AMHI/CSP GRANTS
FREQUENTLY ASKED QUESTIONS FOR MHIS

DATE
April 25, 2017

PURPOSE
To address frequently raised questions about accessing and entering data into the Mental Health Information System (MHIS) about Adult Mental Health Initiative (AMHI) and Community Support Programs (CSP) grant funding service recipients.

CONTACT
If you have further questions, please contact Cortney Jones.
Phone: 651.431.4206
Email: Cortney.jones@state.mn.us

RELEVANT PARTIES
Counties, AMHIs, tribal nations, and other providers delivering services funded by Community Support Programs (CSP) and Adult Mental Health Initiative (AMHI) grants that will report 2017 client level data into MHIS, or manage contracts for providers who will reporting into MHIS.

BACKGROUND
In 2016, DHS began collecting client data on those receiving mental health services funded by grants established under the Minnesota Comprehensive Adult Mental Act, Minn. Stat. 245.461 to 245.486. This collection effort provided data for a newly required biennial legislative report on mental health initiatives and other targeted services grants. First completed in November 2017, this report included information on programs and services funded, gaps in services, and outcome data for programs and services. Reported data also helped meet requirements under Minn. Stat. 245.482, Reporting and Evaluation.

In 2016, the "AMH Grant Reporting Tool" spreadsheet collected county, initiative, and tribal data reports. Many reporters raised concerns about the duplicative nature of reporting with existing data collection systems. To better utilize existing reporting systems, DHS is shifting reporting in 2017 from spreadsheets to two different data collection systems, SSIS and MHIS.

Providers may report using either MHIS or SSIS. If providers do not already have SSIS access, they may need to use MHIS. Reporters using the spreadsheet may continue to do so though the June 30, 2017. As of July 1, 2017 reporting period, and then reporting should shift to MHIS, SSIS, or a combination of both.

In January and February, DHS hosted a series of MHIS training sessions for providers – planning to use MHIS starting in 2017. During and after these sessions, a number of technical questions were raised, which this document answers.

AMHI/CSP Grants MHIS FAQ

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DEPARTMENT OF HUMAN SERVICES

AMHI/CSP Grants MHIS FAQ

QUESTIONS

Q1: What is the timeline for data reported into MHIS?

A1: The timeline for reporting into MHIS follows one of two tracks. For the reporting period **Jan. 1 to June 30, 2017**, client data should be reported one of three ways:
1) MHIS,
2) Special study indicator in SSIS, or
3) "2017_AMH_Grant Reporting_Tool_v1" Spreadsheet.

For the second reporting period, **July 1 to Dec. 31**, all providers must switch to MHIS and SSIS.

Each provider should work with their mental health grant contract holder (county, initiative, or tribe) to determine which reporting method will be used for the first reporting period Jan. 1 to June 30, as well as the second reporting period July 1 to Dec 31.

Spreadsheet. If your organization and county agree you will report via spreadsheet through June 30, MHIS or SSIS reporting would begin for the July 1 to Dec. 31 reporting period. You should complete the spreadsheet for services Jan. 1 to June 30, 2017.

MHIS. If your organization will report into MHIS as of Jan. 1, the next step is to determine whether you will report in real-time or batch.
1) Real-time reporting happens continuously throughout the reporting period as clients are admitted to services and leave services. If a client is already admitted and does not leave services within the reporting period, at least one update per client should be entered 180 days after the first entry or most recent client entry, whichever is later.
2) Batch reporting can be completed once for the entire reporting period, or by monthly or quarterly reporting intervals. After your organization elects a frequency for your batch reports, your reports are due at the end of the next month following the end of the reporting period. For example, if your organization elects quarterly batch reporting, then the first report is due April 30, 2017 for the first quarter. If your organization selects 6 month batch reporting, July 31, 2017 is the first due date.

SSIS. If you have access to SSIS, you may report in SSIS for the Jan. 1 to June 30, 2017 reporting period using the new AMHI and CSP special study indictors. Special Study Instructions are available by emailing Cortney.jones@state.mn.us. If you do not currently have access, please consult with your contract holder to determine if SSIS is an option.

