08 Individual Incarcerated: Individual discharged due to incarceration in a prison, local or regional jail or juvenile detention center, or other place of secure confinement. This does not include involuntary admission to a state or local psychiatric hospital or unit; in this situation, the individual should continue as an open case at the CSB. 96 Not Applicable 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purposes: Identify outcomes and meet FBG and TEDS reporting requirements.			
13a	**SMISEDAtRisk:** Code indicating if the individual has serious mental illness (SMI), serious emotional disturbance (SED), or is at-risk of SED, as defined in the current core services taxonomy.	Text	2
Must match one of the values in the lookup table, lkpSMISED. Valid codes are: 01 None 11 Serious Mental Illness (SMI) 12 Serious Emotional Disturbance (SED) 13 At-risk of SED 96 Not Applicable 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purposes: Describe levels of disability for individuals receiving services in DBHDS Annual Report and meet MHBG reporting requirements.			
13b	**CognitiveDelay:** Code indicating if the individual is a child who is at least three but less than six years old and has a confirmed cognitive delay within one year of assessment, but does not have an intellectual disability diagnosis. More details on cognitive delay can be found in the current core services taxonomy.	Text	2
Must match one of the values in the lookup table, lkpCognitive. Valid codes are: 01 None 22 Cognitive delay 96 Not Applicable 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Respond to requests for data.			
14	**CityCountyResidenceCode:** Federal (FIPS) code indicating the city or county in which the individual lives.	Text	3
Must match one of the values in the lookup table, lkpFIPS.			
Purpose: Map service patterns.			

No.	Data Element Name and Definition	Data Type	Max Length
15	**ReferralSource:** The person, agency, or organization that referred the individual to the CSB for evaluation or treatment or other services.	Text	2

Must match one of the values in the lookup table, lkpReferral. Valid codes are:

01 Self
02 Family or Friend
06 Developmental Services Care Provider
07 School System or Educational Authority
08 Employer or Employee Assistance Program (EAP)
09 ASAP or DUI Program
10 Police or Sheriff
11 Local Correctional Facility
12 State Correctional Facility
13 Local Community Probation and Pre-Trial Services
14 Probation Office
15 Parole Office
16 Other Community Referral
17 Private Hospital
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)
Note: 96 is not a valid code for this data element.

18 Private Physician
19 Private MH Outpatient Practitioner
20 State MH Outpatient Practitioner
21 State Hospital*
22 State Training Center
23 Non-Hospital SA Care Provider
24 Court
25 Department of Social Services (DSS) **
26 Health Department
27 Other Virginia CSB
28 Department for Aging and Rehabilitative Services
29 Department of Social Services TANF Caseworker
30 Department of Social Services (Not TANF)
31 Department of Juvenile Justice
* Code referrals from the Hiram Davis Medical Center and Virginia Center for Behavioral Rehabilitation as State Hospital (code 21).
** For historical purposes only; use either code 29 or 30 instead.

Purposes: Meet TEDS reporting requirements and respond to inquiries about linkages with other agencies.

16	**DateOfBirth:** The date of birth of the individual receiving services.	Text	8

MMDDYYYY, not spaces, slashes, or special characters. Use two digits for month and day, e.g., February is 02; February 1 is 0201.

Purposes: Meet FBG and TEDS reporting requirements and construct unique identifier algorithm for One Source.

17	**Gender:** The gender of the individual receiving services as identified by the individual.	Text	2

Must match one of the values in the lookup table, lkpGender. Valid codes are:

01 Female
02 Male
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

Purposes: Meet FBG and TEDS reporting requirements and construct unique identifier algorithm for One Source.

No.	Data Element Name and Definition	Data Type	Max Length
18	**Race:** The race of the individual receiving services as identified by the individual.	Text	2

Must match one of the values in the lookup table, lkpRace. Valid codes are:

01 Alaska Native
02 American Indian
03 Asian or Pacific Islander*
04 Black or African American
05 White
06 Other
13 Asian
23 Native Hawaiian or Other Pacific Islander
31 American Indian or Alaska Native and White**
32 Asian and White**
33 Black or African American and White**
34 American Indian or Alaska Native and Black or African American**
35 Other Multi-Race**
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)
Note: 96 is not a valid code for this data element.

Individuals can self-identify one of these races, used by the federal Office of Management and Budget in the 2000 census: American Indian (02) or Alaska Native (01), Asian (13), Black or African American (04), Native Hawaiian or Other Pacific Islander (23), White (05), or Other (06). Alternately, individuals can choose one of the new multi-race codes, designated with the ** in the table.

* Code 03 was used in CCS 2 for historical purposes; it should not be used in CCS 3 for new individuals receiving services.

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.

19	**HispanicOrigin:** The Hispanic origin of the individual receiving services as identified by the individual using codes provided by the federal government.	Text	2

Must match one of the values in the lookup table, lkpHispanic. Valid codes are:

01 Puerto Rican
02 Mexican
03 Cuban
04 Other Hispanic
05 Not of Hispanic Origin
06 Hispanic - Specific origin not identified
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

Note: 96 is not a valid code for this data element.

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.

21	**EducationLevel:** The level of education of the individual receiving services; specifies the highest secondary school, vocational school, or college year completed or attained. There is no separate code for special education. Individuals who are in special education or have graduated from special education should have the highest school grade completed entered. *Italicized language* further defines the codes.	Text	2

No.	Data Element Name and Definition	Data Type	Max Length
21	**EducationLevel:** (continued)	Text	2

Must match one of the values in the lookup table, lkpEducation. Valid codes are:

01 No Years of Schooling (also use for a child under 3 or 3-4 years old who is not in pre-school)
11 Grade 1
12 Grade 2
13 Grade 3
14 Grade 4
15 Grade 5
16 Grade 6
17 Grade 7
18 Grade 8
19 Grade 9
20 Grade 10
21 Grade 11
22 Grade 12
23 Nursery, Pre-School, Head Start
24 Kindergarten
25 Special Education - *Self-contained, in a special education class without an equivalent school grade level.*
26 Vocational Only
27 College Undergraduate Freshman
28 College Undergraduate Sophomore
29 College Undergraduate Junior
30 College Undergraduate Senior
31 Graduate or Professional Program
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)
Note: 96 is not a valid code for this data element.
Code an individual who has completed a GED as Grade 12.

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.

22	**EmploymentStatus:** Code indicating the employment status of the individual receiving services; e.g., employed, unemployed, in an employment program, or not in the labor force; collected at admission to and discharge from a program area and **updated annually**. *Italicized language* further defines the codes.	Text	2

Must match one of the values in the lookup table, lkpEmployment. Select the one code below that most accurately describes the individual's employment status when it is collected. Valid codes are:

01 Employed Full Time: Employed 35 hours a week or more; includes Armed Forces. *This does not include an individual receiving supported or sheltered employment; the correct code for this individual is 12 or 13.*
02 Employed Part Time: Employed less than 35 hours a week. *This does not include an individual receiving supported or sheltered employment; the correct code for this individual is 12 or 13.*
03 Unemployed but Seeking Employment.
06 Not in Labor Force: Homemaker. *The individual is not in the labor force only because he or she is a homemaker and has no other valid employment status.*
07 Not in Labor Force: Student or Job Training Program. *Job training program does not include supported or sheltered employment, but it does include prevocational or day support services.*
08 Not in Labor Force: Retired.
09 Not in Labor Force: Disabled. *The individual is not in the labor force only because of his or her physical disability, mental illness, intellectual or other developmental disability, or substance use disorder.*

No.	Data Element Name and Definition	Data Type	Max Length
22	**EmploymentStatus:** *(continued)* *Italicized language* further defines the codes.	Text	2

Must match one of the values in the lookup table, lkpEmployment. Valid codes are:

10 Not in Labor Force: Resident or Inmate of Institution. *The individual is not in the labor force only because he or she lives in a state or local hospital, training center, nursing home, local or regional jail or state correctional facility, or other institution.*
11 Not in Labor Force-Other: Unemployed and not Seeking Employment. *The individual is unemployed and does not want a job or employment, or another value (e.g., 07 student) is not appropriate due to his or her age (e.g., four years old).*
12 Employment Program: Supported Employment. *The individual receives individual or group supported employment services, defined in the core services taxonomy, or works in a supported employment setting.*
13 Not in Labor Force: Sheltered Employment. *The individual receives sheltered employment services, defined in the core services taxonomy, or works in a sheltered employment setting.*
97 Unknown (Asked but not answered). *The individual or his or her authorized representative did not provide an employment status.*
98 Not Collected (Not asked). *This value must not be used for individuals admitted to a program area; its use is only appropriate for individuals for whom a case is opened to receive Emergency or Ancillary Services.*

Note: 96 is not a valid code for this data element.

