

GCBH Data Dictionary 2.4r3

Section 2 – Validation Code Tables

Effective 10/1/2011

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ATTRIBUTE**Association Types****Definition**

The type of association or relationship between the provider agency and the individual or company.

Chapter**ASSOC****Used in**

Staff Credentials and Excluded Individuals Information (100.04) and Excluded Organizations Information (105.01).

Code	Description
01	MHP (Employee)
02	Non-MHP (Employee)
03	County Commissioner
04	Contractor

ATTRIBUTE**Children Global Assessment Scale****Definition**

Global Assessment Scale for Children 6-17 Years of Age. Specified Time Period: 1 month. Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g. 35, 58, 62). Rate actual functioning regardless of treatment or prognosis.

<http://depts.washington.edu/washinst/Training/CGAS/CGAS%20Scale.htm>

Note: The examples of behavior provided are only illustrative and are not required for a particular rating.

Chapter**CGAS****Used in**

Consumer Periodics 035.07

Code	Description
91-100	Superior functioning in all areas (at home, at school, and with peers); involved in a wide range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.): likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms
81-90	Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally "blowups" with siblings, parents, or peers).
71-80	No more than slight impairment in functioning at home, school, or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sib), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
61-70	Some difficulty in a single area, but generally functioning pretty well (e.g. sporadic or isolated antisocial acts such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
51-60	Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

Code	Description
41-50	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
31-40	Major impairment in functioning in several areas and unable to function in one of these areas, e.g. disturbed at home, at school, with peers or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent: such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
21-30	Unable to function in almost all areas, e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
11-20	Needs considerable supervision to prevent hurting others or self (e.g. frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
01-10	Needs Constant supervision (24-hr care) due to severely aggressive or destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.
00	Unknown (i.e. crisis service)

ATTRIBUTE Co-occurring Disorder Screening

Definition The Co-occurring disorders screening process produces 3 scores upon completion of the screening. The scores represent the outcome of a screening using GAIN Short Screen (GAIN-SS) tool.

Notes: When reporting the outcome of a screening, a value in each of the scores must be provided. The range for a screening that is completed is between 0 and 5 in each scale (IDS, EDS, SDS). Use 8 to indicate the consumer refuses to participate in the specific scale; 9 to indicate consumer is unable to complete the specific scale. The IDS, EDS, and SDS score can have a range of 0-5, 8 or 9.

Chapter COSC

Used in Encounter Reporting (Outpatient Services 837P)

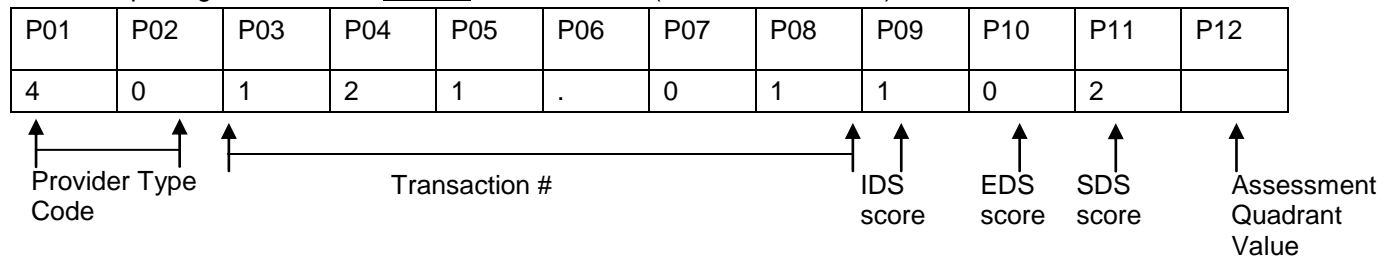
History New data element collected via encounter reporting effective 1/1/07

Code	Description
0-5	IDS Score
0-5	EDS Score
0-5	SDS Score
8	Refused
9	Unable to complete

Below is an example of what that would look like when reported in the 837, starting from the beginning of the service line section where the Provider type is GCBH value 40 for MA/MS and the screening was completed:

LX*1
 SV1*HC:H0002:HH*0*MJ*1*53**1
 REF*6R*REFNUMBER
 NTE*ADD*40121.01102 (note here that the 6th position is a period)

Below shows field positions for reporting assessments AFTER the ADD* field (where P=Position#):



ATTRIBUTE**County codes****Definition**

The MHD codes for all counties in the state of Washington in alphabetical order, plus '40' for unknown and '41' through '43' for out of state. Do not use the '4x' codes for an Investigation or Hearing.

