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Text File Record Layout – General Upload

The succeeding pages provide the Client-Level text file record layout.

For fields layout specific to mobile crisis reporting, see *MHIS Crisis Batch File Layout (PDF)* under **Crisis Reporting Resources** on the webpage linked below.

Batch templates for current text file layouts can be found at https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/mhis-technical-assistance/.

Client Level Data Record Fields Layout – General (non-mobile crisis)

HEADER RECORD: Only one header record is reported per data file and should be submitted along with the rest of the client record.

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
Provider reporting period	H1	H(39)	Identifies the provider, reporting year and period (**06** for January–June or **12** for July–December). YYYY_Timeperiod,NPI,Zip,Taxonomy Example: 2019_06, 1234567891,123456789,1234567891

CLIENT-LEVEL DATA RECORD FIELDS LAYOUT

FIELD NAME	FIELD #	FORMAT	BRIEF DESCRIPTION
NPI/UMPI	C1	X(10)	Unique identifier of the provider
Zip-code	C2	X(9)	Program location zip + 4 code
Taxonomy	C3	X(10)	Taxonomy codes distinguish providers hierarchically, by type, classification, and specialization
Payment Source	C4	X(1)	Identify the public payment source for treatment services
PMIN	C5	X(8)	Unique MHCP identifier of the client – leads with zero
SMI Number	C6	X(9)	Unique SMI identifier of the client
AMH ID	C7	X(8)	Unique AMH identifier of the client
Date of Birth	C8	X(10)	Identifies the date the client was born
Client Status	C9	X(2)	Indicates the client's status at the time of reporting
Start Date	C10	X(10)	Identifies the date the client started services
End Date	C11	X(10)	Identifies the date the client completed treatment or last day client received services
Program/Treatment	C12	X(10)	Indicates the type of mental health treatment program(s) from which the client received services throughout the reporting period
Legal Status	C13	X(2)	Identifies client legal status at time of status
Team Code	C14	X(2)	Identifies the code associated with the agency specific team name

Gender	C15	X(1)	Identifies the gender of the client
Race	C16	X(5)	Identifies the race of the client
Ethnicity	C17	X(1)	Identifies whether the client is of Hispanic origin or not
County of Residence	C18	X(3)	Identifies the county the client resides
Reside on Reservation	C19	X(2)	Identifies the reservation the client resides
Tribal Enrollment	C20	X(2)	Identifies the client's tribal enrollment
Residential Status	C21	X(2)	Identifies the client's living arrangement at time of status
Employment Status	C22	X(2)	Specifies the client's employment status
Education Enrollment Status	C23	X(1)	Specifies the education enrollment status
Education Level Completed	C24	X(2)	Specifies the highest education attainment completed = for all adult clients, whether currently in school or not
Housing Status	C25	X(1)	Specifies a person's housing or homeless status in addition to any overlapping residential status
Veteran/Military Status	C26	X(1)	Identifies if the client is a Veteran or is in Active Duty status
VA Mental Health Services	C27	X(1)	Identifies if the Veteran or Active Military client is receiving services from Veteran Affairs provider
Children under 18 years of age	C28	X(1)	Identifies if the client has children under the age of 18
Children age Range(s)	C29	X(3)	Identifies the age range(s) of the minor children
Children reside with the client	C30	X(1)	Identifies whether any of the minor children reside with the client
Children have Special Needs	C31	X(1)	Identifies whether any of the minor children have special needs
DA Date	C32	X(10)	The date the Diagnostic Assessment was completed
Wanting/Planning to Move	C33	X(1)	Identifies if a person is wanting or planning to move
Barriers to Moving	C34	X(10)	Specifies housing barriers when a person wants or plans to move
Housing Preferences	C35	X(10)	Specifies housing preferences when a person wants or plans to move
Employment Type	C36	X(2)	Specifies the client's employment type if employed
Hours Satisfaction	C37	X(1)	Specifies the client's rated satisfaction with current hours.
Pay Satisfaction	C38	X(1)	Specifies the client's rated satisfaction with current pay.
Work Type Satisfaction	C39	X(1)	Specifies the client's rated satisfaction with current type of work.
Work Concerns/Barriers	C40	X(10)	Specifies the client's concerns/perceived barriers for competitive work
Blank Field	C41	Null	Blank field
Blank Field	C42	Null	Blank field
Substance Abuse Screening	C43	X(1)	Outcome of Substance Abuse Screening
LOCUS Composite Score	L1	N(2)	Add up the scores from each dimension in order to determine the composite score
LOCUS Assessment Date	L2	X(10)	This is the date the LOCUS Assessment was completed and signed by the Mental Health Professional