The code selected should be the most meaningful description of the individual's employment status when this data is collected. For example, if the individual at admission is unemployed but wants a job and needs supported employment, the correct value is 03 rather than 12. After the individual is admitted to a program area and is receiving supported employment, the correct value at the annual update is 12.

Purposes: Meet FBG and TEDS reporting requirements, provide DBHDS Annual Report data, and respond to other inquiries.

23	**TypeOfResidence:** Code indicating where the individual receiving services lives.	Text	2

Must match one of the values in the lookup table, lkpResidence. Valid codes are:

01 Private Residence or Household
02 Shelter
03 Boarding Home
04 Foster Home or Family Sponsor Home
05 Licensed Assisted Living Facility (CSB or non-CSB operated)
06 Community Residential Service
07 Residential Treatment or Alcohol or Drug Rehabilitation (Other Residential Setting)
08 Nursing Home or Physical Rehabilitation Facility
09 Hospital
10 Local Jail or Correctional Facility
11 State Correctional Facility
12 Other Institutional Setting
13 None (Homeless or homeless shelter)
14 Juvenile Detention Center
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)
Note: 96 is not a valid code for this data element.

Purposes: Meet FBG and TEDS reporting requirements, provide DBHDS Annual Report data, and respond to other inquiries (e.g., VHCD).

No.	Data Element Name and Definition	Data Type	Max Length
24	**LegalStatus:** The legal status of the individual receiving services identifies the type of civil or forensic court order or criminal status related to the individual's admission to a CSB program area or a state facility or to the opening of a record for emergency or ancillary services.	Text	2

Must match one of the values in the lookup table, lkpLegal. Valid codes are:

01 Voluntary: An individual is admitted voluntarily for community (including local inpatient) services or state facility services.
02 Involuntary Civil: An adult is admitted involuntarily, as decided at a non-criminal hearing, for purposes of an NGRI or competency examination or evaluation or for treatment under a Mandatory Outpatient Treatment (MOT) order or an inpatient civil commitment order; this does not include court-ordered psychological evaluations or other assessments for custody cases.
04 Involuntary Juvenile Court: A juvenile is admitted involuntarily, as decided at a non-criminal hearing, for the purposes of an NGRI or competency examination or evaluation or for treatment under an inpatient civil commitment order or remains in the community and is court-ordered to treatment in the community; custody remains with the parent or guardian. This does not include court-ordered psychological evaluations or other assessments for custody cases.
06 Involuntary Criminal: An individual who is incarcerated with pending criminal charges or convictions is admitted involuntarily for evaluation or treatment.
07 Involuntary Criminal Incompetent: An individual who is incarcerated with pending criminal charges is deemed incompetent to stand trial and is admitted involuntarily for competency restoration.
08 Involuntary Criminal NGRI: An individual who has been adjudicated not guilty by reason of insanity (NGRI) is admitted involuntarily for treatment.
09 Involuntary Criminal Sex Offender: An individual who is incarcerated under criminal sex offender charges is admitted involuntarily for evaluation or treatment.
10 Involuntary Criminal Transfer: An individual who is incarcerated with pending criminal charges is transferred to a state hospital from a correctional facility for evaluation or treatment.
11 Treatment Ordered Conditional Release: An individual who has been adjudicated NGRI and released conditionally under a court order.
12 Treatment Ordered Diversion: An individual who has been court-ordered to treatment as a term or condition of diversion from the criminal justice system.
13 Treatment Ordered Probation: An individual who has been court-ordered to treatment as a term or condition of probation.
14 Treatment Ordered Parole: An individual who has been court-ordered to treatment as a term or condition of parole.
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

Note: An individual who is ordered to the CSB for a psychological evaluation or other assessment in connection with a custody case would be recorded as 01 (Voluntary). **Note: 96 is not a valid code for this data element.**

Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.

No.	Data Element Name and Definition	Data Type	Max Length
25	**NbrPriorEpisodesAnyDrug:** The number of previous episodes of care in which the individual has received any substance abuse services, regardless of the setting (e.g., hospital, community, another state). This number reflects complete episodes of care since the individual first entered the system.	Text	2

Must match one of the values in the lookup table, lkpEpisodes. Valid codes are:

00 No prior episodes	03 Three prior episodes	96 Not Applicable
01 One prior episode	04 Four prior episodes	97 Unknown (Asked but not answered)
02 Two prior episodes	05 Five or more prior episode	98 Not Collected (Not asked)

Purposes: Meet TEDS (federal SABG) reporting requirements and respond to other inquiries.

32	**SAPDType:** The primary substance use disorder problem (drug of abuse) of the individual receiving services.	Text	2

Must match one of the values in the lookup table, lkpDrug. Valid codes are:

01 None
02 Alcohol
03 Cocaine or Crack Cocaine
04 Marijuana or Hashish: Including THC and other cannabis sativa preparations
05 Heroin
06 Non-prescription Methadone
07 Other Opiates/Synthetics: Including codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects
08 PCP - Phencyclidine
09 Other Hallucinogens: Including LSD, DMT, STP mescaline, psilocybin, or peyote
10 Methamphetamines
11 Other Amphetamines: Including Benzadrine, Dexedrine, Preludin, Ritalin, and any other "…amines" and related drugs
12 Other Stimulants
13 Benzodiazepine: Including Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, or Triazolam,
14 Other Tranquilizers
15 Barbiturates: Including Phenobarbital, Seconal, or Nembutal
16 Other Sedatives or Hypnotics: Including chloralhydrate, Placidyl, Doriden, or mempromate
17 Inhalants: Including ether, glue, chloroform, nitrous oxide, gasoline, or paint thinner
18 Over the Counter: Including aspirin, cough syrup, Sominex, over-the-counter diet aids (e.g., Dexatrim), and any other legally obtained, non-prescription medication.
20 Other
96 Not Applicable
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

No.	Data Element Name and Definition	Data Type	Max Length
32	**SAPDType:** *(continued)*	Text	2
Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.			
33	**SAPDFreqUse:** The individual's frequency of use of the primary drug of abuse.	Text	2
Must match one of the values in the lookup table, lkpFrequency. Valid codes are: 01 No use in the past month, individual has not used any drug in past month; or individual who is not currently a user but is seeking service to avoid relapse. 02 One to three times in the past month 03 One to two times per week 04 Three to six times per week 05 Daily 96 Not Applicable 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.			
34	**SAPDMethUse:** The individual's method of use or usual route of administration for the primary drug of abuse.	Text	2
Must match one of the values in the lookup table, lkpDrugMethod. Valid codes are: 01 Oral 02 Smoking 03 Inhalation 04 Injection (IV or Intramuscular) 05 Other 96 Not Applicable 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.			
35	**SAPDAgeUse:** The age at which the individual receiving services first used the primary drug of abuse or, for alcohol, the age of the individual's first intoxication.	Text	2
There is no lookup table for this field. The age must not be older than the individual's age. Valid codes are: 00 Newborn 01-95 Actual Age of First Use 96 Not Applicable 97 Unknown 98 Not Collected			
Purposes: Meet SABG and TEDS reporting requirements and respond to other inquiries.			
36	**SASDType:** The secondary substance use disorder problem (drug of abuse) of the individual receiving services.	Text	2
Valid codes are the same as the type of the individual's primary drug of abuse.			
37	**SASDFreqUse:** The individual's frequency of use of the secondary drug of abuse.	Text	2
Valid codes are the same as the frequency of use for the individual's primary drug of abuse.			

