Chapter 5 – Mental Health Performance Outcome Data Set (PERF)

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I. Document Revision History

	Document Revision History							
Version Number	Effective Date	Revision Date	Description	Author				
12.0	07/01/2017	05/10/2017	Completed version 12.0	SAMH Data Unit				
12.0	07/01/2017	05/10/2017	 Added Discharge Reason – Page 5-11 Effective Date 07/01/2017 	SAMH Data Unit				
			 Corrected Title for MH Target Groups on Table of Contents and page 12 					
12.0	07/01/2017	08/11/2017 🔶	 Added back MHDIAG (Mandatory for FY 15-16 and prior years) and SADIAG (for FY 15-16 and prior years only). 	Sherry Catledge				

Table 1. Document Revision History

II. General Policies and Considerations

II.A. Adding Mental Health Outcome Records

- 1. Contractors report mental health outcome data for all clients receiving reportable client-specific service events associated with the mental health program.
- 2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID. The Mental Health admission record must exist prior to the submission of any SERV, FARS/CFARS, or discharge.
- 3. To determine how Mental Health Target Groups are determined, refer to **Tables 4** and **5** under **IV. Mental Health Target Group Determination for ICD10** and **ICD9 Codes** on pages 11 and 12 of this chapter.

II.B. Updating Mental Health Outcome Records

1. A mental health outcome record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

II.C. Deleting Mental Health Outcome Records

1. To delete a mental health outcome record, a PERF deletion record must be submitted according to the file layout in Table 2.

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
SSN	11	9	XXXXXXXXX
PURPOSE	20	1	Х
EVALDATE	21	8	YYYYMMDD
PROVIDERID	29	10	XX-XXXXXXX

Table 2. PERF Record Deletion File Layout

Warning: When a client's mental health admission record (PURPOSE = 1) is deleted, all associated services, assessments, quarterly evaluations, and discharges will be deleted.

II.D. DCF Pamphlet 155-2 Chapters and Forms

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

III. Mental Health Performance Outcome Data File Layout (PERF)

Table 3. PERF Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID	1	CHAR(10)	Format: XX-XXXXXXX
(Mandatory Key)			Contractor must be registered in SAMHIS.Must match CONTRACTORID in DEMO record.
			structions: Contractor Id - The contractor id is the Federal on Number of the entity which holds a contract with DCF.
SITEID (Mandatory)	11	CHAR(2)	Format XX; right justified/zero filled.Must be registered in SAMHIS for the PROVIDERID.
		riptions and In es will be provid	structions: Site Id - The physical location of the provider where ded.
SSN (Mandatory Key)	13	CHAR(9)	Format: XXXXXXXXXMust match SSN in DEMO record.
			structions: Social Security Number - See General Policies and Iding Mental Health Outcome Records.
CLIENTID	22	CHAR(10)	Left justified/space filled.
	Desci	riptions and In	structions: Client Id - Contractor use only.
PURPOSE	32	CHAR(1)	• Must be 1, 2, 3, 4 or 5.
(Mandatory Key)	menta Table [1] Ad	al health outcom	
EVALDATE (Mandatory Key)	33	CHAR(8)	 Format: YYYYMMDD Must be >= client's date of birth and <= system date. Must be within the begin and end date of the contract in CONTNUM1.
	Descr condu		structions: Evaluation Date - The date on which this evaluation is
STAFFID	41	CHAR(12)	Format: 99-XXXXXXXX
(Mandatory)	Desci	riptions and In	structions: Staff Id - The ID of the staff rendering the services.
	Si • Po • Po • Fo • Fo	taff ID Educations to a sition 3 must b to a sitions 4 through the sitions 4 through the site of the s	gh 12 can be any alphanumeric character (left justified/space filled). ntervention Specialist, positions 4 and 5 must contain an employee id. ention Specialist (FIS), positions 4 through 6 must be FIS (e.g.: 01-
INITEVADA (Mandatory)	53	CHAR(8)	 Format: YYYYMMDD Date must be the same as EVALDATE on the PURPOSE = 1 or 5 record.
		riptions and In of client.	structions: Initial Evaluation Date - Indicates the initial evaluation

