

## Mental Health Information System (MHIS) Manual

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### 5.1.2. Client Placement Information

#### **VARIABLE NAME: Payment Source**

**DESCRIPTION:** Identify the payment source for treatment services at the time the service was delivered.

**VALID ENTRIES:**

- [1] Minnesota Health Care Plan (MHCP)
- [2] Grant funding only
- [3] MHCP and grant funding
- [4] Private insurance and grant funding

**GUIDELINES:**

- Select from the list above the payment source(s) that pays all or part of the client's mental health and support services indicated in the client record. The responses to this question will aid in the tracking grant funds per legislative request.
- If private insurance or Medicare is covering the complete cost of service(s), then the person should not be reported in MHIS.
- If payment source selection includes MHCP: [1] MHCP or [3] MHCP and Grant Funding, the client ID must be entered as a PMI.
- If the client has MHCP and Private Insurance and both distributed payment, select MHCP funding.
  - Include grant funding, if applicable.
- This field **does not collect insurance status**. Report only on the source of funding that has provided payment specific to the program/treatment(s) selected in the client record during the dates entered in the client record.

**FIELD NUMBER:** C4, CR4

**FIELD LENGTH:** 1

**FIELD TYPE:** Text

**FORMAT:** X

#### **VARIABLE NAME: Reason Grant Funded**

**DESCRIPTION:** Identifies the reason why grant funding was used for all or part of the service(s) provided.

**VALID ENTRIES:**

- [1] **Underinsured:** Clients who have insurance but face out-of-pocket costs or limits on benefits that may affect their ability to access or pay for services.
- [2] **No insurance:** Clients who do not have insurance coverage.
- [3] **Uninsurable:** Clients who are not eligible for insurance coverage.
- [4] **Non-MHCP covered service provided:** Services provided that are not included in the MHCP (MA) benefit set.

**GUIDELINES:** This question is required if Payment Source = [2] Grant Funding only, [3] MHCP and Grant Funding, or [4] Private Insurance and Grant Funding.

**FIELD NUMBER:** Z1, CR5

**FIELD LENGTH:** 1

**FIELD TYPE:** Text

**FORMAT:** X

**VARIABLE NAME: Grant Type**

**DESCRIPTION:** Identifies type of grant funding used.

**VALID ENTRIES:**

- [1] CSP: Community Support Program grant
- [2] AMHI: Adult Mental Health Initiative grant
- [3] HWS: Housing With Supports grant (HSASMI grant)
- [4] Crisis grant
- [5] Other State grant
- [6] Whatever it Takes grant
- [7] Mental Health Innovations grant

**GUIDELINES:** This question is required if Payment Source = [2] Grant Funding only, [3] MHCP and Grant Funding, or [4] Private Insurance and Grant Funding.

**FIELD NUMBER:** Z2, X16

**FIELD LENGTH:** 7

**FIELD TYPE:** Text

**FORMAT:** X

**VARIABLE NAME: Patient Master Index (PMI) ID**

**DESCRIPTION:** The PMI ID is a unique client identification number assigned to each person who is approved for Minnesota Health Care Program (MHCP) services.

**VALID ENTRIES:** An identifier with 8 text characters.

**GUIDELINES:** PMI ID is the preferred ID for reporting MHIS records. Agencies must provide the PMI ID when reporting MHCP eligible clients. PMI first digit leads with a zero. Providers can search for a client's PMI using the Eligibility Request tool in [MN-ITS](#).

**FIELD NUMBER:** C5, CR6

**FIELD LENGTH:** 8

**FIELD TYPE:** Text

**FORMAT:** XXXXXXXX

**VARIABLE NAME: Shared Master Index (SMI) ID**

**DESCRIPTION:** The SMI ID is a unique client identification number created to cross-reference data systems MAXIS, MMIS, PRISM, and SSIS.

**VALID ENTRIES:** An identifier with 9 text characters.

**GUIDELINES:** This element is only used when no PMI ID is assigned. If no PMI ID is assigned, and the SMI ID is unknown, refer to Alternative Mental Health (AMH) ID.