No.	Data Element Name and Definition	Data Type	Max Length
38	**SASDMethUse:** The individual's method of use or usual route of administration for the secondary drug of abuse.	Text	2
Valid codes are the same as the method of use for the individual's primary drug of use.			
39	**SASDAgeUse:** The age at which the individual receiving services first used the secondary drug of abuse, or for alcohol, the age of the individual's first intoxication.	Text	2
Valid codes are the same as the age at first use for the individual's primary drug of abuse.			
40	**SATDType:** The tertiary substance use disorder problem (drug of abuse) of the individual receiving services.	Text	2
Valid codes are the same as for the type of the individual's primary drug of abuse.			
41	**SATDFreqUse:** The individual's frequency of use of the tertiary drug of abuse.	Text	2
Valid codes are the same as the frequency of use for the individual's primary drug of abuse.			
42	**SATDMethUse:** The individual's method of use or usual route of administration for the tertiary drug of abuse.	Text	2
Valid codes are the same as the method of use for the individual's primary drug of use.			
43	**SATDAgeUse:** The age at which the individual receiving services first used the tertiary drug of abuse or, for alcohol, the age of the individual's first intoxication.	Text	2
Valid codes are the same as the age at first use for the individual's primary drug of abuse.			
44	**PregnantStatus:** Indicates if the individual is a female with a substance use disorder who is pregnant	Text	1
Must match one of the values in the lookup table, lkpYesNo. Gender must be 01 (Female) to enter a 'Y' status. Valid codes are: Y Yes U Unknown (Asked but not answered) A Not Applicable N No X Not Collected (Not asked) **Purposes:** Meet FBG reporting requirements and respond to other inquiries.			
45	**FemaleWithDependentChildrenStatus:** Indicates if the individual is a female with a substance use disorder who is living with dependent children (ages birth through 17)	Text	1
Must match one of the values in the lookup table, lkpYesNo. Gender must be 01 (Female) to enter a 'Y' status. Valid codes are: Y Yes U Unknown (Asked but not answered) N No X Not Collected (Not asked) A Not Applicable **Purposes:** Meet FBG reporting requirements and respond to other inquiries.			

No.	Data Element Name and Definition	Data Type	Max Length
47	**NbrOfArrests:** Number of arrests of the individual in the past 30 days preceding admission to the mental health or substance abuse program area. Collected and reported at admission to and discharge from a program area and **annually at the individualized service plan review**.	Text (integer)	2
Any formal arrest should be counted, regardless of whether incarceration or conviction resulted or regardless of the status of the arrest proceedings on the date of admission. Valid codes are: 00-31 Number of arrests 96 Not Applicable 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purposes: Meet FBG and TEDS reporting requirements and respond to other inquiries.			
48	**ServiceFromDate:** MMDDYYYY indicating the date on which the service occurred or on which the service began within the reporting month for those services spanning more than one day.	Text	8
Must be a valid date within the current fiscal year, which starts on July 1 of one year and ends on June 30 of the following year.			
Purpose: Meet FBG and TEDS reporting requirements.			
49	**AuthRep:** A person permitted by law or the Human Rights Regulations (12VAC35-115) to authorize the disclosure of information or to consent to treatment or participation in human research for an individual who lacks the capacity to make these decisions. Authorized representatives include attorneys-in-fact, healthcare agents appointed pursuant to § 54.1-2983 of the Code of Virginia, legal guardians, or individuals identified in 12VAC35-115-146. A guardian is defined in the Code as a person appointed by the court who is responsible for the personal affairs of an incapacitated person, including responsibility for making decisions regarding the person's support, care, health, safety, habilitation, education, therapeutic treatment, and, if not inconsistent with an order of involuntary admission, residence. Guardians include limited and temporary guardians.	Text	1
Must match one of the values in the lookup table, lkpYesNo. Valid codes are: Y Yes N No A Not Applicable U Unknown (Asked but not answered) X Not Collected (Not asked)			
Purpose: Support HIPAA compliance.			

No.	Data Element Name and Definition	Data Type	Max Length
57	**MedicaidNbr:** The Medicaid number of the individual receiving services in the format specified by the Department of Medical Assistance Services (DMAS), only 12 numeric characters.	Text	12
Reported for individuals enrolled in Medicaid at their admission to a program area. If an individual is enrolled in Medicaid at one point, but then loses his or her Medicaid eligibility, the value in this field should continue to show the Medicaid number. If the individual's Medicaid number changes, then the new number must be transmitted. If a CSB includes formatting characters (e.g., hyphens, pound signs) in its Medicaid number, these must be stripped out before the number is exported to the CCS 3 extract. Do not enter Medicaid HMO, Managed Behavioral Healthcare, Commonwealth Coordinated Care (Medicare Medicaid Dual Eligible) Project, or Medicaid Governor's Access Plan (GAP) numbers in this field; reflect these programs in the InsuranceType data elements (71-78). Enter only actual Medicaid numbers in data element 57.			
Purposes: Collect data for the DBHDS Annual Report and respond to other inquiries.			
58	**ConsumerFirstName:** The first name of the individual receiving services, used to extract characters for input to a probabilistic matching algorithm run by the Department to generate a unique consumer Id. The full first name is not transmitted to the Department.	Text	30
Any valid alphanumeric character.			
Purpose: Construct unique identifier algorithm for One Source.			
59	**ConsumerLastName:** The last name of the individual receiving services, used to extract characters for input to a probabilistic matching algorithm run by the Department to generate a unique consumer Id. The full last name is not transmitted to Department.	Text	30
Any valid alphanumeric character. Last names with hyphens should put the individual's legal last name before the hyphen.			
Purpose: Construct unique identifier algorithm for One Source.			
60	**TypeOfCareThroughDate:** MMDDYYYY indicating the ending date of a type of care.	Text	8
Must be a valid date and must be the same date as the TypeOfCareFromDate or later. Must not be a date in the future (e.g., past the date of the extract file at the latest).			
Purpose: Meet FBG and TEDS reporting requirements.			
61	**TypeOfCareFromDate:** MMDDYYYY indicating the starting date of a type of care.	Text	8
Must be a valid date. Must not be before a previous TypeOfCareThroughDate in the same program area.			
Purpose: Meet FBG and TEDS reporting requirements.			

No.	Data Element Name and Definition	Data Type	Max Length
62	**ServiceThroughDate:** MMDDYYYY indicating the ending date of a service. If the service through date is the same as the ServiceFromDate; i.e. the service started and ended on the same day, this value should be the same as the service from date.	Text	8
Must be a valid date and must be the same day as the ServiceFromDate or later. Must not be a date in the future (e.g., past the date of the extract file at the latest).			
Purpose: Meet FBG and TEDS reporting requirements.			
63	**StaffId:** Indicates the local staff identification number.	Text	10
This is an optional data element supplied by CSBs on a voluntary basis. If this field is omitted, it must be represented by two consecutive commas for formatting NULL values in the extract file (refer to Appendix E).			
Purpose: Provide information for quality improvement and management.			
64	**ServiceSubtype:** A specific activity associated with a particular core service category or subcategory for which a Service.txt file is submitted. The core services taxonomy defines Service subtypes only for emergency and case management services. Service subtype is collected at every emergency service or case management service encounter and reported in the Service file. Separate service records must be submitted for face-to-face or non-face-to-face case management services, and a case management service record cannot aggregate service units for more than one day. For developmental case management services only, a separate service record must be submitted for each face-to-face or non-face-to-face service provided during a month (see pages 5 and 6).	Text	2
Must match one of the values in the lookup table, lkpServiceSubtype. Valid codes are: 01 Crisis Intervention: Clinical intervention in response to an acute crisis episode; includes counseling, short term crisis counseling, triage, or disposition determination; this includes all emergency services not included in subtypes 02 through 06 below 02 Crisis Intervention Provided Under an ECO: Clinical intervention and evaluation provided by a certified preadmission screening evaluator in response to an emergency custody order (ECO) issued by a magistrate 03 Crisis Intervention Provided Under Law Enforcement Custody (a paperless ECO): Clinical intervention and evaluation provided by a certified preadmission screening evaluator to an individual under the custody of a law enforcement officer without an ECO issued by a magistrate 04 Independent Examination: An examination provided by a independent examiner who satisfies the requirements in and who conducts the examination in accordance with § 37.2-815 of the Code of Virginia in preparation for a civil commitment hearing 05 Commitment Hearing: Attendance of a certified preadmission screening evaluator at a civil commitment or recommitment hearing conducted pursuant to § 37.2-817 of the Code of Virginia			

No.	Data Element Name and Definition	Data Type	Max Length
64	**ServiceSubtype** *(continued)***:** A specific activity associated with a particular core service category or subcategory for which a Service.txt file is submitted. The core services taxonomy defines Service subtypes only for emergency and case management services. Service subtype is collected at every emergency service or case management service encounter and reported in the Service file. Separate service records must be submitted for face-to-face or non-face-to-face case management services, and a case management service record cannot aggregate service units for more than one day. For developmental case management services only, a separate service record must be submitted for each face-to-face or non-face-to-face service provided during a month (see pages 5 and 6).	Text	2

