CCBHC Data Fields & Data Submission Instructions (2025)

Objective

Certified Community Behavioral Health Centers (CCBHCs) will provide KY DMS data from their electronic health records, consumer scheduling systems, billing systems, etc. to facilitate KY DMS's completion of the required quality measure workbook. The data provided will be data pertaining to Provider Type 16 consumers exclusively.

Each CCBHC will generate two files to be transmitted to ODA on the 30th day of the month following the end of each quarter. In each file, CCBHC will ensure the accurate collection and reporting of the data fields requested.

Please refer to the Kentucky CCBHC Quality Measures Manual for specific details about the quality measures calculations.

Definitions

- **Demographic Data File**
  Demographic data on all consumers who made initial contact with the CCBHC or received services during the demonstration measurement year will be submitted in this file on a quarterly basis. This file will be updated quarterly with any important changes to the consumer's information that the CCBHC may be aware of (example: house situation, insurance status, death).

- **Measures Data File**
  Service details, including diagnosis, for consumers who received any allowable CCBHC service during the reporting period. These codes are listed on the CCBHC Quality Measures Value Set List. The most recent copy of value set list can be found on the CCBHC webpage.
    - Not all value sets and/or codes may be used by your organization. All were made available for your convenience, use the ones that apply to your organization.

File Naming Convention:

- Files will be forwarded by the MOVEit process to this location:
  https://ftp.ky.gov/
- With the following naming conventions:
  - CCBHC_QMData_DD_name_YYQ#_[day file created]YYYYMMDD.txt (demographic data file)
    Example: CCBHC_QMData_DD_NewVista_22Q1_20220430.txt
  - CCBHC_QMData_MD_name_YYQ#_[day file created]YYYYMMDD.txt (measures data file)
    Example: CCBHC_QMData_MD_SevenCounties_22Q1_20220430.txt

  ODA will download the CCBHC data submission files from MoveIT and then delete the files from MoveIT. ODA will load and review the files before providing an individual Data Submission Form for each file to inform the CCBHC if the file was accept or reject, along with any changes that may be needed. ODA may request changes on the data even if the file is accepted in order to inform the CCBHC of potential data irregularities.

Variables:

- **Field:** The field name should remain the same across all data submissions and be in the same order.
- **Description:** Details about what information should be provided in the field and definitions for the acceptable information. If codes are listed in description to describe categories then identified codes must be used.
- **Date Type:** Expected format of the field

- **Length:** Expected maximum length of the field unless designated codes for specific categories are noted in the description then code should match the maximum field length.
- **Example:** Example and/or formatting of the field, clinics need to follow formatting for dates especially

Demographic Data File

Field	Description	Data Type	Length	Example
Date_Data_Pulled	Represents the date this record was retrieved from the internal systems of the CCBHC	Date	10	06/24/2022
Medical_Record_Number	Unique identifier of the consumer in your system	Number	10	1234567891
~~Date_Service_Index~~	~~Most recent service date prior to Date Initial Contact~~	~~Date~~	~~10~~	~~03/15/2022~~
Medicaid_ID	Medicaid ID Note: Blank field represents consumer does not have Medicaid	Number	10	1234567891
Date_Birth	Date of birth of the consumer	Date	10	04/31/1988
SSN	Social Security Number	Text	9	236587921
Date_Death	Date of death of the consumer	Date	10	01/16/2022
Commercial_Insurance	Did the consumer have commercial insurance at the time of first service during the reporting period: **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
Uninsured	Was the consumer uninsured at the time of first service during the reporting period: **Y** = Yes **N** = No **U** = Unknown	Text	1	N
VHA_Tricare	Did the consumer have VHA / Tricare at the time of first service during the reporting period: **Y** = Yes **N** = No **U** = Unknown	Text	1	N
Medicare	Did consumer have Medicare at the time of the first service during the reporting period: **Y** = Yes **N** = No **U** = Unknown	Text	1	N
Medicaid	Did consumer have Medicaid at the time of first service during the reporting period: **Y** = Yes **N** = No **U** = Unknown	Text	1	Y