**FIELD NUMBER:** C6, CR8

**FIELD LENGTH:** 9

**FIELD TYPE:** Text

**FORMAT:** XXXXXXXX

**VARIABLE NAME: Alternative Mental Health (AMH) ID**

**DESCRIPTION:** A client identifier to be used when either a PMI or SMI ID is not available.

**VALID ENTRIES:** An identifier with 8 text characters.

**GUIDELINES:** This element is used only when a client has no PMI or SMI assigned. The hierarchy for client IDs in MHIS are as follows:

1. Patient Master Index Number (PMI) for previously eligible and current clients on Minnesota Health Care Program (MHCP). These programs go by the terms: MA, MinnesotaCare, GAMC, and MCO/PMAP.
2. Shared Master Index number (SMI) for all clients with a county case – this ID is only used when a PMI is not available.
3. Only if PMI or SMI does not exist should the AMH ID be used.
  - The AMH ID contains four digits assigned to your agency by DHS (contact [dhs.amhis@state.mn.us](mailto:dhs.amhis@state.mn.us) for provider number), followed by four digits created by the provider which should begin with 0001 for the first client and increase by 1 as additional AMH IDs are needed.
  - Grantees/Providers should search client list on MHIS, to determine next number to be assigned to a new client that does not have PMI or SMI. The provider must

link the AMH ID with the client in their system to use for future continuing and discharge client status reporting.

- AMH ID must not contain any part of the client's SSN.

**FIELD NUMBER:** C7, CR7

**FIELD LENGTH:** 8

**FIELD TYPE:** Text

**FORMAT:** XXXXXXXX

### **VARIABLE NAME: Date of Birth**

**DESCRIPTION:** This is the date the client was born.

**VALID ENTRIES:** An identifier using 2-digit month, 2-digit day, and 4-digit year.

**GUIDELINES:** Date must match the date of birth associated with PMI or SMI number when using either ID type.

**FIELD NUMBER:** C8, CR9

**FIELD LENGTH:** 10

**FIELD TYPE:** Date

**FORMAT:** MM/DD/YYYY

### **VARIABLE NAME: Client Status**

**DESCRIPTION:** Indicates the client's status at the time of reporting.

**VALID ENTRIES:**

- [01] **New Client:** A person who began services during the reporting period. Services began on the first day of the reporting period or thereafter
- [02] **Continuing Client:** A person on the agency caseload (i.e. has not completed treatment) at the start of the reporting period. Services began at least a day prior to the start of the reporting period, or services began at least a day prior to the last status update.
- [03] **Intervention Episode:** A person who received Mobile Crisis Assessment, Intervention, and/or Stabilization.
- [11] **Client Completed Treatment:** A person who completed services during the reporting period. Services completed on the last day of reporting period or prior.
- [12] **Transferred to Same Level of Service**
- [13] **Transferred to Higher Level of Service**
- [14] **Transferred to Lower Level of Service**
- [21] **Client Moved or Relocated**
- [22] **No Contact With Client**
- [31] **Client was Incarcerated, Jail**
- [41] **Death – Suicide**
- [42] **Death – Not suicide or unknown cause**
- [62] **Other Specified Reasons**

**GUIDELINES:**

- A client has a [02] Continuing Client status if the person has not yet completed or discontinued services from the agency at the end of the reporting period.
- A client who received a service during the reporting period and died during the reporting period should be reported using the most recent available data prior to the client's death. Use code [41] or [42] as the client's status at the end of the reporting period.
- Mobile crisis community stabilization is reported in MHIS once per intervention episode. A single episode may include multiple face-to-face encounters.
- CSP (Community Support Program) services where a client begins and ends services under a single point of contact should report a single status record where client status = [62] Other Specified Reasons.
- To determine type of transfer to same, higher, or lower level of service, use LOCUS assessment level of care score.
- Use code [62] for clients that are no longer covered by public funds.
- Use code [62] for a discontinuance client with discontinuance reason not in the provided selection above.
- There is no selection available for unknown client status.
- A client who discontinues service and then returns for a new episode of treatment/service will be a [01] New Client at the time of return.

**FIELD NUMBER:** C9, CR10

**FIELD LENGTH:** 2  
**FIELD TYPE:** Text  
**FORMAT:** XX

**VARIABLE NAME: Status Update Date (Online Individual Entry)**

**DESCRIPTION:** Date client's status was last updated during current reporting period. For online entry only.

**VALID ENTRIES:** 2- digit month and day followed by the 4-digit year. The numeric format for months and days 1-9 must have a zero as the leading digit.