Q2: Is MHIS data reported directly online, or via an upload option? Should our organization report online or using batch reporting?

A2: MHIS reporting may either be reported online in real time within 30 days of a status change, or via batch upload submissions that may be completed monthly, quarterly, or biannually.

Depending upon the number of clients you serve, online or batch entry may be easier.
- **Batch Reporting:** If you have more than 50 clients, DHS recommends batch reporting. MHIS has an Upload tab, which is completed by the provider submitting a comma delimited text file (please note excel files can be saved as this file type).
    - Batch reporting files are due to DHS by the 31ˢᵗ calendar day following the end of the reporting period.
    - A sample batch reporting spreadsheet is available.
- **Online Reporting:** If you have fewer than 50 clients, reporting online would likely be most efficient. The MHIS is an individual web-based data entry system, where you complete multiple tabs of information for each of your clients.
    - Complete a status report in MHIS within 30 days of the date of the status change.

Regardless of how you enter data, client records may be updated/edited via real-time for up to 60 days after the submission date.

Additional information about real-time and batch uploading is available at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision SelectionMethod=LatestReleased&dDocName=MHIS_04.

Q3: What data points must providers collect and report on for grant funded services?

A3: The required data points for each tab is as follows (the quick sheet is also available which contains both data points and answers that may be downloaded at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=Late stReleased&Rendition=Primary&allowInterrupt=1&dDocName=dhs16_169975.)

Provider Information
1) NPI/UMPI
2) Zip code (where services are rendered)
3) *Taxonomy* (if available)

More information is available about Provider Information at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision
SelectionMethod=LatestReleased&dDocName=MHIS_050101.

Client Demographics
1) Payment Source
2) Reason Grant Funded
3) Specify Grant Type
4) At least one type of ID:
    a) Patient Master Index (PMI) ID,
    b) Shared Master Index (SMI) ID, or
    c) Alternative Mental Health (AMH) ID (available if client has neither an PMI or SMI).
5) Date of Birth
6) Client Status
7) Status Update Date
8) Start Date
9) *End Date* (after client ends services)
10) Current Program / Treatment (pick up to 5)
11) Legal Status (at time of reporting)
12) Gender
13) Race
14) Ethnicity (optional)
15) County of Residence
16) Resides on Reservation (if applicable, may be left blank)
17) Tribal Enrollment (if applicable, may be left blank)

More information is available about Client Demographic Information at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision
SelectionMethod=LatestReleased&dDocName=MHIS_050102.

Client Outcomes
1) Residential Status (required)
    a. Optional Housing questions for all services but ACT, FACT, Youth ACT, or ARMHS only; and TCM starting July 1:
        i. Housing Change
        ii. Barriers to moving
        iii. Housing Preferences/Needs
        iv. Housing Status
2) Employment Status (required)
    a. Optional Employment questions for all services but ACT, FACT, Youth ACT, or ARMHS only; and TCM starting July 1:
        i. Employment type

    ii. Rate satisfaction with current hours
    iii. Rate satisfaction with current pay
    iv. Rate satisfaction with current type of work

3) <u>Educational Enrollment Status</u> (required)
4) <u>Highest Level of Education Completed</u> (required)
5) Other Optional Questions:
    a. Number of arrest in prior 30 days (retired as of July 1/may leave blank)
    b. Veteran / Military Status (optional)
    c. Is Veteran receiving VA Mental Health Services (if applicable)
    d. Children Under 18 Years of Age? (optional)
    e. Children Age Range (if applicable)
    f. Children Reside with Client (if applicable)
    g. Children have Special Needs (if applicable)

More information on Client Outcomes is available at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision SelectionMethod=LatestReleased&dDocName=MHIS_050103.

Diagnostic Assessment and Substance Screening

Please note that additional information about DAs is available in the next question.

