



**Department of Health Care Services
Client and Service Information (CSI) System**

Assessment Record

Data Dictionary - Version 11.2

Table 1: Revision History

Date	Version	Description	Revised By
Oct 22, 2017	0.3	Reformatted the document to comply with standard 'Data Dictionary' template	Jill Fay
Jan 22, 2018	0.4	Added Headers H-01.0 through H-04.0 Adjusted formatting to accommodate changes	Kamilah Holloway
Jan 25	0.5	Reformatted introduction and Headers H-01.0 through H-04.0 to comply with standard 'Data Dictionary' template	Jill Fay
Jan 28	0.6	Added X-01.0 Through X-09.0.	Jill Fay
Mar 21	0.7	Minor edits	Kamilah Holloway
May 20	0.8	Minor edits	Kamilah Holloway
Jan 28, 2019	0.9	Added additional options to closure reason	Laura Gore
Jun 5, 2020	0.10	Changed Optional to Situational on Assessment Record date fields; Changed A-03.0 Referral Source from Optional to Required	David Nystrom
Sep 26	0.11	Minor Edits and Phase Two implementation language changes.	Chelsea Scheiber
Apr 14, 2021	0.13	Minor Language and Grammar Edits	Chelsea Scheiber & Bryan Fisher

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Introduction

To monitor and ensure county Mental Health Plans (MHPs) meet the timely access standards, the Department of Health Care Services (DHCS) is requiring MHPs to begin submitting new data elements to the Behavioral Health Information System (BHIS) – Client and Service Information (CSI) System in a separate record that DHCS is calling an **Assessment Record**.

1.1 Assessment Record -Background Information

In June 2015, the Centers for Medicare & Medicaid (CMS) approved California’s Medi-Cal Specialty Mental Health Services (SMHS) waiver authorized under Section 1915(b) of the Social Security Act for **five years: beginning July 1, 2015 through June 30, 2020**.

The approval of the waiver was subject to Special Terms and Conditions (STCs) from CMS. STCs pertaining to timeliness are as follows:

- The State must require each county MHP to commit to having a system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers.
- The State needs to establish a baseline of each and all counties that includes the number of days and an average range of time it takes to access services in their county.

In addition to the STCs, The Medicaid Managed Care Final Rule required DHCS to develop timely access standards for Managed Care Entities (MCE), which includes MHPs, and to ensure that MCEs meet those standards.

DHCS published its timely access standards on July 19, 2017 in Medicaid Managed Care Final Rule: Network Adequacy Standards. MHPs must provide Medi-Cal beneficiaries a:

- Non-urgent / Non-psychiatry mental health appointment within **ten business days** of the beneficiary’s request
- Non-urgent/ Psychiatry appointment within **15 business days** of the beneficiary’s request.

This record (also known as an Assessment Record) will be submitted through new data elements which have been added to the Behavioral Health Information Services, Client and Service Information (BHIS – CSI) System:

1. The CSI Assessment Record timeliness model aligns with the DHCS Managed Care Division timeliness model, which has demonstrated previously the ability to provide the data CMS requires.
2. DHCS should adopt the same model across all the divisions when demonstrating the ability of plans to meet standards.
3. An Assessment Record should be completed for beneficiaries new to a county MHP.

DHCS is asking county Mental Health Plans to submit Assessment Records for new clients in order to answer the following questions:

1. Does the county Mental Health Plan provide timely appointment offers and ultimately timely access to assessment?
2. Does the county Mental Health Plan provide timely access to treatment?

At this time, the Assessment Record data elements will not determine the nature of a request (e.g., psychiatric vs non-psychiatric), and will be used to determine timeliness of non-urgent, non-psychiatry mental health service appointments only.

H-01.0 County/City/Mental Health Plan Submitting Record (Submitting County Code)

Purpose:

Identifies the County/City/Mental Health Plan submitting the record to the Department of Health Care Services. This code will be the same on all records submitted by a County/City/Mental Health Plan.

