LACDMH | Chief Information Office Bureau (CIOB)

Integrated Behavioral Information Systems (IBHIS)

Client Service

Companion Guide

Version 3.4.4

9/14/2022

Disclosure Statement

This document represents the Los Angeles County Department of Mental Health (LACDMH) implementation instructions for Client Service (web services). This document specifies the required operation workflow, and data elements along with associated restrictions to exchange data electronically with 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.

Revision and Sign-off Sheet

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Date	Author	Version	Change Reference
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Contents

A. INTRODUCTION

A.1 BACKGROUND

Los Angeles County Department of Mental Health (LACDMH) provides behavioral health services to Los Angeles County clients in partnership with contracted Legal Entities (LEs) and Fee-For-Service (FFS) Mental Health Providers also known as Contracted Providers or Trading Partners (TPs). Currently, TP representatives directly access the LACDMH's Integrated System (IS) to capture clinical, financial, and administrative data related to the clients they serve. This typically results in redundant manual effort for TPs, as they maintain similar data sets in their respective Electronic Health Record (EHR) systems. With the implementation of the LACDMH Client Service of Integrated Behavioral Health Information System (IBHIS), TPs have the opportunity to directly exchange information with IBHIS in a business-to-business (b2b) Electronic Data Interchange (EDI) model. Through this, they can streamline care coordination and improve data exchange.

A.2 PURPOSE

The purpose of this guide is to describe the IBHIS Client Service interface and associated workflows. It is intended for LACDMH's TPs and their respective IT vendors to integrate with Client Service from their respective EHR systems. This companion guide describes interface operations, workflows, business cases, required data and relevant error message information processed through Client Service.

A.3 OVERVIEW

This guide assumes the reader has a working understanding of web service technology including but not limited to the open protocols and standards such as SOAP, WSDL, XSD, etc. for exchanging data electronically between applications or systems. This guide also assumes the reader has a working knowledge of user authentication using x.509 certificates, PKI exchange, Certificate Authority and third party validation authority.

The LACDMH Client Service supports the following operations to facilitate information exchange between IBHIS and TPs' EHR systems:

SearchClient	UpdateClientFinEligibility	GetClientDiagnosis
AdmitNewClient	DischargeClient	GetClientDiagnosisHistory
AdmitExistingClient	GetClientDetails	GetClientActiveEpisode
CreateClientCSI	GetClientCSI	GetClientEpisodeHistory
CreateClientUMDAP	GetClientUMDAPDetails	AddCSI
CreateClientPregnancy	GetClientPregnancyDetails	SearchCSI
CreateClientDiagnosis	GetDCFSServiceHistory	GetCSI
UpdateClientDetails	GetPublicGuardianServiceHistory	UpdateCSI
UpdateClientUMDAP	GetClientFinancialEligibility	DeleteCSI
UpdateClientPregnancy	GetClientServiceHistory	
UpdateClientDiagnosis	GetClientLegacyServiceHistory	

This Guide describes service operations and their related data elements and/or attributes. Each operation is listed in a table based on the example below. There are two types of actions – Request and Response. The Request action indicates what LACDMH will be expecting as "Input". The Response action indicates what LACDMH will be returning as "Output". The remaining columns are intended to provide usage direction for the data attributes listed.

The following table describes Requests:

Operation Name REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
This column provides the Name of the data attribute as it appears in the Service Operation.	This column states whether the data attribute is Required (R), Conditionally Required (CR) or Optional (O).	This column notes the expected data type of the value being submitted (e.g. String, Date, Time, Enumeration, Integer) and if there's any format enforced such as date field YYYY-MM-DD.	This column notes the maximum length or fixed length allowed for the value being submitted.	When denoted, this column describes restrictions to be applied on any value being submitted—such as enforced format, allowed and disallowed characters and acceptable enumerated value sets.

The following table describes Responses:

Operation Name RESPONSE		
Data Attribute	Type & Format	MaxL
This column provides the Name of the data attribute as it appears in the Web Service Operation.	This column notes the data type of the value being returned (e.g. String, Date, Time, Integer); and if there's any format enforced such as date field YYYY-MM-DD.	This column notes the maximum length allowed for the value being returned.

A.4 CLIENT SERVICE PROCESS WORKFLOW DIAGRAM:
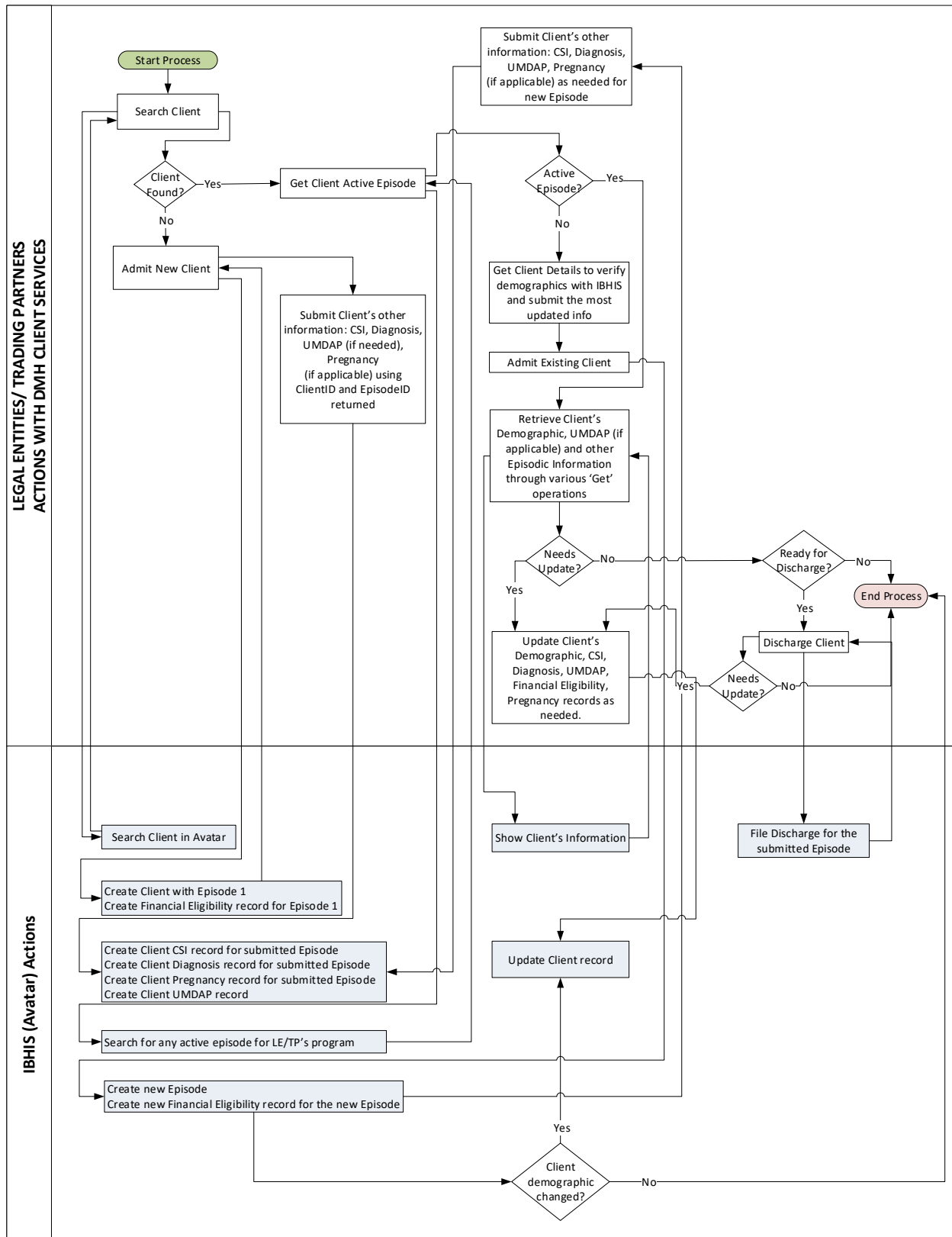
B. USE CASE & SERVICE OPERATIONS

This section describes the Client Service' operations and associated use cases.

Trading Partners begin interfacing with IBHIS by establishing an admission for clients in treatment. There are two admission types : <u>New Admissions</u> and <u>Existing Admissions</u>.

New Admission: If a client has never been admitted in IBHIS, the client is considered a new admission and will need to be admitted into the system. TPs can perform this action by submitting *AdmitNewClient* operation. A client record will then be created to assign an identifier to the client. Since each client-admission in IBHIS is episodic, a new episode will also be created for the calling party's program.

Existing Admission: When a client exists in IBHIS, but there is no active episode for the TP, then the TP can perform an *AdmitExistingClient* operation, which creates a new episode for the calling party's program in IBHIS.

Each episode needs the following information to complete the client record:
- CSI
- Diagnosis
- UMDAP
- Financial Eligibility
- Pregnancy (if applicable)

TPs can create or update (as needed) this information as appropriate for each episode. The TPs' electronic health record system (EHR) is expected to capture and transmit both the required and optional data. Since most of these domains are episode dependent, an Episode ID is needed for most of the *Create*, *Update* and *Get* operations.

> **Episode ID**
> When a new client or an existing client is admitted to IBHIS to a program, an active episode is generated for the client under the TP's calling program and is indicated by a numeric value. The Episodic returned from *Admit* operation will be required to create, retrieve and update other information related to the client's admission such as CSI, Financial Eligibility, Diagnosis, Pregnancy (for female clients) etc.

The next series of sections describe the various business domains and related Client Service operations in detail. Each sub-section describes Use case, pre-condition(s), web service operations with data attributes and any notes to follow.

B.1 Client Search

Definition: Client look up in IBHIS based on certain search criteria.

Use Case: Trading Partner (TP) needs to search for a client using demographics or ID to verify if the client exists in IBHIS.

Web Service Action: Client Service offers *SearchClient* operation which allows TPs to search for a client in IBHIS as follows:
- *Search by Client ID*
- *Client First Name, Client Last Name and Gender*
- *Client First Name, Client Last Name, Gender and Date of Birth*
- *Client First Name, Client Last Name, Gender and Social Security Number*
- *Alias name or Alias ID (Numeric ID)*
- *By providing values in all data attributes*
- *Search by client's Subscriber Index Number (CIN #)*

Precondition: TP is authenticated.

Search by Client ID: It will return one exact match if there is an existing client in IBHIS with that Client ID. Otherwise, search results will return in order of most probable match to least likely. A score accompanies each result.
A higher score indicates a closer match.
Client Name: When searching by Names—the combination of Client First Name and Client Last Name should not exceed 39 characters.

The following sections describe the input and output of the operation. Any empty data attribute will be omitted in the Output.

B.1.1 SEARCHCLIENT_INPUT

Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	O	String	9	Must contain a numeric value.
ClientFirstName	CR When searched with Last Name and Gender	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ).
ClientLastName	CR When searched with First Name and Gender	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ).
DateOfBirth	O	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SocialSecurityNumber	O	String XXXXXXXXX XXXXXXXXP XXXXXXXXQ	9 Fixed length	First 8 characters have to be numeric. Ninth character can be numeric or P or Q.
Gender	CR When searched with First Name and Last Name	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Alias	O	String	80	Numbers, alpha and the following special characters are allowed

Data Attribute	Required	Type & Format	MaxL	Restriction
				hyphen (-), apostrophe (') and space ( ).
SubscriberClientIndex Number	O	String	9	• Must contain exactly 9 characters. • Must start with a '9'. • Must contain 8 numeric digits. • Must end with an alpha character of: • 'A', 'C' through 'H', 'M', 'N', or 'S' through 'Y'.

B.1.2 SEARCHCLIENT_OUTPUT

Data Attribute	Type & Format	MaxL
ClientID	String	9
ClientPrefix	String	3
ClientFirstName	String	38
ClientMiddleInitial	String	1
ClientLastName	String	38
ClientSuffix	String	3
DateOfBirth	Date *YYYY-MM-DD*	10
StreetAddress1	String	40
StreetAddress2	String	40
City	String	20
State	String	2
Alias	String	80
Gender	String	1
SocialSecurityNumber	String *XXXX or XXXP or XXXQ* *(Note: Only last four digits will be returned.)*	4
Score	Integer	3

B.1.3 DATA ATTRIBUTE DESCRIPTION

Data Attribute *(In alphabetical order)*	Description
Alias	Other name(s) or any alias ID stored as an Alias.
City	US city where client's address is located.
ClientFirstName	Self-descriptive.
ClientID	DMH unique client identifier in IBHIS.
ClientLastName	Self-descriptive.
ClientMiddleInitial	First letter of client's middle name.
ClientPrefix	Self-descriptive.
ClientSuffix	Self-descriptive.
DateOfBirth	Self-descriptive.

Data Attribute (In alphabetical order)	Description
Gender	Self-descriptive.
Score	Each field in the SearchClient operation contributes a value in order to calculate the 'Score' returned by the call. ClientID and Social Security Number contribute the highest value of '100'. Alias 75; ClientLastName 50; ClientFirstName, DateOfBirth (Month/Day) 25; Gender and DateOfBirth (Year) 15. The output result shows a score based on the number of items matched from the input. Example: A search is done by entering ClientFirstName, ClientLastName, Gender, SSN and the system found no match by First Name + Last Name + Gender + SSN; but found a match by SSN + Gender; then the score will be 100+15 = 115.
SocialSecurityNumber	Self-descriptive.
State	US state where client's address is located.
StreetAddress1	Street information of client's address.
StreetAddress2	Additional street address information such as building/apartment/house/unit/suite number.
SubscriberClientIndexNumber	Client's MediCal number (AKA CIN number).

B.1.4 XML STRUCTURE OF SEARCHCLIENTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:SearchClient_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?" ClientFirstName="?" ClientLastName="?" DateOfBirth="?" SocialSecurityNumber="?" Gender="?"
Alias="?" SubscriberClientIndexNumber="?"/>
  </ns:SearchClient_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.1.5 XML STRUCTURE OF SEARCHCLIENTRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:SearchClient_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Clients>
    <Client ClientID="" ClientFirstName="" ClientMiddleInitial="" ClientLastName="" DateOfBirth="" StreetAddress1=""
StreetAddress2="" City="" State="" Alias="" Gender="" SocialSecurityNumber="" Score=""/>
   </Clients>
  </ns0:SearchClient_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.2 Episode Search

Definition:
When a client is admitted to IBHIS, the system creates an active episode for the admission under the TP's Program. The active episode is indicated by a numeric value called EpisodeID. TPs need to store this EpisodeID returned by Admit operation since it will be needed to create, retrieve and update other information such as Demographics, CSI, Diagnosis, Financial Eligibility, etc. When a discharge is filed for a client in IBHIS, the active episode becomes non-active or Discharged Episode.

Use Cases:
1: TP needs to verify if a client currently has an active episode in IBHIS under TP's program and retrieve the active admission data.
2: Client does not have an active episode under TP's program in IBHIS. TP needs to look up historical episode information for the client across all programs to find out if the client ever had any episode under TP's program.

Web Service Action:
Client Service offers following operations to meet the Use cases.
GetClientActiveEpisode for Use Case # 1
GetClientEpisodeHist for Use Case # 2

Precondition:
- TP is authenticated.
- Client exists in IBHIS.

> **Notes:**
> Limitation: All admission data can be retrieved except AdmissionTime.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.2.1 GETCLIENTACTIVEEPISODE_INPUT

Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
ProgramOfAdmission	CR *For '24 Hour' admission episode*	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.2.2 GETCLIENTACTIVEEPISODE_OUTPUT

Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3
Program	String	6
AdmissionDate	Date YYYY-MM-DD	10
TypeOfAdmission	String	14
AdmittingStaffNPI	String	10
SourceOfAdmission	String	29

B.2.3 GETCLIENTEPISODEHIST_INPUT

Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.

