

BHDID Data Implementation Guide

Introduction

Fiscal Year 2025

Table of Contents

Introduction

Index to the Guidance Documents	iii
Updates	iv
Data System Overview	viii
Policy on Annual Changes.....	ix
Standards for Information Quality	x
The Data Submission Process.....	xiii

Client Data Set

Updates	C-2
Data Conventions	C-3
Historical Client Guidelines and Data Submission Procedure	C-4
Submission File Layout	C-5
Data Set Table Layout.....	C-8
Input Record Format / Descriptions	C-12

TEDS SA Discharge Data Set

Updates	D-2
Data Conventions	D-3
Data Submission Procedures	D-4
Submission File Layout	D-6
Data Set Table Layout.....	D-7
Field Detail Information.....	D-8

Event Data Set

Updates	E-2
Data Conventions	E-2
Submission File Layout	E-3
Data Set Table Layout.....	E-4
Input Record Format / Descriptions	E-7

Human Resources Data Set

Updates	H-2
Data Conventions	H-3
Submission File Layout	H-4
Data Set Table Layout.....	H-5
Input Record Format / Descriptions	H-7

Appendices

A - CMHC Provider Update Form	AA-1
(Providers Table Listing report available on Region’s web page in the Reports drop-down box)	
B - County Codes	AD-1
E - Service Codes (Definitions and Crosswalk)	AE-1

Additional tables and listings available on the CMHC Data Guides and Documentation web page in the Reports drop-down box.

Index to Guidance Documents within the BHDID Data Implementation Guide

Document Name	Description
Introduction	Includes index and introductory information related to the DBHDID Data Implementation Guide
Client Data Set	Detailed description of fields in the monthly Client file
Event Data Set	Detailed description of fields in the monthly Event file
Human Resources Data Set	Detailed description of fields in the monthly Human Resources file
TEDS Discharge Data Set	Detailed description of fields in the Treatment Episode Data System (TEDS) Discharge file
Data Dictionary	Definitions of terminology used throughout the Guide
Appendix A1 - Provider Site Update Form	Use this form to inform the system of the provider sites associated with the Center
Appendix C - Drug Codes	Valid values associated with the following three Client file fields: field #58 - Drug Type Code, Primary at Admission field #62 - Drug Type Code, Secondary at Admission field #66 - Drug Type Code, Tertiary at Admission
Appendix D - Behavioral Health CPT Codes	Listing of CPT Codes for Behavioral Health
Appendix E - BHDID Service Codes w Descriptions	Valid values associated with the Event file field "DMHMR_Modifier_1" (also called "BHDID Service Codes")
Appendix F - ICD9 Codes	List of ICD9 Codes for Behavioral Health
Appendix G - ICD9 Codes - Full Listing w Descriptions	List of ICD9 Codes With Descriptions for Behavioral Health
Appendix H - ICD10 Codes - Behavioral Health	List of ICD10 Codes for Behavioral Health - Valid values associated with the diagnosis fields 25-39 in the Client file and also with Diagnosis fields in the Event file
Appendix HCPCS - Full Listing with Descriptions	List of HCPCS Codes With Descriptions for Behavioral Health

Client, Event, and Human Resources Data Set

Summary of Changes

From: SFY2024 To: SFY2025

Client Data Set

No changes for SFY2025

Event Data Set

No changes for SFY2025

Human Resources Data Set

No changes for SFY2025

Appendix C - Drug Codes

No changes for SFY2025

Appendix D - Behavioral Health CPT Codes

This appendix reflects the Current Procedural Terminology (CPT) codes as published by the American Medical Association. Codes were added that are used by the Developmental and Intellectual Disabilities programs since they too are reported in the Event file.

Appendix E - Service Codes

2/14/24 Added service code:

- Service: **PASRR-Discontinued Level II SV101(2): Valid procedure code if applicable. When DBHDID is payer source, apply "Case #1" on page AE-1.**
NTE02: 005
Unit of Service: 15 Minutes

Definition:

A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Discontinued Level II code shall be used when a Level II evaluation that could not be completed due to one of the following circumstances: the individual passed away, discharged from the nursing facility, the nursing facility withdraws the application, the nursing facility alters the Level I that causes the referral to go to the peer review organization, or any other situation that would prevent the completion of the full evaluation and determination. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.

