ADDICTIONS AND MENTAL HEALTH DIVISION

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Oregon Health Authority
Addictions and Mental Health

MOTS

Measures and Outcomes Tracking System

Data Dictionary and Business Rules

February 28, 2017

Version 3.3

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Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval

v #	Change Description	Author	Date
1.0	New document combining DD2.1 with BRE1.0	PManion	03/10/2014
2.0	Added key table for reading data tables, removed old wording on page 6 associated with codes, and added section explaining the data tables per BKahn request.	PManion	03/12/2014
2.1	• Fixed Typo in Prime Number guidelines: should be "AANNNNN**N**A" Page 9; • Removed Business Rule for Date Living Arrangement Changed: Removed "Must be => Admission Date" Page 12; • Modified Length for ODL to **6-8** characters, Page 13; • Fixed Typo in Zip Code of Residence, should be 'nnnnn' Page 13; • Fixed Typo in Source of Income/Support Field Length, should be **(4-22)**, Page 14; • Removed unnecessary Business Rules for Legal Status: Only two rules are necessary, Page 14; • Fixed 2 typos on Referred To Business Rules, Page 16; • Clarified MH LOC Score Business Rule: "Can be left blank if SA client or MH Current LOC is OUT **or blank**" Page 19; • Removed Business Rule for Medication Assisted Tx: Removed "If value is Alcohol than one of the Substance Problems has to be alcohol" Page 27; • Fixed incorrect page numbers, Page 28 & 32; • Removed Business Rule for Final Day of Diversion: Removed "Cannot be in the future" Page 31.	Bkahn	04/14/2014
2.2	• Provided further clarification on how to submit the Facility Medicaid Provider ID, Page 9. • Added another acceptable format for Client's Medicaid ID, Page 9. • Removed duplicate information in the explanation for MH LOC Score, Page 19. • Clarified, with an example, how Diagnosis should be submitted, page 19. • Modified presenting danger boxes to remove multiple entries allowed, Page 29. • Indicated that Procedure Modifiers need to be submitted in FULL CAPS, Page 32.	Bkahn	05/23/2014
2.3	• Clarified that some data element values are in Capital Case, page 10. • Fixed a typo regarding "Referred To" code, 07 Employment Services, page 6.	Bkahn	06/10/2014
2.4	• Clarified Diagnosis code source, page 19 and 33.	Bkahn	07/31/2014
2.5	• Added more details about Source of Income, page 14.	Bkahn	08/06/2014
2.5	• Date of Commitment and Length of Commitment are blank when Revocation, page 32-33. • Source of income cannot be "none" if income is greater than 0, p. 14. • SID Number can be 6-8 characters, p. 13. • Alpha-Numeric codes need to be submitted in UPPER CASE, p. 21.	TRoby Bkahn	10/09/2014 10/14/2014

2.6	• Appendix A: Prime Number (Medicaid ID) Acceptable format added p. 10	Dyale	12/31/2015
	• MH Current LOC-can be left blank if score is blank p 21 • MH LOC Score—can be blank if legal status is PSRB p21	Dyale	1/21/2015
	• Changed Admission Date to *Must be greater than Date of Birth-Pg 15* • *Added* 99=Other to County of Responsibility-Pgs 11 and 39		
2.7	• Added-Mental Health Crisis and Involuntary Services are considered events. No Non-Medicaid service is required-Pg 8 • Added-*"SSI" is Social Security Income-Pg 15* • *Name field characters allowed changed to include spaces Pgs 10 and 36*	Dyale Dyale	2/5/2015 3/12/2015
2.8	• Added ICD10 information Pgs 21 and 35	Dyale	4/1/2016
2.9	• GAF score optional for EDI, not necessary for CE Pg 21 • Added new valid entries for Veteran Status Pg 19 • Added new valid entries for Living Arrangement Pg 13 • Added Revision date to document footer • Added ICD10 codes effective date Pgs 21 and 35 • Fixed broken hyperlink Pg 34	Dyale	7/31/2015
3.0	• Change Client TX Status to Client Treament Status Pgs 2, 12, 40	Dyale	8/17/2015
	• Updated See Page numbers on page 30 and 34	Dyale	8/27/2015
3.1	• Removed Rule from Source of Income/Support pg 15	Dyale	10/16/2015
	• Added rule to Date of Admission pg 15	Dyale	10/23/2015
3.2	• Added new LOC (Assessed and Current) codes Pgs 29-32	Dyale	03/01/2016
	• Crisis Bed added to Referred To and Referred From Pgs 17 and 18		
	• Involuntary Custody added to Legal Status pg 16		
3.3	• Clarified gender selection for Pregnant	Dyale	9/29/2016
	• Removed BMRC from Referred to and Referred pgs 17 and 18	Dyale	10/20/2016
	• SID # Required for legal status:DUII Convicted or Diversion pg 14	Dyale	01/10/2016

Overview

The purpose of the Data Dictionary is to inform and explain the data elements that will be collected and reported to AMH as stated in the Data Submission Guide. This dictionary is mainly for those providers submitting data from their own Electronic Health Record (EHR); however, others may find it useful, too. The Data Dictionary is intended for persons technically supporting the various (EHR)-systems. The Data Dictionary can and should be used to verify the fact that the (EHR)-systems used by providers who are required to report to AMH contain the correct data values and format, and adhere to rules and validations acceptable to the AMH data systems.

This is a comprehensive dictionary which includes instructions for *all* service modalities. Therefore, some data elements may not directly apply to your program. For convenience, the dictionary has been broken out into sections:

- Client Profile Data (CPD)
- Behavioral Health Data (BHD)
- Addiction Detail Data (ADD)
- MH Crisis Data (MCD)
- Involuntary Services (Pre-Commitment Investigation) (INS)
- Non-Medicaid Services

Data identified in this guide can be divided into 2 basic categories:

1. Status Data
2. Non-Medicaid Service Data

<u>Status Data</u> includes admission information and then any updates and/or changes in the client's status or record. This is similar to what is collected currently for CPMS.

