

Required Encounter Attributes by Service and Event Type

Required Fields for Authorization

The CDS system requires certain, basic information in order to perform authorizations for services to be performed. This authorization occurs prior to admission and requires that the following information, at a minimum, be available at that time.

Encounter Identifying Information

- First and Last Name
- Date of Birth
- Service to be Performed
- Funding Region
- Provider

Clinical Information

- Axis1_1
 - Must be a valid ICD-10 diagnosis code for MH or SUD.
 - Dual Disorder services required at least one code of each type.
- Diagnosis12MonthDuration_1 - *required whenever Axis1 is required*
- DiagnosisFirstTreatment_1 - *required whenever Axis1 is required*

Substance Use Information

Substance use information is required for SUD and Dual Disorder services. All of the fields listed are required for each substance used. The format supports up to 3 substances.

- SubstanceUsedID_N (where N is the field grouping 1-3)
- SubstanceAgeOfFirstUse_N
- SubstanceFrequencyOfUseAdmitID_N
- SubstanceVolumeOfUse_N
- SubstanceRouteOfUseID_N

Some registered services do not require complete clinical information. See the listings below for specific requirements for each service.

Required Fields by Service and Event**24 Hour Crisis Line - MH**

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationCompleteAndAccurate	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
City	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

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Required Encounter Attributes by Service and Event Type

MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

24 Hour Crisis Line - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationCompleteAndAccurate	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
City	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X

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Required Encounter Attributes by Service and Event Type

DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
SchoolAbsencesID	X			X

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Required Encounter Attributes by Service and Event Type

SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Acute Inpatient Hospitalization - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X

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Required Encounter Attributes by Service and Event Type

EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
MMFirstAvailableID				X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

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Required Encounter Attributes by Service and Event Type

Ambulatory Detox - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

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Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Assertive Community Treatment - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X

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Required Encounter Attributes by Service and Event Type

AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X

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Required Encounter Attributes by Service and Event Type

LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Assessment - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X

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Required Encounter Attributes by Service and Event Type

HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Assessment - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X

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Required Encounter Attributes by Service and Event Type

InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Client Assistance Program - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

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Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Client Assistance Program - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			

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Required Encounter Attributes by Service and Event Type

PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Community Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X

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Required Encounter Attributes by Service and Event Type

EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

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Required Encounter Attributes by Service and Event Type

Community Support - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

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Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Coordinated Specialty Care - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

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Required Encounter Attributes by Service and Event Type

AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X

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Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

CPC Services - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			

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NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Crisis Assessment - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Crisis Assessment - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Crisis Inpatient Youth - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Crisis Psychotherapy - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X			X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State	X			X
ZipCode				X

Crisis Psychotherapy - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X			X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X			X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PregnancyStatusID	X			
PrimaryFundingSourceID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State	X			X
ZipCode				X

Crisis Response - MH

Column Name	Admit	CCR	CSR	Discharge
AcceptedFollowupServicesID *				X
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
City	X			X
CountyOfAdmissionID	X			X
CrisisDangerousnessID *				X
CrisisDispositionID				X
CrisisLocationID	X			X
DestinationAfterDischargeID				X
EmploymentStatusID	X			X
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
FollowUpServiceReferred				X
FollowupWithin72HoursID				X
HadTrauma				X
HadTrauma				X
HadTrauma				X
HasMilitaryService	X			X
IndividualDivertedFromID *				X
InitialResponseStartTime	X			
InitialResponseStopTime	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

InitialResponseTimeEngagedFacetoFace	X			
InitialResponseTravelTime	X			
InsuranceStatusID	X			X
IsLawEnforcementRequested				X
IsResolvedInInitialCRContact				X
IsSubstantialRiskForHarm				X
IsVeteran	X			X
LastName	X	X	X	X
LivingArrangementsID				X
PhoneTypeID				X
ReferralSourceID	X			
State				X
StatusCheckID *				X
TypeOfAssessmentID	X			X
WereServiceBarriersIdentified				X
ZipCode	X			X