Field Description:	
Type:	Character
Byte(s):	2
Format:	XX
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

01	=	Alameda	22	=	Mariposa	43	=	Santa Clara
02	=	Alpine	23	=	Mendocino	44	=	Santa Cruz
03	=	Amador	24	=	Merced	45	=	Shasta
04	=	Butte	25	=	Modoc	46	=	Sierra
05	=	Calaveras	26	=	Mono	47	=	Siskiyou
06	=	Colusa	27	=	Monterey	48	=	Solano
07	=	Contra Costa	28	=	Napa	49	=	Sonoma
08	=	Del Norte	29	=	Nevada	50	=	Stanislaus
09	=	El Dorado	30	=	Orange	52	=	Tehama
10	=	Fresno	31	=	Placer	53	=	Trinity
11	=	Glenn	32	=	Plumas	54	=	Tulare
12	=	Humboldt	33	=	Riverside	55	=	Tuolumne
13	=	Imperial	34	=	Sacramento	56	=	Ventura
14	=	Inyo	35	=	San Benito	57	=	Yolo
15	=	Kern	36	=	San Bernardino			
16	=	Kings	37	=	San Diego	63	=	Sutter/Yuba
17	=	Lake	38	=	San Francisco	65	=	Berkeley City
18	=	Lassen	39	=	San Joaquin	66	=	Tri-City
19	=	Los Angeles	40	=	San Luis Obispo			
20	=	Madera	41	=	San Mateo			
21	=	Marin	42	=	Santa Barbara			

Comments:

Alpha codes will be used for entities other than counties acting as the Mental Health Plan.

If the entity serves as the Mental Health Plan for more than one county, a unique code will be assigned for each county.

For information about this and other data elements containing a county code, see CSI Technical Supplement F - Reporting Tip 4(2020) and CSI Technical Supplement F - Reporting Tip 5(2020).

User / Usage Information:

As a Header Field, this data element must be reported in every record.

This is one of several data elements needed for record identification, error corrections, and linkage to the cost reports. Submitting County Code is part of the CLIENT KEY.

H-02.0 County Client Number (CCN)

Purpose:

Identifies the identification number by which the client is known by a particular agency or institution.

Field Description:	
Type:	Character
Byte(s):	9
Format:	XXXXXXXXX
Required On:	All Assessment Records * (Please see Instructions Section below)
Source:	Local Mental Health

Valid Codes:

- If a Control Record, then this nine-digit field must be Blank.
- There must be **no** embedded Blanks. Otherwise, all values accepted.

Instruction:

- A CCN is not required until a client has an **Assessment Start Date**. For Assessment Records without an **Assessment Start Date**, this field can be filled with zeros
- Once an Assessment Record has an **Assessment Start Date**, a 9 character CCN must be entered for the client although a CCN can be entered at any time in the Assessment Record.

User / Usage Information:

As a Header Field, this data element must be reported in every record, even when all zeros. For the Assessment Record, once an **Assessment Start Date** is established the client is assigned the CCN as one of several data elements needed for record identification and error corrections. It is part of the CLIENT KEY.

H-03.0 Record Type

Purpose:

Identifies the type of record reported, i.e., Client, Key Change, Service, Periodic, Control, or Assessment Record.

Field Description:	
Type:	Character
Byte(s):	1
Format:	X
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

C	=	Client Record
K	=	Key Change Record
P	=	Periodic Record
S	=	Service Record
X	=	Control Record
A	=	Assessment Record

User / Usage Information:

As a Header Field, this data element must be reported in every record.

H-04.0 Transaction Code

Purpose:

Identifies the record as an Add/Replace or Delete transaction.

Field Description:	
Type:	Character
Byte(s):	1
Format:	X
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

- If a **Transaction Record**, then:
 - D = Delete
 - Blank = Add/Replace
- If a **Control Record**, then this field must be Blank.

User / Usage Information:

As a Header Field, this data element must be reported in every record. CSI does not currently allow Key Change transactions to Assessment Records. CSI does not allow deletions only add/replace transactions to Assessment Records.

X-01.0 Production or Test Indicator

Purpose:

Identifies the type of data, i.e., Production or Test.

Field Description:	
Type:	Character
Byte(s):	1
Format:	X
Required On:	Control Record
Source:	Local Mental Health

Valid Codes:

P	=	Production
T	=	Test

User / Usage Information:

This data element indicates how each county submission file is to be processed.

X-02.0 From Report Period

Purpose:

Identifies the “first” year and month of the Report Period for the county submission file.

For monthly file submissions use the same year and month:

- For this field: **X-02.0 From Report Period**
- For the next field: **X-03.0 Through Report Period**.

