DATA ASSESSMENT REGISTRY
MENTAL HEALTH & ADDICTION

DARMHA Import and Export Specifications Manual

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1. Introduction

The purpose of this document is to provide the specifications and guidelines for the Import and Export functionality of the DARMHA (Data Assessment Registry Mental Health & Addiction) system. The Import functionality provides a method for DARMHA users to submit data to the DARMHA system through the use of comma delimited text files containing predefined layout information. The Export functionality provides a method for DARMHA users to export data from DARMHA.

1.1 Scope

This document provides information about DARMHA Import and Export Functionality. This document is in nature and covers the following topics:

- Importing of Data
  - Datasets that are requested from the providers and their respective data elements, both required and optional.
  - File layouts needed for the different datasets that will be imported into the DARMHA.
  - Error Reports with error definitions and the effects on the imports.

- Exporting of Data
  - Data set available with each export

Topics that are not covered in this document include:

- How to set up your application to utilize the DARMHA Import or Export functionality

Export Functionality

The DARMHA system provides the functionality to extract data out of the system in real-time without supplying a formal request to DMHA. This functionality will facilitate the data integration efforts to the provider's Electronic Medical Records or other Case Management systems.

1.2 Export Types

Data can be exported as text (comma delimited) or XML. When exporting to a text file, the first line lists all of the column names. Currently there are twelve different export types available in DARMHA. For each export type, except Assessment Tools, there are four options:

- By Date – Supply a Date Range. This will export all the data between the date(s) entered.
- All new records not previously exported
- Everything in Open Episodes
- Everything: It will export all the data

Export Type	Description
Consumer Demographics Export	This is a data extract of the consumer demographic information.
Assessment/ Results Export	This is a data extract of the consumer assessment information by either Summary Assessment Info (resulting algorithm recommendations) or by Detail Assessment Info (the corresponding answers to each of the items/questions).
Episode Information Export	This is a data extract of consumer Episode information.
Encounter Information Export	This is a data extract of consumer Encounter information.
NOMS Data Export	This is a data extract of consumer NOMS information.
Diagnosis/Agreement Type Data Export	This is a data extract of Diagnosis/Agreement Type information.
EBP Data Export	This is a data extract of EBP information.
Assessment Tools	This provides all assessment questions and answers.

1.3 Export Access

The export functionality is available only to DARMHA users that have been authorized by their organization to have access to this functionality. Users that have this functionality activated will have available a menu named Import Export and two submenus (Export and Export log). On the Export submenu, users will be able to select the data needed to be exported as well as the format the data will be exported. The data will then be available on the Export Log page. For more information details regarding field options, see the import section.

1.4 Consumer Demographics Export

Field #	Field Name
1	DARMHA ID
2	Agency Internal ID
3	Last Name
4	First Name
5	Middle Name
6	DOB
7	Gender
8	Zip Code
9	Social Security No
10	Moms Maiden Name
11	CSDS ID
12	Native American Ind
13	Asian Ind
14	Black Ind
15	White Ind
16	Hawaiian Ind
17	Other Single Ind
18	Ethnicity ID
19	Ethnicity Desc
20	Provider ID
21	Suffix ID
22	Primary Language
23	Not English Language
24	Medicaid Id
25	Dept of Correction ID
26	Recovery Works

1.5 Summary Assessment Info Export

CANS 0-5

Field #	Field Name
1	Internal ID
2	Visit Date
3	Assessment Reason Cd
4	Clinician ID
5	Option Level
6	Option Desc
7	Tool Desc
8	Tool ID
9	Algorithm Desc
10	Algorithm ID
11	Agency Assessment ID
12	Strengthening Families Program
13	Parent Child Interactive Therapy
14	Child Parent Psychotherapy
15	Incredible Years
16	Reporting Field 1
17	Reporting Field 2

ANSA

Field #	Field Name
1	Internal ID
2	Visit Date
3	Assessment Reason Cd
4	Clinician ID
5	Option Level
6	Option Desc
7	Tool Desc
8	Tool ID
9	Algorithm Desc
10	Algorithm ID
11	Agency Assessment ID
12	SMI Co Carve Out
13	ACT Indicator
14	Illness Management Recovery
15	Integrated Dual Diagnosis Therapy
16	Motivational Interviewing
17	Cognitive Behavioral Therapy
18	Matrix Model
19	Dialectical Behavior Therapy
20	Clubhouse
21	Peer Support
22	Reporting Field 1
23	Reporting Field 2

CANS 5-17

Field #	Field Name
1	Internal ID
2	Visit Date
3	Assessment Reason Cd
4	Clinician ID
5	Option Level
6	Option Desc
7	Tool Desc
8	Tool ID
9	Algorithm Desc
10	Algorithm ID
11	Agency Assessment ID
12	Trauma Focused CBT
13	Aggression Replacement Training
14	Cannabis Youth Treatment
15	Strengthening Families Program
16	Parent Child Interactive Therapy
17	Structured Psychotherapy
18	Dialectical Behavior Therapy
19	Cognitive Behavior Intervention
20	Incredible Years
21	Functional Family Therapy
22	High Fidelity Wraparound
23	Youth First Family
24	Alternative Families CBT
25	Motivational Interviewing
26	Cognitive Behavior Therapy
27	Reporting Field 1
28	Reporting Field 2

Old Format *(Assessment before 10/01/2015)*

Field #	Field Name
1	Internal ID
2	Visit Date
3	Assessment Reason Cd
4	Clinician ID
5	Option Level
6	Option Desc
7	Tool Desc
8	Tool ID
9	Algorithm Desc
10	Algorithm ID
11	Agency Assessment ID

1.6 Detail Assessment Info Export

Field #	Field Name
1	Internal ID
2	Visit Date
3	Tool ID
4	Tool Desc
5	Module ID
6	Module Name
7	Question ID
8	Question Text
9	Answer ID
10	Answer Desc
11	Clinician ID
12	Internal Episode Code
13	Agency Assessment ID
14	Assessment Status
15	Assessment Reason CD
16	Answer Value

1.7 Episode Information Export

Field #	Field Name
1	Internal ID
2	Internal Episode ID
3	Episode St Dt
4	Episode End Dt
5	DSC Start Dt
6	Medicaid Enrolled
7	Marital Status Code
8	County
9	Disability Code
10	FoodStamps
11	Referral Source Code
12	TANF Status Code
13	Legal Basis Code
14	Mil Served
15	Mil Veteran
16	Mil Deployed
17	Mil Combat
18	Mil Family
19	Health Insurance Code
20	Insurance History Date
21	Episode Status Code
22	Children Wcare
23	Prior SA Episodes
24	Family Size
25	Family Income
26	Episode ID
27	DSC Status

1.8 Encounter Information Export

Field #	Field Name
1	Internal ID
2	Internal Episode ID
3	Encounter Dt
4	Location ID
5	Location Type
7	Procedure Code
8	Procedure Units
9	Procedure Value
10	Clinician Level Code
11	Internal Service ID
12	Main Service Setting Type
13	Creation Date