Crisis Response - SUD

Column Name	Admit	CCR	CSR	Discharge
AcceptedFollowupServicesID *				X
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
City	X			X
CountyOfAdmissionID	X			X
CrisisDangerousnessID *				X
CrisisDispositionID				X
CrisisLocationID	X			X
DestinationAfterDischargeID				X
EmploymentStatusID	X			X
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FollowUpServiceReferred				X
FollowupWithin72HoursID				X
HadTrauma				X
HadTrauma				X
HadTrauma				X
HasMilitaryService	X			X
IndividualDivertedFromID *				X
InitialResponseStartTime	X			
InitialResponseStopTime	X			
InitialResponseTimeEngagedFacetoFace	X			
InitialResponseTravelTime	X			
InsuranceStatusID	X			X
IsLawEnforcementRequested				X
IsResolvedInInitialCRContact				X
IsSubstantialRiskForHarm				X
IsVeteran	X			X
LastName	X	X	X	X
LivingArrangementsID				X
PhoneTypeID				X
ReferralSourceID	X			
State				X
StatusCheckID *				X
TypeOfAssessmentID	X			X
WereServiceBarriersIdentified				X
ZipCode	X			X

Crisis Stabilization - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Crisis Stabilization - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Crisis Stabilization-5 - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
ZipCode				X

Crisis Stabilization-5 - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			

* These attributes support multiple values. Typically, only the first value is required.

Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
ZipCode				X

Day Rehabilitation - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Day Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

State				X
WaitlistConfirmationDate	X			
ZipCode				X

Day Treatment - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Dual Disorder Residential - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Dual Disorder Residential - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Emergency Community Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Emergency Community Support - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X	X		X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X		X
City	X	X		X
CountyOfAdmissionID	X			
CountyOfResidenceID	X	X		X
DestinationAfterDischargeID				X
EthnicityID	X	X		
FamilyHasMilitaryService	X	X		X
FirstName	X	X		X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X	X		X
InsuranceStatusID	X	X		X
IsVeteran	X	X		X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LastName	X	X		X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID		X		X
RaceID *	X	X		
ReferralSourceID	X			
SexID	X			
State	X	X		X
SubstanceUsedID *	X	X		
WaitlistConfirmationDate	X			
ZipCode		X		X

Emergency Protective Custody - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AdmissionReasonEPCID	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LastName	X	X	X	X
LegalStatusID	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Emergency Psychiatric Observation - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

ERCS Transition - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

State				X
WaitlistConfirmationDate	X			
ZipCode				X

Family Navigator - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
RaceID *	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Family Navigator - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
RaceID *	X			
SchoolAbsencesID	X			X
SexID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

SocialSupportsID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Family Peer Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
RaceID *	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Family Peer Support - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfResidenceID	X			X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
RaceID *	X			
SchoolAbsencesID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

SexID	X			
SocialSupportsID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Family Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationEmploymentStatus	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			X
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsUSCitizen	X			X
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
NumArrestsPast30Days	X			X
PregnancyStatusID	X			
PrimaryFundingSourceID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

RaceID *	X			X
ReferralSourceID	X			
SexID	X			
State				X
ZipCode				X

Halfway House - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

Homeless Transition - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Hospital Diversion Less than 24 hours - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Hospital Diversion Over 24 hours - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Inpatient Post Commitment Treatment Days - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *				X
BirthDate	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

WaitlistConfirmationDate	X			
ZipCode				X

Inpatient Post Commitment Treatment Days - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *				X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Case Management - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X

* These attributes support multiple values. Typically, only the first value is required.

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Required Encounter Attributes by Service and Event Type

DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Case Management - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ZipCode				X
Intensive Community Services - MH				
Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Community Services - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Outpatient - Matrix - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Outpatient / Adult - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Outpatient / Adult - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ZipCode				X
Intensive Outpatient / Youth - MH				
Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Intensive Outpatient / Youth - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Intermediate Residential - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X		X	X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X		X	X
BirthDate	X		X	X
City	X		X	X
CountyOfAdmissionID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfResidenceID	X		X	X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X		X	X
DiagnosisCommunityDeficit	X		X	X
DiagnosisDailyLivingDeficit	X		X	X
DiagnosisEducationDeficit	X		X	X
DiagnosisFirstTreatment *	X		X	X
DiagnosisMoodDeficit	X		X	X
DiagnosisPersonalCareDeficit	X		X	X
DiagnosisPhysicalDeficit	X		X	X
DiagnosisPsychStateDeficit	X		X	X
DiagnosisRelationshipDeficit	X		X	X
DiagnosisSocialDeficit	X		X	X
EducationLevelID	X			X
EmploymentStatusID	X		X	X
EthnicityID	X		X	X
FamilyHasMilitaryService	X		X	X
FirstName	X		X	X
HadTrauma	X		X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X		X	X
InsuranceStatusID	X		X	X
IsRelativeOrSigOtherPrimaryClient	X		X	X
IsVeteran	X		X	X
LanguagePreferredID	X			
LastName	X		X	X
LegalStatusID	X			X
LivingArrangementsID	X		X	X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X		X	
ReferralSourceID	X			
SexID	X		X	X
SocialSupportsID	X			X
SSIEligibilityID	X			X
State	X		X	X
WaitlistConfirmationDate	X			
ZipCode	X		X	X