Chapter**CNTY****Used in**

Consumer Periodics 035.07, DMHP Investigation 160.02, ITA Hearings 162.02

Code	Description
01	Adams
02	Asotin
03	Benton
04	Chelan
05	Clallam
06	Clark
07	Columbia
08	Cowlitz
09	Douglas
10	Ferry
11	Franklin
12	Garfield
13	Grant
14	Grays Harbor
15	Island

Code	Description
16	Jefferson
17	King
18	Kitsap
19	Kittitas
20	Klickitat
21	Lewis
22	Lincoln
23	Mason
24	Okanogan
25	Pacific
26	Pend Oreille
27	Pierce
28	San Juan
29	Skagit
30	Skamania

Code	Description
31	Snohomish
32	Spokane
33	Stevens
34	Thurston
35	Wahkiakum
36	Walla Walla
37	Whatcom
38	Whitman
39	Yakima
40	Unknown
41	Idaho
42	Oregon
43	Other out of state

ATTRIBUTE Detention/Commitment Reason

Definition Identifies the basic reason for detaining a person for 72 hours or committing a person to inpatient treatment or a less restrictive alternative (LRA) under the Involuntary Treatment Act, RCW 71.05 for adults and RCW 71.34 for children over 13 and over (Children under 13 may not be detained through ITA process). If more than one reason applies, select all that apply.

Note: Up to four codes may be recorded if a detention took place. Do not use codes 'X' or "Z" with any other code combination.

Chapter **DETR**

Used in DMHP Investigation 160.02

Code	Description
A	Dangerous to self
B	Dangerous to others
C	Gravely disabled
D	Dangerous to property
X	Revoked for reasons other than above
Z	NA – person was not involuntarily detained under ITA

ATTRIBUTE Education activity codes

Definition Describes if a consumer is in a formal educational program. This includes home schooling.

Chapter EDUC

Used in Consumer Periodics 035.07

Code	Description
10	Full time education: (1-12 grade: 20+ hours a week; Kindergarten and greater than 12 th grade: 12+ hours a week)
20	Part time education: (1-12: less than 20 hours a week. K and greater than 12 th grade: less than 12 hours a week)
80	Not in educational program
90	Unknown

ATTRIBUTE **Employment status codes**

Definition Employment status for the consumer during the Consumer Periodic time frame.

Guidelines: This field is required to be reported as part of Consumer Periodics. This status may be recorded as “Unknown/Missing” if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the time period reported.

Note: The MHD does not expect employment records for children under 16. However, if reported, code 80 or 90 could be used.

Chapter **EMPL**

Used in Consumer Periodics 035.07

Code	Description
10	Employed Competitively Full-time: 35 hours or more paid employment per week
30	Employed Competitively Part-time: less than 35 hours paid employment per week
51	Not in Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.). Persons who are not employed or actively looking for employment. This category includes persons who work in non-competitive employment settings such as sheltered workshops or other sheltered employment, etc.

81	<p>Unemployed: Actively looking for work may consist of any of the following activities:</p> <ul style="list-style-type: none"> • Participating in Supported Employment (SE) or in a certified clubhouse employment program, but not yet employed competitively. <ul style="list-style-type: none"> ○ Supported Employment: (SE) programs use a team approach for treatment, with employment specialists carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE consumers, but open to public), in normalized settings, and utilize multiple employers. Frequently coordinated with Vocational Rehabilitation benefits. • Contacting: <ul style="list-style-type: none"> ○ An employer directly or having a job interview ○ A public or private employment agency ○ Friends or relatives ○ A school or university employment center • Sending out resumes or filling out applications • Placing or answering advertisement • Checking union or professional registers • Some other means of active job search
90	Unknown, Missing or Not Available

ATTRIBUTE **Ethnic Minority Specialist Types**
Definition Types of ethnic minority specialists.
Chapter **ETHSP**
Used in Staff Credentials and Excluded Individuals Information (100.04)

Code	Description
01	Hispanic
02	American Indian/Alaska Native
03	Asian/Pacific Islander
04	African American

ATTRIBUTE**Ethnicity codes****Definition**

Taken from the Year 2000 census survey form as published by the Bureau of Census. Select one or more races to indicate what this person considers himself/herself to be.