Field Name	Pos	Type / Size	Edits and Validations		
PINCOSRC	61	CHAR(1)	 Must be 1 through7 if PURPOSE = 1, 2, 3, or 5. (Mandatory) Must be 1 through 7 or space if PURPOSE = 4 		
	sourc	e of income at t	structions: Primary Income Source - Indicates the client's primary the time of evaluation. Refer to the Primary Source of Income pendix 5 – Data Code Tables.		
DISINCOM	62	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1, 2, 3, or 5. (Mandatory) Must be 0, 1, or space if PURPOSE = 4 		
		ing disability in	structions: Disability Income - Indicate whether the client is come for a psychiatric condition.		
] No [1] Yes		
PROGNOSIS	63	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1, 2, 3, or 5. (Mandatory) Must be 0, 1, or space if PURPOSE = 4. 		
	currer	nt mental health	structions: Prognosis - Indicate if the client received services for the problem within the past 12 months or if the mental health problem is or at least another 12 months.		
	[0]	No (if both cor	nditions are not met) [1] Yes (if either or both conditions are met)		
DEPCRIMS	64	CHAR(2)	 Must be 00 through 09, 27, or 28 if age at time of admission < 18. (Mandatory) Must be 00, 10 through 13, 16 through 19, 21 through 26, 28 or 29 if age at time of admission is >= 18. (Mandatory) 		
			 May be spaces if PURPOSE = 4. 		
	Descriptions and Instructions: Dependency or Criminal Status - Indicate the client's dependency/delinquency (for children) or criminal/competency status (for adults) . Refer to Dependency / Criminal Status Codes Table in Appendix 5 – Data Code Tables. If information is insufficient for either adults or children, use 00.				
ADMITYPE	66	CHAR(1)	 Must be 1 through 4 if PURPOSE = 1, 2, 3 or 5. (Mandatory) Must be 1 through 4 or space if PURPOSE = 4. 		
	client' [1] Vo in [2] Vo [3] Inv	s type of admis luntary Compe competent bluntary Incomp voluntary Comp	structions: Admission Type - Indicate the code that matches the sion. tent – Not court ordered into treatment; not deemed legally etent – Not court ordered into treatment; legally incompetent betent – Court ordered into treatment; not deemed legally incompetent apetent – Court ordered into treatment; legally incompetent		
DAYSCOM	67	CHAR(2)	• Must be 00 through 30 if PURPOSE = 1, 2, or 3. (Mandatory)		
			• Must be 00 through 30 or spaces if PURPOSE = 4 or 5.		
			structions : Days in Community - Indicate the number of days the mmunity within the last 30 days.		
DAYSWORK	69	CHAR(2)	 Must be 00 through 30 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at date of admission < 18. Must be 00 through 30 if PURPOSE = 1, 2, or 3 and age at admission >= 18. (Mandatory) Must be 00 through 30 or spaces if PURPOSE = 4 or 5 and age at admission >= 18. 		
			structions: Days Worked - Indicate the number of days the client ding paid leave, within the last 30 days.		