Intermediate Residential - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Medically Monitored Withdrawal Management - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days				X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID				X
LivingArrangementsID	X			X
NumArrestsPast30Days				X
PhoneTypeID				X
RaceID *	X			
ReferralSourceID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

SexID	X			
State				X
ZipCode				X

Medication Management - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Medication Management - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X

* These attributes support multiple values. Typically, only the first value is required.

Required Encounter Attributes by Service and Event Type

LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Mental Health Respite - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Mental Health Respite - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Multisystemic Therapy - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

WaitlistConfirmationDate	X			
ZipCode				X

Navigator - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			X
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma				X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsUSCitizen	X			X
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
NumArrestsPast30Days				X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

RaceID *	X			X
ReferralSourceID	X			
SexID	X			X
State				X
ZipCode				X

Navigator - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			X
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma				X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
InsuranceStatusID	X			X
IsUSCitizen	X			X
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
NumArrestsPast30Days				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			X
ReferralSourceID	X			
SexID	X			X
State				X
ZipCode				X

Opioid Treatment Program (OTP) - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

WaitlistConfirmationDate	X			
ZipCode				X

Outpatient Dual Disorder - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Outpatient Dual Disorder - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Outpatient Psychotherapy - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Outpatient Psychotherapy - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

PACT - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Peer Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Peer Support - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Pilot Recovery Wellness Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X	X		X
AnnualGrossIncome	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X		X
City	X	X		X
CountyOfAdmissionID	X			
CountyOfResidenceID	X	X		X
EthnicityID	X	X		

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X	X		X
FirstName	X	X		X
HasMilitaryService	X	X		X
InsuranceStatusID	X	X		X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X	X		X
LanguagePreferredID	X			
LastName	X	X		X
LivingArrangementsID	X	X		X
MaritalStatusID	X			X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X	X		
ReferralSourceID	X			
SexID	X	X		
SocialSupportsID	X			X
SSIEligibilityID	X			X
State	X	X		X
ZipCode		X		X

Pilot Recovery Wellness Support - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X	X		X
AnnualGrossIncome	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X		X
City	X	X		X
CountyOfAdmissionID	X			
CountyOfResidenceID	X	X		X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

EthnicityID	X	X		
FamilyHasMilitaryService	X	X		X
FirstName	X	X		X
HasMilitaryService	X	X		X
InsuranceStatusID	X	X		X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X	X		X
LanguagePreferredID	X			
LastName	X	X		X
LivingArrangementsID	X	X		X
MaritalStatusID	X			X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X	X		
ReferralSourceID	X			
SexID	X	X		
SocialSupportsID	X			X
SSIEligibilityID	X			X
State	X	X		X
SubstanceUsedID *	X	X		X
ZipCode		X		X

Professional Partner - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

RaceID *	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Psych Res Treat (PRTF) - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFileUpload	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ZipCode				X
Psychiatric Residential Rehabilitation - MH				
Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Psychological Testing - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Recovery Support - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MaritalStatusID	X			X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Recovery Support - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MaritalStatusID	X			X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Secure Residential - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Secure Residential R&B - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Short Term Residential - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

SOAR - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

SOAR - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Social Detoxification - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Sub-acute Inpatient Hospitalization - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
MMFirstAvailableID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Supported Education - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X			X
MaritalStatusID	X			X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Supported Employment - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Supported Employment - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