Guidelines: If a person selects more than one code, enter each one in sequence. For example the selection of both White and Chinese would be coded as 010605. The first three digits (010) represents the first ethnicity, the second three digits (605) are the next ethnicity and so on. If the information is not available or unknown, then code as 999. Do not use code '999' with any other code combinations.

Note: Variable length of three/multiple of 3 characters (If more than one ethnicity chosen then MHD will roll-up into a single ethnicity category. This is to prevent counting the same consumer multiple times. Please limit selection to max of 4.

Chapter**ETHN****Used in**

Consumer Demographics 020.06

Code	Description
010	Caucasian/White
021	American Indian or Alaska Native
031	Asian Indian
032	Native Hawaiian
033	Other Pacific Islander
034	Other Asian
040	Black, or African-American
050	Some Other Race

Code	Description
605	Chinese
608	Filipino
611	Japanese
612	Korean
619	Vietnamese
655	Samoan
660	Guamanian or Chamorro
999	Not Reported/Unknown

ATTRIBUTE**Gender****Definition**

A code indicating a person's gender; Male or Female or Unknown.

Note: The value "3" should be avoided. In statistical reports that look at gender, the "Unknown" **may be** included with the "Male" population.

Chapter**GEND****Used in**

Consumer Demographics 020.06

Code	Description
1	Female
2	Male
3	Unknown

ATTRIBUTE**Hearing Outcome****Definition**

Code representing the number of days committed and type of commitment as a result of a court order.

Guideline: No distinction is made between initial commitments/LRA and extensions. If the court orders a time period other than available in the code table, round up to the nearest time period.

Special Note for Codes 7 and 8: These are court hearing outcomes based on petitions for revocation filed by the DMHP. The DMHP can return a person to inpatient status then file a petition for court determination. The court can revoke the LRA (Code 7) which substantiates the DMHP's action and returns the person to inpatient for the remainder of their time. The court may also may return the person to the community on a less restricted alternative (Code 8) with the same or amended conditions.

Chapter**HOUT****Used in**

ITA Hearings 162.02

Code	Description
0	Dismissed
1	14 Day Commitment
2	90 Day Commitment or extension
3	180 Day Commitment or extension
4	90 Day LRA or LRA extension
5	180 Day LRA or LRA extension
6	Agreed to Voluntary Treatment
7	Revoke LRA
8	Reinstate LRA

ATTRIBUTE **Hispanic Origin**

Definition A person of Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent regardless of race. The code is for primary self-reported Hispanic type.

Guidelines: Use the code that describes the person's identification with Hispanic culture, origin or descent, in addition to the race/ethnicity recorded under Race/Ethnicity. If GCBH has conflicting views from its providers, GCBH will submit the most recently reported value to MHD. Roll-up code '000' may only be used with ITA and Crisis one-time services.

Note: Every person should have an entry for both Ethnicity **and** Hispanic Origin.

Chapter **HISP**

Used in Consumer Demographics 020.06

Code	Description
000	General Hispanic
709	Cuban
722	Mexican/Mexican-American/Chicano
727	Puerto Rican
799	Other Spanish/Hispanic
998	Not Spanish/Hispanic
999	Unknown

ATTRIBUTE **Hospitals**
Definition Hospital list as defined by the Department Of Social and Health Services (DSHS)
Chapter **HOSP**
Used in DMHP Investigation 160.02, ITA Hearings 162.02

Code	Description
58	Snohomish County E&T
145	Sacred Heart Hospital
430	Child Study & Treatment Center
431	Western State Hospital
433	Eastern State Hospital
436	Prog. for Adoptive Living Skills
480	Northwest Evaluation & Treatment Center - Seattle
481	Highline West Seattle MH E&T Center
482	Kitsap E&T Center
484	Skagit County E&T
485	Thurston/Mason Evaluation and Treatment Facility
486	Pierce County E&T
487	United General Hospital
600	Ballard Community Hospital
601	Capital Medical Center - Olympia
602	Carondelet Psych Care Ctr / Lourdes
603	Cascade Valley Hospital
604	Central Washington Hospital
605	Children's Hospital & Med Ctr
606	Deaconess Hospital - Spokane
607	Fairfax Hospital

