Chapter 12 – Waiting List

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I. Document Revision History

Table 1. Document Revision History

Version Number	Effective Date	Revision Date	Description	Author
			Document Revision History	
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit
12.0.1	07/01/2017	08/16/2018	♦ Correct the Position of PLACEDATE and PROVIDERID on Waiting List Deletion File Layout on page 12-5	Lihua Liu

II. General Policies and Considerations

1. Contractors report Waiting List data for all clients waiting to receive recommended substance abuse or mental health services.

2. A demographic record must exist for the same SSN, CONTRACTORID, and PROVIDERID.

3. Create the Demographic records according to the file layout in Chapter 4 of the pamphlet.

II.A. Adding and Updating Waiting List Records

Create the Waiting List records according to the file layout in Table 2 below.

Table 2: Waiting List File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID (Mandatory Key)	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in DEMO record.
	Descriptions and Instructions: Contractor Id - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.		
PROVIDERID (Mandatory Key)	11	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match ProviderID in DEMO record.
	Descriptions and Instructions: Provider ID - The Federal Employer Identification Number of the entity which is placing the client on the Waiting List.		
SSN (Mandatory Key)	21	CHAR(9)	• Format: XXXXXXXXX • Must match SSN in DEMO record.
	Descriptions and Instructions: Social Security Number – Client's Social Security Number.		
PLACEDATE (Mandatory Key)	30	CHAR(8)	• Format: YYYYMMDD
	Descriptions and Instructions: Date Placed on Waiting List - Indicate the date the client was placed on the Waiting List.		

Field Name	Pos	Type / Size	Edits and Validations
LEVELCARE (Mandatory)	38	CHAR(2)	• Must be 01 through 11.
			Descriptions and Instructions: Level of Care - Indicate the level of care for which the client is being placed on the waiting list. **[01]** Mental Health Treatment Facility **[07]** Outpatient Services **[02]** Crisis stabilization Unit **[08]** Detox **[03]** Residential Level 1 **[09]** Day/Night **[04]** Residential Level 2 **[10]** Methadone **[05]** Residential Level 3 **[11]** Other **[06]** Residential Level 4
PROGRAM (Mandatory)	40	CHAR(1)	• Must be 1 through 4.
			Descriptions and Instructions: Program - Indicate the program in which the client is being placed on the Waiting List. **[1]** ASA **[2]** CSA **[3]** AMH **[4]** CMH **Note: Please notice that these codes are _different_ than the program codes for other data sets!**
PLACEREASON (Mandatory)	41	CHAR(1)	• Must be 1 through 3
			Descriptions and Instructions: **Placement Reason** - Indicate the reason the client was placed on the Waiting List. **[1]** Service is not available/not offered **[3]** Other **[2]** Service needed is at capacity
ASSESSDATE (Mandatory)	42	CHAR(8)	• Format: YYYYMMDD • Must be <= PLACEDATE
			Descriptions and Instructions: Date of Assessment - Indicate the date of contact when the assessment was made to put the client on the Waiting List. This date should be equal to or prior to the PLACEDATE.
SITEID (Mandatory)	50	CHAR(2)	• Format: XX right justified/zero filled. • Must be registered in SAMHIS for the PROVIDERID.
			Descriptions and Instructions: Site ID - The physical location of the provider where services will be provided.
PREGNANT (Mandatory)	52	CHAR(1)	• Must be 1 through 3.
			Descriptions and Instructions: **Pregnancy Trimester -** Indicate the client's pregnancy status at admission. "**Not Applicable" can only be used for males.** **[1]** Pregnant **[2]** Not Pregnant **[3]** Not Applicable
IVDRUGUSE (Mandatory)	53	CHAR(1)	• Must be 1 or 2.
			Descriptions and Instructions: **IV Drug Use** – Indicate whether or not the client is an intravenous drug user. **[1]** Yes **[2]** No
HOMELESS (Mandatory)	54	CHAR(1)	• Must be 1 or 2
			Descriptions and Instructions: **Homeless** – Indicate whether or not the client is homeless. **[1]** Yes **[2]** No
CNTYSERV (Mandatory)	55	CHAR(2)	• Must be a valid county code
			Descriptions and Instructions: County of Service - Indicate the circuit in which the client is being placed on the Waiting List. **Refer to the Florida County Codes Table in Appendix 5 - Data Code Tables.**
CLIENTID	57	CHAR(10)	• Left justified/space filled.
			Descriptions and Instructions: Client ID - Contractor use only.