Must match one of the values in the lookup table, lkpServiceSubtype. Valid codes are:

06 MOT Review Hearing: Attendance at a review hearing conducted pursuant to §§ 37.2-817.1 through 37.2-817.4 of the Code of Virginia for a person under a mandatory outpatient treatment (MOT) order

07 Face-to-Face Case Management Services: Services received by an individual and provided by a case manager during a face-to-face encounter in a case management service licensed by the Department (see the current core services taxonomy) other than subtypes 09 or 11

08 Non-Face-to-Face Case Management Services: All other case management services provided to or on behalf of an individual in a case management service licensed by the Department (see the current core services taxonomy) other than subtypes 10 or 12 below

09 Face-to-Face Case Management Services for Quarterly Case Management ISP Review: Services received by an individual and provided by a case manager during a face-to-face encounter for a quarterly case management ISP review in a case management service licensed by the Department

10 Non-Face-to-Face Case Management Services for Quarterly Case Management ISP Review: All other case management services provided to or on behalf of an individual for a quarterly case management ISP review in a licensed case management service

11 Face-to-Face Case Management Services for Annual Case Management ISP Meeting or Update: Services received by an individual and provided by a case manager during a face-to-face encounter for an annual case management ISP meeting or update in a case management service licensed by the Department

12 Non-Face-to-Face Case Management Services for Annual Case Management ISP Meeting or Update: All other case management services provided to or on behalf of an individual for an annual case management ISP meeting or update in a licensed case management service

96 Not Applicable

Use Not Applicable (96) for any service other than emergency services or case management services. Codes 07 through 12 are required for developmental case management services, but they also may be used for mental health or substance abuse case management services; if they are not used, Not Applicable (96) must be used for mental health or substance abuse case management services. **Codes 09 or 10 must be used for quarterly case management ISP reviews, and codes 11 or 2 must be used for annual case management ISP meetings or updates. Do not use codes 07 or 08 for quarterly ISP reviews or annual ISP meetings or updates. Unknown (97) and Not Collected (98) are not valid codes for this data element.**

Purposes: Meet Department of Justice (DOJ) Settlement Agreement reporting requirements and respond to MH law reform data requests.

No.	Data Element Name and Definition	Data Type	Max Length
65	**ServiceLocation:** The location in which the service for which a Service.txt file is submitted was received by or provided to an individual. Service location is reported in the service file for every service in all program areas (100, 200, and 300) and for emergency services or ancillary services (400). Service location is collected at every service encounter.	Text	2

Must match one of the values in the lookup table, lkpServiceLocation. Valid codes are:

01 Consumer Residence: where the individual lives, his or her primary residence; however, if he or she lives in a CSB or CSB-contracted residential facility, then enter 15
02 CSB Program Site: the location in which a CSB or its contractor provides services; if this is where the individual lives, enter 15
03 Court: includes general district and juvenile and domestic relations courts, court services units and probation and parole offices
04 Local or Regional Jail: a facility serving adults primarily; not a Department of Corrections facility
05 Local or Regional Juvenile Detention Center: a facility serving juveniles under the age of 18 who have been committed to the facility; not a Learning Center operated by the state
06 Law Enforcement Facility: a location in the community that houses law enforcement officers; includes police stations and sheriffs' offices
07 Non-State Medical Hospital: a medical hospital licensed by but not operated by the state; includes Veterans Administration (VA) hospitals and UVA and MCV hospitals
08 Non-State Psychiatric Hospital or Psychiatric Unit in a Non-State Medical Hospital: a psychiatric hospital or unit licensed by but not operated by the state; includes VA hospitals and UVA and MCV
09 State Hospital or Training Center: a facility operated by the Department of Behavioral Health and Developmental Services and defined in § 37.2-100 of the Code of Virginia
10 Educational Facility: includes public or private schools, community colleges, colleges, and universities
11 Assisted Living Facility: a facility licensed by the Department of Social Services that provides housing and care for individuals in need of assistance with daily living activities
12 Nursing Home: a facility licensed by the Department of Health that provides services to individuals who require continuing nursing assistance and assistance with activities of daily living
13 Shelter: a community-based facility that provides temporary housing or living space for a brief period of time to individuals who are homeless or in need of temporary sheltering; generally does not provide any around-the-clock behavioral health or medical care and may or may not provide basic living amenities, but may provide space for meals, personal hygiene, and overnight accommodations
14 Other Community Setting (any location that is used for the provision of services other than those identified in preceding codes)
15 CSB or CSB-Contracted Residential Facility: this does not include CSB-controlled inpatient beds

Not Applicable (96), Unknown (97), and Not Collected (98) are not valid codes for this data element.

Purpose: Meet DOJ Settlement Agreement reporting requirements.

No.	Data Element Name and Definition	Data Type	Max Length
66	**MilitaryStatus:** The current status of an individual receiving services who is serving or has served in a branch of the U.S. military or who is a dependent family member of the individual. Military status is collected at admission to and discharge from a program area and **annually or when it changes**, and it is reported in the consumer file.	Text	2

Must match one of the values in the lookup table, lkpMilitaryStatus. Valid codes are:

01 Armed Forces on Active Duty: An individual who is serving on active duty in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard or the U.S. Public Health Service or the U.S. Merchant Marine and could include mobilized members of the Reserve or Guard

02 Armed Forces Reserve: An individual who is serving in a duty status in a unit of the U.S. Army Reserve, Naval Reserve, Marine Corps Reserve, Air Force Reserve, or Coast Guard Reserve, but currently is not mobilized

03 National Guard: An individual who is serving in a duty status in a unit of the National Guard, but currently is not mobilized

04 Armed Forces or National Guard Retired: An individual who is retired, having served on activity duty as a member of the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine

05 Armed Forces or National Guard Discharged: An individual who has been discharged (any type of discharge) from activity duty in the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine

06 Armed Forces or National Guard Dependent Family Member: An individual who is the spouse or the dependent child of an individual who is serving on active duty in, is retired from, or has been discharged from the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine

96 Not Applicable (No military status)

97 Unknown (Asked but not answered)

98 Not Collected (Not asked)

Purposes: Track services to a high visibility population and respond to requests from the General Assembly and Dept. of Veteran Services.

67	**MilitaryServiceStartDate:** The year in which the individual's most recent active or reserve duty in the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine began. Military service start date is collected at admission to and discharge from a program area and **annually or when it changes**.	Text	4

Enter the year or null. The format for the year is YYYY.

Purposes: Track services to a high visibility population and respond to requests from the General Assembly and Dept. of Veteran Services.

No.	Data Element Name and Definition	Data Type	Max Length
68	**MilitaryServiceEndDate:** If retired or discharged, the year in which the individual's most recent active or reserve duty in the U.S. Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, or National Guard or the U.S. Public Health Service or Merchant Marine ended. Military service end date is collected at admission to and discharge from a program area and **annually or when it changes**.	Text	4
Enter the year or null. The format for the year is YYYY.			
Purposes: Track services to a high visibility population and respond to requests from the General Assembly and Dept. of Veteran Services.			
69	**MaritalStatus:** Current marital status of the individual receiving services. Marital status is collected at admission to and discharge from a program area and **annually or when it changes**.	Text	2
Must match one of the values in the lookup table, lkpMaritalStatus. Valid codes are: 01 Never Married - Includes individuals who are single or whose only marriage was annulled. 02 Married 03 Separated - Includes married individuals legally separated or otherwise absent from their spouses because of marital discord. 04 Divorced 05 Widowed 97 Unknown (Asked but not answered) 98 Not Collected (Not asked) **Note: 96 is not a valid code for this data element.**			
Purpose: Respond to data requests.			
70	**SocialConnectedness:** The degree to which the individual receiving mental health or substance abuse services is connected to his environment through types of social contacts that support recovery. This is measured by how often the individual has participated in any of the following activities in the past 30 days: participation in a non-professional, peer-operated organization that is devoted to helping individuals reach or maintain recovery such as Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Double Trouble in Recovery, or Women for Sobriety; participation in any religious or faith-affiliated recovery self-help groups; or participation in organizations that support recovery other than the organizations described above, including consumer-run mental health programs and Oxford Houses. Social connectedness is collected at admission to and discharge from a program area and is **updated annually** at the annual review of the ISP for individuals who have been receiving services in the program area for one year from the date of admission.	Text	2
Must match one of the values in the lookup table, lkpSocialConnectedness. Valid codes are: 01 No Participation in the Past Month 02 Participation One to Three Times in the Past Month 03 Participation One to Two Times per Week 04 Participation Three to Six Times per Week 05 Participation Daily			