Field	Description	Data Type	Length	Example
Other	At the time of first service during the reporting period, did the consumer receive funding through some other means, such as block grants, etc.? (Note: Will request a list at the end of each demonstration year) **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
CHIP_Insurance	Did the consumer have CHIP insurance at the time of first service during the reporting period: **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
~~**Gender**~~	~~00 = Unknown~~ ~~01 = Male~~ ~~02 = Female~~ ~~03 = Other~~	~~Text~~	~~2~~	~~02~~
Sex Assigned at Birth	**00** = Unknown (Missing data field) **01** = Male **02** = Female **03** = Other **04** = Don't know **05** = Prefer not to State	Text	2	02
Gender Identity	**00** = Unknown (Missing data Field) **01** = Female **02** = Male **03** = Transgender female **04** = Transgender male **05** = I use a different term **06** = Don't know **07** = Prefer not to state	Text	2	02

Field	Description	Data Type	Length	Example

Ethnicity	Consumer's ethnicity during the reporting period
	01 Hispanic or Latino Origin = DBH Codes: 1 = Puerto Rican, 2 = Mexican,
	    3 = Cuban, 4 = Other Hispanic
	02 Non-Hispanic or Latino Origin = DBH Codes: 0 =Not of Hispanic Origin
	03 Hispanic or Latino Origin Not Available = DBH Codes: 6 = Not Applicable,
	    7 = Unknown, 8 = Not Collected
		Number	2	02

Race_AmericanIndian_AlasknNative	Consumer is American Indian or Alaskan Native **Y** = Yes **N** = No **U** = Unknown	Text	1	N
Race_Asian	Consumer is Asian **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
Race_Black_AfricanAmerican	Consumer is Black/African American **Y** = Yes **N** = No **U** = Unknown	Text	1	N
Race_NativeHawaiin_PacificIslander	Consumer is Native Hawaiian/Pacific Islander **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
Race_White_Caucasian	Consumer is White/Caucasian **Y** = Yes **N** = No **U** = Unknown	Text	1	U

Field	Description	Data Type	Length	Example
Living_Situation	Consumer's living situation during the reporting period **01 Private Residence** = DBH Codes: **21** Living in parent/guardian's residence; **22** Living in own residence; **23** Living in own residence with parent/guardian; **24** Boarding home; **25** Living in residence of a family member - other than parent or guardian; **26** Living in residence of a friend or acquaintance. **02 Foster Home** = DBH codes: **27** fictive Kin or Relative Placement; **28** Foster Parent/Family Home; non-relative; DCBS contracted foster care provider or DCBS foster home **03 Residential Care** = DBH Codes: **14** ID staffed residence residential supports; **15** ID group home residential supports; **16** ID adult foster care/family home residential supports; **04 Crisis Residence** - DBH Codes: **56** Crisis Residence **05 Children's Residential Treatment Facility** = DBH Codes: **13** Behavioral Health Residential Placement for Children/Youth; **45** Youth Development Center; **55** Psychiatric Residential Treatment Facility (PRTF) for Children /Youth **06 Institutional Setting** -= DBH Codes: **11** Other Staffed Residence; **12** Alcohol/Drug Treatment Facility; **51** State Psychiatric Hospital; **52** Other Psychiatric Inpatient; **53** Forensic Psychiatric Care; **54** General Medical Hospital (public or private); **57** Other Inpatient; 31 SNF (nursing home); 32 Personal care home; 33 ICF/IID State facility; 34 ICF/IID Private facility; 35 Family care home **07 Jail/Correctional Facility** = DBH Codes: **42** Jail/Prison - Local or State; **43** Jail/Prison - Federal; **44** Regional Juvenile Detention Center **08 Homeless** = DBH Codes: **1** Homeless/uninhabitable dwelling; **2** Mission/shelter; **3** hotel/motel **09 Other** = Consumer resides in any other living situation not expressly included in 01-08 **10 Unavailable** = Information on a consumer's residence is not available.	Number	2	06

Field	Description	Data Type	Length	Example

Veteran_Military_Status	Consumers Military Status
	01 Active-Duty Military = DBH Codes:
	    01 = Active duty without deployment
	    02 = Active duty with deployment to a non = combat zone
	    03 = Active duty with deployment to a hostile or combatant zone
	02 Prior Military Service/Veteran = DBH Codes:
	    04 = Previous duty without deployment (veteran)
	    05 = Previous duty with deployment to a non-combatant zone (veteran)
	    06 = Previous duty with deployment to a hostile or combatant zone (veteran)
	03 Not Applicable/Neither = DBH Codes:
	    00 = No Military Service
	    96 = not applicable
	    97 = Unknown,
	    98 = Not Collected
		Number	2	04