<u>Non-Medicaid Service Data</u> will be reported after a service has been rendered for those Non-Medicaid/OHP funded services. Data fields identified in this guide specify whether the data are reported via Status updates or through Non-Medicaid Service submissions. Service data on clients that is submitted for Medicaid or through the MMIS system does not need to be submitted to AMH, since it's already submitted to the MMIS system. AMH will extract this information from MMIS. Mental Health Crisis and Involuntary Services are considered events. No Non-Medicaid service is required when just submitting a crisis or involuntary service.

<u>Abbreviations used in this document</u>

SA = Substance Abuse
MH = Mental Health
Tx = Treatment
Dx = Diagnosis

The tables that follow list all data elements, along with data values and rules, data type, indication of whether data element is required or not, and the field length. Status data is listed

first (Client Profile, Behavioral Health, Addiction Detail), followed by Crisis, Involuntary, and then Non-Medicaid Services.

Key to reading the data tables

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Name of MOTS data element	Valid values for data element	A = Alpha N=Numeric D=Date AN=Alphanumeric	1=required 0=not required 0-1=situational. May or may not be required. 1-m=One is required, but may have multiples. 0-m=Situational. May have none, one, or multiple.	(N) = Maximum number of characters or numbers accepted. N represents a numeric value.
	This section shows business rules that apply to listed data element			

Note that data element values can be numeric codes (i.e., 01, 02, 05, etc.), or words in Capital Case (i.e., Male, Female, Other), or FULL CAPS (i.e., AL, AK, AZ). Please pay close attention to the data element values listed in the following table.

Appendix A displays a sample template that might be helpful as EHR vendors validate that their EHR can meet the reporting requirements outlined in the data dictionary. It is meant to be just a sample list, but the format may prove helpful.

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Client Profile Data Elements				
Facility Id	State Medicaid Provider ID[1]	N	1	(15)
	-Must exist as a valid OR Provider Medicaid in MOTS *-Must be registered for submitting (Status/Crisis/Involuntary Service) Data using the EDI method*			
Last Name	Client's Legal Last Name	A	1	(60)
	-All letters and hyphen(-), apostrophe(') and space() are accepted			
First Name	Client's Legal First Name	A	1	(35)
	-All letters and hyphen(-), apostrophe(') and space() are accepted			
Middle Name	Client's Legal Middle Name or Initial	A	0-1	(25)
	-Can be left Blank *-All letters and hyphen(-), apostrophe(') and space() are accepted*			
Last Name at Birth	Client's Legal Last Name at Birth	A	1	(60)
	-All letters and hyphen(-), apostrophe(') and space() are accepted			
Client ID	Unique identifier assigned to a client	AN	1	(20)
	-Must be unique in combination with client's Facility Id			
Prime Number	Unique Client ID also known as Medicaid ID, Recipient ID, OHP Number or MMIS Number.	AN	0-1	(8)
	-Standard formatting is: AANNNNNA, AANNNANA, AAANNNNA and NNNNNNNA. *-Can be left blank unless Expected/Actual Source of Payment is Medicaid/OHP, then this field is required* *-If not blank must follow Medicaid Prime Number guidelines: AANNNNNA, AANNNANA , AAANNNNA and NNNNNNNA.*			

[1] Be sure to submit the full Provider Medicaid ID. Your Provider Medicaid ID could have zeros as the first few digits. If your ID starts with zeros, be sure to include those zeros when submitting the number. Ex: If your number is "000123456", do not submit "123456" but rather submit it as "000123456" (without the quotes).

