**Performance Outcomes System**

**(POS)**

**Data Dictionary (Version 2.1)**

**For the**

**Pediatric Symptom Checklist**

 **Functional Assessment Screening Tool**

**(PSC)**

**For the 2018 Data Collection Period**

Table of Contents

**Title Page1**

**Table of Contents2**

**Administrative Data Fields3**

**PSC Assessment Items/Fields4**

**Appendix A - Transaction Codes8**

**Appendix B - County Codes9**

**Appendix C - County Client Number10**

**Appendix D - Client Name11**

**Appendix E - Assessment Types12**

**Appendix F - Client Index Number13**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element/Field Name** | **Type** | **Size (Bytes)** | **Description** | **Format/Coding** |
| **Administrative Data** |
| **TRANSACTION CODE****TRANS\_CD** | **TEXT** | **1** | **A single character code used to process the assessment record data.** | **A = Add****R = Replace****D = Delete****See Appendix A for details.** |
| **ASSESSMENT TOOL CODE****ASSESS\_TOOL\_CD** | **TEXT** | **1** | **A unique code identifying the type of Assessment Tool used.** | **1 = CANS****2 = PSC** |
| **COUNTY CODE****CNTY\_CD** | **TEXT** | **2** | **County identifier (i.e., county code) county/city submitting record**  | **01 - 66** **See Appendix B for County codes.**  |
| **COUNTY CLIENT NUMBER (CCN)****CCN** | **TEXT** | **9** | **County Client Number. A code used by each County to uniquely identify a client.** | **Character field Right justify, use left leading zeros See Appendix C for examples**  |
| **CLIENT INDEX NUMBER (CIN)****CIN** | **TEXT** | **9** | **Client Index Number. An alphanumeric code used by DHCS to uniquely identify a Medi-Cal beneficiary.** | **Alphanumeric character string with format:****XXXXXXXXA****See Appendix F for details.** |
| **CLIENT NAME****CLIENT\_NAME** | **TEXT** | **53** | **Name of client/beneficiary.** | **Character field with the client’s last, first, middle names and suffix. See Appendix D for details.** |
| **CLIENT DOB****CLIENT\_DOB** | **TEXT** | **8** | **The Date of Birth of the client.** | **8 digit field with format:****YYYYMMDD** |
| **PROVIDER NUMBER****PROVIDER\_NUM** | **TEXT** | **4** | **Indicates the organization providing the assessment.** | **4-digit number****XXXX** |
| **ASSESSMENT DATE****ASSESS\_DT** | **TEXT** | **8** | **The date of the assessment** | **8 digit field with format:****YYYYMMDD** |
| **ASSESSMENT TYPE****ASSESS\_TYPE** | **TEXT** | **1** | **Indicates the type of assessment (included on the CANS form ‘Form Status’ field).** | **1 = Initial****2 = Reassessment****4 = Discharge****5 = Administrative Close****6 = Urgent****See Appendix E for details** |
| **HAS CAREGIVER****CAREGIVER** | **TEXT** | **1** | **Indicates if the client has a caregiver available to him/her.** | **Y = Yes****N = No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Name** | **Type** | **Size (Bytes)** | **Description** | **Format/Coding** |
| **PSC Tool Questions** |
|

|  |
| --- |
| **Complains of aches and pains****PSC\_Q1** |

 | **TEXT** | **1** | **Question one from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Spends more time alone****PSC\_Q2** | **TEXT** |  **1** | **Question two from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Tires easily, has little energy****PSC\_Q3** | **TEXT** |  **1** | **Question three from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Fidgety, unable to sit still****PSC\_Q4** | **TEXT** | **1** | **Question four from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Has trouble with teacher****PSC\_Q5** | **TEXT** | **1** | **Question five from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Less interested in school****PSC\_Q6** | **TEXT** | **1** | **Question six from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Acts as if driven by a motor****PSC\_Q7** | **TEXT** | **1** | **Question seven from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Daydreams too much****PSC\_Q8** | **TEXT** | **1** | **Question eight from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Distracted easily****PSC\_Q9** | **TEXT** | **1** | **Question nine from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Is afraid of new situations****PSC\_10** | **TEXT** | **1** | **Question ten from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Feels sad, unhappy****PSC\_Q11** | **TEXT** | **1** | **Question eleven from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Is irritable, angry****PSC\_Q12** | **TEXT** | **1** | **Question twelve from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element/Field Name** | **Type** | **Size (Bytes)** | **Description** | **Format/Coding** |
| **PSC Tool Questions** |
|