1) First select either the DSM 4 or DSM 5 Tab (only select one)
    a. <u>Diagnosis Assessment Date</u>
    b. DSM 4 Specific Questions
      i. <u>Axis 1 Clinical Disorders – One, Two & Three</u>
      ii. <u>Axis II Personality Disorders – One, Two & Three</u>
      iii. <u>Axis III General Medical Conditions – One, Two & Three</u>
      iv. <u>Global Assessment of Functioning (Adults)</u>
    c. DSM 5 Specific Questions
      i. <u>Primary level diagnosis</u>
      ii. <u>Secondary level diagnosis</u>
      iii. <u>Tertiary level diagnosis</u>
      iv. <u>WHODAS 2.0 Score (12-item version)</u> (If required for your service)
      v. <u>WHODAS 2.0 Score (36-item version)</u> (if required for your service)
      vi. <u>Substance Abuse Screening</u> (conducted at time of DA or DA update)

More information on Diagnostic Assessment and Substance Screening is available at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision SelectionMethod=LatestReleased&dDocName=MHIS_050108 and in the next question.

All other tabs not mentioned relate to services already reporting into MHIS and therefore new grant reporters should not be impacted.

Q4: Do we need to change our Diagnostic Assessment schedule for MHIS reporting?

A4: MHIS follows your organization's current schedule. A DA assessment or DA update is required every year, based upon the services normal DA schedule. Generally, MHIS requires *new diagnosis assessments* are conducted when:
1) The adult does not meet the criterial for a brief diagnosis assessment or an *adult diagnosis assessment update*,
2) Following the initial diagnostic assessment for an adult who received mental health services based upon that service's normal schedule,
3) When the adult's mental health condition has changed markedly since the adult's most recent diagnostic assessment, or
4) When the adult's mental health condition does not meet criteria of the current diagnosis.

If these criteria do not apply, an *adult diagnosis assessment update* must be completed at least *annually*, which updates the most recent standard or extended diagnostic assessment.

A few treatment types have additional requirements for new clients:
1) *IRTS Providers, within five days of admission*, must either complete a diagnostic assessment OR an adult diagnostic assessment update. An update may only be completed IF the assessment was completed within 180 days of the client's admission. Assessments must be signed and dated by a MH professional meeting Minn. Stat. section 245.462, subdivision 18 requirements.
2) *ARMHS and ACT providers, within five days of the client's second visit or within 30 days of intake* (whichever comes first), must complete a diagnostic assessment OR an adult diagnostic assessment update. An update may only be completed when a referential diagnostic assessment is available from within three years of admission that reflects the client's current status. If the client's mental health status has significantly changed since last assessment, a new assessment is required.

If the client is not engaged with traditional mental health services prior to record entry, or service doesn't regularly collect this data (i.e., transportation services), then enter 01/01/1900 as the Diagnostic date, 999.9997 (unknown) for the primary level diagnosis. Providers should update fields one they collect information from a Mental Health Provider, when the client engages or a diagnostic assessment is complete.

Additional information on MHIS diagnostic assessment requirements is available at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=MHIS_050104 and at

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision SelectionMethod=LatestReleased&dDocName=MHIS_0502.

Q5: Does DHS have a suggested format for collected data to improve efficiency?

A5: MHIS offers the following general guidance to improve efficiency of data collection and agencies are encouraged to observe best practices in data collection such as:

1. Collecting client status at time of completing treatment;
2. Judicious and timely implementation of agency discharge policy, including administrative discontinuances; and
3. Consistent and frequent update of client status.

How the data is collected and in what format varies from provider to provider based upon the organization, service provided, and how client data is already tracked.

DHS recommends providers:

1) Identify which elements are not collected by their data collection system;
2) Examine the data collection system currently in place – ask can questions be added to the current system?
3) In instances where there is no existing data collection system or the existing database cannot be easily altered to ask new questions, other methods have included:
   a. Using MHIS as a database to track client data. This is a common practice among crisis providers, who generally see clients and then immediately close files. These providers will often open MHIS and update it as services are being provided, and then enter both a start and end date for services.
   b. Some providers have created paper or electronic forms that clients complete before or while receiving services.
      i. If no existing database elements are included, these forms are based upon the required elements (which are detailed in Q3), which are later entered into MHIS or into an excel spreadsheet for batch upload.
      ii. If some information is already collected, make sure you have an easy way to align answers from your form with your database using an agreed upon identifier such as DOB with another piece of data, or client IDs.