B.2.4 GETCLIENTEPISODEHIST_OUTPUT

Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3
Program	String	6
AdmissionDate	Date YYYY-MM-DD	10
TypeOfAdmission	String	14
AdmittingStaffNPI	String	10
DateOfDischarge	Date YYYY-MM-DD	10
SourceOfAdmission	String	29

B.2.5 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
ClientID	DMH unique client identifier in IBHIS.
ProgramOfAdmission	Program identifier pertaining to the program ID of the Trading Partner (TP) admitted the client for treatment.
EpisodeID	IBHIS unique identifier assigned to an episode.
Program	Program ID of the TP.
AdmissionDate	Self-descriptive.
TypeOfAdmission	Self-descriptive.
AdmittingStaffNPI	NPI number of staff that admitted the client.
SourceOfAdmission	Source of Admission Code for a '24-Hour' episode.
DateOfDischarge	Self-descriptive.

B.2.6. XML STRUCTURE GETCLIENTACTIVEEPISODEREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:typ="http://b2b.dmh.lacounty.gov/ews/EstablishClient/types">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:GetClientActiveEpisode_Input>
   <mes:MessageContextInput ProgramID=""/>
   <Client typ:ClientID="">
    <!--Optional:-->
    <Admission24Hour typ:ProgramOfAdmission=""/>
   </Client>
  </ns:GetClientActiveEpisode_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.2.7 XML STRUCTURE GETCLIENTACTIVEEPISODERESPONSE

SUCCESSFUL:
```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientActiveEpisode_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Client ClientID=""/>
   <Episodes>
    <Episode EpisodeID="" Program="" AdmissionDate="" TypeOfAdmission=" " AdmittingStaffNPI="" SourceOfAdmission=""/>
   </Episodes>
  </ns0:GetClientActiveEpisode_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.2.8 XML STRUCTURE GETCLIENTEPISODEHISTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:GetClientEpisodeHist_Input>
   <mes:MessageContextInput ProgramID=""/>
   <Client ClientID=""/>
  </ns:GetClientEpisodeHist_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.2.9 XML STRUCTURE GETCLIENTEPISODEHISTRESPONSE

SUCCESSFUL:
```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientEpisodeHist_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Client ClientID=""/>
   <Episodes>
    <Episode EpisodeID="" Program="" AdmissionDate="" TypeOfAdmission="" AdmittingStaffNPI="" SourceOfAdmission=""/>
   </Episodes>
  </ns0:GetClientEpisodeHist_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.3 Admit

Definition: Admit in IBHIS means either adding a brand new client and creating a new episode for an existing client. When a client is admitted in IBHIS for the first time, a client record is created in the system and an episode is created. If the client has an existing record, only a new episode will be created.

Use Cases:
1: A client does not exist in IBHIS, client does not have MediCal; Trading Partner(TP) needs to admit that client, create an episode under their program, and create a Financial Eligibility for the new episode with LACounty as the default guarantor in IBHIS by providing the following:

> *Demographic data*
> *Admission Data*
> *Noting client as non-MediCal*

2: A client does not exist in IBHIS, client has MediCal; TP needs to admit that client, create an episode under their program, and create a Financial Eligibility for the new episode with MediCal and LACounty guarantors in IBHIS by providing the following:

> *Demographic data*
> *Admission Data*
> *MediCal data*

3: A client exists in IBHIS, client does not have MediCal; and does not have any active episode under TP's program; TP needs to create an episode under their program, and create a Financial Eligibility for the new episode with LACounty as the default guarantor in IBHIS by providing the following::

> *Demographic data*
> *Admission Data*
> *Noting client as non-MediCal*

4: A client exists in IBHIS, client has MediCal; and does not have any active episode under TP's program; TP needs to create an episode for that client under their program and create a Financial Eligibility for the new episode with MediCal and LACounty guarantors in IBHIS by providing the following:

> *Demographic data*
> *Admission Data*
> *MediCal data*

Web Service Action:
Client Service offers following operations to meet the Use cases:
AdmitNewClient for Use Case # 1 & 2
AdmitExistingClient for Use Case # 3 & 4
Precondition:

- TP is authenticated.
- For New Client: TP has performed search through *SearchClient* operation using various options and search result showed that the client does not exist in IBHIS. For more information on client search—visit section B.1.
- For Existing Client: TP has conducted a search for any active episode through *GetClientActiveEpisode* operation for the client and no active episode found. For more information on episode search visit section B.2.
- For Existing Client: TP has retrieve the demographics data from IBHIS and performed a review before the admit action to make sure TP has the most current demographics data. For more information for retrieving demographics—visit section B.5.2

B.3.1 APPLICATION FLOW DIAGRAM: ADMIT NEW CLIENT
Follow the workflow steps below when admitting a new client into IBHIS.

Application Flow for Admit New Client
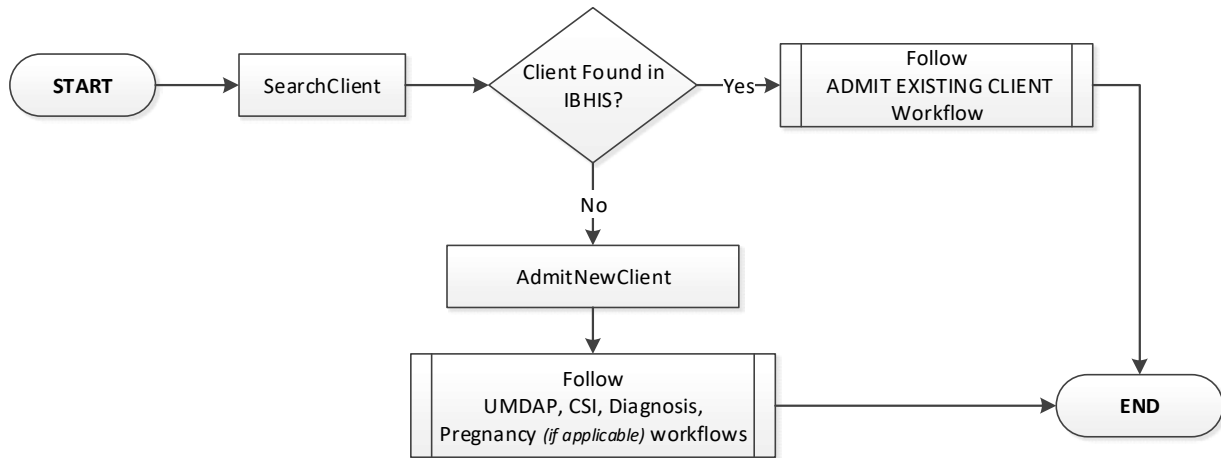
B.3.2 APPLICATION FLOW DIAGRAM: ADMIT EXISTING CLIENT
Follow the workflow steps below when admitting an existing client into IBHIS.

Application Flow for Admit Existing Client
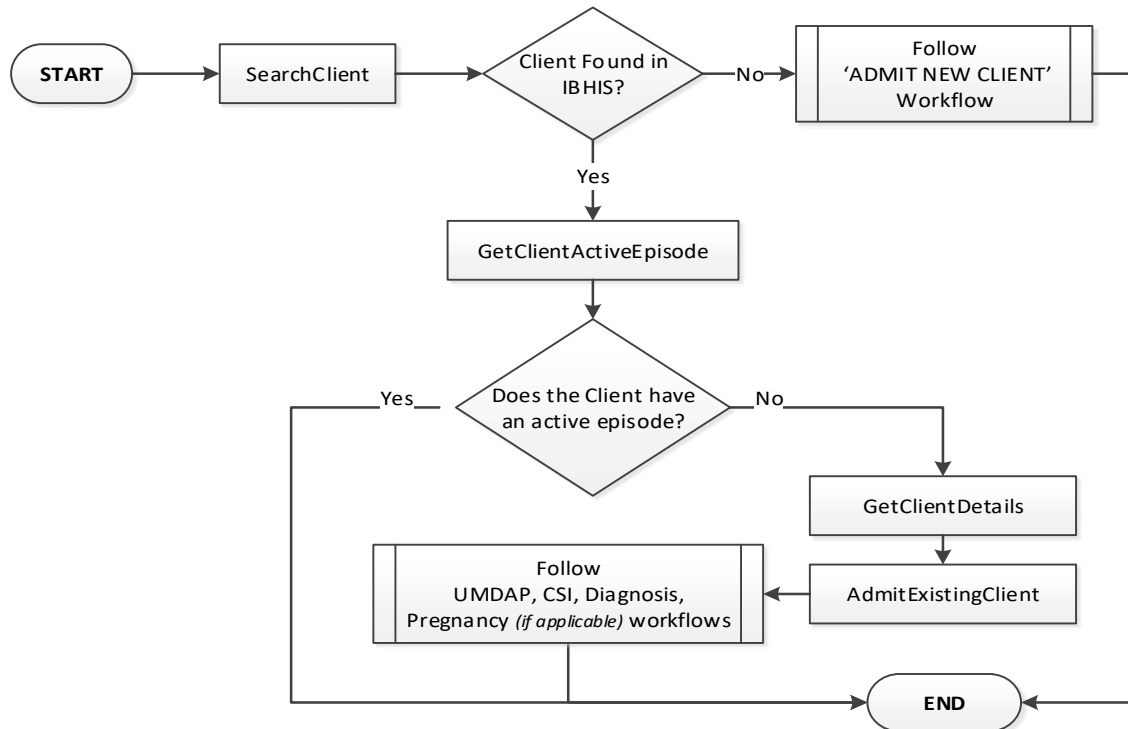
Notes:
EpisodeID: Store the EpisodeID returned by Admit operation as it will be needed to invoke other operations.
Duplicate Prevention: Submission of an Admit call that contains exact same first name, last name and date of birth of an existing client will error out. Please refer to Section C Error Handling for more information.
Client Name: Full length of client name must not exceed 39 characters in the following format:
LastName,FirstName<space>MiddleInitial<space>Suffix<space>Prefix

> *Prefix counts as number of characters in prefix+1(for space); Middle initial, if submitted counts as 2 character (1 character for Middle Initial +1 space); Suffix counts as number of characters in suffix+1(for space). If the combination of Prefix, First name, Middle Initial, Last name and Suffix would exceed 39 characters, use the following* PRIORITY *criteria to submit a client name*
>> *Enter complete last name (up to 38 characters)*
>> *Enter complete first name (up to 38 characters)*
>> *If complete FN + complete LN exceeds 39 characters and client name does not have Suffix, MI and Prefix; truncate first name to reach 39 characters for FN+LN*
>> *Add Suffix (If it fits under 39 characters limit)*
>> *Add Middle initial (If it fits under 39 characters limit)*
>> *Add Prefix (If it fits under 39 characters limit)*

Demographic update: If the submitted demographic data through *AdmitExistingClient* are different from the existing data in IBHIS, then existing demographic data for all existing episodes will get updated by the new submission.
Financial Eligibility Data: When *MediCalClient* is submitted as the type in *ClientFinEligibility*, MediCal and LA County guarantor entries will be established; and when *NonMediCalClient* is submitted as the type in *ClientFinEligibility*, an LA County guarantor entry will be established for the client's Financial Eligibility.
Limitation: Submitted admission data cannot be edited through any Client Service operation.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.3.3 ADMITNEWCLIENT_INPUT

Data Attribute	Required	Type & Format	MaxL	Restriction
Demographic Data				
ClientPrefix	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientFirstName	R	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ). Minimum Length 1. Must start with alpha only.
ClientMiddleInitial	O	String	1	Alpha only.
ClientLastName	R	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ). Minimum Length 1. Must start with alpha only.
ClientSuffix	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Alias	O	String	80	Alpha and following special characters are allowed: underscore

Data Attribute	Required	Type & Format	MaxL	Restriction
				(__), hyphen (-), apostrophe ('), space ( ).
Email	O	String	40	[AcceptableString]@[DomainName].[Extension] Where [AcceptabelString] = alphanumeric and following special characters: hyphen (-), period (.), underscore (_), ampersand (&), plus sign (+) in between. [DomainName] = alphanumeric and special character allowed is hyphen (-) [Extension] = alpha only
Gender	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DateOfBirth	R	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SocialSecurityNumber	R	String XXXXXXXXX XXXXXXXXP XXXXXXXXQ	9 Fixed length	Format enforced. For pseudo-SSN: First 8 characters have to be numeric. Ninth character can be numeric or P or Q. Following restrictions apply to non-pseudo SSN: Numbers only SSN with all 0s, 1s, 2s, 3s, 4s, 5s, 6s, 7s, 8s are not allowed. SSN starting with 000, 666, and 900-998 are not allowed. SSN in the following format - 000######, ###00####, #####0000 are not allowed SSN from 987654320 to 987654329 are not allowed.
MaritalStatus	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PrimaryLanguage	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Education	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
EmploymentStatus	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

Data Attribute	Required	Type & Format	MaxL	Restriction
Ethnicity	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientOtherRace	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.\nNote: Up to 5 values allowed.
SmokingAssessment	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SmokingAssessmentDate	CR\nWhen there is a value in Smoking Assessment	Date\nYYYY-MM-DD	10\nFixed length	Format enforced.
LivingArrangements	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientsHomePhone	O	String	24	Acceptable formats are:\n##########\nOR\n########## X -#\nup to\n########## X -#########\n(Where # = 0 thru 9)\nNote: Minimum number of extension digits accepted is 1 and maximum is 9.\nExample: 123456789 X -0 or 1234567890 X -123456789
StreetAddress1	R	String	40	Any leading space is trimmed.
StreetAddress2	O	String	40	Any leading space is trimmed.
ZipCode	R	String\nXXXXX-XXXX	10\nFixed length	Format enforced.
Admission Data				
AdmissionDate	R	Date\nYYYY-MM-DD	10\nFixed length	Format enforced.
AdmissionTime	R	Time\nHH:MMAM /\nHH:MMPM	7\nFixed length	Format enforced.
TypeOfAdmission	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
AdmittingStaffNPI	R	String	10	Numeric only.

Data Attribute	Required	Type & Format	MaxL	Restriction
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SourceOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Financial Eligibility Data				
ClientFinEligibility	R	Enumeration	N/A	Restricted to following two values. -MediCalClient -NonMediCalClient
CoverageEffectiveDate	CR For MediCal Client	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SubscriberClientIndexNumber	CR For MediCal Client	String	9	Must contain exactly 9 characters. Must start with a '9'. Must contain 8 numeric digits. Must end with an alpha character of: 'A', 'C' through 'H', 'M', 'N', or 'S' through 'Y'.
SubscriberAddress	O For MediCal Client	String	40	Any leading space is trimmed.
SubscriberAddress2	O For MediCal Client	String	40	Any leading space is trimmed.
SubscriberZip	O For MediCal Client	String XXXXX-XXXX	10 Fixed length	Format enforced.
SubscriberGender	O For MediCal Client	Enumeration	N/A	For acceptable values Please refer to section E.2.1.

