

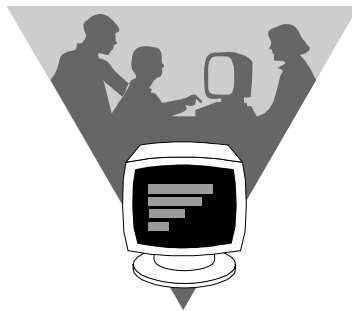
Alcohol, Drug Abuse &
Mental Health
Data Warehouse



ADMDW

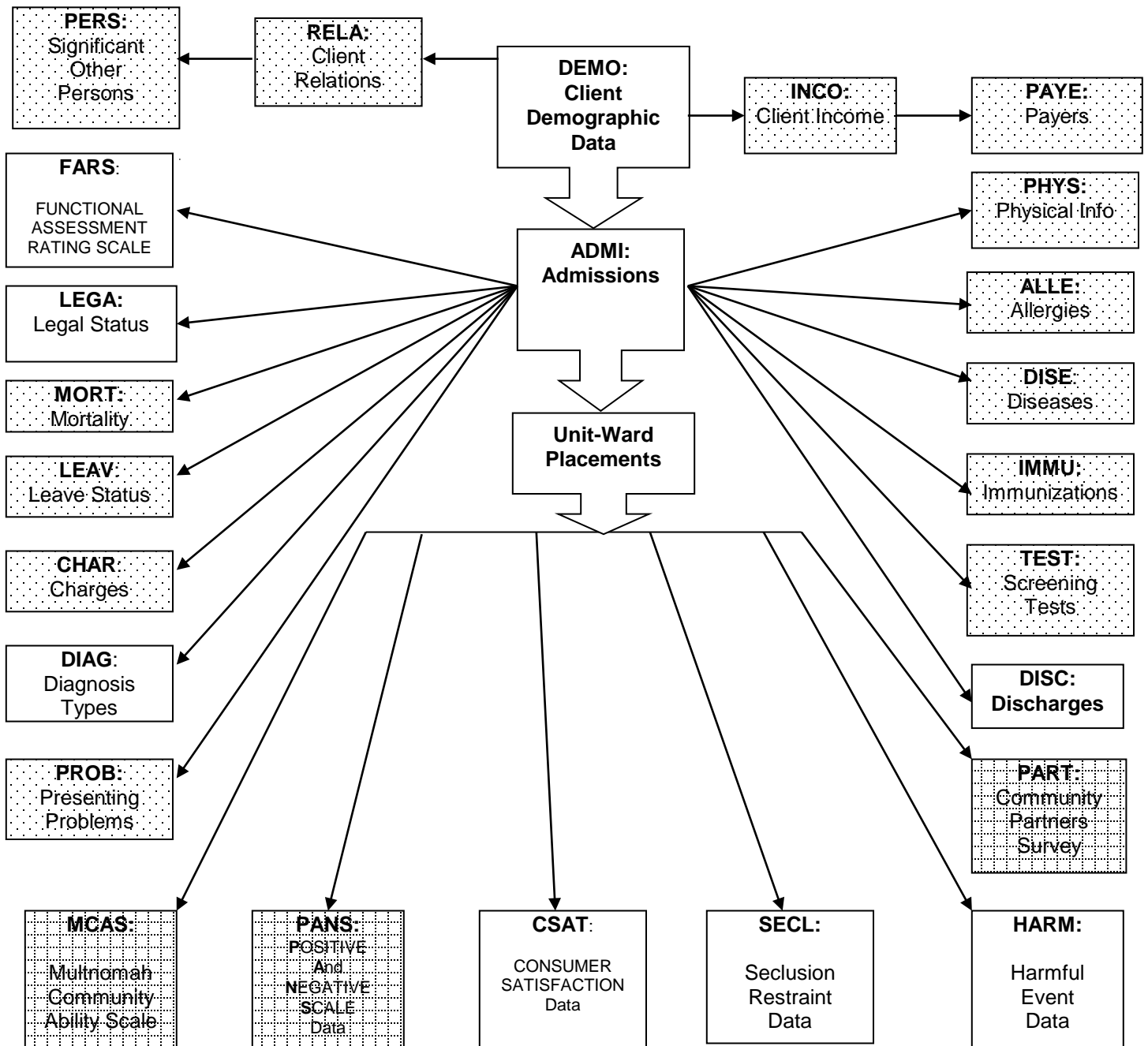


**MINIMUM DATA SETS FOR
STATE TREATMENT FACILITIES**



erm & ddl

ENTITY RELATIONSHIP DIAGRAM FOR COMMON DATA SETS IN STATE TREATMENT FACILITIES



Key:

**No Longer Required:
Historical Data Only:**

**Not in State data system: Data
Maintained only at the Facility:**

Table Name	Table Description and Unique Key Fields
DEMO (*) pg4	Basic Demographic Data: KEY FIELDS = SSN, PROVID
PERS pg6	Significant Other Persons: KEY FIELDS = COUNTER
RELA pg7	Client Relations Data: KEY FIELDS = SSN, COUNTER, RELATYPE
ADMSN (*) pg8	Admission Data : KEY FIELDS = PROVID, SSN, ADMIDATE
DCHRG (*) pg11	Discharge Data: KEY FIELDS = PROVID, SSN, ADMIDATE
PAYE pg13	Payers Data: KEY FIELDS = PAYERID
INCO pg14	Client Income: KEY FIELDS = PROVID, SSN, ADMIDATE, PAYERID
MORT pg15	Mortality Data: KEY FIELDS = PROVID, SSN, ADMIDATE, DATEDIED
LEGA (*) pg16	Legal Status Data: KEY FIELDS = PROVID, SSN, ADMIDATE, COMMTYPE, COMMDATE
LEAV Pg17	Leave Status Data: KEY FIELDS = PROVID, SSN, ADMIDATE, BEGDATE
CHAR pg18	Charges Data: KEY: FIELDS = PROVID, SSN, ADMIDATE, OFFENSE, COURDATE
DIAG (*) pg21	Types of Diagnoses: KEY FIELDS = PROVID, SSN, ADMIDATE, DIAGCODE, DIAGDATE
PROB pg22	Presenting Problems: KEY FIELDS = PROVID, SSN, ADMIDATE, EVALDATE, PROBTYPE
PHYS pg23	Physical Information: KEY FIELDS = PROVID, SSN, ADMIDATE, EVALDATE
ALLE pg24	Allergies Data: KEY FIELDS = PROVID, SSN, ADMIDATE, EVALDATE
DISE Pg25	Diseases Data: KEY FIELDS = PROVID, SSN, ADMIDATE, EVALDATE
IMMU Pg26	Immunizations Data: KEY FIELDS = PROVID, SSN, ADMIDATE, EVALDATE
TEST pg27	Screening Tests: KEY FIELDS = PROVID, SSN, ADMIDATE, EVALDATE
UNIT (*) pg28	Unit/Ward Placement Data: KEY FIELDS = PROVID, SSN, ADMIDATE, UNIT, WARD, BEGDATE
PANS (*) pg29	Positive and Negative Symptom Scale Data: KEY FIELDS = PROVID, SSN, ADMIDATE, UNIT, WARD, BEGDATE, EVALDATE
CSAT (*) pg33	Consumer Satisfaction Survey Data: KEY FIELDS = PROVID, SSN, ADMIDATE, UNIT, WARD, BEGDATE, EVALDATE
HARM (*) Pg36	Harmful Events Data: KEY FIELDS = PROVID, SSN, ADMIDATE, UNIT, WARD, BEGDATE, EVALDATE, EVNTDATE, EVNTTIME, EVNTCODE
SECL (*) pg38	Seclusion Restraint Data: KEY FIELDS = PROVID, SSN, ADMIDATE, UNIT, WARD, BEGDATE, IMPDATE, IMPTIME
MCAS (*) pg41	Multinomah Community Ability Scale: KEY FIELDS = PROVID, SSN, ADMIDATE, UNIT, WARD,BEGDATE,EVALDATE Note: this measure applies to clients in CIVIL facilities only.
PART (*) pg45	Community Partners Satisfaction Survey: KEY FIELDS = PROVID, PARTYTYPE, EVALDATE,SURVEYNUM
FARS (*) pg46	Functional Assessment Rating Scale: KEY FIELDS = SSN, SPROVID, DCFPURP, EVALDATE, PROVID

(*) Indicates current data collection. Other tables pending development.

