CCBHC Consumer-Level Data

Reported consumer-level data are used to calculate the Minnesota-specific impact measures and supply DHS with other important demographic information about clients served at CCBHCs. The CCBHCs are repsonsible for collecting and submitting the consumer-level data to the CCBHC secure data portal.

Batch Record

Batch file will be a text file in a comma delimited (CSV) format.

- Name the file as: NPI_CCBHC_YYYMM_20XXMMDD.CSV (comma delimited)
- Remember "YYYYMM" is the last month of the quarter for the reporting period.
- Remember to use all capital letters and date should be the date the file is being submitted
- File name can only be used once and the file has to have an extension of CSV

The following tables provide information on Field Number, Field Length, Field Type, and Format.

Consumer-Level Data Record Field Layout

CONSUMER-LEVEL DATA RECORD FIELDS - REQUIRED FOR EACH CONSUMER RECEIVING CCBHC SERVICE

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
NPI/UMPI	1	X(10)	Unique identifier of the clinic (used for CCBHC billing)
PMIN (MN MHCP Consumer ID)	2	X(8)	Unique MHCP Consumer identifier of the Consumer – leads with zeros
Other Consumer ID	3	X(12)	Unique clinic identifier of the Consumer for Consumers without PMIN - lead with zeros
Date of Birth	4	X(10)	Identifies the date the Consumer was born (MM/DD/YYYY)
Biological Sex	5	X(1)	Identifies the biological sex of the Consumer
Race	6	X(5)	Identifies the race of the Consumer- Up to 5 race codes
Ethnicity	7	X(1)	Identifies whether the Consumer is of Hispanic origin or not
Health Insurance status	8	X(1)	Health Insurance Status at Status date. CCBHCs should update and pull this information regularly.
Housing/residential status	9	X(2)	Residential Status at Status Date. CCBHCs should update and pull this information regularly.
Consumer's Preferred Language (Primary)	10	X(2)	Identifies the primary language of the Consumer
Consumer's Preferred Language (Secondary)	11	X(2)	Identifies the secondary language of the Consumer

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
Veteran/Military Status	12	X(1)	Identifies if the Consumer is a Veteran or is in Active Duty status at 1st CCBHC service
CCBHC Start Date for Current Consumer	13	X(10)	Identifies the date a <u>current</u> Consumer received first CCBHC service (MM/DD/YYYY) after 7/1/17.
Date of First CCBHC Contact for new Consumer	14	X(10)	Identifies the date a <u>new Consumer</u> had first contact with the CCBHC (MM/DD/YYYY) after 7/1/17
Date of Initial Evaluation for New Consumer	15	X(10)	Identifies the date a <u>new Consumer</u> received their Initial Evaluation (MM/DD/YYYY) after 7/1/17
Consumer Status	16	X(2)	Indicates the Consumer's CCBHC status at the time of reporting. CCBHCs should update and pull this information regularly.
Date of Consumer Status	17	X(10)	Indicates the date of the Consumer's CCBHC status.
Received Peer Service	18	X(1)	Whether Consumer received some Peer Service in CCBHC as of status date : Yes=1; No=0
Received Telemedicine Service	19	X(1)	Whether Consumer received some Telemedicine Service in CCBHC as of status date: Yes=1; No=0

Consumer-Level Data Codes

CONSUMER-LEVEL DATA CODES

FIELD NAME	FIELD #	CODES
Biological Sex	5	1 - Male 2 - Female 3 - Other 9 – Unknown
Race	6	1 - American Indian or Alaska Native 2 - Asian 3 - Native Hawaiian or Pacific Islander 4 - Black or African American 5 - White 8 - More than one race 9 - Unknown
Ethnicity	7	1 - Not Hispanic or Latino 6 - Hispanic or Latino 9 - Unknown
Health Insurance status	8	1 - Medicaid (Medical Assistance) 2 - CHIP (Title 21 Eligible Enrollee) 3 - Medicare 4 - Medicare and Medicaid Dually-Eligible 5 - VHA/TRICARE 6 - Commercially insured 7 - Uninsured 8 - Other
Housing/residential status	9	01 - Homeless 02 - Foster Home 03 - Residential Care 04 - Crisis Residence 05 - Institutional 06 - Jail/Correctional Facility 11 - Private Residence - independent living 12 - Private Residence - dependent living 13 - Other residential status 14 - Board & Lodge 15 - Nursing Facility, including boarding care 16 - Hospital 17 - Regional Treatment Center 18 - Children's Residential Treatment Facility 19 - Detox and/or withdrawal management facility

FIELD NAME	FIELD #	CODES
		20 – Psychiatric Residential Treatment Facility 21 – Intensive Treatment in Foster Care 97 - Unknown
Consumer's Preferred Language	10, 11	00 - English 01 - Spanish 02 - Hmong 03 - Vietnamese 04 - Khmer 05 - Laotian 06 - Russian 07 - Somali 08 - ASL (American Sign Language) 09 - Amharic 10 - Arabic 11 - Serbo-Croatian 12 - Oromo 13 - Tigrinya 14 - Burmese 15 - Cantonese 16 - French 17 - Mandarin 18 - Swahili 19 - Yoruba 20 - Korean 21 - Karen 97 - Unknown 98 - Other Non-English 99 - Missing
Veteran/Military Status	12	1 - Neither 5 - Active Duty Military 6 - Prior Military Service/Veteran 9 - Unknown