Q6: Is LOCUS required?

A6: LOCUS scores are only needed for services that already require LOCUS scores, which are ACT, ARMHS, and IRTS.

Additional information about LOCUS scores is available here:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision
SelectionMethod=LatestReleased&dDocName=MHIS_050105.

Q7: May providers report on multiple services within the same submission?

A7: Yes, you may enter up to 5 services. Only select services you directly provide or administer. If you select "Community Support Programs," you will also be asked to select additional services in the CSP tab.

Q8: Do we need to report on clients that are seen in drop-in centers only once?

A8: Yes, all grant funded clients should be reported into MHIS. To make entry into MHIS easier for clients only seen once, some providers enter MHIS client data as they are seeing the client and then at the end of the visit, the MHIS record is closed.

Q9: How should general case management be reported into MHIS?

A9: *For our first reporting period Jan. 1 to June 30*, general case management services should be reported by selecting "Community Support Programs" and then in the CSP tab by selecting "Other Miscellaneous CSP Services" under "Direct Services." You may also select other services provided by your organization to the client.

After July 1, case management will be a standalone service that may be selected from the client demographics tab.

Q10: For the first reporting period, MHIS will not allow me to select some services by themselves, what should I do?

A10: For the first reporting period only certain MHIS service programs may be selected as standalone services. MHIS was originally established to report on a subset of core services. Additional services could only be selected if a core service was first being provided. Examples of services that currently may not be selected by themselves include Diagnostic Assessment, Daytime Treatment, and Medication Management.

For the first reporting period, Jan. 1 to June 30, 2017, *if you provide a grant funded service that cannot be selected by itself, please select the service provided AND "02*

Community Support Programs" and then in CSP tab select *"Other Miscellaneous CSP Services"* under *"Direct Services."*

After July 1, 2017, *you may select all MHIS services by themselves or in combination with other services*, so do not need to also select "02 Community Support Programs," unless you also provide CSP services.

Q11: If we are not a MHIS user – how do we get access?

A11: The first step to MHIS access is procuring a provider identification number. If your organization is eligible for National Provider Identifiers (NPI), please visit http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000090 and scroll to "Get a Provider Identification Number" for more information. If you are not eligible for a NPI, you may apply for a Unique Minnesota Provider Identifier (UMPI). An attachment called "Registering as an EDI Trading Partner" is included with the FAQ email you received. Please follow those instructions.

If you have questions or problems acquiring a UMPI, you may contact:
<u>*Provider Call Center*</u>

For questions about fee-for-service coverage policies and billing procedures provided to [Minnesota Health Care Programs (MHCP)](#) recipients, contact the Provider Call Center or email [Healthcare-Providers](#).

Hours: 8:00 a.m. to 4:15 p.m. Monday through Friday

Voice: **651-431-2700** or **800-366-5411 (Press 5 for enrollment questions)**

TTY: 711 or 800-627-3529

Once you have your NPI or UMPI, you may contact the Provider Call Center again to request access to MN-ITS and MHIS, as well as to assist with technical issues accessing both. Dial the number above and enter 1 to reach a call center representative through a NPI, 2 for an UMPI starting with "A," and 3 for an UMPI starting with "M."

More contact and information about the MCHP Provider Call Center is available at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000089.

Q12: How do we request IDs for clients who do not currently have a PMI or SMI ID? Also, how do we track AMH IDs within a provider?

A12: DHS requires all providers to first use client PMIs (written on client MCHP card or available in MN-ITS under "Eligibility Request" through use of identifying information such as DOB and Social Security #), or work with the county to determine if an SMI ID exists. However, some clients have neither a PMI nor SMI ID.

While DHS hopes to have a web tool for look up and create SMI IDs, for the time being AMH IDs may be created for clients without another ID type.

