

MHIS CLIENT LEVEL DATA VALUES QUICK SHEET

Header (batch submissions only) Status Report Period

Reporting Year: YYYY

Reporting Period: 06 (January-June) or 12 (July- December)

Example: 2019_12

NPI/UMPI (10 digits)

Provider's Zip Code (5+ digits) if part of MHCP provider ID.

Provider Taxonomy (10 digits) if part of MHCP provider ID.

Team Code (2 digits) required for ACT and HWS

Payment Source

- [1] Minnesota Health Care Programs (MHCP)
- [2] Grant funding only
- [3] MHCP and grant funding
- [4] Private insurance and grant funding

Reason Grant Funded (If Payment Source=2, 3, or 4)

- [1] Underinsured
- [2] No insurance
- [3] Uninsurable
- [4] Non-MHCP covered service provided

Grant Type (If Payment Source = 2, 3, or 4)

Select all that apply

- [1] CSP
- [2] AMHI
- [3] HWS
- [4] Crisis
- [5] Other State grant
- [6] Whatever It Takes
- [7] Mental Health Innovations

Client ID

PMIN (8 digits)

SMI (9 digits)

AMH (8 digits)

DOB (mm/dd/yyyy)

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

Status Update Date (online entry only) (mm/dd/yyyy)

Current Client Status

- [01] New Client
- [02] Continuing Client
- [03] Intervention Episode (Crisis only)
- [11] Client completed treatment

Discontinuance Codes

- [12] Transferred to same level of service
- [13] Transferred to higher level of service
- [14] Transferred to lower level of service
- [21] Client moved or relocated
- [22] No contact with client
- [32] Client was incarcerated, Jail
- [41] Death-suicide
- [42] Death—not suicide or unknown
- [62] Other specified reasons

Current Mental Health Program/Treatment (Select up to 5)

For mobile Crisis reporting values, see [Crisis Client Level Data Values Quick Sheet](#).

- [01] ARMHS: Adult Rehabilitative Mental Health Services
- [02] ACT: Assertive Community Treatment
- [06] CSP: Community Support Program Services
- [08] Crisis Residential
- [09] Day Treatment (Children's or Adult)
- [10] Diagnostic Assessment
- [11] DBT: Dialectical Behavior Therapy IOP
- [13] Housing with Supportive Services
- [15] IRTS: Intensive Residential Treatment Services
- [16] Medication Management
- [17] Outpatient Psychotherapy
- [18] Partial Hospitalization
- [19] Peer Support Services/Certified Family Peer Specialist
- [20] MH-TCM: Mental Health Targeted Case Management (Children's or Adult)
- [21] State-Operated Inpatient
- [22] Supported Employment
- [26] Youth ACT
- [28] BHH: Behavioral Health Homes
- [29] Forensic ACT
- [30] CTSS: Children's Therapeutic Services & Supports
- [31] Outreach Services (HWS)
- [32] Housing Transition Services (HWS)
- [33] Tenancy Sustaining Services (HWS)
- [34] General Case Management
- [35] Whatever It Takes Grant
- [36] Mental Health Innovations Grant

Legal Status

- [01] Voluntary – Self
- [02] Voluntary – Other (by Guardian, Parent, etc.)
- [03] Civil Commitment MI
- [04] Civil Commitment MI/CD
- [05] Civil Commitment MI/DD
- [06] Civil Commitment MI&D
- [07] Civil Commitment - Sexual
- [08] Civil Commitment - Other
- [09] Court Hold
- [10] Criminal Commitment
- [11] Emergency Hold
- [12] Provisional Discharge
- [13] Rule 20/Competency Restoration
- [99] Unknown

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Demographic and Outcome Data

Gender

- [1] Male
- [2] Female

Race

- [1] American Indian and Alaska Native
- [2] Asian
- [3] Native Hawaiian or other Pacific Islander
- [4] Black or African American
- [5] White
- [6] Some Other Race Alone
- [9] Unknown

Ethnicity

- [1] Not of Hispanic Origin
- [2] Puerto Rican
- [3] Mexican
- [4] Cuban
- [5] Other Specific Hispanic
- [6] Hispanic Origin regardless of race
- [9] Unknown

County of Residence: [see manual for Minnesota's County list](#)

