ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

Registration field list Comparison

August 2008

The registration field list is a comparative analysis of the ROCs registration fields to the Collaborative registration fields in ProviderConnect. Only the differences are noted under the Collaborative heading.

There are new fields that the Collaborative has added to the registration. The new fields will have no information under the ROCs columns.

There were fields in Rocs that have been eliminated. These are not listed in this document.

General rule: All date fields for the Collaborative are in MMDDYYYY format.

Top section

ROCs				Collaborative			
Field Name	Length	Req	**Description**	**Field name**	Length	Req	**Description**
MH Registration Date	8	R	Date on which the consumer was opened registered with the agency. Format: YYYYMMDD	Registration Start Date			Date the consumer is being registered. Registrations are for a 6 month period. This date is used to calculate the 6 months. So this date will need to be changed when re-registering the consumer to calculate the next 6 month period. Format: MMDDYYYY
Recipient ID (RIN)	9	R	The consumer's recipient identification number (RIN). 000000000 - the consumer has no RIN assigned				
Agency FEIN	9	R	The agency's nine digit Federal Employer Identification Number (FEIN).				
Client ID	9	R	An unique ID number assigned by the agency to the consumer.			N	

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ROCs				Collaborative			
Field Name	Length	Req	**Description**	**Field name**	Length	Req	**Description**
Satellite Code	2	R	This code is assigned by DHS for the agency. If no satellite code is assigned, 00 is used for this field.			N	
Medicaid Site ID	3	R	DHFS assigned Medicaid site ID number where the consumer is registered. Non-Medicaid enrolled agencies report 000 for this field.				

Demographic Information

<table>
<tr><th colspan="4">ROCs</th><th colspan="4">Collaborative</th></tr>
<tr><th>Field Name</th><th>Length</th><th>Req</th><th>Description</th><th>Field name</th><th>Length</th><th>Req</th><th>Description</th></tr>
<tr><td>Client Last Name</td><td>30</td><td>R</td><td>The consumer's legal last name.</td><td>Last Name</td><td>20</td><td></td><td></td></tr>
<tr><td>Client First Name</td><td>14</td><td>R</td><td>The consumer's legal first name</td><td>First Name</td><td>15</td><td></td><td></td></tr>
<tr><td>Client Middle Initial</td><td>1</td><td>N</td><td>Middle initial of the consumer.</td><td>Middle Initial</td><td></td><td></td><td></td></tr>
<tr><td>Name Suffix</td><td>3</td><td>N</td><td>The name suffix if the consumer has one (Jr, Sr, III, etc)</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Birth Date</td><td>8</td><td>R</td><td>The date on which the consumer was born.
Format: MMDDYYYY</td><td></td><td></td><td></td><td>Format: MMDDYYYY</td></tr>
<tr><td>Social Security Number</td><td>9</td><td>R</td><td>The consumer's SSN 000000000 – consumer has no SSN, 999999999 – consumer SSN is not known</td><td></td><td></td><td>C</td><td>SSN = 000000000 and 999999999 will not be allowed
One of the three Social Security fields will need to be entered</td></tr>
<tr><td></td><td></td><td></td><td></td><td>Social Security Number Unknown</td><td>1</td><td>C</td><td>This replaces SSN = 999999999
One of the three Social Security fields will need to be entered</td></tr>
<tr><td></td><td></td><td></td><td></td><td>No SSN</td><td>1</td><td>C</td><td>This replaces SSN = 000000000
One of the three Social Security fields will need to be entered</td></tr>
<tr><td>Mother's Maiden Name</td><td>30</td><td>R</td><td>The legal maiden last name of the consumer's mother. UNKNOWN if this name was not determined.</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Sex</td><td>1</td><td>R</td><td>Gender of the consumer.</td><td>Gender</td><td></td><td></td><td></td></tr>
</table>