2/14/24

Updated valid Codes for Services:

- Service: **PASRR – Level II Evaluation**
SV101(2): T2011 or valid procedure code
NTE02: 004
Unit of Service: 15 Minutes
Definition:
A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. **Level II code shall be used when the evaluation determined that the individual being evaluated does meet PASRR criteria and if they meet level of care and need specialized services for mental illness or intellectual disabilities or related condition. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual. The evaluation shall determine: (a) whether the person needs nursing facility level of care and (b) if so, whether the person needs specialized services for mental illness or intellectual disabilities. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.**
- Service: **Consultation PASRR PASRR-Response to Referral**
SV101(2): Valid procedure code if applicable. When DBHDID is payer source, apply “Case #1” on page AE-1.
NTE02: 006
Unit of Service: 15 Minutes
Definition:
~~A consultation contact is a brief face-to-face or telephone conversation between the nursing facility and Center PASRR staff, that does not lead to a PASRR evaluation. Consultation contacts are designed to eliminate unnecessary referrals. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.~~ A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, ore related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Response to referral code shall be used when the evaluation determined that the individual being evaluated does not meet PASRR criteria, and therefore level of care will be determined by the peer review organization contracted by Medicaid. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.
- Service: **Residential Crisis Stabilization Services (RCSS) (Behavioral Health)**
SV101(2): S9485
NTE02:
 138 (Adult)
 139 (Child/Youth)
Units of Service: per diem
Definition:
Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis

Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual, provide treatment for acute withdrawal, when appropriate, and re-integrate them back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24-hours per day, seven (7) days per week, 365 days a year **with at minimum 1 registered nurse (RN)**. The estimated length of stay for children is three (3) to five (5) days. The estimated length of stay for adults is seven (7) to ten (10) days. The component services of crisis stabilization units are screening, assessment, service planning, psychiatric services, individual therapy, family therapy, group therapy, and peer support. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Residential crisis stabilization does not include, and FFP is not available for, room and board services; educational, vocational and job training services; habilitation services; services to inmates in public institutions as defined in 42 CFR §435.1010; services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010; recreational and social activities; and services that must be covered elsewhere in the state Medicaid plan.

- Service: **Community-Based Mobile Crisis Intervention Services Mobile Crisis (Behavioral Health/Intellectual Disabilities)**
SV101(2): S9484 or other valid procedure code
NTE02: 176
Unit of Service: 1 Hour
Definition:
This code should be used for mobile for both adults and children.

Community-Based Mobile Crisis Intervention Services (MCIS) Mobile Crisis Services are designed to provide community-based interventions and supports for those experiencing a mental health or behavioral health crisis. **MCIS includes dispatch of the Mobile Crisis Team (MCT) at the individual's location. The intent is to provide crisis services at the client's location rather than requiring the client to leave his/her environment. The response may involve one or more staff members.** Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

MCIS provides services outside of a hospital or other facility. Mobile Crisis provides the same services as crisis intervention, except the location for the service is not in the office. Services are available 24 hours a day, seven (7) days a week, 365 days a year. This service is provided in duration of less than 24 hours and is not an overnight service. This service provides crisis response in home or community to provide an immediate evaluation, triage and access to acute behavioral health services including treatment and supports to effect symptom reduction, harm reduction or to safely transition persons in acute crises to appropriate least restrictive level of care.

Special Note:

Requires completion of field "Place of Service" SV105 (FAO-07) which cannot be "in office".