Field Description:	
Type:	Numeric
Byte(s):	6
Format:	YYYYMM
Required On:	Control Record
Source:	Local Mental Health

Valid Codes:

The **From Report Period** of the county submission file shall be reported in numeric form as follows:

The 4-digit year followed by the 2-digit month (YYYYMM)

Note: The numeric form for the months from 1 to 9 must have a zero as the first digit. Do not use special characters such as slashes, commas, or hyphens.

Example:

November 2018 or 2018 November or 11/18 would be entered in this field as: **201811**

Edits:

1. Must be numeric; ‘YYYY’ must be greater than 1997; ‘MM’ = 01-12.

User / Usage Information:

This is one of the three data elements in the Control Record used to uniquely identify each county submission file.

X-03.0 Through Report Period

Purpose:

Identifies the “last” year and month of the Report Period for the county submission file.

For monthly file submissions use the same year and month:

- For this field: **X-03.0 Through Report Period**
- For the prior field: **X-02.0 From Report Period**.

Field Description:	
Type:	Numeric
Byte(s):	6
Format:	YYYYMM
Required On:	Control Record
Source:	Local Mental Health

Valid Codes:

The **Through Report Period** of the county submission file shall be reported in numeric form as follows:

The 4-digit year followed by the 2-digit month. (YYYYMM)

Note: The numeric form for the months from 1 to 9 must have a zero as the first digit. Do not use special characters such as slashes, commas, or hyphens.

Example:

December 2018 or 2018 December or 12/18 would be entered in this field as: **201812**

Edits:

2. Must be numeric; ‘YYYY’ must be greater than 1997; ‘MM’ = 01-12.
3. The **Through Report Period** must not duplicate any previously submitted and accepted Report Period.
4. The **Through Report Period** must be equal to or later than the **From Report Period**.

User / Usage Information:

This is one of the three data elements in the Control Record used to uniquely identify each county submission file.

X-04.0 Creation Date

Purpose:

Identifies the date the submission file was created by the County/City/Mental Health Plan.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Control Record
Source:	Local Mental Health

Valid Codes:

The Creation Date shall be reported in numeric form as follows:

The 4-digit year the 2-digit month the 2-digit day (YYYYMMDD)

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit. Do not use special characters such as slashes, commas, or hyphens.

Example:

November 15, 2018 or 15 November 2018 or 11/15/18 would be entered in this field as: **20181115**

1. Must be numeric. 'YYYY' must be greater than 1997.
2. 'MM' = 01-12; 'DD' = 01-31; 'DD' must be appropriate for length of month including a leap year.
3. The **Creation Date** must be prior to or equal to the **Current Date**.

User / Usage Information:

This is one of the two data elements in the Control Record used to uniquely identify each county submission file.

X-05.0 Key Change Record Count

Purpose:

Identifies the number of Key Change Records within this submission file*.

Field Description:	
Type:	Numeric
Byte(s):	7
Format:	XXXXXXX Right justify, zero fill
Required On:	Control Record
Source:	Local Mental Health

Comments:

Must be numeric. Do not use special characters such as commas, periods, etc.

User / Usage Information:

This data element is used to confirm that all Key Change Records were received for processing.

* CSI does not currently allow Key Change transactions to Assessment Records.

X-06.0 Client Record Count

Purpose:

Identifies the number of Client Records within this submission file.

Field Description:	
Type:	Numeric
Byte(s):	7
Format:	XXXXXXX Right justify, zero fill
Required On:	Control Record
Source:	Local Mental Health

Comments:

Must be numeric. Do not use special characters such as commas, periods, etc.

User / Usage Information:

This data element is used to confirm that all Client Records were received for processing.

X-07.0 Service Record Count

Purpose:

Identifies the number of Service Records within this submission file.

Field Description:	
Type:	Numeric
Byte(s):	7
Format:	XXXXXXX Right justify, zero fill
Required On:	Control Record
Source:	Local Mental Health

Comments:

Must be numeric. Do not use special characters such as commas, periods, etc.

User / Usage Information:

This data element is used to confirm that all Service Records were received for processing.

X-08.0 Periodic Record Count

Purpose:

Identifies the number of Periodic Records within this submission file.

Field Description:	
Type:	Numeric
Byte(s):	7
Format:	XXXXXXX Right justify, zero fill
Required On:	Control Record
Source:	Local Mental Health

Comments:

Must be numeric. Do not use special characters such as commas, periods, etc.

User / Usage Information:

This data element is used to confirm that all Periodic Records were received for processing.