Table: DEMO Consumer: ADULT MENTAL HEALTH

Description: Basic Demographic Data

User View Name	Field Type (Size)	End Column Position	Field Description	Field Validation Edits
PROVIDER ID	Character (10)	10	Federal Tax ID for the Facility: 59-7302091 = Florida State Hospital Civil 59-7302092 = Florida State Hospital Forensic 59-6001877 = G. Pierce Wood Memorial Hospital 59-6001876 = North East Florida State Hospital 59-6001871 = North Florida Evaluation and Treatment Center 59-6001879 = South Florida Evaluation and Treatment Center 59-6001878 = South Florida State Hospital 59-3323051 = West Florida Community Care Center	Ten bytes including a dash in the third digit with all other bytes being numeric, as shown in the combo box (lookup table); cannot be blank.
SSN	Character (9) 11-19	19	Resident's Social Security Number.	Nine characters; cannot begin with a 9, cannot begin with 3 zeros, and cannot be blank. If SSN is unknown, create a pseudo SSN as follows: Digit 1 = Client First Letter of First Name; Digit 2 = Client First Letter of Middle Name (or X if no middle name); Digit 3 = Client First Letter of Last Name; Digits 4-5 = Month of Birth (use leading zeros for months 1-9); Digits 6-7 = Day of Birth (use leading zeros for days 1-9); Digits 8-9 = Year of Birth (use leading zeros where necessary)
CLIENTID	Character (9) 20-28	28	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes; must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
LNAME	Character (26) 29-54	54	Resident's last name	Up to 26 characters including alpha and/or numeric bytes. Cannot be blank.
FNAME	Character (15) 55-69	69	Resident's first name	Up to 15 characters including alpha and/or numeric bytes. Cannot be blank.
MI	Character (1) 70	70	Resident's middle initial	One character alpha and/or numeric byte. Can be blank.
SUFFIX	Character (3) 71-73	73	Resident's suffix, e.g., JR, SR, 1 ST , 2 ND , 3 RD , III, and so on.	Up to 3 characters including alpha and/or numeric bytes. Can be blank.
DOB	Date (8) 74-81	81	Resident's date of birth in YYYYMMDD format	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. YYYYMMDD cannot be blank or greater than system's date.
GENDER	Character (1) 82	82	Code for resident's gender: 1 = Male 2 = Female	Valid value = 1 or 2 as shown in the combo box (lookup table). Cannot be blank.

Table: DEMO Consumer: ADULT MENTAL HEALTH

Description: Basic Demographic Data

User View Name	Field Type (Size)	End Column Position	Field Description	Field Validation Edits
RACE	Character (1) 83	83	Code for resident's race: 1 = White 2 = Black 3 = American Indian or Alaskan Native 4 = Asian (Inactive. Do not use.) 5 = Alaskan (Inactive. Do not use.) 6 = Other (Inactive. Do not use.) 7 = Asian (New) 8 = Native Hawaiian or Other Pacific Islander) 9 = Multi-racial	Valid value = 1 – 3, 7-9 as shown in the combo box (lookup table). Cannot be blank.
ETHNIC	Character (1) 84	84	Code for resident's Ethnicity: 1 = Puerto Rican 2 = Mexican 3 = Cuban 4 = Other HISP 5 = Haitian 6 = Other	Valid value = 1 thru 6 as shown in the combo box (lookup table). Cannot be blank.
LANGUAGE	Character (2) 85-86	86	Code for resident's primary language: 01 = English 02 = Spanish 03 = French 04 = Creole 05 = Russian 06 = Chinese 07 = Indochinese (Laotian, Vietnamese, Cambodian, etc.) 08 = Sign Language (for mute person) 09 = Other Language 10 = Unknown	Valid value = 01 thru 10 as shown in the combo box (lookup table). If blank, enter 10.

Table: **PERS**

Consumer: ADULT MENTAL HEALTH

Description: Significant Other Persons

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
COUNTER	Character (9)	Derived	Up to 9 bytes sequential number generated by the system to identify the significant other person	Cannot be blank
Fname	Character (15)		First Name	Cannot be blank
Lname	Character (26)		Last Name	Cannot be blank
ADDRESS	Character (50)		The street address or Post Office Box of the significant other person.	Can be blank.
CITY	Character (30)		The city where the significant other person can be contacted.	Can be blank.
STATE	Character (2)		The state of residence of the significant other person.	Can be blank.
ZIP	Character (9)		The zip code, including extension, of the significant other person.	Can be blank.
DPHONE	Number (10)		Day Phone number of the significant other person.	Can be blank.
NPHONE	Number (10)		Night Phone number of the significant other person.	Can be blank.
FAX	Number (10)		FAX number of the significant other person.	Can be blank.
EMAIL	Character (30)		Email address of the significant other person	Can be blank
Organ	Character (50)		Name of the organization to which the significant other person belongs	Can be blank

Table: **RELA** Consumer: ADULT MENTAL HEALTH
 Description: Resident's Relationships to Significant Other Persons (Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes; must already exist in DEMO table. Right Justified with preceding zeros: 000123456.
COUNTER	Character (9)		Sequential number generated by the system to identify the significant other person	Up to 9 numeric bytes; Cannot be blank; must already exist in PERS table
RELATYPE	Character (2)		Code indicating the type of relationship between the resident and the significant other person: 01 = personal guardian 02 = property guardian 03 = advocate 04 = 1 st representative 05 = 2 nd representative 06 = 3 rd representative 07 = emergency contact 08 = pre-release contact 09 = judge 10 = Case Manager	Valid values = 01 thru 10 as shown in the combo box (lookup table). Cannot be blank.

Table: **ADMSN** Consumer: ADULT MENTAL HEALTH

Description: Admission Data

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
PROVID	Character (10) 1-10	10	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Valid values = 10 characters, including a dash in the third position, that already exist in DEMO table. Else, reject.
SSN	Character (9) 11-19	19	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 20-28	28	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes, and must already exist in DEMO table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 29-36	36	Date of resident's admission to Facility in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's; cannot be blank or less than DOB.
ADMTYPE	Character (2) 37-38	38	Code indicating the type of admission: 01 = Admission to this Facility from community 02 = Direct admission to this Facility from county jail: incompetent to stand trial 03 = Direct admission to this Facility from county jail: not guilty by reason of insanity 04 = Direct admission from the Department of Corrections. 05 = Direct admission from forensic institutional services of another state mental health facility (FSH, NFETC, SFETC) 06 = Direct admission from civil institutional services of another state mental health facility (FSH, NEFSH, SFSH, GPWMH, WFCCC) 07 = Direct admission from out of state 08 = Status change from civil to forensic within the same mental health facility 09 = Status change from forensic to civil within the same mental health facility 10 = Other types of admission, none of the above	Valid values = 01 thru 10 as shown in the combo box (lookup table); cannot be blank.
MARITAL	Character (1) 39	39	Code indicating the resident's marital status: 1 = single or never married 2 = married 3 = widowed 4 = Divorced 5 = Separated 6 = Unknown	Valid values = 1 thru 6 as shown in the combo box (lookup table). Can be blank

Table: **ADMSN**

Consumer: ADULT MENTAL HEALTH

Description: Admission Data

GRADE	Character (2) 40-41	41	Code indicating the highest level of education completed by the resident: 00 = None, pre-school, kindergarten 01 = 1 st grade 02 = 2 nd grade 03 = 3 rd grade 04 = 4 th grade 05 = 5 th grade 06 = 6 th grade 07 = 7 th grade 08 = 8 th grade 09 = 9 th grade 10 = 10 th grade 11 = 11 th grade 12 = 12 th grade 13 = 1 year of college 14 = 2 years of college 15 = 3 years of college 16 = 4 years of college 17 = More than 4 years of college 18 = No formal schooling, but received special education.	Valid values = 00 thru 18 as shown in the combo box (lookup table). Can be blank.
RELIGION	Character (2) 42-43	43	Code indicating the primary religious affiliation of the resident: 01 = Adventist 02 = Agnostic 03 = Atheist 04 = Baptist 05 = Buddhism 06 = Catholic 07 = Christian 08 = Church of Christ 09 = Church of God 10 = Episcopal 11 = Full Gospel 12 = Fundamentalist 13 = Greek Orthodox 14 = Hare Krishna 15 = Hinduism 16 = Holiness 17 = Islam 18 = Jehovah Witness 19 = Jewish 20 = Judaism 21 = Lutheran 22 = Methodist 23 = Mormon 24 = Moslem 25 = Nazarene 26 = Pentecostal 27 = Presbyterian 28 = Protestant 29 = Russian Orthodox 30 = Southern Baptist 31 = Unitarian 32 = Voodoo 33 = Other: none of the above 34 = Other: no religion 35 = Other: unknown	Code values = 01 thru 35 as shown in the combo box (lookup table). Can be blank.

Table: **ADMSN** Consumer: ADULT MENTAL HEALTH

Description: Admission Data

REFERRAL	Character (2) 44-45	45	Code indicating the type of community setting which referred the client to this facility at the time of admission: 01 = Individual (includes self/family/friend) 02 = Substance Abuse Provider 03 = Mental Health Provider 04 = Juvenile Justice 05 = County Public Health Unit 06 = School (educational) 07 = Employer/EAP 08 = Other Social/Health/Community 09 = Probation/Parole Officer 10 = Court/Law Enforcement 11 = Other Referral Sources.	Code values = 01 thru 11 as shown in the combo box (lookup table). Can be blank.
RECOUNTY	Character (2) 46-47	47	Code for county of residence, i.e., county where the client resided prior to admission into the Facility.	Valid values = 01 thru 67 or 88 for homeless or 99 for out-of-state. Cannot be blank.
ADCOUNTY	Character (2) 48-49	49	Code for county of admission, i.e., county that admitted the client to the Facility.	Valid values = 01 thru 67 or 88 for homeless or 99 for out-of-state. Cannot be blank.
RESOURCE	CHAR(1)	50	Character appended by Checker software or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **DCHRG** Consumer: ADULT MENTAL HEALTH

Description: Discharge Data

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
PROVID	Character (10) 1-10	10	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Valid values = 10 characters, including a dash in the third position, that already exist in DEMO table. Else, reject.
SSN	Character (9) 11-19	19	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 20-28	28	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes, and must already exist in DEMO table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 29-36	36	Date of resident's admission to Facility in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's; cannot be blank or less than DOB.
DISCREf	Character (2) 37-38	38	Code indicating the type of community setting to which the resident was referred at the time of discharge from this facility: 01 = Individual (includes self/family/friend) 02 = Substance Abuse Provider 03 = Mental Health Provider 04 = Juvenile Justice 05 = County Public Health Unit 06 = School (educational) 07 = Employer/EAP 08 = Other Social/Health/Community 09 = Probation/Parole Officer 10 = Court/Law Enforcement 11 = Other Referral Sources	Code values = 01 thru 11 as shown in the combo box (lookup table). Can be blank.
DISCDATE	Date (8) 39-46	46	Date in YYYYMMDD format, corresponding to the most recent discharge from Facility.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. Cannot be blank; cannot be less than ADMIDATE.
DISCOUNTY	Character (2) 47-48	48	Code for county of discharge, i.e., county to which the client was discharged.	Valid values = 01 thru 67 or 88 for homeless or 99 for out-of-state. Can be blank.

