

Service Request Log Usage Guide

Los Angeles County Department of Mental Health Chief Information Office Bureau



Version 1.0

04/19/2016

Disclosure Statement

This document represents the Los Angeles County Department of Mental Health (LACDMH) implementation instructions for Service Request Log (SRL). This document specifies the required data elements along with associated restrictions to capture data required by LACDMH. LACDMH reserves the right to modify and change the document at any time. LACDMH will disseminate the information in a timely manner, should there be any change to this document.





DOCUMENT REVISION HISTORY

Version	Release Date	Revised by	Comments/ Indicate Sections Revised
1.0	04/19/2016	LACDMH	Initial version of the Service Request Log Usage Guide

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A. INTRODUCTION

A.1 Background

California Code of Regulations Title 9 §1810.405(f) requires that all initial requests for specialty mental health services (SMHS) be maintained on a written log. QA Bulletin 13-06 required all LA County Contracted Behavioral Health Providers use the Service Request Log to meet the Title 9 and DMH Policy 302.07, Access to Care (formerly 202.43, Scheduling Clinical Appointments and Associated Documentation) requirements. The SRL standardized logging of initial requests in order to ensure all required data elements are captured. The SRL also intended to provide standardized initial dispositions at the provider site that received the initial request. QA Bulletin 14-03 required all providers with an Electronic Health Record (EHR), incorporate Service Request Log functionality. Clinical Forms Bulletin 16-01 updated the required data elements on the Service Request Log to include the universal screening elements which are referenced in the newly revised DMH Policy 302.07 (the revisions are expected to be released within the next two months).

A.2 Purpose

This Service Request Log (SRL) Usage Guide is intended to provide LA County Contracted Providers (CPs) and their respective vendors requirements related to capture Service Request Log data, including the new universal screening elements. In this initial phase, LA County Trading Partners are expected to capture the required SRL data within their respective EHR systems.

A.3 Overview

A subsequent phase will require that captured data be provided to LACDMH and incorporated into a comprehensive data set of all initial requests for services across the LA County system of care. These documents describe all data elements to be captured and the corresponding acceptable (dictionary) values. The interface intended to provide exchange functionality along with detailed implementation details will be provided in a future update to this guide.

A.4 Out of Scope:

- Update an existing Service Request
- Delete a Service Request
- Transfer a Service Request

Ref #	Field	Required	Type	Maximum Length	Restriction	Acceptable Values	Format
<i>Pre-assigned field reference number.</i>	<i>This column provides the Name of the data element as it appears in the XML file.</i>	<i>This column states whether the data element is Required, Conditionally Required or Optional. Required fields are marked with "R". Conditionally Required fields are marked with "CR" and provide the usage conditions triggering the requirement. Optional fields are labeled "O".</i>	<i>This column notes the expected Data Type of the value being submitted (e.g. String, Date, Time, Enumeration, Integer).</i>	<i>This column notes the maximum length allowed for the value being submitted.</i>	<i>When denoted, this column describes restrictions to be applied on any value being submitted—such as masking enforced, allowed and disallowed characters and enumerated value sets. When not applicable, the field is marked as "N/A".</i>	<i>When denoted, this column describes the acceptable value(s) which can be submitted such as dictionary or Enumerated values. When not applicable, the field is marked as "N/A".</i>	<i>When denoted, this column describes the expected field format—such as date field MM-DD-YYYY; a time field HH:MM. When not applicable, the field is marked as "N/A".</i>

B. DATA ELEMENTS

Ref #	Field	Required	Type	Maximum Length	Restriction	Acceptable Values	Format
1	ReportingUnit	R	Enumeration	N/A	ProgramOfService Dictionary	N/A	N/A
2	RequestDate	R	Date	10	Masking enforced.	N/A	YYYY-MM-DD
3	RequestTime	R	Time	7	Masking enforced.	N/A	HH:MMAM / HH:MMPM
4	RequestReason	O	String	300	N/A	N/A	N/A
5	RequestRespondStaff	R	String	40	N/A	N/A	N/A
6	RequestType	R	Enumeration	N/A	RequestType Dictionary	N/A	N/A
7	SRTSReferenceNumber	CR If Request Type is 'SRTS'	Integer	N/A	N/A	N/A	N/A
8	Comments	O	String	1000	N/A	N/A	N/A
Requester/Referring Party							
9	ReferringPartyRole	R	Enumeration	N/A	ReferringPartyRole Dictionary	N/A	N/A
10	ReferringLastName	R	String	20	Alpha characters are accepted in this field. The following special characters are allowed dash (-), apostrophe (') and space (). No other special characters are allowed. Minimum Length 1. Must start with alpha only.	N/A	N/A
11	ReferringFirstName	R	String	20	Alpha characters are accepted in this field. The following special characters are allowed dash (-), apostrophe (') and space (). No other special characters are allowed. Minimum Length 1. Must start with alpha only.	N/A	N/A