1.9 NOMS Data Export

Field #	Field Info
1	Internal ID
2	Internal Episode ID
3	NOMS Dt
4	NOMS Reason
5	Education Level
6	School Attendance Status
7	Employment
8	Employment Detail
9	ROLES Score
10	Living Arrangement
11	Housing Category
12	Housing Stability
13	Level Residential Support
14	Level Community Integration
15	Homeless Services
16	Primary Substance
17	Primary Route
18	Primary Frequency Use
19	Primary Age First Use
20	Secondary Substance
21	Secondary Route
22	Secondary Frequency Use
23	Secondary Age First Use
24	Tertiary Substance
25	Tertiary Route
26	Tertiary Frequency Use
27	Tertiary Age First Use
28	Criminal Involvement
29	Social Support
30	Needle Use
31	Is Pregnant
32	Created Dt
33	Updated Dt
34	Supported Employment
35	Supported Housing

1.10 Diagnosis Data Export

Old Format

Field #	Field Info
1	Internal ID
2	Internal Episode ID
3	Diagnosis Dt
4	Axis1 Diagnosis 1
5	Axis1 Diagnosis 2
6	Axis1 Diagnosis 3
7	Axis1 Diagnosis 4
8	Axis1 Diagnosis 5
9	Axis2 Diagnosis 1
10	Axis2 Diagnosis 2
11	Axis3 Diagnosis 1
12	Axis3 Diagnosis 2
13	Axis3 Diagnosis 3
14	Axis3 Nara
15	Axis4
16	Axis4 Nara
17	Axis5_GAF
18	Leading Cause Diagnosis
19	SOGS
20	Agreement Type
21	Specialized Treatment
22	Agreement Change

Diagnosis/Agreement

Field #	Field Info
1	Internal ID
2	Internal Episode ID
3	Diagnosis Dt
4	Primary Diagnosis 1
5	Diagnosis 2
6	Diagnosis 3
7	Diagnosis 4
8	Diagnosis 5
9	SOGS
10	HC Diabetes Ind
11	HC Cardiovascular Disease Ind
12	HC Hypertension Ind
13	HC Hyperlipidemia Ind
14	HC Cancer Ind
15	HC Smoking Ind
16	HC Obesity Ind
17	HC Asthma Ind
18	HC COPD Ind
19	Agreement Type
20	Specialized Treatment
21	Agreement Change

1.11 Old EBP Data Export

Field #	Field Info
1	Internal ID
2	Internal Episode ID
3	EBP History Date
4	ACT Indicator
5	System of Care Indicator
6	Supported Employment
7	IDDT
8	IMR
9	Supported Housing
10	Motivational Interview
11	Cognitive Behavioral Therapy
12	Matrix Model
13	DBT

1.12 Assessment Tools

Export contains CANS/ANSA assessment questions and answers for all tools.

Field #	Field Name
1	Tool ID
2	Tool Desc
3	Module Order
4	Module ID
5	Module Name
6	Question Text
7	Question Order
8	Question ID
9	Answer ID
10	Answer Desc
11	Answer Value
12	Question Clarification

2. Import Functionality

The goal of the Import functionality in DARMHA is to provide users with a method to submit their data to the DARMHA system by utilizing comma-delimited text files. Unlike in the past, the user can now submit data without choosing layout type.

Import Layout Name	Record Identifier	Description
Consumer	C	Insert/Update Consumer demographic information.
Assessment – CANS 0-5	Z	Insert CANS 0-5 Assessment information.
Assessment – CANS 5-17	F	Insert CANS 5-17 Assessment information.
Assessment – ANSA	A	Insert ANSA Assessment information.
Episode	E	Insert/Update Consumer Episode information.
Close Episode	L	Close Episode Information.
Encounter	S	Insert New Consumer Encounter.
Encounter	U	Edit Existing Consumer Encounter.
Delete Encounter	X	Delete Existing Consumer Encounter.
NOMS	N	Insert Consumer NOMS information.
Diagnosis & Agreement Type	D	Insert Diagnosis & Agreement Type information.

2.1 Import Access and Requirements

The Import functionality of DARMHA available to DMHA contracted providers allows them to import data into the DARMHA system. The DARMHA Import functionality validates and processes data at the point of delivery to the system.

To utilize the Import Functionality, DMHA Contracted Providers are required to supply through the DARMHA Help Desk (darmha@fssa.in.gov) at least one user to be assigned a DARMHA login for data submission and retrieval. More accounts may be created at the provider's discretion.

Providers are required submit test data to the DARMHA Quality Assurance (QA) environment (https://dmhaqa.fssa.in.gov/DARMHAQA). This allows providers the opportunity to review and refine their process without the risk of corrupting live data. For data security reasons, all data submitted to the DARMHA QA environment must be test data only. Before being given access to import in DARMHA Production, providers are

required to perform a minimum of two (2) error-free submissions of each import area (Consumer, Episode, Assessment, Diagnosis/Agreement Type, Encounter, and NOMS) they intend to use to submit data. Once the providers have successfully performed their testing in the DARMHA QA environment, the provider can request to the DARMHA Help Desk their production access to the Import functionality. After approval, access will be granted to the assigned users for production data submission.

The following requirements apply for DARMHA Import.

- Only comma-delimited text files are accepted. Do not include a header row in the import file. The field names displayed in the import layouts are for reference only and should not be included in the text file.
- If records are rejected, after correcting the error, resubmit only the records with errors.
- Optional fields that contain no data must have a placeholder in the comma-separated file in order for the application to parse the data successfully.
- The Consumer Import needs to be done first followed by the "E" Episode Import. The order of the rest of the imports is not important.
- String Fields can include commas if field is encapsulated with double quotes.
- Required Identifiers
    - Providers need to create a unique identifier for consumers called the "**Internal ID**." **Internal IDs are required in every import.**
    - Providers need to create an identifier for episodes called the "**Internal Episode Code**." This is the provider's identifier for a specific episode in a consumer's history and allows the provider to edit both current and past episodes. The Internal Episode Code must be unique for the specific consumer, but does not have to be unique across the provider. This means that Consumer A can have an Internal Episode Code of "1" and Consumer B can have an Internal Episode Code of "1", but Consumer A cannot have two Internal Episode Codes of "1." **Internal Episode Code's are required in every import, except the Consumer Import.**
    - Providers need to create an identifier for encounters/services called "**Internal Service ID**" if they want to edit or delete encounters through Import. This ID identifies a specific encounter/service for future edits or deletion. The Internal Service ID must be unique for the specific consumer, but does not have to be unique across the provider. This means that Consumer A can have an Internal Service ID of "123" and Consumer B can have an Internal Service ID of "123", but Consumer A cannot have two Internal Service IDs of "123."
    - Providers can choose whether they want to create an "**Internal Assessment ID**." This is not a required identifier.