Table: **DCHRG** Consumer: ADULT MENTAL HEALTH

Description: Discharge Data

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
DREASON	Character (2) 49-50	50	Reason for discharge: [01] Terminated – discharge while on temporary status of AWOL, LOA, escape, or elopement. [02] Terminated – returned to another State hospital (FSH, GPWMH, NEFSH, NFETC, SFSH, SFETC, WFCCC) after treatment in this Facility. [03] Terminated – transferred to forensic institutional services of another State Facility (FSH, GPWMH, NEFSH, NFETC, SFSH, SFETC, WFCCC). [04] Terminated – transferred to civil institutional services of another State Facility (FSH, GPWMH, NEFSH, NFETC, SFSH, SFETC, WFCCC). [05] Terminated – referred to other Department services. [06] Terminated – transferred to another mental health facility (VA. hospital etc.). [07] Terminated – institutional services no longer appropriate as determined by the treatment team (e.g., medical, psychiatric, or psychosocial discharge). [08] Terminated – by client against medical advice (for civil only). [09] Terminated – administratively discharged due to disciplinary or other reasons (e.g., refusal to follow treatment program, anti-therapeutic behavior, etc.). For civil only. [10] Terminated – died in the Facility (FSH, GPWMH, NEFSH, NFETC, SFSH, SFETC, WFCCC). [11] Terminated – died outside the Facility (FSH, GPWMH, NEFSH, NFETC, SFSH, SFETC, WFCCC). [12] Terminated – transferred out of state. [13] Terminated – IST/ITP return to court, competent for trial. [14] Terminated – NGBRI return to court for hearing. [15] Status change – from civil to forensic within facility (FSH, GPWMH, NEFSH, NFETC, SFSH, SFETC, WFCCC). For civil only. [16] Status change – IST/ITP transfer to civil within facility, charge dropped. For forensic only. [17] Status change – IST/ITP transfer to civil within facility, court jurisdiction continued. [18] Status change – NGBRI transfer to civil within facility, court jurisdiction continued. [19] Other discharge type, none of the above.	Valid values = 01 thru 19 as shown in the combo box (lookup table). Cannot be blank.
RESOURCE	CHAR(1)	51	Character appended by Checker software or WFCCC software	Valid values = 1 or 2. Else = 3.

Table: **PAYE**

Consumer: ADULT MENTAL HEALTH

Description: Payer

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
PAYTYPE	Character (1)		Code indicating the type of payer: 1 = Individual (e.g., self/family member/friend) 2 = Organization (e.g., insurance, Medicaid, etc..)	Valid values = 1 or 2. Cannot be blank
PAYERID	Character (10)		Federal Tax ID if payer is an organization or social security number if payer is an individual.	Cannot be blank. If PAYTYPE = 1, then PAYERID must be 10 bytes including a dash in the third digit with all other bytes being numeric. If PAYTYPE = 2, then PAYERID must be 9 numeric bytes.
NAME	Character (50)		Name of the individual or organization paying for resident's services	Up to 50 bytes; cannot be blank.
ADDRESS	Character (50)		Street address or P.O. Box of the individual or organization paying for resident's services.	Up to 50 bytes; cannot be blank.
CITY	Character (30)		City of the individual or organization paying for resident's services.	Up to 50 bytes; cannot be blank
STATE	Character (2)		State of the individual or organization paying for resident's services.	Two bytes; cannot be blank
ZIP	Number (5)		Zip code of the individual or organization paying for resident's services.	Five bytes; cannot be blank
CONTACT	Character (50)		Name of the contact person	Up to 50 bytes. Can be blank.

Table: **INCO**

Consumer: ADULT MENTAL HEALTH

Description: Client Income

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Valid values = 10 characters, including a dash in the third position, that already exist in DEMO table. Else, reject.
PAYERID	Character (10)		Federal Tax ID if payer is an organization or Social Security Number if payer is an individual.	Cannot be blank; must be 9 or 10 bytes for payer that already exists in PAYE table.
INCOSRC	Character (2)		Code indicating the income source: 01 = SSI 02 = SSA 03 = AFDC/WAGES/TANF 04 = MEDICAID 05 = MEDICARE 06 = Self/Family/Friends 07 = Salary 08 = Insurance Payment 09 = VA Benefits 10 = Retirement/Pension 11 = Other Sources 12 = None	Cannot be blank; valid values = 01 thru 12 as shown in the combo box (lookup table).
AMTDATE	Date(8)		Date in YYYYMMDD format showing when the amount was received	Cannot be blank or less than ADMIDATE or greater than system date.
AMOUNT	Number (6)		Income amount	Cannot be blank; if decimal, round to whole number.
MEDICAID	Character (10)		MEDICAID number	If INCOSRC = 04, then MEDICAID # cannot be blank. Else, leave blank
MEDICARE	Character (10)		MEDICARE number	If INCOSRC = 05, then MEDICARE # cannot be blank. Else, leave blank
DATEPARA	Date (8)		Date in YYYYMMDD format showing when Medicare Part A will expire	If INCOSRC = 05, then DATEPARA cannot be blank. Else, leave blank.
DATEPARB	Date (8)		Date in YYYYMMDD format showing when Medicare Part B will expire	If INCOSRC = 05, then DATEPARB cannot be blank. Else, leave blank

Table: **MORT**

Consumer: ADULT MENTAL HEALTH

Description: Mortality Data

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Valid values = 10 characters, including a dash in the third position, that already exist in DEMO table. Else, reject.
DATEDIED	Date(8)		Date in YYYYMMDD format indicating when the client died.	Cannot be blank or less than admidate or greater than system date
TIME	Character(6)		Time in HHMMSS indicating when the client died.	Can be blank
AUTOPSY	Date(8)		Date in YYYYMMDD format indicating when the autopsy was done.	Can be blank; cannot be less than DATEDIED or greater than system date
RESULTS	Character (256)		Text describing the autopsy results.	Cannot be blank; If unknown, enter the word "UNKNOWN"
PHYSIC1	Character (50)		Text describing the names of the physician who ordered the autopsy.	Cannot be blank; If unknown, enter the word "UNKNOWN"
PHYSIC2	Character (50)		Text describing the names of the physician who performed the autopsy.	Cannot be blank; If unknown, enter the word "UNKNOWN"
MANNER	Character (256)		Text describing the manner of death.	Cannot be blank; If unknown, enter the word "UNKNOWN"
CAUSE1	Character (256)		Text describing the primary cause of death.	Cannot be blank; If unknown, enter the word "UNKNOWN"
CAUSE2	Character (256)		Text describing the secondary cause of death.	Cannot be blank; If unknown, enter the word "UNKNOWN"
CEMETERY	Character(50)		Text describing the cemetery where the client is buried.	Cannot be blank; If unknown, enter the word "UNKNOWN"

Table: **LEGA** Consumer: ADULT MENTAL HEALTH

Description: Legal Status

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Valid values = 10 characters, including a dash in the third position, that already exist in DEMO table. Else, reject.
COMMITYPE	Character (1) 37	37	Code for type of commitment: 1 = 394 - Civil Voluntary 2 = 394 - Civil Involuntary (Involuntary Competent/ Incompetent to Consent) 3 = 394 - Civil Involuntary (Incompetent) 4 = 916 - NGI 5 = 916 - ITP (not MRDP) 6 = 916 - MRDP (also ITP) 7 = 916 - Non - Restorable 8 = 95-3 Involuntary Incompetent to Consent 9 = Competent to proceed	Valid value = 1 thru 9, as shown in the combo box (lookup table). Cannot be blank.
COMMDATE	Date (8) 38-45	45	Date in YYYYMMDD format indicating when the resident's commitment type began	Must be a valid date. Cannot be blank, less than DOB or greater than system date.
RESOURCE	CHAR(1) 46	46	Character appended to record based on usage of Checker or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **LEAV**

Consumer: ADULT MENTAL HEALTH

Description: Leave Status

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
LEAVTYPE	Character (1)		Leave status: 1= placed on temporary status of AWOL, civil voluntary only 2= placed on temporary status of LOA, for both civil and forensic 3= placed on temporary status of escape, forensic and civil 4= placed on temporary status of elopement, for civil only 5= temporary medical transfer	Valid values = 1 thru 5 as shown in the combo box (lookup table). Cannot be blank.
BEGDATE	Date (8)		Date in YYYYMMDD format showing when the client was placed on leave status.	Cannot be blank or greater than system date or less than ADMIDATE.
EXPECDAT	Date (8)		Date in YYYYMMDD format showing when the client is expected to return from leave.	Cannot be less than BEGDATE or blank.
RETDATE	Date(8)		Date in YYYYMMDD format showing when the client actually returned from leave.	Cannot be less than BEGDATE; can be blank.
DESTINAT	Character (50)		The name of the person or organization where the client will be during the leave period.	Can be blank.
ADDRESS	Character (50)		The street address of the client during the leave period.	Can be blank.
CITY	Character (30)		The city where the client can be reached during the leave period.	Can be blank.
STATE	Character (2)		The state where the client is located during the leave period.	Can be blank.
ZIP	Character (9)		The zip code of the client during the leave period.	Can be blank.
DPHONE	Number (10)		The day phone where the client can be reached during the leave period.	Can be blank.
NPHONE	Number (10)		The night phone where the client can be reached during the leave period.	Can be blank.