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
County of Residence	01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, 69=Wheeler, 71=Yamhill, 99=Other	N	1	(2)
	Must be a two digit value from list above			
County of Responsibility	01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, 69=Wheeler, 71=Yamhill, 99=Other	N	1	(2)
	Must be valid 2 digit value from list above			
Gender	Male, Female, Other	A	1	(4-6)
	Must be valid value from list above			
Marital Status	Never Married, Married, Separated, Divorced, Widowed, Unknown	A	1	(7-13)
	Must be value from list above			
Race	01=Alaska Native, 02=American Indian, 03=Black or African American, 04=White, 05=Asian, 06=Native Hawaiian or Other Pacific Islander, 07=Other Single Race, 08=Two or More Unspecified Races	N	1-m	(2)
	-Must be valid 2 digit values from list above *-Can be multiple races but not multiple times the same race*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Ethnicity	1=Puerto Rican, 2=Mexican, 3=Cuban, 4=Other Specific Hispanic, 5=Hispanic – Specific Origin not Specified, 6=Not of Hispanic Origin, 9=Unknown	N	1	(1)
	Must be valid single digit value from list above			
Date of Birth	CCYYMMDD	D	1	
	-Must be a valid date *-Cannot be in the future* *-Must be less than or equal to the Date of Admission*			
Veteran	Yes, No, UNK=Unknown **(through 09/30/2015)**	A	1	(3)
	Yes=Yes, Veteran and not specified Branch of Service, YVA=Yes, Veteran and Current or Former Active Duty Military, YVG=Yes, Veteran and Current or Former Guard/Reserve Military, NG=No, but Current or Former Guard/Reserve Military, No=No, UNK=Unknown ***(beginning 10/01/2015)***	A	1	(3)
	-Must be value from list above *-If yes age(current date - date of birth) must be 17 or higher*			
Client Treatment Status	01=Active, 02=Crisis Services, 03=Tx Completed, 04=Assessment only- no Tx needed or referred to other provider, 05=Left against Professional Advice, including drop-out, 06=Service Discontinued by Facility, 07=Transferred to another Program or Facility, 08=Incarcerated, 09=Aged Out, 10=Death, 11=Involuntary Services	N	1	(2)
	-Must be valid 2 digit value from list above *-Allow only status of MH Crisis if the client does not have a status of active* *-Allow a status of Involuntary Services if client does not have a status of active*			
Competitive Employment	01=Full Time, 02=Part Time, 03=Unemployed, 04=Homemaker, 05=Student, 06=Retired, 07=Disabled (unable to work for physical or psychological reasons), 08=Hospital Patient or Resident of Other Institutions, 09=Other Reported Classification (e.g. volunteers), 10=Sheltered/Non-Competitive Employment, 11=Not in Labor Force, 99=Unknown	N	1-m	(2)
	-Must be valid 2 digit value from list above *-Can be multiple values but not the following combination:*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
	1 cannot be combined with 3, 7, 10, 11, 99 *2 cannot be combined with 3, 11, 99* *3 cannot be combined with 1, 2, 99* *99 cannot be combined with any of the other options.*			
Living Arrangement	**(Through 9/30/2015).** 01=Transient/Homeless, 02=Foster Home, 03=Residential Facility, 04=Jail, 05=Prison, 06=Room and Board, 07=Supported Housing, 08=Supportive Housing (scattered site), 09=Supportive Housing (congregate site), 10=Alcohol and Drug Free Housing, 11=Oxford Home, 12=Other Private Residence 99=Unknown **(Beginning 10/1/2015)** 01=Transient/Homeless, 02=Foster Home, 03=Residential Facility, 04=Jail, 05=Prison, 06=Room and Board, 07=Supported Housing, 08=Supportive Housing (scattered site), 09=Supportive Housing (congregate site), 10=Alcohol and Drug Free Housing, 11=Oxford Home, 12=Other Private Residence, 13=Private Residence (at home), 14= Private Residence (with relative), 15=Private Residence (with non-relative), 16= Residential Facility (SUD), 17=Residential Facility (BRS), 18=Residential Facility (CSEC), 19=Residential Facility (PRTS), 20=Residential Facility (SCIP/SAIP), 21=Residential Facility (SRTF for YAT), 22=Residential Facility (RTH for YAT), 23=Secure Residential (SRTF Adult), 24=Residential Sub-Acute Care Facility, 99=Unknown	N	1	(2)
	-Must be valid 2 digit value from list above			
Date changed Living Arrangement	CCYYMMDD	D	0-1	
	-Can be left blank unless Living Arrangement has been updated then it is required *-If not blank must be a valid date* *-Must be equal to or greater than Date of Birth* *-Cannot be in the future*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Behavioral Health Data Elements				
SID Number	Unique number assigned by State Police	N	0-1	(6-8)
	-Required when Legal Status = DUII Convicted or DUII Diversion			
ODL/OI Number	Oregon Driver's License or Oregon Identification or DMV Assigned Reference Number	AN	0-1	(6-8)
	-Can be left blank unless Legal Status of DUII Convicted (01) or DUII Diversion (02) is selected, then it is required			
State of Residence	AL=Alabama, AK=Alaska, AZ=Arizona, AR=Arkansas, CA=California, CO=Colorado, CT=Connecticut, DE=Delaware, DC=District of Columbia, FL=Florida, GA=Georgia, HI=Hawaii, ID=Idaho, IL=Illinois, IN=Indiana, IA=Iowa, KS=Kansas, KY=Kentucky, LA=Louisiana, ME=Maine, MD=Maryland, MA=Massachusetts, MI=Michigan, MN=Minnesota, MS=Mississippi, MO=Missouri, MT=Montana, NE=Nebraska, NV=Nevada, NH=New Hampshire, NJ=New Jersey, NM=New Mexico, NY=New York, NC=North Carolina, ND=North Dakota, OH=Ohio, OK=Oklahoma, OR=Oregon, PA=Pennsylvania, RI=Rhode Island, SC=South Carolina, SD=South Dakota, TN=Tennessee, TX=Texas, UT=Utah, VT=Vermont, VA=Virginia, WA=Washington, WV=West Virginia, WI=Wisconsin, WY=Wyoming, OT=Other	A	1	(2)
	Must be valid 2 character value from list above			
Zip Code of Residence	nnnnn	N	1	(5)
	-If residence outside OR use Tx Facility ZIP			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Tribal Affiliation	01=Burns Paiute Tribe, 02=Confederated Tribes of Coos, Lower Umpqua & Siuslaw, 03=Confederated Tribes of Grand Ronde, 04=Confederated Tribes of Siletz, 05=Confederated Tribes of the Umatilla, 06=Confederated Tribes of Warm Springs, 07=Coquille Indian Tribe, 08=Cow Creek Band of Umpqua Indians, 09=Klamath Tribes, 10=Not Applicable, 11=Other	N	1-m	(2)
	-Must be valid 2 digit value from list above *-Can be multiple Tribal Affiliations but not multiple times the same Tribe*			
Interpreter	FL=Foreign Language, HI=Hearing Impaired, NO=None	A	1	(2)
	Must be valid 2 character value from list above			
Date of Admission	CCYYMMDD	D	1	
	-Must be a valid date *-Must be greater than Date of Birth* *-Cannot be in the future* *-must be unique for an individual and facility per treatment episode*			
Total Number of Dependents	Nnn=(total number of people dependent upon the client's household income)	N	1	(3) > 0
	-Must be Greater than zero *-Must be >1 if Children in Residential Tx with Parent not blank*			
Number of Child Dependents	Nnn=(number of children ages 0-17 year's dependent upon client's household income)	N	1	(3)
	-Must be <= Total Number of Dependents			
Tx Plan Indicator	Education, Employment, Housing, Other	A	1-m	(5-10)
	Must be valid value from list above			
Source of Income/ Support	Wages/Salary, Public Assistance, Retirement/Pension/SSI, Disability/SSDI, Other, None, Unknown	A	1	(4-22)