- Service: **Crisis Intervention (Behavioral Health / Intellectual Disabilities)**

SV101(2): H2011, 90839, 90840, or other valid procedure code

NTE02: 200 (15 minutes) (H2011)

210 (first 60 minutes) (90839)

211 (each additional 30 minutes) (90840)

Unit of Service: 15 minutes

Definition:

Crisis Intervention Service (CIS) is an immediate short-term de-escalation, usually a single session, technique used to address an immediate behavioral health emergency, stabilize the individual in crisis, and create and implement a safe, appropriate plan for next steps and future treatment. CIS involves connecting to the person and talking them through specific steps to ensure their immediate safety as well as make appropriate plans for future care. ~~Crisis Intervention shall be a therapeutic intervention provided for the purpose of immediately reducing or eliminating risk of physical or emotional harm to the client, or others. This service shall be provided as an immediate relief to the presenting problem or threat. It must be followed by non-crisis service referral as appropriate. It must be provided in a face-to-face, one-on-one encounter between the provider and the client. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.~~

~~Crisis intervention may include further service prevention planning such as lethal means reduction for suicide risk and substance use relapse prevention.~~

Appendix H - ICD 10 and ICD 9 Codes

This appendix reflects the Current Procedural Terminology (CPT) codes as published by the American Medical Association.

Data Dictionary

No changes for SFY2025

DATA SYSTEM OVERVIEW

Data is collected from the CMHCs in four distinct data sets; client, event, human resources and discharge files. The data sets are inter-related and each one is required to attain a complete picture of the service delivery system.

Client Data

The client data set consists of several fields that provide basic demographics along with a clinical snapshot of the client, including diagnoses and substance use information. The Client data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. The file should contain data on clients who received services during the month of submission. For example, content for the February Client File includes only clients receiving services during February and is to be submitted prior to March 31st.

This data set should contain data on all clients served by the Center, regardless of payer source, during the month for which the file is created. The Client file should only contain clients having one or more services during the month; that is, do not include in a month's Client file, clients not having services in that month's corresponding Event file. The Client file should contain data on all status 1, 2 and 3 clients of the center during that month. A full definition of the different Client status is defined in field #6 "Client Status Code" of the Client file description (page C14).

Event Data

The event data set includes information on individualized services provided by the center. All such services, regardless of payer source, that occurred during the month for which the file is created are required to be submitted in the Event file. Each service in the Event file must have a corresponding client record in that month's corresponding Client file. The Event data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on services that occurring during February are to be submitted prior to March 31st.

NOTE: ALL services / events provided by the Centers shall be reported in this data submission, regardless of the payer source. Refer to guides and instructions produced by each payer source to determine how services are delivered (e.g. telehealth, face-to-face, phone), population criteria, billing requirements and further information.

Human Resources

The human resources data provides information on the staff who provide clinical services at the center. This data should directly relate to the Event data file field NTE02, columns 19-33 - Rendering Professional ID. Each service in the Event file must have a corresponding staff record in that month's corresponding Human Resources file. The Human Resources data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on services that occurring during February are to be submitted prior to March 31st.

TEDS SA Discharge Data Set

The Discharge data set contains a record for every client who is discharged from a Substance Abuse program each month based upon the federal TEDS criteria. A full definition of those criteria is available in the Data Dictionary under the headings of "Substance Abuse Client" and "Substance Abuse Client Admissions and Discharges".

The TEDS SA Discharge data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on discharges that occurred during February are to be submitted prior to March 31st.

NOTE: The file format and various aspects of the data submission protocol are unique to the Discharge File. For an overview, see the “File Submission Procedures” subsection of the “TEDS SA Discharge Record” section of the Implementation Guide.

POLICY ON ANNUAL CHANGES

Changes to this Data Submission Guide will only be made annually effective July 1 of each year with the exception being made by the BHDID Commissioner or his/her designee. Changes must be submitted for review to the Joint Committee for Information Continuity (JCIC) prior to the January JCIC meeting. The JCIC team will be notified on any changes developing later than January.

STANDARDS FOR INFORMATION QUALITY

PURPOSE: The purpose of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Standards for Information Quality is to ensure that timely, accurate and complete data is available for monitoring and improving the quality of services supported or provided by DBHDID.

TIMELINESS STANDARD*

Files: Client, Event, Human Resource, Discharge

Criteria: For the Client and Event files, the final submission must be completed by the last day of the month following the Reporting Period. For the Discharge File, final submission must be made by the end of the month that the file was provided by RDMC. See the Discharge File Section in the Data Submission Guide for details.

Example: If the Client Data Set submission for May is received by DBHDID on June 30, the timeliness standard is met. If data is received on July 1, the standard is not met.

