This document describes the various data elements contained in the encounter record you will extract and send to the State. The description includes things like data element name, length and data type. In addition, there is a brief definition of the data element as well as some of the validation rules Encounter Reporting will use to verify the data you send us. It's primarily intended as a technical document to assist the submitting organizations IT personnel in creating an extract from your data.

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational	Default Value	ID#	Error Cat.						
Begin Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	None	H3	н						
Data Element Description:	The beginning process date used t	he beginning process date used to extract encounter records for the submission.										
Validation Rules:	alid date format, valid month and valid day for that month. Must be equal to the first day of the posting period. Must be less than or equal to the current date.											
ADRC: Submission Type	10 Max	А	Y	TEST	H6	Н						
Data Element Description:	The submission type must be Production.											
Validation Rules:	Must be Production. This value is not case sensitive.											
End Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	None	H4	Н						
Data Element Description:	The ending process date used to e	xtract encounter records for the	e submission.									
Validation Rules:	Valid date format, valid month and	valid day for that month. Must	be equal to the last day of the post	ing period.								
Number of Records Transmitted	8 Max	Ν	Y	None	H5	Н						
Data Element Description:	The number of detail records that a	are contained within the submis	sion.									
Validation Rules:	Number of Records Transmitted must be equal to the number of detail records in a submission.											
Submission Date	10 Fixed	D (CCYY-MM-DD)	Y	None	H2	Н						

This document describes the various data elements contained in the encounter record you will extract and send to the State. The description includes things like data element name, length and data type. In addition, there is a brief definition of the data element as well as some of the validation rules Encounter Reporting will use to verify the data you send us. It's primarily intended as a technical document to assist the submitting organizations IT personnel in creating an extract from your data.

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational	Default Value	ID#	Error Cat.				
Data Element Description:	The date the submission was gene	he date the submission was generated at the submitting organization.								
Validation Rules:	Valid date format, valid month and	alid date format, valid month and valid day for that month. Must be greater than or equal to the header posting end dates. Must be less than or equal to the current date.								
Submitter Organization ID	8 Fixed	N (61000000)	Y	None	H1	н				
Data Element Description:	Eight digit number that identifies the submitting organization. Consists of 6100 then the 3 digit county code followed by the single digit RCA code. Valid RCA values are 1 = Aging, 2 = Aging and Disability, 3 = Developmental Disability, and 4 = None EX: 60000131 is 013 Dane county and 1 is aging RCA code.									
Validation Rules:	Must exist in the Submitter Organiz	zation ID lookup table.								

Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#	Erro Ca		
Administered LTC Functional Screen	1 Fixed	A(A)	S	None	NA	D450	s		
Data Element Description:		re Y=yes, N=no. At least one a	stered. (Note: this indicates long activity must be Y for each conta		en has been completed). g therefore the value of N does not need to be submitted nor				
Validation Rules:		tequired if no other activity is Y. submitted the value must be Y or N.							
Assisted with Medicaid App Process	1 Fixed A(A) S None NA								
Data Element Description:	ADRC assisted inquirer with activities (e.g., assistance gathering/documenting medical remedial expenses, assistance completing MA application, support to obtain Medicaid Waiver Programs, Family Care etc.) related to the Medicaid Application Process. Valid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor does an empty tag.								
Validation Rules:	Required if no other activity is Y. If submitted the value must be Y or N.								
Contact Date	10 Fixed	CCYY-MM-DD	Y	None	NA	D452	s		
Data Element Description:	The date the	contact was made.							
Validation Rules:	Valid date form		or that month. Must be greater	than or equal to the heade	er begin posting date and less than or eqal to the header				
Contact Disability Type 1	2 Max	A(ZZ)	Y	None	NA	D453	s		
Data Element Description:	disability type Valid values a	Specialists are not required to ask a person's disability type; they are encouraged to use their best judgment and select the most appropriate options. Submit all disability types that apply. Unknown may be entered if the individual's disability is not known. Valid values are DD=Developmental Disability, E=Elderly, MH=Mental Health, PD=Physical Disability, SU=Substance Use or AODA, U=Unknown. If unknown is entered then another disability type can not be entered.							
Validation Rules:	Must be a val	d value.							
Contact Disability Type 2	2 Max	A(ZZ)	S	None	NA	D454	5		
Data Element Description:	Specialists are not required to ask a person's disability type; they are encouraged to use their best judgment and select the most appropriate options. Submit all disability types that apply. Valid values are DD=Developmental Disability, E=Elderly, MH=Mental Health, PD=Physical Disability, SU=Substance Use or AODA. If U (unknown) is entered in Contact Disability Type 1 then this field can not be populated.								
Validation Rules:	Must be a val						1		

Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#	E		
Contact Disability Type 3	2 Max	A(ZZ)	s	None	NA	D455			
Data Element Description:	disability type	s that apply. Valid values are D	disability type; they are encoura D=Developmental Disability, E= Type 1 then this field can not be	Elderly, MH=Mental Healt	ment and select the most appropriate options. Submit all h, PD=Physical Disablility, SU=Substance Use or AODA. If				
Validation Rules:	Must be a val	id value.					ſ		
Contact Disability Type 4	2 Max	2 Max A(ZZ) S None NA							
Data Element Description:	disability type	Specialists are not required to ask a person's disability type; they are encouraged to use their best judgment and select the most appropriate options. Submit all disability types that apply. Valid values are DD=Developmental Disability, E=Elderly, MH=Mental Health, PD=Physical Disability, SU=Substance Use or AODA. If J (unknown) is entered in Contact Disability Type 1 then this field can not be populated.							
Validation Rules:	Must be a val	Aust be a valid value.							
Contact Disability Type 5	2 Max	A(ZZ)	s	None	NA	D457			
Data Element Description:	disability type	s that apply. Valid values are D		Elderly, MH=Mental Healt	ment and select the most appropriate options. Submit all h, PD=Physical Disablility, SU=Substance Use or AODA. If				
Validation Rules:	Must be a val	id value.					Ī		
Contact ID	10 Max	AN(9999999999)	Y	None	NA	D458			
Data Element Description:	Indentifying n	umber of the contact. This mus	st be unique within the submittir	ng organization.			Γ		
Validation Rules:	Was not previ	ously submitted for this submit	ting organization.						
Disenrollment Consultation	1 Fixed	A (A)	s	None	NA	D459			
Data Element Description:	management	organization. ire Y=yes, N=no. At least one a	5		voluntarily or involuntarily disenrolling from a care g therefore the value of N does not need to be submitted nor				
Validation Rules:		other activity is Y.					t		

Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.			
Enrollment Consultation	1 Fixed	A (A)	S	None	NA	D460	s			
Data Element Description:	determining the Valid values a	DRC assisted an individual who is found eligible for publicly funded long-term care in selecting and enrolling in a managed care organization, including etermining their date of enrollment. alid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor bes an empty tag.								
Validation Rules:		Required if no other activity is Y. f submitted the value must be Y or N.								
Health Promotion or Information	1 Fixed	1 Fixed A (A) S None NA D								
Data Element Description:	ADRC provided health related information and/or guidance to individuals. Information may include health promotion, health education, prevention strategies and supports. This area includes Intervention/Prevention information or services (e.g., connecting individual to a living with chronic disease class, sharing information about health screenings, medication management, etc.). Valid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor does an empty tag.									
Validation Rules:	Required if no other activity is Y. If submitted the value must be Y or N.									
Initiated Contact	4 Max	A (ZZZZ)	Y	None	NA	D462	R			
Data Element Description:	with a probler telephone, via Valid values a	Contacts represent individual one-on-one interactions (conversations) that have occurred between ADRC staff and people who contact the ADRC (e.g., individuals with a problem/concern about themselves or concern about another person). A contact may occur in person, including home visits and walk-ins, over the telephone, via e-mail or through written correspondence. Individuals may contact the ADRC multiple times; each interaction is counted as a contact. Valid values are S=Self, CG=Caregiver, KPNC=Knowledgable Person Non-Caregiver, SP=Service Provider or Agency, A=ARDC, NH=PAC-Nursing Home, CBRF=PAC-CBRF, RCAC=PAC-RCAC, O=Other								
Validation Rules:	Must be a val	id value.								
Other Financial Needs Referral	1 Fixed	A (A)	S	None	NA	D463	s			
Data Element Description:	food voucher) Valid values a	ADRC referred inquirer to agencies/programs that would meet financial related needs (e.g., Salvation Army for rent assistance, Community Action Program for food voucher). The I&A Specialist may provide the individual with contact information for the respective agency or assist inquirer by contacting the agency. Valid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor does an empty tag.								
Validation Rules:		o other activity is Y. ne value must be Y or N.								

Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#	Err Ca			
Private Pay Options Asst	1 Fixed	A (A)	S	None	NA	D464	5			
Data Element Description:	care). The I&A Valid values a	ADRC referred inquirer to private pay service options (e.g., home care services, housing options, day services, services and housing packaged together, personal care). The I&A Specialist may provide contact information about the respective agency or assist inquirer by contacting the agency on their behalf. Valid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor does an empty tag.								
Validation Rules:		Required if no other activity is Y. If submitted the value must be Y or N.								
Provided Follow Up	1 Fixed	A (A)	S	None	NA	D465				
Data Element Description:	Follow-up is activity initiated by the ADRC, not the consumer or inquirer or service provider, to determine if the inquirer's needs were met and if additional information and assistance are needed (e.g., after the inquirer received information from the I&A Specialist regarding multiple issues, the I&A Specialist contacted the inquirer to learn if he/she has any questions or needs any additional assistance). Note: when providing follow-up, caller type must indicate "ADRC contacted consumer." Valid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor does an empty tag.									
Validation Rules:		o other activity is Y. ne value must be Y or N.								
Provided Information Assistance	1 Fixed	A (A)	S	None	NA	D466				
Data Element Description:	information to linkages to eld	meet the identified needs (e.g., ler abuse and adults at risk syster re Y=yes, N=no. At least one a	provided assistance locating traiter, referred for benefit counse	ansportation services, cho ling, etc).	ng the inquirer to connect with service providers or gain re services, employment and training options, provided g therefore the value of N does not need to be submitted nor					
Validation Rules:		o other activity is Y. he value must be Y or N.								
Provided Options Counseling	1 Fixed	A (A)	S	None	NA	D467				
Data Element Description:	assistance ev residence). Valid values a	Options counseling is an interactive decision-support process whereby consumers are assisted to evaluate and weigh their long-term care service options. (e.g., assistance evaluating housing options, assistance sorting through home care and personal care options, helping a person to decide to move or stay in their current residence). Valid values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor does an empty tag.								
Validation Rules:	Required if po	Required if no other activity is Y.								

Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#	Err Ca		
Referred for MH Services	1 Fixed	A (A)	S	None	NA	D468	5		
Data Element Description:	provider on th	e individual's behalf. ire Y=yes, N=no. At least one a		1 91	ntact information or assist by contacting the mental health g therefore the value of N does not need to be submitted nor				
Validation Rules:		uired if no other activity is Y. bmitted the value must be Y or N.							
Referred for Substance Use Services	1 Fixed	A (A)	S	None	NA	D469			
Data Element Description:	the substance Valid values a	ividual was referred to a provider(s) of substance use services. The I&A Specialist may provide the individual with contact information or assist by contacting substance use service provider on the individual's behalf. id values are Y=yes, N=no. At least one activity must be Y for each contact. This is a situational tag therefore the value of N does not need to be submitted nor as an empty tag.							
Validation Rules:		o other activity is Y. ne value must be Y or N.							
Referred to Economic Support	1 Fixed	A (A)	S	None	NA	D470	3		
Data Element Description:	or assist the in	nquirer by contacting the Econo ire Y=yes, N=no. At least one a	mic Support Unit on their behal	f.	dual with contact information for the Economic Support unit g therefore the value of N does not need to be submitted nor				
Validation Rules:		o other activity is Y. ne value must be Y or N.							
Refused PAC Services	1 Fixed	A (A)	S	None	NA	D471			
Data Element Description:		re Y=yes, N=no. At least one a	DRC upon being contacted by the activity must be Y for each contactivity must be Y for each co		g therefore the value of N does not need to be submitted nor				
Validation Rules:		o other activity is Y. he value must be Y or N.							
Services Brief or Coordination	1 Fixed	A (A)	S	None	NA	D472	Ś		
Data Element Description:	or the individu	al may have multiple needs and ire Y=yes, N=no. At least one a	d requires assistance until publi	cly funded service coordination	and is lacking a social/family support system to assist them ation is available). g therefore the value of N does not need to be submitted nor				

Enc	Encounter Reporting 2.7 ADRC Data Dictionary (DETAIL)							
Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Validation Rules:		o other activity is Y. ne value must be Y or N.						