	-Must be valid value from list above *-Cannot be "none" if Estimated Gross Household Monthly Income is greater than zero.* *-Can be "none" only if Income is equal to 0.* *Note: In this instance, "SSI" is Social Security Income.*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Estimated Gross Household Monthly Income	0=No Income, 1=Refused to Answer, 2 - nnnnn=Monthly Income	N	1	(5)
	Must be valid value from list above			
Legal Status	01=DUII Diversion Client, 02=DUII Convicted Client, 03=30 Day Civil Commitment, 04=90 Day Civil Commitment, 05=180 Day Civil Commitment, 06=Incarcerated, 07=Parole, 08=Probation, 09=Psychiatric Security Review Board (PSRB), 10=Juvenile Psychiatric Security Review Board (JPSRB), 11=Guardianship (Court), 12=Guardianship (Child Welfare), 13=Aid and Assist (ORS 161.370), 14=None, 15=Involuntary Custody *(effective April 1, 2016)*, 99=Unknown	N	1-m	(2)
	-Must be valid value from list above *-Legal Status can be multiple values but certain values cannot be combined, and none of the values can be combined with themselves.* *Value 14 cannot be with any other numbers* *Value 99 cannot be with any other numbers*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Referred From	01=Child Welfare, 02=Vocational Rehabilitation, 03=Aging and People with Disabilities, 04=Developmental Disabilities Services, 05=School, 06=Community Housing, 07=Employment Services, 08= Community-based MH and/or SA Provider, 09=Local MH Authority/Community MH Program, 10=State Psychiatric Facility (i.e., OSH), 11=Coordinated Care Organization (CCO), 12=Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.), 13= Municipal Court, 14=Federal Court, 15=Circuit Court, 16=Justice Court, 17=Jail - city or county, 18=Parole - county/state/federal - includes juveniles, 19=Police or sheriff - local, state, 20=Psychiatric Security Review Board (PSRB), 21=Probation - county/state/federal - includes juveniles, 22=State Correctional Institution, 23=Federal Correctional Institution, 24=Integrated Tx Court (Drug Court or MH Court), 25=Juvenile Justice System/Oregon Youth Authority, 26=ADES, 27=Self, 28=Family/Friend, 29=Employer/Employee Assistance Programs (EAP), 30=Advocacy Group, 31=Attorney, 32=Crisis/Helpline, 33=Media/Internet, 34=Other, 35=None, 36=Crisis Bed *(effective April 1, 2016)*, 99=Unknown	N	1-m	(2)
	-Must be valid value from list above *-Can be multiple Referral Sources but not multiple times the same Source* *-If Legal Status is equal to 1 or 2, at least 1 of the values has to be number 13, 15, 16 or 26*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Referred To	01=Child Welfare, 02=Vocational Rehabilitation, 03=Aging and People with Disabilities, 04=Developmental Disabilities Services, 05=School, 06=Community Housing, 07=Employment Services, 09=Local MH Authority/Community MH Program, 10=State Psychiatric Facility (i.e., OSH), 11=Coordinated Care Organization(CCO),12= Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.), 29=Employer/Employee Assistance Programs (EAP), 31=Attorney, 34=Other, 35=None, 36=Oregon Health Plan, 37=TANF/Food Stamps, 38=Youth/Child Social Service Agencies, Centers, or Teams, 39=Criminal Justice System Entities, 40=Other Community Agencies, 41=Community-based MH and/or SA Provider within service area, 42=Community-based MH and/or SA Provider outside service area, 43=Other MH/SA Providers, 44=Acute or Sub-Acute Psychiatric Facility, 45=MH Organization (MHO), 46=Fully Capitated Health Plan (FCHP), 47=Community Public Health Department, 48=Self Help Groups, 49=Oregon Partnership Helpline, 50=Crisis Bed *(effective April 1, 2016)*	N	1-m	(2)
	-Must be valid value from list above *-Can be multiple Referrals but not multiple times the same Referral*			
Primary Health Insurance	1= Private Insurance/Managed Care Organization, 2=Medicare, 3=Medicaid/OHP, 4=Other (e.g., TRICARE - VA, CHAMPUS), 5=None, 9=Unknown	N	1	(1)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Expected/ Actual Source of Payment	01=Self-Pay, 02=Medicare, 03=Medicaid/OHP, 04=AMH County Financial Assistance Agreement, 05=Other Government Payments , other than the AMH County Financial Assistance Agreement (City, County, State Funding) – Non Medicaid, 06=Worker's Compensation, 07=Private Health Insurance , 08=No Charge (free, charity, special research or teaching), 09=Other, 10=Unknown	N	1-m	(2)
	-Must be valid value from list above *-Can be multiple Sources of Payment but not multiple times the same Source*			
Tobacco Use	Yes, No, UNK=Unknown	A	1	(3)
	-Must be valid value from list above			
Substance Use during last 90 days	Yes, No, UNK=Unknown	A	1	(3)
	-Must be valid value from list above			
Pregnant	Yes, No, N/A=Not Applicable, UNK=Unknown	A	1	(3)
	-Must be valid value from list above *-if selected "Yes" Gender must be "Female"*			
Number of Arrests in Past Month	Nn=(Number of arrests)	N	0-1	(2)
	-Can be left blank *-Must be equal or less than Total Arrests*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Total Arrests	Nnn=(Number of arrests)	N	0-1	(3)
	-Can be left blank. *-Must be equal or greater than Number of Arrests in past month*			
Number of DUII Arrests in Past Month	Nn=(Number of arrests)	N	0-1	(2)
	-Can be left blank *-Must be equal or less than Total DUII Arrests* *-Must be equal or less than Number of Arrests in past month* *-Must be equal or less than Total Arrests*			
Total DUII Arrests	Nnn=(Number of arrests)	N	0-1	(3)
	-Can be left blank *-Must be equal or greater than Number of DUII arrests in past month* *-Must be equal or less than Total Arrests*			
Peer Delivered Services	1=Client was informed of Peer Delivered Services, 2=Client Received Peer Delivered Services, 3=Peer Delivered Services Planned as Part of Transition Plan/Discharge, 4=None, 5=Not Applicable	N	1	(1)
	-Must be valid value from list above			
Highest School Grade Completed	Nn=(Number of grades completed)	N	1	(2)
	-Must be less than or equal to the Clients age.			
Academic Improvement	Yes, No, N/A=Not Applicable, UNK=Unknown	A	1	(3)
	-Must be valid value from list above			
School Attendance Improvement	Yes, No, N/A=Not Applicable, UNK=Unknown	A	1	(3)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
School Behavior Improvement	Yes, No, N/A=Not Applicable, UNK=Unknown	A	1	(3)
	-Must be valid value from list above			
Infectious Disease Risk Assessment	1=Not completed, 2=Low-to-No Risk, 3=Moderate-to-High Risk. Referral was not made, 4=Moderate-to-High Risk. Referral made	N	1	(1)
	-Must be valid value from list above			
Diagnosis	ICD 9 Code(s). See latest version of the ICD 9 Code set.	AN	1-m	(5)
	ICD 10 Code(s) are effective beginning October 1, 2015.	AN	1-m	(7)
	-Must be at least one valid value from list above *-Can be multiple Diagnosis but not multiple times the same Diagnosis* *-No decimal point (example: 291.81 would be submitted as 29181)* *-Diagnosis codes that contain an Alpha character need to be in CAPS.*			
GAF Score	Nnn=(Number for Global Assessment of Functioning)	N	1	(3)
	-Must be in valid format *NOTE: Starting 10/01/15, GAF scores will be optional.*			
MH Current LOC	OUT=Outpatient, RES=Residential	A	0-1	(3)
	-Must be valid value from list above *-Can be left blank if SA client or if score is blank.*			
MH LOC Score	Nn=(LOC Composite score for MH clients assessed for care)	N	0-1	(2)
	-Can be left blank if SA client, or MH Current LOC is OUT or blank			
	-Can be left blank if Legal Status is PSRB			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Addiction Detail Data Elements				