FIELD NAME	FIELD #	CODES
Consumer Status	16	01 - New Consumer (not served in CCBHC in last 6 months) 02 - Continuing Consumer (currently receiving CCBHC services) 03 - Intervention Episode 11 - Consumer completed treatment 12 - Transferred to same level of service 13 - Transferred to higher level of service 14 - Transferred to lower level of service 21 - Consumer moved or relocated 22 - No contact with Consumer 32 - Consumer was incarcerated, Jail 41 - Death-suicide 43 - Death–not suicide or unknown (unknown cause) 62 - Other specified reasons
Received Peer Service	18	0 - No 1 - Yes
Received Telemedicine Service	19	0 - No 1 - Yes

Quality Checks

Prior to submitting data, the CCBHCs should conduct quality checks of their files. The table below outlines the quality checks that should be completed by the CCBHCs and DHS.

Quality Checks of Consumer Level Data

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
1	NPI/UMPI	*Unique identifier of the clinics (used for CCBHC billing)*	Verify that only one NPI is submitted. If your organization has more than one NPI, submit the primary one.
2	PMIN (MN MHCP Consumer ID)	*Unique MHCP Consumer identifier of the Consumer – leads with zeros*	Verify that the PMI number of the consumer is correct. **Remember to include leading zeros.**
3	Other Consumer ID	*Unique clinic identifier of the Consumer for Consumers without PMIN - lead with zeros*	If the consumer does not have a PMI number, submit an ID. Make sure that the ID can be used to identify the consumer in your EHR if needed.
4	Date of Birth	*Identifies the date the Consumer was born (MM/DD/YYYY)*	Verify that the date of birth of the consumer is accurate and reasonable. *Ex. A year in 1900 would not be reasonable.*
5	Biological Sex	*Identifies the biological sex of the Consumer as Consumer self-identifies* 1 = Men 2 = Women 3 = Other	Verify that there is a mixture of genders in your file.

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
		9 = Unknown	*Ex. If your file only contains code 1 (men), that would be a red flag. We expect to see a mixture of gender codes.*
6	**Race**	*Identifies the race of the Consumer- Up to 5 race codes* 1 = American Indian or Alaska Native 2 = Asian 3 = Native Hawaiian or Pacific Islander 4 = Black or African American 5 = White 8 = More than one race 9 = Unknown	Verify that the race code submitted for the consumer is one of the codes available. *Ex. Entering 10 for a race code would not be valid because it is not one of the available race codes.*
7	**Ethnicity**	*Identifies whether the Consumer is of Hispanic origin or not* 1 = Not Hispanic or Latino 6 = Hispanic or Latino 9 = Unknown	Verify that the ethnicity code submitted for the consumer is one of the codes available. *Ex. Entering 2 for an ethnicity code would not be valid because it is not one of the available ethnicity codes.*
8	**Health Insurance Status**	*Health Insurance Status at Status date*	

FIELD #	FIELD NAME	BRIEF DESCRIPTION		Quality Check
		1 = Medicaid (Medical Assistance)	5 = VHA/TRICARE	Verify that the code submitted for the consumer is one of the codes available.
		2 = CHIP (Title 21 Eligible Enrollee)	6 = Commercially insured	
		3 = Medicare	7 = Uninsured	
		4 = Medicare and Medicaid Dually-Eligible	8 = Other	*Ex. Entering 9 would not be valid because it is not one of the available health insurance codes.*
9	Housing/residential status	*Residential Status at Status Date*		Verify that the code submitted for the consumer is one of the codes available.
		01 = Homeless	15 = Nursing Facility, including boarding care	
		02 = Foster Home	16 = Hospital	*Ex. Entering a code of 25 would not be valid because it is not one of the available housing/residential status codes.*
		03 = Residential Care	17 = Regional Treatment Center	
		04 = Crisis Residency	18 = Children's Residential Treatment Facility	
		05 = Institutional		
		06 = Jail/Correctional Facility	19 = Detox and/or Withdrawal Management Facility	
		11 = Private Residence - independent living	20 = Psychiatric Residential Treatment Facility	
		12 = Private Residence – dependent living	21 = Intensive Treatment in Foster Care	
		13 = Other residential status	97 = Unknown	
		14 = Board & Lodge		
10	Primary Language	*Identifies the primary language the Consumer prefers to speak for CCBHC services*		Verify that the code submitted for the consumer is one of the codes available.

