

NPI FTP from Value to NS RDM /UA KIDS 2/1/07

Field	Char	Len	Begin	End	Comment/Decode
REC	Alpha	12	1	12	NSCHRDM = NS Child RDM
Comp	Alpha	3	13	15	085= ValueOptions
Case	Alpha	10	16	25	NorthSTAR ID
Batch_No	Alpha	2	26	27	Assigned by the component for cross-ref (VO probably leaves blank)
Trans_enter_dt	Num	8	28	35	Date file was created and sent to NS (VO system date)
Lastup_ID	Alpha	8	36	43	User ID of person who entered the transaction on the component's system (VO probably leaves blank)
Log_Trans_no	Alpha	6	44	49	Used as sort for processing order. Use leading zeros
ID	Alpha	10	50	59	CARE ID (FILLER VO will leave blank.)
Last_nm	Alpha	16	60	75	Client's last name
LAST_SUF	Alpha	3	76	78	client's name suffix 'JR.', 'SR.', 'I', 'II', Etc.
FIRSTNM	Alpha	11	79	89	Client's first name
MIDIN	Alpha	1	90	90	Client's middle Initial
Filler		9	91	99	Filler
ASSESS_TYPE	Alpha	1	100	100	"Assessment Type: Intake, Update and Discharge" on form. Decodes are: E = Crisis, I=Intake; U=Update, D=Discharge.
ACTION_CD	Alpha	1	101	101	Must be A for 'Add'
TERM_REAS	Alpha	1	102	102	"Assessment Type: Reason for discharge" on form. Acceptable Values: A = "Age 18 or Older", C = "Level of Care services complete", J = "Texas Youth Commission", M = "Moved out of local service area," N = "Never returned for services within authorized service period, not to exceed 90 days", Z = "Other", 1 = "Satisfactory re-unification with custodial family", 2 = "Placed in psychiatric residential treatment", 3 = "Parental relinquishment of custody", 4 = " Court ordered juvenile justice placement", and 5 = "Other - For LOC 3 Movement". X='Auto-close'
EFF_DT	Num	8	103	110	Discharge date: Required entry only if assessment type is Discharge - Assess_type = D
REFER_SRC	Alpha	1	111	111	"Intake: Referral Source" checkbox on form. Identifies code of the source that first prompted or suggested the referral. Acceptable values: 1 - Family or Self, 2 - School, 3 - Juvenile Probation, 4 - TYC, 5 - CPS, 6 - From another division within the center - MR/SA/Emergency Services, 7 - TDMHMR facility, 8 - Other, 9 - Unknown.
PLACE_RISK	Alpha	1	112	112	"At Risk of Placement" checkbox on form. Indicates if child is at risk of placement. Acceptable values: Y - Yes, N - No. Default is N

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Field	Char	Len	Begin	End	Comment/Decode
SPEC_EDUC	Alpha	1	113	113	"ED (Special Education)" checkbox on form. Indicates if child is designated special education by the school because of emotional disturbance. Acceptable values: Y - Yes, N - No. Default is N
OHIO_PROB_PARENT	Alpha	3	114	116	"Parent Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100 or blank (Score not reported)
OHIO_FUNC_PARENT	Alpha	2	117	118	"Parent Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80 or blank (Score not reported)
OHIO_PROB_YOUTH	Alpha	3	119	121	"Youth Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100 or blank (Score not reported)
OHIO_FUNC_YOUTH	Alpha	2	122	123	"Youth Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80 or blank (Score not reported)
OHIO_PROB_WORKER	Alpha	3	124	126	"Worker Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100 or blank (Score not reported)
OHIO_FUNC_WORKER	Alpha	2	127	128	"Worker Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80 or blank (Score not reported)
DANGR_SELF_CUR	Alpha	1	129	129	"Risk of Self-Harm" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
DANGER_OTH_CUR	Alpha	1	130	130	"Severe Disruptive or Aggressive Behavior" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
FAM_PROBS_CUR	Alpha	1	131	131	"Family Resources" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
MH_SUBS_TREAT_CUR	Alpha	1	132	132	"History of Psychiatric Treatment" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
ALC_DRG_USE_CUR	Alpha	1	133	133	"Co-occurring Substance Use" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
JUY_JUS_INV_CUR	Alpha	1	134	134	"Juvenile Justice Involvement" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
SCHOOL_PROBS_CUR	Alpha	1	135	135	"School Behavior" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
PSYCH_MED_TRT	Alpha	1	136	136	"Psychoactive Medication Treatment" CA-TRAG Dimension Rating on form. Acceptable values are Y or N. (Default is N)