Table: **CHAR**

Consumer: ADULT MENTAL HEALTH

Description: Charges

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
OFFENSE	Character (2)		Code indicating the type of offense: 01=ABANDONMENT 02=ABUSE OF AGED PERSONS 03=ABUSE OF ANIMALS 04=ABUSE OF CHILDREN 05=ADULTERY 06=AGGRAVATED ASSAULT 07=AGGRAVATED BATTERY 08=AGGRAVATED CHILD ABUSE 09=ANIMAL FIGHTING 10=ASSISTING SUICIDE 11=ARSON 12=BATTERY, INCLUDING SEXUAL 13=BIGAMY 14=BOOKMAKING 15=BOMB THREAT 16=BREAKING AND ENTERING 17=BRIBERY 18=BURGLARY 19=CARJACKING 20=CHILD PORNOGRAPHY 21=COMMUNICATIONS FRAUD 22=COMPUTER CRIMES 23=CONSPIRACY 24=CONTRIBUTING TO DELINQUENCY OF MINOR 27=COUNTERFEITING 28=CRIMINAL MISCHIEF 29=CULPABLE NEGLIGENCE 30=DEFACING PUBLIC 31=PROPERTY 31=DEFRAUDING A HOSPITAL 32=DEFRAUDING AN INNKEEPER 33=DESERTION 34=DISORDERLY CONDUCT 35=DISORDERLY INTOXICATION 36=DISTURBING GRAVES 37=DOMESTIC VIOLENCE 38=DRIVING UNDER THE INFLUENCE 39=DRUG TRAFFICKING	Cannot be blank; valid values = 01 thru 99 as shown in the combo box (lookup table).

Table: **CHAR**

Consumer: ADULT MENTAL HEALTH

Description: Charges

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
OFFENSE (Cont'd)	Character (2)		40=EMBEZZLEMENT 41=ESCAPE OF PRISONER 42=EXTORTION 43=FAILURE TO IDENTIFY 44=FORGERY 45=FRAUD 46=GAMBLING 47=GANG ACTIVITY 48=GIVING FALSE STATEMENTS 49=GRAND THEFT 50=HABITUAL OFFENDER 51=HARBORING A FUGITIVE 52=HOMICIDE 53=INDECENT EXPOSURE 54=INSURANCE FRAUD 55=KIDNAPPING 56=KILLING AN UNBORN CHILD 57=LARCENY 58=LEAVING SCENE OF ACCIDENT 59=LEWD & LASCIVIOUS BEHAVIOR 60=LOITERING 61=MANSLAUGHTER 62=MISLABELING CONTROLLED SUBSTANCES 63=MURDER, FIRST DEGREE 64=NEGLIGENCE 65=NGI/DISORDER CONDUCT 66=OBSTRUCTION OF JUSTICE 67=OTHER ASSAULTS 68=PERJURY 69=PETIT/ PETTY THEFT 70=POSSESSION OF DRUG PARAPHERNALIA 71=POSSESSION OF FIREARMS 72=POSSESSION OF NARCOTICS 73=POSSESSION OF WEAPONS 74=PROPERTY DAMAGE 75=PROSTITUTION 76=PROWLING 77=RACKETEERING 78=RAPE 79=RECEIVING STOLEN GOODS/PROPERTY 80=RESISTING ARREST 81=RETAIL THEFT 82=ROBBERY 83=SABOTAGE 84=SALE OF HUMAN BODY ORGANS 85=SALE OF HUMAN EMBRYOS 86=SEXUAL PREDATOR 87=SHOPLIFTING 88=STALKING 89=SUBVERSIVE ACTIVITIES	Cannot be blank; valid values = 01 thru 99 as shown in the combo box (lookup table).

Table: **CHAR**

Consumer: ADULT MENTAL HEALTH

Description: Charges

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
OFFENSE Cont'd)	Character (2)		90=TRESPASSING 91=UNLAWFUL USE OF BADGES 92=VANDALISM 93=VEHICULAR MANSLAUGHTER 94=VESSEL MANSLAUGHTER 95=WEAPONS 96=WORTHLESS CHECKS 97=UNKNOWN OFFENSE 98=NONE OF THE ABOVE	Cannot be blank; valid values = 01 thru 98 as shown in the combo box (lookup table).
CHARGE	Character (2)		Code indicating the type of charge: 1 = felony 2 = misdemeanor	Cannot be blank; valid values = 1 or 2.
CASENUMB	Character (8)		An alphanumeric number assigned by the court to identify the case.	Cannot be blank
COURHOLD	Character (1)		Code indicating whether or not the case is on court hold: 1 = YES 2 = NO	Cannot be blank
COURDATE	Date (8)		Date in YYYYMMDD format indicating when the court charged the resident for the offense committed.	Must be a valid date, cannot be less than DOB or greater than system date
DROPPATE	Date (8)		Date in YYYYMMDD format indicating when the charge was dropped.	Can be blank
STATUTE	Character (50)		Text describing the statute under which the resident is charged.	Cannot be blank.

Table: **DIAG** Consumer: ADULT MENTAL HEALTH

Description: Types of Diagnoses

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
DIAGCODE	Character (6) 37-42	42	ICD-9 Diagnosis code.	Valid values for the first three (or four) positions are: 001-289, 290-300, 301, 302-316, 317-319, 320-999, E800-E999 and V01-V82; else the record should be rejected. When four or more numbers are used, the fourth position must be a period (.). The fifth and sixth positions when used must be numeric and left justified. Else the record should be rejected.
DIAGDATE	Date (8) 43-50	50	Date in YYYYMMDD format indicating when the diagnosis was done.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. Key field; cannot be blank or greater than system's date. It must be greater than or equal to ADMIDATE in positions 19-26 above.
ENDDATE	Date (8) 51-58	58	Date in YYYYMMDD format indicating when the diagnosis was completed.	Valid values = valid date that is >= DIAG_D_DIAGDATE in position 43-50 and <= system date. May be null. A record which matches a record in the database on the key fields of SSN, Provider ID, Admission Date, Diagnosis Code and Diagnosis Date should be updated.
RESOURCE	CHAR(1)	59	Character appended by Checker software or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **PROB**

Consumer: ADULT MENTAL HEALTH

Description: Presenting Problems

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
EVALDATE	Date (8)		Date in YYYYMMDD format showing when the presenting problem was identified.	Must be a valid date; cannot be blank or greater than system date or less than ADMIDATE.
PROBTYPE	Character (2)		Code indicating the type of presenting problem: 01 = Medical 02 = Mental/Psychological 03 = Health 04 = Family 05 = Social 06 = Work 07 = Legal 08 = Violence 09 = Other (physical)	Valid values = 01 thru 09 as shown in the combo box (lookup table). Cannot be blank.
DEGREE	Character (1)		Code indicating the degree of severity of the problem: 1 = none 2 = minor 3 = moderate 4 = severe	Valid values = 1 thru 4 as shown in the combo box (lookup table). Cannot be blank.
DESCRIPT	Character (50)		Text describing the presenting problem.	Up to 50 bytes

Table: **PHYS** Consumer: ADULT MENTAL HEALTH

Description: Physical Information (Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
EVALDATE	Date (8)		Date in YYYYMMDD format indicating when the physical exam was done.	Must be a valid date; cannot be blank
HEIGHT	Number (3)		Number indicating the client's height in centimeters.	Cannot be blank. If left blank use data on previous record, if any.
HAIR	Character (50)		Text describing the color of resident's hair.	Cannot be blank. If left blank use data on previous record, if any.
EYES	Character (50)		Text describing the color of resident's eyes	Cannot be blank. If left blank use data on previous record, if any.
WEIGHT	Number(4)		Number indicating the client's weight in kilograms.	Cannot be blank. If left blank use data on previous record, if any.
EVALPERS	Character(50)		Text describing the names of the person who did the physical exam.	Cannot be blank; If left blank, enter the word "UNKNOWN".

Table: **ALLE**

Consumer: ADULT MENTAL HEALTH

Description: Allergies

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
EVALDATE	Date (8)		Date in YYYYMMDD format indicating when the allergies test was done.	Must be a valid date; cannot be blank
ALLETYPE	Character (50)		Text describing the types of allergies.	Up to 50 characters; cannot be blank
DEGREE	Character (50)		Text describing the degree of allergies.	Up to 50 characters; cannot be blank
MEDICAL	Character (50)		Text describing the type of medications prescribed for the allergies.	Up to 50 characters; cannot be blank. If left blank, enter the word "NONE".
EVALPERS	Character(50)		Text describing the names of the person who performed the allergy test.	Cannot be blank; if left blank, enter the word "UNKNOWN".