LEVEL of care / service match LOCUS score	L3	X(2)	Identifies level of care / service is different level of care form LOCUS
Age client received first Mental Health service	D1	N(2)	Age client first received any type of mental health service
Number of years client received DBT services	D2	X(2)	Total number of years client received any treatment the client refers to as DBT treatment
Borderline Symptom List total score	D3	N(2)	Enter total score of 23-item client self-report of symptoms
Borderline Symptom List – Supplemental total score	D4	N(2)	Enter total score of 11-item client self-report of behaviors
Medical admission for self-harm injuries – days	D5	N(3)	Number of days the client was on an inpatient medical unit for self-harm medical injuries-previous 6 months
Medical admission for self-harm injuries – times	D6	N(3)	Number of episodes the client was seen on an inpatient medical unit for self-harm medical injuries-previous 6 months
Emergency room visits for behavioral issues	D7	N(3)	Number of episodes the client presented at an urgent care or emergency room for psychiatric reasons, including self-harm/threats of self-harm-previous 6 months
Suicide attempts	D8	N(3)	Number of suicide attempts or threats-previous 6 months
Non-suicidal self-injuries	D9	N(3)	Number of self-harm episodes-previous 6 months
Average hours per week in School	D10	X(1)	Average number of hours per week client participates in educational activity-previous 30 days-previous 6 months
Average hours per week doing Volunteer Work	D11	X(1)	Average number of hours per week that client participates in volunteer work activity-previous 30 days
Average hours per week Employed	D12	X(1)	Average number of hours per week client participates in employment work activity-previous 30 days
Blank Field	R1	Null	Blank field
Blank Field	R2	Null	Blank field
Health Indicator Optional Data	T1	X(1)	Specifies the provider is reporting Health Indicator fields
General Physical Exam Date	T2	X(10)	Specifies the client’s physical exam date
Height/Weight Date	T3	X(10)	Specifies the client’s height/weight access date
Height in inches (round up)	T4	X(2)	Specifies the client’s height
Weight (round up)	T5	X(3)	Specifies the client’s weight
Blood Pressure Date	T6	X(10)	Specifies the client’s blood pressure access date
Systolic blood pressure	T7	X(3)	Specifies the client’s systolic number
Diastolic blood pressure	T8	X(3)	Specifies the client’s diastolic number
LDL Date	T9	X(10)	Specifies the client’s LDL test date
LDL	T10	X(1)	Specifies the client’s LDL level
Blood Sugar Date	T11	X(10)	Specifies the client’s Blood Sugar test date
Blood Sugar Level	T12	X(1)	Specifies the client’s blood sugar level
Tobacco Use Date	T13	X(10)	Specifies the client’s tobacco use access date
Tobacco Use	T14	X(1)	Specifies the client’s tobacco use
Alcohol Use Date	T15	X(10)	Specifies the client’s alcohol use access date

How many days per week did the client drink	T16	X(1)	Specifies the client's weekly alcohol use
Average # of drinks per day	T17	X(2)	Specifies the client's daily alcohol use
Total # of drinks on given occasion	T18	X(2)	Specifies the client's number of drinks
DSM 5 Primary (ICD-10)	S1	X(8)	Specifies the client's current clinical disorders, including major mental disorders, learning disorders and Substance Use disorders per specified assessment in Diagnosis Assessment Date guideline.
DSM 5 Secondary (ICD-10)	S2	X(8)	Specifies the client's current clinical disorders, including major mental disorders, learning disorders and Substance Use disorders per specified assessment in Diagnosis Assessment Date guideline.
DSM 5 Tertiary (ICD-10)	S3	X(8)	Specifies the client's current clinical disorders, including major mental disorders, learning disorders and Substance Use disorders per specified assessment in Diagnosis Assessment Date guideline.
WHODAS 2.0 Score (12-item version)	S4	X(3)	Specifies the client's current WHODAS 12-item version score per specified assessment in Diagnosis Assessment Date field.
WHODAS 2.0 Score (36-item version)	S5	X(3)	Specifies the client's current WHODAS 36-item version score per specified assessment in Diagnosis Assessment Date field.
Grant Funding Reason	Z1	X(1)	Identify the reason why grant funding was used for all or part of the payment source.
Grant Type	Z2	X(7)	Identify the grant(s) that fund all or part of the services indicated on the client record
CSP Direct Services	Z3	X(10)	Identify up to 5 CSP Direct Services
CSP Direct Subsidies	Z4	X(10)	Identify up to 5 CSP Direct Subsidies
CSP Outreach Services	Z5	X(3)	Identify up to 3 CSP Outreach Services