X-09.0 Assessment Record Count

Purpose:

Identifies the number of Assessment Records within this submission file.

Field Description:	
Type:	Numeric
Byte(s):	7
Format:	XXXXXXX Right justify, zero fill
Required On:	Control Record
Source:	Local Mental Health

Comments:

Must be numeric. Do not use special characters such as commas, periods, etc.

User / Usage Information:

This data element is used to confirm that all Assessment Records were received for processing.

A-01.0 Assessment Reference Number (ARN)

Purpose:

A persistent identifier unique to one Assessment Record. Assigned by the county.

Field Description:	
Type:	Character
Byte(s):	23
Format:	XXXXXXXXXXXXXXXXXXXXX <ul style="list-style-type: none">• Right justify• Zero fill• No embedded Blanks
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

There must be **no** embedded Blanks. Otherwise, all values accepted.

Assessment Reference Number must not be Blank.

User/Usage Information:

This is one of several data elements needed for record identification and error corrections.

When adding or replacing an Assessment Record, the Submitting County Code + County Client Number (CCN) + **Assessment Reference Number (ARN)**.

A-02.0 Date of First Contact to Request Services

Purpose:

Identifies the Date of first contact to request Specialty Mental Health Services.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Date of First Contact to Request Services** is required for each Assessment Record.

The Date of First Contact to Request Services:

Shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day of admission. (YYYYMMDD)

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- **Date of First Contact to Request Services** must not be Blank.
- Do not use special characters such as slashes, commas, or hyphens.
- **Date of First Contact to Request Services** must greater than or equal to January 1, 2018.

Example:

If Date of First Contact to Request Services was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.

Comments:

1. If a person other than a prospective client contacts the MHP seeking services for the prospective client, the **Date of First Contact to Request Services** depends on the legal status of that person making the initial contact.
2. If the person contacting the MHP is legally authorized to consent to services for the prospective client, the **Date of First Contact to Request Services** will be the date that person contacted the MHP.
3. If the person requesting services does not have legal authorization to consent to services, this initial contact should not be considered as the **Date of First Contact to Request Services**. Rather, when the prospective client is contacted, expresses an interest in service, and is offered an assessment appointment that date should be the **Date of First Contact to Request Services**.

Important note regarding Crisis Services:

1. If a beneficiary enters the system via a crisis intervention, an Assessment Record is initiated on that date (this would be considered the **Date of First Contact to Request Services**).
2. When a beneficiary enters the system via a crisis stabilization or in-patient service, this is not the **Date of First Contact to Request Services**. Rather, the **Date of First Contact to Request Services** is initiated on the date that the first stepdown service is requested.

Example:

The beneficiary is discharged and a follow-up appointment/stepdown service is requested by the provider, client, or other referral source - that date is considered the **Date of First Contact to Request Services**.

User / Usage Information:

This data element will be used to establish the date that a county Mental Health Plan was first contacted by a client or client's legal representative to request services.

A-03.0 Referral Source

Purpose:

Identifies who referred the beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	2
Format:	XX
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

01 = Self	02 = Family Member
03 = Significant Other	04 = Friend / Neighbor
05 = School	06 = Fee-For-Service Provider
07 = Medi-Cal Managed Care Plan	08 = Federally Qualified Health Center
09 = Emergency Room	10 = Mental Health Facility / Community Agency
11 = Social Services Agency	12 = Substance Abuse Treatment Facility / Agency
13 = Faith-based Organization	14 = Other County / Community Agency
15 = Homeless Services	16 = Street Outreach
17 = Juvenile Hall / Camp / Ranch / Division of Juvenile Justice	18 = Probation / Parole
19 = Jail / Prison	20 = State Hospital
21 = Crisis Services	22 = Mobile Evaluation
23 = Other referred	

Edits:

If populated, the Referral Source must be a valid entry.

User / Usage Information:

This data element will be used to determine who referred the beneficiary.

A-04.0 Assessment Appointment First Offer Date

Purpose:

Identifies the First Assessment Date offered to beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Assessment Appointment First Offer Date** is required for each Assessment Record.

The **Assessment Appointment First Offer Date** shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD)

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- The **Assessment Appointment First Offer Date** must not be Blank
- Do not use special characters such as slashes, commas, or hyphens.
- **Assessment Appointment First Offer Date** must greater than or equal to January 1, 2018.