FATAL ERROR STANDARD

Files: Client, Event, Human Resources, Discharge

Criteria: Each Fatal Field is to have no more than 1.0 % invalid values. See “Fatal Field Listing” for a list of fatal fields. Errors in fatal fields cause the entire record to be rejected from the data base.

Example: The record contains an invalid Client ID. The record is rejected.

GENERAL ERROR STANDARD

Files: Client, Event, Human Resources, Discharge

Criteria: The percentage of incorrect or incomplete values for each field must be under a set percentage rate for that field. This standard includes the current General Accuracy errors as well as the current incomplete errors. It applies to all non-fatal fields. See “General Field Listing” for threshold values for each field. Errors in General Error fields only cause the loss of information for that particular field. The remaining portion of the record will be saved in the data base.

Example: A ‘4’ is submitted in the Client Sex field. The ‘4’ is changed to an ‘8’ (Not collected), and the record is added to the Client table. This is counted against the Accuracy standard for the Client Sex field.

Fatal Field Listing

Client File

System Reporting Date
Region Number
Client ID
Client Status Code

Event File

Client ID
Service From Date
DMHMRS Modifier 1 (when Source of Pay = Y/DMHMRS)
Provider ID

Human Resources File

Region Number
Staff Identifier
System Reporting Date
Date of Employment

Discharge File

Reporting Period
Region Number
Client ID
SA Admission Date
SA Discharge Date

General Field Listing

<u>Client File</u>	<u>Maximum Error Rate</u>
Date of Birth	1%
Sex	1%
Education	3%
Employment Status	3%
Referral Source Primary	3%
Referral Source Secondary	3%
Living Arrangements	3%
County of Residence	3%
Primary Diagnosis	3%
All other fields	5%
<u>Event File</u>	
DMHMRS Modifier 1	2%
Place of Service	5%
Source of Pay	5%
Special Program Indicator	2%
Units of Service	5%
<u>Human Resources File</u>	
Separation Date	5%
Highest Degree	5%
Employment Status	5%
First Additional Language (No Completeness check)	5%
Primary Taxonomy Code	5%
<u>Discharge File</u>	
Reason for Discharge	5%
Drug Type Code – Primary	5%
Frequency of Use – Primary	5%
Drug Type Code – Secondary	5%
Frequency of Use – Secondary	5%
Drug Type Code – Tertiary	5%
Frequency of Use – Tertiary	5%
Living Arrangements	5%
Employment Status	5%
Number of Arrests	5%
Self-Help Attendance	5%

THE DATA SUBMISSION PROCESS

Transmission Protocol

In order to maintain an efficient system for processing data, the department will accept submissions only via the Internet. This will enhance the communication process between the Department and the Centers by allowing automated processing, verification and reporting to occur.

Submitting Data

The Department maintains a password protected internet site. The naming convention for data files is as follows: *<region number><month><year><file type>.DAT*. **NOTE: <year> is calendar year, not fiscal year.** Each section is two digits with leading zeros where appropriate. The valid file types are:

- CS (Client Submission)
- CR (Client Resubmission)
- DS (TEDS Discharge Submission)
- DR (TEDS Discharge Resubmission)
- EH/N (Event Submission in HIPAA format)
- EP (Event Resubmission in HIPAA format)
- HR/HS (Human Resources Submission)

For example, the October 2014 client data submission from Region 1 would be **011014CS.DAT**.

A test file submission may be made by using the following naming convention: *<region number><month><year><file type>_Test.DAT*. Test file submissions allow centers to evaluate data quality without the risk of any penalties associated with not meeting data standards.

Transmission Procedure - Internet

To access the data upload, you must have activated your account by contacting the website security administrator at the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) (502-782-6112). Using your web browser, go to the address <https://dbhdid.ky.gov/Login/>. You will need to enter your user name and password. Please keep these in a secure place and do not share them with others in your organization. If you ever fear a breach of security, please change your password as soon as possible and notify Zara.Bullock@ky.gov at DBHDID.

The interface should be easy to understand. Here are a few instructions which should be of help.

Uploading files: To upload a file, go to the “File Management” page and hit the browse button at the bottom of the page. Find the file on your system that you wish to send. After doing this, press the “Upload File” button. A message should appear indicating that the file transmission was successful.

