Chapter 4 - Demographic Data Set (DEMO)

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I. Document Revision History

Table 1. Document Revision History

			Document Revision History	
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit

II. General Policies and Considerations

II.A. Adding Demographic Records

1. Client demographic data must be submitted for all people receiving substance abuse and/or mental health services whose cost of care is funded, in whole or in part, by DCF funds. (Refer to Table 7. Funding Codes in Appendix 5 – Data Code Tables for list of valid funding sources.)

2. Demographic records must be submitted prior to any other data submissions associated with the demographic record. This creates a parent-child relationship between the demographic record and all other records.

3. A unique demographic record is defined as a unique combination of SSN, CONTRACTORID, and PROVIDERID.

II.B. Updating Demographic Records

1. A demographic record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 4 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

   To update the SSN, the SSNU file must be uploaded based on the file layout in Table 2. If another demographic record exists with the same values as the new fields, the update will fail.

Table 2. DEMO SSN Update File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
OLD SSN	11	9	XXXXXXXXX
NEW SSN	20	9	XXXXXXXXX
PROVIDERID	29	10	XX-XXXXXXX

II.C. Deleting Demographic Records

1. To delete a demographic record, a DEMO deletion file must be submitted according to the file layout in Table 3.

Table 3. DEMO Record Deletion File Layout

Field	Position	Length	Format
SSN	1	9	XXXXXXXXX
CONTRACTORID	10	10	XX-XXXXXXX
PROVIDERID	20	10	XX-XXXXXXX

WARNING: When a client's demographic record is deleted, all associated child records will be deleted, specifically, all outcomes, services, and assessments.

II.D. Submitting Demographic Records

The demographic record will be submitted from provider to Managing Entity and from Managing Entity to the Department's SAMHIS database within five working days following The client's eligibility determination by the provider. This is Effective as of July 1, 2017.

II.E. DCF Pamphlet Chapters and Forms

1. All DCF Pamphlet 155-2 chapters and forms can be found at the following Website:
http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12

III. Demographic Data File Layout (DEMO)

Table 4. DEMO Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID (Mandatory Key)	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS.
			Descriptions and Instructions: Contractor Identification Number - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.
SSN (Mandatory Key)	11	CHAR(9)	• Format: XXXXXXXXX • Cannot start with 000 or 9.
			Descriptions and Instructions: Social Security Number - If the SSN is not known or is refused to be given, a pseudo-SSN must be entered. • Position 1: First Initial • Position 2: Middle Initial (X if no middle name) • Position 3: Last Initial • Positions 4-5: Month of Birth [01-12] • Positions 6-7: Day of Birth [01-31 or if the pseudo SSN is already in use, alter the two digits of the Birth Day to a number greater than 31.] • Positions 8-9: Year of Birth [00-99]
CLIENTID	20	CHAR(10)	• Left justified/space filled.
			Descriptions and Instructions: Client Identification Number - Local use only.
LAST (Mandatory)	30	CHAR(35)	• Left justified/space filled.
			Descriptions and Instructions: Last Name – Enter Client's last name.
FIRST (Mandatory)	65	CHAR(35)	• Left justified/space filled.
			Descriptions and Instructions: First Name – Enter client's first name.
MIDDLE (Mandatory)	100	CHAR(14)	• Left justified/space filled.
			Descriptions and Instructions: Middle Name – Enter the client's middle name. If a middle name can absolutely not be obtained, then use the letter "X".
SUFFIX	114	CHAR(10)	• Left justified/space filled.
			Descriptions and Instructions: Suffix – Enter the client's suffix (e.g. Jr., II, etc.).
DOB (Mandatory)	124	CHAR(8)	• Format: YYYYMMDD • Must be > 19000101 and <= system date
			Descriptions and Instructions: Date of Birth – Enter the client's date of birth.
GENDER (Mandatory)	132	CHAR(1)	• Must be 1 or 2.
			Descriptions and Instructions: Gender - Indicate the client's gender. **[1]** Male **[2]** Female
RACE (Mandatory)	133	CHAR(1)	• Must be 1 through 5 or 7 through 9.
			Descriptions and Instructions: Race - Indicate the client's race. **Note:** Two new codes: 4 – Other and 5-Alaskan Native effective as of July 1, 2015.

Field Name	Pos	Type / Size	Edits and Validations
			[1] White **[5]** Alaskan Native **[2]** Black **[7]** Asian **[3]** American Indian **[8]** Native Hawaiian or Other Pacific Islander **[4]** Other **[9]** Multi-Racial
ETHNIC **(Mandatory)**	134	CHAR(1)	• Must be 1 through 8.
			Descriptions and Instructions: Ethnicity - Indicate the client's ethnicity. **Note:** Additional code 4, "Other Hispanic" listed below effective as of July 1, 2015. • **[1]** Puerto Rican **[5]** Haitian • **[2]** Mexican **[6]** None of the Above • **[3]** Cuban **[7]** Mexican American • **[4]** Other Hispanic **[8]** Spanish/Latino
PROVINFO	135	CHAR(20)	• Left justified/space filled.
			Descriptions and Instructions: Provider Information - Contractor use only.
PROVIDERID **(Mandatory Key)**	155	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS.
			Descriptions and Instructions: Provider Identification Number - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.
CONTNPI	165	CHAR(10)	• Format: XXXXXXXXX or spaces.
			Descriptions and Instructions: Contractor National Provider Identification – NPI number associated with the contractor.
PROVNPI	175	CHAR(10)	• Format: XXXXXXXXX or spaces.
			Descriptions and Instructions: Provider National Provider Identification – NPI number associated with the provider.