12	ReferringPhone	O	String	10	Numeric only, no alpha or special characters allowed.	N/A	XXXXXXXXXX
13	ReferringFacility	CR If Referring Party Role is 'Health Provider' or 'School'	String	80	N/A	N/A	N/A
14	RoleType	CR If Referring Party Role is 'Other'	String	80	N/A	N/A	N/A
15	ClientAwareOfReferral	O	Enumeration	N/A	ClientAwareOfReferral Dictionary	N/A	N/A
Client/Potential Client							
16	ClientType	R	Enumeration	N/A	ClientType Dictionary	N/A	N/A
17	ClientID	CR If Client Type is 'Existing'	String	9	Alpha characters are not accepted. Must contain a numeric value.	N/A	N/A
18	ClientLastName	CR If Client Type is 'New'	String	20	Alpha characters are accepted in this field. The following special characters are allowed dash (-), apostrophe (') and space (). No other special characters are allowed. Minimum Length 1. Must start with alpha only.	N/A	N/A
19	ClientFirstName	CR If Client Type is 'New'	String	20	Alpha characters are accepted in this field. The following special characters are allowed dash (-), apostrophe (') and space (). No other special characters are allowed. Minimum Length 1. Must start with alpha only.	N/A	N/A
20	ClientPhone	CR If Client Type is 'New'	String	10	Numeric only, no alpha or special characters allowed.	N/A	XXXXXXXXXX



21	ClientDOB	O	Date	10	Masking enforced.	N/A	YYYY-MM-DD
22	InsuranceStatus	O	Enumeration	N/A	InsuranceStatus Dictionary	N/A	N/A
23	ClientLanguage	R	Enumeration	N/A	ClientLanguage Dictionary	N/A	N/A
24	LegalGuardianName	O	String	40	N/A	N/A	N/A
25	LegalGuardianPhone	O	String	10	Numeric only, no alpha or special characters allowed.	N/A	XXXXXXXXXX
26	LegalGuardianLanguage	O	Enumeration	N/A	LegalGuardianLanguage Dictionary	N/A	N/A
27	ReleaseFrom	R	Enumeration	N/A	ReleaseFrom Dictionary	N/A	N/A
28	InpatientFacility	O For Release From is 'Inpatient'	String	80	N/A	N/A	N/A
29	ReceivingMentalHealthServices	R	Enumeration	N/A	ReceivingMentalHealthServices Dictionary	N/A	N/A
30	AgencyName	CR If receiving mental health services is 'Yes'	String	80	N/A	N/A	N/A
31	EmergentMedicationNeeds	R	Enumeration	N/A	EmergentMedicationNeeds Dictionary	N/A	N/A
32	UndeterminedReason	CR If Emergent medication needs is 'Undetermined'	String	100	N/A	N/A	N/A
33	MedApptSameAsFirstAppt	CR If Emergent medication needs is 'Yes'	Enumeration	N/A	MedApptSameAsFirstAppt Dictionary	N/A	N/A
34	MedApptJustification	CR If Emergent medication needs is 'Yes' AND Was a medication appointment scheduled for the same day as the first appointment is 'No'	String	500	N/A	N/A	N/A



Disposition							
35	Disposition	R	Enumeration	N/A	Disposition Dictionary	N/A	N/A
36	ApptPractitioner	CR If Disposition is 'Assessment Appointment Given This Site'	String	40	N/A	N/A	N/A
37	ApptProgramOfService	CR If Disposition is 'Assessment Appointment Given This Site'	Enumeration	N/A	ProgramOfService Dictionary	N/A	N/A
38	ApptDate	CR If Disposition is 'Assessment Appointment Given This Site'	Date	10	Masking enforced.	N/A	YYYY-MM-DD
39	ApptTime	CR If Disposition is 'Assessment Appointment Given This Site'	Time	7	Masking enforced.	N/A	HH:MMAM / HH:MMPM
40	EarlierApptOffered	R	Enumeration	N/A	EarlierApptOffered Dictionary	N/A	N/A
41	FirstOfferedApptDate	CR If EarlierApptOffered is 'Yes'	Date	10	Masking enforced.	N/A	YYYY-MM-DD
42	DispositionDetails	O	String	1000	N/A	N/A	N/A

C. APPENDIX

C.1 Special Characters and Additional Validations

Fields	Special Characters and Validations
Name Fields	<ol style="list-style-type: none"> Only alphabets (A-Z; a-z) and following special characters are allowed <ul style="list-style-type: none"> Dash (-) Apostrophe (') Space () Full length of name must not exceed 40 characters in the following format: <i>LastName,FirstName<space>MiddleInitial<space>Suffix<space>Prefix</i>
Dictionary Fields	Must be a valid dictionary CODE.
Zip Code Fields	Must be in XXXXX-XXXX format.
Phone Number Fields	XXXXXXXXXX
Social Security Number Fields	XXXXXXXXXX
Date Fields	YYYY-MM-DD
Time Fields	HH:MMAM/PM

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