Code	Description
608	Ferry County Memorial Hospital
609	Forks Community Hospital
610	General Hospital Medical Ctr -
611	Good Samaritan Hospital Center
612	Grays Harbor Community Hospital
613	Harborview Med Ctr - EMER
614	Harborview Med Ctr - Inpatient
615	Harrison Memorial Hospital
616	Highline Community Hospital - Seattle - WA
617	Holy Family Hospital
618	Skagit
619	Jefferson General Hospital
620	Kadlec Hospital & Med Ctr
621	Kennewick General Hospital
622	Kittitas Valley Community Hospital
623	Klickitat Valley Hospital
624	Lake Chelan Community Hospital
625	St Clairs Hospital
626	Mary Bridge Children's Hospital - Tacoma, WA
627	Memorial Hospital - Whitman
628	Memorial Hospital - Odessa WA

Code	Description
629	Mid Valley Hospital
630	Morton General Hospital
631	Mount Carmel Hospital
632	Ocean Beach Hospital
633	Okanogan/Douglas County Hospital
634	Olympic Memorial Hospital
635	Our Lady of Lourdes
636	Overlake Hospital Med Ctr
637	Providence Med Ctr - Centralia WA
638	Providence Med Ctr - Everett WA
639	Puget Sound Hospital
640	Quincy Valley Hospital
641	Riverton General Hospital
642	Puget Sound Hospital -MICA
643	St Mary Medical Ctr - Walla Walla
644	St. Lukes Gen Hospital
645	St Johns Hospital - Longview
646	St. Lukes Memorial Hospital - Spokane
647	St Peter Hospital - Olympia WA
648	St. Joseph Hospital - Whitman
649	St Joseph Hospital - Tacoma
650	St. Joseph Comm Hospital –Cowlitz Co.
651	St. Elizabeth Med Ctr
652	Samaritan Hospital - Moses Lake
653	Skagit Valley Mem hospital
654	Skyline Hospital
655	Stevens Memorial Hospital
656	Sunnyside Community Hospital

Code	Description
657	Swedish Hospital Medical Center
658	Tacoma General Hospital - Tacoma, WA
659	Tri-State Memorial Hospital
660	United General Hospital
661	Valley Hospital & Medical Ctr - Spokane
662	Valley General Hospital
663	Vancouver Memorial Hospital
664	Virginia Mason Hospital
665	Walla Walla General Hospital
666	Whidbey General Hospital
667	Whitman Community Hospital
668	Yakima Valley Memorial Hospital
669	Othello Community Hospital - Othello - WA
670	Southwest Community Hospital
672	Community Memorial Hospital
674	Northwest Hospital
675	Providence Medical Center - Seattle
676	St Francis Community Hospital
677	Univ of Washington Medical Center
678	Valley Medical Center - Renton
679	Deer Park Health Ctr & Hospital - Deer Park
680	Auburn General Hospital
682	East Adams Rural Hospital
683	Providence Central Memorial Hospital
684	Newport Community Hospital
685	Mason General Hospital
686	Allenmore Hospital – Pierce Co.
687	Dayton General Hospital

Code	Description
688	Pioneer Center North
689	Pullman Memorial Hospital
690	Veteran's Adm Med Ctr – Walla Walla
691	Behavioral Health Institute
692	Pacific Gateway - Portland OR
693	St Joseph Hospital Inc - Lewiston ID
694	Inland Behavioral Health Inst Ltd - ID
695	Intermountain Hospital - Boise ID
696	Three Rivers Community Hospital - Grants Pas
697	Good Samaritan Hospital - Portland OR
698	Bay Area Hospital - Coos Bay OR
699	Unknown out of state
700	Tuality Community Hospital - Hillsboro, OR
701	Good Shepherd Community
702	Affiliated Health Services - Sedro Woolley
703	BHC Pacific Gateway Hospital - Portland, OR
704	Bonner General - Sandpoint ID
705	Cedar Hills - Portland OR
707	Columbia Memorial - Astoria - OR
708	Eastmoreland General - Portland OR
709	Emmanuel - Portland OR
710	Forest Grove Community Hospital - Forest Gro
711	Gritman Medical Ctr - Moscow ID
712	Group Health Coop
713	Harborview Medical Center
714	Holladay Park Med Ctr - Portland OR
715	Hood River Memorial - Hood River OR
716	Kaiser Permanente - Portland OR