B.3.4 ADMITNEWCLIENT_OUTPUT

Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3
ClientPrefix	String	3
ClientFirstName	String	38
ClientMiddleInitial	String	1
ClientLastName	String	38
ClientSuffix	String	3

B.3.5 ADMITEXISTINGCLIENT_INPUT

Data Attribute	Required	Type	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
Demographic Data				
ClientPrefix	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientFirstName	R	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ). Minimum Length 1. Must start with alpha only.
ClientMiddleInitial	O	String	1	Alpha only.
ClientLastName	R	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ). Minimum Length 1. Must start with alpha only.
ClientSuffix	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Alias	O	String	80	Alpha and following special characters are allowed: underscore (__), hyphen (-), apostrophe ('), space ( ).
Email	O	String	40	[AcceptableString]@[DomainName].[Extension] Where [AcceptabelString] = alphanumeric and following special characters: hyphen (-), period (.), underscore (_), ampersand (&), plus sign (+) in between. [DomainName] = alphanumeric and special character allowed is hyphen (-) [Extension] = alpha only
Gender	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DateOfBirth	R	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SocialSecurityNumber	R	String XXXXXXXX XXXXXXXP XXXXXXXQ	9 Fixed length	Format enforced. For pseudo-SSN: First 8 characters have to be numeric. Ninth character can be numeric or P or Q. Following restrictions apply to non-pseudo SSN: Numbers only SSN with all 0s, 1s, 2s, 3s, 4s, 5s, 6s, 7s, 8s are not allowed.

Data Attribute	Required	Type	MaxL	Restriction
				SSN starting with 000, 666, and 900-998 are not allowed. SSN in the following format - 000######, ###00####, #####0000 are not allowed SSN from 987654320 to 987654329 are not allowed.
MaritalStatus	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PrimaryLanguage	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Education	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
EmploymentStatus	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Ethnicity	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientOtherRace	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F. Note: Up to 5 values allowed.
SmokingAssessment	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SmokingAssessmentDate	CR When there is a value in Smoking Assessment	Date YYYY-MM-DD	10 Fixed length	Format enforced.
LivingArrangements	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientsHomePhone	O	String	24	Acceptable formats are: ########## OR ########## X -# up to ########## X -######### (Where # = 0 thru 9) Note: Minimum number of extension digits accepted is 1 and maximum is 9. Example: 123456789 X -0 or 1234567890 X -123456789

Data Attribute	Required	Type	MaxL	Restriction
StreetAddress1	R	String	40	Any leading space is trimmed.
StreetAddress2	O	String	40	Any leading space is trimmed.
ZipCode	R	String XXXXX-XXXX	10 Fixed length	Format enforced.
Admission Data				
AdmissionDate	R	Date YYYY-MM-DD	10 Fixed length	Format enforced.
AdmissionTime	R	Time HH:MMAM / HH:MMPM	7 Fixed length	Format enforced.
TypeOfAdmission	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
AdmittingStaffNPI	R	String	10	Numeric only.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SourceOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Financial Eligibility Data				
ClientFinEligibility	R	Enumeration	N/A	Restricted to following two values. -MediCalClient -NonMediCalClient
CoverageEffectiveDate	CR For MediCal Client	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SubscriberClientIndex Number	CR For MediCal Client	String	9	Must contain exactly 9 characters. Must start with a '9'. Must contain 8 numeric digits. Must end with an alpha character of: 'A', 'C' through 'H', 'M', 'N', or 'S' through 'Y'.
SubscriberAddress	O For MediCal Client	String	40	Any leading space is trimmed.
SubscriberAddress2	O For MediCal Client	String	40	Any leading space is trimmed.
SubscriberZip	O For MediCal Client	String XXXXX-XXXX	10 Fixed length	Format enforced.
SubscriberGender	O For MediCal Client	Enumeration	N/A	For acceptable values Please refer to section E.2.1.

B.3.6 ADMITEXISTINGCLIENT_OUTPUT

Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3
ClientPrefix	String	3
ClientFirstName	String	38
ClientMiddleInitial	String	1
ClientLastName	String	38
ClientSuffix	String	3

B.3.7 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
AdmissionDate	Self-descriptive.
AdmissionTime	Self-descriptive.
AdmittingStaffNPI	NPI number (10-digit-numeric-code) of Staff admitting the client.
Alias	Other name(s) or any alias ID stored as an Alias.
ClientFinEligibility	This is a data element node in the call's xml structure where TP can select one of the two options.
ClientFirstName	Self-descriptive.
ClientID	DMH unique client identifier in IBHIS.
ClientLastName	Self-descriptive.
ClientMiddleInitial	First letter of client's middle name.
ClientOtherRace	Self-descriptive.
ClientPrefix	Self-descriptive.
ClientsHomePhone	Self-descriptive.
ClientSuffix	Self-descriptive.
CoverageEffectiveDate	It is the first coverage date by which a client obtained coverage for MediCal. This date should be as accurate as possible. Note: When the clients benefit coverage date is unavailable, the client's admission date can be used as coverage effective date.
DateOfBirth	Client's date of birth.
Education	Highest level of schooling attained by the client.
Email	Client's email.
EmploymentStatus	Client's current employment status.
Ethnicity	Client's ethnic background.
Gender	Client's gender.
LivingArrangements	Client's living arrangement.
MaritalStatus	Client's current marital status.
PrimaryLanguage	Primary language spoken by client.
ProgramOfAdmission	Program identifier pertaining to the program ID of the Trading Partner (TP) admitted the client for treatment.
SmokingAssessment	Client's smoking habit assessment.
SmokingAssessmentDate	Date client's smoking habit assessment is performed.
SocialSecurityNumber	Client's social security number. If no SSN is available, use 999999999.
StreetAddress1	Street information of client's address.
StreetAddress2	Additional street address information such as building/apartment/house/unit/suite number.
SubscriberAddress	Self-descriptive.

Data Attribute *(In alphabetical order)*	Description
SubscriberAddress2	Self-descriptive.
SubscriberClientIndexNumber	Client's MediCal Index Number (CIN).
SubscriberZip	TPs should use a valid 9-digit zip code whenever possible. At a minimum DMH expects a valid 5-digit zip code with the suffix of 9998 when the complete 9-digit zip code is not available.
SubscriberGender	Subscriber's Gender. Note that values 'FTM' and 'MTF' are not available for this attribute.
TypeOfAdmission	Self-descriptive. For outpatient episode, select 'Elective'.
ZipCode	TPs should use a valid 9-digit zip code whenever possible. At a minimum DMH expects a valid 5-digit zip code with the suffix of 9998 when the complete 9-digit zip code is not available.

B.3.8 XML STRUCTURE ADMITNEWCLIENTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientSmokingAssessment"
xmlns:cli1="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientLivingArrangement"
xmlns:adm="http://b2b.dmh.lacounty.gov/CS/202001/Entity/Admission"
xmlns:fin="http://b2b.dmh.lacounty.gov/CS/202001/Entity/FinancialEligibility">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:AdmitNewClient_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientPrefix="?" ClientFirstName="?" ClientMiddleInitial="?" ClientLastName="?" ClientSuffix="?" Alias="?" Email="?"
Gender="?" DateOfBirth="?" SocialSecurityNumber="?" MaritalStatus="?" PrimaryLanguage="?" Education="?"
EmploymentStatus="?" Ethnicity="?">
    <!--0 to 5 repetitions:-->
    <ClientOtherRace>?</ClientOtherRace>
   </Client>
   <!--Optional:-->
   <cli:ClientSmokingAssessment SmokingAssessment="?" SmokingAssessmentDate="?"/>
   <cli1:ClientLivingArrangement LivingArrangements="?" ClientsHomePhone="?" StreetAddress1="?" StreetAddress2="?"
ZipCode="?"/>
   <adm:Admission AdmissionDate="?" AdmissionTime="?" TypeOfAdmission="?" AdmittingStaffNPI="?">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission="?" SourceOfAdmission="?"/>
   </adm:Admission>
   <fin:ClientFinEligibility>
    <!--You have a CHOICE of the next 2 items at this level-->
    <NonMediCalClient/>
    <MediCalClient CoverageEffectiveDate="?" SubscriberClientIndexNumber="?" SubscriberAddress="?"
SubscriberAddress2="?" SubscriberZip="?" SubscriberGender="?"/>
   </fin:ClientFinEligibility>
  </ns:AdmitNewClient_Input>
```

```
  </soapenv:Body>
</soapenv:Envelope>
```

B.3.9 XML STRUCTURE ADMITNEWCLIENTRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:AdmitNewClient_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Client has been admitted and the Financial Eligibility has been created
successfully in IBHIS."/>
   <Client ClientID="" EpisodeID="" ClientPrefix="" ClientFirstName=" " ClientMiddleInitial="" ClientLastName=" "
ClientSuffix=""/>
  </ns0:AdmitNewClient_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.3.10 XML STRUCTURE ADMITEXISTINGCLIENTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientSmokingAssessment"
xmlns:cli1="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientLivingArrangement"
xmlns:adm="http://b2b.dmh.lacounty.gov/CS/202001/Entity/Admission"
xmlns:fin="http://b2b.dmh.lacounty.gov/CS/202001/Entity/FinancialEligibility">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:AdmitExistingClient_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?" ClientPrefix="?" ClientFirstName="?" ClientMiddleInitial="?" ClientLastName="?"
ClientSuffix="?" Alias="?" Email="?" Gender="?" DateOfBirth="?" SocialSecurityNumber="?" MaritalStatus="?"
PrimaryLanguage="?" Education="?" EmploymentStatus="?" Ethnicity="?">
    <!--0 to 5 repetitions:-->
    <ClientOtherRace>?</ClientOtherRace>
   </Client>
   <!--Optional:-->
   <cli:ClientSmokingAssessment SmokingAssessment="?" SmokingAssessmentDate="?"/>
```

```
  <cli1:ClientLivingArrangement LivingArrangements="?" ClientsHomePhone="?" StreetAddress1="?"
StreetAddress2="?" ZipCode="?"/>
  <adm:Admission AdmissionDate="?" AdmissionTime="?" TypeOfAdmission="?" AdmittingStaffNPI="?">
   <!--Optional:-->
   <Admission24Hour ProgramOfAdmission="?" SourceOfAdmission="?"/>
  </adm:Admission>
  <fin:ClientFinEligibility>
   <!--You have a CHOICE of the next 2 items at this level-->
   <NonMediCalClient/>
   <MediCalClient CoverageEffectiveDate="?" SubscriberClientIndexNumber="?" SubscriberAddress="?"
SubscriberAddress2="?" SubscriberZip="?" SubscriberGender="?"/>
  </fin:ClientFinEligibility>
 </ns:AdmitExistingClient_Input>
</soapenv:Body>
</soapenv:Envelope>
```

B.3.11 XML STRUCTURE ADMITEXISTINGCLIENTRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:AdmitExistingClient_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Client has been admitted and the Financial Eligibility has been created
successfully in IBHIS."/>
   <Client ClientID="" EpisodeID="" ClientPrefix="" ClientFirstName=" " ClientMiddleInitial="" ClientLastName=" "
ClientSuffix=""/>
  </ns0:AdmitExistingClient_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.4 CSI

Definition: CSI (Client & Service Information) data is a set of data collected from the client as mandated by State.

Use Cases:
1: Trading Partner (TP) needs to add State mandated CSI data for an existing client with for an episode under TP's program in IBHIS.
2: TP needs to retrieve State mandated CSI data form IBHIS for an existing client with an episode under TP's program in IBHIS.
3: TP needs to update CSI data of an existing client for an episode under TP's program in IBHIS.

Web Service Action:
CreateClientCSI for Use Case # 1 & 3
GetClientCSI for Use Case # 2
UpdateClientDetails for Use Case # 1 &3. For more information on *UpdateClientDetails* visit section B.5
Precondition:
- TP is authenticated.
- Client exists in IBHIS.
- Client has an active and/or discharged episode under TP's program in IBHIS.
- Prior to performing the Create or Update operation, TP has invoked the Get operation, and determined the information being submitted is more current than what is retrieved through the Get operation.

B.4.1 APPLICATION FLOW DIAGRAM: CSI
Follow the workflow steps below when adding/updating CSI records in IBHIS.
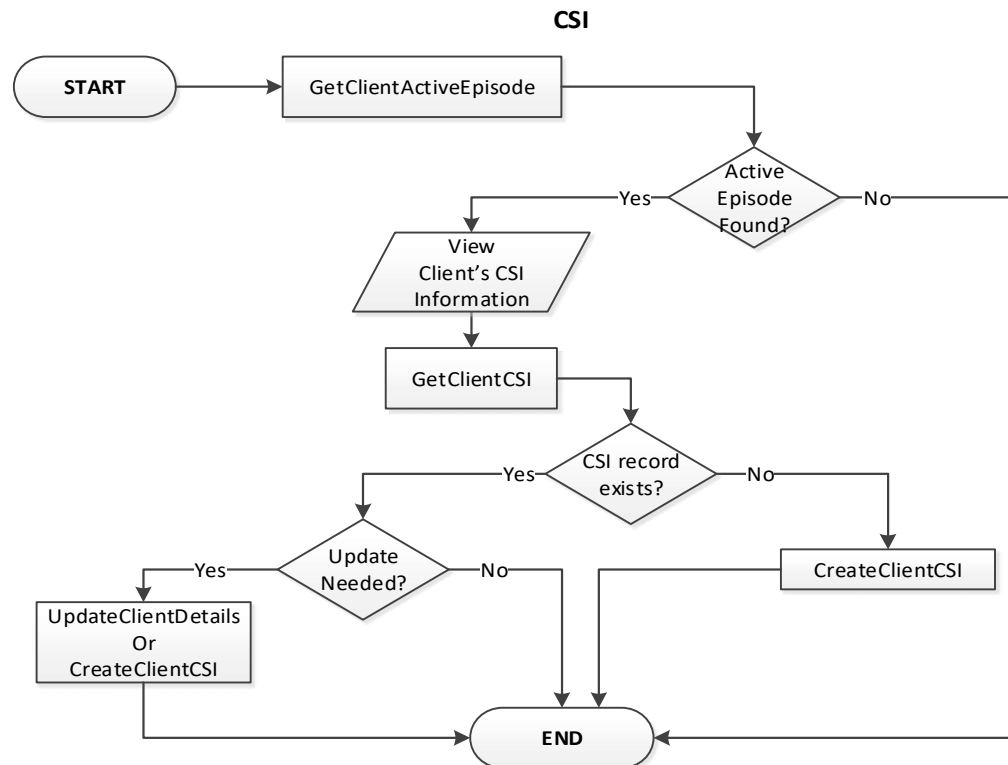
> **Notes:**
> **Update Behavior:** Any subsequent submission of the *CreateClientCSI* or *UpdateClientDetails* operation updates the CSI data set. if there's no value present in an optional CSI data attribute in the subsequent submission, the operation will wipe out the existing value in IBHIS.
>
> **Episodic:** CSI record is episodic which means a client can have different CSI records for different episodes and an Episode ID is required for retrieving, creating and updating diagnosis.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.4.2 GETCLIENTCSI_INPUT

GetClientCSI REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.4.3 GETCLIENTCSI _OUTPUT

GetClientCSI RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
BirthFirstName	String	15
BirthLastName	String	20
BirthMiddleName	String	20
MothersFirstName	String	20
FiscallyResponsibleCountyForClient	String	15
PlaceOfBirthCounty	String	19
PlaceOfBirthState	String	2
PlaceOfBirthCountry	String	39
AdmissionNecessityCode	String	29
ConservatorshipCourtStatus	String	44
SpecialPopulation	String	65
LegalClass	String	64
CountySchool	String	7
PreferredLanguage	String	25
NumberOfDependentsLessThan18YO	Integer	2
NumberOfDependentsOver18YO	Integer	2
CSIRace	String Note: May repeat up to 5 times	28
CSIEthnicity	String	19

B.4.4 CREATECLIENTCSI_INPUT

CreateClientCSI REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
BirthFirstName	R	String	15	Alpha and following special characters are allowed: underscore (__), hyphen (-), apostrophe ('), space ( ). Minimum Length 1. Must start with alpha only.
BirthLastName	O	String	20	Alpha and following special characters are allowed: underscore (__), hyphen (-), apostrophe ('), space ( ).
BirthMiddleName	O	String	20	Alpha and following special characters are allowed: underscore (__), hyphen (-), apostrophe ('), space ( ).
MothersFirstName	O	String	20	Alpha and following special characters are allowed: underscore (__), hyphen (-), apostrophe ('), space ( ).
FiscallyResponsibleCounty ForClient	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PlaceOfBirthCounty	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PlaceOfBirthState	R	Enumeration	N/A	For acceptable values Please refer to section E.3.3.
PlaceOfBirthCountry	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
AdmissionNecessityCode	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ConservatorshipCourtStatus	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SpecialPopulation	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
LegalClass	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
CountySchool	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

CreateClientCSI REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
NumberOfDependents LessThan18YO	O	Integer	2	Must be a value between 0 and 99 (inclusive).
NumberOfDependentsOver18YO	O	Integer	2	Must be a value between 0 and 99 (inclusive).
PreferredLanguage	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
CSIEthnicity	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
CSIRace	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.4.5 CREATECLIENTCSI_OUTPUT

CreateClientCSI RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3

B.4.6 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
AdmissionNecessityCode	Self-descriptive.
ClientID	DMH unique client identifier in IBHIS.
BirthFirstName	The given first name of client at birth. Note: If the information is not available, use 'Unknown'.
BirthLastName	The given last name of client at birth. Note: If the information is not available, use 'Unknown'.
BirthMiddleName	The given middle name of client at birth.
ConservatorshipCourtStatus	Self-descriptive.
CountySchool	Self-descriptive. Applies to young adult.
CSIEthnicity	Self-descriptive. Note: If no value sent, it will default to any existing value in demographic Ethnicity field.
CSIRace	Self-descriptive.
EpisodeID	IBHIS unique identifier assigned to an episode.
FiscallyResponsibleCountyForClient	Self-descriptive.
LegalClass	Type of commitment proceeding that resulted in a client's placement in a mental health care.
MothersFirstName	First name of client's Mother.
NumberOfDependentsLessThan18YO	Self-descriptive.
NumberOfDependentsOver18YO	Self-descriptive.
PlaceOfBirthCountry	Self-descriptive.
PlaceOfBirthCounty	Self-descriptive.
PlaceOfBirthState	Self-descriptive.
PreferredLanguage	Self-descriptive.

