Kentucky Department for Behavioral Health,
Developmental and Intellectual Disabilities

BHDID Data Implementation Guide

Introduction

Fiscal Year 2024

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Client, Event, and Human Resources Data Set

Summary of Changes

From: SFY2023 To: SFY2024

Client File

The following are changes for SFY24.

Updated Special Instructions for field 91 Child_Custody

Removing the following line:

- ~~Value "6" should only be used if the client's age is age twenty one (21) years or older.~~

Adding the following three lines:

- Value "6" should only be used in the following situations:
  - When the client's age is twenty-one (21) years or older.
  - When the client does not have a guardian; that is, the client is their own guardian.

For details, see the full description on page C-70 of this document.

Added new field 92 Military Family Relations (new in SFY24)

Data field name – Military_Family_Relations

Length	Format	From	To	Fatal
2	##	282	283	No

Description: Identifies whether the client has or had a family member who is serving or has served in the military or has performed previous military service. Specifically, the field indicates the client's answer to the question: **"Is or was anyone in your family (biological, foster, kinship, step, adoptive, etc.) a member of the United States military?**"

Definition(s): To serve in the military is to be (current or previously) a member of one of the branches of the United States Armed Forces, Reserve components or National Guard, Coast Guard, or Space Force.

For details, see the full description on page C-70 of the Client File description document.

Event File

The following are changes for SFY24.

Added the following new value (answer option) for Source of Pay field

SBR09 (DA0-05). Source of Pay (Payer)

Valid Codes:	HIPAA	(NSF)	Description
	[blank]	S	DCBS (new in FY24 intended to capture DCBS State General Funds for I/DD population and others served)

For details, see the full description on page E-11 of the Event File description document.

Appendix E

No changes for SFY2024

Human Resources Data Set

No changes for SFY2024

Data Dictionary

No changes for SFY2024

Appendix C - Drug Codes

No changes for SFY2024

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

No changes for SFY2024

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 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

Client File	Maximum Error Rate
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%
Event File	
DMHMRS Modifier 1	2%
Place of Service	5%
Source of Pay	5%
Special Program Indicator	2%
Units of Service	5%
Human Resources File	
Separation Date	5%
Highest Degree	5%
Employment Status	5%
First Additional Language (No Completeness check)	5%
Primary Taxonomy Code	5%
Discharge File	
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 HopeB.Beatty@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 Pharmaceutical Outcomes and Policy 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** provides 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 IPOP 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 IPOP 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 IPOP 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 IPOP 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 IPOP 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 IPOP liaison for details.

DBHDID Responsibilities

Upon receipt of a Client, Event, HR or Discharge dataset, IPOP will provide a Data Quality Report to the center's liaison via email. IPOP will provide the report within 24 hours of receipt of the dataset (excluding weekends and holidays). Centers may then resubmit the data file to IPOP 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. IPOP 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 IPOP using standard file submission protocol as set out above under "Submitting Data". IPOP 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 in order 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.