Code	Description
717	Kootenai Medical Center - Coeur d Alene ID
718	Mackenzie Willamette Hosp - Springfield OR
719	Madigan Army Medical Center
720	Mid Columbia MC - The Dalles OR
721	Mount Hood Medical Center - Gresham OR
722	Oregon Health Science Univ - Portland OR
723	Portland Adventist Med Ctr - Portland OR
724	Providence Medical Ctr - Portland OR
725	River Crest Hospital - Lewiston ID
726	Rogue Valley Med Ctr - Medford - OR
727	Sacred Heart Hospital - Eugene OR
728	Salem Hospital - Salem OR
729	Seaside General Hospital - Seaside OR
731	St Alphonsus Hospital - Boise ID
732	St Charles Medical Ctr - Bend OR
733	St Joseph Hospital - Spokane
734	St Vincent Hospital - Portland OR
735	State Hospital South - Blackfoot, ID
736	Transitional Hospital Corp - Seattle, WA
737	W Valley Medical Center - ID
738	Woodland Park Hospital - Portland - OR
739	92nd Strategic
740	Skagit Valley Hospital OPPS
741	St Joseph Hospital & Hlth Ctr - Seattle
742	St Joseph Hospital - Bellingham
743	Cascade General Hospital - Leavenworth Wa
744	Columbia Basin - Ephrata WA
745	Coulee Community - Grand Coulee - WA

Code	Description
746	Evergreen Hospital Med Ctr - Kirkland WA
747	Fred Hutchison - Seattle WA
748	Garfield Co Memorial - Pomeroy WA
749	Lincoln County Hospital District #3 – Davenport, WA
750	Mark Reed - McCleary WA
751	NACH of Washington Inc - Tacoma - WA
752	Naval Hosp Oak Harbor - Oak Harbor WA
753	Naval Reg Med Ctr - Bremerton WA
754	North Valley Hospital - Tonasket WA
755	NW Behavioral Svcs-Mental - Renton WA
756	Prosser Memorial - Prosser WA
757	Providence Yakima Medical Center - Yakima WA

Code	Description
758	Willapa Harbor Hospital - South Bend, WA
759	West Seattle Psychiatric Hospital
760	Spokane VA Medical Center
761	America Lake VA Medical Center
762	Legacy Salmon Creek Hospital
763	Snoqualmie Valley Hospital
764	Mercy Medical Center - Roseburg OR
765	Toppenish Community Hospital
10005	Hotel Hope
10054	Two Rivers Landing E&T
10055	Spokane MH- Foothills Evaluation & Treatment
10072	Telecare E & T of Pierce County

ATTRIBUTE Impairment Kind

Definition A set of codes which identify an individual's disability, in addition to the mental disorder for which they are being treated. The disability should have a major impact on the person and their ability to function in the community and to procure food, clothing, and a safe place to live.

Guidelines: Up to three categories can be selected to describe the individual's impairment(s).

Chapter **IMPK**

Used in Consumer Periodics 035.06

THIS DISABILITY SHOULD HAVE A MAJOR IMPACT ON THE PERSON AND THEIR ABILITY TO FUNCTION IN THE COMMUNITY AND TO PROCURE FOOD, CLOTHING, AND A SAFE PLACE TO LIVE.

Code	Description
A	Development or intelligence; i.e., mental retardation or development disorder, organic brain syndrome
C	Physical (unable to walk without assistance, unable to care for self, chronic illness)
D	Alcohol or drug dependence; i.e., dependence on alcohol or drugs which negatively affects the individual's ability to maintain a stable living arrangement, unable to remain in competitive employment, unable to provide adequate care for dependents, legal problems related to substance abuse.
E	Vision Impairments (does not include wearing glasses)
F	Hearing Impairments
G	Other communication difficulties (speech and language, language comprehension. Does not include non-native speakers.)
X	Other - Medical or physical disabilities not listed above.
Y	Unknown
Z	None

ATTRIBUTE**Investigation outcome****Definition**

The outcome to a person investigated by a DMHP under the Involuntary Treatment Act.

Guidelines: Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily. In this case, document this as code 2, or 3, for referral to a facility for either voluntary inpatient or outpatient mental health services.

Chapter**IOUT****Used in**

DMHP Investigation 160.02

Code	Description
1	Detention to MH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05)
2	Referred to voluntary Outpatient mental health services.
3	Referred to voluntary Inpatient mental health services.
4	Returned to Inpatient Facility/Filed Revocation Petition.
5	Filed Petition recommending LRA extension
6	Referred to non-mental health community resources.
9	Other
10	Referred to acute detox
11	Referred to sub acute detox
12	Referred to sobering unit
13	Referred to crisis triage
14	Referred to chemical dependency intensive outpatient program
15	Referred to chemical dependency inpatient program
16	Referred to chemical dependency residential program

ATTRIBUTE**Living Situation****Definition**

Identifies the environment in which the consumer lives. Report the living situation for the last 30 days (where the consumer was the majority of the time) when submitting.

