Kentucky Department for Behavioral Health,
Developmental and Intellectual Disabilities

BHDID Data Implementation Guide

Introduction

Fiscal Year 2026

Table of Contents

Additional tables and listings available on the CMHC Data Guides and Documentation web page in the Reports drop-down box.

Index to Guidance Documents within the BHDID Data Implementation Guide

Document Name	Description
Introduction	Includes index and introductory information related to the DBHDID Data Implementation Guide
Client Data Set	Detailed description of fields in the monthly Client file
Event Data Set	Detailed description of fields in the monthly Event file
Human Resources Data Set	Detailed description of fields in the monthly Human Resources file
Treatment Episode Data Set (TEDS)	Detailed description of fields in the Treatment Episode Data System (TEDS) Discharge file
Data Dictionary	Definitions of terminology used throughout the Guide
Appendix A1 - Provider Site Update Form	Use this form to inform the system of the provider sites associated with the Center
Appendix C – Listing of Drug Codes	Valid values associated with the following three Client file fields: field #58 - Drug Type Code, Primary at Admission field #62 - Drug Type Code, Secondary at Admission field #66 - Drug Type Code, Tertiary at Admission
Appendix D - Behavioral Health CPT Codes	Listing of CPT Codes for Behavioral Health
Appendix E - DBHDID Service Codes with Descriptions	Valid values associated with the Event file field "DMHMR_Modifier_1" (also called "BHDID Service Codes")
Appendix H - ICD10 Codes - Behavioral Health	List of ICD10 Codes for Behavioral Health - Valid values associated with the diagnosis fields 25-39 in the Client file and also with Diagnosis fields in the Event file
Appendix HCPCS - Full Listing with Descriptions	List of HCPCS Codes With Descriptions for Behavioral Health

DBHDID Data Implementation Guide

Summary of Changes

From: SFY2025 To: SFY2026

Client Data Set

Updated field 54 description.

54. Women with Dependent Children

Data field name – Women_with_Dep_Children

Length	Format	From	To	Fatal
1	#	219	219	No

Description: A **female** client with a **Substance Abuse diagnosis** who answers yes to the question "Do you have one or more minors that may or may not be in your direct care or responsibility?"

Valid Codes:

0	No
1	Yes
6	Not Applicable (used when client is Male or is Female and does not have an SA diagnosis)
7	Unknown
8	Not Collected

Special Instructions:
1. Code 1 is eligible for payment against the substance abuse block grant set aside for women with dependent children.
2. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix G.
3. If not applicable, use Code = 6.

	Error Condition	**Error Action**
General Error	1. Invalid code	Error reported
Possible Error	Code = 1 and Field 5 – Sex at Birth = 1 (Male) Code = 1 and no Substance Abuse Diagnosis present	Field set to 8 in database No change to database
Completeness Error	Code = 6/7/8 in database and Substance Abuse diagnosis present and Field 5 – Sex at Birth = 2 (female)	Counted against General Error Standard

Update Frequency: At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

Added field 93.

93. Problem Gambling/Problem Sports Wagering/Gambling Disorder

***Description*:** Problem gambling" is often used in clinical practice and public health discussions to describe gambling behavior that is harmful or risky but may not meet the full criteria for Gambling Disorder. Individuals not meeting the full diagnostic criteria may still exhibit behaviors that cause distress or problems and may benefit from intervention.

Gambling Disorder, as a recognized behavioral addiction, is categorized under "Substance-Related and Addictive Disorders." The diagnostic criteria for Gambling Disorder focus on persistent and problematic gambling behavior that leads to clinically significant impairment or distress.

Early intervention can prevent the progression of Gambling Disorder and reduce the potential for more severe harm.

Problem gambling" is generally understood to describe gambling behaviors that:

- Cause harm or distress to the individual or others (e.g., financial losses, relationship strain).
- May not meet the DSM-5 threshold for Gambling Disorder (less than four criteria), but still lead to negative consequences.
- Involves gambling more frequently or with higher amounts of money than is intended, without the severe impairments associated with Gambling Disorder.