Table: **DISE** Consumer: ADULT MENTAL HEALTH

Description: Diseases (Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
EVALDATE	Date (8)		Date in YYYYMMDD format indicating when the diagnosis of the diseases was done.	Must be a valid date; cannot be blank.
DISEASES	Character (256)		Text describing the types of diseases which the resident currently has.	Cannot be blank.
EVALPERS	Character(50)		Text describing the names of the person who diagnosed the disease.	Cannot be blank; if left blank, enter the word "UNKNOWN".

Table: **IMMU**

Consumer: ADULT MENTAL HEALTH

Description: Immunizations

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
EVALDATE	Date (8)		Date in YYYYMMDD format indicating when the immunization was done.	Must be a valid date; cannot be blank.
IMMUTYPE	Character (50)		Text describing the types of immunizations done for the resident.	Cannot be blank.
EVALPERS	Character(50)		Text describing the name of the person who performed the allergy test.	Cannot be blank; if left blank, enter the word "UNKNOWN".

Table: **TEST**

Consumer: ADULT MENTAL HEALTH

Description: Screening Tests

(Not in State Data system. Data Maintained only at the Facility.)

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9)		Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9)		Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8)		Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10)		Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
EVALDATE	Date (8)		Date in YYYYMMDD format indicating when the screening tests were done.	Must be a valid date; cannot be blank.
TESTTYPE	Character (50)		Text describing the types of screening tests (e.g., X-ray, TB) done for the resident.	Cannot be blank.
RESULTS	Character (256)		Text describing the results of the screening tests.	Can be blank.
EVALPERS	Character(50)		Text describing the names of the person who performed the test.	Cannot be blank; if left blank, enter the word "UNKNOWN".
READPERS	Character(50)		Text describing the name of the person who read or interpreted the test results.	Cannot be blank; if left blank, enter the word "UNKNOWN".

Table: **UNIT** Consumer: ADULT MENTAL HEALTH

Description: Unit/Ward Placement Data

User View Name	Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in ADMI table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in ADMI table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
UNIT	Character (2) 37-38	38	Code for resident's current Unit assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank. Alpha characters should be left justified. Numeric pad with leading zeroes.
WARD	Character (2) 39-40	40	Code for resident's current ward assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank. Alpha characters should be left justified. Numeric pad with leading zeroes.
BEGIN	Date (8) 41-48	48	Date for beginning of stay in unit/ward in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's; cannot be blank or less than ADMIDATE.
END	Date (8) 49-56	56	Date for ending of stay on unit/ward.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. Can be blank but cannot be greater than DISCDATE or less than BEGDATE.
LEGALSTAT	Character (1)	57	Code indicating the type of admission: 1= Civil Client in Civil facility 2= Forensic Client in Forensic facility 3= Forensic Client in Civil facility 4=Civil Client in Forensic facility	Valid value = 1 thru 4, as shown in the combo box (lookup table). Cannot be blank.
RESOURCE	CHAR(1)	58	Character appended by Checker software or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **PANS** Consumer: ADULT MENTAL HEALTH

Description: Positive and Negative Symptom Scale Data (No longer required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in UNIT table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in UNIT table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
UNIT	Character (2) 37-38	38	Code for resident's current Unit assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
WARD	Character (2) 39-40	40	Code for resident's current ward assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
BEGIN	Date (8) 41-48	48	Date for beginning of stay on unit/ward in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. It cannot be blank and must already exist in UNIT table.
EVALDATE	Date (8) 49-56	56	Date that the PANSS was administered to the resident in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's; cannot be blank or less than BEGDATE.
PURPOSE	Character (1) 57	57	Code for purpose of evaluation: 1 = Admission 2 = Every Six Months 3 = Discharge	Valid values = 1 thru 3 as shown in the combo box (lookup table). Cannot be blank.
METHOD	Character (1) 58	58	Code for method of examination administration: 1 = Interview & observation 2 = Observation only	Valid values = 1 thru 2 as shown in the combo box (lookup table). Cannot be blank.
STAFFID	Character (9) 59-67	67	A number (e.g., SSN or other) assigned by the hospital to uniquely identify the staff member who is responsible for completion of the PANNS.	Nine alphanumeric bytes; cannot be blank.

Table: **PANS**

Consumer: ADULT MENTAL HEALTH

Description: Positive and Negative Symptom Scale Data

(No longer required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
STAFFPOS	Character (2) 68-69	69	Code for position title for staff member performing evaluation: 01 = Licensed Psychologist 02 = Psychologist (No license) 03 = Psychology Resident 04 = Psychology Intern 05 = Psychology Trainee 06 = Psychological Specialist 07 = Licensed Clinical Social Worker 08 = Social Work (Other) 09 = Nurse (RN) 10 = Nurse (LPN) 11 = Nurse Practitioner / Physicians Assistant 12 = Psychiatrist 13 = Physician (Other) 14 = Other	Valid value = 01 thru 14 as shown in the combo box (lookup table). Cannot be blank.
P1DELUS	Number (1) 70	70	Item #1 on the Positive Symptom Scale (Delusions).	Valid value = 1 thru 7. Cannot be blank.
P2CONCEP	Number (1) 71	71	Item #2 on the Positive Symptom Scale (Conceptual disorganization).	Valid value = 1 thru 7. Cannot be blank.
P3HALLUC	Number (1) 72	72	Item #3 on the Positive Symptom Scale (Hallucinatory behavior).	Valid value = 1 thru 7. Cannot be blank.
P4EXCITE	Number (1) 73	73	Item #4 on the Positive Symptom Scale (Excitement).	Valid value = 1 thru 7. Cannot be blank.
P5GRAND	Number (1) 74	74	Item #5 on the Positive Symptom Scale (Grandiosity).	Valid value = 1 thru 7. Cannot be blank.
P6SUSPIC	Number (1) 75	75	Item #6 on the Positive Symptom Scale (Suspiciousness/persecution). [Score from 1 thru 7].	Valid value = 1 thru 7. Cannot be blank.
P7HOSTIL	Number (1) 76	76	Item #7 on the Positive Symptom Scale (Hostility).	Valid value = 1 thru 7. Cannot be blank.
N1BLUNT	Number (1) 77	77	Item #1 on the Negative Symptom Scale. (Blunted affect).	Valid value = 1 thru 7. Cannot be blank.
N2EMOTIO	Number (1) 78	78	Item #2 on the Negative Symptom Scale (Emotional withdrawal).	Valid value = 1 thru 7. Cannot be blank.
N3POORAP	Number (1) 79	79	Item #3 on the Negative Symptom Scale (Poor rapport).	Valid value = 1 thru 7. Cannot be blank.
N4PASSIV	Number (1) 80	80	Item #4 on the Negative Symptom Scale (Passive/apathetic social withdrawal).	Valid value = 1 thru 7. Cannot be blank.
N5ABSTRA	Number (1) 81	81	Item #5 on the Negative Symptom Scale (Difficulty in abstract thinking).	Valid value = 1 thru 7. Cannot be blank.
N6SPONTA	Number (1) 82	82	Item #6 on the Negative Symptom Scale (Lack of spontaneity and flow of conversation).	Valid value = 1 thru 7. Cannot be blank.
N7STEREO	Number (1) 83	83	Item #7 on the Negative Symptom Scale (Stereotyped thinking).	Valid value = 1 thru 7. Cannot be blank.

Table: **PANS** Consumer: ADULT MENTAL HEALTH

Description: Positive and Negative Symptom Scale Data (No longer required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
G1SOMATI	Number (1) 84	84	Item #1 on the General Psychopathology Scale (Somatic concerns).	Valid value = 1 thru 7. Cannot be blank.
G2ANXITY	Number (1) 85	85	Item #2 on the General Psychopathology Scale (Anxiety).	Valid value = 1 thru 7. Cannot be blank.
G3GUILT	Number (1) 86	86	Item #3 on the General Psychopathology Scale (Guilt feelings).	Valid value = 1 thru 7. Cannot be blank.
G4TENSIO	Number (1) 87	87	Item #4 on the General Psychopathology Scale (Tension).	Valid value = 1 thru 7. Cannot be blank.
G5MANNER	Number (1) 88	88	Item #5 on the General Psychopathology Scale (Mannerisms and posturing).	Valid value = 1 thru 7. Cannot be blank.
G6DEPRES	Number (1) 89	89	Item #6 on the General Psychopathology Scale (Depression).	Valid value = 1 thru 7. Cannot be blank.
G7MOTOR	Number (1) 90	90	Item #7 on the General Psychopathology Scale (Motor retardation).	Valid value = 1 thru 7. Cannot be blank.
G8UNCOOP	Number (1) 91	91	Item #8 on the General Psychopathology Scale (Uncooperativeness).	Valid value = 1 thru 7. Cannot be blank.
G9THOUGH	Number (1) 92	92	Item #9 on the General Psychopathology Scale (Unusual thought content).	Valid value = 1 thru 7. Cannot be blank.
G10DISOR	Number (1) 93	93	Item #10 on the General Psychopathology Scale (Disorientation).	Valid value = 1 thru 7. Cannot be blank.
G11ATTEN	Number (1) 94	94	Item #11 on the General Psychopathology Scale (Poor attention).	Valid value = 1 thru 7. Cannot be blank.
G12JUDGE	Number (1) 95	95	Item #12 on the General Psychopathology Scale (Lack of judgment and insight).	Valid value = 1 thru 7. Cannot be blank.
G13VOLIT	Number (1) 96	96	Item #13 on the General Psychopathology Scale (Disturbance of volition).	Valid value = 1 thru 7. Cannot be blank.
G14IMPUL	Number (1) 97	97	Item #14 on the General Psychopathology Scale (Poor impulse control).	Valid value = 1 thru 7. Cannot be blank.
G15PREOC	Number (1) 98	98	Item #15 on the General Psychopathology Scale (Preoccupation).	Valid value = 1 thru 7. Cannot be blank.
G16AVOID	Number (1) 99	99	Item #16 on the General Psychopathology Scale (Active social avoidance).	Valid value = 1 thru 7. Cannot be blank.
S1ANGER	Number (1) 100	100	Item #1 on the Supplementary Scale (Anger).	Valid value = 1 thru 7. Cannot be blank.
S2GRATIF	Number (1) 101	101	Item #2 on the Supplementary Scale (Difficulty in delaying gratification).	Valid value = 1 thru 7. Cannot be blank.
S3AFFECT	Number (1) 102	102	Item #3 on the Supplementary Scale (Affective liability).	Valid value = 1 thru 7. Cannot be blank.