Example:

If Assessment Appointment First Offer Date was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Assessment Appointment First Offer Date**:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. Must be greater than or equal to **Date of First Contact to Request Services**.

Comments:

1. The first assessment appointment offered to a beneficiary is captured in the **Assessment Appointment First Offer Date** field.
2. The **Assessment Appointment First Offer Date** is recorded whether a beneficiary accepts any assessment appointment offer or not.

User / Usage Information:

If the beneficiary accepts the **Assessment Appointment First Offer Date**, that date should be recorded in both:

1. The **Assessment Appointment First Offer Date** field.
2. The **Assessment Appointment Accepted Date** field.

A-05.0 Assessment Appointment Second Offer Date

Purpose:

Identifies the Second Assessment Date offered to beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Assessment Appointment Second Offer Date** is conditional for each Assessment Record.

The **Assessment Appointment Second Offer Date** (if populated) shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Assessment Appointment Second Offer Date** must greater than or equal to January 1, 2018.

Example:

If **Assessment Appointment Second Offer Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Assessment Appointment Second Offer Date**, if populated:

1. Must be numeric. 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. Must be greater than **Assessment Appointment First Offer Date**.
4. Then the **Assessment Appointment First Offer Date** must not be Blank.

Comments:

If a beneficiary does not accept the **Assessment Appointment First Offer Date**, but accepts the **Assessment Appointment Second Offer Date** then:

1. The **Assessment Appointment First Offer Date** should be recorded in the **Assessment Appointment First Offer Date** field.
2. The **Assessment Appointment Second Offer Date** should be recorded in the **Assessment Appointment Second Offer** field and entered in the **Assessment Appointment Accepted Date** field.

A-06.0 Assessment Appointment Third Offer Date

Purpose:

Identifies the Third Assessment Date offered to beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Assessment Appointment Third Offer Date** is conditional for each Assessment Record.

The **Assessment Appointment Third Offer Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Assessment Appointment Third Offer Date** must greater than or equal to January 1, 2018.

Example:

If **Assessment Appointment Third Offer Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Assessment Appointment Third Offer Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. Must be greater than Assessment Appointment Second Offer Date.
4. Then the Assessment Appointment Second Offer Date must not be Blank.

Comments:

A. If a beneficiary does not accept the **Assessment Appointment First Offer Date** nor the **Assessment Appointment Second Offer Date**, but accepts the Assessment Appointment Third Offer Date, then:

1. The **Assessment Appointment First Offer Date** should be recorded in the **Assessment Appointment First Offer Date** field.
2. The **Assessment Appointment Second Offer Date** should be recorded in the **Assessment Appointment Second Offer Date** field.
3. The **Assessment Appointment Third Offer Date** should be recorded in the **Assessment Appointment Third Offer Date** field and entered in the **Assessment Appointment Accepted Date** field.

B. If a beneficiary does not accept the **Assessment Appointment First Offer Date**, the **Assessment Appointment Second Offer Date**, nor the **Assessment Appointment Third Offer Date**, but accepts a later

date, then:

1. The **Assessment Appointment First Offer Date** should be recorded in the **Assessment Appointment First Offer Date** field.
 2. The **Assessment Appointment Second Offer Date** should be recorded in the **Assessment Appointment Second Offer Date** field.
 3. The **Assessment Appointment Third Offer Date** should be recorded in the **Assessment Appointment Third Offer Date** field.
 4. The accepted date should be entered in the **Assessment Appointment Accepted Date** field.
- C. If the process terminates anywhere among the process steps of the **Assessment Appointment First Offer Date**, the **Assessment Appointment Second Offer Date**, or the **Assessment Appointment Third Offer Date** and the client accepts none of the offered dates, then:
1. The Assessment Record should be closed out with a **CLOSED OUT DATE** and closure reason of **01 = Beneficiary did not accept any offered assessment dates**.
 2. It is not necessary to populate the **Assessment Appointment Second Offer Date** in order to populate the **CLOSED OUT DATE**.
- Note:** An Assessment Record may have one, two, or three offered appointment dates with a 01 = Beneficiary did not accept any offered assessment dates closure reason.

A-07.0 Assessment Appointment Accepted Date

Purpose:

Identifies the Assessment Date accepted by beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Assessment Appointment Accepted Date** is conditional for each Assessment Record.

The **Assessment Appointment Accepted Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Assessment Appointment Accepted Date** must be greater than or equal to January 1, 2018.