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			F - Female M - Male				
Client Street Address	40	R	The current Street or box number of the consumer.	Primary Address	25	C	Required if address unknown not selected
				Address line 2	25	N	
Client City	20	R	The current City of the consumer.	City	16	C	Required if address unknown not selected
Client State	2	R	The current State of the consumer.	State		C	Required if address unknown not selected
Client Zip Code	5	R	The current Postal zip code of the consumer.	Zip Code		C	Required if address unknown not selected
Client Zip Code Suffix	4	N	The current last four positions of the zip code of the consumer.			N	
				Address Unknown	1	C	If address is not known
Area of Residence - County	3	R	The Illinois county code where the consumer currently lives (or out-of-state/unknown code).	County			
Area of Residence -Township/Community Area	2	R	The Community Area if the consumer resides in Chicago or Township if the consumer resides outside the Chicago city limits as applicable, where the consumer currently lives.	Township/Community Area			
Household Income	6	R	The total monthly income of all family consumers in the				

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			consumer's household. Range: 000000 - 999999 (Unknown)				
Client Income	6	R	The total income of the consumer. Range: 000000 - 999999 (Unknown)				
Family Household Size	2	R	The total number of the consumer's family consumers in the household, including the consumer. Range: 01 - 99 (Unknown)				
Household Composition	2	R	The consumer's household composition. 10 -Lives alone 20 -Lives with one or more relatives 30 -Lives with non-related persons 99 -Unknown				
Education Level	2	R	The highest grade level completed by the consumer. 00 - Never attended school __ - Last primary/secondary grade completed (0111) 20 - Preschool/kindergarten 30 - High School diploma 31 - General Equivalency Diploma (GED) 32 - Special Education Certificate of Completion 40 - Post-secondary training 41 - One year college 42 - Two years college 43 - Three years college				

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			50 - College Bachelor's degree 60 - Post Graduate college degree 99 - Unknown				
Military Status	1	R	The military status of the consumer. 0 -Not a Veteran 1 -Veteran 2 -Currently on active duty 9 -Unknown				
Marital Status	1	R	Marital status of the consumer. 1 -Never Married 2 -Married 3 -Widowed 4 -Divorced 5 -Separated 9 -Unknown, declines to specify				
Employment Status	2	R	The current employment status of the consumer. 10 -Employed 11 -Employed full time (unsubsidized) 12 -Employed part time (unsubsidized) 13 -Employed, subsidized/supported 14 -Attending vocational/day program 20 -Unemployed/layoff from job 30 -Not in the Labor Force 90 -Other 99 -Unknown				
SSI-SSDI Eligibility	1	R	The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the consumer. 0 -Not Applicable 1 -Eligible, receiving payments 2 -				

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			Eligible, not receiving payments 3 -Eligibility determination pending 4 -Potentially eligible but has not applied or status unknown 5 -Determined to be ineligible 9 -Eligibility status unknown				
DFI-CFI Enrollment	1	R	The consumer's Donated Funds Initiative (DFI) or Contracted Funds Initiative (CFI) enrollment status. N -Not Applicable Y -Enrolled in DFI/CFI				
Court / Forensic Treatment	2	R	Status of forensic/court-ordered treatment plans at the time of registration. 00 –Not applicable 01 –Department of Corrections consumer 02 –Unable to Stand Trial 03 –Unable to Stand Trial-ET (Extended Term) 04 –Unable to Stand Trial-G2 05 –Not Guilty by Reason of Insanity 06 –Civil court-ordered treatment 07 –Criminal court-ordered treatment 08 –Court-ordered evaluation/assessment only 99 – Forensic status unknown				
Race # 1	2	R	Race of consumer.				

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			10 – White, 20 – Black/African American, 30 – Asian, 40 – American Indian/Alaskan Native, 50 – Native Hawaiian or other Pacific Islander, 99 - Unknown				
Race #2	2	N	Same description as for Race #1 above excluding code 99 (unknown).			R	Add 98 – Nothing to report
Race #3	2	N	Same description as for Race #1 above excluding code 99 (unknown).			R	Add 98 – Nothing to report
Race #4	2	N	Same description as for Race #1 above excluding code 99 (unknown).			R	Add 98 – Nothing to report
Race #5	2	N	Same description as for Race #1 above excluding code 99 (unknown).			R	Add 98 – Nothing to report
Hispanic Origin	2	R	Hispanic origin of a person of Spanish culture or origin, regardless of race. **00** - Not of Hispanic origin **11** - Mexican/Mexican American **12** - Puerto Rican **13** – Cuban **14** – Central American **18** – Other Hispanic **99** – Unknown, not classified				
Language	2	R	Primary language of the				