2.2 Consumer Import Layout

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "C"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems	Yes
3	Unique ID	String	16	If consumers were included in the previous state database (CSDS), please supply this identifier for tracking purposes and do not change it.	No
4	Last Name	String	30	Consumer's Last Name	Yes
5	First Name	String	25	Consumer's First Name	Yes
6 determi	Gender	Character	1	M = Male F = Female	Yes
7	Date Of Birth	Date		Consumer's Birth Date (MM/DD/YYYY)	Yes
8	SSN	String	11	Consumer's Social Security Number (999-99-9999)	No
9	Ethnicity	Integer		Consumer's ethnic status. 1 = Puerto Rican 2 = Mexican 3 = Cuban 4 = Other Hispanic/Latino 5 = Not Hispanic/Latino 6 = Latino, Unknown Origin	Yes
10	Zip Code	String	10	Consumer's Zip Code (99999 or 99999-9999)	Yes
11	Middle Name	String	25	Consumer's Middle Name	No
12	Mother's Maiden Name	String	30	Consumer's Mother's Maiden Name	No
At least one of the Races listed below must be "Yes".					
13	American Indian	Integer		0 = No, 1 = Yes	Yes
14	Asian	Integer		0 = No, 1 = Yes	Yes
15	African American	Integer		0 = No, 1 = Yes	Yes
16	Caucasian	Integer		0 = No, 1 = Yes	Yes
17	Hawaiian/Pacific Islander	Integer		0 = No, 1 = Yes	Yes
18	Other Single Race	Integer		0 = No, 1 = Yes	Yes; can only be used when none of the other race categories apply
19	Suffix	Integer		-2 = None 1 = I (First) 2 = II (Second) 3 = III (Third) 4 = IV (Fourth) 5 = V (Fifth) 10 = Jr. 11 = Sr.	No
20	Primary Language	Integer		See Section 6	Yes

21	Not English Language	Integer		0 = No, 1 = Yes, -3 = Not applicable. Not applicable (-3) will only be available for consumer records that are being updated and when English is the primary language.	Yes
22	Medicaid/HIP ID	Integer	12	Consumer's Medicaid ID, must be 12 digits starting with 10 and ending with 99 or 12 digits starting with "6".	Yes, if Active Medicaid/HIP
23	Dept of Correction ID	String	6	Optional for Recovery Works	No
24	Recovery Works	Integer		Field used for Recovery Works- required for program (0 = No, 1 = Yes)	No

2.3 Episode Data

The Episode Data contains all of the detail data that determine the consumer's episode of care. The file is a variable length, variable field, comma-delimited data set. Each row of data will be tagged with a leading attribute, the Record Identifier that indicates which record set the row belongs to. Providers can submit all Episode data in the same file or in separate files.

Note: It is easier to troubleshoot import issues if one type of Episode data is sent at a time. For example, importing only NOMS data in a file.

Note: The Episode Data will be processed in the order received within the file. Detail data may not be submitted for areas such as the Assessment, Encounter, NOMS or Diagnosis/Agreement Type data sets without a previously submitted Episode ("E" Import) for the consumer.

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "E"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	Episode Start Date	Date		Date the consumer's episode of care began (MM/DD/YYYY).	Yes, on episode creation only, cannot be edited
5	Episode End Date	Date		Date the consumer's episode of care ended (MM/DD/YYYY).	No, except when closing an episode of care

6	Active Medicaid/HIP	Integer		Does the consumer have Medicaid or HIP that is active? 0 = No, 1 = Yes *If Yes, Medicaid ID in Consumer data is required.*	Yes
7	Marital Status	Integer		1 = Single 2 = Married/Living together 3 = Widowed 4 = Divorced 5 = Married separated	Yes
8	County of Residence ID	Integer		Numerical county identifier.	Yes
9	Food Stamps	Integer		Is the consumer currently receiving Food Stamps? 0 = No 1 = Yes	Yes
10	Source of Referral	Integer		1 = Individual/Self 2 = Alcohol/Drug Abuse Care Provider 3 = Health Care, Other 4 = School (Educational) 5 = Employer/Employee Assistance Program 6 = Other Community Referral 7 = Court/Criminal Justice 8 = Referral from Child Welfare/Department of Child Services (DCS)	Yes
11	Legal Basis For Referral	Integer		1 = State/Federal Court 2 = Other Court (not State or Federal) 3 = Probation/Parole 4 = Other Recognized Legal Entity (E.G. local law enforcement agency, corrections agency, youth services, review board/agency) 5 = Diversionary Program (e.g., TASC) 6 = Prison 7 = DUI/DWI 8 = Other	Yes, if Source of Referral = 7 otherwise list as -3
12	Served	Integer		The consumer served in one of the branches of the military, including the National Guard. 0 = No 1 = Yes -3 = Not Applicable	Yes, if consumer is under 18 mark as -3 (Not Applicable).
13	Veteran	Integer		The consumer is considered to be a veteran. 0 = No 1 = Yes -3 = Not Applicable	Yes, if Served is 0 then list 0. If served is -3 then list as -3.
14	Deployed	Integer		The consumer has been deployed in the past. 0 = No 1 = Yes -3 = Not Applicable	Yes, if Served is 0 then list 0. If served is -3 then list as -3.
15	Combat	Integer		The consumer served in combat. 0 = No 1 = Yes -3 = Not Applicable	Yes, if Served is 0 then list 0. If served is -3 then list as -3.

16	Family in Military	Integer		A member of the consumer's immediate family served in the military. 0 = No 1 = Yes	Yes
17	Consumer Disability	Integer		-2 = None 2 = Blind 3 = Intellectual Disability/Developmentally Disabled 4 = Deaf 5 = Mute 6 = Non-ambulatory 7 = Other Physical/Medical 8 = Neurological Impairment 9 = Learning or reading disabilities 11 = Traumatic Brain Injury 12 = Hard of Hearing	Yes
18	TANF	Integer		Is the consumer enrolled in TANF? 0 = No 1 = Yes	Yes
19	Consumer Health Insurance	Integer		-2 = None 1 = Private Insurance 4 = Medicaid 5 = Medicare 6 = Other 10 = HIP 11 = TRI Care 12 = Medicaid and Medicare	Yes
20	Insurance History Date	Date		The first Insurance History Date will default to the episode start date. For the first episode record, date can be blank or the episode start date.	Yes
21	Family Size	Integer		Number of individuals supported by the adjusted family income Maximum value is 30.	Yes, Must be at least one
22	Adjusted Family Income	Integer		Annual family income - Maximum of six digits – Cannot be a negative number	Yes
23	Episode Status	Integer		1 = Consumer in treatment 3 = Service Completed* 4 = Consumer Dropped/Opted out* 5 = Death* 6 = Moved out of Service area* 7 = Incarcerated (treatment has stopped)* 8 = Entered Nursing Home (treatment has stopped)* 9 = Administrative Discharge*	Yes ** Indicates an Episode End Date is required.*
24	Prior SA Episodes	Integer		The number of prior Substance Abuse Episodes Value should be 0 - 30	Yes
25	Dependent Children	Integer		Does the consumer have dependent children? 0 = No 1 = Yes	Yes
26	DSC Status	Integer		0 = Not a DMHA Supported Consumer – **This is the default.** 1 = DMHA Supported Consumer 2 = DMHA Supported Consumer - Medication Only **Note:** Changing this status at episode close is not allowed.	Yes

27	DSC Start Date	Date		For new episodes, this field will be automatically populated with the episode start date. When the status is changed, a date will be required. *No future dates, no date before the Episode Start Date and no date before a previous DMHA Supported Consumer Status Start Date are allowed.*	No, except when the HAP Status is changed, a date will be required.