Signs of Problem Gambling (Subclinical Indicators):

- Gambling more money or more frequently than intended.
- Feeling a need to "chase losses" to recover money.
- Lying about the extent of gambling.
- Experiencing guilt or regret after gambling.
- Gambling to relieve stress or escape problems.
- Minor disruptions to finances, relationships, or daily life that do not meet the full criteria for disorder.

Valid Codes:

0	No
1	Yes
6	Not Applicable
7	Unknown
8	Not Collected

Special Instructions: Screen every applicant.

Update Frequency: At the time of intake. Must be reviewed annually or whenever there is an indication the status has changed. Individuals who have previously been diagnosed or are later diagnosed with a Gambling Disorder should have the Gambling Disorder diagnosis included in one of the 14 diagnosis code fields within the client data set, as applicable.

Event Data Set
No changes for SFY2026

Human Resources Data Set
No changes for SFY2026

TEDS SA Discharge Record

Updated data set name.
~~TEDS SA Discharge Record~~ Treatment Episode Data Set (TEDS)

Appendix A1: Provider Site Update Form

Updated pdf form to Microsoft Form.

Appendix B: County Codes List
No changes for SFY2026

Appendix C: Listing of Drug Codes

Updated appendix name.
~~Listing of Drug Codes~~ Listing of National Drug Codes

Added listing update schedule.

Appendix E - Service Codes

Replaced service code 240 Interim Housing for Individuals with SUD who are receiving SUD outpatient or aftercare services with new service code 240-Recovery Residence.

Recovery Residence ~~**Interim Housing for individuals with Substance Use Disorder who are receiving SUD outpatient or aftercare services**~~

SV101(2): When DBHDID is payer source, apply “Case #1” on page AE-1.

NTE02: 240

Unit of service: Per Diem

Definition:

Recovery Residence is a supportive, substance-free living environment for individuals recovering from substance use disorders. These residences offer supportive services that promote long-term recovery by fostering accountability and community integration with the ultimate goal of achieving stable, independent living. Key services include Peer Support, Recovery-Oriented Activities, Access to Resources, Safe and Recovery focused Environment, Flexibility and focused on Continuum of Care, and Referrals to Appropriate Medical and Clinical Services.

In Kentucky, recovery residences are required to be certified in accordance with KRS 222.500.

This includes adherence to National Alliance of Recovery Residences (NARR) standards, which includes four levels of recovery housing that offer differing levels of support for residences. Rather than serving as a linear, step-down continuum of services, the models meet the varying needs of people in recovery. People may move in and out of the different levels depending on their individual circumstances.

Recovery residences are not licensed or otherwise approved by the cabinet or any other agency of state government to provide any medical, clinical, behavioral health, or substance use treatment service for which a license or other approval is required under state law.

~~Interim housing for individuals receiving outpatient or aftercare services for substance use disorder refers to a supportive, temporary housing accommodation provided for individuals receiving outpatient SUD or aftercare services who have experienced homelessness. The services support the individuals need for stable housing while receiving treatment or aftercare services with a goal of transitioning the individual to permanent housing by offering structure, supervision, and recovery support.~~
~~Individuals receiving these services must be receiving SUD treatment or aftercare services and must have a treatment plan that addresses their interim housing needs and goals.~~

Updated service code 085-Supported Employment.

Supported Employment (Mental Health, Co-occurring Mental Health/Substance Use Disorder, & Intellectual Disabilities)

SV101(2): H2023 (Mental Health, & Co-occurring Mental Health/Substance Use Disorder)
Supported Employment (includes Person-Centered Job Selection-Discovery, Job Development and Analysis and Job Acquisition with Support)
H2025 (Mental Health, & Co-occurring Mental Health/Substance Use Disorder)
Ongoing Support to Maintain Employment
T2019 (Intellectual Disabilities) (includes Long Term Support and Follow-Up having the following modifiers:
U4 PCJS Discovery,
U5 Job Development and Analysis,
U6 Job Acquisition with Support);

NTE02: 085

Unit of Service: 15 Minutes

Definition:
Competitively paid work in a variety of integrated settings. Support and assistance are provided in accessing and maintaining employment. Includes individual assessment, development of a vocational profile, job development, job placement, on-site job coaching or training in work and work-related skills, on-going supervision and monitoring of work performance, support to assure job retention, support and training in developing interpersonal skills, use of community supports and generic services essential to obtaining and retaining employment. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Providers operating a distinct “supported employment program” should use this code. The Center for Mental Health Services defines this as “supportive services that include assisting individuals in finding work; assessing individuals’ skills, attitudes, behaviors, and interest relevant to work; providing

vocational rehabilitation and/or other training; and providing work opportunities. Includes transitional and supported employment services."