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			consumer. **10** - English **20** - Spanish **30** - Other Western European **40** - Eastern European **41** - Bosnian **42** - Polish **43** - Russian **50** - Asian **51** - Arabic **52** - Chinese **53** - Indian **54** - Korean **55** - Vietnamese **60** - African **70** - American Sign Language **90** - Other **99** – Unknown				
Citizenship	1	R	The citizenship status of the consumer. **Y -**U.S. Citizen **N -** Non-U.S. Citizen **U -**Unknown				
Interpreter Services Needed	1	R	The type of interpreter services required by the consumer. 0 - Services Not Needed 1 - American Sign Language 2 - Foreign Language 9 - Unknown				

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ROCs				Collaborative			
Field Name	Length	Req	**Description**	**Field name**	Length	Req	**Description**
MH Residential Arrangement	2	R	The consumer's primary residential situation while services are being provided. 10 -Homeless 21 -Private residence - supervised 22 -Private residence - unsupervised 31 -Other residential setting - supervised 32 -Other residential setting - unsupervised 40 -State-Operated Facility 50 -Jail or correctional facility/institution 60 -Other institutional setting 90 -Other 99 -Unknown				
Justice System Involvement	1	R	The consumer's criminal justice system involvement at the time of case registration. Spaces if never reported. 00 - Not Applicable 01 - Arrested 02 - Charged with a Crime 03 - Incarcerated (jail) 04 - Incarcerated (prison) 05 - Juvenile Detention Center, 06 – Detained(Jail), 07 – Mental Health Court, , 08 – Other, 09 - Unknown		2	N	Changed field to 2 positions to accommodate new values: 10 - Adult Probation, 11- Adult Parole

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Disaster Guest Type	2	N	Indicates the Disaster that brought the consumer to Illinois Hurricane Katrina (HK), Hurricane Rite (HR), NIU Incident (NI).				
Disaster Guest State	2	N	The Post Office abbreviation for the consumer's home state if he/she is an Illinois guest due to a disaster. (Spaces if not applicable)				
Disaster County	3	N	The FIPS county Code where the consumer lived in their state				
				Consumer third party payor?	1	R	Indicate if the consumer has other insurance (Commercial or Medicare) 1 = Yes 0 = No
MH CILA Indicator	1	R	Designates whether the consumer is enrolled in the DHS funded MH CILA program. N - Not applicable Y -Enrolled in	MH Residential Indicator			

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			MH CILA				

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Special Programs Information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				Special Program Enrollment Juvenile Justice Program	1	R	Indicates that the consumer is being registered for Juvenile Justice Batch Valid Values: 1 = Yes 0 = No ProviderConnect: Select Yes or No button
				Special Program Enrollment Juvenile Justice Program Begin Effective Date	8	C	This is the date the consumer originally entered the Juvenile Justice program. This is required if the Special Enrollment Juvenile Justice Program is a 1 or Yes. Format: MMDDYYYY
				Special Program Enrollment Juvenile Justice Program end Date	8	N	This is the date the consumer is no longer receiving services under the Juvenile Justice program. This will terminate the consumer from this program. Format: MMDDYYYY
				Special Program Enrollment PATH Grant	1	R	Indicates that the consumer is being registered for PATH Grant Batch Valid Values: 1 = Yes

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
							0 = No ProviderConnect: Select Yes or No button
				Special Program Enrollment PATH Grant Begin Effective Date	8	C	This is the date the consumer originally entered the PATH Grant program. This is required if the Special Enrollment PATH Grant Program is a 1 or Yes. Format: MMDDYYYY
				Special Program Enrollment PATH Grant End Date	8	N	This is the date the consumer is no longer receiving services under the PATH Grant program. This will terminate the consumer from this program. Format: MMDDYYYY
				Special Program Enrollment Comm Hosp Inpatient (CHIPS)	1	R	Indicates that the consumer is being registered for CHIPS. Batch Valid Values: 1 = Yes 0 = No ProviderConnect: Select Yes or No button
				Special Program Enrollment Comm Hosp Inpatient (CHIPS) Begin Effective	8	C	This is the date the consumer originally entered the PATH Grant program. This is required if the Special Enrollment CHIPS Program is a 1 or Yes.