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Field	Char	Len	Begin	End	Comment/Decode
DEST_REF	Alpha	2	137	138	List of destinations that the consumer may be "referred to" or be transferred after treatment has been completed, and/or discharged from services: 1=Private Practitioner; 2=Federally Qualified Health Home (FQHC); 3=Community Indigent Health Clinic; 4=Relinquishment of Custody (DFSP)-Child Adolescents Only; 5=Residential Treatment Placement; 6=Adult Criminal or Juvenile Justice System; 7=Different Center; 8=Nursing Home; 9=No Service; 10=Unknown; 11= Other Public Provider. Must be filled if a discharge.
PROG_CMPL	Alpha	1	139	139	"Successfully Completed CA Service Package 1,2, or 3" on form. Acceptable values are Y or N. (Default is N)
SECT1_DT	Num	8	140	147	"Assessment Date" in Section 1 on form. Format = YYYYMMDD. Can not be future dated
NBR_ARRESTS	Alpha	2	148	149	"Number of Arrests in the Last 90 Days" on form. Acceptable values are 0-99.
SCH_DAYS_MISS	Alpha	2	150	151	"School Days Missed in the Last 90 Days" on form. Acceptable values are 0-90.
RES_CAT	Alpha	1	152	152	"Primary Residence Type during the Last 90 Days" on form. Acceptable values are 1-9.
SECT2_DT	Num	8	153	160	"Assessment Date" in Section 2 on form. Format = YYYYMMDD. Can not be future dated
LOC_AUTH	Alpha	3	161	163	"Actual Level of Care Authorized (LOC-A)" score on form. Acceptable values are 0-9 (including 1.1,1.2, and 2.1-2.4).
RESRC_LIMITS	Alpha	1	164	164	"Resource Limitations" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
CONS_CHOICE	Alpha	1	165	165	"Consumer Choice" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
CLIN_OVERRIDE	Alpha	1	166	166	"Consumer Need" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
OTHER	Alpha	1	167	167	"Other" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
SECT3_DT	Num	8	168	175	"Authorization Date" in Section 3 on form. Format = YYYYMMDD. Can not be future dated
LOC_REC	Alpha	3	176	178	"Calculated Level of Care Recommendation (LOC-R)" on form. Enter 0, 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 3, 4, 6, or 9
TCOOMMI	Alpha	1	179	179	TCOOMI indicator. "Y" = Yes, N = No (Default is N)
ASSESSOR_SECT1	Alpha	25	180	204	The name of the person authorizing or performing the assessment in Section One.

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Field	Char	Len	Begin	End	Comment/Decode
CRED_SECT1	Alpha	2	205	206	Credentials of the person authorizing or performing assessment in Section One. Values 1 – 11. 1=QMH-CS; 2=RN; 3=LCSW; 4=LMSW-ACP; 5=LMFT; 6=LPC; 7=LPHD-PSY; 8=RN-APN; 9=PA; 10=MD; 11=DO
ASSESSOR_SECT3	Alpha	25	207	231	The name of the person authorizing or performing the assessment in Section Three.
CRED_SECT3	Alpha	2	232	233	Credentials of the person authorizing or performing the assessment in Section Three. Valid values 1 – 11. 1=QMH-CS; 2=RN; 3=LCSW; 4=LMSW-ACP; 5=LMFT; 6=LPC; 7=LPHD-PSY; 8=RN-APN; 9=PA; 10=MD; 11=DO
LOC_PROV_ID	Num	9	234	242	BHO Provider ID. Populated with only 6 characters left justified for NS clients.
APPEAL_FLG	Alpha	2	243	244	To be Determined once the Appeal screen programming is defined.
DOC_NO	Num	18	245	262	Document number for internal use at Value.
VENDOR_NBR	Alpha	15	263	277	Internal identifier used by VO. Is actually only 9 digits. The number always leading alpha character.
ADMIN_DENY		1	278	278	Values are Y=Yes, N=No. (Default value = N). Use this field to designate that the UA was administratively denied by Value and took more than 30 days to process.
EXT_REV	Alpha	1	279	279	Extended review indicator. Acceptable values are Y or N. (Value will auto fill with N)
DIAG_QUAL	Alpha	1	280	280	I = Internalizing, E = Externalizing, N = Not Stabilized, or blank
SUBJ_FAIR_HEAR	Alpha	1	281	281	Subject to Medicaid Fair Hearing indicator. "Y" = Yes, Blank = No
NPI	Num	10	282	291	Provider's NPI
FILLER30		18	292	309	Filler