AMH IDs are 8 digits long, and the first 4 digits are your provider code assigned in the email from DHS. If you do not have a provider code for AMH IDs, please email dhs.amhis@state.mn.us or complete the MHIS question submission tool under resources in MHIS. The last 4 digits are assigned to clients by you.

After a number is assigned to a client, your organization should only report on that client using that number in future reporting periods. So, for instance, if client "Wally Watkins" is assigned the number 25640001 and receives services the following year, this ID should be used both reporting periods. If Wally Watkins were to stop receiving services, his ID would **not** be assigned to another person. If while serving Wally, he becomes eligible for MCHP and receives a PMI, your organization may email dhs.amhis@state.mn.us to update his ID type and number.

DHS advises organizations create a database or list of assigned AMH IDs for the purposes of not repeating ID numbers and also being able to use existing IDs for returning clients.

Q13: What our organization do if a client becomes eligible for a PMI, after we've been using an AMH ID?

A13: By using either the "MHIS question submission tool" under resources in MHIS or by email to dhs.amhis@state.mn.us send the following information and we will update the client in our system:
1) AMH ID #
2) New PMI or SMI ID #
3) Client start date in MHIS

Q14: Should an organization that only provides transportation, subsidies, housing, etc. services report?

A14: Ultimately, all grant funded services for clients need to be reported. However, DHS recognizes that certain grant funded services are not delivered by mental health providers (i.e., some (but not all) transportation, housing, employment, flex fund providers). In those instances, we've establish a question flowchart to direct who should report the provided services.

Non-Mental Health Provider Reporting Flowchart

1) ***Are you a mental health provider?***

   a) <u>If yes</u>, you should be reporting into MHIS. *STOP HERE.*
   b) <u>If no</u>, *go on to the next question.*

   > ***Justification***: If you are a mental health provider, you should be collecting information necessary to report into MHIS.

2) ***Do you determine if an individual is eligible for grant funded services?***

   a) <u>If yes</u>, you should be reporting into MHIS. *STOP HERE.*
   b) <u>If no</u>, *go on to the next question.*

   > ***Justification***: Use of CSP and AMHI funds requires individuals have a serious mental illness (SMI). If your organization is determining eligibility, then it is already collecting and verifying sensitive health data. Your organization may need to add questions to your intake process, however, such as housing and employment status. Please see the earlier question about MHIS data components.

3) ***If another organization determines eligibility and refers eligible clients to your service, how does that organization receive a verification of clients receiving services?***

   a) We bill the organization for services for specific clients. – *You do not need report into MHIS<u>, however, you should confer with the organization you bill so that they complete required reporting through MHIS or SSIS.</u>*
   b) We bill the referring organization in bulk for services provided, but do not specify who received services – *You either need to switch your billing to include client lists, or work to collect additional data so you may report into MHIS. <u>Please confer with the referring organization to establish a plan.</u>*
   c) Neither of the above – *please consult with DHS further to establish a best reporting practice. We will likely recommend you work further with the referring provider to determine who is better positioned to complete reporting.*

Justification: In order for a referring organization to report on clients you serve, they must have data from you about services provided over the last 6 months. Otherwise, they would be unable to accurately capture who received services, for instance, where clients were referred for services, yet receive none.

Q15: Why does MHIS use different categories of service than the application BRASS codes?

A: MHIS is a service based reporting service, so to use the existing system required a service based method of reporting. Additionally, certain BRASS codes cover a wide range of services. In the interest of better reporting on these BRASS codes, the most frequently mentioned services in applications are split out in our CSP tab. A cross walk of each service to corresponding BRASS code is below, including a second table of the CSP tab services.

