



State of Connecticut

Department of Social Services

Data Specification File Transfer

OVERVIEW

The data specification below will provide you with a detailed guide for transferring information concerning your client base. It will provide the Department of Social Services with analytical data to report back to the legislature information pertaining to the expenditures incurred within the program and allow us to evaluate the future direction of the program. It is of the utmost importance that this information be assembled and relayed to the department in a timely and quantifiable manner.

The information that is transferred to the Department of Social Services will be edited for content. All records that are inadequate will be individually rejected by the system. You will be notified of the rejected records and a resubmission of the individual records in error will be required. An edit report will be provided delineating the specific errors in the individual records.

If there is a problem with the basic formatting of the file (**ASCII Delimited (DOS)**), the entire file will be rejected and must be resubmitted.

There are four files that are being requested. They are

1. Client Demographic File
2. Client Assessment Reassessment File
3. Client Procedure File
4. Client Medicaid Procedure File

These will be transferred to the Department of Social Services at six month intervals. The data will be for the previous 6 months and will be due approximately 45 days after the end of the year (12/31) and middle of the year (06/30) date.

The basic edit system structure that we will be utilizing is illustrated in the following flow diagram:

Incoming files will be edited for content, those records meeting the criteria established for the basic file format and passing the basic edits will be updated to our main database. For those records, which are rejected, the individual record will have to be resubmitted. An edit report will be available that will note the individual errors. These records must be resubmitted to the agency as soon as possible.

The four individual file specifications are outlined in the rest of this document.

1) Client Demographic Information

One record required for every client receiving services (Active Client) from the specific access agency. These records serve to update our files with any changes in the basic client demographic base.

Data Transfer Specification Plan of Care Format 1 (Demographic)

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
1	Record Identification Code	C	1	Leave Blank
2	Client First Name	C	10	
3	Client Last Name	C	16	
4	Client Date of Birth	C	8	CCYYMMDD
5	Client Social Security Number	C	9	Format = XXXXXXXXX / Required Field
6	E.M.S. Identification Number	C	12	Format = XXXXXXXXXXXX / Required Field
7	Region	C	2	01, 02, 03, 04, 05
8	Agency	C	5	CCCI, SWAAA, SCAAA
9	Most Recent Assessment Date	C	8	CCYYMMDD
10	Client Street Address	C	30	
11	Client City	C	20	
12	Client State	C	2	
13	Client Zip	C	10	XXXXX-XXXX

14 Client Phone	C	10	XXXXXXXXXX
15 Client Gender	C	2	01, 02
16 Client Marital Status	C	2	01 thru 05, 09
17 Client Termination Date	C	8	CCYYMMDD
18 Assessment/Reassessment Reference Number	C	14	This would be your internal reference number (not required)
19 Race	C	1	1-White, 2-Black, 3-Amer Indian, 4-Hispanic, 5 Asian PI, 6-Other

2) Assessment / Reassessment Data

One record will be required for each assessment or reassessment that is performed on the client during the specific reporting time period. We will be keeping a history of the assessments and reassessments done by the agencies. This format generally follows the assessment instrument in use in the field. If there are any questions refer to this form for further clarification. A copy of this form is included in this document (EXHIBIT XXX)

Data Transfer Specification Assessment / Reassessment

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
1	Client First Name	C	10	
2	Client Last Name	C	16	
3	Client Date of Birth	C	8	CCYYMMDD
4	Client Social Security Number	C	9	Format = XXXXXXXXXX / Required Field
5	Client EMS Identification Number	C	12	Format = XXXXXXXXXXXXX
6	Region Code	C	2	01,02,03,04,05,99
7	Agency (CCCI SWAAA, SCAAA)	C	5	CCCI, SWAAA, SCAAA
8	Date of Assessment / Reassessment	C	8	CCYYMMDD
9	Referral Source	C	2	01 THRU 18, 99
10	Referral Date	C	8	CCYYMMDD
11	Race	C	2	01,02,03,04,05,06,99
12	Perception of Health	C	1	1,2,3,9
13	C.V.A.	C	1	M-Major, S-Secondary, (blank)
14	Myocardial Infarction	C	1	M-Major, S-Secondary, (blank)
15	Congestive Heart Failure	C	1	M-Major, S-Secondary, (blank)
16	Other Heart Disease	C	1	M-Major, S-Secondary, (blank)
17	Hypertension	C	1	M-Major, S-Secondary, (blank)

18 Hip Fracture	C	1	M-Major, S-Secondary, (blank)
19 Other Fracture / Injury	C	1	M-Major, S-Secondary, (blank)
20 Rheumatoid / Osteoarthritis	C	1	M-Major, S-Secondary, (blank)
21 Osteoporosis	C	1	M-Major, S-Secondary, (blank)
22 Neuromuscular Disease	C	1	M-Major, S-Secondary, (blank)
23 Cancer	C	1	M-Major, S-Secondary, (blank)