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				Date			Format: MMDDYYYY
				Special Program Enrollment Comm Hosp Inpatient (CHIPS) End Date	8	N	This is the date the consumer is no longer receiving services under the CHIPS program. This will terminate the consumer from this program. Format: MMDDYYYY
				Consumer in residential program funded by DMH and operated by registering provider	1	R	0 = Not in Residential Program 1 = ICG 2 = Program 620 (CILA) 3 = Program 820 (Supported Residential) 4 = Program 830 (Supervised Residential)
				Consumer in residential program Begin effective date	8	C	This is the date the consumer originally entered a Residential program. This is required if the Consumer in Residential program is 1 – 4. Format: MMDDYYYY
				Consumer in residential program End date	8	N	This is the date the consumer is no longer receiving services under the Residential program. This will terminate the consumer from this program.

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ROCs				Collaborative			
Field Name	Length	Req	**Description**	**Field name**	Length	Req	**Description**
							Format: MMDDYYYY
				Residential level of care	1	C	Required if Consumer in Residential program is 1 – 4 Valid Values: 1 = Low intensity 2 = Medium intensity 3 = High intensity

Closing information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
MH Closing Date	8	N	The date that the agency terminated its commitment to provide services to the individual. Spaces if consumer has not been closed. Format: **YYYYMMDD**				Format: MMDDYYYY
MH Closing Disposition	2	R	The disposition of the consumer at the point he/she stops receiving services. Spaces if consumer has not been closed. 01 - Deceased 02 - Completed treatment 03 - Refused treatment 04 - Transfer 05 - Moved 06 - Transfer to Long Term Care provider setting 07 - Transfer to State-Operated facility 08 - Incarcerated 90 - Other 99 - Unknown			C	If MH closing date not spaces this is required. Eliminated: 90 – Other and 99 - Unknown
Functional Scale Used at Closing	1		The functional scale used. Spaces if consumer has not been closed. C -CGAS G -GAF			C	If MH closing date not spaces this is required

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
GAF/CGAS Score at Closing	2		Current functioning scale score as assessed at the time of the case closing process. Spaces if consumer has not been closed. Valid Values: 00 - 99			C	If MH closing date not spaces this is required

Diagnosis Information

	ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**	
MH Diagnosis Code Type	1	R	The manual used for reporting diagnosis codes for Axis I and II. **D** –DSM-IV **I** –ICD-9-CM					
MH Axis 1 Diagnosis 1	5	R	Describes the major mental illnesses for which the consumer is seeking or receiving services. Valid diagnosis code					
MH Axis 1 Diagnosis 2	5	R	Describes the major mental illnesses for which the consumer is seeking or receiving services. Valid diagnosis code			C	This is required if MH Principal Diagnosis Indicator is 'B' Must be valid diagnosis for type indicated in MH Diagnosis Code Type	
MH Axis 1 Diagnosis 3	5	R	Describes the major mental illnesses for which the consumer is seeking or receiving services. Valid diagnosis code			C	This is required if MH Principal Diagnosis Indicator is 'C' Must be valid diagnosis for type indicated in MH Diagnosis Code Type	
MH Axis 2 Diagnosis 1	5	R	Describes the major mental illnesses for which the consumer is seeking or receiving services. Valid diagnosis code			C	This is required if MH Principal Diagnosis Indicator is 'D' Must be valid diagnosis for type indicated in MH Diagnosis Code Type	
MH Axis 2 Diagnosis 2	5	R	Describes the major mental illnesses for which the consumer is seeking or receiving services. Valid diagnosis code			C	This is required if MH Principal Diagnosis Indicator is 'E' Must be valid diagnosis for type indicated in MH Diagnosis Code Type	

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
MH Axis 2 Diagnosis 3	5	R	Describes the major mental illnesses for which the consumer is seeking or receiving services. Valid diagnosis code			C	This is required if MH Principal Diagnosis Indicator is 'F' Must be valid diagnosis for type indicated in MH Diagnosis Code Type
MH Axis 3 Diagnosis 1	5	R	General Medical conditions Valid ICD-9 diagnosis code			N	
MH Axis 3 Diagnosis 2	5	R	General Medical conditions Valid ICD-9 diagnosis code			N	
MH Axis 3 Diagnosis 3	5	R	General Medical conditions Valid ICD-9 diagnosis code			N	
MH Principal Diagnosis Indicator	1		The consumer's principal diagnosis for the focus of treatment. A -Axis I, Diagnosis 1 B -Axis I, Diagnosis 2 C -Axis I, Diagnosis 3 D -Axis II, Diagnosis 1 E -Axis II, Diagnosis 2 F -Axis II, Diagnosis 3			R	