Downloading files: If you need to obtain a copy of a file appearing in your folder on the “File Management” page, right-click on the file. Your browser should give you an option to save a copy of the target file on your computer.

A note about security: By using the web interface, you accept the risk incurred when transferring data over the internet. You agree to not hold the University of Kentucky Institute for Biomedical Informatics or the Kentucky Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities responsible for any such unlawful interception of data by an outside entity.

NOTE: BE SURE TO ENCRYPT THE SSN IN YOUR FILES BEFORE SENDING. USE THE PROGRAMS PROVIDED AND CONTACT YOUR LIAISON IF YOU HAVE ANY QUESTIONS.

The reasons below address the necessity for encryption and its relationship to security.

- Data breaches are real and becoming more common.

- It supports data integrity-Data encryption could help to assure that only authorized parties access a firm's information for analysis. It also decreases the likelihood of a hacker successfully tampering with data and those actions going unnoticed.
- Data Encryption is a privacy safeguard-Considering the information being stored on computers encryption keeps your identity safe and secure along with your data. Hackers can compromise information such as email addresses and the rightful owners may not know what's happened until months pass.
- Helps you stay safer when working remotely – Whether working remotely all the time or just occasionally data encryption helps you stop information from falling into the wrong hands.
- It could help you avoid regulatory fines – Depending on specific businesses or policies set forth by employers, encryption technology for data protection may be mandatory rather than optional. In the health care sector, patient privacy laws require keeping information encrypted. Organizations receive significant fines for noncompliance.
- Data encryption can provide a competitive advantage-Data encryption applies both to information at rest and in transit. It provides consistent protection that can lead to peace of mind for the people that handle the information. Having an encryption plan is essential.
- Using encryption technology for data protection can increase trust – Even though some businesses may not require to encrypt their data due to their own regulations, some organizations choose to do so to show their clients they take privacy seriously. Although end users need to take their own responsibility, organizations can solidify their reputation by emphasizing a commitment to incorporate encryption technologies into their operations.
- SSL (Secure Sockets Layer) – SSL allows sensitive information to be transmitted securely. The chances of an SSL certificate itself being hacked is incredibly slim. **However just because you have SSL does not mean the website isn't vulnerable in other areas. Servers go down as an example and can become vulnerable on either end.**

The Institute for Biomedical Informatics must adhere to regulations and policies within our department and those of the University of Kentucky. IBI has Access Control policies and Physical Security policies. These were developed as addendums to UK HealthCare Act; UK Healthcare Policies A13-060-Logical Access Control Policy, A13-040 Passwords. In addition to our IT Security firewalls, SSL, Access Controls policies, HIPAA compliance policies and trainings, we take our commitment to privacy of PHI very seriously. **Encrypting your data is not only to protect IBI but also to protect you the user. Encrypting sensitive data files is a measure to protect networks and devices from data breaches.**

“Access Control Policy #P010-0 for IBI:

Purpose: To control access to information based on business requirements and to prevent unauthorized access of information systems that contain Protected Health Information (PHI) or sensitive data. Effective account management is central to providing logical access control that is commensurate with sensitivity and risk. User account management focuses on identification, authentication, and access authorizations. This is augmented by the process of auditing. This policy applies to all individuals who access, use, or control IBI's information assets. All projects and staff located within the Institute for Biomedical Informatics (IBI) are

subject to this procedure. Those individuals covered include, but are not limited to, staff, faculty, students, those working on behalf of IBI, guests, tenants, visitors, and individuals authorized by affiliated institutions and organizations, hereinafter referred to as *users*.

Definitions

- A. **Access** is the ability to do something with an information system resource.
- B. **Access control** is the means by which the ability is explicitly enabled or restricted in some way.
- C. **Logical access controls** provide a technical means of prescribing not only who or what is to have access to a specific system resource, but also the type of access that is permitted.
- D. **Elevated User** is the level of access permissions granted to an approved user above the standard permissions granted which is determined by business needs and level of expertise.
- E. **Security Groups** are utilized for role-based access to databases and file folders when possible.”