Data Attribute (In alphabetical order)	Description
ProgramOfAdmission	Program identifier pertaining to the program ID of the Trading Partner (TP) admitted the client for treatment.
SpecialPopulation	Self-descriptive. Note: System defaults it to 'No special population services' when no value is sent.

B.4.7.1 XML STRUCTURE CREATECLIENTCSIREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:CreateClientCSI_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?" EpisodeID="?">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission="?"/>
   </Client>
   <CSI BirthFirstName="?" BirthLastName="?" BirthMiddleName="?" MothersFirstName="?"
FiscallyResponsibleCountyForClient="?" PlaceOfBirthCounty="?" PlaceOfBirthState="?" PlaceOfBirthCountry="?"
AdmissionNecessityCode="?" ConservatorshipCourtStatus="?" SpecialPopulation="?" LegalClass="?" CountySchool="?"
NumberOfDependentsLessThan18YO="?" NumberOfDependentsOver18YO="?" PreferredLanguage="?" CSIEthnicity="?">
    <!--1 to 5 repetitions:-->
    <CSIRace>?</CSIRace>
   </CSI>
  </ns:CreateClientCSI_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.4.7.2 XML STRUCTURE CREATECLIENTCSIRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:CreateClientCSI_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="CSI Admission web service has been filed successfully."/>
   <Client ClientID="" EpisodeID=""/>
  </ns0:CreateClientCSI_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.4.7.3 XML STRUCTURE GETCLIENTCSIREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:GetClientCSI_Input>
   <mes:MessageContextInput ProgramID=""/>
   <cli:ClientEpisodeRestricted ClientID="" EpisodeID="">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission=""/>
   </cli:ClientEpisodeRestricted>
  </ns:GetClientCSI_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.4.7.4 XML STRUCTURE GETCLIENTCSIRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientCSI_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Client ClientID=""/>
   <ClientCSI BirthFirstName=" " BirthLastName=" " BirthMiddleName=" " MothersFirstName=" "
FiscallyResponsibleCountyForClient=" " PlaceOfBirthCounty=" " PlaceOfBirthState=" " PlaceOfBirthCountry=" "
PreferredLanguage=" " AdmissionNecessityCode=" " ConservatorshipCourtStatus=" " SpecialPopulation=" " LegalClass=" "
CountySchool=" " NumberOfDependentsLessThan18YO=" " NumberOfDependentsOver18YO=" "/>
  </ns0:GetClientCSI_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:

Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.5 Demographics

Definition: Patient demographics form the core of the data which allows for the identification and categorization of clients.

Use Cases:
1: Trading Partner (TP) needs to retrieve demographic data of an existing client from IBHIS.
2: TP needs to update demographic data of an existing client for an episode under TP's program in IBHIS.

Web Service Action: Client Service offers following operations to meet the Use cases.
GetClientDetails for Use Case # 1
UpdateClientDetails for Use Case # 2 & 3

Precondition:
- TP is authenticated.
- Client exists in IBHIS.
- For performing update, TP has an active and/or discharged episode for the client under TP's program in IBHIS and client has BirthFirstName recorded or it is available for submission.
- Prior *to* performing the Update operation, TP has invoked the *Get* operation, and determined the information being submitted is more current than what is retrieved through the *Get* operation.

B.5.1 APPLICATION FLOW DIAGRAM: DEMOGRAPHICS
Follow the workflow steps below when updating client demographics in IBHIS.

Demographics
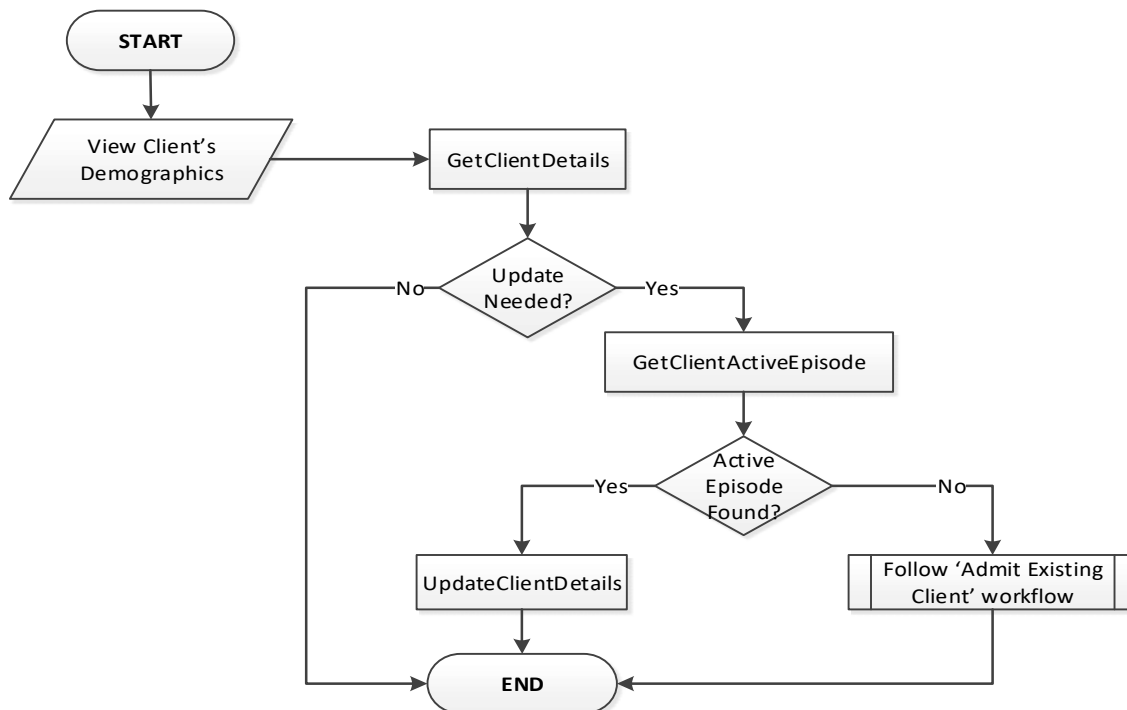
Notes:

Creation: Client demographics are created through Admit operations.

Duplicate Prevention: Submission of an Update call that contains different first name, last name and date of birth than the existing ones will error out.

Not Episodic: Demographic data lives at the client level, not at the episode level this means once demographic data is updated, all consumers of that data will receive the propagated change. Therefore, TPs are responsible for ensuring the accuracy of the data before sending it to IBHIS.

EpisodeID: EpisodeID is not needed for retrieving demographics, however it is needed to update the data.

CSI: Update operation's input is a combination of Demographic and CSI data attributes. In addition to updating the demographics, the operation also creates a new CSI record or updates the existing CSI record for the given episode. If there's no value present in an optional CSI data attribute in the Update operation, then the system will wipe out the existing value in IBHIS.

Update Behavior: If there's no value present in an optional demographic data attribute in the Update operation, then the system will retain the existing value in IBHIS.

Client and Subscriber: If any or some or all of client's demographics is/are being updated through *Update* operation and client is the subscriber for the Financial Eligiblity; then the same demographics need to be updated for the subscriber through *UpdateClientFinEligiblity* operation (Please refer to section B.7.4); unless there is a business need to keep client and subscriber's demographics distinct.

Client Name: Full length of client name must not exceed 39 characters in the following format:
LastName,FirstName<space>MiddleInitial<space>Suffix<space>Prefix

> ***Prefix counts as number of characters in prefix+1(for space); Middle initial, if submitted counts as 2 character (1 character for Middle Initial +1 space); Suffix counts as number of characters in suffix+1(for space). If the combination of Prefix, First name, Middle Initial, Last name and Suffix would exceed 39 characters, use the following*** ***PRIORITY*** ***criteria to submit a client name***
>> *Enter complete last name (up to 38 characters)*
>> *Enter complete first name (up to 38 characters)*
>> *If complete FN + complete LN exceeds 39 characters and client name does not have Suffix, MI and Prefix; truncate first name to reach 39 characters for FN+LN*
>> *Add Suffix (If it fits under 39 characters limit)*
>> *Add Middle initial (If it fits under 39 characters limit)*
>> *Add Prefix (If it fits under 39 characters limit)*

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.5.2 GETCLIENTDETAILS_INPUT

GetClientDetails REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.

B.5.3 GetClientDetails_Output

GetClientDetails RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
ClientID	String	9
ClientPrefix	String	3
ClientFirstName	String	38
ClientMiddleInitial	String	1
ClientLastName	String	38
ClientSuffix	String	3
Alias	String	80
Email	String	40
Gender	String	3
DateOfBirth	Date YYYY-MM-DD	10
SocialSecurityNumber	String XXXXXXXXX or XXXXXXXXP or XXXXXXXXQ	9
MaritalStatus	String	19
PrimaryLanguage	String	18
Education	String	25
EmploymentStatus	String	3
ClientOtherRace	String Note: May repeat up to 5 times	26
Ethnicity	String	19
SmokingAssessment	String	25
SmokingAssessmentDate	Date	10
Street Address1	String YYYY-MM-DD	40
Street Address2	String	40
ZipCode	String XXXXX-XXXX	10
City	String	20
State	String	2
ClientsHomePhone	String	24

B.5.4 UpdateClientDetails_Input

UpdateClientDetails REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
Demographic Data				
ClientPrefix	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientFirstName	R	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ). Minimum Length 1. Must start with alpha only.
ClientMiddleInitial	O	String	1	Alpha only.

UpdateClientDetails REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientLastName	R	String	38	Alpha and the following special characters are allowed hyphen (-), apostrophe (') and space ( ). Minimum Length 1. Must start with alpha only.
ClientSuffix	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Alias	O	String	80	Alpha and the following special characters are allowed space ( ), underscore (__), hyphen (-), apostrophe (').
Email	O	String	40	[AcceptableString]@[DomainName].[Extension] Where [AcceptabelString] = alphanumeric and following special characters: hyphen (-), period (.), underscore (_), ampersand (&), plus sign (+) in between. [DomainName] = alphanumeric and special character allowed is hyphen (-) [Extension] = alpha only
Gender	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DateOfBirth	O	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SocialSecurityNumber	O	String XXXXXXXXX XXXXXXXP XXXXXXXQ	9 Fixed length	Format enforced. For pseudo-SSN: First 8 characters have to be numeric. Ninth character can be numeric or P or Q. Following restrictions apply to non-pseudo SSN: Numbers only SSN with all 0s, 1s, 2s, 3s, 4s, 5s, 6s, 7s, 8s are not allowed. SSN starting with 000, 666, and 900-998 are not allowed. SSN in the following format - 000######, ###00####, #####0000 are not allowed SSN from 987654320 to 987654329 are not allowed.
MaritalStatus	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PrimaryLanguage	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

UpdateClientDetails REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
Education	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
EmploymentStatus	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Ethnicity	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ClientOtherRace	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F. Note: Up to 5 values allowed.
SmokingAssessment	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SmokingAssessmentDate	CR	Date YYYY-MM-DD	10 Fixed length	Format enforced.
ClientsHomePhone	O	String	24	Acceptable formats ar## OR ########## X -# up to ########## X -######### (Where # = 0 thru 9) Note: Minimum number of extension digits accepted is 1 and maximum is 9. Example: 123456789 X -0 or 1234567890 X -123456789
StreetAddress1	O	String	40	Any leading space is trimmed.
StreetAddress2	O	String	40	Any leading space is trimmed.
ZipCode	R	String XXXXX-XXXX	10 Fixed length	Format enforced. TPs should use a valid 9 digit zip code whenever possible. At a minimum DMH expects a valid 5 digit zip code with the suffix of 9998 when the complete 9 digit zip code is not available.
CSI Data				
BirthFirstName	R	String	15	Alpha and the following special characters are allowed underscore (__), hyphen (-), apostrophe (') and space ( ) . Minimum Length 1. Must start with alpha only.
BirthLastName	O	String	20	Alpha and the following special characters are allowed underscore (__), hyphen (-),

UpdateClientDetails REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
				apostrophe (') and space ( ) . Minimum Length 1. Must start with alpha only.
BirthMiddleName	O	String	20	Alpha and the following special characters are allowed underscore (__), hyphen (-), apostrophe (') and space ( ) . Minimum Length 1. Must start with alpha only.
MothersFirstName	O	String	20	Alpha and the following special characters are allowed underscore (__), hyphen (-), apostrophe (') and space ( ) . Minimum Length 1. Must start with alpha only.
FiscallyResponsibleCounty ForClient	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PlaceOfBirthCounty	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PlaceOfBirthState	R	Enumeration	N/A	For acceptable values Please refer to section E.3.3.
PlaceOfBirthCountry	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
AdmissionNecessityCode	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ConservatorshipCourtStatus	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SpecialPopulation	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
LegalClass	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
CountySchool	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
NumberOfDependents LessThan18YO	O	Integer	2	Must be a value between 0 and 99 (inclusive).
NumberOfDependents Over18YO	O	Integer	2	Must be a value between 0 and 99 (inclusive).
PreferredLanguage	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
CSIEthnicity	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

UpdateClientDetails REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
CSIRace	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.5.5 UPDATECLIENTDETAILS _OUTPUT

UpdateClientDetails RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3
ClientPrefix	String	3
ClientFirstName	String	38
ClientMiddleInitial	String	1
ClientLastName	String	38
ClientSuffix	String	3

B.5.6 DATA ATTRIBUTE DESCRIPTION

Visit section B.4.6 for CSI and B.3.7 for Demographic data attribute descriptions.