|  |
| --- |
| **Feels hopeless****PSC\_Q13** |

 | **TEXT** |  **129** | **129** | **1** | **Question thirteen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Has trouble concentrating****PSC\_Q14** | **TEXT** | **130** | **130** |  **1** | **Question fourteen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Less interest in friends****PSC\_Q15** | **TEXT** | **131** | **131** |  **1** | **Question fifteen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Fights with other children****PSC\_Q16** | **TEXT** | **132** | **132** | **1** | **Question sixteen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Absent from school****PSC\_Q17** | **TEXT** | **133** | **133** | **1** | **Question seventeen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **School grades dropping****PSC\_Q18** | **TEXT** | **134** | **134** | **1** | **Question eighteen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Is down on him or herself****PSC\_Q19** | **TEXT** | **135** | **135** | **1** | **Question nineteen from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Visits the doctor with doctor finding nothing wrong****PSC\_Q20** | **TEXT** | **136** | **136** | **1** | **Question twenty from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Has trouble sleeping****PSC\_Q21** | **TEXT** | **137** | **137** | **1** | **Question twenty-one from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Worries a lot****PSC\_Q22** | **TEXT** | **138** | **138** | **1** | **Question twenty-two from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Wants to be with you more than before****PSC\_Q23** | **TEXT** | **139** | **139** | **1** | **Question twenty-three from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Feels he or she is bad****PSC\_Q24** | **TEXT** | **140** | **140** | **1** | **Question twenty-four from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Name** | **Type** | **Size (Bytes)** | **Description** | **Format/Coding** |
| **PSC Tool Questions** |
|

|  |
| --- |
| **Takes unnecessary risks****PSC\_Q25** |

 | **TEXT** | **1** | **Question twenty-five from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Gets hurt frequently****PSC\_Q26** | **TEXT** |  **1** | **Question twenty-six from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Seems to be having less fun****PSC\_Q27** | **TEXT** |  **1** | **Question twenty-seven from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Acts younger than children his or her age****PSC\_Q28** | **TEXT** | **1** | **Question twenty-eight from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Does not listen to rules****PSC\_Q29** | **TEXT** | **1** | **Question twenty-nine from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Does not show feelings****PSC\_Q30** | **TEXT** | **1** | **Question thirty from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Does not understand other people’s feelings****PSC\_Q31** | **TEXT** | **1** | **Question thirty-one from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Teases others****PSC\_Q32** | **TEXT** | **1** | **Question thirty-two from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Blames others for his or her troubles****PSC\_Q33** | **TEXT** | **1** | **Question thirty-three from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Takes things that do not belong to him or her****PSC\_Q34** | **TEXT** | **1** | **Question thirty-four from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |
| **Refuses to share****PSC\_Q35** | **TEXT** | **1** | **Question thirty-five from the checklist.** | **0 = Never****1 = Sometimes****2 = Often****9 = No response** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field Name** | **Type** | **Size (Bytes)** | **Description** | **Format/Coding** |
| **PSC Final Questions** |
|

|  |
| --- |
| **Emotional/Behavioral****Problems****PSC\_PROBLEMS** |

 | **TEXT** | **1** | **Optional Question: “Does your child have any emotional or behavioral problems for which he or she needs help?”** | **Y = Yes****N = No****(Blank or Null acceptable)** |
| **Additional Services****PSC\_ADDL\_SERVICES** | **TEXT** |  **1** | **Optional Question: “Are there any services that you would like your child to receive for these problems?”** | **Y = Yes****N = No****(Blank or Null acceptable)** |
| **Additional Service List****PSC\_SERVICE LIST** | **TEXT** |  **160** | **List of desired services.** | **Text** |

Appendix A

Transaction Codes

This field is used to inform the system how to process the data that is contained in the individual assessment record. Most records received will be added to the DHCS Functional Assessment system as new records. However, there will be circumstances when assessment information may need to have information corrected by replacing existing records in the system. Additionally, there may also be a need to remove existing assessment records.

|  |
| --- |
| ***VALID CODES:*** |

**A (Or Blank) “Add”:** This is the default code used to add/append a new assessment record to the system. All associated fields defined in the data dictionary should be complete.