Supported Housing - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AssessmentDate	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
DeterminationApprovalDate	X			
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InitialApplicationReceivedDate	X			
InitialSection8Date	X			
InitialSection8StatusID	X			
IsUSCitizen	X			
IsVeteran	X			X
LastName	X	X	X	X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PriorityPopulationID	X			
RaceID *	X			
SchoolAbsencesID	X			X
SexID	X			
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
WaitlistRemovalDate	X			
ZipCode				X

Supported Housing - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AssessmentDate	X			
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
DeterminationApprovalDate	X			
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InitialApplicationReceivedDate	X			
InitialSection8Date	X			
InitialSection8StatusID	X			
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
WaitlistRemovalDate	X			
ZipCode				X

Supportive Living - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Supportive Living - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Therapeutic Community - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

Therapeutic Consultation - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Therapeutic Group Home - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Urgent Medication Management - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *				X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X
RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Urgent Outpatient Psychotherapy - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AttestationDiagnosis	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *				X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsVeteran	X			X
LastName	X	X	X	X
LegalStatusID	X			X
NumArrestsPast30Days	X			X
PhoneTypeID				X
PregnancyStatusID	X			
PrimaryFundingSourceID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

RaceID *	X			
ReferralSourceID	X			
SexID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Warm Hand Off - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Required Encounter Attributes by Service and Event Type

EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

Warm Hand Off - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Youth Assessment - MH

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X
Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X
PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Youth Assessment - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1	X			X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
AxisI *	X			X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
DestinationAfterDischargeID				X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

Diagnosis12MonthDuration *	X			X
DiagnosisCommunityDeficit	X			X
DiagnosisDailyLivingDeficit	X			X
DiagnosisEducationDeficit	X			X
DiagnosisFirstTreatment *	X			X
DiagnosisMoodDeficit	X			X
DiagnosisPersonalCareDeficit	X			X
DiagnosisPhysicalDeficit	X			X
DiagnosisPsychStateDeficit	X			X
DiagnosisRelationshipDeficit	X			X
DiagnosisSocialDeficit	X			X
EducationLevelID	X			X
EmploymentStatusID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HadTrauma	X			X
HasAttemptedSuicide30Days	X			X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LegalStatusID	X			X
LivingArrangementsID	X			X
MaritalStatusID	X			X
MentalHealthPoorDaysIn30	X			X
NumArrestsPast30Days	X			X
NumDependents	X			
PhoneTypeID				X
PhysicalHealthPoorDaysIn30	X			X

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

PregnancyStatusID	X			X
PrimaryFundingSourceID	X			
PriorityPopulationID	X			
RaceID *	X			
ReferralSourceID	X			
SchoolAbsencesID	X			X
SexID	X			
SocialSupportsID	X			X
SSIEligibilityID	X			X
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Youth Transition Services - MH

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			
IsVeteran	X			X
LanguagePreferredID	X			

* These attributes support multiple values. Typically, only the first value is required.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System



Required Encounter Attributes by Service and Event Type

LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
WaitlistConfirmationDate	X			
ZipCode				X

Youth Transition Services - SUD

Column Name	Admit	CCR	CSR	Discharge
Address1				X
AnnualGrossIncome	X			X
AttestationDiagnosis	X	X	X	X
AttestationEmploymentStatus	X	X	X	X
AttestationFunctionalDeficits	X	X	X	X
AttestationLivingArrangements	X	X	X	X
BirthDate	X	X	X	X
City	X			X
CountyOfAdmissionID	X			
CountyOfResidenceID	X			X
EthnicityID	X			
FamilyHasMilitaryService	X			X
FirstName	X	X	X	X
HasMilitaryService	X			X
ImpactOnSchoolAttendanceID				X
InsuranceStatusID	X			X
IsRelativeOrSigOtherPrimaryClient	X			

* These attributes support multiple values. Typically, only the first value is required.

Required Encounter Attributes by Service and Event Type

IsVeteran	X			X
LanguagePreferredID	X			
LastName	X	X	X	X
LivingArrangementsID	X	X	X	X
MaritalStatusID	X	X	X	X
NumDependents	X			
PhoneTypeID				X
PrimaryFundingSourceID	X			
RaceID *	X			
ReferralSourceID	X			
SexID	X			
SocialSupportsID	X	X	X	X
SSIEligibilityID	X			
State				X
SubstanceUsedID *	X	X	X	X
WaitlistConfirmationDate	X			
ZipCode				X

* These attributes support multiple values. Typically, only the first value is required.