Field Name	Pos	Type / Size	Edits and Validations		
INCOPAY	71	CHAR(4)	 Must be 0000 through 9999 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at date of admission < 18. Must be 0000 through 9999 if PURPOSE = 1, 2, or 3 and age at admission > =18. (Mandatory) 		
			 Must be 0000 through 9999 or spaces if PURPOSE = 4 or 5 and age at admission >=18. 		
	collec	•	structions: Income Paid - Indicate the total monthly income t from paid employment within the last 30 days as referenced in		
		ne 0000-9998	Use 9998 if amount > 9998 9999 = Unknown		
INCOGOV	75	CHAR(4)	 Must be 0000 through 9999 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at date of admission < 18. Must be 0000 through 9999 if PURPOSE = 1, 2, 3 and age at date of admission >=18. (Mandatory) Must be 0000 through 9999 or spaces if PURPOSE = 4 or 5 and age at admission >= 18. 		
			structions: Income Government - Indicate the total monthly income from government subsidies within the last 30 days.		
	Incom	ne 0000-9998	Use 9998 if amount > 9998 9999 = Unknown		
INCOTHER	79	CHAR(4)	 Must be 0000 through 9999 or spaces if PURPOSE = 1, 2, 3, 4, or 5 and age at date of admission < 18. Must be 0000 through 9999 if PURPOSE = 1, 2, or 3 and age at admission >= 18. (Mandatory) Must be 0000 through 9999 or spaces if PURPOSE = 4 or 5 and age at admission >= 18. 		
	Desc	riptions and In	structions: Income Other - Indicate the total monthly income		
	within	the last 30 day			
		ne 0000-9998	Use 9998 if amount > 9998 9999 = Unknown		
GAF	83	CHAR(2)	Space filled.		
		-	structions: Global Assessment Functioning - No longer used.		
DAYSAVAI	85	CHAR(2)	 Must be 00 through 90 if PURPOSE = 1, 2, or 3 and age at date of admission < 18. (Mandatory) Must be 00 through 90 or spaces if PURPOSE = 1, 2, 3, 4, 5 and age at admission >= 18. Must be 00 through 90 or spaces if PURPOSE = 4 or 5 and age at admission < 18. 		
	Descriptions and Instructions: School Days Available - Indicate the number of school days available within the last 90 days. Note: Expanded to 90 days as of July 1, 2015.				
DAYSATTE	87	CHAR(2)	 Must be 00 through 90 if PURPOSE = 1, 2, 3 and age at date of admission < 18. (Mandatory) Must be 00 through 90 or spaces if PURPOSE = 1, 2, 3, 4 or 5 and age at admission >= 18. Must be 00 through 90 or spaces If PURPOSE = 4 or 5 and age at admission < 18. 		
	days t	the client attend	structions: School Days Attended - Indicate the number of school led within the last 90 days.		
	Note:	Expanded to 9	0 days as of July 1, 2015.		

Field Name	Pos	Type / Size	Edits and Validations
CGAS	89 Desc	CHAR(2)	 Must be spaces if age at evaluation is less than 5 or greater than 17. Must be 01 through 99 if PURPOSE code = 1, 2, 3 or 5 and age at evaluation is between 5 and 17. (Mandatory) Must be 01 through 99 or spaces if PURPOSE = 4 and age at evaluation is between 5 and 17. structions: Children's Global Assessment Scale - Indicate the
			uth's current level of functioning.
DJJCOMIT	91	CHAR(1)	 Must be 0 or 1 if PURPOSE code = 1, 2 or 3 and age at admission < 18. (Mandatory) Must be 0, 1 or space if PURPOSE code = 1, 2 or 3 and age at the time of admission >= 18. Must be 0, 1 or space if PURPOSE = 4 or 5.
			structions: Department of Juvenile Justice Commitment - Indicate nitted or recommitted to the Department of Juvenile Justice.
] No [1] Yes
RISKFACT	92	CHAR (1)	 Must be 0 or 1 if PURPOSE code = 1, 2, 3 or 5 and age at admission < 18. (Mandatory) Must be 0, 1 or space if PURPOSE code = 1, 2, 3 or 5 and age at the time of admission >= 18. Must be 0, 1 or space if PURPOSE = 4.
	Emoti home violen	onal Disturband lessness, family ice, substance a ments).	structions: Risk Factor - Indicate if the child has risk factors for ce (referred to Emotion Health program in conjunction with IDEA, y history of mental illness, abuse or neglect, exposure to domestic abuse, chronic or serious physical illness, or multiple out-of-home
RESIDSTAT	02		No [1] Yes
RESIDSTAT	93	CHAR(2)	 Must be 01 through 18 or 99 if PURPOSE= 1, 2, 3 or 5. (Mandatory) Must be 01 through 18, 99 or spaces if PURPOSE = 4. Right justified/zero filled.
	client	at time of evalu g. Refer to the	structions: Residential Status - Indicate the residential status of the lation. Enter the two-digit code that reflects the correct residential Residential Status Codes Table in Appendix 5 – Data Code
MARITAL	95	CHAR(1)	 Must be 1 through 8 if PURPOSE= 1, 2, 3 or 5. (Mandatory) Must be 1 through 8 or space if PURPOSE = 4.
			structions: Marital Status - Indicate the client's current marital Marital Status Codes Table in Appendix 5 – Data Code Tables.
EMPL	96	CHAR(2)	 Must be 10, 20, 30, 31, 40, 50, 60, 70 or 81 through 86 if PURPOSE= 1, 2, 3 or 5. (Mandatory) Must be 10, 20, 30, 31, 40, 50, 60, 70, 81 through 86 or spaces if PURPOSE = 4. Right justified/zero filled.
	status		structions: Employment Status - Indicate the client's employment Refer to the Employment Status Codes Table in Appendix 5 –

