

*DRAFT***Summary List****September 3, 1998**

<b>I. CLIENT MASTER DATA ELEMENTS (Data reported once but may be corrected as needed.)</b>		
1. Client Unique Identifier	2. Gender	3. Date of Birth
4. Ethnicity (check all that apply)	5. Hispanic Origin	6. Primary Language
7. English Proficiency	8. Accommodation Needed	9. Veteran Status

<b>CLIENT ELIGIBILITY DATA ELEMENTS (eligibility criteria would vary by contract)</b>		
1. Payors	2. Eligibility Status	3. Enrollment Begin Date
4. Enrollment Ending Date	5. Disenrollment Reasons	

<b>CLIENT PERIODIC DATA ELEMENTS (Data collected at specific intervals: admission, every 6 months, annually, and/or discharge.)</b>		
1. Education	2. Employment Status	3. Type of Employment
4. Residential Arrangement	5. Household Composition	6. Residence
7. Functional Status	8. Self-reported Health Status	9. Custody/Guardianship/ Conservatorship
10. Legal Status	11. Interagency Participation in Assessment and Provision of Services	12. Marital Status
13. Citizenship (Alien Status)	14. Informed Consent for Treatment	15. Informed Consent for Data Sharing (Release of Information)
16. Presenting Problem(s) at Time of Admission	17. Referring Source	18. First Behavioral Health Diagnosis

19. Second Behavioral Health Diagnosis	20. Additional Mental or Physical Health Diagnosis (1)	21. Additional Mental or Physical Health Diagnosis (2)
22. Additional Mental or Physical Health Diagnosis (3)	23. Primary Care Physician	

<b>CLIENT ELEMENTS (Considered but Not Included.)</b>		
1. Coded area of Residence Prior to Admission to Organization	2. Chronicity of Mental Illness	3. History of Use of Mental Health Services Prior to Most Recent Admission to the Organization
4. Referral Upon Discontinuation	5. Current Primary Therapist or Case Manager	6. Duration of Disability
7. Annual Gross Income and Number of Dependents	8. Income-Principal Source	9. Enrollment Status
10. Family/caregiver Participation in MH Assessment and Treatment	11. Inclusion in Treatment Plan	

<b>CHILDREN'S ELEMENTS (Elements Considered but Not Included.)</b>		
1. History of Use of MH Services	2. Referral Upon Discontinuation	3. Staff Member(s) Participating
4. Average Age of Receivable, by Payor Source		

<b>VI. ENCOUNTER DATA ELEMENTS (Data reported at every encounter; phone, face-to-face; collateral.)</b>		
1. Client Unique Identifier	2. Service Transaction Identifier	3. Organization Identifier
4. Provider Identifier	5. Type of Service	6. Service Begin Date
7. Service Ending Date	8. Date of Service	9. Location of Service
10. Unit of Service	11. Unit of Time	12. First Behavioral Health Diagnosis
13. Second Behavioral Health Diagnosis	14. Disenrollment Disposition	15. Disposition of Encounter

16. Presence of Other Staff Members		
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**ENROLLMENT AND ENCOUNTER ELEMENTS  
(Considered but Not Included.)**

1. Psych. ER Visits for Non-Emergency	2. Residential Placement	3. Principal Procedures
4. Other Procedures	5. Dates of Procedures	6. Attending Physician Identification (inpatient)
7. Date Payment Made	8. Admitting Service	9. Employee Home Phone
10. Visits During Office Hours	11. Benefits Currently Used	12. Date of Referral
13. Type of Referral	14. Daily Activity Code	15. Service Hours and Days of Operation
16. Dependent Birthdays	17. Dependent Gender	18. Patient's Relationship to Subscriber/Enrollee
19. Number of Visits for Each Client	20. Total Amount Paid	21. Staff Member(s) Reporting
22. Persons Involved in Event	23. Scheduled Event	24. Medical Record Number
25. Client's Expected Sources of Payment	26. Authorized Service	27. Authorized Units
28. Medications Prescribed		

**PROVIDER/ORGANIZATION DATA ELEMENTS  
(Data reported once but may be corrected as needed.)**

1. Provider Identification	2. Organization Identifier	3. Provider Location
4. Type of Facility		

**PROVIDER/ORGANIZATION PERIODIC DATA ELEMENTS  
(Data reported annually.)**

1. Provider Identification	2. Organization Identification	3. Reporting Year
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<b>ORGANIZATION ELEMENTS (Considered but Not Included.)</b>		
1. Name of Director	2. Telephone Number of the Director	3. Location of Directly Operated Service Sites
4. Type of Ownership/Control	5. University/College Affiliation	6. Total Revenue and Support
7. Total Expenses	8. Number of Hours of Operation Scheduled Per Week	9. Relation to the State Mental Health Agency
10. Admissions	11. Discontinuations	12. Number of Hot-line Phone Calls
13. Total Full Time Equivalents by Type of Service	14. Number of Clients on Rolls by Type of Service	15. Number of Beds Set Up and Staffed by Type of Service
16. Number of Client Days/Units Provided by Type of Service		

<b>HUMAN RESOURCES DATA ELEMENTS (Data reported once but may be corrected as needed.)</b>		
1. Organization Identifier	2. Provider Identification	3. Staff Unique ID
4. Staff's Date of Birth	5. Staff's Gender	6. Staff's Ethnicity
7. Staff's Hispanic Origin	8. Date of Employment/Affiliation	9. Discipline/Training/Profession
10. Highest Degree/Education Level	11. License/Certification	12. Employment/Affiliation Status
13. Languages Other Than English	14. Total Full Time Equivalents by Discipline/Training Profession	15. Separation Date

<b>HUMAN RESOURCES ELEMENTS (Considered but Not Included.)</b>		
1. Country of Highest Degree	2. Private Practice Maintained	3. University/College Affiliation
4. Participation in Job-Related or Career Development Training	5. Income from the Organization	6. Fringe Benefits Value
7. Year of Degree	8. Primary Job Function	9. Experience

<b>FINANCIAL ELEMENTS (Data reported annually.)</b>		
1. Organization Identifier	2. Provider Identification	3. Current Assets
4. Non-current Assets	5. Total Assets	6. Current Liabilities
7. Non-current Liabilities	8. Total Liabilities	9. Operating Revenue and Support: First- and Third-Party Revenue by Program Element
10. Operating Revenue and Support: All Other Sources	11. Non-operating Revenue and Support	12. Total Revenue and Support
13. In-kind Contribution and Volunteers (Value)	14. Expenses by Program Element	15. Organization-Level Expenses
16. Other Expenses at the Organization Level		