**R “Replace”:** This code is used to replace (update) an existing assessment record in the system. For example, if a client’s scores required modifications. Similar to the “Add” code above, all associated fields defined in the data dictionary should be complete. Furthermore, for the “Replace” code to work properly, the COUNTY CODE, COUNTY CLIENT NUNBER (CCN), and ASSESSMENT DATE fields should match an existing assessment record in the system.

**D “Delete”:** This code is used to delete an existing assessment record in the system. Similar to the “Replace” code above, for the “Delete” code to work properly, the COUNTY CODE, COUNTY CLIENT NUNBER (CCN), and ASSESSMENT DATE fields should match an existing assessment record in the system. Since this assessment record will be deleted, all of the other fields defined in the data dictionary do not have to be included.

Appendix B

County Codes

|  |
| --- |
| ***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 |  |  |  |

Appendix C

County Client Number (CCN)

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

|  |  |
| --- | --- |
|  | FIELD FORMAT: |
|  | Type: | Alphanumeric |
|  | Byte(s): | 9 |
|  | Format: | XXXXXXXXXRight justify, zero fill, no imbedded blanks |
|  | Required On: | All Records |
|  |  |  |

Appendix D

Client Name

|  |
| --- |
| Identifies the name of the client as it appears on the birth certificate as reported by the client. |

|  |  |
| --- | --- |
|  | **FIELD FORMAT:** |
|  | Type: | Character |
|  | Byte(s): | 53 |
|  |  |  | First 15Middle: 15Last: 20Suffix: 3 |
|  | Format: | FFFFFFFFFFFFFFFMMMMMMMMMMMMMMMLLLLLLLLLLLLLLLLLLLLSSSLeft justify each subfield with trailing blanks |
|  | Required On: | All Client Records |

|  |
| --- |
| ***COMMENTS:*** |
| Use UPPER CASE only. Embedded hyphens and apostrophes are acceptable if comprised as part of a name. Do not use commas or periods. If commas or periods are used, they will be removed. If mixed or lower case is used, the characters will be converted to UPPER CASE.Appellations such as Sr, Jr, III, etc. are acceptable in the suffix field. Do not include titles such as MD, PhD, etc. in the suffix field. |

Appendix E

Assessment Types

|  |
| --- |
| Identifies the type of assessment that was performed for the client. These types are used for all functional assessment tools (CANS and PSC). |

|  |
| --- |
| ***VALID CODES:*** |

**“Initial” (Code ‘1’):** The first functional assessment received when a client enters the mental health system. Initial assessments can occur for new clients, or for clients who have been previously discharged.

**“Reassessment” (Code ‘2’) :** Periodic functional assessments which are after the initial assessment and occur periodically (approximately every 6 months until discharge).

**“Discharge” (Code ‘4’) :** The last functional assessment received when a client leaves the mental health system.

**“Administrative Close ” (Code ‘5’) :** The Administrative Close assessment type’s purpose is to inform the system the patient has either stopped treating and/or left the system and won’t be receiving any further assessments.  When this type of assessment is received, there won’t be any functional assessment data (scores).

**“Urgent ” (Code ‘6’) :** This functional assessment is performed for special, rare cases identified as urgent by mental health practitioners. The frequency as described by the Reassessment type above, which occur every 6 months (approximate), do not apply. Urgent assessments can occur any time between an Initial assessment and a Discharge assessment.

Appendix F

Client Index Number (CIN)

|  |
| --- |
|  |
| Client Index Number identifies a Medi-Cal beneficiary using a unique assigned number.  |

|  |  |
| --- | --- |
|  | **FIELD FORMAT:** |
|  | Type: | Alphanumeric |
|  | Byte(s): | 9 |
|  | Format: | XXXXXXXXXA |
|  | Allowed Values | The CIN always starts with a ‘9’, has seven numeric digits, and ends with an alpha character of: A, C through H, M, N, or S through W. These characters are invalid endings for CINs: B, I, J, K, L, O, P, Q, R, X, Y, and Z. Note that CINs never end with a ‘P’ and therefore cannot be confused with pseudo SSNs.  |