Field Name	Pos	Type / Size	Edits and Validations
COUNSELOR LNAME	67	CHAR(35)	• Left justified/space filled.
			Descriptions and Instructions: Counselor Last Name - Indicate the last name of the counselor who determined that the client needs to be placed on the Waiting List.
COUNSELOR FNAME	102	CHAR(35)	• Left justified/space filled.
			Descriptions and Instructions: Counselor First Name - Indicate the first name of the counselor who determined that the client needs to be placed on the Waiting List.
COUNSELOR MNAME	137	CHAR(14)	• Left justified/space filled.
			Descriptions and Instructions: Counselor Middle Name - Indicate the middle name of the counselor who determined that the client needs to be placed on the Waiting List.
REMOVEDATE	151	CHAR(8)	• Format: YYYYMMDD • **Will be Blank until Removal Record is submitted** (Automatically populated from Removal Record)
			Descriptions and Instructions: Removal Date - Indicate the date that the client is removed from the list. Based on the reason to be removed, enter the appropriate date.
REMOVEREAS	159	CHAR(1)	• Must be 1 through 7. • **Will be Blank until Removal Record is submitted** (Automatically populated from Removal Record)
			Descriptions and Instructions: Removal Reason - Indicate the reason for which the client is being removed from the Waiting List. **[1]** Receiving Referred Services **[5]** Died **[2]** Moved out of State **[6]** Service no Longer Appropriate **[3]** Moved out of Circuit **[7]** Other **[4]** Declined
REFPROVIDERID	160	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match ProviderID in DEMO record. • **Will be Blank until Removal Record is submitted** (Automatically populated from Removal Record)
			Descriptions and Instructions: Referred Provider ID – The Federal Employer Identification Number of the entity from which the client is receiving the referred services.
TRANSTYPE (Mandatory)	170	CHAR(1)	• Must be A (Add) or U (Update)
			Descriptions and Instructions: Transaction Type – Indicate if the record is an A = Add or U = Update

II.B. Deleting Waiting List Records

A waiting list record can be deleted by submitting a record with the same mandatory key fields as shown in Table 3 below.

Table 3: Waiting List Deletion File Layout

Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXXX
SSN	11	9	XXXXXXXXX
PLACEDATE	20	8	YYYYMMDD
PROVIDERID	28	10	XX-XXXXXXX

II.C. Removing Clients from Waiting List

1. To remove a client from the waiting list, a deletion record must be submitted according to the file layout in Table 4 below.

Table 4: Removal of Clients From Waitlist File Layout

Field Name	Pos	Type / Size	Edits and Validations
CONTRACTORID **(Mandatory Key)**	1	CHAR(10)	• Format: XX-XXXXXXX • Contractor must be registered in SAMHIS. • Must match CONTRACTORID in Waiting List record.
			Descriptions and Instructions: Contractor Id - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.
PROVIDERID **(Mandatory Key)**	11	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match ProviderID in Waiting List record.
			Descriptions and Instructions: Provider ID - The Federal Employer Identification Number of the entity which is placing the client on the Waiting List.
SSN **(Mandatory Key)**	21	CHAR(9)	• Format: XXXXXXXXX • Must match SSN in Waiting List record.
			Descriptions and Instructions: Social Security Number – Client's Social Security Number.
PLACEDATE **(Mandatory Key)**	30	CHAR(8)	• Format: YYYYMMDD • Must match the PLACEDATE in Waiting List record.
			Descriptions and Instructions: Date Placed on Waiting List - Indicate the date the client was placed on the Waiting List.
REMOVEREAS **(Mandatory)**	38	CHAR(1)	• Must be 1 through 7.
			Descriptions and Instructions: Removal Reason - Indicate the reason for which the client is being removed from the Waiting List. **[1]** Receiving Referred Services **[5]** Died **[2]** Moved out of State **[6]** Service no Longer Appropriate **[3]** Moved out of Circuit **[7]** Other **[4]** Declined
REMOVEDATE **(Mandatory)**	39	CHAR(8)	• Format: YYYYMMDD
			Descriptions and Instructions: Removal Date - Indicate the date that the client is removed from the list. Based on the reason to be removed, enter the appropriate date.
REFPROVIDERID	47	CHAR(10)	• Format: XX-XXXXXXX • Provider must be registered in SAMHIS. • Must match ProviderID in DEMO record. • **Mandatory** when **REMOVEREAS** = 1, otherwise blank.
			Descriptions and Instructions: Referred Service Provider ID – The Federal Employer Identification Number of the entity from which the client is receiving the referred services. **Leave blank if this provider is the same as the provider removing the client from the waiting list.**