Text File Record Layout – Mobile Crisis

The succeeding pages provide the client-level text file record layout for crisis records. All records reported using this layout require a Current Mental Health Program/Treatment = Crisis Assessment (23), Crisis Intervention (24), or Crisis Stabilization (25).

For non-mobile crisis layout, see *MHIS Batch File Layout (PDF)* under **Batch 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/

Crisis Client Level Data Record Fields Layout (mobile crisis specific)

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	CR1	X(10)	Unique identifier of the provider
Zip-code	CR2	X(9)	Program location zip + 4 code
Taxonomy	CR3	X(10)	Taxonomy codes distinguish providers hierarchically, by type, classification, and specialization
Payment Source	CR4	X(1)	Identify the public payment source for treatment services
Reason Grant Funded	CR5	X(1)	Identify the reason why grant funding was used for all or part of the payment source.
PMI	CR6	X(8)	Unique MHCP identifier of the client – leads with zero
AMH ID	CR7	X(9)	Unique AMH identifier of the client
SMI	CR8	X(8)	Unique SMI identifier of the client
Date of Birth	CR9	X(10)	Identifies the date the client was born
Client Status	CR10	X(2)	Indicates the client's status at the time of reporting
Start Date	CR11	X(10)	Identifies the date the client started services
End Date	CR12	X(10)	Identifies the date of the client completed treatment or last day client received services
Program/Treatment	CR13	X(6)	Indicates the type of mobile crisis program(s) from which the client received services throughout the reporting period (Codes 23, 24, or 25)

Gender	CR14	X(1)	Identifies the gender of the client
Race	CR15	X(5)	Identifies the race of the client
Ethnicity	CR16	X(1)	Identifies whether the client is of Hispanic origin or not
County of Residence	CR17	X(3)	Identifies the county the client resides
Reside on Reservation	CR18	X(2)	Identifies the reservation the client resides
Location of initial face-to-face	X1	X(2)	Client's location of initial face- to-face assessment
Primary reason for Intervention assessment	X2	X(1)	Specifies the client's primary reason for intervention
Secondary reason for Intervention assessment	X3	X(1)	Secondary reason for Intervention assessment (optional)
Disposition at the end of Crisis Episode	X4	X(2)	Client's disposition at the end of the current crisis episode (excluding referrals).
Psychiatric Advance Directive	X5	X(1)	Did the client have a psychiatric advance directive prior to receiving services
Psychiatric Advance Directive assistance	X6	X(1)	Was the client offered assistance to develop a psychiatric advance directive?
Client Referral	X7	X(1)	Does client need a referral to other services?
Crisis Referral to Assessment Time	X8	X(1)	Time interval between when the Initial Crisis Referral source referred client to crisis services and the time the face-to-face assessment occurred.
Initial Crisis referral Source	X9	X(1)	Specifies the source from which the client was initially referred to crisis services.
School District	X10	X(7)	If assessment was done at a school, enter the school district.
Services client referred to (1)	X11	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (2)	X12	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (3)	X13	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (4)	X14	X(2)	Specify up to 5 services for which client received an assisted referral.
Services client referred to (5)	X15	X(2)	Specify up to 5 services for which client received an assisted referral.
Grant Type	X16	X(5)	Specify grant type(s) paying for services on the client record.