Conditions for which the above record generates an error:

- No consumer is found with the corresponding Internal ID
- There is no corresponding Internal Episode Code for the consumer.
- Required fields are missing.
- Date fields are not formatted correctly.
- Non-required fields require an empty field place holder (, ,)
- Number of fields does not equal what is anticipated for an Episode Record (27)
- The Internal Episode Code is for a closed episode of care that is older than 180 days.

2.4 Close Episode Import Layout

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "L"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	Episode End Date	Date		Date the consumer's episode of care ended (MM/DD/YYYY).	Yes
5	Episode Status	Integer		3 = Service Completed 4 = Consumer Dropped/Opted out 5 = Death 6 = Moved out of Service area 7 = Incarcerated (treatment has stopped) 8 = Entered Nursing Home (treatment has stopped) 9 = Administrative Discharge	Yes

2.5 Assessment Import Layout

a. CANS 0-5

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "Z".**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Certified CANS/ANSA Professional ID	String	25	The ID of the clinician, registered and currently certified, at the provider's practice, responsible for administering the CANS/ANSA to the consumer.	Yes
4	Assessment Date	Date		Date the assessment was administered (MM/DD/YYYY)	Yes
5	Assessment Reason CD	Integer		1 = Initial Assessment 2 = Reassessment 3 = Transition/Discharge	Yes, One Initial and one Discharge per Episode
6	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
7	Internal Assessment ID	String	25	This is the provider's internally assigned identifier.	No
8	Strengthening Families Program	Integer		0 = No 1 = Yes	Yes
9	Parent Child Interactive Therapy (PCIT)	Integer		0 = No 1 = Yes	Yes
10	Child-Parent Psychotherapy (CPP)	Integer		0 = No 1 = Yes	Yes
11	Incredible Years	Integer		0 = No 1 = Yes	Yes
12	Reporting Field 1	Integer	2	Number to link with default list or the list you give DARMHA Support. *(Leave blank if not used)*	No
13	Reporting Field 2	Integer	2	Number to link with default list or the list you give DARMHA Support. *(Leave blank if not used)*	No
14	Answer IDs	Integer (Array)		The ID provided by DARMHA that Differentiates assessment tool answers. *(Values should be comma separated)*	Yes

b. CANS 5-17

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "F"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Certified CANS/ANSA Professional ID	String	25	The ID of the clinician, registered and currently certified, at the provider's practice, responsible for administering the CANS/ANSA to the consumer.	Yes
4	Assessment Date	Date		Date the assessment was administered (MM/DD/YYYY).	Yes
5	Assessment Reason CD	Integer		1 = Initial Assessment 2 = Reassessment 3 = Transition/Discharge	Yes, One Initial and one Discharge per Episode
6	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
7	Internal Assessment ID	String	25	This is the provider's internally assigned identifier.	No
8	Trauma Focused Cognitive Behavior Therapy (TF-CBT)	Integer		0 = No 1 = Yes	Yes
9	Aggression Replacement Training (ART)	Integer		0 = No 1 = Yes	Yes
10	Cannabis Youth Treatment (CYT)	Integer		0 = No 1 = Yes	Yes
11	Strengthening Families Program	Integer		0 = No 1 = Yes	Yes
12	Parent Child Interactive Therapy (PCIT)	Integer		0 = No 1 = Yes	Yes
13	Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	Integer		0 = No 1 = Yes	Yes
14	Dialectical Behavior Therapy (DBT)	Integer		0 = No 1 = Yes	Yes
15	Cognitive Behavior Intervention for Therapy in Schools (CBITS)	Integer		0 = No 1 = Yes	Yes
16	Incredible Years	Integer		0 = No 1 = Yes	Yes
17	Functional Family Therapy (FFT)	Integer		0 = No 1 = Yes	Yes

18	High Fidelity Wraparound	Integer		0 = No 1 = Yes	Yes
19	Youth First's Family Connections (YFFC)	Integer		0 = No 1 = Yes	Yes
20	Alternative for Families: A Cognitive-Behavioral Therapy (AF-CBT)	Integer		0 = No 1 = Yes	Yes
21	Motivational Interviewing	Integer		0 = No 1 = Yes	Yes
22	CBT – Cognitive Behavioral Therapy	Integer		0 = No 1 = Yes	Yes
23	Reporting Field 1	Integer	2	Data to link with assessment. *(Leave blank if not used)*	No
24	Reporting Field 2	Integer	2	Data to link with assessment. *(Leave blank if not used)*	No
25	Answer IDs	Integer (Array)		The ID provided by DARMHA that Differentiates assessment tool answers. *(Values should be comma separated)*	Yes

c. ANSA

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "A"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Certified CANS/ANSA Professional ID	String	25	The ID of the clinician, registered and currently certified, at the provider's practice, responsible for administering the CANS/ANSA to the consumer.	Yes
4	Assessment Date	Date		Date the assessment was administered (MM/DD/YYYY).	Yes
5	Assessment Reason CD	Integer		1 = Initial Assessment 2 = Reassessment 3 = Transition/Discharge	Yes, One Initial and one Discharge per Episode
6	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
7	Internal Assessment ID	String	25	This is the provider's internally assigned identifier.	No
8	SMI/Co-Occuring Carve-out	Integer		0 = No 1 = Yes	Yes
9	ACT Indicator	Integer		0 = No 1 = Yes	Yes

10	Illness Management and Recovery (IMR)	Integer		0 = No 1 = Yes, with fidelity to the model 2 = Yes, without fidelity to the model	Yes
11	Integrated Dual Diagnosis Treatment (IDDT)	Integer		0 = No 1 = Yes, with fidelity to the model 2 = Yes, without fidelity to the model	Yes
12	Motivational Interviewing	Integer		0 = No 1 = Yes	Yes
13	Cognitive Behavioral Therapy	Integer		0 = No 1 = Yes	Yes
14	Matrix Model	Integer		0 = No 1 = Yes	Yes
15	Dialectical Behavior Therapy (DBT)	Integer		0 = No 1 = Yes	Yes
16	Clubhouse	Integer		0 = No 1 = Yes	Yes
17	Peer Support	Integer		0 = No 1 = Yes	Yes
18	Reporting Field 1	Integer	2	Data to link with assessment. *(Leave blank if not used)*	No
19	Reporting Field 2	Integer	2	Data to link with assessment. *(Leave blank if not used)*	No
20	Answer IDs	Integer (Array)		The ID provided by DARMHA that differentiates assessment tool answers. *(Values should be comma separated)*	Yes

Assessment Import Layout Requirements

- The "Internal ID" value must match an existing consumer submitted prior to the submission of the assessment.
- The "Certified CANS/ANSA Professional ID" value (also called "Clinician ID") must be registered with a certified individual within the DARMHA system prior to the submission of the assessment. The information is currently supplied to the DARMHA by contacting the DARMHA support center and registering the users.
- The "Assessment Date" must be prior to the expiration date of the CANS/ANSA clinician's certification. Future dates are not allowed.
- The "Answer IDs" field must coincide with the IDs supplied by DMHA and the DARMHA system for the CANS/ANSA tools. This ensures consistent data and valid algorithm recommendations.
- The "Internal Episode Code" specifies which episode of care to attach this assessment to.