For Mental Health (MH):
Supported Employment (SE) is an evidence-based service to promote rehabilitation and retainment or return to productive employment for persons with serious mental illnesses. The Individual Placement and Support (IPS) model of Supported Employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice for individuals with serious mental illness. IPS SE programs should focus on each person's strengths, work towards promoting recovery and wellness, work in collaboration with vocational rehabilitation counselors, use a multidisciplinary approach, work to individualize services that last if the person needs and wants them, and work to change the way mental health services are delivered.
For Co-Occurring Mental Health & Substance Use Disorder (MH/SUD):
Supported employment (SE) is an evidence-based service to promote rehabilitation and retainment or return to productive employment for persons with serious mental illnesses, as well as those with co-occurring mental health & substance use disorders. The Individual Placement and Support (IPS) model of Supported Employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment programs exist, IPS refers to the evidence-based practice for individuals with SMI and those with co-occurring mental health & substance use disorders. IPS SE programs should focus on each person's strengths, work towards promoting recovery and wellness, work in collaboration with vocational rehabilitation counselors, use a multidisciplinary approach, work to individualize services that last if the person needs and wants them, and work to change the way behavioral health services are delivered."

PRINCIPLES OF IPS SUPPORTED EMPLOYMENT

- Focus on Competitive Employment: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
- Based on Individual Choice: People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
- Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with mental health treatment teams.
- Attention to Worker Preferences: Services are based on each person's preferences and choices, rather than providers' judgments.
- Personalized Benefits Counseling: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
- Rapid Job Search: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.
- Systematic Job Development: Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
- Time-Unlimited and Individualized Support: Job supports are individualized and continue for as long as each worker wants and needs the support.

SUPPORTED EMPLOYMENT IS NOT:

- Prevocational training
- Sheltered work
- Employment in enclaves (that is in settings, where only people with disabilities are employed)
- [If an employment specialist is part of an ACT team, this should be reported under ACT and not separately as supported employment.]

For Intellectual Disabilities (ID) program:
Support and assistance provided in accessing and maintaining employment in an integrated community setting and includes Person-centered job selection, job development and analysis, job acquisition with support and stabilization, and Long-term Employment Services. Long Term Employment Services are covered for any participant for whom a Long-Term Employment Support Plan has been developed and the plan has been incorporated into the participant's plan of care. All other employment services are covered for participants who have exhausted services funded through the Rehabilitation Act of 1973 unless there has been an additional disability, or the progression of the individual's disability has far exceeded the original expectation. In which case, additional funding through Rehabilitation Act may be available and shall be pursued. Supported Employment services shall be documented using established Long Term Employment Support Plan (LTESP) and Person-Centered Employment Plan (PCEP).
For ID program: Supported Employment shall also:
a. Be provided by certified provider that is a vendor of supported employment services for the Office of Vocational Rehabilitation;
b. Be delivered on a one (1) to one (1) basis with a participant or indirectly on behalf of a participant; and
c. Exclude work performed directly for the supported employment provider or in a group setting where the program participant is secluded from the population of coworkers not identified as program participants.

Updated service codes 149-Youth Peer Support (Individual), & 150-Youth Peer Support (Group).