Example:

If Assessment Appointment Accepted Date was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Assessment Appointment Accepted Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018; 'MM' = 01-12; 'DD' = 01-31; 'DD'.
2. Must be appropriate for the length of the month including a leap year.

If the **Assessment Appointment Second** and **Third Offer Dates** are Blank, then:

1. The **Assessment Appointment Accepted Date** must be equal to **Assessment Appointment First Offer Date**.

If the **Assessment Appointment Accepted Date** and the **Assessment Appointment Second Offer Date** is populated and the **Assessment Appointment Third Offer Date** is Blank, then:

1. The **Assessment Appointment Accepted Date** must be equal to **Assessment Appointment Second Offer Date**.

If the **Assessment Appointment Accepted Date** and the **Assessment Appointment Third Offer Date** is populated, then:

1. The **Assessment Appointment Accepted Date** must be greater than or equal to the **Assessment Appointment Third Offer Date**.

A-08.0 Assessment Start Date

Purpose:

Identifies the Date of First Assessment Appointment.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

- The **Assessment Start Date** is conditional for each Assessment Record.

The **Assessment Start Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Assessment Start Date** must greater than or equal to January 1, 2018.

Example:

If **Assessment Start Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

If populated, the **Assessment Start Date**:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018; 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.

If **Assessment Start Date** is populated, then the CCN must be populated.

The **Assessment Start Date**, if populated:

1. Must be greater than or equal to the **Assessment Appointment Accepted Date**.
2. Then the **Assessment Appointment Accepted Date** must not be Blank.

A-09.0 Assessment End Date

Purpose:

Identifies the Date of Final Assessment Appointment.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The Assessment End Date is conditional for each Assessment Record.

The **Assessment End Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Assessment End Date** must greater than or equal to January 1, 2018.

Example:

If **Assessment Appointment Accepted Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Assessment End Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. The **Assessment End Date** must be greater than or equal to **Assessment Start Date**.
4. If the **Assessment Start Date** is Blank then the **Assessment End Date** should be Blank.
5. When the **Assessment Start Date** is populated then **Assessment Appointment Accepted Date** must not be Blank.

A-10.0 Treatment Appointment First Offer Date

Purpose:

Identifies the First Specialty Mental Health Services Date offered to beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Treatment Appointment First Offer Date** is conditional for each Assessment Record.

The **Treatment Appointment First Offer Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Treatment Appointment First Offer Date** must greater than or equal to January 1, 2018.

Example:

If **Treatment Appointment First Offer Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Treatment Appointment First Offer Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. Must be greater than or equal to **Assessment Start Date**.

Comments:

1. The first treatment appointment offered to a beneficiary after an assessment has started is captured in the **Treatment Appointment First Offer Date** field.

If the beneficiary accepts the **Treatment Appointment First Offer Date** that date should be recorded in both:

1. The **Treatment Appointment First Offer Date** field.
2. The **Treatment Appointment Accepted Date** field.

A-11.0 Treatment Appointment Second Offer Date

Purpose:

Identifies the Second Specialty Mental Health Services Date offered to beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Treatment Appointment Second Offer Date** is conditional for each Assessment Record.

The **Treatment Appointment Second Offer Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD)

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Treatment Appointment Second Offer Date** must greater than or equal to January 1, 2018.

Example:

If **Treatment Appointment Second Offer Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Treatment Appointment Second Offer Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. Must be greater than **Treatment Appointment First Offer Date**.
4. Then the **Treatment Appointment First Offer Date** must not be Blank.

Comments:

If a beneficiary does not accept the **Treatment Appointment First Offer Date**, but accepts the **Treatment Appointment Second Offer Date** then:

1. The **Treatment Appointment First Offer Date** should be recorded in the **Treatment Appointment First Offer Date** field.
2. The **Treatment Appointment Second Offer Date** should be recorded in the **Treatment Appointment Second Offer** field and entered in the **Treatment Appointment Accepted Date** field.

A-12.0 Treatment Appointment Third Offer Date

Purpose:

Identifies the Third Specialty Mental Health Services Date offered to beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Treatment Appointment Third Offer Date** is conditional for each Assessment Record.

The **Treatment Appointment Third Offer Date** (if populated) shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD)

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Treatment Appointment Third Offer Date** must greater than or equal to January 1, 2018.

Example:

If **Treatment Appointment Third Offer Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Treatment Appointment Third Offer Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.
3. Must be greater than **Treatment Appointment Second Offer Date**.
4. Then the **Treatment Appointment Second Offer Date** must not be Blank.