When generating a crosswalk or integrating the CANS/ANSA tools into your application the following items need to be considered:

- All answers submitted must correspond to the same assessment tool. Several tools have similar questions/modules and answers; however, each answer has its own unique identifier. Substitution of an "Answer ID" from another tool/module/question results in the rejection of the assessment.
- All assessments must be submitted as complete assessments. No modifications of an assessment can be made after it is submitted via the import process. If an assessment is partially complete, enter it in through the web interface and return to it later to complete it.
- All assessments have core modules and possibly an extension module triggered by answers to specific questions within a core module. When an assessment is submitted, all core modules and extension

modules are required to have a valid answer or else the import process rejects the assessment. Extension modules are evaluated based upon the answers supplied in the respective core modules.

- Some modules currently have "Not Applicable" available as an answer option. In these modules, the "NA" value is required for each question within the module for it to apply to the whole module. Failure to do so will result in an incomplete assessment. Incomplete assessments are rejected.

2.6 Encounter Import Layout

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "S"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	Service Date	Date		Date the service was provided (MM/DD/YYYY).	Yes
5	Location ID	String	7 (max)	DMHA provides this ID for each of your facilities. * Use your DMHA Provider ID for Location Types (2-5)	Yes
6	Location Type	Integer		1 = At facility 2 = School-based 3 = Home-based 4 = Out in the community 5 = At a Sub-contractor	Yes
7	Procedure Code	String	6	Current Procedural Terminology Codes (CPT) or Health Care Common Procedure System Codes (HCPCS).	Yes
8	Units	Integer		The number of units of the procedure supplied above, must be greater than 0 - no partial units accepted – Maximum value is 999.	Yes
9	Common Value	Integer		The customary or typicalvalue of this service for a **single unit** – Must be greater than zero; no decimals - no fractions Maximum value is 99,999.	Yes
10	Level of Clinician	Integer		1 = Psychiatrist, Board Eligible or Certified 4 = Other MD or DO 7 = PhD Psychologist, HSPP 8 = PhD Psychologist, Non HSPP 10 = PhD or Masters in Social Work, Nursing, Counseling, Marriage and Family Therapy, Psychology, LCSW, LMHC or LMFT 13 = Other Masters or Other PhD 16 = Certified Addiction Counselor 19 = RNs 22 = Bachelors 25 = Less Than Bachelors 28 = Facility (Residential Care) Staff	Yes

11	Internal Service ID	String	25	The provider's internal identifier for this rendered service.	Required data field in order to edit or delete an encounter through import
12	Main Service Setting Type	String	2	Describes the main service setting a consumer is in on the day of the encounter. Each time an encounter is sent for particular day, you need to send in the main service setting for that day. You should use the highest appropriate fed code. See Section 7.	Yes, if Agreement type is 3 (CA)

Conditions for which the above record generates an error:

- No consumer is found with the corresponding Internal ID
- No episode is found with the specified Internal Episode Code
- The Internal Episode Code is for a closed episode of care that is older than one calendar year
- Required fields are missing
- Date fields are not formatted correctly
- Non-required fields require an empty field place holder (, ,)
- Number of fields does not equal what is anticipated for an Encounter Record (10, 11 or 12)
- Service date is prior to the start of the episode or after the end of the episode of care indicated
- Procedure Code supplied is not recognized

In the event that a service is supplied with an Internal Service ID that already exists, the current existing service record in the system will be updated (overwritten) with the new data supplied.

2.7 Edit Encounter Import Layout

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "U"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	Service Date	Date		Date the service was provided (MM/DD/YYYY).	Yes
5	Location ID	String	7 (max)	DMHA provides this ID for each of your facilities. * Use your DMHA Provider ID for Location Types (2-5)	Yes

6	Location Type	Integer		1 = At facility 2 = School-based 3 = Home-based 4 = Out in the community 5 = At a Sub-contractor	Yes
7	Procedure Code	String	6	Current Procedural Terminology Codes (CPT) or Health Care Common Procedure System Codes (HCPCS).	Yes
8	Units	Integer		The number of units of the procedure supplied above, must be greater than 0 - no partial units accepted – Maximum value is 999.	Yes
9	Common Value	Integer		The customary or typical value of this service for a **single unit** – No negative numbers allowed Maximum value is 99,999.	Yes
10	Level of Clinician	Integer		1 = Psychiatrist, Board Eligible or Certified 4 = Other MD or DO 7 = PhD Psychologist, HSPP 8 = PhD Psychologist, Non HSPP 10 = PhD or Masters in Social Work, Nursing, Counseling, Marriage and Family Therapy, Psychology, LCSW, LMHC or LMFT 13 = Other Masters or Other PhD 16 = Certified Addiction Counselor 19 = RNs 22 = Bachelors 25 = Less Than Bachelors 28 = Facility (Residential Care) Staff	Yes
11	Internal Service ID	String	25	The provider's internal identifier for this rendered service.	Yes
12	Main Service Setting Type	String	2	Describes the main service setting a consumer is in on the day of the encounter. Each time an encounter is sent for particular day, you need to send in the main service setting for that day. You should use the highest appropriate fed code. See Section 7.	Yes, if Agreement type is 3 (CA)

2.8 Delete Encounter Import Layout

Field #	Field Name	Data	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "X"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	Internal Service ID	String	25	The provider's Internal identifier for this rendered service.	Yes

2.9 Diagnosis and Agreement Type Import Layout

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "D"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	Diagnosis/Agreement Date	Date		Date of consumer's diagnosis and agreement type (MM/DD/YYYY).	Yes
5	Primary Diagnosis	String	8	Behavioral Health Diagnoses (DSM 5 or ICD 10).	Yes
6	Diagnosis 2	String	8	Same as above	No
7	Diagnosis 3	String	8	Same as above	No
8	Diagnosis 4	String	8	Same as above	No
9	Diagnosis 5	String	8	Same as above	No
10	SOGS	Integer		South Oaks Gambling Score Accepted values are from 0 – 20. Required for consumers with Gambling funding type. If no SOGS score, you can code -2 (None).	No
11	Diabetes	Integer		0 = No, 1 = Yes	Yes
12	Cardiovascular Disease	Integer		0 = No, 1 = Yes	Yes
13	Hypertension	Integer		0 = No, 1 = Yes	Yes
14	Hyperlipidemia	Integer		0 = No, 1 = Yes	Yes
15	Cancer	Integer		0 = No, 1 = Yes	Yes
16	Smoking	Integer		0 = No, 1 = Yes	Yes
17	Obesity	Integer		0 = No, 1 = Yes	Yes
18	Asthma	Integer		0 = No, 1 = Yes	Yes
19	COPD	Integer		0 = No, 1 = Yes	Yes
20	Agreement Type	Integer		1 = SMI 2 = SED 3 = CA Consumer s with SED agreement type must be less than 18 years old. To select SMI, consumer must be at least 18 years old.	Yes
21	Specialized Treatment	Integer		-2 = None 2 = Deaf Services 4 = Medication-Assisted Opioid Therapy 5 = Gambling Treatment	No
22	Agreement Change	Integer		1 = Initial 2 = Refined Diagnosis 3 = Special Funding Requested	Yes, 3 must have Specialized Treatment