Reside on Reservation

- [01] Bois Forte
- [02] Fond-du-Lac
- [03] Grand-Portage
- [04] Leech Lake
- [05] Lower Sioux
- [06] Mille-Lacs Band
- [07] Prairie Island
- [08] Red Lake
- [09] Shakopee
- [10] Upper Sioux
- [11] White Earth
- [12] Other
- [13] No—doesn't reside on Reservation
- [99] Unknown

Tribal Enrollment

- [01] Bois Forte
- [02] Fond-du-Lac
- [03] Grand-Portage
- [04] Leech Lake
- [05] Lower Sioux
- [06] Mille-Lacs Band
- [07] Prairie Island
- [08] Red Lake
- [09] Shakopee
- [10] Upper Sioux
- [11] White Earth
- [12] Other
- [13] Not Enrolled
- [99] Unknown

Residential Status

- [01] Homeless/Shelter
- [02] Foster care/Foster home
- [03] Residential care
- [04] Crisis residence
- [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
- [20] Psychiatric Residential Treatment Facility
- [21] Intensive Treatment in Foster Care
- [97] Unknown

Housing Status

- [1] Homeless
- [2] At imminent risk of homelessness
- [3] Chronically homeless
- [4] Housed
- [9] Unknown

Housing Informed Choice: Required for ACT, Youth ACT, Forensic ACT, ARMHS, HWS, and MH-TCM. Variables are not collected for program/treatments outside of required list.

At this time person is:

- [1] Wanting or planning to move from current environment
- [2] Not wanting or planning to move from current environment
- [9] Unknown

Barriers to Moving (If person is wanting/planning to move=1) Select up to 5

- [01] None
- [02] Can't meet income requirements
- [03] Concerns for health & safety by legal rep/team
- [04] Credit history
- [05] Criminal history
- [06] Drug/alcohol use
- [07] History of evictions or Unlawful Detainers
- [08] Lack of affordable housing
- [09] Lack of rental history
- [10] Needs housing access assistance
- [11] Personal safety concerns related to available locations
- [12] Security deposit/first-month's rent
- [13] Tobacco use
- [14] Transportation access / public transportation
- [15] Other
- [99] Unknown

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Housing Preferences/Needs (If person is wanting/planning to move=1) Select up to 5.

- [01] None/Prefers not to share (options combined)
- [03] Accessibility to home and all areas of home
- [04] Accommodates desired routines and preferred schedule
- [05] Accommodates my cultural preferences or needs
- [06] Alcohol and/or tobacco use
- [07] Availability of public transportation
- [08] Have a pet
- [09] Location - concerns for personal safety
- [10] Location - to family/friends
- [11] Location - to leisure/entertainment activities
- [12] Location - to shopping, school, doctors, etc.
- [13] Location - to work or jobs
- [14] Own apartment/home
- [15] Roommate(s)
- [16] Space/room for caregiver
- [17] Other
- [99] Unknown

Employment Status

- [01] Employed full-time (≥ 32 hours/week)
- [02] Employed part-time (< 32 hours/week)
- [03] Looking for work/unemployed
- [05] Crew/enclave/group employment
- [06] Self-employed
- [74] Sheltered employment

Not in the Labor Force

- [04] Not working or looking for employment
- [14] Homemaker
- [24] Student
- [34] Retired
- [44] Disabled
- [54] Hospital patient or resident of other institutions
- [64] Other reported classification (volunteers)
- [97] Unknown
- [98] Not applicable

Employment Informed Choice: Required for ACT, Youth ACT, Forensic ACT, ARMHS, and MH-TCM. Variables are not collected for program/treatments outside of required list.

Employment Type (If Employment Status = 01, 02, 05, 06, or 74)

- [25] Currently working in non-competitive job and interested in exploring competitive options
- [26] Currently working in competitive job and interested in exploring other competitive options
- [27] Currently working in competitive job and seeking no changes
- [28] Currently working in non-competitive job and seeking no changes
- [99] Unknown

Employment Satisfaction (If Employment Status = 01, 02, 05, 06, or 74)

Rate satisfaction with current hours.

- [1] Dissatisfied
- [2] Neither dissatisfied or satisfied
- [3] Satisfied
- [9] Unknown

Rate satisfaction with current pay.

- [1] Dissatisfied
- [2] Neither dissatisfied or satisfied
- [3] Satisfied
- [9] Unknown

Rate satisfaction with current type of work.

- [1] Dissatisfied
- [2] Neither dissatisfied or satisfied
- [3] Satisfied
- [9] Unknown

Competitive Work Concerns/Perceived Barriers

(If Employment Type = 25 or 28) Select up to 5.