MHIS Service to BRASS Code Crosswalk

MHIS Program/Treatment Option	BRASS Code Equivalent
01 ARMHS: Adult Rehabilitative Mental Health Services	446x Basic Living/Social Skills and Community Intervention
02 ACT: Assertive Community Treatment	438x Assertive Community Treatment (ACT)
06 CSP: Community Support Program Services	*Many – See Table 2*
08 Crisis Residential	436x Adult Residential Crisis Stabilization
*09 Day Treatment	468x Adult Day Treatment
*10 Diagnostic Assessment	408x Adult Outpatient Diagnostic Assessment/Psychological Testing
11 DBT: Dialectical Behavioral Therapy IOP	
13 HWS: Housing with Supportive Services	
15 IRTS: Intensive Residential Treatment Services	474x Adult Residential Treatment
*16 Medication Management	454x Medication Management
*17 Outpatient Psychotherapy	452x Adult Outpatient Psychotherapy
*18 Partial Hospitalization	469x Partial Hospitalization
*19 Peer Support Services	420x Peer Support Services
20 MH-TCM: Mental Health Targeted Case Management	491x Rule 79 Adult Targeted Case Management Services
21 State-Operated Inpatient	Not an eligible grant service.
*22 Supported Employment	437x Supported Employment
23 Crisis Assessment	451x Emergency Response Services and 431x Adult Mobile Crisis
24 Crisis Intervention	451x Emergency Response Services and 431x Adult Mobile Crisis
25 Crisis Stabilization	436x Adult Residential Crisis Stabilization
27 Ethnic Minority Treatment Services	Not an eligible grant service.
28 BHH: Behavioral Health Homes	Not an eligible grant service.

29 Forensic ACT	438x Assertive Community Treatment (ACT)
30 CTSS: Children's Therapeutic Services & Supports	Not an eligible grant service.
31 Outreach Services (HWS)	403x Outreach**
32 Tenancy Services (HWS)	Some 443x and 434x services**
33 Housing Sustaining Services (HWS)	Some 443x and 434x services**

*For Jan. – June reporting period these are not standalone services, which mean you may only select one if you also select another service. If you need to enter one of these services without another standalone service, please select "06" and the other service. Then select "Other Misc. CSP Service" as your CSP service on the CSP tab. Starting July 1, these are standalone.

**To select 31 – 33 services, you must also select 13 HWS

CSP - Community Support Programs Service Tab BRASS Code Crosswalk

Direct Services	
Independent Living Skills Training and Education	446x Basic Living/Social Skills and Community Intervention
Socialization Skills Training and Education	446x Basic Living/Social Skills and Community Intervention
Benefit Application Assistance	434x Other CSP Services
Clubhouse/Drop-in Center	434x Other CSP Services
Jail Transitional Services	434x Other CSP Services
CSP Medication Monitoring	434x Other CSP Services
In Home Visits & Wellness Checks	434x Other CSP Services
Social Activities	434x Other CSP Services
Rules 20 Discharge Planning	434x Other CSP Services
Other Misc CSP Services	434x Other CSP Services
Direct Subsidies	
Transportation Passes/Payments/Repairs	416x Transportation
Rent/Mortgage Subsidies	443x Housing Subsidy
Utilities Subsides	443x Housing Subsidy
House Care Supplies & Services	443x Housing Subsidy
Clothing	418x Client Flex Funds
Food	418x Client Flex Funds
Misc Medical/Dental Expenses	418x Client Flex Funds
Misc Living Expenses	443x Housing Subsidy
Outreach Services	
Jail-Based Outreach & Services	403x Client Outreach
Mental Health Needs & Eligibility Assessment	403x Client Outreach
Other Outreach Services	403x Client Outreach

Q16: How do we remove clients from monthly reports if they switch programs, for instance if a client moves from ARMHS to ACT services?

A16: The initial record (in this example, the ARMHS record) would first have to be updated by entering:

1) Client Status: Either client completed treatment or another applicable discontinuance code selected from the Client Status list.
2) End date for ARMHS services entered.

Once the first record is updated and closed, a record can be created for the new service (in this example, ACT).

Q17: How much increased workload should existing MHIS reporters expect under the new reporting scheme?

A17: There is not a definitive equation for assessing workload to enter the new clients and data. Existing reporters' workloads may change very little or significantly depending upon the types of services provided, and how current reporting is completed.

If reporters are only providing existing MHIS required services, reporting would likely remain the same. Data reporting would only expand if 02 CSP services are being provided as secondary services. As of Jan. 1, these reporters would have a new tab of CSP services, which asks for additional detail about the type of CSP services being provided (see question 15, table 2 CSP crosswalk).