Table: **PANS** Consumer: ADULT MENTAL HEALTH

Description: Positive and Negative Symptom Scale Data (No longer required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
RESOURCE	CHAR(1)	103	Character appended by Checker software or WFCCC software	Valid values = 1 or 2. Else = 3.

Table: **CSAT** Consumer: ADULT MENTAL HEALTH

Description: Consumer Satisfaction Survey Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in UNIT table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in UNIT table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in UNIT table.
UNIT	Character (2) 37-38	38	Code for resident's current Unit assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
WARD	Character (2) 39-40	40	Code for resident's current ward assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
BEGIN	Date (8) 41-48	48	Date for beginning of stay on unit/ward in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. It cannot be blank and must already exist in UNIT table.
EVALDATE	Date (8) 49-56	56	Date in YYYYMMDD format showing when the Consumer Satisfaction Survey was administered to the resident.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's; cannot be blank or less than BEGDATE.
Q01QUALI	Number (1) 57	57	Item #1 on the Consumer Satisfaction Survey. (Overall, I am pleased with the quality of services I have received). [Scored 1 or 2, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q02CLEAN	Number (1) 58	58	Item #2 on the Consumer Satisfaction Survey. (The place I live is clean). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q03COMFO	Number (1) 59	59	Item #3 on the Consumer Satisfaction Survey. (The place I live is comfortable). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q04COURT	Number (1) 60	60	Item #4 on the Consumer Satisfaction Survey. (I am treated with courtesy by the staff). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.

Table: **CSAT** Consumer: ADULT MENTAL HEALTH

Description: Consumer Satisfaction Survey Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
Q05LISTE	Number (1) 61	61	Item #5 on the Consumer Satisfaction Survey. (The staff listens to me). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q06KNOW	Number (1) 62	62	Item #6 on the Consumer Satisfaction Survey. (The staff knows what to do for me). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q07QUALI	Number (1) 63	62	Item #7 on the Consumer Satisfaction Survey. (The staff member I work most closely with is qualified to help me). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q08TALK	Number (1) 64	64	Item #8 on the Consumer Satisfaction Survey. (I am able to talk to staff when I need to). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q09MISTA	Number (1) 65	65	Item #9 on the Consumer Satisfaction Survey. (When staff make mistakes, they are usually fixed easily). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q10HELP	Number (1) 66	66	Item #10 on the Consumer Satisfaction Survey. (Staff helps me find good things to do). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q11SERVE	Number (1) 67	67	Item #11 on the Consumer Satisfaction Survey. (I get services when I need them). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q12NEEDS	Number (1) 68	68	Item #12 on the Consumer Satisfaction Survey. (The services focus on my needs). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q13DECID	Number (1) 69	69	Item #13 on the Consumer Satisfaction Survey. (I help make decisions about my treatment). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q14AVAIL	Number (1) 70	70	Item #14 on the Consumer Satisfaction Survey. (Service treatments are available at times that are good for me). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q15RECOM	Number (1) 71	71	Item #15 on the Consumer Satisfaction Survey. (I would recommend this place to other people who need help). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q16PHONE	Number (1) 72	72	Item #16 on the Consumer Satisfaction Survey. (I can use the phone when I need to). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q17TREAT	Number (1) 73	73	Item #17 on the Consumer Satisfaction Survey. (Overall, I am satisfied with the treatment I receive). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q18LIFE	Number (1) 74	74	Item #18 on the Consumer Satisfaction Survey. (My life has improved because I came here). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.

Table: **CSAT** Consumer: ADULT MENTAL HEALTH

Description: Consumer Satisfaction Survey Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
Q19SAFET	Number (1) 75	75	Item #19 on the Consumer Satisfaction Survey. (I feel safe here). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q20CLOTH	Number (1) 76	76	Item #20 on the Consumer Satisfaction Survey. (I have the clothing I need). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q21FOODS	Number (1) 77	77	Item #21 on the Consumer Satisfaction Survey. (The food is good here). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q22FOODS	Number (1) 78	78	Item #22 on the Consumer Satisfaction Survey. (I can get foods I like to eat here). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q23MEDIC	Number (1) 79	79	Item #23 on the Consumer Satisfaction Survey. (I am generally satisfied with the medications I take). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q24TIME	Number (1) 80	80	Item #24 on the Consumer Satisfaction Survey. (I have enough things to do in my free time). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4 May be blank.
Q25NEEDS	Number (1) 81	81	Item #25 on the Consumer Satisfaction Survey. (Someone has talked to me about my needs). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q26MONEY	Number (1) 82	82	Item #26 on the Consumer Satisfaction Survey. (I can get my money when I want to). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q27PRIVA	Number (1) 83	83	Item #27 on the Consumer Satisfaction Survey. (I have enough privacy). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
Q28USEFUL	Number (1) 84	84	Item #28 on the Consumer Satisfaction Survey. (I am learning things here that will be useful to me later). [Scored 1 thru 4, For SA, A, D, SD, respectively].	Valid value = 1 thru 4. May be blank.
RESOURCE	CHAR(1)	85	Character appended by Checker software or WFCSS software.	Valid values = 1 or 2. Else = 3.

Table: **HARM**

Consumer: ADULT MENTAL HEALTH

Description: Harmful Events Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in UNIT table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in UNIT table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in UNIT table.
UNIT	Character (2) 37-38	38	Code for resident's current Unit assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
WARD	Character (2) 39-40	40	Code for resident's current ward assignment within the facility (after any transfer).	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
BEGIN	Date (8) 41-48	48	Date for beginning of stay on unit/ward in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. It cannot be blank and must already exist in UNIT table.
EVNTCODE	Character (2) 49-50	50	01 = Resident to Staff Altercation 02 = Staff to Resident Altercation 03 = Death (Accidental) 04 = Death (Homicide) 05 = Death (Suicide) 06 = Other Death (Unexpected) 07 = Elopement 08 = Escape 09 = Injury (Accident) 10 = Injury (Other) 11 = Injury (Resident to Resident) 12 = Injury (Self Abuse) 13 = Injury (Unknown Cause) 14 = Resident-to-Resident Sexual Battery 15 = Attempted Suicide 16 = Other 17 = Staff-to-Resident Sexual Battery 18 = Staff or Other Non-Resident Death 19 = Resident Death	Cannot be blank; valid values = 01 thru 19, as shown in the combo box (lookup table).
EVNTDATE	Character (8) 51-58	58	Date in YYYYMMDD format indicating when the event occurred.	Valid if date format with numbers including leading 0's. Format of MMDDYYYY. MM must range from 01 thru 12. DD must range from 01 thru 31. YYYY must range from 1998 to current date..

Table: **HARM** Consumer: ADULT MENTAL HEALTH

Description: Harmful Events Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
EVNTTIME	Character (4)	59-62	Time of Day in HHMM format indicating when the event started. Use military time.	Valid if data composed of four numbers in format HHMM.
RESOURCE	CHAR(1)	63	Character appended by Checker software or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **SECL** Consumer: ADULT MENTAL HEALTH

Description: Seclusion Restraint Master Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in UNIT table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in UNIT table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in UNIT table.
UNIT	Character (2) 37-38	38	Unit at time of S/R.	Two bytes alpha and/or numeric characters; cannot be blank. Must already exist in UNIT table. Alpha characters should be left justified. Numeric pad with leading zeroes.
WARD	Character (2) 39-40	40	Ward at time of S/R.	Two bytes alpha and/or numeric characters; cannot be blank Alpha characters should be left justified. Numeric pad with leading zeroes.
BEGIN	Date (8) 41-48	48	Date for beginning of stay on unit/ward in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. It cannot be blank and must already exist in UNIT table.
CATEGORY	Character (2) 49-50	50	Category of S/R Code for type of categories: 01= Seclusion 02= Forensic Secure Placement (Obsolescent; Discontinue Use) 03= Tandem Seclusion and Restraint 04= Restraint, Mechanical 05= Restraint, Manual 06= Restraint, Chemical 07= Restraint, Medical	Two bytes alpha and/or numeric characters verified by lookup table; cannot be blank and must already exist in UNIT table.