Data Corrections

Client Data Set

Changes to previously submitted Client records can only be made by resubmitting the entire data file for the month where the change is needed. If the file submission deadline for the month has already passed, notify your IBI liaison prior to resubmitting the data file.

Event Data Set

Event files may contain records where the service dates are prior to the month and year specified in the file name. If a service was not included in the original Event file, it can be included in a later data file.

Centers may delete individual services by providing IBI with a comma-separated text file containing a record for each service to be deleted. Each record in the file should contain the following eight fields to uniquely identify the service: Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1. Each field value should be separated by a comma. Centers should contact their IBI liaison prior to submitting an Event deletion file.

Any necessary Event changes that cannot be made by adding or deleting services as specified above must be made by resubmitting the entire Event file for the month. If the file submission deadline for the month has already passed, notify your IBI liaison prior to resubmitting the data file.

TEDS Discharge Data Set

Changes to previously submitted TEDS Discharge records can only be made by resubmitting the entire data file for the month needing changed. If the file submission deadline for the month has already passed, notify your IBI liaison prior to resubmitting the data file.

Human Resources Data Set

Beginning with the July 2005 data, the Human Resources Data Set retains each month's data rather than replacing the entire data set. This allows the system to track staff members with broken service periods. HR records with fatal errors will be rejected and not loaded to the data set.

Provider / Organizational Data

Updates to center provider information should be made using the form on the DBHDID web site. To access that form, log on to <https://dbhdid.ky.gov/Login/>. Once logged on, users with appropriate permissions can follow the “Add, Delete, or Update Provider Site” link to make changes to their

providers. For additional information on accessing the secure web site, see the “Transmission Procedure – Internet” section above.

To update other organizational data, contact your IBI liaison for details.

DBHDID Responsibilities

Upon receipt of a Client, Event, HR or Discharge dataset, IBI will provide a Data Quality Report to the center’s liaison via email. IBI will provide the report within 24 hours of receipt of the dataset (excluding weekends and holidays). Centers may then resubmit the data file to IBI to resolve any issues as set out on the Data Quality Report.

Procedure for Changing Client Identifiers

There are occasions when a client identifier may change. For example, when the client first comes in for treatment, a SSN is not available and a pseudo-number is generated. Later, the true SSN is discovered and the ID changes.

In order to correct the previously submitted records, centers should submit a special corrections file. IBI will process the corrections file and update its tables with the corrected values. The method to do this is as follows:

- Include the corrections in an Excel file or a tab-delimited text file. Name the file “RR_SSN_Corrections” where “RR” is the two-digit region number.
- The file should contain three columns: “Region Number”, “Old SSN”, and “New SSN”. Column headers should be included. If Excel format is used, be sure to format the cells as text to prevent the loss of leading zeros. Unencrypted SSNs should be used in the file to identify clients.
- Submit the file to IBI using standard file submission protocol as set out above under “Submitting Data”. IBI will process the corrections file and update its tables with the corrected client identifiers.

Fatal, General, Completeness, and Possible Error Definitions

Fatal error: A fatal error occurs when an invalid value is reported in a key field. This record will be rejected from the submission and the Center must correct and resubmit it for the record to be accepted into the data set.

Example: The record contains an invalid Client ID.

General error: A general error occurs when an invalid value is reported in a required, but non-key field. The error is recorded and displayed on the Audit report, the field is changed to the default value (normally the Not Collected code), and the record is accepted into the data set.

Example: A ‘4’ is submitted in the Client Sex field. The ‘4’ is changed to an ‘8’ (Not collected), and the record is added to the Client table.

Completeness error: A completeness error occurs when an Unknown or Not Collected value is reported in a required, but non-key field. The error is recorded and displayed on the Audit report. The record is accepted into the data set.

Example: The “Employment Status” field contains a ‘98’ (Not Collected).

Possible error: A possible error occurs when a field's value conflicts with the value in a related field or when a field's value falls outside the normally accepted range. The error is displayed on the Audit report, but no change is made to the record. The record is accepted into the data set.

Example: The Pregnant Woman field contains a '1' (Yes) but the Client Sex field contains a '1' (Male).
Example: The Client Date of Birth field is over 100 years ago.