Chapter**LVGS****Used in**

Consumer Periodics 035.07

Code	Description
11	Permanent housing - unassisted: Without intensive supporting services required to maintain housing, a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) or owned with an expectation of long-term residency. Includes dependent children living with parents or legal guardians but not in foster care.
12	Permanent housing – assisted: Intensive supporting services required to maintain housing - intensive supportive services include PACT High Intensity Treatment, MPC and ECS , a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) or owned with an expectation of long-term residency including.
21	Temporary housing – unassisted: Without intensive supporting services required to maintain housing, a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) without an expectation of long-term residency.
22	Temporary housing –assisted: Intensive supporting services required to maintain housing - intensive supportive services include PACT High Intensity Treatment, MPC and ECS, a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) without an expectation of long-term residency with.
23	Temporary housing – dependent: Living with friends or family temporarily including “couch surfing” and includes emancipated youth. An emancipated youth is sixteen years of age or older, is a resident of the state, has the ability to manage his or her financial affairs, and has the ability to manage his or her personal, social, educational, and nonfinancial affairs
24	Transitional housing: Housing provided as part of participation in a housing readiness program with time-limited housing and supporting services provided with the goal of permanent housing.
30	Foster Home: A Licensed Foster Home to provide foster care to children and adolescents including Therapeutic Foster Care Facilities.
31	Adult Family Home: Regular neighborhood homes licensed by the state for two to six residents where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided – may include PACT.
32	Residential Care: May include a Group Home, Therapeutic Group Home, Board and Care, Residential

Code	Description
	Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.
41	Institutional Setting: A licensed institutional treatment and care facility including: Skilled Nursing/Intermediate Care Facility, Institute of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, DD Facility, Evaluation and Treatment Facility, or Medical Hospital.
42	Crisis Residence: A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores consumers to a pre-crisis level of functioning.
60	Jail/Juvenile Correction Facility: Residing in a Jail and/or Correctional facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.
71	Homeless/sheltered: no fixed, regular, and adequate residence but using a primary nighttime residency that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations.
80	Other
99	Unknown: Information on an individual's residence is not available.

Attribute MHD Provider Type

Description Identifies the professional level of a specific outpatient service provider. If a provider works as a counselor and a Mental Health Specialist, use code 70 only when that provider is providing a special population evaluation. Otherwise, they are to be listed by their credentials as shown below. NOTE: When reporting Interpreter Services by staff NOT employed by your agency, report using provider type 74 ("Other") and a staff ID of NNNXIN (where NNN = your agency RUID and XIN stands for External Interpreter). For example, a staff ID for an external interpreter for Nueva = 082XIN.

Chapter STCD

Used in Encounter Reporting (Outpatient Services 837P), Staff Information 100.02

Code	Credential/Provider Type	MHD Code	MHD Description
10	RN	01	RN/LPN
11	LPN	01	RN/LPN
20	ARNP	02	ARNP
21	PA (PHYSICIAN'S ASSISTANT)	02	ARNP
30	MD/DO PSYCH	03	Psychiatrist/MD
31	MD/DO OTHER	03	Psychiatrist/MD
40	MA/MS (and Masters not Mental Health field i.e. MEd)	04	MA/PhD
41	PHD-LICENSED CLINICAL	04	MA/PhD
42	PHD-OTHER	04	MA/PhD
43	LCSW	04	MA/PhD
44	MSW	04	MA/PhD
45	MFT	04	MA/PhD
50	BA/BS	05	Below Master's Degree
51	AA/AS	05	Below Master's Degree
52	BELOW AA (INC HS DIPLOMA/GED)	05	Below Master's Degree
53	CERTIFIED MEDICAL ASSISTANT	05	Below Master's Degree

60	PEER COUNSELOR	06	Certified Peer Counselor
70	MENTAL HEALTH SPECIALIST	07	Mental Health Specialist
71	Bachelor Level with Exception/Waiver (RSN Approval)	09	Bachelor Level w/Exception/Waiver
72	Master Level with Exception/Waiver (RSN Approval)	10	Master Level w/Exception/Waiver
73	Designated MHP	11	Designated MHP
74	Other (RSN Approval)	12	Other
75	CD Specialist	13	CD Specialist
76	Non-DOH Credentialed Certified Peer Counselor	14	Non-DOH Credentialed Certified Peer Counselor
80	NOT APPLICABLE (i.e. per diem codes)	08	N/A

ATTRIBUTE **Offered Appointment Resolution Codes**
Definition The final status of the first offered Intake and Routine Service appointments.
Chapter **OARC**
Used in First Offered Intake and Routine Service Appointments 040.01.