Table: **SECL**

Consumer: ADULT MENTAL HEALTH

Description: Seclusion Restraint Master Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
REASON	Character (2) 51-52	52	Reason of S/R Code for type of reasons: 00= Assaultive Behavior To Clients/Residents 05= Other Life Threatening Action 10= Assaultive Behavior To Staff 20= Significant Threats To Clients/Residents 30= Significant Threats To Staff 40= Significant Property destruction 50= Significant Disruption to Milieu 60= Suicide Attempt/Ideation 65= Other Self/Injurious Behavior 70= Escape 80= Possession of Dangerous Contraband 90= Interfering with Medical Condition/Medical reason 95= Voluntary Seclusion 99= Removal From List. Invalid Entry	Two bytes alpha and/or numeric characters; cannot be blank and must already exist in UNIT table.
IMPDATE	Date (8) 53-60	60	Date S/R was Implemented	YYYYMMDD Valid date checks; cannot be blank and > = date.
IMPTIME	Character (4) 61-64	64	Time S/R was implemented	HH: MM in valid military time formats; cannot be blank.
TERMDATE	Character (8) 65-72	72	Date S/R was Terminated.	YYYYMMDD valid date checks.
TERMTIME	Character (4) 73-76	76	Time S/R was Terminated.	HH:MM in valid military time formats
ORDERSSN	Character (9) 77-85	85	Social Security of person ordering S/R.	9 numeric characters in 123121234 format; cannot be blank.
ORDERDIS	Character (2) 86-87	87	Discipline of person ordering S/R Code for type of disciplines: 01= Shift Supervisory Level Staff (Inactive. Do not use.) 02= Licensed Practical Nurse (Inactive. Do not use.) 03= Registered Nurse (Inactive. Do not use.) 04= A.R.N.P. 05= Physician 06= Psychological Specialist/ Psychologist/ Sr. Psychologist (Inactive. Do not use.) 07= Certified Physician's Assistant	2 alpha/numeric characters verified by lookup table.
IMPLSSN	Character (9) 88-96	96	Social Security of person implementing S/R.	9 numeric characters in 123121234 format. May be blank.

Table: **SECL** Consumer: ADULT MENTAL HEALTH

Description: Seclusion Restraint Master Data

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
IMPLDIS	Character (2) 97-98	98	Discipline of person implementing S/R Code for type of disciplines: 01= Shift Supervisory Level Staff 02= Licensed Practical Nurse 03= Registered Nurse 04= A.R.N.P. 05= Physician 06= Psychological Specialist/ Psychologist/ Sr. Psychologist	2 alpha/numeric characters verified by lookup table. May be blank.
RESOURCE	CHAR(1)	99	Character appended by Checker software or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **MCAS** Consumer: ADULT MENTAL HEALTH

Description: Multnomah Community Ability Scale (No Longer Required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
SSN	Character (9) 1-9	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CLIENTID	Character (9) 10-18	18	Client identification number, other than social security number, assigned to resident by the Facility.	Up to 9 characters including alpha and/or numeric bytes; cannot be blank or less than 6 bytes and must already exist in UNIT table. Right Justified with preceding zeros: 000123456.
ADMIDATE	Date (8) 19-26	26	Date of resident admission to facility in YYYYMMDD format.	Cannot be greater than system date or less than DOB; cannot be blank and must already exist in UNIT table.
PROVID	Character (10) 27-36	36	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in UNIT table.
UNIT	Character (2) 37-38	38	Unit at time of completion of MCAS.	Two bytes alpha and/or numeric characters; cannot be blank. Alpha characters should be left justified. Numeric pad with leading zeroes.
WARD	Character (2) 39-40	40	Ward at time of completion of MCAS.	Two bytes alpha and/or numeric characters; cannot be blank. Alpha characters should be left justified. Pad numeric values with leading zeroes.
BEGIN	Date (8) 41-48	48	Date for beginning of stay on unit/ward in YYYYMMDD format.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's. It cannot be blank and must already exist in UNIT table.
PURPOSE	Character (1) 49	49	Code for purpose of evaluation: 1= Admission 2= Discharge 3= Every 6 Months	Valid Values = 1 thru 3, as shown in the combo box (lookup table). Cannot be blank.
RATERID	Character (9) 50-58	58	A number (e.g., SSN or other) assigned by the hospital to uniquely identify the treatment team leader who is responsible for completion of MCAS.	Nine alphanumeric bytes; cannot be blank.
EVALDATE	Date (8) 59-66	66	Date in YYYYMMDD format showing when the MCAS was administered to the resident.	MM must range from 01 thru 12, including leading 0's. DD must range from 01 thru 31, including leading 0's; cannot be blank or less than BEGDATE.
Q01PHYSI	Number (1) 67	67	Code indicating how impaired the client is by his/her physical health status: 1=Extreme health impairment 2=Marked health impairment 3=Moderate health impairment 4=Slight health impairment 5=No health impairment 6=Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.

Table: **MCAS** Consumer: ADULT MENTAL HEALTH

Description: Multnomah Community Ability Scale (No Longer Required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
Q02INTEL	Number (1)	68	Code indicating client's level of general intellectual functioning: 1=Extremely low intellectual functioning 2= Moderately low intellectual functioning 3= Low intellectual functioning 4= Slightly low intellectual functioning 5= Normal or above level of intellectual functioning 6= Don't know	Valid value = 1 thru 7, as shown in the combo box (lookup table). Cannot be blank.
Q03THOUG	Number (1)	69	Code indication how impaired the client's thought processes: 1= Extremely impaired thought processes 2= Markedly impaired thought processes 3= Moderately impaired thought processes 4= Slightly impaired thought processes 5= No impairment ,normal thought processes 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q04MOOD	Number (1)	70	Code indicating how abnormal the client's mood: 1= Extremely abnormal mood 2= Markedly abnormal mood 3= Moderately abnormal mood 4= Slightly abnormal mood 5= No impairment ,normal mood 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q05RESPO	Number (1)	71	Code indicating how impaired the client is by inappropriate and/or dysfunctional responses to stress and anxiety: 1= Extremely impaired response 2= Markedly impaired response 3= Moderately impaired response 4= Slightly impaired response 5= Normal response 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q06ABLTY	Number (1)	72	Code indicating how successful the client manages his/her money and control expenditures: 1= Almost never manages money successfully 2= Seldom manages money successfully 3= Sometimes manages money successfully 4= Manages money successfully a fair amount of the time 5= Almost always manages money successfully 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.

Table: **MCAS** Consumer: ADULT MENTAL HEALTH

Description: Multnomah Community Ability Scale (No Longer Required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
Q07INDEP	Number (1)	73	Code indicating how well the client performs independently in day-to-day living: 1= Almost never performs independently 2= Often does not perform independently 3= Sometimes performs independently 4= Often performs independently 5= Almost always performs independently 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q08ACCEP	Number (1)	74	Code indicating how well the client accepts his/her psychiatric disability: 1= Almost never accepts disability 2= Infrequently accepts disability 3= Sometimes accepts disability 4= Accepts disability a fair amount of the time 5= Almost always accepts disability 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q09SOCIA	Number (1)	75	Code indicating social acceptability, in general, what are other people's reactions to the client: 1= Very negative 2= Fairly negative 3= Mixed, mildly negative to mildly positive 4= Fairly positive 5= Very positive 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q10INTER	Number (1)	76	Code indicating Social interest: How frequently does the client initiate social contact or respond to others' initiation of social contact: 1= Very infrequently 2= Fairly infrequently 3= Occasionally 4= Fairly frequently 5= Very frequently 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q11EFECT	Number (1)	77	Code indicating Social effectiveness: How effectively does the client interact with others: 1= Very ineffectively 2= Ineffectively 3= Mixed or dubious effectiveness 4= Effectively 5= Very effectively 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q12NETWRK	Number (1)	78	Code indicating Social Network: How extensive is the client's social support network: 1= Very limited network 2= Limited network 3= Moderately extensive network 4= Extensive network 5= Very extensive network 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.

Table: **MCAS** Consumer: ADULT MENTAL HEALTH

Description: Multnomah Community Ability Scale (No Longer Required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
Q13ACTVT	Number (1)	79	Code indicating Meaningful Activity: How frequently is the client involved in meaningful activities that are satisfying to him or her: 1= Almost never involved 2= Seldom involved 3= Sometimes involved 4= Often involved 5= Almost always involved 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q14MEDIC	Number (1)	80	Code indicating Medication Compliance: How frequently does the client comply with his/her prescribed medication regime: 1= Almost never complies 2= Infrequently complies 3= Sometimes complies 4= Usually complies 5= Almost always complies 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q15COOPE	Number (1)	81	Code indicating Cooperation with Treatment Providers: How frequently does the client cooperate: 1= Almost never cooperates 2= Infrequently cooperates 3= Sometimes cooperates 4= Usually cooperates 5= Almost always cooperates 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q16ADABAB	Number (1)	82	Code indicating Alcohol/Drug Abuse: How frequently does the client abuse drugs and/or alcohol: 1= Frequently abuses 2= Often abuses 3= Sometimes abuses 4= Infrequently abuses 5= Almost never abuses 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
Q17IMPUL	Number (1)	83	Code indicating Impulse Control: How frequently does the client exhibit episodes of extreme acting out: 1= Frequently acts out 2= Acts out fairly often 3= Sometimes acts out 4= Infrequently acts out 5= Almost never acts out 6= Don't know	Valid value = 1 thru 6, as shown in the combo box (lookup table). Cannot be blank.
RESOURCE	CHAR(1)	84	Character appended by Checker software or WFCCC software	Valid values = 1 or 2. Else = 3.