Youth Peer Support (Behavioral Health)

SV101(2): H0038 Individual (Behavioral Health) no modifier
H0038 Group (Behavioral Health) Medicaid billing requires HQ modifier

NTE02:
149 (Individual)
150 (Group)

Unit of Service: 15 Minutes

Definition:
Youth Peer Support is emotional support that is provided by persons between the age of 18-35 years old, who experienced having a mental health, substance use, or co-occurring mental health and substance use disorder prior to the age of 21 to other young people up to age 25 who are experiencing a similar mental health, substance use, or co- occurring mental health and substance use disorder that was identified prior to age 21 in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled non-clinical but therapeutic activities with individuals or groups provided by a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills for

the client. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations 908 KAR 2:240 (Youth Peer Support).

Appendix F: ICD 10 & ICD 9 Code Listings
No changes for SFY2026.

HCPCS Codes Listing
No changes for SFY2026.

Data Dictionary
No changes for SFY2026.

State Uniform Data Definitions
No changes for SFY2026.

DATA SYSTEM OVERVIEW

Data is collected from the CMHCs in four distinct data sets; client, event, human resources and TEDS files. The data sets are inter-related and each one is required to attain a complete picture of the service delivery system.

Client Data

The client data set consists of several fields that provide basic demographics along with a clinical snapshot of the client, including diagnoses and substance use information. The Client data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. The file should contain data on clients who received services during the month of submission. For example, content for the February Client File includes only clients receiving services during February and is to be submitted prior to March 31st.

This data set should contain data on all clients served by the Center, regardless of payer source, during the month for which the file is created. The Client file should only contain clients having one or more services during the month; that is, do not include in a month's Client file, clients not having services in that month's corresponding Event file. The Client file should contain data on all status 1, 2 and 3 clients of the center during that month. A full definition of the different Client status is defined in field #6 "Client Status Code" of the Client file description (page C14).

Event Data

The event data set includes information on individualized services provided by the center. All such services, regardless of payer source, that occurred during the month for which the file is created are required to be submitted in the Event file. Each service in the Event file must have a corresponding client record in that month's corresponding Client file. The Event data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on services that occurring during February are to be submitted prior to March 31st.

NOTE: **ALL** services / events provided by the Centers shall be reported in this data submission, regardless of the payer source. Refer to guides and instructions produced by each payer source to determine how services are delivered (e.g. telehealth, face-to-face, phone), population criteria, billing requirements and further information.

Human Resources Data

The human resources data provides information on the staff who provide clinical services at the center. This data should directly relate to the Event data file field NTE02, columns 19-33 - Rendering Professional ID. Each service in the Event file must have a corresponding staff record in that month's corresponding Human Resources file. The Human Resources data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on services that occurring during February are to be submitted prior to March 31st.

Treatment Episode Data

The TEDS contains a record for every client who is discharged from a Substance Abuse program each month based upon the federal TEDS criteria. A full definition of those criteria is available in the Data Dictionary under the headings of "Substance Abuse Client" and "Substance Abuse Client Admissions and Discharges".

The TEDS file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on discharges that occurred during February are to be submitted prior to March 31st.

NOTE: The file format and various aspects of the data submission protocol are unique to the TEDS File. For an overview, see the "File Submission Procedures" subsection of the "TEDS" section of the Implementation Guide.

POLICY ON ANNUAL CHANGES

Changes to this Data Submission Guide will only be made annually effective July 1 of each year with the exception being made by the BHDID Commissioner or his/her designee. Changes must be submitted for review to the Joint Committee for Information Continuity (JCIC) prior to the January JCIC meeting. The JCIC team will be notified on any changes developing later than January.

STANDARDS FOR INFORMATION QUALITY

PURPOSE: The purpose of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Standards for Information Quality is to ensure that timely, accurate and complete data is available for monitoring and improving the quality of services supported or provided by DBHDID.

TIMELINESS STANDARD*

Files: Client, Event, Human Resource, TEDS

Criteria: For the Client and Event files, the final submission must be completed by the last day of the month following the Reporting Period. For the TEDS File, final submission must be made by the end of the month that the file was provided by RDMC. See the TEDS File Section in the Data Submission Guide for details.

Example: If the Client Data Set submission for May is received by DBHDID on June 30, the timeliness standard is met. If data is received on July 1, the standard is not met.