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CGAS/GAF information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Functional Scale Used	1	R	The functional scale used. Note: Scale selection will prescribe which consumer functioning information has been reported. If Children's Global Assessment Scale (CGAS) scale is used, the Child & Adolescent consumer functioning fields are populated; if Global Assessment of Functioning (GAF) scale is used, the Adult consumer functioning fields are populated. **C** –CGAS **G** –GAF				
CGAS Score	2	R	Current functioning scale score as assessed in the registration process. Valid Values: **01-99**			C	GAF/CGAS score was one field – There are 2 separate fields in the registration form in PC. There is one field in batch registration for this. If Functional Scale used is CGAS then this field is required.

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Client Functioning – Children & Adolescents	2	R	Determination of impairment criteria for children and adolescents using the Children's Global Assessment Scale (CGAS). Appropriate rating recorded for the 5 impairment categories listed below. Spaces if GAF was used. **00** –consumer does not meet serious impairment criteria **01** – consumer meets serious impairment criteria Position 304: Self Care Position 306: Community Position 308: Social Relations Position 310: Family Relations Position 312: School	Self Care		C	If Functional Scale used is CGAS then this field is required.
		R	**00** –consumer does not meet serious impairment criteria **01** – consumer meets serious impairment criteria	Community	2	C	If Functional Scale used is CGAS then this field is required.
		R	**00** –consumer does not meet serious impairment criteria **01** – consumer meets serious impairment criteria	Social Relations	2	C	If Functional Scale used is CGAS then this field is required.
		R	**00** –consumer does not meet serious impairment criteria **01** –	Family Relations	2	C	If Functional Scale used is CGAS then this field is required.

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ROCs				Collaborative			
Field Name	Length	Req	**Description**	**Field name**	Length	Req	**Description**
			consumer meets serious impairment criteria				
		R	**00** –consumer does not meet serious impairment criteria **01** – consumer meets serious impairment criteria	School	2	C	If Functional Scale used is CGAS then this field is required.
GAF Score	2	R	Current functioning scale score as assessed in the registration process. Valid Values: **01-99**			C	GAF/CGAS score was one field – There are 2 separate fields in the registration form in PC. There is one field in batch registration for this. If Functional Scale used is GAF then this field is required.

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Client Functioning – Adults	16	R	Determination of impairment criteria for adults using the Global Assessment of Functioning (GAF) scale. Appropriate rating recorded for the 8 impairment categories listed below. Spaces if CGAS was used. **00** –consumer does not meet serious impairment criteria **01** –consumer meets serious impairment criteria Position 314: Social Group/School Position 316: Employment Position 318: Financial Position 320: Community Living Position 322: Supportive Social Position 324: Daily Living Activity Position 326: Inappropriate or Dangerous Behavior Position 328: Previous Functional Impairment	Social Group/School		C	If Functional Scale used is GAF then this field is required.
		R	**00 -**consumer does not meet serious impairment criteria **01 -** consumer meets serious impairment criteria	Employment	2	C	If Functional Scale used is GAF then this field is required.

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		R	00 -consumer does not meet serious impairment criteria 01 - consumer meets serious impairment criteria	Financial	2	C	If Functional Scale used is GAF then this field is required.
		R	00 -consumer does not meet serious impairment criteria 01 - consumer meets serious impairment criteria	Community Living	2	C	If Functional Scale used is GAF then this field is required.
		R	00 -consumer does not meet serious impairment criteria 01 - consumer meets serious impairment criteria	Supportive Social	2	C	If Functional Scale used is GAF then this field is required.
		R	00 -consumer does not meet serious impairment criteria 01 - consumer meets serious impairment criteria	Daily Living Activity	2	C	If Functional Scale used is GAF then this field is required.
		R	00 -consumer does not meet serious impairment criteria 01 - consumer meets serious impairment criteria	Inappropriate or Dangerous Behavior	2	C	If Functional Scale used is GAF then this field is required.