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Substance Problem - Primary	02=Alcohol, 03=Cocaine/Crack, 04=Marijuana/Hashish – Includes THC and any other cannabis sativa preparations, 05=Heroin, 06=Non-Prescription Methadone, 07=Other Opiates and Synthetics – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects, 08=PCP – Phencyclidine, 09=Other Hallucinogens – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc., 10=Methamphetamine, 11=Other Amphetamines – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs, 12=Other Stimulants – Includes methylphenidate and any other stimulants, 13=Benzodiazepines – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines, 14=Other non-Benzodiazepine Tranquilizers – Includes meprobamate, tranquilizers, 15=Barbiturates – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, 16=Other non-Barbiturate Sedatives or Hypnotics – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, 17=Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, 18=Over-the- Counter – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication, 19=Other – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Substance Problem - Secondary	01=None, 02=Alcohol, 03=Cocaine/Crack, 04=Marijuana/Hashish – Includes THC and any other cannabis sativa preparations, 05=Heroin, 06=Non-Prescription Methadone, 07=Other Opiates and Synthetics – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects, 08=PCP – Phencyclidine, 09=Other Hallucinogens – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, 10=Methamphetamine, 11=Other Amphetamines – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs, 12=Other Stimulants – Includes methylphenidate and any other stimulants, 13=Benzodiazepines – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines, 14=Other non-Benzodiazepine Tranquilizers – Includes meprobamate, tranquilizers, 15=Barbiturates – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, 16=Other non-Barbiturate Sedatives or Hypnotics – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, 17=Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, 18=Over-the- Counter – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication, 19=Other – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
	-Cannot be the same as Substance Problem Primary			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Substance Problem - Tertiary	01=None, 02=Alcohol, 03=Cocaine/Crack, 04=Marijuana/Hashish – Includes THC and any other cannabis sativa preparations, 05=Heroin, 06=Non-Prescription Methadone, 07=Other Opiates and Synthetics – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects, 08=PCP – Phencyclidine, 09=Other Hallucinogens – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, 10=Methamphetamine, 11=Other Amphetamines – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs, 12=Other Stimulants – Includes methylphenidate and any other stimulants, 13=Benzodiazepines – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines, 14=Other non-Benzodiazepine Tranquilizers – Includes meprobamate, tranquilizers, 15=Barbiturates – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, 16=Other non-Barbiturate Sedatives or Hypnotics – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, 17=Inhalants – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, 18=Over-the- Counter – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication, 19=Other – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
	-Cannot be the same as Substance Problem Primary *-Must be 'none' if Substance Problem Secondary is 'none'* *-Cannot be the same as Substance Problem Secondary with exception of 'none'*			
Age at first Use - Primary	Nnn =(Age, zero if newborn)	N	1	(3)
	-Must be less or equal than Client age at Admission.			
Age at first Use - Secondary	Nnn =(Age, zero if newborn), 999=N/A	N	1	(3)
	-Must be 999(=N/A) if Substance Problem Secondary is 'none' *-If not 999(=N/A) then must be less or equal than Client age at Admission.*			
Age at first Use - Tertiary	Nnn =(Age, zero if newborn) 999=N/A	N	1	(3)
	-Must be 999(=N/A) if Substance Problem Tertiary is 'none' *-If not 999(=N/A) then must be less or equal than Client age at Admission.*			
Frequency of Use - Primary	1=No use in the past month, 2=1-3 times in the past month, 3=1-2 times in the past week, 4=3-6 times in the past week, 5=Daily	N	1	(1)
	-Must be valid value from list above			
Frequency of Use - Secondary	1=No use in the past month, 2=1-3 times in the past month, 3=1-2 times in the past week, 4=3-6 times in the past week, 5=Daily, 6=Not Applicable	N	1	(1)
	-Must be valid value from list above *-Must be 6 (=Not Applicable) if Substance Problem Secondary is 'none'*			
Frequency of Use - Tertiary	1=No use in the past month, 2=1-3 times in the past month, 3=1-2 times in the past week, 4=3-6 times in the past week, 5=Daily, 6=Not Applicable	N	1	(1)
	-Must be valid value from list above *-Must be 6 (=Not Applicable) if Substance Problem Tertiary is 'none'*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Usual Route of Administration - Primary	Oral, Smoking, Inhalation, Injection, Other	A	1	(4-10)
	-Must be valid value from list above			
Usual Route of Administration - Secondary	Oral, Smoking, Inhalation, Injection, Other, N/A	A	1	(4-10)
	-Must be valid value from list above *-Must be 'N/A' if Substance Problem Secondary is 'none'*			
Usual Route of Administration - Tertiary	Oral, Smoking, Inhalation, Injection, Other, N/A	A	1	(4-10)
	-Must be valid value from list above *-Must be 'N/A' if Substance Problem Tertiary is 'none'*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Addiction Assessed LOC These codes are effective until March 31, 2016	01=Level 0.5: Early Intervention, 02=OMT: Opioid Maintenance Therapy, 03=Level I: Outpatient Tx, 04=Level II.I: Intensive Outpatient, 05=Level II.5: Partial Hospitalization, 06=Level III.1: Clinically Managed Lower-Intensity Residential Services, 07=Level III.3: Clinically Managed Medium-Intensity Residential Tx, 08=Level III.5: Clinically Managed High-Intensity Residential Tx, 09=Level III.7: Medically Monitored Intensive Inpatient Tx, 10=Level IV: Medically Managed Intensive Inpatient Tx, 11=Level I-D: Ambulatory Detoxification without Extended On-Site Monitoring, 12=Level II-D: Ambulatory Detoxification with Extended On-Site Monitoring, 13=Level III-D: Residential/Inpatient Detoxification, 14=Level IV-D: Medically Managed Intensive Inpatient Detoxification	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Addiction Assessed LOC **EFFECTIVE APRIL 1, 2016**	01=Level 0.5: Early Intervention, 02=OTS:Opioid Treatment Services, 03=Level 1: Outpatient Services, 04=Level 2.1: Intensive Outpatient Services, 05=Level 2.5: Day Treatment Outpatient Services, 06=Level 3.1: Clinically Managed Low-Intensity Residential Services, 07=Level. 3.3: Clinically Managed Population–Specific High-Intensity (Adult) Residential Services, 08=Level. 3.5: Clinically Managed Adult High-Intensity (Medium Intensity Adolescent) Residential Services, 09=Level 3.7: Medically Monitored Intensive (Adult) Inpatient/High-Intensity (Adolescent)Inpatient Services, 10=Level 4 ; Medically Managed Intensive Inpatient Services, 11=Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring, 12=Level 2: WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring, 13=*Discontinued*, 14=Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management, 15= Level 3.2-WM: Clinically Managed Residential Withdrawal Management (NEW), 16=Level 3.7-WM:Medically Monitored Inpatient Withdrawal Management (NEW)	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Addiction Current LOC These codes are effective until March 31, 2016	01=Level 0.5: Early Intervention, 02=OMT: Opioid Maintenance Therapy, 03=Level I: Outpatient Tx, 04=Level II.I: Intensive Outpatient, 05=Level II.5: Partial Hospitalization, 06=Level III.1: Clinically Managed Lower-Intensity Residential Services, 07=Level III.3: Clinically Managed Medium-Intensity Residential Tx, 08=Level III.5: Clinically Managed High-Intensity Residential Tx, 09=Level III.7: Medically Monitored Intensive Inpatient Tx, 10=Level IV: Medically Managed Intensive Inpatient Tx, 11=Level I-D: Ambulatory Detoxification without Extended On-Site Monitoring, 12=Level II-D: Ambulatory Detoxification with Extended On-Site Monitoring, 13=Level III-D: Residential/Inpatient Detoxification, 14=Level IV-D: Medically Managed Intensive Inpatient Detoxification	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Addiction Current LOC **EFFECTIVE APRIL 1, 2016**	01=Level 0.5: Early Intervention, 02=OTS:Opioid Treatment Services, 03=Level 1: Outpatient Services, 04=Level 2.1: Intensive Outpatient Services, 05=Level 2.5: Day Treatment Outpatient Services, 06=Level 3.1: Clinically Managed Low-Intensity Residential Services, 07=Level. 