B.5.7.1 XML STRUCTURE GETCLIENTDETAILSREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:t="http://b2b.dmh.lacounty.gov/ews/EstablishClient/types">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:GetClientDetails_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client t:ClientID="?"/>
  </ns:GetClientDetails_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.5.7.2 XML STRUCTURE GETCLIENTDETAILSRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientDetails_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Client ClientID="" ClientPrefix=" " ClientFirstName=" " ClientMiddleInitial="" ClientLastName=" " ClientSuffix=" "
Alias=" " Email="" Gender="" DateOfBirth="" SocialSecurityNumber="" MaritalStatus="" PrimaryLanguage="" Education=" "
EmploymentStatus="" Ethnicity="">
    <ClientOtherRace> </ClientOtherRace>
   </Client>
   <ClientSmokingAssessment SmokingAssessment=" " SmokingAssessmentDate=""/>
   <ClientLivingArrangements StreetAddress1="" StreetAddress2="" City="" State="" ZipCode="" ClientsHomePhone=""/>
  </ns0:GetClientDetails_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.5.7.3 XML STRUCTURE UPDATECLIENTDETAILSREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientSmokingAssessment">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:UpdateClientDetails_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?" EpisodeID="?" ClientPrefix="?" ClientFirstName="?" ClientMiddleInitial="?" ClientLastName="?"
ClientSuffix="?" Alias="?" Email="?" Gender="?" DateOfBirth="?" SocialSecurityNumber="?" MaritalStatus="?"
PrimaryLanguage="?" Education="?" EmploymentStatus="?" Ethnicity="?">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission="?"/>
    <!--0 to 5 repetitions:-->
    <ClientOtherRace>?</ClientOtherRace>
   </Client>
   <!--Optional:-->
   <cli:ClientSmokingAssessment SmokingAssessment="?" SmokingAssessmentDate="?"/>
   <ClientLivingArrangements ClientsHomePhone="?" StreetAddress1="?" StreetAddress2="?" ZipCode="?"/>
   <ClientCSI BirthFirstName="?" BirthLastName="?" BirthMiddleName="?" MothersFirstName="?"
FiscallyResponsibleCountyForClient="?" PlaceOfBirthCounty="?" PlaceOfBirthState="?" PlaceOfBirthCountry="?"
AdmissionNecessityCode="?" ConservatorshipCourtStatus="?" SpecialPopulation="?" LegalClass="?" CountySchool="?"
NumberOfDependentsLessThan18YO="?" NumberOfDependentsOver18YO="?" PreferredLanguage="?" CSIEthnicity="?">
    <!--1 to 5 repetitions:-->
    <CSIRace>?</CSIRace>
   </ClientCSI>
  </ns:UpdateClientDetails_Input>
```

```
 </soapenv:Body>
</soapenv:Envelope>
```

B.5.7.4 XML STRUCTURE UPDATECLIENTDETAILSRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:UpdateClientDetails_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Client Demographics web service has been filed successfully."/>
   <Client ClientID="" ClientFirstName=" " ClientLastName=" " ClientMiddleInitial="" ClientPrefix=" " ClientSuffix=" "/>
  </ns0:UpdateClientDetails_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.6 UMDAP

Definition: The State of California (the State) requires all specialty mental health providers rendering services under a county mental health plan to financially screen clients using the Uniform Method of Determining Ability to Pay (UMDAP). UMDAP was developed to establish a reasonable method of determining the ability of a client (or client's responsible party) to personally contribute to the cost of the services received. The amount determined using this method covers all services received in a year (annual charge period).

Use Cases:
1: Trading Partner (TP) needs to add UMDAP data for an existing client in IBHIS.
2: TP needs to retrieve UMDAP data from IBHIS for an existing client.
3: TP needs to update UMDAP data of an existing client in IBHIS.

Web Service Action:
CreateClientUMDAP for Use Case # 1
GetClientUMDAPDetails for Use Case # 2
UpdateClientUMDAP for Use Case # 3.
Precondition:
- TP is authenticated.
- Client exists in IBHIS.
- Before adding or updating UMDAP record, TP has retrieved information via the Get operation, reviewed data to determine whether to Create a new UMDAP record or Update the existing UMDAP record.

B.6.1 APPLICATION FLOW DIAGRAM: UMDAP

Follow the workflow steps below when creating or updating client UMDAP in IBHIS.
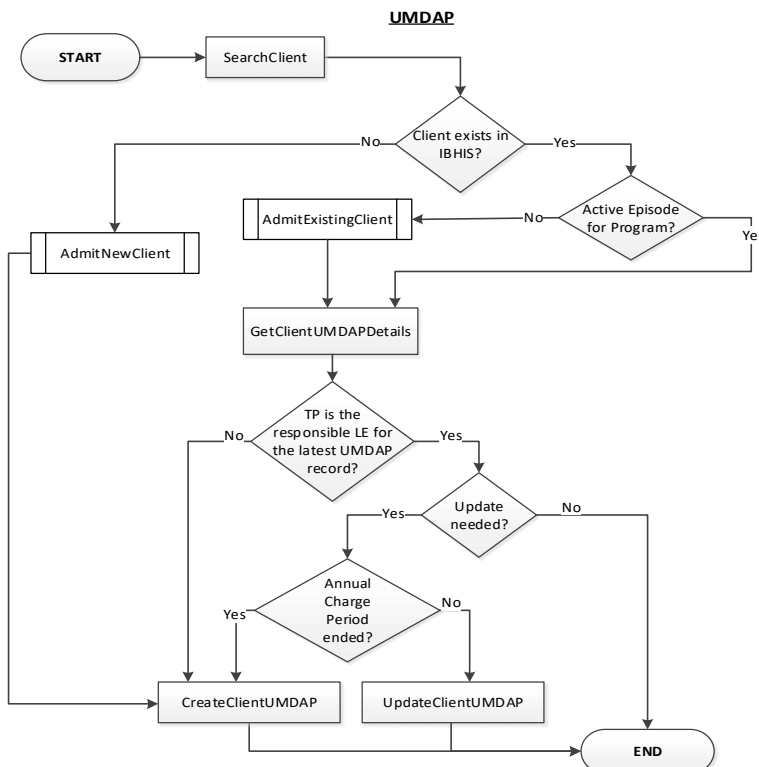
Notes:

Not Episodic: UMDAP record resides at the client level in IBHIS thus will apply to all episodes. Episode ID is not needed to retrieve, create or update UMDAP data. However, TPs should create (or update the existing) UMDAP record after opening an episode for a client in IBHIS with the information captured through financial screening.

When to use Create: Create operation should be used If there is no existing UMDAP record in IBHIS for the client OR the annual liability period for the existing UMDAP record has lapsed or TP is not the creator of the most recent UMDAP record.

When to use Update: If the existing UMDAP information is not current and the annual liability period has not lapsed, then Update operation should be used to update the existing UMDAP record.

Update Behavior: If a value is not sent for an optional data attribute in the *Update* operation, system will retain the existing value.

Limitation: Submitted *AnnualChargePeriod* date can not be edited through any Client Service operation.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.6.2 GETCLIENTUMDAPDETAILS_INPUT

GetClientUMDAPDetails REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.

B.6.3 GETCLIENTUMDAPDETAILS_OUTPUT

GetClientUMDAPDetails RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
ClientResponsibleLegalEntity	String	40
AnnualChargePeriod	Date YYYY-MM-DD	10
NumberOfDependentsUponIncome	Integer	2
AdjustedMonthlyIncome	Decimal	N/A
AnnualLiability	Decimal	N/A
ResponsiblePerson	String	80
ClientNote	String	80
RecordCreationDate	Date YYYY-MM-DD	10
ClientAdditionalUMDAPUniqueID	String	14

B.6.4 CREATECLIENTUMDAP_INPUT

CreateClientUMDAP REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
NumberOfDependentsUponIncome	O	Integer	2	
AdjustedMonthlyIncome	O	Decimal	N/A	Two decimal places allowed. Must be a positive amount.
AnnualLiability	O	Decimal	N/A	Two decimal places allowed. Must be a positive amount.
ResponsiblePerson	O	String	80	

CreateClientUMDAP REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientNote	O	String	80	
AnnualChargePeriod	R	Date YYYY-MM-DD	10 Fixed length	Format enforced.

B.6.5 CREATECLIENTUMDAP_OUTPUT

CreateClientUMDAP RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
ClientID	String	9
ClientAdditionalUMDAPUniqueID	String	14

B.6.6 UPDATECLIENTUMDAP _INPUT

UpdateClientUMDAP REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientID	R	String	9	Must contain a numeric value.
NumberOfDependentsUponIncome	O	Integer		
AdjustedMonthlyIncome	O	Decimal	N/A	Two decimal places allowed. Must be a positive amount.
AnnualLiability	O	Decimal	N/A	Two decimal places allowed. Must be a positive amount.
ResponsiblePerson	O	String	80	
ClientNote	O	String	80	
ClientAdditionalUMDAPUniqueID	R	String	14	Format enforced.

B.6.7 UPDATECLIENTUMDAP _OUTPUT

UpdateClientUMDAP RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
ClientID	String	9
ClientAdditionalUMDAPUniqueID	String	14

B.6.8 DATA ATTRIBUTE DESCRIPTION

Data Attribute *(In alphabetical order)*	**Description**
AdjustedMonthlyIncome	Adjusted Monthly Income is determined by using the client/payer's (including spouse's income and child or spousal support if applicable) monthly gross income, adding the allowable liquid asset valuation amount, and subtracting the total monthly allowable expenses.
AnnualChargePeriod	Beginning date of the 365-day annual charge period. The UMDAP annual charge period is a twelve-month period that constitutes a client's fiscal year. In IBHIS, the annual charge period is 365 days long and can start on any day in the month. A client can have only one annual charge period at a time regardless of the number of providers of service within any county in the State of California in which a client is treated. Once the annual charge period has been established TP Please refer to ing a client must accept that annual charge period and UMDAP liability sliding scale fee established by the previous TP for the remainder of the UMDAP liability period.

Data Attribute (In alphabetical order)	Description
	When a client is Please refer to n by more than one agency in an annual charge period, TPs must communicate with each other to coordinate the charge period as well as the determination and collection of fees. Once submitted through Create operation, this date cannot be edited through Update operation.
AnnualLiability	Amount the client is responsible to pay for services during the annual charge period based on the UMDAP sliding fee scale.
ClientAdditionalUMDAPUniqueID	This is a unique ID returned for the UMDAP record created by a TP. It is needed to update the record.
ClientID	DMH unique client identifier in IBHIS.
ClientNote	To include name and contact number of the person who financially screened the client and information regarding client's financial screening and/or annual liability balance.
ClientResponsibleLegalEntity	Legal Entity that created the UMDAP record.
NumberOfDependentsUponIncome	Number of people, including the client relying or dependent upon the family's adjusted monthly income.
RecordCreationDate	The date UMDAP record is created in IBHIS through the Create operation.
ResponsiblePerson	Client, spouse of client, parent of client, legal guardian of client, or conservator of client.

B.6.9.1 XML STRUCTURE CREATECLIENTUMDAPREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:CreateClientUMDAP_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?"/>
   <ClientUMDAP AnnualChargePeriod="?" NumberOfDependentsUponIncome="?" AdjustedMonthlyIncome="?"
AnnualLiability="?" ResponsiblePerson="?" ClientNote="?"/>
  </ns:CreateClientUMDAP_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.6.9.2 XML STRUCTURE UPDATECLIENTUMDAPREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:UpdateClientUMDAP_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?"/>
   <ClientUMDAP ClientAdditionalUMDAPUniqueID="?" NumberOfDependentsUponIncome="?" AdjustedMonthlyIncome="?"
AnnualLiability="?" ResponsiblePerson="?" ClientNote="?"/>
  </ns:UpdateClientUMDAP_Input>
```

```
 </soapenv:Body>
</soapenv:Envelope>
```

B.6.9.3 XML STRUCTURE GETCLIENTUMDAPDETAILSREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:GetClientUMDAPDetails_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?"/>
  </ns:GetClientUMDAPDetails_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.6.9.4 XML STRUCTURE CREATECLIENTUMDAPRESPONE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:CreateClientUMDAP_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Client Additional UMDAP web service has been filed successfully."/>
   <Client ClientID="" ClientAdditionalUMDAPUniqueID=" "/>
  </ns0:CreateClientUMDAP_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.6.9.5 XML STRUCTURE UPDATECLIENTUMDAPRESPONE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:UpdateClientUMDAP_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Client Additional UMDAP web service has been filed successfully."/>
   <Client ClientID=" " ClientAdditionalUMDAPUniqueID=""/>
  </ns0:UpdateClientUMDAP_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.6.9.6 XML STRUCTURE GETCLIENTUMDAPRESPONE

SUCCESSFUL:
```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientUMDAPDetails_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>  <Client ClientID=""/>
   <ClientUMDAP ClientResponsibleLegalEntity="" AnnualChargePeriod="" NumberOfDependentsUponIncome=""
AdjustedMonthlyIncome="" AnnualLiability="" ResponsiblePerson=" " ClientNote=" " RecordCreationDate=""
ClientAdditionalUMDAPUniqueID=""/> </ns0:GetClientUMDAPDetails_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.7 Financial Eligibility

Definition: Financial Eligibility (FE) is the set up of guarantors in IBHIS for a given episode. Only two guarantors: guarantor 10 (MediCal) and guarantor 16 (LACounty) can be set up in IBHIS. In order to ensure proper adjudication of claims, TPs are required to have current FE recorded with IBHIS for a given client that has an active episode under their program.

Use Cases:
1a: Trading Partner (TP) needs to establish a new FE record for a new client in IBHIS.
1b: Trading Partner (TP) needs to establish a new FE record for an existing client for a new active episode under TP's program in IBHIS.
2: TP needs to retrieve any existing FE record for an existing client from IBHIS who has an episode under TP's program in IBHIS.
3a: TP needs to update existing FE data of an existing client by adding MediCal coverage who has an episode under their program in IBHIS.
3b: TP needs to update existing MediCal coverage of the FE data of an existing client who has an episode under their program in IBHIS.
3c: TP needs to update the FE data of an existing client who has no MediCal coverage and has an episode under TP's program in IBHIS.
3d: TP needs to update the FE data by removing the MediCal coverage of an existing client who has an episode under TP's program in IBHIS.

Web Service Action:
AdmitNewClient for Use Case # 1a. Visit section B.3 for more information.
AdmitExistingClient for Use Case # 1b. Visit section B.3 for more information.
GetClientFinEligibility for Use Case # 2.
UpdateClientFinEligibility for Use Case # 3a, 3b, and 3c.
No operation for Use Case # 3d, it is done through P-auth in claiming.

Precondition:
- TP is authenticated.
- Client has an active and/or discharged episode under TP's program in IBHIS (for *Update*).
- Prior to performing the *Update* operation, TP has invoked the *Get* operation, and determined the information being submitted is more current than what is retrieved through the *Get* operation.

B.7.1 APPLICATION FLOW DIAGRAM: FINANCIAL ELIGIBILITY

Follow the workflow steps below when creating or updating client Financial Eligibility in IBHIS.

Financial Eligibility