If reporters have new service areas to report into MHIS, reporting burden will be impacted by a number of factors:
1) How many new clients will be reported? Are data elements per client equal to or less than current services? For instance, current ACT clients have more data elements to report on, than new grant funded day treatment clients. As mentioned in Question 3 – the data elements for grant funded clients, not already subject to MHIS reporting, include basic provider information, client demographics, outcomes questions, and DA data, if available. If the elements are less, then the time burden per client will likely be less.
2) Does the provider have an existing system for extracting client data for batch submissions? The efficiency of entering existing data into MHIS will likely impact the ease with which new clients can be entered. We suggest reviewing question 5 to determine if there are additional ways to improve your current data collection and reporting processes.

Q18: How may I receive additional assistance?

A18:
1) If you are having problems ***accessing MHIS or MN-ITS***:

Please contact the ***MHCP Provider Call Center*** at:

(651) 431-2700 (P)
(800) 366-5411 (toll free)

2) If you are having ___technical issues___ with submitting information, please first contact the Provider Call Center above.

If the issue remains unresolved, next you may submit a request through the **MHIS Question Submission Tool**. You may find a link to this tool by clicking on "Resources" and then "MHIS Question Submission Tool" once logged into MHIS. Questions are reviewed and answered 3 times each week. See picture below.
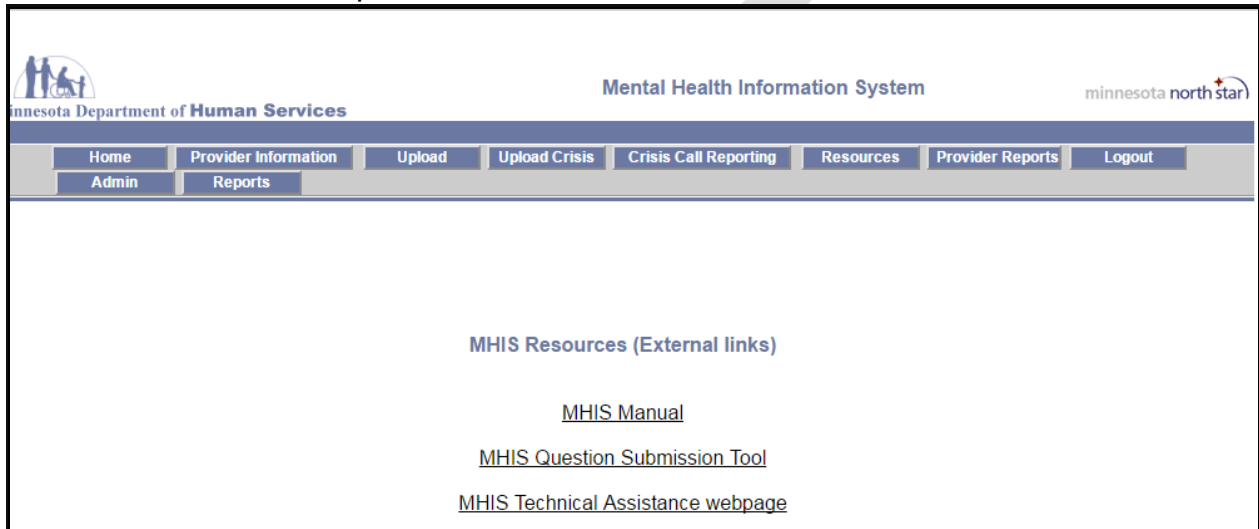
3) If ___issues cannot be resolved using previous measures___, or if you have ___questions about MHIS Reporting Requirements___:

MHIS Reporting Requirements Contact Information

Adult Mental Health

Email: dhs.amhis@state.mn.us

(651) 431-2239 (P)

(651) 431-7566 (F)

4) Also consider signing up for MHIS updates by visiting https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/mhis-technical-assistance/ and scrolling to the bottom of the page. Under "Sign up for Mental Health Information System updates," enter your email address.