3.3: Clinically Managed Population–Specific High-Intensity (Adult) Residential Services, 08=Level. 3.5: Clinically Managed Adult High-Intensity (Medium Intensity Adolescent) Residential Services, 09 =Level 3.7: Medically Monitored Intensive (Adult) Inpatient/High-Intensity (Adolescent)Inpatient Services, 10=Level 4 ; Medically Managed Intensive Inpatient Services, 11=Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring, 12=Level 2: WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring, 13=Discontinued, 14=Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management, 15= Level 3.2-WM: Clinically Managed Residential Withdrawal Management (NEW), 16=Level 3.7-WM:Medically Monitored Inpatient Withdrawal Management (NEW)	N	1	(2)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Medication Assisted Tx	Nicotine, Alcohol, Opiate, None	A	1	(4-8)
	-Must be valid value from list above			
Frequency of Attendance at Self Help Programs	1=No attendance in the past month, 2=1-3 times in the past month (less than once per week), 3=4-7 times in the past month (about once per week), 4=8-15 times in the past month (2 or 3 times per week), 5=16-30 times in the past month (4 or more times per week), 6=Some attendance, but frequency unknown, 9=Unknown	N	1	(1)
	-Must be valid value from list above			
Positive Alcohol/Drug Tests	Nn=(number of tests that were positive during the past reporting period)	N	1	(2)
	-Must be valid value			
Children in Residential Tx with Parent	CCYYMMDD	D	0-m	
	-Can be left blank *-If not blank have to be a valid date(s) and cannot be in the future*			
DUII Completion Date	CCYYMMDD	D	0-1	
	-Can be left blank *-If not blank have to be a valid date and cannot be in the future*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
MH Crisis Data Elements				
Legal Status	(see page 16)	N	1-m	(2)
	-See page 16			
Referred From	(see page 17)	N	1-m	(2)
	-See page 17			
Referred To	(see page 18)	N	1-m	(2)
	-See page 18			
Primary Health Insurance	(see page 18)	N	1	(1)
	-See page 18			
Date of Service	CCYYMMDD	D	1	
	-Must be a valid date *-Cannot be in the future*			
Place of Service	http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html	N	1	(2)
	-Must be valid value from above reference			
Diagnosis	(see page 21)	AN	1-m	(5)
	-See page 21 *-At least one ICD-9 code (or effective 10/1/2015, ICD-10 code)* *-No decimal point*			
Time of Service	24-HHMM	N	1	(4)
	-Must be a valid time in the 24 hour clock: Hours (HH) can vary from 00 through 23, Minutes (MM) can vary from 00 through 59			
Presenting Danger of Suicide	1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown	N	1	(1)
	-Must be valid value from list above			
Presenting Danger of Other Harm to Self	1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown	N	1	(1)
	-Must be valid value from list above			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Presenting Danger of Harm to Others	1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown	N	1	(1)
	-Must be valid value from list above			
Presenting Danger of Harm to Property	1=Thoughts, 2=Threats, 3=Plan, 4=Action/Behavior, 5=None of the above, 6=Unknown	N	1	(1)
	-Must be valid value from list above			
Involuntary Service (Pre-Commitment Investigation) Elements				
Service Status	1=Pre-Commitment investigation, 2=Revocation, 3=Recertification	N	1	(1)
	-Must be valid value from list above			
Type of Petition/NMI	1=Two person, County Health Officer, or Court Magistrate, 2=CMHP Director, 3=Physician/Hospital Hold, 4=Recertification, 5=Revocation	N	1	(1)
	-Must be valid value from list above			
Date of Petition/NMI	CCYYMMDD	D	1	
	-Must be a valid date *-Cannot be in the future* *-Must be before or the same as the Date of Commitment*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Hearing Recommended	1=No, petition/NMI withdrawn, 2=No, person agrees to voluntary treatment, 3=No, there is not probable cause, 4=No, but judge orders hearing, 5=Yes, there is probable cause, 6=No, 14-day diversion, 7=Yes, Protested recertification, 8=Yes, revocation	N	1	(1)
	-Must be valid value from list above			
Reason(s) for Recommending Hearing/ Diversion	1=Danger to self, 2=Danger to others, 3=Basic personal needs, 4=Chronic mentally ill (meets expanded criteria), 5=Not applicable (Hearing not recommended)	N	1-m	(1)
	-Must be valid value from list above *-Can be multiple Reasons but not multiple times the same Reason* *-Value 5(N/A) cannot be combined with any of the other values*			
Date of Commitment	CCYYMMDD	D	0-1	
	-Must be a valid date *-Cannot be in the future* *-Must be after or the same as the Date of Petition/NMI* *-Must be left blank if the code for Hearing Recommended is 1, 2, 3, 6 or 8, or if the code for the Disposition by Judge is 1, 2, 3 or 6*			
Basis for Involuntary Services	1=Danger to self, 2=Danger to others, 3=Basic personal needs, 4=Chronic mentally ill	N	0-m	(1)
	-Must be valid value from list above *-Can be multiple Basis but not multiple times the same Basis* *-Must be left blank if the code for Hearing Recommended is 1, 2, 3 or 6, or if the code for the Disposition by Judge is 1, 2 or 3*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Disposition by Judge	1=Found not mentally ill, 2=Dismissed, 3=Conditionally released, 4=Outpatient commitment, 5=Inpatient commitment, 6=Revocation, 7=Re-certification	N	0-1	(1)
	-Must be valid value from list above *-Must be left blank if the code for Hearing Recommended is 1, 2, 3 or 6*			
Length of Commitment	Nnn=(Total number of days committed)	N	0-1	(3)
	-Must be numeric *-Must be left blank if the code for Hearing Recommended is 1, 2, 3, 6 or 8, or if the code for the Disposition by Judge is 1, 2, 3 or 6*			
Service Setting Assigned To if Committed	1=Community Mental Health Program, 2=Community Hospital, 3=State Hospital, 4=V.A. Hospital, 5=State Approved Facility, 6=Outpatient, 7=Other	N	0-1	(1)
	-Must be valid value from list above *-Must be left blank if the code for Hearing Recommended is 1, 2, 3 or 6, or if the code for the Disposition by Judge is 1, 2 or 3*			
Final Day of Diversion	CCYYMMDD	D	0-1	
	-Must be a valid date *-Must be after or the same as the Date of Petition/NMI* *-Must be left blank if Hearing Recommended <> 6*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Non-Medicaid Service Data Elements				
Facility Id	(see page 10)	N	1	(15)
	-See page 10 *-Must be a number registered in MOTS* *-Must be a number that is registered submitting Non-Medicaid services through EDI*			
Parent Provider Id	State Medicaid Provider ID (of entity accountable/paying for the service/procedure)	N	1	(15)
	-Must be set up as Parent Provider for the Facility Id in this record, through MOTS registration			
Last Name at Birth	(see page 10)	A	1	(60)
	-See page 10 *-Must match Last Name at Birth registered in MOTS for the Client Id in this record*			
Client ID	(see page 10)	AN	1	(20)
	-See page 10 *-Must have Client Id registered in MOTS for the Facility Id in this record*			
Date of Birth	CCYYMMDD	D	1	
	-See page 12 *-Must match Date of Birth registered in MOTS for the Client Id in this record*			
Procedure Code	http://www.oregon.gov/OHA/healthplan/pages/feeschedule.aspx	AN	1	(5)
	-Must be in reference shown above			
Modifier	Modifier that can be added to Procedure Code (Referenced in Procedure Code document)	A	0-4	(2)
	-Can be left blank *-Can be multiple modifiers but not the same modifier multiple times* *-No more than 4 Modifiers are allowed* *-Modifier Codes are in Full CAPS.*			