```
START
  │
  ▼
Is this a MediCal client?
  ├── Yes ──► Client exists in IBHIS?
  │             ├── No ──► Send AdmitNewClient selecting MediCalClient type in 'Client Fin Eligibility' section
  │             └── Yes ──► Active Episode for Program?
  │                           ├── No ──► Send AdmiExistingClient selecting MediCalClient type in 'Client Fin Eligibility' section
  │                           └── Yes ──► GetClientFinEligibility
  │
  └── No ──► Client exists in IBHIS?
                ├── Yes ──► Active Episode for Program?
                │             ├── Yes ──► Send AdmiExistingClient selecting NonMediCalClient type in 'Client Fin Eligibility' section
                │             └── No ──► (to GetClientFinEligibility)
                └── No ──► Send AdmitNewClient selecting NonMediCalClient type in 'Client Fin Eligibility' section

GetClientFinEligibility
  │
  ▼
FE record exists?
  ├── No ──► Contact DMH
  └── Yes ──► Update needed?
                ├── Yes ──►
                │     MediCal coverage ended ──► Use non-Medical PAuth.
                │     MediCal coverage added ──► Send UpdateClientFinEligibility selecting AddNewMediCal
                │     MediCal coverage existing ──► Send UpdateClientFinEligibility selecting UpdateExistingMediCal
                │     No MediCal coverage ──► Send UpdateClientFinEligibility selecting UpdateNonMediCal
                │           │
                │           ▼
                │     Subscriber's demographics updated?
                │           ├── No ──► END
                │           └── Yes ──► Send UpdateClientDetails to update client demographics to match with Subscriber demographics
                │                        Note: Don't update Client's address when there is a business reason to keep Client's Address & Subscriber Address separate.
                │                        │
                │                        ▼
                │                       END
                └── No ──► END
```

Notes:

Episodic: FE record is episodic which means a client can have different FE records for different episodes and an Episode ID is required for retrieving, creating and updating diagnosis.

Client and Subscriber: If any or some or all of subscriber's demographics is/are being updated through *Update* operation and client is the subscriber for the FE; then the same demographics need to be updated for the client through *UpdateClientDetails* operation (Please refer to section B.5) to keep these two sets of data in sync; unless there is a business need to keep client and subscriber's demographics distinct.

Update Behavior: If a value is not sent for an optional data attribute in the *Update* operation, system will retain the existing value.

CIN: To update CIN, send the updated value through the Update call selecting UpdateExistingMediCal value in CreateClientFinEligibility element. CIN ending with 'P' or 'Q' are not valid. Check the 'Corrective Action' in the Error Handling in section C.

Subscriber Name: Subscriber's Full Name must be within 39 character limit and the format is as follows:
SubscriberLastName,SubscriberFirstName where
SubscriberFirstName=SubscriberFirstName+<space>+MI+<space>+Suffix+<space>+Prefix.
Since Client is the Subscriber for the MediCal and LA County guarantor—Client's name is the Subscriber name. When the combination of Client's Prefix, First name, Middle Initial, Last name and Suffix exceeds 39 characters, use the following priority criteria to submit a subscriber name:

>   *Complete last name (up to 24 characters)*
>   *Complete first name (up to 15 characters)*
>   *If complete first and complete last exceeds 39 characters, truncate first name to reach 39 characters*
>   *Add the Suffix (if there's any) to Subscriber First Name when it fits under 39 characters limit*
>   *Add the Middle initial (if there's any) to Subscriber First Name when it fits under 39 characters limit*
>   *Add the Prefix (if there's any) to Subscriber First Name when it fits under 39 characters limit*

Client First Name vs Subscriber First Name: Subscriber name is auto-generated in the Admit operations. If the client has Prefix and/or Suffix and/or Middle Initial in their name, then these are combined into Subscriber's First Name in the following format:
SubscriberFirstName=ClientFirstName+<space>+MI+<space>+Suffix+<space>+Prefix
So, when GetClientDetails and GetClientFinEligibility operations are called after making the Admit call, ClientFirstName and SubscriberFirstName will not match.

Limitation: When a MediCal client loses the MediCal eligibility and becomes a Non-MediCal client; Update operation can't be used to reflect this change; instead use the MediCal P-Auth to update the client.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.7.2 GETCLIENTFINELIGIBILITY_INPUT

GetClientFinEligibility REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.7.3 GETCLIENTFINELIGIBILITY_OUTPUT

GuarantorName through SubscriberGender data attributes will repeat if multiple guarantors exists.

GetClientFinEligibility RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3
GuarantorName	String	100
GuarantorOrder	Integer	2
CoverageEffectiveDate	Date YYYY-MM-DD	10
ClientsRelationshipToSubscriber	String	13
SubscriberFirstName	String	20
SubscriberLastName	String	24
SubscriberAddress	String	40
SubscriberAddress2	String	40
SubscriberZip	String XXXXX-XXXX	10
SubscriberCity	String	40
SubscriberState	String	2
SubscriberDateOfBirth	Date YYYY-MM-DD	10
SubscriberPolicyNumber	String	20
SubscriberClientIndexNumber	String	9
SubscriberAssignmentOfBenefits	String	7
SubscriberReleaseOfInformation	String	30
CoordinationOfBenefits	String	3
SubscriberSocialSecurityNumber	String	9
SubscriberGender	String	7

B.7.4 UPDATECLIENTFINELIGIBILITY _INPUT

UpdateClientFinEligibility REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
CreateClientFinEligibility	R	Enumeration	N/A	Restricted to set of values. *AddNewMediCal* *UpdateExistingMediCal* *UpdateNonMediCal*
<MediCalGuarantor>				
SubscriberAddress	O	String	40	Any leading space is trimmed.
SubscriberAddress2	O	String	40	Any leading space is trimmed.
SubscriberZip	O	String	10	Format enforced.

UpdateClientFinEligibility REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
		XXXXX-XXXX	Fixed length	
SubscriberDateOfBirth	O	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SubscriberGender	O	Enumeration	N/A	For acceptable values Please refer to section E.2.1.
SubscriberSocialSecurity Number	O	String XXXXXXXXX XXXXXXXXP XXXXXXXXQ	9 Fixed length	Format enforced. For pseudo-SSN: First 8 characters have to be numeric. Ninth character can be numeric or P or Q. Following restrictions apply to non-pseudo SSN: Numbers only SSN with all 0s, 1s, 2s, 3s, 4s, 5s, 6s, 7s, 8s are not allowed. SSN starting with 000, 666, and 900-998 are not allowed. SSN in the following format -000######, ###00####, #####0000 are not allowed SSN from 987654320 to 987654329 are not allowed.
CoverageEffectiveDate	CR For <AddNew MediCal> Not available for <Update Existing MediCal>	Date YYYY-MM-DD	10 Fixed length	Format enforced. Updating the CoverageEffectiveDate is NOT allowed when AddNewMediCal is submitted and the Client Eligibility already has a MediCal Guarantor established with IBHIS
SubscriberClientIndex Number	CR For <AddNew MediCal> O For <Update Existing MediCal>	String	9	Must contain exactly 9 characters. Must start with a '9'. Must contain 8 numeric digits. Must end with an alpha character of: 'A', 'C' through 'H', 'M', 'N', or 'S' through 'Y'.
SubscriberFirstName	CR If Subscriber LastName is sent	String	15	Alpha only and the following special characters are allowed: space ( ), apostroph' ('), hyphen (-)
SubscriberLastName	CR If Subscriber FirstName is sent	String	24	Alpha only and the following special characters are allowed: space ( ), apostroph' ('), hyphen (-)
<LACountyGuarantor>				

UpdateClientFinEligibility REQUEST

Data Attribute	Required	Type & Format	MaxL	Restriction
Note: To make successful call, send this child node in the xml.				
SubscriberAddress	O	String	40	Any leading space is trimmed.
SubscriberAddress2	O	String	40	Any leading space is trimmed.
SubscriberZip	O	String XXXXX-XXXX	10 Fixed length	Format enforced.
SubscriberDateOfBirth	O	Date YYYY-MM-DD	10 Fixed length	Format enforced.
SubscriberGender	O	Enumeration	N/A	For acceptable values Please refer to section E.2.1.
SubscriberSocialSecurity Number	O	String XXXXXXXXX XXXXXXXXP XXXXXXXXQ	9 Fixed length	Format enforced. For pseudo-SSN: First 8 characters have to be numeric. Ninth character can be numeric or P or Q. Following restrictions apply to non-pseudo SSN: Numbers only SSN with all 0s, 1s, 2s, 3s, 4s, 5s, 6s, 7s, 8s are not allowed. SSN starting with 000, 666, and 900-998 are not allowed. SSN in the following format -000######, ###00####, #####0000 are not allowed SSN from 987654320 to 987654329 are not allowed.
SubscriberFirstName	CR If Subscriber LastName is sent	String	15	Alpha only and the following special characters are allowed: space ( ), apostroph' ('), hyphen (-)
SubscriberLastName	CR If Subscriber FirstName is sent	String	24	Alpha only and the following special characters are allowed: space ( ), apostroph' ('), hyphen (-)

B.7.5 UPDATECLIENTFINELIGIBILITY _OUTPUT

UpdateClientFinEligibility RESPONSE

Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3

B.7.6 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
ClientID	DMH unique client identifier in IBHIS.
CoverageEffectiveDate	It is the first coverage date by which a client obtained coverage for MediCal. This date should be as accurate as possible. Note: When the clients benefit coverage date is unavailable, the client's admission date can be used as coverate effective date.
CreateClientFinEligibility	Financial Eligibility type selector data element.
EpisodeID	IBHIS unique identifier assigned to an episode.
ProgramOfAdmission	Program identifier pertaining to t61ositivgam ID of the Trading Partner (TP) admitted the client for treatment.
SubscriberAddress	Self descriptive.
SubscriberAddress2	Self descriptive.
SubscriberClientIndexNumber	Client's MediCal Index Number (CIN).
SubscriberDateOfBirth	Self descriptive.
SubscriberFirstName	Self descriptive.
SubscriberGender	Self descriptive.
SubscriberLastName	Self descriptive.
SubscriberSocialSecurityNumber	Self descriptive.
SubscriberZip	TPs should use a valid 9 digit zip code whenever possible. At a minimum DMH expects a valid 5 digit zip code with the suffix of 9998 when the complete 9 digit zip code is not available.

B.7.6.1 XML Structure GetClientFinEligibilityRequest

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:GetClientFinEligibility_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission="?"/>
   </cli:ClientEpisodeRestricted>
  </ns:GetClientFinEligibility_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.7.6.3 XML Structure UpdateClientFinEligibilityRequest_AddNewMediCal

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:UpdateClientFinEligibility_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <Client ClientID="?" EpisodeID="?">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission="?"/>
   </Client>
   <ClientFinEligibility>
    <!--You have a CHOICE of the next 3 items at this level-->
    <AddNewMediCal>
     <MediCalGuarantor SubscriberAddress="?" SubscriberAddress2="?" SubscriberZip="?" SubscriberDateOfBirth="?"
SubscriberGender="?" SubscriberSocialSecurityNumber="?" CoverageEffectiveDate="?" SubscriberClientIndexNumber="?">
      <SubscriberName SubscriberFirstName="?" SubscriberLastName="?"/>
     </MediCalGuarantor>
     <LACountyGuarantor SubscriberAddress="?" SubscriberAddress2="?" SubscriberZip="?" SubscriberDateOfBirth="?"
SubscriberGender="?" SubscriberSocialSecurityNumber="?">
      <SubscriberName SubscriberFirstName="?" SubscriberLastName="?"/>
     </LACountyGuarantor>
    </AddNewMediCal>
    <UpdateExistingMediCal>
     <MediCalGuarantor SubscriberAddress="?" SubscriberAddress2="?" SubscriberZip="?" SubscriberDateOfBirth="?"
SubscriberGender="?" SubscriberSocialSecurityNumber="?" SubscriberClientIndexNumber="?">
      <SubscriberName SubscriberFirstName="?" SubscriberLastName="?"/>
     </MediCalGuarantor>
     <LACountyGuarantor SubscriberAddress="?" SubscriberAddress2="?" SubscriberZip="?" SubscriberDateOfBirth="?"
SubscriberGender="?" SubscriberSocialSecurityNumber="?">
      <SubscriberName SubscriberFirstName="?" SubscriberLastName="?"/>
     </LACountyGuarantor>
    </UpdateExistingMediCal>
    <UpdateNonMediCal>
     <LACountyGuarantor SubscriberAddress="?" SubscriberAddress2="?" SubscriberZip="?" SubscriberDateOfBirth="?"
SubscriberGender="?" SubscriberSocialSecurityNumber="?">
      <SubscriberName SubscriberFirstName="?" SubscriberLastName="?"/>
     </LACountyGuarantor>
    </UpdateNonMediCal>
   </ClientFinEligibility>
  </ns:UpdateClientFinEligibility_Input>
 </soapenv:Body>
</soapenv:Envelope></soapenv:Envelope>
```

B.7.6.4 XML STRUCTURE GETCLIENTFINELIGIBILITYRESPONE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientFinEligibility_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:t="http://b2b.dmh.lacounty.gov/ews/EstablishClient/types"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Client ClientID="" EpisodeID=""/>
   <!—ClientFinEligibility node may repeat→
   <ClientFinEligibility CoverageEffectiveDate="" SubscriberFirstName="" SubscriberLastName=" " SubscriberAddress=""
SubscriberAddress2="" SubscriberZip="" SubscriberCity="" SubscriberState=" " SubscriberDateOfBirth=""
SubscriberPolicyNumber="" SubscriberClientIndexNumber="" SubscriberAssignmentOfBenefits=" "
SubscriberReleaseOfInformation="" CoordinationOfBenefits=" " SubscriberSocialSecurityNumber="" SubscriberGender="">
    <Guarantor GuarantorName="" GuarantorOrder="" ClientsRelationshipToSubscriber=" "/>
   </ClientFinEligibility>
  </ns0:GetClientFinEligibility_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:
Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.7.6.7 XML STRUCTURE UPDATECLIENTFINELIGIBILITYRESPONSE