**GUIDELINES:** For Mobile Crisis services Status Update Date will be the same as the Start Date.

**FIELD TYPE:** Date

**FORMAT:** MM/DD/YYYY

**VARIABLE NAME: Start Date**

**DESCRIPTION:** Identifies the date the client started services during the current episode of service/treatment.

**VALID ENTRIES:** 2- digit month and day followed by the 4-digit year. The numeric format for months and days 1-9 must have a zero as the leading digit.

**GUIDELINES:** Must be consistent throughout the duration of an episode of treatment.

- A client who discontinues service and returns at a later date will be reported with their new/updated Start Date.

**FIELD NUMBER:** C10, CR11

**FIELD LENGTH:** 10

**FIELD TYPE:** Date

**FORMAT:** MM/DD/YYYY

**VARIABLE NAME: End Date**

**DESCRIPTION:** Identifies the date of the client completed treatment or last day client received services.

**VALID ENTRIES:** 2- digit month and day followed by the 4-digit year. The numeric format for months and days 1-9 must have a zero as the leading digit.

**GUIDELINES:**

- When the client's status is discontinuance [22] No contact with client and the discontinuance date cannot be determined, enter the last day of the reporting period.
- For mobile crisis intervention episodes, enter the last day in which face-to-face services were provided for the program/treatment(s) indicated on the client record.

**FIELD NUMBER:** C11, CR12

**FIELD LENGTH:** 10

**FIELD TYPE:** DATE

**FORMAT:** MM/DD/YYYY

**VARIABLE NAME: Current Program / Treatment**

**DESCRIPTION:** Indicates the mental health service(s) the client received at the time of reporting from the reporting agency.

**VALID ENTRIES:**

[01] ARMHS: Adult Rehabilitative Mental Health Services

[02] ACT: Assertive Community Treatment

[06] CSP: Community Support Program Services

[08] IR: Intensive Residential

[09] Day Treatment (Children's or Adult)

[10] IA: Diagnostic Assessment

[11] DBT: Dialectical Behavior Therapy IOP

[14] HWS: Housing With Supportive Services

[15] IRS: Intensive Residential Treatment Services

[16] Medication Management

[17] Outpatient Psychotherapy

[18] Partial Hospitalization

[19] Peer Support Services/ Certified Family Peer Specialist

[20] MH-TCM: Mental Health Targeted Case Management (Children's or Adult)

- [21] State-Operated Inpatient
- [22] Supported Employment
- [23] Crisis Assessment
- [24] Crisis Intervention
- [25] Crisis (non-residential) Stabilization
- [26] Youth ACT
- [28] Behavioral Health Homes
- [29] Forensic ACT
- [30] CTSS: Children's Therapeutic Services & Supports
- [31] Outreach Services (HSASMI Grant)
- [32] Housing Transition Services (HSASMI Grant)
- [33] Tenancy Sustaining Services (HSASMI Grant)
- [34] General Case Management
- [35] Whatever it Takes Grant
- [36] Mental Health Innovations Grant

**GUIDELINES:**

- Multiple entry field – select up to five codes that apply for services delivered by the agency at the time of reporting.
  - Exception: Intervention Episode – client status can only have up to three Crisis services: codes [23], [24], and [25].
  - Exception: Mental Health Innovations Grant reporting should be completed separate from all other program/treatment reporting.
- For definitions of Program/Treatment service, refer to the GLOSSARY OF TERMS and ACRONYMS section in this manual.

**FIELD NUMBER:** C12, CR13

**FIELD LENGTH:** 10,6

**FIELD TYPE:** Text

**FORMAT:**

- General Upload: XXXXXXXXXXX
- Mobile Crisis Upload: XXXXXX

**VARIABLE NAME: Legal Status**

**DESCRIPTION:** Identifies the client's legal status at the time of the status update.

**VALID ENTRIES:**

- [01] Voluntary, Self
- [02] Voluntary, Others (By guardian, parents, etc.)
- [03] Civil Commitment MI
- [04] Civil Commitment MI/CD
- [05] Civil Commitment MI/DD
- [06] Civil Commitment MI&D
- [07] Civil Commitment, Sexual
- [08] Civil Commitment, Other
- [09] Court Hold
- [10] Inpatient Commitment
- [11] Emergency Hold
- [12] Provisional Discharge
- [13] Rule 20/Competency Restoration
- [99] Unknown

**GUIDELINES:**

- Code [03], [04], [05], [06] & [08] (civil) describes individuals who have been committed for dangerousness due to mental illness.
- Use code [01] or [02] for Stayed Order of commitment that describes when the commitment order was deferred (held off, put off).
- Use code [07] (sexual) for clients civilly committed under laws that are referred to as 'sexual predator' or 'sexually dangerous' or 'sexual psychopathic personality'.
- Use code [99] (Unknown) if the Agency collects this data but for some reason a particular record does not reflect an acceptable value.