Comments:

A. If a beneficiary does not accept the **Treatment Appointment First Offer Date** nor the **Treatment Appointment Second Offer Date**, but accepts the Treatment Appointment Third Offer Date, then:

1. The **Treatment Appointment First Offer Date** should be recorded in the **Treatment Appointment First Offer Date** field.
2. The **Treatment Appointment Second Offer Date** should be recorded in the **Treatment Appointment Second Offer Date** field.
3. The **Treatment Appointment Third Offer Date** should be recorded in the **Treatment Appointment Third Offer Date** field and entered in the **Treatment Appointment Accepted Date** field.

- B. If a beneficiary does not accept the **Treatment Appointment First Offer Date**, the **Treatment Appointment Second Offer Date**, nor the **Treatment Appointment Third Offer Date**, but accepts a later date, then:
1. The **Treatment Appointment First Offer Date** should be recorded in the **Treatment Appointment First Offer Date** field.
 2. The **Treatment Appointment Second Offer Date** should be recorded in the **Treatment Appointment Second Offer Date** field.
 3. The **Treatment Appointment Third Offer Date** should be recorded in the **Treatment Appointment Third Offer Date** field.
 4. The accepted date should be entered in the **Treatment Appointment Accepted Date** field.
- C. If the process terminates anywhere among the process steps of the **Treatment Appointment First Offer Date**, the **Treatment Appointment Second Offer Date**, or the **Treatment Appointment Third Offer Date** and the client accepts none of the offered dates, then:
1. The Assessment Record should be closed out with a **CLOSED OUT DATE** and closure reason of **04 = Beneficiary completed assessment process but declined offered treatment dates**.
 2. It is not necessary to populate the **Treatment Appointment Second Offer Date**, or the **Treatment Appointment Second Offer Date** in order to populate the **CLOSED OUT DATE**.
- **Note:** A complete Assessment Record will minimally consist of **DATE OF FIRST CONTACT TO REQUEST SERVICES, ASSESSMENT APPOINTMENT FIRST OFFER DATE**, and **CLOSED OUT DATE** as well as Header Record fields.

A-13.0 Treatment Appointment Accepted Date

Purpose:

Identifies the Specialty Mental Health Services date accepted by the beneficiary.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

The **Treatment Appointment Accepted Date** is conditional for each Assessment Record.

The **Treatment Appointment Accepted Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Treatment Appointment Accepted Date** must greater than or equal to January 1, 2018.

Example:

If **Treatment Appointment Accepted Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Treatment Appointment Accepted Date**:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.

If **Treatment Appointment Second** and **Treatment Appointment Third Offer Dates** are Blank, then:

1. The **Treatment Appointment Accepted Date** must be equal to **Treatment Appointment First Offer Date**.

If the **Treatment Appointment Accepted Date** and the **Treatment Appointment Second Offer Date** is populated, and the **Treatment Appointment Third Offer Date** is Blank then:

1. The **Treatment Appointment Accepted Date** must be equal to **Treatment Appointment Second Offer Date**.

If the **Treatment Appointment Accepted Date** and the **Treatment Appointment Third Offer Date** is populated then:

1. The **Treatment Appointment Accepted Date** must be greater than or equal to the **Treatment Appointment Third Offer Date**.

If the **Treatment Appointment Accepted Date** is Blank then the **Treatment Appointment First Offer Date** should be Blank.

A-14.0 Treatment Start Date

Purpose:

Identifies the Date of First Treatment Appointment attended by beneficiary following the Assessment Start Date.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

- The **Treatment Start Date** is conditional for each Assessment Record.

The **Treatment Start Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Treatment Start Date** must be greater than or equal to January 1, 2018.

Example:

If **Treatment Start Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as **20181118**.

Edits:

The **Treatment Start Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.

The **Treatment Start Date**, if populated:

1. Must be greater than or equal to the **Treatment Appointment Accepted Date**.
2. Then the **Treatment Appointment Accepted Date** must not be Blank.

A-15.0 Closure Reason

Purpose:

Identifies the list of reasons the assessment treatment process was discontinued, other than successful completion of the process.