Field Name	Pos	Type / Size	Edits and Validations		
CNTYRESID	98	CHAR(2)	 Must be between 01 and 67 or 99 if PURPOSE= 1, 2, 3 or 5. (Mandatory) Must be between 01 and 67, 99 or spaces if PURPOSE = 4. Right justified/zero filled. 		
	which provic	the client resident resident for the client resident the site where the site wher	structions: County of Residence - Indicate the Florida county in es at the time of admission. If unknown, enter the county of the ne evaluation occurred. Do not use '88'. Refer to the Florida County endix 5 - Data Code Tables.		
GRADE	100	CHAR(2)	 Must be 00-08, 24-28, 30-42 if PURPOSE = 1, 2 or 3. (Mandatory) Must be 00-08, 24-28, 30-42 or spaces if PURPOSE = 4 or 5. Right justified/zero filled. 		
	by the Table	e client prior to t Appendix 5 –	structions: Grade - Indicate the highest educational level completed his evaluation. Refer to the Educational Levels (GRADE) Codes Data Code Tables. es effective July 1, 2015.		
RX	102	CHAR(1)	 Must be 0 or 1 if PURPOSE= 1, 2, 3 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 4. 		
		al antipsychotic			
		-] No [1] Yes		
DEVELOP	103	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 2, 3 or 4. 		
	Descriptions and Instructions: Development Status - Indicate if the client is developmentally disabled.				
] No [1] Yes		
PHYSICAL	104	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 2, 3 or 4. 		
		riptions and In cally disabled.	structions: Physical Disability Status - Indicate if the client is		
		_] No [1] Yes		
AMBULAT	105	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 2, 3 or 4. 		
		latory.	structions: Ambulatory Status - Indicate if the client is non-		
] No [1] Yes		
VISUAL	106	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 2, 3 or 4. 		
	Desc	riptions and In	structions: Vision Status - Indicate if the client is visually impaired.		
] No [1] Yes		
HEARING	107	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 2, 3 or 4. 		
	Desc impai	•	structions: Hearing Status - Indicate if the client's hearing is		
] No [1] Yes		

Field Name	Pos	Type / Size	Edits and Validations	
ENGLISH	108	CHAR(1)	• Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory)	
			• Must be 0, 1 or space if PURPOSE = 2, 3 or 4.	
		r iptions and In aired.	structions: English Status - Indicate if the client's English language	
] No [1] Yes	
ADLFC	109	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 2, 3 or 4. 	
			structions: Activities of Daily Living Functioning - Indicate if the form independently.	
		[0] No [1] Yes	
PROVINFO	110	CHAR(20)	Left justified/space filled.	
	Desc	riptions and In	structions: Provider Information - Contractor use only.	
ZIP	130	CHAR(5)	• Format: 99999	
	provic out-of treatn or det	ler where the se -state zip code. nent facility and ention facility's		
TSTAT	135	CHAR(1)	Must be 1 through 3.	
(Mandatory)	Desc	riptions and In	structions: TANF - Indicate the client's TANF status.	
		emporary Cash version Family		
FAMSIZE	136	CHAR(1)	 Must be 1 through 9 if PURPOSE = 1 or 5. (Mandatory) Must be 1 through 9 or space if PURPOSE = 2, 3 or 4. 	
	Descriptions and Instructions: Family Size - Indicate the number of persons living in the household. If more than 9, enter 9.			
MHPROB	137	CHAR(1)	 Must be 1 through 4 if PURPOSE = 1, 2, 3 or 5. (Mandatory) Must be 1 through 4 or space if PURPOSE = 4. 	
		•	structions: Mental Health Problem - Indicate if the client shows	
	[2] Di	splays sympton ntreated; oth 1 and 2	of recent severe stressful event and problems with coping; natology placing person at risk of more restrictive intervention if	