FATAL ERROR STANDARD

Files: Client, Event, Human Resources, TEDS

Criteria: Each Fatal Field is to have no more than 1.0 % invalid values. See “Fatal Field Listing” for a list of fatal fields. Errors in fatal fields cause the entire record to be rejected from the data base.

Example: The record contains an invalid Client ID. The record is rejected.

GENERAL ERROR STANDARD

Files: Client, Event, Human Resources, TEDS

Criteria: The percentage of incorrect or incomplete values for each field must be under a set percentage rate for that field. This standard includes the current General Accuracy errors as well as the current incomplete errors. It applies to all non-fatal fields. See “General Field Listing” for threshold values for each field. Errors in General Error fields only cause the loss of information for that particular field. The remaining portion of the record will be saved in the data base.

Example: A ‘4’ is submitted in the Client Sex field. The ‘4’ is changed to an ‘8’ (Not collected), and the record is added to the Client table. This is counted against the Accuracy standard for the Client Sex field.

Fatal Field Listing

Client File
System Reporting Date
Region Number
Client ID
Client Status Code

Event File
Client ID
Service From Date
DMHMRS Modifier 1 (when Source of Pay = Y/DMHMRS)
Provider ID

Human Resources File
Region Number
Staff Identifier
System Reporting Date
Date of Employment

TEDS File
Reporting Period
Region Number
Client ID
SA Admission Date
SA Discharge Date

General Field Listing

Client File	Maximum Error Rate
Date of Birth	1%
Sex	1%
Education	3%
Employment Status	3%
Referral Source Primary	3%
Referral Source Secondary	3%
Living Arrangements	3%
County of Residence	3%
Primary Diagnosis	3%
All other fields	5%
Event File	
DMHMRS Modifier 1	2%
Place of Service	5%
Source of Pay	5%
Special Program Indicator	2%
Units of Service	5%
Human Resources File	
Separation Date	5%
Highest Degree	5%
Employment Status	5%
First Additional Language (No Completeness check)	5%
Primary Taxonomy Code	5%
TEDS File	
Reason for Discharge	5%
Drug Type Code – Primary	5%
Frequency of Use – Primary	5%
Drug Type Code – Secondary	5%
Frequency of Use – Secondary	5%
Drug Type Code – Tertiary	5%
Frequency of Use – Tertiary	5%
Living Arrangements	5%
Employment Status	5%
Number of Arrests	5%
Self-Help Attendance	5%

THE DATA SUBMISSION PROCESS

Transmission Protocol

In order to maintain an efficient system for processing data, the department will accept submissions only via the Internet. This will enhance the communication process between the Department and the Centers by allowing automated processing, verification and reporting to occur.

Submitting Data

The Department maintains a password protected internet site. The naming convention for data files is as follows: *<region number><month><year><file type>*.DAT. **NOTE: <*year*> is calendar year, not fiscal year**. Each section is two digits with leading zeros where appropriate. The valid file types are:

CS (Client Submission)
CR (Client Resubmission)
DS (TEDS Discharge Submission)
DR (TEDS Discharge Resubmission)
EH/N (Event Submission in HIPAA format)
EP (Event Resubmission in HIPAA format)
HR/HS (Human Resources Submission)

For example, the October 2014 client data submission from Region 1 would be **011014CS.DAT**.

A test file submission may be made by using the following naming convention: *<region number><month><year><file type>*_Test.DAT. Test file submissions allow centers to evaluate data quality without the risk of any penalties associated with not meeting data standards.

Transmission Procedure - Internet

To access the data upload, you must have activated your account by contacting the website security administrator at the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) (502-782-6112). Using your web browser, go to the address https://dbhdid.ky.gov/Login/. You will need to enter your user name and password. Please keep these in a secure place and do not share them with others in your organization. If you ever fear a breach of security, please change your password as soon as possible and notify Zara.Bullock@ky.gov at DBHDID.

The interface should be easy to understand. Here are a few instructions which should be of help.

Uploading files: To upload a file, go to the "File Management" page and hit the browse button at the bottom of the page. Find the file on your system that you wish to send. After doing this, press the "Upload File" button. A message should appear indicating that the file transmission was successful.