**FIELD NUMBER:** C13

**FIELD LENGTH:** 2

FIELD TYPE: Text  
FORMAT: XX

**VARIABLE NAME: Team Code (Required for ACT and HWS reporting)**

**DESCRIPTION:** Identifies the team providing services on the client status record.

**VALID ENTRIES:** SEE PROVIDER INFORMATION TAB SECTION.

**GUIDELINES:** Identifier for the specific team providing service.

- Example: The HWS agency has three teams providing a service at the same location, the agency assigns a team name and team code for each team.
- ACT team codes are assigned by DHS, if unknown please contact the DHS ACT lead or MHIS team.
- Batch upload files will report the two-digit team code.
- Individual online records will select the appropriate team name from the provided drop down menu.

**REQUIREMENT:** HSASMI grantees, ACT, and Forensic ACT records must complete this field.

**FIELD NUMBER:** C14

**FIELD LENGTH:** 2

**FIELD TYPE:** Text

**FORMAT:** XX

**VARIABLE NAME: Gender**

**DESCRIPTION:** Identifies the client's self-identified gender at the time of reporting.

**VALID ENTRIES:**

- [1] Male
- [2] Female

**GUIDELINES:** For agencies that collect transgender as an option, report the data as follows: Transgender man (female sex at birth but identifies as male) - code as Male. Transgender woman (male sex at birth but identifies as female) - code as Female.

**FIELD NUMBER:** C15, CR14

**FIELD LENGTH:** 1

**FIELD TYPE:** Text

**FORMAT:** X

**VARIABLE NAME: Race**

**DESCRIPTION:** Identifies the client's self-identified race at the start of services.

**VALID ENTRIES:**

- [1] **American Indian and Alaska Native:** Origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.
  - [2] **Asian:** Origins in any of the following people of the Far East, the Indian Subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.
  - [3] **Native Hawaiian or Other Pacific Islander:** Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - [4] **Black or African American:** Origins in any of the Black racial groups of Africa.
  - [5] **White:** Origins in any of the original people of Europe, North Africa or the Middle East.
  - [6] **Some Other Race Alone:** Use this category for instances in which the client does not identify with any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories (do not use this category for clients indicating multiple or mixed races).
- [9] Unknown**

**GUIDELINES:**

- Multiple entries field; select all races that the client reported at the beginning of program.
- For agencies that collect "Other Race" or allow clients to specify a single race not provided in the selection categories, use code [6] Some Other Race alone. Note that this category cannot be used if the client is indicating another race.

- Agencies may use the following guidelines in the absence of an agency business rule or to supplement an existing business rule: Use the most recent race reported if variation in a person's race was reported.
- Use code [9] Unknown if the agency collects race data but for some reason a particular record does not reflect an acceptable value. Note that this category cannot be used if the client is indicating another race.
- For further reading on the implementation of the OMB guidelines regarding the reporting of race, please see the latest publication by the [National Academy of Sciences](#).

**FIELD NUMBER:** C16, CR15

**FIELD LENGTH:** 5

**FIELD TYPE:** Text

**FORMAT:** XXXXX

### **VARIABLE NAME: Ethnicity**

**DESCRIPTION:** Identifies whether or not the client is of Hispanic or Latino origin.

**VALID ENTRIES:**

[1] **Not of Hispanic Origin**

[2] **Puerto Rican (Optional):** Of Puerto Rican origin regardless of race.

[3] **Mexican (Optional):** Of Mexican origin regardless of race.

[4] **Cuban (Optional):** Of Cuban origin regardless of race.

[5] **Other Specific Hispanic (Optional):** Of known Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.