Field Name	Pos	Type / Size	Edits and Validations	
FAMINC	138	CHAR(2)	 Must be 00 through 99 if PURPOSE = 1 or 5. (Mandatory) Must be 00 through 99 or spaces if PURPOSE = 2, 3 or 4. Right justified/zero filled. 	
			structions: Family Income - Indicate the annual family (gross) s; 01 - 98) of the client's household <i>or</i> select one of the following.	
			e used if that is what was reported in INCOPAY and there was no FAMINC should be >= INCOPAY.	
	[00] N	lo income	[98] Income over 98,000 [99] Unknown income	
REFERRAL	140	CHAR(2)	 Must be 01 through 14, 16 through 25, or 99 if PURPOSE = 1 or 5. (Mandatory) Must be 01 through 14, 16 through 25, 99 or spaces if PURPOSE = 2, 3, or 4. Right justified/zero filled. 	
			structions: Referral - Indicate the referring agency. Refer to the Descriptions Table in Appendix 5 – Data Code Tables.	
PROVIDERID	142	CHAR (10)	Format: XX-XXXXXX	
(Mandatory Key)			Provider must be registered in SAMHIS.	
			Must match PROVIDERID in DEMO record.	
			structions: Provider Id - The PROVIDERID is the Federal Employer r of the entity which provides the service to the client.	
MHDIAG	152	CHAR(6)	• Format: XXX.XX (Mandatory for FY 15-16 and prior years)	
			Must be space filled (For FY 16-17 and forward)	
			structions: Mental Health Diagnosis - Indicate the client's mental fer to Appendix 3 – ICD-9 Code Table.	
SADIAG	158	CHAR(6)	Format: XXX.XX (For FY 15-16 and prior years)	
			Must be space filled (For FY 16-17 and forward)	
	Descriptions and Instructions: Substance Abuse Diagnosis - Indicate the client's substance abuse diagnosis, if any. Refer to Appendix 3 – ICD-9 Code Table.			
BAKERACT	164	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1, 2, 3 or 5. (Mandatory) Must be 0, 1 or space if PURPOSE = 4. 	
		-	structions: Backer Act - Indicate if the client meets the criteria for Act receiving facility.	
		[0]	No [1] Yes	
RXIDP	165	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1, 2, or 3. (Mandatory) Must be 0, 1 or space if PURPOSE = 4 or 5. 	
			structions: Indigent Drug Program Medication - Indicate if the cation through the Indigent Drug Program (IDP) within the last 90 days. No [1] Yes	
RXPAP	166	CHAR(1)	 Must be 0 or 1 if PURPOSE = 1, 2, or 3. (Mandatory) Must be 0, 1 or space if PURPOSE = 4 or 5. 	
	Desc	ription and Ins	tructions: Patient Assistance Program Medication	
	Indica	ate if the client r	eceived atypical antipsychotic medication.	
		[0]	No [1] Yes	