Field Description:	
Type:	Numeric
Byte(s):	2
Format:	XX
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

01 = Beneficiary did not accept any offered assessment dates.
02 = Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
03 = Beneficiary attended initial assessment appointment but did not complete assessment process.
04 = Beneficiary completed assessment process but declined offered treatment dates.
05 = Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
06 = Beneficiary did not meet medical necessity criteria.
07= Out of county/presumptive transfer.
08= Unable to contact (e.g., deceased or client unresponsive).
09= Other

Edits:

The Closure Reason, if populated, must be a valid entry.

User / Usage Information:

This data element contains the list of reasons the assessment treatment process may be discontinued.

A-16.0 Closed Out Date

Purpose:

Identifies the Date the assessment and initial treatment process was closed out due to the beneficiary not showing up or being unreachable for scheduled appointment(s). Not necessarily, the final date the beneficiary was seen.

Field Description:	
Type:	Numeric
Byte(s):	8
Format:	YYYYMMDD
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

- The **Closed Out Date** is conditional for each Assessment Record.

The **Closed Out Date** (if populated), shall be reported in numeric form as follows:

The four-digit year, the two-digit month, and the two-digit day (YYYYMMDD).

Note: The numeric form for days and months from 1 to 9 must have a zero as the first digit.

- Do not use special characters such as slashes, commas, or hyphens.
- **Closed Out Date** must greater than or equal to January 1, 2018.

Example:

If **Treatment Start Date** was November 18, 2018 or 18 November 2018 or 11/18/18, enter it as 20181118.

Edits:

The **Closed Out Date**, if populated:

1. Must be numeric; 'YYYY' must be greater than or equal to 2018. 'MM' = 01-12. 'DD' = 01-31.
2. Must be appropriate for the length of the month including a leap year.

The **Closed Out Date**, if populated:

1. Must be greater than or equal to the **Treatment Appointment Accepted Date** (if populated).
2. Must be greater than or equal to the **Treatment Appointment Third Offer Date** (if populated).
3. Must be greater than or equal to the **Treatment Appointment Second Offer Date** (if populated).
4. Must be greater than or equal to the **Treatment Appointment First Offer Date** (if populated).
5. Must be greater than or equal to the **Assessment End Date** (if populated).
6. Must be greater than or equal to the **Assessment Start Date** (if populated).
7. Must be greater than or equal to the **Assessment Appointment Accepted Date** (if populated).
8. Must be greater than or equal to the **Assessment Appointment Third Offer Date** (if populated).
9. Must be greater than or equal to the **Assessment Appointment Second Offer Date** (if populated).
10. Must be greater than or equal to the **Assessment Appointment First Offer Date** (if populated).
11. Must be greater than or equal to the **Date of First Contact to Request Services** (if populated).

The **Closed Out Date** must be populated if Treatment Start Date is not populated and:

1. the **Treatment Appointment Accepted Date** is populated.
 2. the **Treatment Appointment Third Offer Date** is populated.
 3. the **Treatment Appointment Second Offer Date** is populated.
 4. the **Treatment Appointment First Offer Date** is populated.
 5. the **Assessment End Date** is populated.
 6. the **Assessment Start Date** is populated.
 7. the **Assessment Appointment Accepted Date** is populated.
 8. the **Assessment Appointment Third Offer Date** is populated.
 9. the **Assessment Appointment Second Offer Date** is populated.
 10. the **Assessment Appointment First Offer Date** is populated.
 11. the **Date of First Contact to Request Services** is populated.
- Both **Treatment Start Date** and **Closed Out Date** should **not** be populated.
 - When the **Treatment Appointment Accepted Date** is populated, then either the **Treatment Start Date** or **Closed Out Date** should be populated.

Comments:

- The **Closed Out Date** is the date that the MHP closes out an Assessment Record and/or unsuccessful assessment process. The **Closed Out Date** may be the same date as the beneficiary was last seen, but more likely will be later when the assessment process is administratively terminated.
- The **Closed Out Date** on the Assessment Record defines the reporting period.

A-17.0 Referred To

Purpose:

Identifies where the beneficiary was **Referred To** (if applicable).

Field Description:	
Type:	Numeric
Byte(s):	2
Format:	XX
Required On:	Conditional on All Assessment Records
Source:	Local Mental Health

Valid Codes:

01 = Managed Care Plan
02 = Fee-For-Service Provider
03 = Other (Specify)
04 = No Referral

Edits:

The **Referred To**, if populated, must be a valid entry.

User / Usage Information:

This data element identifies where the beneficiary was **Referred To** (if applicable).