- [01] None
- [02] Chooses not to answer
- [03] Retired/approaching retirement
- [04] Impact on disability benefits
- [05] Transportation
- [06] Safety or vulnerability in the community
- [07] Lack of service, supports or resources
- [08] Intermittent health crisis or needs
- [09] Limited skills
- [10] Limited experiences with work; uncertainty about what is possible
- [11] Impact on caregivers
- [12] Criminal history
- [13] Unstable housing
- [14] No longer interested in work due to negative experiences
- [15] Other
- [99] Unknown

Highest Education Level Completed

- [00] Under grade 1
- [01] Grade 1
- [02] Grade 2
- [03] Grade 3
- [04] Grade 4
- [05] Grade 5
- [06] Grade 6
- [07] Grade 7
- [08] Grade 8
- [09] Grade 9
- [10] Grade 10
- [11] Grade 11
- [12] Grade 12/GED
- [16] Vocational/Tech School
- [17] College Freshman

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- [18] College Sophomore
- [19] College Junior
- [20] College Senior
- [21] Graduate/Professional School
- [97] Unknown

Education Enrollment Status

- [1] Enrolled
- [2] Not Enrolled
- [9] Unknown

Veteran/Military Status

- [1] No
- [5] Active duty military
- [6] Prior military/veteran
- [9] Unknown

Is Veteran receiving VA Mental Health Services? (If

Veteran/Military Status = 5 or 6)

- [1] Yes
- [2] No
- [9] Unknown

Children under 18 years of age

- [1] Yes
- [2] No
- [9] Unknown

Children age range(s) (If children under 18 = 1) Select all that apply.

- [1] 0-5
- [2] 6-11
- [3] 12-17
- [9] Unknown

Children Reside with the Client (If children under 18 = 1)

Select the response that indicates the greatest amount of time by any child.

- [1] Full-time
- [2] Part-time
- [3] Not at all
- [9] Unknown

Children have Special needs (If children under 18 = 1) Select

the response that indicates if any child has special needs.

- [1] Yes
- [2] No
- [9] Unknown

Diagnostic Assessment Date

[mm/dd/yyyy]

[01/01/1900] Unknown

Primary Diagnosis

Valid code range: see MHCP

Provider Manual [Mental Health](#)

[Diagnostic Code Ranges](#)

- [999.9996] No diagnosis
- [999.9997] Unknown

Secondary Diagnosis

Valid code range: see MHCP

Provider Manual [Mental Health](#)

[Diagnostic Code Ranges](#).

Additional codes available by request.

[999.9996] No diagnosis

[999.9997] Unknown

Tertiary Diagnosis

Valid code range: see MHCP

Provider Manual [Mental Health](#)

[Diagnostic Code Ranges](#).

Additional codes available by request.

[999.9996] No diagnosis

[999.9997] Unknown

WHODAS

12-Item version

Score range: 12-60

[996] Not required

[997] Unknown

36-Item version

Score range: 36-180

[996] Not required

[997] Unknown

Substance Abuse Screening

[1] Screened: Negative

[2] Screened: Positive

[3] Not Screened

[9] Unknown

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LOCUS: Required for ARMHS, ACT, and IRTS (Variables are optional for non-required program/treatments)

LOCUS Composite Score Range

Valid entries: 7-35

[99] Unknown

Date LOCUS assessment was completed

[mm/dd/yyyy]

[01/01/1900] Unknown

Does Level of Care/Service match LOCUS score?

[01] Yes: LOCUS score matches service

[02] No: Numerous Support Services in community

[03] No: Receiving 24 hour supervision in another program/service

[04] No: Able to use other housing subsidies

[05] No: Client unwilling to accept a higher level of service

[06] No: Client wishes to receive a higher level of service

[07] No: Needs service level for stabilization

[08] No: Strong Support network in the community

[09] No: Cycle of mental health symptoms allows for variance

[10] No: Completing another treatment program in lieu of this level of care (in-patient)

[11] No: Higher level of care not available

[12] No: Lower level of care not available

[13] No: Legal commitment requires service

[14] No: Transitioning between services

[99] Unknown

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DBT: To be completed by DBT Providers only

Age client received first mental health service

Valid entries: 01-99

Number of years client received DBT services

- [1] 1 year or less
- [2] 1+ up to 5 years
- [3] 5+ up to 10 years
- [4] 10+ years