Data Element	Length	Type (AN, N, A)	Required Y=Yes, N=No, S=Situational	Default Value	HIPAA (837) Name and Characteristics	ID#			
Submitter Organization ID	8 Fixed	N (61000000)	Y	None	NA	D002			
Data Element Description:		Eight digit number that identifies the submitting organization. Consists of 6000 then the 3 digit county code followed by the single digit RCA code. Valid RCA values are 1 = Aging, 2 = Aging and Disability, 3 = Developmental Disability, and 4 = None EX: 61000131 is 013 Dane county and 1 is aging RCA code.							
Validation Rules:	Must exist in	Must exist in the Submitter Organization ID lookup table.							
Under Sixty Years Old	1 Fixed	A (A)	Y	None	NA	D473			
Data Element Description:		Identify Age Group of the individual who is a focus of concern or topic of discussion. N= the individual is age 60 or over, Y=the individual is under the age of 60, U= the age of the individual is not known. I&A Specialists are not required to ask a person's age; they are encouraged to use their best judgment and select the most likely option.							
Validation Rules:	Must be eithe	er Y, N or U.							
Worker ID	16 Max	AN (Z99999999ZZ99999)	Y	None	NA	D474			
Data Element Description:	Identifies the	worker who was the primary I&	A specialist involved in the cont	tact with a client.					
Validation Rules:	No business	rule validation only parser.							
	1 Fixed	A (A)	S	None	NA	D475			
Youth Transition Support		ed young adults with disabilities	in making the transition from ch years 9 months old and needs	support to receive services	ult long-term care system (e.g., discussion with young adult s from the adult long-term care system). g therefore the value of N does not need to be submitted nor				
Youth Transition Support Data Element Description:	who has a de	are Y=yes, N=no. At least one a		act. This is a situational tag	g therefore the value of N does not need to be submitted nor				

	Informatio	on regardin	g Data Typ	De								
AN	Alpha num	eric										
Α	Alpha											
N	Numeric											
	1. C											
	Informatio	n regardin	giength									
(00) or (AA)	fixed lenat	<u> </u> ו										
(99) or (ZZ)												
	Informatio	on regardin	g required	field								
Y					or Change	New transa	actions					
N		not require										
S	Situational, Data is required in this field only when certain other criteria is met											
	Please not	o the Data	Dictionary	does not sr	ocify the se	wority of the	o odit in m		it makes se	nse to		
	Please note, the Data Dictionary does not specify the severity of the edit. In most cases, it makes sense to set the severity to batch accept or batch reject. But, for business reasons, it may have been set to a Warning											
										Vurning		
	Validation	rule										
	This inform	nation is lim	ited to busi	ness decisi	ons. We do	not go into	parser vali	idations, or	data integri	ity validatio	ns	
	Funan Cata											
	Error Cate	gory										
Н	Header Att	ribute										
R	Record att	ribute										
S	Service Att	ribute										

CHANGE LOG

Date	Changes	Changed By	Remarks/Reason
4/26/2005	(First draft)		
6/30/2007	Document is baselined at version 6. From now on, all changes will be implemented into the baseline document, and documented into the change log	Syed Aziz	One time document baselining.
6/30/2007	HIPAA related Tag (and DB) name changes.	Syed Aziz	Bugzilla 2255 and 2256.
9/27/2007	Initiated document	Charles Rumberger	First publication
10/9/2007	Changed posting month to posting period.	Charles Rumberger	Minor change
10/15/2007	Changed leading 0000 to leading 6100 for submitter organization id.	Charles Rumberger	
11/29/2007	removed footers	Charles Rumberger	
2/6/2008	Added footers	Ramona Johnson	Footers re-added .