Palliative_Care	Consumer has a documented order for palliative care during the reporting period **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
Hospice	Consumer is in hospice or using hospice services during the reporting period (Refer to General Guideline 17: Members in Hospice) **Y** = Yes **N** = No **U** = Unknown	Text	1	Y
Nursing_Home	Consumer is a permanent resident in a nursing home during the reporting period **Y** = Yes **N** = No **U** = Unknown	Text	1	Y

Measures Data File

Field	Description	Data Type	Length	Example
Date_Data_Pulled	Represents the date this record was retrieved from the internal systems of the CCBHC	Date	10	06/24/2022

Field	Description	Data Type	Length	Example
Medical_Record_Number	Unique identifier of the consumer in your system	Number	10	1234567891
Date_Time_Initial_Contact	Date New Consumer first contacted the CCBHC (referral, called to set up appointment, etc.) {New Consumer is defined as a consumer who has not received services in the 180 days prior to contact date. Date first contacted is defined as the first contact date after a period of 180 days where no services were received by consumer regardless of consumer's status (active, inactive, discharged, closed)}	Date & Time	16	03/15/2022 13:00
Type_of_Initial_Contact	**R** = Routine service, screening identifies routine needs **U** = Urgent service, screening identifies an urgent need **E** = Emergent service, screening identifies an emergency/crisis need	Text	1	R
Date_Time_Crisis	Date consumer contacted CCBHC for crisis services.	Date & Time	16	03/15/2022 13:00
SSN	Social Security Number	Text	9	236587921
Date_Birth	Date of birth of the consumer	Date	10	04/31/1988
Date_Time_of_Service	Date the consumer received service or was admitted	Date	16	03/17/2022 13:00
DMS_Location_Identifier	DMS Location Identifier of the Certified location the consumer received services.	Text	4	NV04
Diagnosis_Code_1	ICD-10-CM Diagnosis Code in first position on electronic health record. Include any decimal points.	Text	7	
Diagnosis_Code_2	ICD-10-CM Diagnosis Code in second position on electronic health record. Include any decimal points.	Text	7	
Diagnosis_Code_3	ICD-10-CM Diagnosis Code in third position on electronic health record. Include any decimal points.	Text	7	
Diagnosis_Code_4	ICD-10-CM Diagnosis Code in fourth position on electronic health record. Include any decimal points.	Text	7	

Field	Description	Data Type	Length	Example
Diagnosis_Code_5	ICD-10-CM Diagnosis Code in fifth position on electronic health record. Include any decimal points.	Text	7	
Diagnosis_Code_6	ICD-10-CM Diagnosis Code in sixth position on electronic health record. Include any decimal points.	Text	7	
Diagnosis_Code_7	ICD-10-CM Diagnosis Code in seventh position on electronic health record. Include any decimal points.	Text	7	
Procedure_Code_1	CPT Codes - Primary procedure on electronic health record (include evaluation procedure codes if applicable)	Text	6	90832
Procedure_Code_Modifier_1	CPT Modifiers to further define the primary procedure, separated by commas. Make sure to include provider type as one of the modifiers used.	Text	25	U3,U2
Procedure_Code_2	CPT Codes - Other procedure on electronic health record (include evaluation procedure codes if applicable)	Text	6	90791
Procedure_Code_Modifier_2	CPT Modifiers to further define the 2nd procedure, separated by commas. Make sure to include provider type as one of the modifiers used.	Text	2	AF
Procedure_Code_3	CPT Codes - Other procedure on electronic health record (include evaluation procedure codes if applicable)	Text	6	
Procedure_Code_Modifier_3	CPT Modifiers to further define the 3rd procedure, separated by commas. Make sure to include provider type as one of the modifiers used.	Text	2	
Procedure_Code_4	CPT Codes - Other procedure on electronic health record (include evaluation procedure codes if applicable)	Text	6	
Procedure_Code_Modifier_4	CPT Modifiers to further define the 4th procedure, separated by commas. Make sure to include provider type as one of the modifiers used.	Text	2	
Procedure_Code_5	CPT Codes - Other procedure on electronic health record (include evaluation procedure codes if applicable)	Text	6	
Procedure_Code_Modifier_5	CPT Modifiers to further define the 4th procedure, separated by commas. Make sure to include provider type as one of the modifiers used.	Text	2	
Procedure_Code_6	CPT Codes - Other procedure on electronic health record (include evaluation procedure codes if applicable)	Text	6	