No.	Data Element Name and Definition	Data Type	Max Length
70	**SocialConnectedness** (Continued)	Text	2
96 Not Applicable (For admission to or discharge from the developmental services program area or for opening a record for emergency or ancillary services) 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Meet federal SABG NOMS reporting requirements.			
71	**InsuranceType1:** The type of health insurance currently covering the individual receiving services. It is collected when a record is opened on the individual for emergency or ancillary services or an individual is admitted to a program area and **updated whenever it changes**. *Italicized language* further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpInsuranceType. Valid codes are: 01 Private Insurance *(includes Blue Cross/Blue Shield/Anthem, non-Medicaid or Medicare HMOs, self-paying employer-offered insurance, or other private insurance)* 02 Medicare *(individual is enrolled in Medicare)* 03 Medicaid *(individual is enrolled in Medicaid)* 04 Veterans Administration 05 Private Pay *(any payment made directly by the individual or a responsible family member or any payment by non-insurance sources, e.g., courts, social services, jails, or schools)* 06 Tricare/CHAMPUS 07 FAMIS 08 Uninsured *(if the individual is not covered by any health insurance but private payments are received, enter 08 for data element 71 and 05 for data element 72)* 09 Other 10 Medicaid Managed Behavioral Healthcare *(enter 10 for data element 71 and 03 for data element 72)* 11 Medicare Medicaid Dual Eligible *(enter 11 for data element 71, 02 for data element 72, and 03 for data element 73)* 12 Medicaid Governor's Access Plan (GAP) *(enter 12 for data element 71 and 03 for data element 72)* 96 Not Applicable *(use this to fill in fields when the individual receiving services has no other insurance coverage after those indicated in previous InsuranceType data elements (e.g., 71 and 72); for example, if the individual is uninsured and 08 has been entered for data element 71, use 96 for data elements 72 through 78)* 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purposes: Meet federal MHBG reporting requirement and respond to data requests.			

No.	Data Element Name and Definition	Data Type	Max Length
72	**InsuranceType2:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
73	**InsuranceType3:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
74	**InsuranceType4:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
75	**InsuranceType5:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
76	**InsuranceType6:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
77	**InsuranceType7:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
78	**InsuranceType8:** See data element 71 for definition. See data element 71 for valid codes.	Text	2
79	**DateNeedforMentalHealthServicesFirstDetermined:** The date on which CSB staff first determines the individual needs MH services during triage, an initial screening, or the provision of substance abuse (SA) or developmental (DV) services, emergency services, or ancillary services.	Text	8
MMDDYYYY with no spaces, slashes, or special characters. Use two digits for the month and day, e.g., February is 02 and February 1 is 0201. Must be a valid calendar date before or on the date of the resulting admission to the MH program area, and must not be a date in the future (e.g., after the date of the extract file). Must be updated whenever an individual requests MH services after completing an MH episode of care (reported with a TypeOfCareThroughDate) or the individual is receiving SA or DV services, emergency services, or ancillary services and staff determines the individual needs MH services.			
Purpose: Monitor access to treatment. Replaces Days Waiting to Enter Treatment (retired data element 46).			
80	**DateNeedforSubstanceAbuseServicesFirstDetermined:** The date on which CSB staff first determines the individual needs SA services during triage, an initial screening, or the provision of mental health (MH) or developmental (DV) services, emergency services, or ancillary services.	Text	8
Same as data element 79. Must be updated whenever an individual requests SA services after completing an SA episode of care (reported with a TypeOfCareThroughDate) or the individual is receiving MH or DV services, emergency services, or ancillary services and staff determines the individual needs SA services.			
Purpose: Monitor access to treatment. Replaces Days Waiting to Enter Treatment (retired data element 46).			

No.	Data Element Name and Definition	Data Type	Max Length
81	**HealthWellBeingMeasure:** Identifies the extent to which desired physical, mental, or behavioral health outcomes in the individual's individual support plan (ISP) have been achieved as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly **only for individuals receiving developmental services under the DOJ Settlement Agreement**. For other individuals, use code 96. *Italicized language* further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpGoalMeasure. Valid codes are: 01 Measure Met - *Most outcomes were achieved.* 02 Measure Partially Met - *Some outcomes were achieved.* 03 Measure Not Met - *Very few outcomes were achieved.* 04 Measure Not in ISP - *Individual's Choice* 96 Not Applicable - *Use for all other individuals receiving services.* 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			
82	**CommunityInclusionMeasure:** Identifies the extent to which desired community inclusion outcomes in the individual's ISP have been achieved as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly **only for individuals receiving developmental services under the DOJ Settlement Agreement**. This includes opportunities for education, employment, volunteer, and community engagement activities and to interact with people other than paid program staff. For other individuals, use code 96. *Italicized language* further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpGoalMeasure. Valid codes are: 01 Measure Met - *Most outcomes were achieved.* 02 Measure Partially Met - *Some outcomes were achieved.* 03 Measure Not Met - *Very few outcomes were achieved.* 04 Measure Not in ISP - *Individual's Choice* 96 Not Applicable - *Use for all other individuals receiving services.* 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			

No.	Data Element Name and Definition	Data Type	Max Length
83	**ChoiceandSelf-DeterminationMeasure:** Identifies the extent to which the individual's desired life choices (e.g., home, people to live with, clothing to wear, living area decoration, church to attend, social and recreational activities to participate in) in the individual's ISP have been implemented as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly **only for individuals receiving developmental services under the DOJ Settlement Agreement**. For other individuals, use code 96. *Italicized language* further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpGoalMeasure. Valid codes are:			
01 Measure Met - *Most choices were implemented.* 02 Measure Partially Met - *Some choices were implemented.* 03 Measure Not Met - *Very few choices were implemented.* 04 Measure Not in ISP - *Individual's Choice* 96 Not Applicable - *Use for all other individuals receiving services.* 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			
84	**LivingArrangementMeasure:** Identifies the degree to which an individual has maintained his or her chosen living arrangement, including moving from one home of choice to another, as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management individual support plan (ISP) review; collected and reported quarterly **only for individuals receiving developmental services under the DOJ Settlement Agreement**. For other individuals, use code 96. *Italicized language* further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpStabilityMeasure. Valid codes are: (*The individual*)			
01 Measure Met Maintained - *Maintained his or her chosen living arrangement* 02 Measure Met Different - *Moved to a different living arrangement of his or her choice.* 03 Measure Not Met Maintained - *Maintained a current living arrangement not of his or her choice.* 04 Measure Not Met Different - *Moved to a different living arrangement not of his or her choice.* 05 Measure Not in ISP - *Individual's Choice* 96 Not Applicable - *Use for all other individuals receiving services* 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			

No.	Data Element Name and Definition	Data Type	Max Length
85	**DayActivityMeasure:** Identifies the degree to which the individual has maintained his or her chosen day activities (e.g., full- or part-time integrated employment, integrated supported employment, or community engagement or other integrated day program) as determined by the individual, the authorized representative if the individual cannot determine this, and the case manager during the quarterly case management ISP review; collected and reported quarterly **only for individuals receiving services under the DOJ Settlement Agreement**. For other individuals, use code 96. *Italicized language* further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpStabilityMeasure. Valid codes are: (*The individual*)			
01 Measure Met Maintained - *Maintained his or her chosen day activities.* 02 Measure Met Different - *Engaged in different day activities of his or her choice.* 03 Measure Not Met Maintained Current - *Maintained current day activities not of his or her choice.* 04 Measure Not Met Different - *Engaged in different day activities not of his or her choice.* 05 Measure Not in ISP - *Individual's Choice* 96 Not Applicable - *Use for all other individuals receiving services* 97 Unknown (Asked but not answered) 98 Not Collected (Not asked)			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			
86	**SchoolAttendanceStatus:** Identifies attendance (including home schooling) by all children (3-17 years old) of at least one day during the past three months; collected at admission to and discharge from the mental health services program area **and quarterly**. This also includes young adults (18-21 years old) in special education.	Text	1
Must match one of the values in the lookup table, lkpYesNo. Valid codes are:			
Y Yes - *In school at least one day in past three months or if reporting period overlaps summer months.* N No - *No school in past three months excluding summer months.* A Not Applicable - *Use for individuals ages 0-2 or 18 or above unless 18-21 in special education and receiving MH services.* U Unknown (Asked but not answered) X Not Collected (Not asked)			
Purpose: Meet federal MHBG reporting requirement.			
87	**IndependentLivingStatus:** Identifies an adult who lives independently in a private residence (01 in data element 23 TypeOfResidence) and is capable of self-care, who lives independently with case management or housing supports, or who is largely independent and chooses to live with others (e.g., friends, spouse, other family members) for reasons such as personal choice, culture, or finances not related to mental illness. Dependent living status means living in a private residence while being heavily dependent on others for daily living assistance. Collected at admission to and discharge from the mental health services program areas and **updated annually**. *Italicized language* further defines the codes.	Text	1