SUCCESSFUL:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:UpdateClientFinEligibility_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
   <mc:MessageContextOutput Acknowledgement="Financial Eligibility web service has been filed successfully."/>
   <Client ClientID="" EpisodeID=""/>
  </ns0:UpdateClientFinEligibility_Output>
 </s:Body>
</s:Envelope>
```

UNSUCCESSFUL:

Please refer to *XML STRUCTURE OF UNSUCCESSFUL RESPONSE* in Appendix.

B.8 Diagnosis

Definition:

A diagnosis record set in IBHIS is a combination of one or more diagnosis(es). Each diagnosis record set must have one Primary diagnosis. In addition it can have no or multiple Secondary and Tertiary diagnosis(es). Each diagnosis in a diagnosis record set is marked with a Status which could be Active, Working, Resolved or Void. Also each diagnosis must have a Billing Order where Primary diagnosis is always Billing Order 1. A client can have multiple diagnosis record sets for a given episode.

Use Cases:

1: Trading Partner (TP) needs to retrieve primary diagnosis summary of a client from all existing episodes or any particular episode from IBHIS.
2: TP needs to retrieve details of any existing diagnosis record set of a client who has an episode in IBHIS under TP's program.
3a: TP needs to add new diagnosis record set for an existing IBHIS client who has an episode in IBHIS under TP's program.
3b: TP needs to add replacement diagnosis record set for an existing IBHIS client who has an episode in IBHIS under TP's program.
4a: TP needs to replace the existing diagnosis record set for a client who has an episode in IBHIS under TP's program.
4b: TP needs to replace a single diagnosis in the existing diagnosis record set for a client who has an episode in IBHIS under TP's program.
4c: TP needs to add a single diagnosis in the existing diagnosis record set for a client who has an episode in IBHIS under TP's program.
4d: TP needs to replace an erroneous entry in the existing diagnosis record set for a client who has an active episode in IBHIS under TP's program.

Web Service Action:

GetClientDiagnosisHistory for Use Case # 1
GetClientDiagnosis for Use Case # 2
CreateClientDiagnosis for Use Case # 3a and 3b
UpdateClientDiagnosis for Use Case # 4a , 4b, 4c and 4d

Precondition:

- TP is authenticated.
- Client exists in IBHIS.
- Client has an active and/or discharged episode under TP's program in IBHIS (optional for *Get* Diagnosis *History* operation).
- TP performed *Get* operation and reviewed the existing diagnosis information before performing *Create* or *Update* operation for a given episode.

B.8.1 APPLICATION FLOW DIAGRAM: DIAGNOSIS

Follow the workflow steps below when creating or updating client Diagnosis record in IBHIS.

Diagnosis
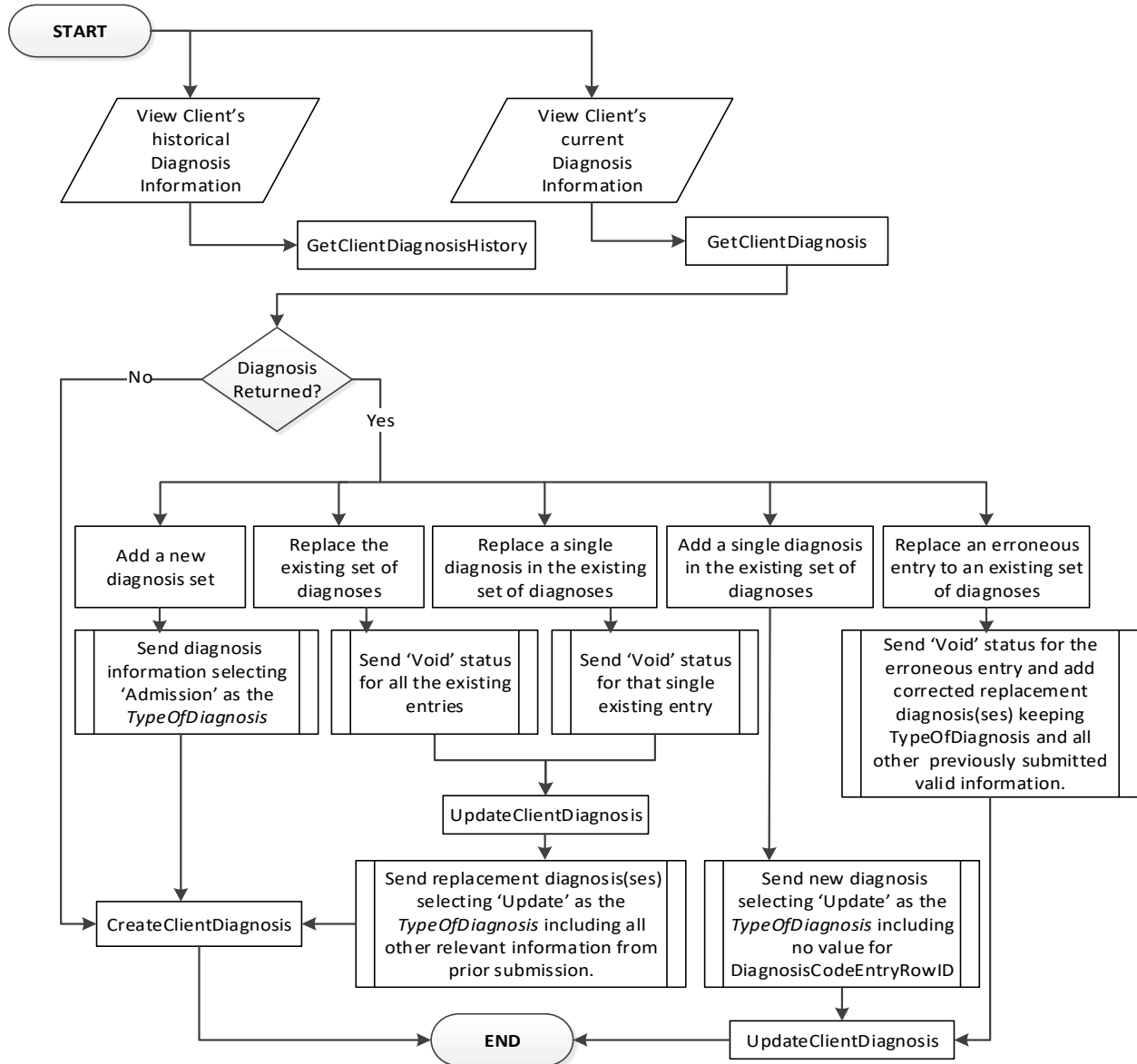
Notes:

Episodic: Diagnosis record is episodic which means a client can have different diagnosis records for different episodes and an Episode ID is required for retrieving, creating and updating diagnosis.

GetClientDiagnosis vs GetClientDiagnosisHistory: GetClientDiagnosis operation retrieves more information for a client's diagnosis record(s) from the specific episode. TPs need to have an active episode to make this call. GetClientDiagnosisHistory retrieves less information from a client's diagnosis record(s) from all TPs' programs. If the EpisodeID is provided then the information is pulled for that episode; otherwise the information is pulled from all active and non-active episodes. TPs do not have to have an open episode for the client to make this call.

Update Behavior: If a value is not sent for an optional data attribute in the Update operation, system will retain the existing value.

Error Correction: To correct an erroneous entry, TPs need to perform the following actions-
Send an *Update* operation with all previously submitted information (that was send through *Create*) including the *DiagnosisUniqueID, DiagnosisCodeEntryRowID* (which were returned in the *Create* operation's response) and 'Void' Status for each diagnosis with no Ranking and BillingOrder.
Resubmit the Create operation with the corrected data along with all other data previously submitted.

Limitation: Submitted *DateOfDiagnosis* data can not be edited through any Client Service operation.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.8.2 GETCLIENTDIAGNOSISHISTORY_INPUT

GetClientDiagnosisHistory REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.8.3 GETCLIENTDIAGNOSISHISTORY _OUTPUT

EpisodeProgramID thru ICD9Code will repeat as needed based on the number of episodes for the number of Programs and the number of diagnosis records existing in each episode. Note that result will contain diagnosis(es) with Primary Ranking only.

GetClientDiagnosisHistory RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
ClientID	String	9
EpisodeID	String	3
EpisodeProgramID	String	5

GetClientDiagnosisHistory RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
DateOfDiagnosis	Date YYYY-MM-DD	10
TypeOfDiagnosis	String	9
DiagnosisRanking	String	9
DiagnosisStatus	String	8
ICD10Code	String	40
DiagnosingStaffNPI	String	10
ICD9Code	String	6

B.8.4 GETCLIENTDIAGNOSIS_INPUT

GetClientDiagnosis REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.8.5 GETCLIENTDIAGNOSIS _OUTPUT

DiagnosisUniqueID thru *ResolvedDate* will be repeated as needed based on the number of diagnosis records existing in each episode.

GetClientDiagnosis RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
ClientID	String	9
EpisodeID	String	3
EpisodeProgramID	String	5
DiagnosisUniqueID	String	10
DateOfDiagnosis	Date YYYY-MM-DD	10
TypeOfDiagnosis	String	9
Trauma	String	7
GeneralMedicalConditionSummaryCode	String	20
SubstanceAbuseDependence	String	18
SubstanceAbuseDependenceDiagnosis	String	6
DiagnosisRanking	String	9
DiagnosisStatus	String	8
ICD10Code	String	40
DiagnosisCodeEntryRowID	String	40
DiagnosingStaffNPI	String	10
DiagnosisBillingOrder	String	5
ICD9Code	String	6
ResolvedDate	Date YYYY-MM-DD	10

B.8.6 CREATECLIENTDIAGNOSIS_INPUT

CreateClientDiagnosis REQUEST				
Data Attribute	**Required**	**Type & Format**	**MaxL**	**Restriction**
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR *For '24 Hour' admission episode*	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DateOfDiagnosis	R	Date YYYY-MM-DD	10 Fixed length	Format enforced. Diagnosis Date must be later than or equal to Admission Date; OR must be equal to or prior to the Discharge Date for the submitted episode. **When Type of Diagnosis is "Admission," Diagnosis Date must equal to Admission Date.
TypeOfDiagnosis	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Trauma	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
GeneralMedicalConditionSummaryCode	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SubstanceAbuseDependence	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SubstanceAbuseDependence Diagnosis	CR *When Substance Abuse Dependence is 'Yes'*	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DiagnosingStaffNPI	R	String	10	Must be numeric.
DiagnosisBillingOrder	R	Integer	2	Must be numeric.
Status	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DiagnosisRanking	R	Enumeration	N/A	Restricted to two types. *DiagnosisRankingPrimaryType DiagnosisRankingNonPrimaryType*
Ranking	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ICD10Code	R	String	N/A	

B.8.7 CREATECLIENTDIAGNOSIS_OUTPUT

CreateClientDiagnosis RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
DiagnosisUniqueID	String	10
DiagnosisCodeEntryRowID	String	40
DiagnosisStatus	String	8
DiagnosisRanking	String	9
ICD10Code	String	8

B.8.8 UPDATECLIENTDIAGNOSIS_INPUT

UpdateClientDiagnosis REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DiagnosisUniqueID	R	String	10	
TypeOfDiagnosis	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
Trauma	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
GeneralMedicalConditionSummary Code	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SubstanceAbuseDependence	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
SubstanceAbuseDependence Diagnosis	CR *When Substance Abuse Dependence is 'Yes'*	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DiagnosisCodeEntryRowID	CR	String	40	It is required when an existing diagnosis row needs to be updated. If it is left blank, a new diagnosis row will be created in the existing diagnosis set.
DiagnosingStaffNPI	R	String	10	Must be numeric.
DiagnosisBillingOrder	CR	Integer	2	It is required if a new diagnosis is being added.
DiagnosisStatus	R	Enumeration	N/A	Restricted to two types. *DiagnosisStatusType* *ResolvedStatusType*

UpdateClientDiagnosis REQUEST

Status	R	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ResolvedDate	CR	Date YYYY-MM-DD	10 Fixed length	Format enforced. Its required when [DiagnosisStatus] values is 'Resolved'.
DiagnosisRanking	O	Enumeration	N/A	Restricted to two types. *DiagnosisRankingPrimaryType* *DiagnosisRankingNonPrimaryType*
Ranking	O	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
ICD10Code	R	String	N/A	

B.8.9 UPDATECLIENTDIAGNOSIS_OUTPUT

UpdateClientDiagnosis RESPONSE

Data Attribute	Type & Format	MaxL
ClientID	String	9
DiagnosisUniqueID	String	10
DiagnosisCodeEntryRowID	String	40
DiagnosisStatus	String	8
DiagnosisRanking	String	9
ICD10Code	String	8

B.8.10 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
ClientID	DMH unique client identifier in IBHIS.
DateOfDiagnosis	Self descriptive.
DiagnosingStaffNPI	Diagnosing Practitioner's 10-digit NPI number.
DiagnosisBillingOrder	For outpatient episode, this is the Diagnosis Ranking relevance for the clinical coordination of care. For '24 Hour Admission' episode, this is related to billing.
DiagnosisCodeEntryRowID	This is the unique ID identifying each diagnosis inside a diagnosis record set. This ID is required in Update for updating the corresponding diagnosis.
DiagnosisRanking	Data element containing two types options to separate primary and non-primary (secondary/tertiary) diagnoses.
DiagnosisStatus	Data element containing two types options where 'Resolved' status is one type and the other type includes the remaining statuses.
DiagnosisUniqueID	This is a unique ID returned for the Diagnosis record set created by a TP. It is needed to update the record.
EpisodeID	IBHIS unique identifier assigned to an episode.
EpisodeProgramID	ProgramOfAdmission code or ProgramID tied to submitted episode.
GeneralMedicalConditionSummaryCode	Codes related to client's general physical health condition.
ICD9Code	Self descriptive.
ICD10Code	Self descriptive.

Data Attribute *(In alphabetical order)*	Description
ProgramOfAdmission	Program identifier pertaining to t71ositivgam ID of the Trading Partner (TP) admitted the client for treatment.
Ranking	Client's diagnosis identification ranking.
ResolvedDate	The date an Active or Working diagnosis status changed to resolved.
Status	Diagnosis status identifying the state of the diagnosis.
SubstanceAbuseDependence	Any continued pathological use of a medication, non-medically indicated drug (called drugs of abuse), or toxin.
SubstanceAbuseDependenceDiagnosis	Diagnosis that is based on clusters of behaviors and physiological effects occurring within a specific time-frame.
Trauma	An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person.
TypeOfDiagnosis	The TypeOfDiagnosis 'Admission' is expected when submitting an initial diagnosis subsequent to admission. The TypeOfDiagnosis 'Update' is expected to capture any change of diagnosis which differs from the 'Admission' diagnosis. The TypeOfDiagnosis 'Discharge' should only be submitted when the client is deceased and a discharge diagnosis needs to be filed.

B.8.11 XML Structure CreateClientDiagnosisRequest

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
 <soapenv:Header/>
 <soapenv:Body>
  <ns:CreateClientDiagnosis_Input>
   <mes:MessageContextInput ProgramID="?"/>
   <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
    <!--Optional:-->
    <Admission24Hour ProgramOfAdmission="?"/>
   </cli:ClientEpisodeRestricted>
   <ClientDiagnosis DateOfDiagnosis="?" TypeOfDiagnosis="?" Trauma="?" GeneralMedicalConditionSummaryCode="?">
    <!--Optional:-->
    <SubstanceAbuseDependence>
     <!--You have a CHOICE of the next 3 items at this level-->
     <No/>
     <UnknownNotReported/>
     <Yes SubstanceAbuseDependenceDiagnosis="?"/>
    </SubstanceAbuseDependence>
    <!--1 or more repetitions:-->
    <DiagnosisNode DiagnosingStaffNPI="?" DiagnosisBillingOrder="?">
     <DiagnosisStatus>
      <!--You have a CHOICE of the next 2 items at this level-->
      <DiagnosisStatusType Status="?"/>
      <ResolvedStatusType Status="Resolved" ResolvedDate="?"/>
     </DiagnosisStatus>
     <DiagnosisRanking>
      <!--You have a CHOICE of the next 2 items at this level-->
      <DiagnosisRankingPrimaryType Ranking="Primary" ICD10Code="?"/>
      <DiagnosisRankingNonPrimaryType Ranking="?" ICD10Code="?"/>
```

```
   </DiagnosisRanking>
  </DiagnosisNode>
  </ClientDiagnosis>
 </ns:CreateClientDiagnosis_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.8.12 XML STRUCTURE UPDATECLIENTDIAGNOSIS_VOIDPRIMARYDIAGNOSIS

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
 <soapenv:Header/>
 <soapenv:Body>
 <ns:UpdateClientDiagnosis_Input>
  <mes:MessageContextInput ProgramID="?"/>
  <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
   <!--Optional:-->
   <Admission24Hour ProgramOfAdmission="?"/>
  </cli:ClientEpisodeRestricted>
  <ClientDiagnosis DiagnosisUniqueID="?" TypeOfDiagnosis="?" Trauma="?" GeneralMedicalConditionSummaryCode="?">
   <!--Optional:-->
   <SubstanceAbuseDependence>
   <!--You have a CHOICE of the next 3 items at this level-->
   <No/>
   <UnknownNotReported/>
   <Yes SubstanceAbuseDependenceDiagnosis="?"/>
   </SubstanceAbuseDependence>
   <!--1 or more repetitions:-->
   <DiagnosisNode DiagnosisCodeEntryRowID="?" DiagnosingStaffNPI="?" DiagnosisBillingOrder="?">
   <DiagnosisStatus>
    <!--You have a CHOICE of the next 2 items at this level-->
    <DiagnosisStatusType Status="?"/>
    <ResolvedStatusType Status="Resolved" ResolvedDate="?"/>
   </DiagnosisStatus>
   <DiagnosisRanking>
    <!--You have a CHOICE of the next 2 items at this level-->
    <DiagnosisRankingPrimaryType Ranking="Primary" ICD10Code="?"/>
    <DiagnosisRankingNonPrimaryType Ranking="?" ICD10Code="?"/>
   </DiagnosisRanking>
   </DiagnosisNode>
  </ClientDiagnosis>
 </ns:UpdateClientDiagnosis_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.8.13 XML STRUCTURE GETCLIENTDIAGNOSISREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
```

```
<soapenv:Header/>
<soapenv:Body>
 <ns:GetClientDiagnosis_Input>
  <mes:MessageContextInput ProgramID="?"/>
  <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
   <!--Optional:-->
   <Admission24Hour ProgramOfAdmission="?"/>
  </cli:ClientEpisodeRestricted>
 </ns:GetClientDiagnosis_Input>
</soapenv:Body>
</soapenv:Envelope>
```