BSL Total Score

- Valid entries: 0-92
- [97] Not required
- [99] Unknown

BSL Supplemental Total Score

- Valid entries: 0-44
- [97] Not required
- [99] Unknown

Medical Admission for self-harm injuries

Days: preceding 6 months

Valid entries: 0-184

Medical Admission for self-harm injuries

Times: preceding 6 months

Valid entries: 0-184

Emergency room visits for behavioral issues preceding 6 months

Valid entries: 0-184

Suicide attempts: preceding 6 months

Valid entries: 0-184

Non-suicidal self-injuries: preceding 6 months

Valid entries: 0-184

Average hours per week in school: previous 30 days

- [1] None
- [2] 1-7 hours
- [3] 8-20 hours
- [4] 21-31 hours
- [5] 32 + hours
- [6] School break

Average hours per week doing volunteer work: previous 30 days

- [1] None
- [2] 1-7 hours
- [3] 8-20 hours
- [4] 21-31 hours
- [5] 32 + hours

Average hours per week employed: previous 30 days

- [1] None
- [2] 1-7 hours
- [3] 8-20 hours
- [4] 21-31 hours
- [5] 32 + hours

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Health Indicators: Required for ACT, Forensic ACT, Youth ACT, and BHH Providers (Optional for non-required program/treatments).

Health Indicator Optional Data

[1] Yes – Indicates data is being entered for the record (required for ACT providers)

Date General Physical Exam was completed

[mm/dd/yyyy]
[01/01/1900] Unknown

Date Height/Weight measured

[mm/dd/yyyy]
[01/01/1900] Unknown

Height in inches (round up)

Range: 36-96 inches
[97] Unknown

Weight (round up)

Range: 50-1500 pounds
[997] Unknown

Date Blood Pressure measured*

[mm/dd/yyyy]
[01/01/1900] Unknown

Systolic blood pressure*

Range: 60-250 mm Hg
[997] Unknown

Diastolic blood pressure*

Range: 0-150 mm Hg
[997] Unknown

Date LDL test was completed*

[mm/dd/yyyy]
[01/01/1900] Unknown

LDL*

[1] Less than or equal to 129
[2] Greater than or equal to 130
[8] Not Tested
[9] Unknown

Date Blood Sugar test was completed*

[mm/dd/yyyy]
[01/01/1900] Unknown

Blood Sugar Level*

[1] Non diabetic: fasting– less than or equal to 125
[2] Non diabetic: fasting– greater than or equal to 126
[3] Hemoglobin A1c: less than or equal to 7
[4] Hemoglobin A1c: greater than or equal to 8
[8] Not Tested
[9] Unknown

Date Tobacco Use was accessed

[mm/dd/yyyy]
[01/01/1900] Unknown

Tobacco Use

[1] No Tobacco Use
[2] Ongoing Tobacco Use
[9] Unknown

Date Alcohol Use was accessed

[mm/dd/yyyy]
[01/01/1900] Unknown

Average number of days per week client drank in previous 30 days

Valid entries: 0-7
[9] Unknown

Average numbers of drinks: previous 30 days

Valid entries: 0-25
[97] Unknown

Total number of drinks on a given occasion: previous 30 days

Valid entries: 0-25
[97] Unknown

*Not required for BHH reporting.

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CSP: Community Support Program

- Required if Current Mental Health Program= [06] CSP.
- Cannot select "Not applicable" to all three questions, must respond to at least one.

Specify which Direct Services were used Select up to 5.

- [01] Independent Living Skills Training and Education
- [02] Socialization Skills Training and Education
- [03] Benefit Application Assistance
- [04] Clubhouse/Drop-in center
- [05] Jail Transitional Services
- [06] CSP Medication Monitoring
- [07] In home Visits & Wellness checks
- [08] Social Activities
- [09] Rule 20 Discharge Planning
- [10] Other miscellaneous CSP Services
- [99] Not applicable

Specify which Direct Subsidies were used Select up to 5.

- [1] Transportation Passes/Payments/Repairs
- [2] Rent/Mortgage Subsidies
- [3] Utility Subsidies
- [4] House care Supplies & Services
- [5] Clothing
- [6] Food
- [7] Miscellaneous Medical/Dental Expenses
- [8] Miscellaneous Living Expenses
- [9] Not applicable

Specify which Outreach Services were used Select up to 3.

- [1] Jail-Based Outreach & Services
- [2] MH Needs & Eligibility Assessment
- [3] Other Outreach Services
- [9] Not applicable