Downloading files: If you need to obtain a copy of a file appearing in your folder on the "File Management" page, right-click on the file. Your browser should give you an option to save a copy of the target file on your computer.

A note about security: By using the web interface, you accept the risk incurred when transferring data over the internet. You agree to not hold the University of Kentucky Institute for Biomedical Informatics or the Kentucky Cabinet for Health and Family Services, Department for Behavioral Health, Developmental and Intellectual Disabilities responsible for any such unlawful interception of data by an outside entity.
NOTE: BE SURE TO ENCRYPT THE SSN IN YOUR FILES BEFORE SENDING. USE THE PROGRAMS PROVIDED AND CONTACT YOUR LIAISON IF YOU HAVE ANY QUESTIONS.

The reasons below address the necessity for encryption and its relationship to security.

- Data breaches are real and becoming more common.

- It supports data integrity-Data encryption could help to assure that only authorized parties access a firm's information for analysis. It also decreases the likelihood of a hacker successfully tampering with data and those actions going unnoticed.

- Data Encryption is a privacy safeguard-Considering the information being stored on computers encryption keeps your identity safe and secure along with your data. Hackers can compromise information such as email addresses and the rightful owners may not know what's happened until months pass.

- Helps you stay safer when working remotely – Whether working remotely all the time or just occasionally data encryption helps you stop information from falling into the wrong hands.

- It could help you avoid regulatory fines – Depending on specific businesses or policies set forth by employers, encryption technology for data protection may be mandatory rather than optional. In the health care sector, patient privacy laws require keeping information encrypted. Organizations receive significant fines for noncompliance.

- Data encryption can provide a competitive advantage-Data encryption applies both to information at rest and in transit. It provides consistent protection that can lead to peace of mind for the people that handle the information. Having an encryption plan is essential.

- Using encryption technology for data protection can increase trust – Even though some businesses may not require to encrypt their data due to their own regulations, some organizations choose to do so to show their clients they take privacy seriously. Although end users need to take their own responsibility, organizations can solidify their reputation by emphasizing a commitment to incorporate encryption technologies into their operations.

- SSL (Secure Sockets Layer) – SSL allows sensitive information to be transmitted securely. The chances of an SSL certificate itself being hacked is incredibly slim. **However just because you have SSL does not mean the website isn't vulnerable in other areas. Servers go down as an example and can become vulnerable on either end.**

The Institute for Biomedical Informatics must adhere to regulations and policies within our department and those of the University of Kentucky. IBI has Access Control policies and Physical Security policies. These were developed as addendums to UK HealthCare Act; UK Healthcare Policies A13-060-Logical Access Control Policy, A13-040 Passwords. In addition to our IT Security firewalls, SSL, Access Controls policies, HIPAA compliance policies and trainings, we take our commitment to privacy of PHI very seriously. **Encrypting your data is not only to protect IBI but also to protect you the user. Encrypting sensitive data files is a measure to protect networks and devices from data breaches.**

"Access Control Policy #P010-0 for IBI:
Purpose: To control access to information based on business requirements and to prevent unauthorized access of information systems that contain Protected Health Information (PHI) or sensitive data. Effective account management is central to providing logical access control that is commensurate with sensitivity and risk. User account management focuses on identification, authentication, and access authorizations. This is augmented by the process of auditing. This policy applies to all individuals who access, use, or control IBI's information assets. All projects and staff located within the Institute for Biomedical Informatics (IBI) are

subject to this procedure. Those individuals covered include, but are not limited to, staff, faculty, students, those working on behalf of IBI, guests, tenants, visitors, and individuals authorized by affiliated institutions and organizations, hereinafter referred to as *users*.

Definitions

A. **Access** is the ability to do something with an information system resource.
B. **Access control** is the means by which the ability is explicitly enabled or restricted in some way.
C. **Logical access controls** provide a technical means of prescribing not only who or what is to have access to a specific system resource, but also the type of access that is permitted.
D. **Elevated User** is the level of access permissions granted to an approved user above the standard permissions granted which is determined by business needs and level of expertise.
E. **Security Groups** are utilized for role-based access to databases and file folders when possible."