Data Element Name	Data Element Values and Rules	Data Type	Req	Length
Number of Units	Nnn=(number of units for service provided)	N	1	(3)
	-Must be in format shown above *-No decimal point.*			
Date of Service (Begin)	CCYYMMDD	D	1	
	-Must be a valid date *-Cannot be in the future*			
Date of Service (End)	CCYYMMDD	D	0-1	
	-Can be left blank *-If not blank must be a valid date and cannot be in the future and must be >= than Date of Service(Begin)*			
Place of Service	http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html	N	1	(2)
	-Must be valid value from above reference			
Billed Charges	Nnnnn=(fee for service amount charged)	N	1	(5)
	-Must be if format shown above *-No decimal point*			
Diagnosis	ICD-9 code. One or more selected from the Diagnosis registered in the Behavioral Health Data Elements as part of the Status Data for this individual.	AN	1-3	(5)
	ICD 10 Code(s) will be required effective October 1, 2015.	AN	1-m	(7)
	-Must be selected from the diagnosis codes submitted via the status data *-No decimal point.* *-If multiple, the first Diagnosis reported must be the Primary Diagnosis*			

Appendix A: Sample Tool for Mapping MOTS Data to Existing Electronic Health/Medical Record System

You can use the MOTS data dictionary to create a data mapping tool for your existing electronic health/medical record system by copying the tables in this document and adding additional columns to capture the equivalent data elements from your system. This will allow you to easily identify missing/non-equivalent data items, and to make a plan for how you will ensure the necessary data is available. This is just a sample to provide the format that you may want to use. It is not a complete list of all data fields in Status and Service.