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		R	00 -consumer does not meet serious impairment criteria 01 - consumer meets serious impairment criteria	Previous Functional Impairment	2	C	If Functional Scale used is GAF then this field is required.

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Locus Information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				LOCUS - Risk of Harm	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5
				Recovery-Environment-Stressor	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5
				Recovery Environment-Supports	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5
				Functional Status:	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5
				Co-Morbidity	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				Recovery and Treatment History	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5
				Acceptance and Engagement	1	C	Locus fields are not required, however if one is filled in than all must be filled in. Valid Values: 1 - 5
				Composite Score	2		Collaborative will derive - Total of above 7 Locus scores if scores entered. Possible score of 7 - 35
				Level of Care Recommended - Locus	2		Collaborative will derive based by the composite score Level I (Recovery Maintenance and Health Management score 7 – 13): Level II (Low Intensity Community Based Services score 14 – 16): Level III (High Intensity Community Based Services score 17 – 19): Level IV (Medically Monitored Non-Residential Services score 20 – 22): Level V (Medically Monitored Residential Services score 23 – 27): Level VI (Medically Managed Residential Services score 28 or more):

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				Level of Care Recommended - Assessors	2	C	Required if Locus fields are entered Valid Values: 01 - Level I (Recovery Maintenance and Health Management score 7 – 13): 02 - Level II (Low Intensity Community Based Services score 14 – 16): 03 - Level III (High Intensity Community Based Services score 17 – 19): 04 - Level IV (Medically Monitored Non-Residential Services score 20 – 22): 05 - Level V (Medically Monitored Residential Services score 23 – 27): 06 - Level VI (Medically Managed Residential Services score 28 or more):

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History of Illness Information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
History of Illness	10	R	Determination of the consumer's previous contacts with elements of the mental health delivery system. Appropriate rating recorded for the 5 categories listed below. **00 -**consumer does not meet treatment history criteria **01 -**consumer meets treatment history criteria Position 330: Continuous Treatment Position 332: Continuous Residential Position 334: Multiple Residential Position 336: Outpatient Position 338: Previous Treatment	Continuous Treatment	2		
		R	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria	Continuous Residential	2		
		R	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria	Multiple Residential	2		
		R	**00 -**consumer does not meet treatment history criteria **01 -**	Outpatient	2		

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
			consumer meets treatment history criteria				
		R	**00 -**consumer does not meet treatment history criteria **01 -** consumer meets treatment history criteria	Previous Treatment	2		
				Evidence Based Practice – Supported Employment	1	N	1 = Yes 0 = No
				Evidence Based Practice - IDDT	1	N	1 = Yes 0 = No
				Evidence Based Practice – Medication Algorithm	1	N	1 = Yes 0 = No
Co-Occurring Disorders	1	R	Indicates whether or not the consumer has been screened for co-occurring mental illness/substance abuse disorders. Y -Yes N -No				

MH Cross Disabilities Information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
MH Cross Disabilities Database –Form Completion Date	8	R	The date on which the MH cross disabilities database form was completed. **Format**: YYYYMMDD	Form Completion Date			MMDDYYYY
MH Cross Disabilities Database –Primary Care Giver Age	2	R	The age of the primary care giver. **Range**: 18-98 00 – Not Applicable 99 – Unknown	Primary Care Giver Age			
MH Cross Disabilities Database –Type of Services Needed 1	2	R	The type of services needed by the consumer as determined by the assessment staff. **01** – Residential/Living Arrangements **02** – Vocational Rehabilitation **03** – Transportation **04** – Medical **05** – Substance Abuse Treatment **06** – MH Case Management **07** – Hospitalization **90** – Other **99** – Unknown	Type of Services Needed 1			

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				Type of services Needed 2	2	N	Same values as Types of Services Needed 1
				Type of Services Needed 3	2	N	Same values as Types of Services Needed 1
MH Cross Disabilities Database -Type of Services Needed Other Description	30	C	Describes the type of services when Other (90) is selected for Type of Services Needed (position 384). (Spaces if not applicable)	Type of Services Needed Other			Conditional on Type of Services needed 1, 2 or 3 being (90) OTHER. This is a free form field