FIELD #	FIELD NAME	BRIEF DESCRIPTION		Quality Check
		00 = English	12 = Oromo	*Ex. Entering a code of 30 would not be valid because it is not one of the available language codes.*
		01 = Spanish	13 = Tigrinya	
		02 = Hmong	14 = Burmese	
		03 = Vietnamese	15 = Cantonese	
		04 = Khmer	16 = French	
		05 = Laotian	17 = Mandarin	
		06 = Russian	18 = Swahili	
		07 = Somali	19 = Yoruba	
		08 = ASL (American Sign Language)	20 = Korean	
		09 = Amharic	21 = Karen	
		10 = Arabic	97 = Unknown	
		11 = Serbo-Croatian	98 = Other Non-English	
11	**Secondary Language**	*Identifies the secondary language the Consumer prefers to speak for CCBHC services.*		Verify that the code submitted for the consumer is one of the codes available.

FIELD #	FIELD NAME	BRIEF DESCRIPTION		Quality Check
		00 = English	12 = Oromo	*Ex. Entering a code of 30 would not be valid because it is not one of the available language codes.*
		01 = Spanish	13 = Tigrinya	
		02 = Hmong	14 = Burmese	
		03 = Vietnamese	15 = Cantonese	
		04 = Khmer	16 = French	
		05 = Laotian	17 = Mandarin	
		06 = Russian	18 = Swahili	
		07 = Somali	19 = Yoruba	
		08 = ASL (American Sign Language)	20 = Korean	
		09 = Amharic	21 = Karen	
		10 = Arabic	97 = Unknown	
		11 = Serbo-Croatian	98 = Other Non-English	
12	Veteran/Military Status	*Identifies if the Consumer is a Veteran or is in Active Duty status* 1 = Neither 5 = Active Duty Military 6 = Prior Military Service/Veteran 9 = Unknown		Verify that the code submitted for the consumer is one of the codes available. *Ex. Entering a code of 7 would not be valid because it is not one of the available veteran/military status codes.*
13	CCBHC Start Date for Current Consumer	*Identifies the date a current Consumer received first CCBHC service (MM/DD/YYYY) starting 7/1/17*		Enter the date that a current consumer received their first CCBHC service. The date should be on or after 7/1/2017. Should be blank for a consumer with a status of "New Consumer" or "01"

FIELD #	FIELD NAME	BRIEF DESCRIPTION		Quality Check
				Ex. Entering a date of 6/1/2017 would not be valid because the demonstration starts on 7/1/2017.
14	**Date of First CCBHC Contact for New Consumer**	*Identifies the date a new Consumer first contact CCBHC to receive service (MM/DD/YYYY) starting 7/1/17*		Enter the date that a new consumer received their first CCBHC service. The date should be on or after 7/1/2017. Consumers with a status of "Continuing Consumer" or "02" may also have this date filled out.
				Ex. Entering a date of 6/1/2017 would not be valid because the demonstration starts on 7/1/2017.
15	**Date of Initial Evaluation for New Consumer**	*Identifies the date a new Consumer received their Initial Evaluation (MM/DD/YYYY) starting 7/1/17*		Enter the date that the CCBHC consumer received their initial evaluation. The date should be on or after 7/1/2017 or the date of certification.
				It is possible that a new consumer was seen on 7/1/2017 or the date of certification and received their initial evaluation on the same day. However, it is expected that most initial evaluations will be completed after 7/1/2017 or the date of certification.
				Consumers with a status of "Continuing Consumer" or "02" may also have this date filled out.

FIELD #	FIELD NAME	BRIEF DESCRIPTION		Quality Check
16	Consumer Status	*Indicates the Consumer's CCBHC status at the time of reporting*		Enter the consumer status of the consumer during the reporting period. Verify that the code submitted is one of the codes available.
		01 = New Consumer	21 = Consumer moved or relocated	
		02 = Continuing Consumer		
		03 = Intervention Episode (Crisis only)	22 = No contact with Consumer	
			32 = Consumer was incarcerated, Jail	*Ex. Entering a code of 04 would not be valid because it is not one of the available consumer status codes.*
		11 = Consumer completed treatment		
		12 = Transferred to same level of service	41 = Death-suicide	
		13 = Transferred to higher level of service	43 = Death–not suicide or unknown	
		14 = Transferred to lower level of service	62 = Other specified reasons	
17	Date of Consumer Status	*Indicates the date of the Consumer's CCBHC status.*		Enter the date that the consumer's status was obtained from the consumer. The date should be on or after 7/1/2017 or the date of certification. *Ex. Entering a date of 6/1/2017 would not be valid because the demonstration starts on 7/1/2017.*
18	Received Peer Service	*Whether Consumer received some Peer Service in CCBHC as of status date.* 0 = No 1 = Yes		Enter whether the consumer received some peer service in the CCBHC during the reporting period.
19	Received Telemedicine Service	*Whether Consumer received some Telemedicine Service in CCBHC as of status date.* 0 = No		Enter whether the consumer received some telemedicine service in the CCBHC during the reporting period.

FIELD #	FIELD NAME	BRIEF DESCRIPTION	Quality Check
		1 = Yes	