Code	Description
01	Consumer declined first offered appointment
02	Consumer accepted and then kept first offered appointment
03	Consumer accepted first offered appointment and then no-showed without notification to CMHA
04	Consumer-initiated cancellation or reschedule of first offered appointment
05	CMHA-initiated reschedule of first offered appointment
99	Other

ATTRIBUTE **Offered Appointment Type**
Definition The type of appointment offered.
Chapter **OAT**
Used in First Offered Intake and Routine Service Appointments 040.01.

Code	Description
0	Intake appointment offered
1	Routine Service appointment offered

ATTRIBUTE**Preferred Language****Definition**

This is the language spoken by the consumer, clinician or contractor.

Chapter**LANG****Used in**

Consumer Demographics 020.06, Staff Credentials and Excluded Individuals Information 100.04

Code	Description
00	Language Unknown
01	Japanese
02	Korean
03	Spanish
04	Vietnamese
05	Laotian
06	Cambodian
07	Mandarin
08	Hmong
09	Samoan
10	Ilocano
11	Tagalog
12	French
13	English
14	German
15	American Sign Language
16	Cantonese

Code	Description
17	Hungarian
18	Russian
19	Romanian
20	Polish
21	Greek
22	Tigrigna
23	Amharic
24	Finnish
25	Farsi
26	Czech
27	Mien
28	Yakama
29	Salish
30	Puyallup
31	Thai
99	Other language

Attribute **Program ID**

Description Identifies a Community Mental Health Program or provider-reported Evidence-Based Practice used to treat a consumer, including the Start date (inception date) of the program.
 Note: The start date sent in the Program Identification transaction, should be the actual date the consumer entered the given program, but cannot precede the actual program inception date listed below.

Chapter **PROG**

Used In Program Identification 060.02

Code	Description	Program Start (Inception) Date
1	PACT (Program for Assertive Community Treatment)	5/1/2007
5	MTFC (Mulit-Dimensional Treatment Foster Care)	1/1/2006
10	Children's Evidenced Based Pilot	4/1/2007
11	Jail Services	9/1/2005
15	Fidelity Wraparound	4/1/2008
17	Assertive Community Treatment (ACT) NOTE: Use code 1 to report WA-PACT	10/1/2011
SAMHSA-Required EBPs to Report: Full fidelity required in order to report (Definitions from SAMHSA: URS Reporting System: tables 16 and 17)		
19	Functional Family Therapy: A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization.	10/1/2011
20	Illness Self-Management/Illness Management & Recovery: Illness Self-Management (also called illness management or wellness management): Is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and rehospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.	10/1/2011

21	<p>Integrated Dual Disorders Treatment: Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.</p>	10/1/2011
23	<p>Multisystemic Therapy: MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes.</p>	10/1/2011
25	<p>Supported Housing: Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.</p>	10/1/2011
26	<p>Therapeutic Foster Care: Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.</p>	10/1/2011

Attribute
Definition
Chapter
Used in

Reporting Unit IDs

A code that uniquely identifies an organization authorized to deliver mental health services to a consumer. RUID is an acronym for "Reporting Unit ID"

RUID

All files

Code	Description
000	New to community NOTE: This code is only valid for the Inpatient system!
003	Quality Behavioral Health (Asotin)
004	Quality Behavioral Health (Garfield)
038	Central WA Comprehensive Mental Health (Klickitat)
049	Skamania County Community Health
063	Palouse River Counseling (Whitman)
064	Central WA Comprehensive Mental Health (Yakima)
067	Central WA Comprehensive Mental Health (Kittitas)
073	Lourdes Counseling Center
074	Yakima Valley Farm Workers
078	Catholic Family & Child Services (Yakima)
082	Nueva Esperanza Counseling Center
087	Lutheran Community Services Northwest
099	Benton-Franklin Crisis Response Unit
137	Blue Mountain Counseling
237	Walla Walla County Department of Human Services
10023	Catholic Family & Child Services (Richland)
10054	Two Rivers Landing

ATTRIBUTE**Return codes****Definition**

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b) and 71.34 Childrens ITA.