Conditions for which the above record generates an error:

- No consumer is found with the corresponding Internal ID.
- No episode is found with the specified Internal Episode Code.
- The Episode ID is for a closed episode of care that is older than 180 days.
- Required fields are missing.
- Non-required fields require an empty field place holder (, ,).
- Date fields are not formatted correctly.
- Number of fields does not equal what is anticipated for a Diagnosis Agreement Type Record (22).
- Diagnosis/Agreement Date is prior to the start of the episode or after the end of the episode of care indicated.

2.10 NOMS Import Layout

Field #	Field Name	Data Type	Length	Comments/Description	Required
1	Record Identifier	Character	1	This flag determines data contained within the remainder of the row and how the row should be formed. **Value = "N"**	Yes
2	Internal ID	String	20	The provider's internal consumer identifier used at the provider's practice in their internal systems.	Yes
3	Internal Episode Code	String	25	The provider's internal episode identifier for the episode of care for the specified consumer.	Yes
4	NOMS Date	Date		Date the NOMS history is obtained. (MM/DD/YYYY).	Yes
5	NOMS Reason	Integer		The associated event for the capturing of the NOMS History. 1 = Initial 2 = Reassessment 3 = Discharge	Yes, One Initial and one Discharge per Episode

6	Consumer Education Level	Integer		0 = No formal schooling 1 = First Grade 2 = Second Grade 3 = Third Grade 4 = Fourth Grade 5 = Fifth Grade 6 = Sixth Grade 7 = Seventh Grade 8 = Eighth Grade 9 = Ninth Grade 10 = Tenth Grade 11 = Eleventh Grade 12 = High School Graduate 13 = One Year Of College Completed 14 = 2 Years Of College Completed/2 Year Associate Degree 15 = 3 Years Of College Completed 16 = College Graduate/4 Year 21 = Post-secondary Vocational Skills Training 23 = Nursery School / Preschool 24 = Kindergarten 25 = Self-contained Special Education (no equivalent grade level) 70= Graduate or Professional School	Yes
7	School Attendance Status	Integer		Yes or No answer required for children ages 3-17. 1 = Yes, consumer has attended school at any time in the past three months 0 = No, consumer has not attended school at any time in the past three months -3 = Not applicable (use for infants and adults)	Yes
8	Employment	Integer		1 = Unemployed, Looking For work 2 = Unemployed, Not In Labor Force (community only) 3 = Employed - Full Time (35+ Hours/week) 4 = Employed - Part Time(1 - 5 hours) 5 = Employed - Part Time(6 - 10 hours) 6 = Employed - Part Time(11 - 15 hours) 7 = Employed - Part Time(16 - 20 hours) 8 = Employed - Part Time(21 - 34 hours)	Yes
9	Employment Detail	Integer		-3 = Not Applicable (this is not an option if Employment Status = 2) 1 = Homemaker 2 = Student 3 = Retired 4 = Disabled 5 = Inmate of Institution 6 = Other	Yes

10	ROLES score	Integer		-3 = Not Applicable 1 = Homeless 2 = Independent 3 = Biological Family 4 = School Dormitory 5 = Relative's home/Adopted 6 = Supervised Independent 7 = Foster Care 8 = Therapeutic Foster Care 9 = Individual Home/Group Emergency Shelter 10 = Group Home 11 = Residential Treatment Center 12 = Medical Hospital (non-psychiatric) 13 = Intensive Treatment Unit 14 = State Hospital 15 = Juvenile Detention 16 = Jail/Prison	Yes, if consumer is less than 18 years old; list as -3 if the consumer is 18 or older.
11	Living Arrangement	Integer		-3 = Not Applicable 1 = Homeless 2 = Residential Facility 3 = Independent Living 4 = Jail/Correctional Facility 5 = Supported Living 6 = Person In Foster Care/Foster Home 7 = Inpatient Hospital 8 = State Institution SOF 10 = Other 12 = Crisis Residential and Sub-Acute Stabilization 13 = Nursing Home 14 = Shelter Facility	Yes, if the consumer is 18 years old or older; list as -3 if the consumer is younger than 18.
12	Housing Category	Integer		1 = Permanent Housing 2 = Temporary Housing 3 = Institutional Housing 4 = Homeless	Yes
13	Housing Stability	Integer		1 = Less than 6 months 2 = 6 months to one year 3 = One to two years 4 = More than 2 years	Yes
14	Level of Residential Support	Integer		-3 = Not Applicable 1 = Residential Support not needed or not provided 2 = Living with person(s) who provide supportive services in the home that are needed 3 = Access to paid support in the consumer's residence as needed 4 = Access to paid support in the consumer's residence 5 or more days per week for up to 8 hours 5 = Access to paid support in the consumer's residence 5 or more days per week for 9 to 16 hours 6 = Access to paid support in the consumer's residence 24 hours a day, 7 days per week.	Yes, if Housing Category is 1 or 2; otherwise list as -3

15	Level of Community Integration	Integer		-3 = Not Applicable 1 = Living environment is fully integrated in the community 2 = Living environment is home to persons with mental health/addiction issues, persons with other disabilities, and persons without identified disabilities. 3 = Living environment is home to persons with mental health/addiction issues only.	Yes, if Housing Category is 1 or 2; otherwise list as -3
16	Homeless Services	Integer		-3 = Not Applicable 1 = Daily 2 = Weekly 3 = Monthly 4 = Less frequently 5 = None 6 = Consumer refuses assistance	Yes, if Housing Category = 4; otherwise list as -3
17	Primary Substance	Integer		See Section 5 "None" cannot be used for primary substance for Agreement Type CA and Specialized Treatment is not Gambling Treatment.	Yes
18	Primary Route	Integer		-3 = Not Applicable – This can only be used if None (-2) was listed for drug. 1 = Oral 2 = Smoked 3 = Inhaled 4 = Injection 5 = Other	Yes
19	Primary Frequency of Use	Integer		-3 = Not Applicable – This can only be used if None (-2) was listed for drug 1 = None in the past month 2 = One - three time in the past month 3 = One-two times per week 4 = Three - six times per week 5 = Daily	Yes
20	Primary Age of 1st Use	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes
21	Secondary Substance	Integer		See Section 5	Yes
22	Secondary Route	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes
23	Secondary Frequency of Use	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes
24	Secondary Age of 1st Use	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes
25	Tertiary Substance	Integer		See Section 5	Yes
26	Tertiary Route	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes
27	Tertiary Frequency Of Use	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes

28	Tertiary Age Of 1st Use	Integer		Required field if drug is listed. -3 = Not Applicable if drug is none.	Yes
29	Criminal Involvement	Integer		Arrests in the last 30 days (Maximum Value is 30).	Yes
30	Social Support	Integer		Frequency of Attendance at self-help programs or support groups in the last 30 days (e.g. AA, NA, Depression Support Group, Bipolar Support Group, etc.) -2 = No attendance in the past month 2 = Less than once a week - 1-3 times in past month 3 = About once a week - 4-7 times in past month 4 = 2 to 3 times a week - 8-15 times in past month 5 = At least 4 times a weeks - 16-30 times in past month 6 = Some attendance in past month, but frequency unknown	Yes
31	Needle Use	Integer		0 = No, Consumer has not used a needle 1 = Yes, Consumer has used and shared a needle 2 = Yes, Consumer has used a needle	Yes
32	Pregnant	Integer		Is the consumer currently pregnant? 0 = No 1 = Yes	Yes
33	Supported Employment	Integer		0 = Not enrolled in or not receiving supported employment services 1 = Supported employment for paid, full-time work (35 hours per week or more with continuing support) 2 = Supported employment for paid, less than full-time work (21 to 34 hours per week with continuing support) 3 = Supported employment for paid, part-time work (16 to 20 hours per week with continuing support) 5 = Supported employment for paid, part-time work (11 to 15 hours per week with continuing support) 6 = Supported employment for paid, part-time work (6 to 10 hours per week with continuing support) 7 = Supported employment for paid, part-time work (1 to 5 hours per week with continuing support) 8 = Enrolled in supported employment and not yet employed	Yes
34	Supported Housing	Integer		Is the consumer receiving supported housing? 0 = No 1 = Yes	Yes

Conditions for which NOMS import record generates an error:

- No consumer is found with the corresponding Internal ID
- No episode is found with the specified Internal Episode Code
- The Internal Episode Code is for a closed episode of care that is older than one calendar year
- Required fields are missing
- Date fields are not formatted correctly
- Number of fields does not equal what is anticipated for a NOMS History Record (34)
- Non-required fields require an empty field place holder (, ,)
- NOMS History date is prior to the start of the episode or after the end of the episode of care indicated
- This NOMS History Record is assigned to either an Initial or Discharge NOMS Reason when one already exists for the episode of care indicated for this consumer.

3. Import Log

The Import log functionality allows you to view current or historical import log results. The top of the Import log results grid displays the import summary which includes the date and time the import was processed, the name of the user that performed the import, the imported file name and records count.

Import Log

Print Report

	Log ID	Date & Time	Imported By	FileName	Success	Errors
Detail	159993	8/19/2013 4:08:31 PM	Mendoza, Michael	CANSDEMO_5_17_20130819__102922645+TEST [1].txt	1	1
Detail	150474	6/3/2013 5:50:50 PM	Mendoza, Michael	DXTEST_X3.txt	0	1
Detail	129647	12/21/2012 2:20:08 PM	Mendoza, Michael	consumer_x2.txt	1	0
Detail	129645	12/21/2012 2:19:08 PM	Mendoza, Michael	consumer_x2.txt	1	0

123456789

◉ All Records ○ OK Records ○ Error Records

By selecting the "Detail" button located on the left of each import log row, more detail information is displayed. The detail results grid shows each record processed from the file. Information displayed in the detail includes the date & time the record was processed, the record number (row number in the file), the transaction type (Insert, Update, Validate, Delete, etc..), the reference message or code, the message ID (see Section 4 – DARMHA Message Codes) and the status of the transaction (OK or Error). The detail grid can be filtered to display all the records, the OK records (success) or Error records (fail).

Import Log

Print Report

	Log ID	Date & Time	Imported By	FileName	Success	Errors
Detail	159993	8/19/2013 4:08:31 PM	Mendoza, Michael	CANSDEMO_5_17_20130819__102922645+TEST [1].txt	1	1
Detail	150474	6/3/2013 5:50:50 PM	Mendoza, Michael	DXTEST_X3.txt	0	1
Detail	129647	12/21/2012 2:20:08 PM	Mendoza, Michael	consumer_x2.txt	1	0
Detail	129645	12/21/2012 2:19:08 PM	Mendoza, Michael	consumer_x2.txt	1	0

123456789

	Log ID	Detail ID	Timestamp	Rec #	Transaction	Reference	Message ID	Internal ID From File	Status
View Msg	159993	34878177	8/19/2013 4:08:39 PM	1	Insert Consumer	690	-57	690	✗
View Msg	159993	34878178	8/19/2013 4:08:41 PM	2	Insert Consumer	394	1	394	✓

◉ All Records ○ OK Records ○ Error Records

Import Errors Troubleshooting

The goal of the following sections is to provide a description of some of the information provided for each record processed using the import functionality. If after reviewing these items the user still can't identify the cause of an error, the user should contact the DARMHA Helpdesk (**darmha@fssa.in.gov**) for further assistance.

Message ID

The Message ID column of the Import Log Detail grid report displays the resulted DARMHA Message Code number for the processed transaction (record). A complete list of all the DARMHA Message Codes and their descriptions are available Section 4 at the end of the document.

Reference ID

The Reference ID column of the Import Log Detail grid report provides further information for the processed transaction (record). The reference ID may contain one of the following values:

- DARMHA Message Code
- Binary (0 or 1) string representing the status of each field (0 = ok or 1 = error)
- Text message
- Reference value (Internal ID, Episode ID, Date, etc..)

Binary String (0100000…)

The binary string found in some Reference ID records represents the status of each field for the record layout being imported. For example, an error on the Date of Birth while inserting or updating a consumer record will display an error on the position # 6 (00000100000000000).

4. DARMHA Error Message Codes

Code Value	Subject Area	Code Description
1	General	Operation completed successfully
0	Consumer	Consumer Record Not Found
-1	General	Invalid Flow
-2	General	SQL exception
-3	General	Authentication Failed
-4	General	Web Service Secure Connection Failed
-5	Assessment	No Assessment Found
-6	Assessment	Assessment Date is required
-7	Assessment	Invalid Assessment Date (format)
-8	Assessment	Future Assessment Date is not allowed
-9	Assessment	Duplicate Assessment – Same Internal ID and Assessment Date
-10	Assessment	Answer ID is required
-11	Assessment	Clinician ID is required
-12	Assessment	Clinician ID not found or certification is missing or has expired
-13	Assessment	Invalid Assessment Reason Code
-14	Assessment	Assessment is empty
-15	Assessment	Assessment Answer Error: An answer does not match with existing assessment
-16	Assessment	Assessment is incomplete: <<Error Question>> answer is missing from core module <<Error Module>>
-18	Assessment	Assessment is incomplete: <<Error Question>> answer is missing from a mandated extension module <<Error Module>>
-19	General	Unexpected error
-20	General	Field(s) with errors
-21	Assessment	Reason Code Error: Incorrect Reason Code Specified
-23	Assessment	System Error: Simple Episode Creation Failed
-24	Assessment	Episode Error: Assessment cannot be attached to an episode closed for more than 180 days
-25	Assessment	Episode Error: Assessment date is not within the boundaries of the episode
-27	Assessment	Episode Error: Invalid Episode specified
-28	Assessment	System Error: Insert Visit failed! Please try again or contact DARMHA Help Desk
-29	Episode	Invalid Episode of Care specified
-30	Episode	Consumer has no Episode of Care defined
-31	Episode	No open episode of care defined by the supplied criteria
-32	Episode	Existing Open Episode of Care Exists, cannot create second open episode without closing first.
-33	Episode	No Episode of Care exists, use Insert instead of Update
-34	Episode	Latest Episode has no Internal Identifier
-35	Episode	Invalid Episode Status Code
-36	Episode	Service Outside Episode of Care Bounds
-37	Episode	Invalid Episode Start Date or Internal Episode Code
-38	Episode	Invalid Episode Close Date
-40	Encounter	No Service Record found related to supplied Internal Service ID