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
Agency/Facility Identifier	Alpha numeric (15)	Y	State Medicaid Provider ID	-Must exist as a valid OR Provider Medicaid in MOTS -Must be registered for submitting (Status/Crisis/Involuntary Service) Data using the EDI method			
Last Name	Alpha (60)	Y	Client's Legal Last Name	-All letters and hyphen(-), apostrophe(') and space() are accepted			
First Name	Alpha (35)	Y	Client's legal First Name	--All letters and hyphen(-), apostrophe(') and space() are accepted			
Middle Name	Alpha (25)	N	Client's Legal Middle Name or Initial	-Can be left Blank -All letters and hyphen(-), apostrophe(') and space() are accepted			
Last Name at Birth	Alpha (60)	Y	Client's Legal Last Name at Birth	-All letters and hyphen(-), apostrophe(') and space() are accepted			

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
Client ID	Alpha numeric (20)	Y	Unique identifier assigned to a client by provider	-Must be unique in combination with client's Facility Id			
Prime Number (Medicaid ID)	Alphanumeric (8)	C	Standard formatting is: AANNNNNA, AANNNANA , AAANNNNA and NNNNNNNA	-Can be left blank unless Expected/Actual Source of Payment is Medicaid/OHP, then this field is required -If not blank must follow Medicaid Prime Number guidelines: AANNNNA, AANNNANA , AAANNNNA or NNNNNNNA			
County of Residence	Numeric (2)	Y	01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah,				

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
			53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington, 69=Wheeler, 71=Yamhill, 99=Other				
County of Responsibility	Numeric (2)	Y	01=Baker, 03=Benton, 05=Clackamas, 07=Clatsop, 09=Columbia, 11=Coos, 13=Crook, 15=Curry, 17=Deschutes, 19=Douglas, 21=Gilliam, 23=Grant, 25=Harney, 27=Hood River, 29=Jackson, 31=Jefferson, 33=Josephine, 35=Klamath, 37=Lake, 39=Lane, 41=Lincoln, 43=Linn, 45=Malheur, 47=Marion, 49=Morrow, 51=Multnomah, 53=Polk, 55=Sherman, 57=Tillamook, 59=Umatilla, 61=Union, 63=Wallowa, 65=Wasco, 67=Washington,				

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
			69=Wheeler, 71=Yamhill, 99=Other				
Gender	Alpha numeric	Y	Male, Female, Other				
Marital Status	Alpha numeric	Y	Never Married, Married, Separated, Divorced, Widowed, Unknown				
Race	Numeric (2)	Y	01=Alaska Native, 02=American Indian, 03=Black or African American, 04=White, 05=Asian, 06=Native Hawaiian or Other Pacific Islander, 07=Other Single Race, 08=Two or More Unspecified Races	-Can be multiple races but not multiple times the same race			
Ethnicity	Numeric (1)	Y	1=Puerto Rican, 2=Mexican, 3=Cuban, 4=Other Specific Hispanic, 5=Hispanic – Specific Origin not Specified, 6=Not of Hispanic Origin, 9=Unknown				
Date of Birth	CCYYMMDD	Y	CCYYMMDD	-Must be a valid date -Cannot be in the future -Must be less than or equal to the Date of Admission			

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
Veteran	Alphanumeric (3).	Y	Yes, No, UNK=Unknown	-If yes age(current date - date of birth) must be 17 or higher			
Client Treatment Status	Numeric (2).	Y	01=Active, 02=Crisis Services, 03=Tx Completed, 04=Assessment only- no Tx needed or referred to other provider, 05=Left against Professional Advice, including drop-out, 06=Service Discontinued by Facility, 07=Transferred to another Program or Facility, 08=Incarcerated, 09=Aged Out, 10=Death, 11=Involuntary Services	-Must be a valid entry -Allow only status of MH Crisis if the client does not have a status of active -Allow a status of Involuntary Services if client does not have a status ofive			
Competitive Employment	Numeric (2).	Y	01=Full Time, 02=Part Time, 03=Unemployed, 04=Homemaker, 05=Student, 06=Retired, 07=Disabled (unable to work for physical or psychological reasons), 08=Hospital Patient or Resident of Other	-Can be multiple values but not the following combination: 1 cannot be combined with 3, 7, 10, 11, 99 2 cannot be combined with 3, 11, 99 3 cannot be combined with 1, 2, 99			

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
			Institutions, 09=Other Reported Classification (e.g. volunteers), 10=Sheltered/Non-Competitive Employment, 11=Not in Labor Force, 99=Unknown	99 cannot be combined with any of the other options.			
Living Arrangement	Numeric (2)	Y	01=Transient/Homeless, 02=Foster Home, 03=Residential Facility, 04=Jail, 05=Prison, 06=Room and Board, 07=Supported Housing, 08=Supportive Housing (scattered site), 09=Supportive Housing (congregate setting), 10=Alcohol and Drug Free Housing, 11=Oxford Home, 12=Other Private Residence, 99=Unknown				
Date Changed Living Arrangement	CCYYMMDD	C	CCYYMMDD	-Can be left blank unless Living Arrangement has been updated then it is required -If not blank must be a valid date -Must be equal to or greater than Date of Birth			

MOTS Data Element	Description	Req'd	Valid Entries/Format	Validations	Your E.H.R. Equivalent Element	Approach to Converting	Constraints
				-Cannot be in the future -Must be equal to or greater than Admission Date			