No.	Data Element Name and Definition	Data Type	Max Length
87	**IndependentLivingStatus:** *continued*	Text	1

Must match one of the values in the lookup table, lkpYesNo. Valid codes are:

Y Yes - *Independent living status in a private residence*
N No - *Dependent living status in a private residence*
A Not Applicable - *Use for all children, for all adults not living in a private residence (01 in data element 23), and for all individuals admitted to the developmental or SA services program areas.*
U Unknown (Asked but not answered) - *Also use when it cannot be determined if an adult is living independently or dependently in a private residence.*
X Not Collected (Not asked)

Purpose: Meet FBG and TEDS reporting requirements.

88	**HousingStability:** Identifies the number of changes in residence during a quarter by individuals admitted to the mental health or substance abuse services program area and receiving mental health or substance abuse case management services; collected at admission to the program area, by the case manager at each quarterly case management ISP review, and at discharge from the program area. *Italicized language* further defines the codes.	Text	2

Must match one of the values in the lookup table, lkpHousingMoves. Valid codes are:

00-95 Number of moves in the last quarter
96 Not Applicable - *Use for all individuals not receiving mental health or substance abuse case management services or for individuals who are homeless.*
97 Unknown (Asked but not answered)
98 Not Collected (Not asked)

Purpose: Meet federal MHBG reporting requirement.

89	**PreferredLanguage:** Identifies the preferred language used by the individual receiving services; collected at admission to the mental health, developmental, or substance abuse services program area.	Text	2

Must match one of the values in the lookup table, lkpLanguage. Valid codes are:

01 English
02 Amharic *(Ethiopian)*
03 Arabic
04 Chinese *(Mandarin/Cantonese/Formosan)*
05 Farsi/Persian/Dari
06 Hindi
07 Japanese
08 Korean
09 Russian
10 Spanish
11 Tagalog *(Filipino)*
12 Urdu
13 Vietnamese
14 American Sign Language
15 Other Language
16 Non-Verbal
97 Unknown
98 Not Collected

Purposes: Meet federal standards for Culturally And Linguistically Appropriate Services (CLAS) and promote cultural and linguistic competency.

No.	Data Element Name and Definition	Data Type	Max Length
90	**EnhancedCaseManagement:** Indicates if an individual who is receiving developmental case management services meets the criteria for receiving enhanced case management (ECM) services, which are at least one face-to-face visit every 30 days and at least one such visit every two months in the individual's place of residence. An individual who meets any of the following criteria must receive developmental ECM services: ● receives services from providers that have conditional or provisional licenses from the Department, ● has more intensive behavioral or medical needs as defined by the Supports Intensity Scale category representing the highest level of risk, ● has an interruption of services longer than 30 days, ● encounters the crisis system for a serious crisis or for multiple less serious crises within a three-month period, ● has transitioned from a state training center within the previous 12 months, or ● resides in a congregate setting of five or more beds. Collected at admission to the developmental services program area and **updated whenever the individual meets the criteria or no longer meets the criteria** for developmental ECM services.	Text	1
Must match one of the values in the lookup table, lkpYesNoECM. Valid codes are: Y Yes - *Meets the criteria for receiving developmental ECM services* N No - *Does not meet the criteria for receiving developmental ECM services* A Not Applicable - *Use for all individuals who are not receiving developmental case management services*			
Purpose: Meet DOJ Settlement Agreement reporting requirements.			
91	**EmploymentDiscussion:** Identifies an adult (age 18 or older) receiving case management services from the CSB whose case manager discussed integrated, community-based employment with him or her during his or her annual case management individualized services and supports plan (ISP) meeting or update. Refer to State Board Policy (SYS) 1044 Employment First for additional information and guidance. Integrated, community-based employment does not include sheltered employment. *Italicized language* below further defines the codes.	Text	2
Must match one of the values in the lookup table, lkpEmployDiscuss. Valid codes are: 01 Employment discussion occurred, individual is employed full or part-time but not in supported employment 02 Employment discussion occurred, individual is receiving supported employment services 03 Employment discussion occurred, individual indicated he or she is not employed and wants to work 04 Employment discussion occurred, individual indicated he or she is not employed and does not want to work 05 Employment discussion did not occur during annual case management ISP meeting or update 06 Not Applicable - *Use only for any child (age 0 through 17) or for any adult who is not receiving developmental case management services** 98 Not Collected - *Use for any adult who is receiving developmental case management services but whose ISP meeting or update did not occur during this quarter* ** Data element 91 is not required for MH or SA case management services; it can be used, but its use is optional*			
Purpose: Meet DOJ Settlement Agreement reporting and State Board Employment First Policy 1044 (SYS) 12-1 requirements.			

No.	Data Element Name and Definition	Data Type	Max Length
92	**EmploymentGoals:** Identifies an adult (age 18 or older) receiving case management services from the CSB whose case management individualized services and supports plan (ISP), developed or updated at the annual ISP meeting or update, includes employment-related or employment-readiness goals. *Italicized language* below further defines the codes.	Text	1
Must match one of the values in the lookup table, lkpYesNoECM. Valid codes are: Y Yes - *ISP contains employment-related or employment-readiness goals* N No - *ISP does not contain employment-related or employment-readiness goals* A Not Applicable - *Use only for any child (age 0 through 17) or for any adult who is not receiving developmental case management services** X Not Collected - *Use for any adult who is receiving developmental case management services but whose ISP meeting or update did not occur during this quarter* ** Data element 92 is not required for MH or SA case management services; it can be used, but its use is optional*			
Purposes: Meet DOJ Settlement Agreement reporting and State Board Employment First Policy 1044 (SYS) 12-1 requirements.			
93	**ReportedDiagnosisCode:** The current ICD-10 diagnosis of the individual receiving services as determined by clinical staff qualified to make such assessments or reported to CSB staff (e.g., case managers) by other, non-CSB clinical staff qualified to make such assessments.	Text	7
Valid codes are any ICD-10 diagnosis code without the decimal point. If an individual has no diagnosis yet, a Diagnosis record is not required. However, if a CSB decides to submit a Diagnosis record when an individual has not been evaluated and the diagnosis is still undetermined, 99997 or 99998 will be accepted.			
Purpose: Meet federal MHBG and SABG reporting requirements.			
94	**DiagnosisStartDate:** The date the diagnosis started.	Text	8
MMDDYYYY, not spaces, slashes, or special characters. Use two digits for month and day, e.g., February is 02; February 1 is 0201. This must be a valid date.			
Purpose: Meet federal MHBG and SABG reporting requirements.			
95	**DiagnosisEndDate:** The date the diagnosis ended.	Text	8
MMDDYYYY, not spaces, slashes, or special characters. See data element 91 for more details.			
Purpose: Meet federal MHBG and SABG reporting requirements.			