Data Corrections

Client Data Set
Changes to previously submitted Client records can only be made by resubmitting the entire data file for the month where the change is needed. If the file submission deadline for the month has already passed, notify your IBI liaison prior to resubmitting the data file.

Event Data Set
Event files may contain records where the service dates are prior to the month and year specified in the file name. If a service was not included in the original Event file, it can be included in a later data file.

Centers may delete individual services by providing IBI with a comma-separated text file containing a record for each service to be deleted. Each record in the file should contain the following eight fields to uniquely identify the service: Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1. Each field value should be separated by a comma. Centers should contact their IBI liaison prior to submitting an Event deletion file.

Any necessary Event changes that cannot be made by adding or deleting services as specified above must be made by resubmitting the entire Event file for the month. If the file submission deadline for the month has already passed, notify your IBI liaison prior to resubmitting the data file.

TEDS
Changes to previously submitted TEDS records can only be made by resubmitting the entire data file for the month needing changed. If the file submission deadline for the month has already passed, notify your IBI liaison prior to resubmitting the data file.

Human Resources Data Set
Beginning with the July 2005 data, the Human Resources Data Set retains each month's data rather than replacing the entire data set. This allows the system to track staff members with broken service periods. HR records with fatal errors will be rejected and not loaded to the data set.

Provider / Organizational Data
Updates to center provider information should be made using the form on the DBHDID web site. To access that form, log on to https://dbhdid.ky.gov/Login/. Once logged on, users with appropriate permissions can follow the "Add, Delete, or Update Provider Site" link to make changes to their

providers. For additional information on accessing the secure web site, see the "Transmission Procedure – Internet" section above.

To update other organizational data, contact your IBI liaison for details.

DBHDID Responsibilities

Upon receipt of a Client, Event, HR or TEDS dataset, IBI will provide a Data Quality Report to the center's liaison via email. IBI will provide the report within 24 hours of receipt of the dataset (excluding weekends and holidays). Centers may then resubmit the data file to IBI to resolve any issues as set out on the Data Quality Report.

Procedure for Changing Client Identifiers

There are occasions when a client identifier may change. For example, when the client first comes in for treatment, a SSN is not available and a pseudo-number is generated. Later, the true SSN is discovered and the ID changes.

In order to correct the previously submitted records, centers should submit a special corrections file. IBI will process the corrections file and update its tables with the corrected values. The method to do this is as follows:

- Include the corrections in an Excel file or a tab-delimited text file. Name the file "*RR*_SSN_Corrections" where "*RR*" is the two-digit region number.
- The file should contain three columns: "Region Number", "Old SSN", and "New SSN". Column headers should be included. If Excel format is used, be sure to format the cells as text to prevent the loss of leading zeros. Unencrypted SSNs should be used in the file to identify clients.
- Submit the file to IBI using standard file submission protocol as set out above under "Submitting Data". IBI will process the corrections file and update its tables with the corrected client identifiers.

Fatal, General, Completeness, and Possible Error Definitions

Fatal error: A fatal error occurs when an invalid value is reported in a key field. This record will be rejected from the submission and the Center must correct and resubmit it for the record to be accepted into the data set.

Example: The record contains an invalid Client ID.

General error: A general error occurs when an invalid value is reported in a required, but non-key field. The error is recorded and displayed on the Audit report, the field is changed to the default value (normally the Not Collected code), and the record is accepted into the data set.

Example: A '4' is submitted in the Client Sex field. The '4' is changed to an '8' (Not collected), and the record is added to the Client table.

Completeness error: A completeness error occurs when an Unknown or Not Collected value is reported in a required, but non-key field. The error is recorded and displayed on the Audit report. The record is accepted into the data set.

Example: The "Employment Status" field contains a '98' (Not Collected).

Possible error: A possible error occurs when a field's value conflicts with the value in a related field or when a field's value falls outside the normally accepted range. The error is displayed on the Audit report, but no change is made to the record. The record is accepted into the data set.

Example: The Pregnant Woman field contains a '1' (Yes) but the Client Sex field contains a '1' (Male).
Example: The Client Date of Birth field is over 100 years ago.