Field Name	Pos	Type / Size	Edits and Validations
CONTNUM1 (Mandatory)	167	CHAR(5)	Must be a valid SAMH contract number that is in the Florida Accountability Contract Tracking System (FACTS).
		ription and Ins	tructions: Contract Number 1 - Contract under which services may
CONTNUM2	172	CHAR(5)	Format: XXXXX; space filled.
	Desc	riptions and In	structions: Contract Number 2 - No longer used as of 07/01/2015.
CONTNUM3	177	CHAR(5)	Format: XXXXX; space filled.
	Desc	riptions and In	structions: Contract Number 3 - No longer used as of 07/01/2015.
VETSTATUS	182	CHAR(1)	 Must be 0, 1 or 3 if PURPOSE = 1 or 5. (Mandatory) Must be 0, 1, 3 or space if PURPOSE = 2, 3 or 4.
		riptions and In Armed Services	structions: Veteran Status - Indicate if the client is a veteran of the
	[0] No)	[1] Yes [3] Unknown
			(Effective 7/1/15)
SOCIAL	183	CHAR(2)	 Must be 01 through 07 if PURPOSE = 1, 2, 3, or 5. (Mandatory) Must be 01 through 07 or spaces if PURPOSE = 4. Right justified/zero filled.
		•	structions: Social Status - The number of times the client has
			program within the 30 days preceding the date of admission.
	[01] N		[04] 8-15 [07] Unknown
	[02] 1 [03] 4		[05] 16-30 [06] Some Attendance
			(Frequency unknown)
SCHOOL	185	CHAR(1)	 Must be 1 through 4 if PURPOSE = 1, 2, 3, or 5. (Mandatory) Must be 1 through 4 or space if PURPOSE = 4.
			structions: School Status - Indicate if the client was suspended or within the last 30 days.
	[1] Su	spended pelled	[3] Suspended and Expelled [4] Not Applicable
ARREST	186	CHAR(2)	 Must be 00 through 96 if PURPOSE = 1, 2, 3 or 5. (Mandatory) Must be 00 through 96 or space if PURPOSE = 4.
			Right justified/zero filled.
		•	structions: Arrest Status - Indicate the number of times the client he last 30 days.
			est field to two characters to be effective July 1, 2015.
MHDIAG10	188	CHAR(8)	Must be a valid Mental Health ICD-10-CM code.
(Mandatory)	Descriptions and Instructions: Mental Diagnosis Code (ICD-10) - Enter the mental health diagnosis code for the client using the code from the International Classification of Diseases (ICD-10-CM). Refer to Appendix 8.		
		•	blank if PURPOSE = 4 – Administrative Discharge
SADIAG10	196	CHAR(8)	Must be a valid Substance Abuse ICD-10-CM code or spaces.
	substa	ance abuse dia	structions: Substance Abuse Diagnosis Code (ICD-10) - Enter the gnosis code for the client using the code from the International ases (ICD-10-CM). Refer to Appendix 8.
DREASON	204	CHAR(2)	Must be 01,06-09,13-18; right justified/zero filled
(Mandatory)	Desc	riptions and In	structions: Discharge Reason – Indicate the reason for Discharge.

IV. Mental Health Target Group Determination FOR ICD-10 AND ICD9 Codes

IV.A. General Comments

- 1. The mental health target populations are determined from the client's admission and service data.
- 2. In order for a target group to be determined for a client, the client must have a primary mental health diagnosis that allows a population group to be assigned.

Target Group	If Statement
ADULT FORENSIC	MHAGEADMIS >= 18
	And LEGALSTATUSCODE is 16, 17, 18, 19, 21, 22, 23, 24, 25 or 26
ADULT SPMI	MHAGEADMIS >= 18
	And ICD10PRIMARYCODE starts with F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34, F60, F84
	Or ICD10PRIMARYCODE does not start with F10, F11, F12, F,13, F14, F15, F16,
	F17, F18, F19, F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34, F60, F70, F71,
	F72, F73, F79, F84, or any Z code and PROGNOSIS is 1 or PSYCHINCOME is 1 or
	ADLFUNCTIONCODE is 1
AMH with MH PROBLEM	MHAGEADMIS >= 18
	And MHPROBLEMCODE is 1, 2, or 3 and ICD10PRIMARYCODE starts with Z
	Or ICD10PRIMARYCODE does not start with Z
ADULT MH CRISIS	MHAGEADMIS >= 18
	And BAKERACT is 1
CHILD SED	MHAGEADMIS < 18
	And ICD10PRIMARYCODE starts with F20, F21, F22, F23, F25, F28, F29, F31, F32,
	F33, F34, F60, F84
	Or PSYCHINCOME = 1
	Or CGAS < 51 and ICD10PRIMARYCODE does not start with F10, F11, F12, F,13,
	F14, F15, F16, F17, F18, F19, F20, F21, F22, F23, F25, F28, F29, F31, F32, F33, F34,
	F60, , F70, F71, F72, F73, F79, F84, or any Z code
CHILD ED	MHAGEADMIS < 18
	And ICD10PRIMARYCODE does not start with F10, F11, F12, F13, F14, F15, F16,
	F17, F18, F19, F20, F22, F23, F25, F28, F29, F31, F32, F33, F84, or any Z code
CHILD AT RISK	MHAGEADMIS < 18
	And RISKFACTOR is 1

Table 4. Mental Health Target Group Determination (ICD-10 Version)