Guidelines: This element is specific to returning a consumer under LRA to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for person on LRA being returned to inpatient treatment. Use code "9" for all cases where the person is placed on LRA or not committed.

Chapter**RETN****Used in**

DMHP Investigation 160.02

Code	Description
1	DMHP determined detention during course of investigation per RCW 71.05.340(3)(a).
2	Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for children.
9	N/A

ATTRIBUTE Service Period Disposition**Definition** This transaction is used to capture the date and reason for the disposition of an episode of outpatient services.**Chapter** **DISP****Used in** Outpatient Service Episode 050.01**History** Formerly STAT prior to 10/1/11.

Code	Description	MHD Code	MHD Description
30	Transferred	40	Discharged Due to Other Reasons Not Specified
34	Lost to Contact	34	Lost to Contact
36	Discharged – Additional Services advised – no referral	40	Discharged Due to Other Reasons Not Specified Above
37	Discharged – Additional Services advised – referral made	40	Discharged Due to Other Reasons Not Specified Above
80	Denial of service (doesn't meet medical necessity or access to care)	40	Discharged Due to Other Reasons Not Specified Above
91	Treatment Completed	35	Discharged Treatment Completed
93	Discontinued against clinical advice	40	Discharged Due to Other Reasons Not Specified Above
94	Discontinued at therapist or agency request	40	Discharged Due to Other Reasons Not Specified Above
95	Failed to return	34	Lost to Contact
96	Deceased	32	Death
97	Death by suicide	32	Death
99	PHP Benefits lapsed	40	Discharged Due to Other Reasons Not Specified Above
60	Discharged to Corrections/Jail	39	Discharged to Corrections, Jail
70	Discharged Due to Reasons Not Otherwise Specified	40	Discharged Due to Other Reasons Not Specified Above

ATTRIBUTE Service Location

Definition Codes used on professional claims/encounters to specify the entity where the service(s) were rendered. The following codes are listed as a courtesy; this code list was taken from CMS at http://www.cms.hhs.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf, last updated March 22, 2006

* Revised, effective April 1, 2004, ** Revised, effective October 1, 2005, *** Revised, effective July 1, 2006

Chapter SLOC

Used in Outpatient Services 837P

Code	Place of Service Name	Place of Service Description
01	Pharmacy**	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Unassigned	N/A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients

09	Prison-Correctional Facility***	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. (effective 7/1/06)
10	Unassigned	N/A
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home*	A residence, with shared living areas, where consumers receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.

26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (effective 10/1/03)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.

53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (effective 10/1/03)
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A

71	Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician. (effective 10/1/03)
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

ATTRIBUTE**Sexual Orientation****Definition**

A code that describes a person's voluntarily stated sexual orientation. This code should **not** be inferred by the clinician. The information should be collected during assessment, on discharge or upon notification by the person.

Note: Use code "9" for all consumers 13 years of age and under.

Chapter**SEXO****Used in**

Consumer Demographics 020.06

Code	Description
1	The person states they are heterosexual
3	The person states that they are gay or lesbian
4	The person states they are bisexual.
5	The person states they are questioning.
9	Unknown,not given by person, or N/A.

ATTRIBUTE **Specialist Types**
Definition Types of specialists.
Chapter **SPEC**
Used in Staff Credentials and Excluded Individuals Information (100.04)

Code	Description
01	Child Mental Health Specialist
02	Geriatric Mental Health Specialist
03	Ethnic Minority Mental Health Specialist
04	Disability Mental Health Specialist

Change Summary

2.4r3

ASSOC – Replaced Clinician with MHP

2.4r2

LVGS – Removed reference to submission frequency, corrected codes

2.4r1

Removed the unused table DC03

2.4

Removed the following tables no longer used: AUST, FUID, GRAD, PRIO, REFL, RSNID

Changes to the following tables' values: EMPL, ETHN, HOSP, LVGS, PROG, DISP, SEXO

Changed various references to incremented transactions

Minor updates to some wording for consistency

2.3

Added one MHD Provider Type

Added Offered Appointment Resolution Code – OARC

Added Offered Appointment Type – OAT

2.2

Added Association Types - ASSOC

Added Ethnic Minority Specialist Types - ETHSP

Added Specialist Types – SPEC

DMIO expired and removed

Renamed Health Care Service Location to Service Location

Alphabetized by attribute name

2.1

IOUT - Investigation Outcome codes added

REFL - Referral Source added for state hospitals