08/18/08

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
MH Cross Disabilities Database –Type of Services Sought 1	2	R	The type of services sought by the consumer as determined by the consumer. **00** – Not Applicable **01** – Residential/Living Arrangements **02** – Vocational Rehabilitation **03** – Transportation **04** – Medical **05** – Substance Abuse Treatment **06** – MH Case Management **07** – Hospitalization **90** – Other **99** – Unknown	Type of Services Sought 1			
				Type of Services Sought 2	2	N	Same values as Types of Services Sought 1

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
				Type of Services Sought 3	2	N	Same values as Types of Services Sought 1
MH Cross Disabilities Database -Type of Services Sought Other Description	30		Describes the type of services when Other (90) is selected for Type of Services Sought (position 386). (Spaces if not applicable)	Type of Services Sought Other		C	Conditional on Type of Services Sought 1, 2 or 3 being (90) OTHER.

Guardian Information

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Guardian 1 Type	2		Describes the relationship of the guardian or responsible person to the consumer. Note: Guardian fields will be spaces if no information has been reported, **02** - Parent of minor child 0-17, **05** - Plenary of Person			N	Eliminated values – Only 02 and 05 are valid
Guardian 1 First Name	14		The first name of the guardian or responsible person	First Name		C	If Guardian 1 Type not spaces then required
Guardian 1 Middle Initial	1		Middle initial of the guardian or responsible person	MI		N	
Guardian 1 Last Name	30		The last name of the guardian or responsible person	Last Name		C	If Guardian 1 Type not spaces then required
Guardian 1 Address	40		Street or box number of the guardian or responsible person	Address	25	C	If Guardian 1 Type not spaces then required
				Address Line 2	25		
Guardian 1 City	20		City of the guardian or responsible person	City		C	If Guardian 1 Type not spaces then required
Guardian 1 State	2		Post Office abbreviation for State of the guardian or responsible person	State		C	If Guardian 1 Type not spaces then required

ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Guardian 1 Zip Code	5		Postal zip code of the guardian or responsible person	Zip Code		C	If Guardian 1 Type not spaces then required
Guardian 1 Zip Code Suffix	4		The last four positions of the zip code of the guardian or responsible person. (Optional)	Zip Code Suffix		N	
Guardian 1 Appointment Date	8		The date of appointment as guardian by the court for Guardian Types 03, 04, 05, and 06. Format: **MMDDYYYY** (default 9999-01-01)			N	Format: MMDDYYYY
				Guardian 1 Termination Date	8	N	Format: MMDDYYYY
Guardian 2 Type	2		Describes the relationship of the guardian to the consumer. Note: Guardian 2 fields will be spaces if no information has been reported. **02** - Parent of minor child 0-17, **05** - Plenary of Person			N	Eliminated values – Only 02 and 05 are valid
Guardian 2 First Name	14		The first name of the guardian or responsible person	First Name		C	If Guardian 2 Type not spaces then required
Guardian 2 Middle Initial	1		Middle initial of the guardian or responsible person	MI		N	
Guardian 2 Last Name	30		The last name of the guardian or responsible person	Last Name		C	If Guardian 2 Type not spaces then required

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ROCs				Collaborative			
Field Name	**Length**	**Req**	**Description**	**Field name**	**Length**	**Req**	**Description**
Guardian 2 Address	40		Street or box number of the guardian or responsible person	Address	25	C	If Guardian 1 Type not spaces then required
Guardian 2 City	20		City of the guardian or responsible person	Address Line 2	25	N	
Guardian 2 State	2		Post Office abbreviation for State of the guardian or responsible person	City		C	If Guardian 2 Type not spaces then required
Guardian 2 Zip Code	5		Postal zip code of the guardian or responsible person	State		C	If Guardian 2 Type not spaces then required
Guardian 2 Zip Code Suffix	4		The last four positions of the zip code of the guardian or responsible person. (Optional)	Zip Code Suffix		N	
Guardian 2 Appointment Date	8		The date of appointment as guardian by the court for Guardian Types 03, 04, 05, and 06. Format: **MMDDYYYY** (default 9999-01-01)			C	Format: MMDDYYYY
				Guardian 2 Termination Date	8	N	Format: MMDDYYYY