Data Transfer Specification
Assessment / Reassessment

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
24	Diabetes	C	1	M-Major, S-Secondary, (blank)
25	Blood Disorder or Disease	C	1	M-Major, S-Secondary, (blank)
26	Emphysema / COCD	C	1	M-Major, S-Secondary, (blank)
27	Other Chronic Lung Disease	C	1	M-Major, S-Secondary, (blank)
28	Digestive Disorder	C	1	M-Major, S-Secondary, (blank)
29	Urinary Track Disorders	C	1	M-Major, S-Secondary, (blank)
30	Decubitus / Stasis Ulcer	C	1	M-Major, S-Secondary, (blank)
31	Amputation	C	1	M-Major, S-Secondary, (blank)
32	Visual Impairment	C	1	M-Major, S-Secondary, (blank)
33	Hearing Impairment	C	1	M-Major, S-Secondary, (blank)
34	Alzheimers / Other Dementia	C	1	M-Major, S-Secondary, (blank)
35	Mental Illness	C	1	M-Major, S-Secondary, (blank)
36	Developmental Disability	C	1	M-Major, S-Secondary, (blank)
37	Other	C	1	M-Major, S-Secondary, (blank)
38	Analgesics / Narcotics	C	2	Nbr. of Medications, 99 = Unknown
39	Antihypertensive	C	2	Nbr. of Medications, 99=Unknown
40	Hypoglycemics / Insulin	C	2	Nbr. of Medications, 99=Unknown
41	Antianxiety / Hypnotic	C	2	Nbr. of Medications, 99=Unknown
42	Antidepressants	C	2	Nbr. of Medications, 99=Unknown
43	Antipsychotic	C	2	Nbr. of Medications, 99=Unknown
44	Anti-Parkinsonian	C	2	Nbr. of Medication, 99=Unknown
45	Other Medications	C	2	Nbr. of Medications, 99=Unknown
46	Primary Language	C	1	1 thru 9
47	Expressive Communication	C	1	1 thru 5, 9

Data Transfer Specification
Assessment / Reassessment

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
48	Receptive Communication	C	1	1 thru 5, 9
49	How is your memory	C	1	1 thru 3, 9
50	MSQ Score (Error Count)	C	2	01 thru 10, 99
51	Abusive / Assaultive	C	1	0, 1, 2, 3, 9
52	Wandering	C	1	0, 1, 2, 3, 9
53	Unsafe / Unhealthy	C	1	0, 1, 2, 3, 9
54	Threats to Health / Safety	C	1	0, 1, 2, 3, 9
55	Other	C	1	0, 1, 2, 3, 9
56	Requires Supervision	C	1	0, 1, 2, 3, 9
57	Transfer	C	1	0, 1, 5
58	Toileting	C	1	0, 1, 5
59	Bathing	C	1	0, 1, 5
60	Dressing	C	1	0, 1, 5
61	Eating / Feeding	C	1	0, 1, 5
62	Stair Climbing	C	1	0, 1, 5
63	Mobility	C	1	0, 1, 5
64	Walking	C	1	0, 1, 5
65	Wheeling	C	1	0, 1, 5
66	Bowel	C	1	0, 1, 5
67	Bladder	C	1	0, 1, 5
68	Medication Administration	C	1	0, 1, 5
69	Meal Preparation	C	1	0, 1, 5
70	Housework	C	1	0, 1, 5
71	Laundry	C	1	0, 1, 5

Data Transfer Specification
Assessment / Reassessment

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
72	Telephoning	C	1	0, 1, 5
73	Money Management	C	1	0, 1, 5
74	Travel From...	C	1	0, 1, 5
75	Shopping	C	1	0, 1, 5
76	Special Diet	C	1	0, 1, 9
77	Allergies	C	1	1 thru 6, 9
78	Vision	C	1	1 thru 4, 9
79	Hearing	C	1	1 thru 4, 9
80	Feeling Lonely	C	1	0, 1, 2
81	Sleeping Problem	C	1	0, 1, 2
82	Worried / Anxious	C	1	0, 1, 2
83	Irritable (easily)	C	1	0, 1, 2
84	Loss of Interest	C	1	0, 1, 2
85	Feeling Depressed	C	1	0, 1, 2
86	Suicidal Talk / Wish	C	1	0, 1, 2
87	Substance Abuse	C	1	0, 1, 2
88	Child	C	1	Nbr. of People who Support, 9=Unknown
89	Spouse	C	1	Nbr. of People Who Support, 9=Unknown
90	Other Relative	C	1	Nbr. of People Who Support, 9=Unknown
91	Neighbor / Friend	C	1	Nbr. of People Who Support, 9=Unknown
92	Landlord	C	1	Nbr. of People Who Support, 9- Unknown