Table: **PART** Consumer: ADULT MENTAL HEALTH

Description: Community Partners Satisfaction Survey (No Longer Required. Historical Data Only.)

User View Name	Start Type (Size)	End Column Position	Field Description	Validation Edits
PROVID	Character (10) 1-10	10	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in UNIT table.
PARTTYPE	Character (1) 11-11	11	Code indicating partner category: A: Family friend and Resident Advocate B: Mental Health Case Manager, Outpatient mental health program, receiving facility, substance abuse program and vocational rehabilitation C: Discharge placement D: Local health clinic, law enforcement and vendor E: Judiciary (Forensic commitments) and Attorney F: Jail G: Local business, university and other	Valid Value = A thru G, as shown in the combo box (lookup table). Cannot be blank.
EVALDATE	Date (6) 12-17	17	Reporting Month on Form in MMYYYYY Format.	MM must range from 01 thru 12, including leading 0's. Cannot be blank.
SURVEYNUM	Number (4) 18-21	21	Number generated by hospitals. To be reset each quarter.	Valid Value = 1 thru 9999. Else, reject.
SCORE	Number (1) 22-22	22	Score for partner category.	Valid Value = 1 thru 5. May be null.
RESOURCE	CHAR(1)	23	Character appended by Checker software or WFCCC software.	Valid values = 1 or 2. Else = 3.

Table: **FARS** Consumer: ADULT MENTAL HEALTH

Description: Functional Assessment Rating Scale

User View Name	Type (Size)	End Column Position	Field Description	Field Validation Edits
SSN	Character (9)	9	Client 9-digit Social Security Number (SSN) or pseudo-SSN (as defined in the DEMO table description of SSN).	Valid values = 9 characters that already exist in DEMO table. Else, reject.
CONTRACTOR	Character (10)	19	Federal Tax ID for the Facility (as defined in the DEMO table description of PROVID).	Ten bytes, including a dash in the third digit with all other bytes being numeric; cannot be blank and must already exist in ADMI table.
DCFPURP	Character (1)	20	The appropriate code that identifies the purpose of the assessment. Valid Purpose Code values are: [1] = The person's admission to the provider agency: evaluation is being completed at the time of the client's admission to the provider agency. "Admission" is the first service for that client following a previous agency discharge or no prior service for that client at that agency. [2] = One of the six-month assessment periods following admission to the provider agency: this evaluation is every six months from the evaluation date on the admission or last FARS record for that client at that agency. [3] = The person's discharge from the provider agency: evaluation is being completed at the time of discharge from the provider agency. "Discharge" is the last service for that client at that agency, with no other services expected to be rendered. [4] = Administrative discharge from the provider agency: evaluation is being completed for an administrative discharge, Ratings are not needed. An "administrative discharge" is used when a provider has no contact with a client for at least the 30 days prior to the evaluation and therefore has no knowledge of the data needed to complete the Problem Severity Ratings Scale. [5] = None of the Above: This code is used only for program evaluation purpose as defined in PROGPURP, below.	Valid value = 1 through 5. Else, reject.
EVALDATE	Character (8)	28	The date of the evaluation. Enter two digits each for the month, day, and the four-digit year of the day the assessment was done.	Evaldate must be >= DOB and <= system date. Else, reject.
PROVID	Character (10)	38	The 10 digit Federal Tax ID of the subcontracted agency serving the consumer Contractor agencies reenter the Contractor ID.	Valid values = 10 characters for Federal Tax ID of the provider that already exists in PROVIDER table. Else, reject.

Table: **FARS** Consumer: ADULT MENTAL HEALTH

Description: Functional Assessment Rating Scale

User View Name	Type (Size)	End Column Position	Field Description	Field Validation Edits
PROGPURP	Character (1)	39	<p>The Program Evaluation Purpose. Valid values are: [1] Admission to Program, [2] Six months after admission to program, [3] Annually after admission to program or service, [4] Planned discharge from /transfer to program service within agency, [5] Administrative discharge, [6] None of the above.</p> <p>Note: This field can be used by providers that wish to complete a FARS when a client moves from one program to another.</p>	Valid values = 1 through 6. If DCFPurp =1 through 4, then PROGPURP= 6. If DCFPURP= 5, then PROGPURP = 1 through 5, else reject.
MGAF-SCORE	Number (2)	41	<p>Enter the client's score, up to 2 numbers, for the Modified Global Assessment (M-GAF). Please note the M-GAF Score is used for clients who are receiving medications-only services. If a score is entered, the selection of Rating Scales is not required. Valid values are from 1 thru 99. <u>(The M-GAF score is not the same as the GAF. Do not enter a GAF score here.)</u></p> <p>Note: Copies of the M-GAF instrument are available from your local DCF SAMH Program Office</p>	If Purpose = '1' through '5', then valid values = 1 through 90 or blank. If the M-GAF score is entered, the scales are optional.
EDULEVEL	Character (2)	43	<p>Indicate the Education Level of the person conducting the assessment, using these valid values: [01] Non-Degree Trained Technician, [02] AA Degree Trained Technician, [03] BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field, [04] MA/MS – Master's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field, [05] Licensed Practitioner of the Healing Arts – MA/MSD advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors and marriage/family therapists, [06] PhD/PsyD/EdD – Licensed Psychologist, [07] MD/DO – Board Certified</p>	If MGAFSCORE is not null, the valid value = 01 through 07 or blank. Else, valid value = 01 through 07. Else reject.
FMHINUM	Character (9)	52	The nine-digit FMHI Certification Number of the person who completed the Problem Severity Ratings.	If MGAFSCORE is NULL, Valid value = 9-digit FMHI Certification Number , else reject If MGAFSCORE is NOT NULL , then the entry can be null.

Table: **FARS** Consumer: ADULT MENTAL HEALTH

Description: Functional Assessment Rating Scale

User View Name	Type (Size)	End Column Position	Field Field Description	Field Validation Edits
SAHIST	Character (1)	53	Drug Abuse History: Indicate whether the client being evaluated has abused drugs or alcohol within the past six months. Valid values: [1] Yes, [0] No.	If MGAFScore is NULL, then Valid value = 0 or 1. Else reject If MGAFScore is NOT NULL, then Valid value = 0 or 1 or BLANK.
DEPRESS	Number (1)	54	Depression Scale. Valid values: [1] No Problem, [2] Less than Slight Problem, [3] Slight Problem, [4] Slight to Moderate Problem, [5] Moderate Problem, [6] Moderate to Severe Problem, [7] Severe Problem, [8] Severe to Extreme Problem, [9] Extreme Problem.	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
ANXIETY	Number (1)	55	Anxiety Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
HYPERAFF	Number (1)	56	Hyper-Affective Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
THOUGHT	Number (1)	57	Thought Process Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
COGNITIV	Number (1)	58	Cognitive/Performance Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
MEDICAL	Number (1)	59	Medical/Physical Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
TRAUMATI	Number (1)	60	Traumatic Abuse Scale.. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
SUBSTANC	Number (1)	61	Substance Abuse Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
RELATION	Number (1)	62	Interpersonal Relationships Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
FAMRELA	Number (1)	63	Family Relationships Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
FAMENVI	Number (1)	64	Family Environment Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.
SOCLEGAL	Number (1)	65	Socio-Legal Scale. See valid values in Depression scale (position 54, above).	If MGAFScore is NULL, then Valid value = 1 thru 9. Else reject. If MGAFScore is NOT NULL, then Valid value = 1 thru 9 or BLANK.

Table: **FARS** Consumer: ADULT MENTAL HEALTH

Description: Functional Assessment Rating Scale

User View Name	Type (Size)	End Column Position	Field Description	Field Validation Edits
WORKSCHO	Number (1)	66	Work/School Scale. See valid values in Depression scale (position 54, above).	If MGAFCORE is NULL, then Valid value = 1 thru 9. Else reject. If MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK.
ADLFUNCT	Number (1)	67	ADL Functioning Scale. See valid values in Depression scale (position 54, above).	If MGAFCORE is NULL, then Valid value = 1 thru 9. Else reject. If MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK.
SELFCARE	Number (1)	68	Ability to Care for Self Scale. See valid values in Depression scale (position 54, above).	If MGAFCORE is NULL, then Valid value = 1 thru 9. Else reject. If MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK.
DANGSELF	Number (1)	69	Danger to Self Scale. See valid values in Depression scale (position 54, above).	If MGAFCORE is NULL, then Valid value = 1 thru 9. Else reject. If MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK.
DANGOTH	Number (1)	70	Danger to Others Scale. See valid values in Depression scale (position 54, above).	If MGAFCORE is NULL, then Valid value = 1 thru 9. Else reject. If MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK.
SECURITY	Number (1)	71	Security Management Scale. See valid values in Depression scale (position 54, above).	If MGAFCORE is NULL, then Valid value = 1 thru 9. Else reject. If MGAFCORE is NOT NULL, then Valid value = 1 thru 9 or BLANK.
PROVINFO	Character (20)	91	Provider Local Information. Local information that can be used by the Provider agency to identify or track client's other information for reporting purposes.	Valid value = up to 20 characters or blank.