No.	Data Element Name and Definition	Data Type	Max Length
96	**DiscussionofLastCompletePhysicalExamination:** The case manager asked about the last complete physical examination during discussion with the individual and the authorized representative, if one has been appointed or designated, at his or her most recent annual case management individual support plan (ISP) meeting or update. This must be collected and reported annually **for individuals receiving developmental services under the DOJ Settlement Agreement.** *Italicized language* further defines the codes.	Text	1
Must match one of the values in the lookup table, lkpYesNoECM. Valid codes are:			
Y Yes - *Asked the individual about the physical examination.* N No - *Did not ask the individual about the physical examination.*	A Not Applicable - *Use only for any individual who is not receiving developmental services under the DOJ Settlement Agreement.*		
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			
97	**Dateof LastCompletePhysicalExamination:** The date on which an individual of any age received his or her last regularly scheduled complete wellness and preventative physical examination by a medical doctor or nurse practitioner. This is not a date on which the individual was seen only in response to an illness, medical condition, or injury. This must be collected and reported by the case manager whenever the date changes **for individuals receiving developmental services under the DOJ Settlement Agreement.**	Text	8
MMDDYYYY with no spaces, slashes, or special characters. Use two digits for the month and day, e.g., February is 02 and February 1 is 0201. Must be a valid calendar date and must not be a date in the future (e.g., after the date of the extract file). For all other individuals not receiving developmental services under the DOJ Settlement Agreement, this field should be null, unless the CSB chooses to complete this data element for those other individuals.			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			
98	**DiscussionofLastScheduledDentalExamination:** The case manager asked about the last regularly scheduled routine preventative dental examination during discussion with the individual and the authorized representative, if one has been appointed or designated, at his or her most recent annual case management ISP meeting or update. This must be collected and reported annually **for individuals receiving developmental services under the DOJ Settlement Agreement.** *Italicized language* further defines the codes.	Text	1
Must match one of the values in the lookup table, lkpYesNoECM. Valid codes are:			
Y Yes - *Asked the individual about the dental examination.* N No - *Did not ask the individual about the dental examination.*	A Not Applicable - *Use only for any individual who is not receiving developmental services under the DOJ Settlement Agreement.*		
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			

No.	Data Element Name and Definition	Data Type	Max Length
99	**Dateof LastScheduledDentalExamination:** The date on which an individual of any age received his or her last regularly scheduled routine preventative dental examination by a dentist. This is not a date on which the individual was seen only for a routine tooth cleaning or a dental emergency. This must be collected and reported by the case manager whenever the date changes **for individuals receiving developmental services under the DOJ Settlement Agreement.**	Text	8
MMDDYYYY with no spaces, slashes, or special characters. Use two digits for the month and day, e.g., February is 02 and February 1 is 0201. Must be a valid calendar date and must not be a date in the future (e.g., after the date of the extract file). For all other individuals not receiving developmental services under the DOJ Settlement Agreement, this field should be null, unless the CSB chooses to complete this data element for those other individuals.			
Purpose: Meet DOJ Settlement Agreement reporting requirements for the eight domains.			

Data elements in the preceding table are arranged in numerical sequence. However, some data element numbers are missing in that sequential listing because the associated data elements have been discontinued. **Discontinued CCS 2 and CCS 3 data elements are listed below.**

No.	Data Element	No.	Data Element	No.	Data Element	No.	Data Element
1	Transaction Activity Code	20	Co-Dependent	30	Axis III	52	Axis I Code 3
4	CSB Admission Date	26	Axis I Code 1	31	Axis V	53	Axis I Code 4
6	Service Enrollment Date	27	Axis I Code 2	46	Days Waiting to Enter Treatment	54	Axis I Code 5
9	Service Release Date	28	Axis II Primary	50	Medicaid Status	55	Axis I Code 6
11	CSB Discharge Date	29	Axis II Secondary	51	Date of Last Direct SA Service	56	Consumer Service Hours

Appendix D: Data Collection Matrix

When is data collected?

In CCS 3, data elements are collected at different steps of the individual's involvement with the CSB. There are two major steps from the standpoint of data extracts:

- Case Opening, and
- Type of Care event, for example, at admission to and at discharge from a program area.

Many data elements also must be **updated whenever they change or at least annually**.

Case Opening

This step occurs when a CSB determines that it can serve an individual, and it opens a case for the individual. This step requires submission of some of the data elements in the Consumer File table and all of the data elements in the Services file table (Appendix B), but it does not require submission of the event itself in a TypeOfCare file. Only the data elements listed in the following table have to be collected at case opening, although other elements may be collected. A case is opened when emergency or ancillary services (motivational treatment, consumer monitoring, assessment and evaluation, or early intervention services) are provided, and these data elements must be collected for those services.

CCS 3 Data Elements Collected at Case Opening			
No.	**Data Element**	**No.**	**Data Element**
2	AgencyCode	64	Service Subtype
3	ProgramAreaId, use only 400 to indicate the service is an emergency or ancillary service	65	Service Location
		71	InsuranceType1
5	ServiceCode	72	InsuranceType2
7	ConsumerId (CSB identifier)	73	InsuranceType3
8	SSN	74	InsuranceType4
10	Units	75	InsuranceType5
14	CityCountyResidenceCode	76	InsuranceType6
16	DateOfBirth	77	InsuranceType7
17	Gender	78	InsuranceType8
18	Race	79	DateNeedforMHServices FirstDetermined
19	HispanicOrigin		
24	LegalStatus	80	DateNeedforSAServices FirstDetermined
44	PregnantStatus		
48	ServiceFromDate	93	ReportedDiagnosisCode
58	ConsumerFirstName	94	DiagnosisStartDate
59	ConsumerLastName		
62	ServiceThroughDate		

Note: *CSBs no longer have to collect or report DSM IV Diagnoses Axis I and II (retired data elements 26-29), DSM IV Diagnoses Axis I Codes 3-6 (retired data elements 52-55), days waiting to enter treatment (retired data element 46,) or consumer service hours (retired data element 56) at case openings or at admission to a program area, so these data elements are not shown in the tables above and on the next page. However, per the CCS 3 Extract File Layouts in Appendix B, these data elements must be reported as NULL values in consumer files and service files submitted to the Department by CSBs.*

Admission to or Discharge from a Program Area (Type of Care event)

When an individual is admitted to or discharged from a program area, the data elements from the case opening step must continue to be reported and updated when necessary, and the following additional *italicized* data elements must be collected and reported.

CCS 3 Data Elements Collected at Admission To or Discharge From a Program Area			
No.	**Data Element**	**No.**	**Data Element**
2	AgencyCode	*67*	*MilitaryStatusStartDate*
3	ProgramAreaId (100, 200, or 300)	*68*	*MiltaryStatusEndDate*
5	ServiceCode	*69*	*MaritalStatus*
7	ConsumerId (CSB identifier)	*70*	*SocialConnectedness*
8	SSN	71	InsuranceType1
10	Units	72	InsuranceType2
12	*DischargeStatus*	73	InsuranceType3
13a	*SMISEDAtRisk*	74	InsuranceType4
13b	*CognitiveDelay*	75	InsuranceType5
14	CityCountyResidenceCode	76	InsuranceType6
15	*ReferralSource*	77	InsuranceType7
16	DateOfBirth	78	InsuranceType8
17	Gender	79	DateNeedforMHServices FirstDetermined
18	Race		
19	HispanicOrigin	80	DateNeedforSAServices FirstDetermined
21	*EducationLevel*		
22	*EmploymentStatus*	*81*	*HealthWellBeingMeasure*
23	*TypeOfResidence*	*82*	*CommunityInclusionMeasure*
24	LegalStatus	*83*	*ChoiceandSelf-DeterminationMeasure*
25	*NbrPriorEpisodesAnyDrug*	*84*	*LivingArrangementMeasure*
32-43	*SA Primary, Secondary, and Tertiary Drug*	*85*	*DayActivityMeasure*
44	PregnantStatus	*86*	*SchoolAttendanceStatus*
45	*FemaleWithDependentChildrenStatus*	*87*	*IndependentLivingStatus*
47	*NbrOfArrests*	*88*	*HousingStability*
48	ServiceFromDate	*89*	*PreferredLanguage*
49	*AuthRep*	*90*	*EnhancedCaseManagement*
57	*MedicaidNbr*	*91*	*EmploymentDiscussion*
58	ConsumerFirstName	*92*	*EmploymentGoals*
59	ConsumerLastName	93	ReportedDiagnosisCode
60	*TypeOfCareThroughDate*	94	DiagnosisStartDate
61	*TypeOfCareFromDate*	*95*	*DiagnosisEndDate*
62	ServiceThroughDate	*96*	*DiscussionofLastCompletePhysical*
63	*StaffId (optional)*	*97*	*DateofLastCompletePhysicalExam*
64	ServiceSubtype	*98*	*DiscussionofLastScheduledDental*
65	ServiceLocation	*99*	*DateofLastScheduledDentalExam*
66	*MilitaryStatus*		

Data Element and Program Area Cross-Reference Table

Different data elements apply to and are collected for different program areas, as shown in the following table. Data elements that are collected for emergency or ancillary services are listed in the **CCS 3 Data Elements Collected at Case Opening** table on page 48.