Code Value	Subject Area	Code Description
-43	Diagnosis/Agreement	Invalid Age/Agreement Type Combination
-44	File	Number of fields is invalid for the selected file type.
-45	File	Invalid Episode Data type identifier
-46	Episode	No Prior Episode of Care Defined
-47	Episode	Episode Closed longer 180 days - cannot modify
-48	Episode	Episode Overlap Error: Episode predates existing episode or is defined inside another existing episode.
-49	Episode	Internal Episode ID Exists, cannot insert new episode with duplicate internal episode id
-50	Episode	Invalid Consumer/Provider Combination
-51	Episode	Episode status is already closed
-52	Consumer	At least one race must be selected
-53	Episode	Invalid DSC Status Start Date
-54	Episode	Invalid DSC Status value
-55	Episode	Reopened episode must remain open for 24 hours.
-56	Diagnosis/Agreement	Invalid value in SOGS Field
-57	Consumer	Other single race can only be used when the other race categories do not apply
-58	Assessment	Invalid Assessment Tool for Consumer's Age, 1
-59	Encounter	Internal Service ID already exists; record skipped.
-60	Encounter	Internal Service ID is required.
-61	NOMS	School Attendance Status is required for children ages 3-17.
-62	NOMS	Housing Category does not match with Level of Residential Support, Level of Community Integration or Homeless Services.
-63	Diagnosis/Agreement	Funding has been requested for this record; it cannot be overwritten.
-64	Diagnosis/Agreement	Required data to request funding is missing.
-65	Consumer	Based on DOB and Social Security Number, this consumer already exists.
-66	Consumer	Cannot update consumer record, DOB does not match assessment tool.
-67	Encounter	Encounter record can only be updated or deleted for 180 days after the date of submission to DARMHA.
-68	Episode & Diagnosis/Agreement	Agreement Type cannot be changed on the same day as the episode was closed
-69	Diagnosis/Agreement	Diagnosis is not allowed as primary diagnosis.
-70	Episode	Episode must be open for at least one day.
-71	General	New data can only be added for 180 days after the Episode End Date.
-73	Diagnosis/Agreement	Primary Diagnosis and Agreement Type does not match.
-74	General	Records can only be updated for 180 days after the submission date to DARMHA
-75	Diagnosis/Agreement	Special Funding Requested should have an Specialized Treatment of Deaf Services or Medication-Assisted Opioid Therapy.
-76	Assessment	Valid County ID code required
-77	Assessment	Clinician ID does not exist in DARMHA
-78	Assessment	Certification does not exist in DARMHA
-79	Assessment	Clinician certification is expired
-80	Episode	Medicaid ID is required if Medicaid status is active or Medicaid ID format is invalid
-81	Episode	When Served is "Yes," Veteran, Deported and Combat questions cannot be "Not Applicable".
-82	Episode	Cannot create new episode with "Death" termination code in previous record.
-83	NOMS	Duplication of drugs selected for primary, secondary or tertiary substances are not allowed.

-84	Consumer	Provider not eligible for new program
-85	Consumer	Required data for new program is not complete
-86	Episode	Duplicate Internal Episode Code exist for consumer
-87	Diagnosis/Agreement	Duplicate use of Diagnosis Code is not allowed
-88	Episode	DSC status cannot change at episode closing
-89	Consumer	Suffix does not belong in the last name field
-90	Diagnosis/Agreement	Diagnosis Codes must be submitted in order without blank entries in between
-91	Assessment	Invalid assessment layout for tool
-92	Assessment	Assessment question(s) has multiple Answer IDs
-93	Consumer	Duplicate SSN.
-94	Consumer	Duplicate Medicaid ID.
-95	Consumer	Not English field is required if primary language is not English.
-96	Consumer	Medicaid ID is required in consumer update, when there was a Medicaid ID*. **If the Medicaid ID is incorrect and the consumer does not have one, contact the DARMHA Help Desk.*

5. Substance Use/Abuse Codes

At least one substance is required if Agreement type is CA; “None” is NOT an option for Primary Substance for CA consumers, except if the consumer has a gambling addiction.

-2 = None
2= Alcohol
3 = Cocaine/Crack
4 = Marijuana/Hashish
5 = Heroin
6 = Non-Prescription Methadone
7 = Other Opiates and Synthetics
8 = PCP
9 = Other Hallucinogens
10 = Methamphetamine
11 = Other Amphetamines
12 = Other Stimulants
13 = Benzodiazepines
14 = Other non-Benzodiazepines Tranquilizers
15 = Barbiturates
16 = Other non-Barbiturate Sedatives or Hypnotics
17 = Inhalants
18 = Over-the-Counter
19 = Tobacco
20 = Other

6. Primary Language Codes

1 = English
2 = Spanish
3 = Arabic
4 = Armenian
5 = Chinese
6 = French
7 = German
8 = Greek
9 = Gujarati
10 = Hebrew
11 = Hindi
12 = Hmong
13 = Italian
14 = Japanese
15 = Khmer
16 = Korean
17 = Laotian
18 = Navajo
19 = Persian
20 = Polish
21 = Portuguese
22 = Russian
23 = Serbo-Croatian
24 = Tagalog
25 = Thai
26 = Urdu
27 = Vietnamese
28 = Yiddish
29 = Other

7. Main Service Setting Type (Fed Code)

Fed Code Priority (01 being the highest priority)	Main Service Setting Description
01	DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT – 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal.
02	DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDING RESIDENTIAL – 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment**.**
03	REHABILITATION/RESIDENTIAL — HOSPITAL (OTHER THAN DETOXIFICATION) – 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.
04	REHABILITATION/RESIDENTIAL —SHORT TERM (30 DAYS OR FEWER) – Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency.
05	REHABILITATION/RESIDENTIAL— LONG TERM (MORE THAN 30 DAYS) – Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; may include transitional living arrangements such as halfway houses.
06	AMBULATORY— INTENSIVE OUTPATIENT – At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization).
07	AMBULATORY — NON-INTENSIVE OUTPATIENT – Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies.
08	AMBULATORY — DETOXIFICATION – Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).