Field	Description	Data Type	Length	Example
Procedure_Code_Modifier_6	CPT Modifiers to further define the 4th procedure, separated by commas. Make sure to include provider type as one of the modifiers used.	Text	2	
Height	Height in inches of the consumer as recorded Date_of_Service or within past six (6) months	Decimal	3.2	76
Weight	Weight in pounds of the consumer as recorded Date_of_Service or within past six (6) months	Decimal	3.2	233
BMI_Exclusion_Code	**As of Date_of_Service:** **05** = Consumer record contains documentation of medical reason(s) for not screening (e.g., limited life expectancy, other medical reasons). **04** = Consumer Refuses to participate **06** = Consumer is in an urgent or emergent medical situation where time is of the essence, and to delay treatment would jeopardize the patient's health status.	Number	2	2
BMI_Score_Date_Index	Most recent date as of Date_of_Service BMI score was calculated	Date	10	05/22/2022
BMI_Score	Actual BMI Score as recorded Date_of_Service or within past six months	Number	4	18.5
BMI_Percentile	Actual BMI Percentile for patients as recorded Date_of_Service or within past six months	Number	2	85
BMI_FollowUp_Date_Index	Most recent date as of Date_of_Service follow-up plan was documented.	Date	10	12/01/2022
Tobacco_Screener_Date_Index	Most recent date as of Date_of_Service a tobacco screener result was documented Jan 1 of the year prior to measurement year to Dec 31 of the measurement year.	Date	10	12/01/2022
Tobacco_Screener_Results_Postive	Most recent screening for Tobacco was positive. Y= Yes N=No	Text	1	N
Tobacco_Intervention	Most recent date as of Date_of_Service consumer received intervention after positive for tobacco use screening is documented	Date	10	12/01/2022

Field	Description	Data Type	Length	Example
Tobacco_Use_Exclusion_Code	**As of Date_of_Service** **05** = Consumer record contains documentation of medical reason(s) for not screening (e.g., limited life expectancy, other medical reasons).	Text	2	05
Alcohol_Screener_Date_Index	Most recent date as of Date_of_Service alcohol screener result was documented Jan 1 of the year prior to measurement year to Dec 31 of the measurement year.	Date	10	12/01/2022
Alcohol_Screener_Results_Positive	Screening for unhealthy alcohol was positive. **Y** = Yes **N** = No	Text	1	Y
Alcohol_Brief_Counseling_Date	Most recent date as of Date_of_Service Consumer received brief counseling after positive for unhealthy alcohol use screening is documented	Date	10	12/01/2022
Alcohol_Use_Exclusion_Code	**As of Date_of_Service** **05** = Consumer record contains documentation of medical reason(s) for not screening (e.g., limited life expectancy, other medical reasons).	Text	2	05
Suicidal_Risk_Assessment_Date_Index	Most recent date suicidal risk assessment was performed.	Date	10	12/01/2022
Depression_Screening_Date_Index	Most recent date the depression screening was completed for the consumer	Date	10	05/10/2022
Depression_PHQ9_Score	Totaled results from the depression PHQ-9 survey from the most recent PHQ-9 screening the consumer completed. Results should be a number between 0 and 27.	Number	2	15
Depression_Exclusion_Codes	**As of Date_of_Service** **04** = Consumer Refuses to participate **06** = Consumer is in an urgent or emergent medical situation where time is of the essence, and to delay treatment would jeopardize the patient's health status. **07** = Clinician determines consumer's functional capacity or motivation to improve may impact the accuracy of results.	Number	2	04
Depression_Screening_FollowUp_Date	Most recent date depression follow-up was given after consumer was found to have a PHQ-9 greater than 9	Date	10	12/01/2022

Field	Description	Data Type	Length	Example
~~Depression_Screening_FollowUp~~	~~Consumer received a follow-up after consumer was found to have a PHQ-9 greater than 9~~ ~~Y = Yes~~ ~~N = No~~	~~Text~~	~~1~~	~~Y~~
PHQ9_Score_Date_Index	Date in which the first instance of an elevated PHQ-9 (greater than 9) and a diagnosis of depression or dysthymia. For purposes of the Demonstration the first possible Index Date would be twelve months (+/- 30 days) prior to January 30 of the Demonstration Year.	Date	10	12/22/2022
SDOH_Screener_Date	Most recent date as Date_of_Service a Social Drivers of Health Screener was documented.	Date	10	12/01/2022