Data Element and Program Area Cross-Reference Table				
Element No.	**Data Element**	**Mental Health**	**Substance Abuse**	**Develop-mental**
2	AgencyCode	Y	Y	Y
3	ProgramAreaId	Y	Y	Y
5	ServiceCode	Y	Y	Y
7	ConsumerId (CSB identifier)	Y	Y	Y
8	SSN	Y	Y	Y
10	Units	Y	Y	Y
12	DischargeStatus	Y	Y	Y
13a	SMISEDAtRisk	Y	Y	N
13b	CognitiveDelay	N	N	Y
14	CityCountyResidenceCode	Y	Y	Y
15	ReferralSource	Y	Y	Y
16	DateOfBirth	Y	Y	Y
17	Gender	Y	Y	Y
18	Race	Y	Y	Y
19	HispanicOrigin	Y	Y	Y
21	EducationLevel	Y	Y	Y
22	EmploymentStatus	Y	Y	Y
23	TypeOfResidence	Y	Y	Y
24	LegalStatus	Y	Y	Y
25	NbrPriorEpisodesAnyDrug	Y	Y	N
32-43	SA Primary, Secondary, and Tertiary Drug	Y	Y	N
44	PregnantStatus	Y	Y	N
45	FemaleWithDependentChildrenStatus	N	Y	N
47	NbrOfArrests	Y	Y	N
48	ServiceFromDate	Y	Y	Y
49	AuthRep	Y	N	Y
57	MedicaidNbr	Y	Y	Y
58	ConsumerFirstName	Y	Y	Y
59	ConsumerLastName	Y	Y	Y
60	TypeOfCareThroughDate	Y	Y	Y
61	TypeOfCareFromDate	Y	Y	Y
62	ServiceThroughDate	Y	Y	Y
63	StaffId (optional)	Y	Y	Y
64	ServiceSubtype	Y	Y	Y
65	ServiceLocation	Y	Y	Y
66	MilitaryStatus	Y	Y	Y
67	MilitaryServiceStartDate	Y	Y	Y
68	MilitaryServiceEndDate	Y	Y	Y

Data Element and Program Area Cross-Reference Table				
Element No.	Data Element	Mental Health	Substance Abuse	Develop-mental
69	MaritalStatus	Y	Y	Y
70	SocialConnectedness	Y	Y	N
71	InsuranceType1	Y	Y	Y
72	InsuranceType2	Y	Y	Y
73	InsuranceType3	Y	Y	Y
74	InsuranceType4	Y	Y	Y
75	InsuranceType5	Y	Y	Y
76	InsuranceType6	Y	Y	Y
77	InsuranceType7	Y	Y	Y
78	InsuranceType8	Y	Y	Y
79	DateNeedforMHServicesFirstDetermined	Y	Y	Y
80	DateNeedforSAServicesFirstDetermined	Y	Y	Y
81	HealthWellBeingMeasure	N	N	Y
82	CommunityInclusionMeasure	N	N	Y
83	ChoiceandSelf-DeterminationMeasure	N	N	Y
84	LivingArrangementMeasure	N	N	Y
85	DayActivityMeasure	N	N	Y
86	SchoolAttendanceStatus	Y	N	N
87	IndependentLivingStatus	Y	N	N
88	HousingStability	Y	Y	N
89	PreferredLanguage	Y	Y	Y
90	EnhancedCaseManagement	N	N	Y
91	EmploymentDiscussion	Y*	Y*	Y
92	EmploymentGoals	Y*	Y*	Y
93	ReportedDiagnosisCode	Y	Y	Y
94	DiagnosisStartDate	Y	Y	Y
95	DiagnosisEndDate	Y	Y	Y
96	DiscussionofLastCompletePhysicalExam	N	N	Y
97	DateofLastCompletePhysicalExamination	N	N	Y
98	DiscussionofLastScheduledDentalExam	N	N	Y
99	DateofLastScheduledDentalExamination	N	N	Y

* Collecting these data elements is optional per the definitions of data elements 91 and 92.

Appendix E: Business Rules

Business rules enforce the policies and procedures specified by an organization for its processes. The complete set of current CCS Business Rules is incorporated by reference into these Extract Specifications, and they are contained in the current release of the CCS 3 application. These rules establish acceptable parameters and validation criteria for CCS 3 data elements and describe error-checking routines and operations. CSB staff and IT vendors responsible for implementing CCS 3 should review and must adhere to these business rules.

The following are general business rules for the CCS 3 database not discussed elsewhere in this document. Validation checks are basic business rules, and some of the general validations of CCS 3 data are described below.

Extract Record Values

General

CSBs must validate all field values in CCS 3 extract files before they submit their extracts to the Department. Invalid data fields will produce fatal errors that will cause a record in a file to be rejected.

Dates

All dates must be valid and must be entered in the format MMDDYYYY with no slashes, spaces, or special characters. Leading zeroes must be supplied for single digit days and months, e.g., February 1 is 0201. Century values must be greater than or equal to 1900. There must not be a month value greater than 12, and there must not be a day value greater than 31.

CCS 3 Unknown Value Codes

The CCS 3 Extract Specifications, in an attempt to improve the data quality of extracts, clarifies the meaning of certain field codes for situations when the value of a field is not clear. In these specifications, they are called unknown values. In the past, the CCS used the codes 96, 97, and 98 to indicate Not Applicable, Unknown, and Not Collected, as well as allowing blanks or missing values. These codes were introduced in earlier versions of the CCS, but their use is standardized in CCS 3. These distinctions may seem subtle, but they are important for reporting clearly and unambiguously. There are four categories into which unknown values can be placed: Blanks, Not Applicable, Unknown, or Not Collected.

Blanks (NULL)

There are certain fields for which there is no extract value. The value would be applicable and could be known if collected; however, clinical circumstances dictate that a value can not always be supplied. An example is social security number (SSN); some individuals may not have an SSN.

These fields can be left blank (NULL) on the initial extract; i.e., they can be left out. These fields must not be filled with spaces. In the extract file, they will be indicated by two consecutive commas. For example, if there were three fields in a row, but the value for the second field was blank (NULL), then the extract would look like this: value1,,value3.

Note that if a blank value is to be used at the end of an extract file, there must be a comma representing that blank, shown as: ,, at the end of the file. Omitting the comma will cause the extract to completely ignore the value, meaning the blank will not be recorded.

Not Applicable (96)

There are certain fields where a value is nonsensical or not applicable; for example, FemaleWithDependentChildrenStatus does not make sense for a male. Also, a male can not be pregnant. Thus, a value of *not applicable* would be entered. The values of *not applicable* depend on the size of the field in which it is being used, as shown in the following table.

Single byte field	'A' for not applicable	Four byte field	'9996'
Two byte field	'96'	Five or more bytes	'99996'
Three byte field	'996'		

There are some fields in CCS 3 where the value is built into or provided by the known code, so that the 96 code does not apply. For example, an individual has to have a type of residence of some sort (data element 23), and there are codes built into the lkpResidence table to identify the possible types. Thus, if the individual is homeless or lives in a homeless shelter, then code 13 indicates that. However, the values of 97 and 98, Unknown and Not Collected, may still apply. Another example is education level (data element 21); there is a code in lkpEducation to indicate that the individual never attended school (01), so the code for *not applicable* is not needed.

Unknown (97: Asked but not answered)

A value may be applicable in a certain situation, but the value may not be known. Staff attempted to collect the information, but it could not be obtained. In the preceding example, if the individual were female, then she could have a dependent child, or she could be pregnant. Thus, *not applicable* would not be appropriate for this situation. However, if staff asked for this information, but the individual did not provide it or it was otherwise not available, then *unknown* would be the appropriate value. The values of *unknown* depend on the size of the field in which it is being used, as shown in the following table.

Single byte field	'U' for not applicable	Four byte field	'9997'
Two byte field	'97'	Five or more bytes	'99997'
Three byte field	'997'		

Not Collected (98: Not asked)

There are other situations where the most accurate description of a value indicates that it was not collected; i.e., there was no attempt to collect the information. This is different from the *unknown* code. Not collected indicates that the value would be applicable, and could be known, but its value was not obtained at the time of the extract. Note that this is different from a blank value, which is an acceptable value on some fields. However, if there is a code in the lookup table for Not Collected, then that value should be used instead of a blank.

The values of *not collected* depend on the size of the field in which it is being used:

Single byte field	'X' for not collected	Four byte field	'9998'
Two byte field	'98'	Five or more bytes	'99998'
Three byte field	'998'		