[6] **Hispanic Origin regardless of race**

[9] **Unknown**

**GUIDELINES:**

- If codes [2], [3], [4], and [5] are not collected, then use code [6].
- Use code [9] Unknown if the agency collects ethnicity data but for some reason a particular record does not reflect an acceptable value.
- For further reading on the implementation of the OMB guidelines regarding the reporting of ethnicity, please see the latest publication by the [National Academy of Sciences](#).

**FIELD NUMBER:** C17, CR16

**FIELD LENGTH:** 1

**FIELD TYPE:** Text

**FORMAT:** X

### **VARIABLE NAME: County Of Residence**

**DESCRIPTION:** Identifies the county in which the client resides.

**VALID ENTRIES:**

001 AITKIN  
 002 ANOKA  
 003 BECKER  
 004 BELTRAMI  
 005 BENTON  
 006 BIG STONE  
 007 BLUE EARTH  
 008 BROWN  
 009 CARLTON  
 010 CARVER  
 011 CASS  
 012 CHIPPEWA  
 013 CHISAGO  
 014 CLAY  
 015 CLEARWATER  
 016 COOK  
 017 COTTONWOOD  
 018 CROW WING  
 019 DAKOTA  
 020 DODGE

021	DOUGLAS
022	FARIBAULT
023	FILLMORE
024	FREEBORN
025	GOODHUE
026	GRANT
027	HENNEPIN
028	HOUSTON
029	HUBBARD
030	ISANTI
031	ITASCA
032	JACKSON
033	KANABEC
034	KANDIYOHI
035	KITTSO
036	KOOCHICHING
037	LAC QUI PARLE
038	LAKE
039	LAKE OF THE WOODS
040	LE SUEUR
041	LINCOLN
042	LYON
043	MCLEOD
044	MAHNOMEN
045	MARSHALL
046	MARTIN
047	MEEKER
048	MILLE LACS
049	MORRISON
050	MOWER
051	MURRAY
052	NICOLLET
053	NOBLES
054	NORMAN
055	OLMSTED
056	OTTER TAIL
057	PENNINGTON
058	PINE
059	PIPESTONE
060	POLK
061	POPE
062	RAMSEY
063	RED LAKE
064	REDWOOD
065	RENVILLE
066	RICE
067	ROCK
068	ROSEAU
069	ST. LOUIS
070	SCOTT
071	SHERBURNE
072	SIBLEY
073	STEARNS
074	STEELE
075	STEVENS
076	SWIFT
077	TODD
078	TRAVERSE
079	WABASHA
080	WADENA

081 WASECA  
082 WASHINGTON  
083 WATONWAN  
084 WILKIN  
085 WINONA  
086 WRIGHT  
087 YELLOW MEDICINE  
088 NON-MINNESOTA RESIDENT  
099 UNKNOWN

FIELD NUMBER: C18, CR17

FIELD LENGTH: 3

FIELD TYPE: Text

FORMAT: XXX

### **VARIABLE NAME: Reside On Reservation**

DESCRIPTION: Identifies the reservation on which the client resides.

VALID ENTRIES:

[01] BOIS-FORTE  
[02] FOND-DU-LAC  
[03] GRAND-PORTAGE  
[04] LEECH LAKE  
[05] LOWER SIOUX  
[06] MILLE-LACS BAND  
[07] PRAIRIE ISLAND  
[08] RED LAKE  
[09] SHAKOPEE  
[10] UPPER SIOUX  
[11] WHITE EARTH  
[12] OTHER  
[13] NO – Doesn't reside on Reservation  
[99] UNKNOWN

FIELD NUMBER: C19, CR18

FIELD LENGTH: 2

FIELD TYPE: Text

FORMAT: XX

### **VARIABLE NAME: Tribal Enrollment**

DESCRIPTION: Identifies the client's tribal enrollment.

VALID ENTRIES:

[01] BOIS-FORTE  
[02] FOND-DU-LAC  
[03] GRAND-PORTAGE  
[04] LEECH LAKE  
[05] LOWER SIOUX  
[06] MILLE-LACS BAND  
[07] PRAIRIE ISLAND  
[08] RED LAKE  
[09] SHAKOPEE  
[10] UPPER SIOUX  
[11] WHITE EARTH  
[12] OTHER  
[13] NOT ENROLLED  
[99] UNKNOWN

FIELD NUMBER: C20

FIELD LENGTH: 2

FIELD TYPE: Text

FORMAT: XX