Data Transfer Specification
Assessment / Reassessment

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
93	Other	C	1	Nbr. of People Who Support, 9=Unknown
94	Spouse's Health	C	1	1, 2, 3, 7, 9
95	Main Supporters Health	C	1	1, 2, 3, 7, 9
96	Main Supporters Relationship	C	1	1 thru 0
97	How Often Support Given	C	1	1, 2, 3, 7, 9 ****
98	Usual Living	C	1	1 thru 6, 9
99	Housing	C	2	01 thru 16 (Except 09), 99
100	Architectual Barriers	C	1	0, 1
101	Environmental Hazards	C	1	0, 1
102	Walker	C	1	0, 1, 9
103	Wheelchair	C	1	0, 1, 9
104	Other	C	1	0, 1, 9
105	Medicare	C	1	1 thru 5, 9
106	Veterans Medical	C	1	1 thru 5, 9
107	Medicaid	C	1	1 thru 5, 9
108	State Supplement	C	1	1 thru 5, 9
109	S.S.I.	C	1	1 thru 5, 9
110	Food Stamps	C	1	1 thru 5, 9
111	Fuel Assistance	C	1	1 thru 5, 9
112	Rental Rebate	C	1	1 thru 5, 9
113	Other	C	1	1 thru 5, 9
114	Meets Nursing Home Level of Care (1-Yes, 0-No)	C	1	1, 0

Data Transfer Specification
Assessment / Reassessment

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
115	Clients Fee (Clients Monthly Fee) ** (Comes from another source)	C	8	99999.99
116	Category of Service	C	3	L1, L2A, L2B, L3
117	Clients Address	C	30	
118	Clients City	C	20	
119	Clients State	C	2	
120	Clients Zip Code	C	10	
121	Clients Phone (Area Code + Number)	C	10	9999999999
122	Gender	C	2	01, 02
123	Marital Status	C	2	01 thru 05, 09
124	Termination Date	C	8	CCYYMMDD
125	Period From Date	C	8	CCYYMMDD
126	Period To Date	C	8	CCYYMMDD
127	Assessment Reassessment Reference Number	C	14	
128	Record ID	C	1	A=Initial, B=Most Recent
129	Patient Number	N	7	(Internal DSS Number)

3) Client Procedure File

The Plan of Care Billing Information consists of the actual billing for clients that were done during the requested time frame. It is derived from billing that has been processed through EDS. There should be no 1800 or 1900 series service codes here. The only codes allowable are the 1200 series service codes.

Data Transfer Specification
Plan of Care Format 1 (Plan of Care Detail)

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
1	Record Id Code	C	1	Internal Use Only
2	Client Social Security Number	C	9	XXXXXXXXXX - Required Field
3	E.M.S. Identification Number	C	12	Format = XXXXXXXXXXXXX / Required Field
4	Region	C	2	01, 02, 03, 04, 05
5	Agency	C	6	CCCI, SWAAA, SCAA
6	Plan of Care Service From Date	C	8	CCYYMMDD
7	Plan of Care Service To Date	C	8	CCYYMMDD
8	Service Area	C	5	Actual Procedure Code Used for Billing
9	Number of Units for Time Period	C	8	Numeric Field, Format-'99999999'
10	Plan of Care Unit Cost	C	10	Unit Cost for this Service, Format-'999999.99'
11	Performing Provider Number	C	9	State Issued Provider Number

4) Client Medicaid Procedure File

The Plan of Care Billing Information consists of the proposed billing for clients that were scheduled during the requested time frame. Your tertiary providers derive it from the actual plan of care for Medicaid services provided. The only service codes applicable here are the 1800 and 1900 series codes.

(As explained in the previous section)

Each record should contain a summary of the number of service units delivered to the client for each individual service code by month. If a homemaker service was done for 4 units in a day for 20 days during the month the quantity should be 80 for that client for that month for that specific procedure and one record would be generated.

Data Transfer Specification
Plan of Care Format 2 (Plan of Care Detail)

Nbr.	Contents (description)	Type	Len	Allowable Values / Format
1	Record Id Code	C	1	Internal Use Only
2	Client Social Security Number	C	9	XXXXXXXXXX - Required Field
3	E.M.S. Identification Number	C	12	Format = XXXXXXXXXXXXXX / Required Field
4	Region	C	2	01, 02, 03, 04, 05
5	Agency	C	6	CCCI, SWAAA, SCAAA
6	Plan of Care Service From Date	C	8	CCYYMMDD
7	Plan of Care Service To Date	C	8	CCYYMMDD
8	Service Area	C	5	Actual Procedure Code Used for Billing
9	Number of Units for Time Period	C	8	Numeric Field, Format-'99999999'
10	Plan of Care Unit Cost	C	10	Unit Cost for this Service, Format-'9999999.99'
11	Performing Provider Number	C	9	State Issued Provider Number

Attach assessment tool for visual reference