B.8.14 XML STRUCTURE GETCLIENTDIAGNOSISHISTORYREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
 <soapenv:Header/>
 <soapenv:Body>
 <ns:GetClientDiagnosisHistory_Input>
  <mes:MessageContextInput ProgramID="?"/>
  <Client ClientID="?" EpisodeID="?">
   <!--Optional:-->
   <Admission24Hour ProgramOfAdmission="?"/>
  </Client>
 </ns:GetClientDiagnosisHistory_Input>
 </soapenv:Body>
</soapenv:Envelope>
```

B.8.15 XML STRUCTURE GETCLIENTDIAGNOSISHISTORYRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientDiagnosisHistory_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:dn="http://b2b.dmh.lacounty.gov/CS/202001/Entity/DiagnosisNode">
  <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
  <Client ClientID="">
   <Episode EpisodeID="" EpisodeProgramID="">
   <ClientDiagnosis DateOfDiagnosis="" TypeOfDiagnosis=" ">
    <DiagnosisNode DiagnosisRanking=" " DiagnosisStatus=" " ICD10Code="" DiagnosingStaffNPI=""/>
   </ClientDiagnosis>
   </Episode>
  </Client>
 </ns0:GetClientDiagnosisHistory_Output>
 </s:Body>
</s:Envelope>
```

B.8.16 XML Structure GetClientDiagnosisResponse

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:GetClientDiagnosis_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:dn="http://b2b.dmh.lacounty.gov/CS/202001/Entity/DiagnosisNode"
xmlns:cl="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeProgram">
   <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
   <Client ClientID="">
   <Episode EpisodeID="" EpisodeProgramID="">
    <ClientDiagnosis DiagnosisUniqueID="" DateOfDiagnosis="" TypeofDiagnosis=" " Trauma=" "
GeneralMedicalConditionSummaryCode=" " SubstanceAbuseDependence=" ">
     ← Following node will repeat as necessary →
 <DiagnosisNode DiagnosisRanking=" " DiagnosisStatus=" " ICD10Code="" DiagnosisCodeEntryRowID=""
DiagnosingStaffNPI="" DiagnosisBillingOrder=""/>
    </ClientDiagnosis>
   </Episode>
   </Client>
  </ns0:GetClientDiagnosis_Output>
 </s:Body>
</s:Envelope>
```

B.8.17 XML Structure UpdateClientDiagnosisResponse

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:UpdateClientDiagnosis_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:dn="http://b2b.dmh.lacounty.gov/CS/202001/Entity/DiagnosisNode">
   <mc:MessageContextOutput Acknowledgement="Client Diagnosis web service has been filed successfully."/>
   <Client ClientID=""/>
   <ClientDiagnosis DiagnosisUniqueID="">
     ← Following node will repeat as necessary →
   <DiagnosisNode DiagnosisRanking=" " DiagnosisStatus=" " ICD10Code="" DiagnosisCodeEntryRowID=""/>
   </ClientDiagnosis>
  </ns0:UpdateClientDiagnosis_Output>
 </s:Body>
</s:Envelope>
```

B.8.18 XML STRUCTURE CREATECLIENTDIAGNOSISRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
 <s:Body>
  <ns0:CreateClientDiagnosis_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:dn="http://b2b.dmh.lacounty.gov/CS/202001/Entity/DiagnosisNode">
   <mc:MessageContextOutput Acknowledgement="Client Diagnosis web service has been filed successfully."/>
   <Client ClientID=""/>
   <ClientDiagnosis DiagnosisUniqueID="">
← Following node will repeat as necessary →
    <DiagnosisNode DiagnosisRanking=" " DiagnosisStatus=" " ICD10Code="" DiagnosisCodeEntryRowID=""/>
   </ClientDiagnosis>
  </ns0:CreateClientDiagnosis_Output>
 </s:Body>
</s:Envelope>
```

B.9 Pregnancy

Definition: A pregnancy record in IBHIS is stored in episodes. Each episode may contain none to many pregnancy records as long as the pregnancy start and end dates do not overlap.

Use Cases:
1: Trading Partner (TP) needs to add pregnancy record for an existing IBHIS client who has an episode in IBHIS for TP's program.
2: TP needs to retrieve any existing pregnancy record for an existing client from IBHIS who has an episode in IBHIS for TP's program.
3: TP needs to update existing pregnancy data for an existing client who has an episode in IBHIS under TP's program.

Web Service Action:
CreateClientPregnancy for Use Case # 1
GetClientPregnancyDetails for Use Case # 2
UpdateClientPregnancy for Use Case # 3

Precondition:
- TP is authenticated.
- Client is female.
- Client exists in IBHIS.
- Client has an active and/or discharged episode under TP's program in Pregnancy information being submitted can not conflict with any existing pregnancy information.
- TP performed Get operation and reviewed the existing pregnancy information before performing Create or Update operation.

B.9.1 APPLICATION FLOW DIAGRAM: PREGNANCY

Follow the workflow steps below when creating or updating client Pregnancy record in IBHIS.

Pregnancy
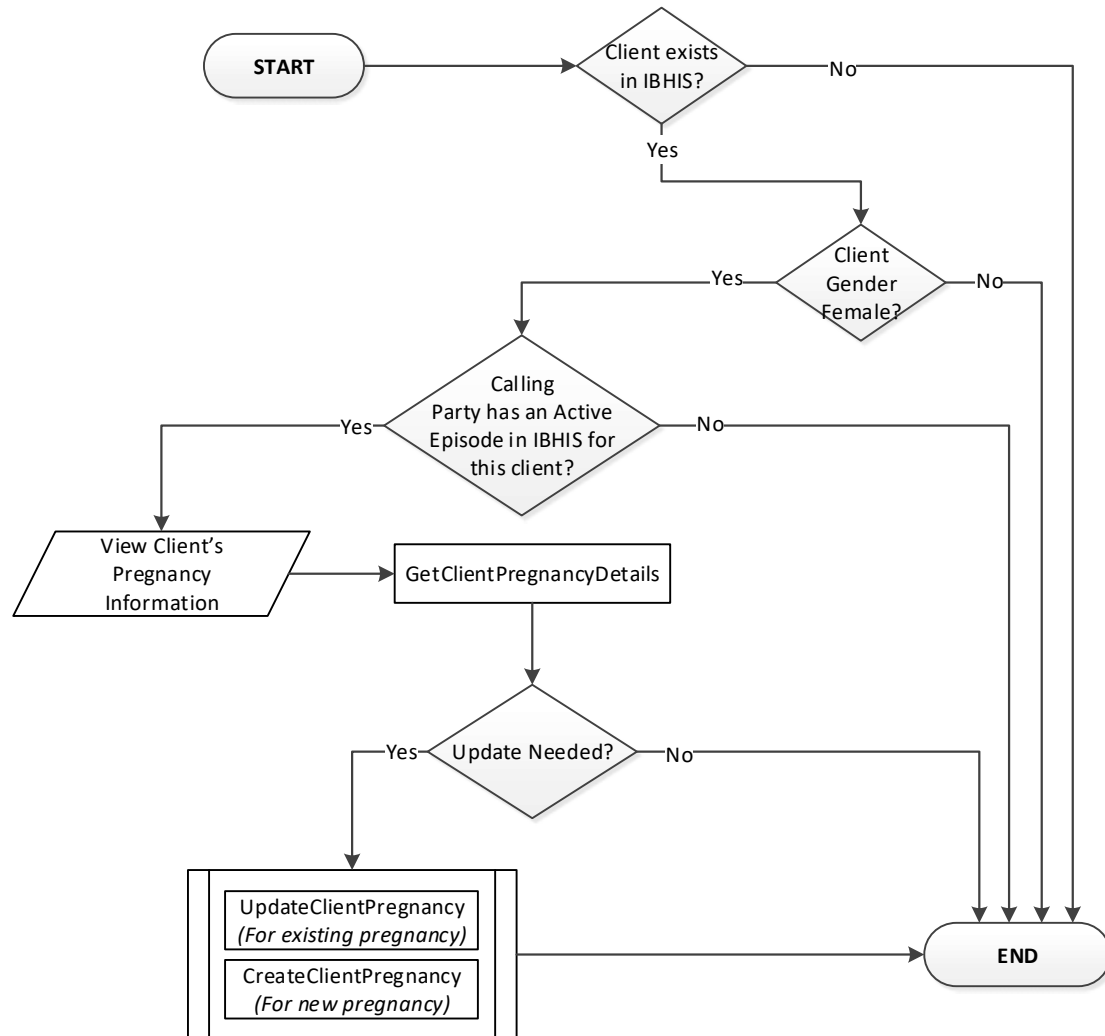
Notes:

Episodic: Pregnancy record is episodic which means a client can have different pregnancy records for different episodes and an Episode ID is required for retrieving, creating and updating pregnancy.

Update Behavior: If a value is not sent for an optional data attribute in the Update operation, system will wipe out the existing value.

The following sections describe the input and output of the operations. Any empty data attribute will be omitted in the output.

B.9.2 GETCLIENTPREGNANCYDETAILS_INPUT

GetClientPregnancyDetails REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.9.3 GETCLIENTPREGNANCYDETAILS_OUTPUT

GetClientPregnancyDetails RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
PregnancyStartDate	Date YYYY-MM-DD	10
PregnancyEndDate	Date YYYY-MM-DD	10
AssessmentDate	Date YYYY-MM-DD	10
ClientPregnancyUniqueID	String	7

B.9.4 CREATECLIENTPREGNANCY_INPUT

CreateClientPregnancy REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PregnancyStartDate	R	Date YYYY-MM-DD	10	Format enforced.
PregnancyEndDate	O	Date YYYY-MM-DD	10	Format enforced.
AssessmentDate	R	Date YYYY-MM-DD	10	Format enforced.

B.9.5 CREATECLIENTPREGNANCY_OUTPUT

CreateClientPregnancy RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
ClientPregnancyUniqueID	String	7

B.9.6 UPDATECLIENTPREGNANCY_INPUT

UpdateClientPregnancy REQUEST

Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
PregnancyStartDate	R	Date YYYY-MM-DD	10 Fixed length	Format enforced.
PregnancyEndDate	O	Date YYYY-MM-DD	10 Fixed length	Format enforced.
AssessmentDate	R	Date YYYY-MM-DD	10	Format enforced.
ClientPregnancyUniqueID	R	String	7	

B.9.7 UPDATECLIENTPREGNANCY_OUTPUT

UpdateClientPregnancy RESPONSE

Data Attribute	Type & Format	MaxL
ClientID	String	9
ClientPregnancyUniqueID	String	7

B.9.8 DATA ATTRIBUTE DESCRIPTION

Data Attribute *(In alphabetical order)*	Description
AssessmentDate	Assessment Date is the date on which the assessing/treating clinician learned of the client's pregnancy.
ClientID	DMH unique client identifier in IBHIS.
ClientPregnancyUniqueID	Unique identifier assigned to the client pregnancy record.
EpisodeID	IBHIS unique identifier assigned to an episode.
PregnancyEndDate	Self descriptive.
PregnancyStartDate	Self descriptive.
ProgramOfAdmission	Program identifier pertaining to t79ositivgam ID of the Trading Partner (TP) admitted the client for treatment.

B.9.9.1 XML STRUCTURE CREATECLIENTPREGNANCYREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:CreateClientPregnancy_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
        </cli:ClientEpisodeRestricted>
      <ClientPregnancy PregnancyStartDate="?" PregnancyEndDate="?"/>
    </ns:CreateClientPregnancy_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.9.9.2 XML STRUCTURE UPDATECLIENTPREGNANCYREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:UpdateClientPregnancy_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
        <!--Optional:-->
        <Admission24Hour ProgramOfAdmission="?"/>
      </cli:ClientEpisodeRestricted>
      <ClientPregnancy PregnancyStartDate="?" PregnancyEndDate="?" AssessmentDate="?" ClientPregnancyUniqueID="?"/>
    </ns:UpdateClientPregnancy_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.9.9.3 XML STRUCTURE GETCLIENTPREGNANCYDETAILSREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:cli="http://b2b.dmh.lacounty.gov/CS/202001/Entity/ClientEpisodeRestricted">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:GetClientPregnancyDetails_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <cli:ClientEpisodeRestricted ClientID="?" EpisodeID="?">
        <!--Optional:-->
        <Admission24Hour ProgramOfAdmission="?"/>
      </cli:ClientEpisodeRestricted>
    </ns:GetClientPregnancyDetails_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.9.9.4 XML STRUCTURE CREATECLIENTPREGNANCYRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:CreateClientPregnancy_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Client Pregnancy web service has been filed successfully."/>
      <Client ClientID=""/>
      <ClientPregnancy ClientPregnancyUniqueID=""/>
    </ns0:CreateClientPregnancy_Output>
  </s:Body>
</s:Envelope>
```

B.9.9.5 XML STRUCTURE UPDATECLIENTPREGNANCYRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:UpdateClientPregnancy_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Client Pregnancy web service has been filed successfully."/>
      <Client ClientID=""/>
      <ClientPregnancy ClientPregnancyUniqueID=""/>
    </ns0:UpdateClientPregnancy_Output>
  </s:Body>
</s:Envelope>
```

B.9.9.6 XML STRUCTURE GETCLIENTPREGNANCYRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:GetClientPregnancyDetails_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
      <Client ClientID=""/>
      <ClientPregnancy PregnancyStartDate="" PregnancyEndDate="" AssessmentDate=""
ClientPregnancyUniqueID=""/>
    </ns0:GetClientPregnancyDetails_Output>
  </s:Body>
</s:Envelope>
```

B.10 Discharge

Definition: A discharge action closes an episode and marks it as inactive. An outpatient episode can be discharged for only few options—such as—CIN change, client merge, death. A 24-hour-admission episode can be discharged for various reasons (Refer to DMH IBHIS Dictionary Values V4.7) .

Use Case : Trading Partner needs to discharge a client from their active episode in IBHIS.

Web Service Action: *DischargeClient* operation for Use Case.

Precondition:
- TP is authenticated.
- Client has an active episode under TP's program in IBHIS.
- TP performed *GetClientSvcHist* operation and reviewed the last service date information so that submitted discharge date is on or beyond the last service date. Visit section B.13 for more information on GetClientSvcHist operation.

B.10.1 APPLICATION FLOW DIAGRAM: DISCHARGE
Follow the workflow steps below when filing Discharge in IBHIS.
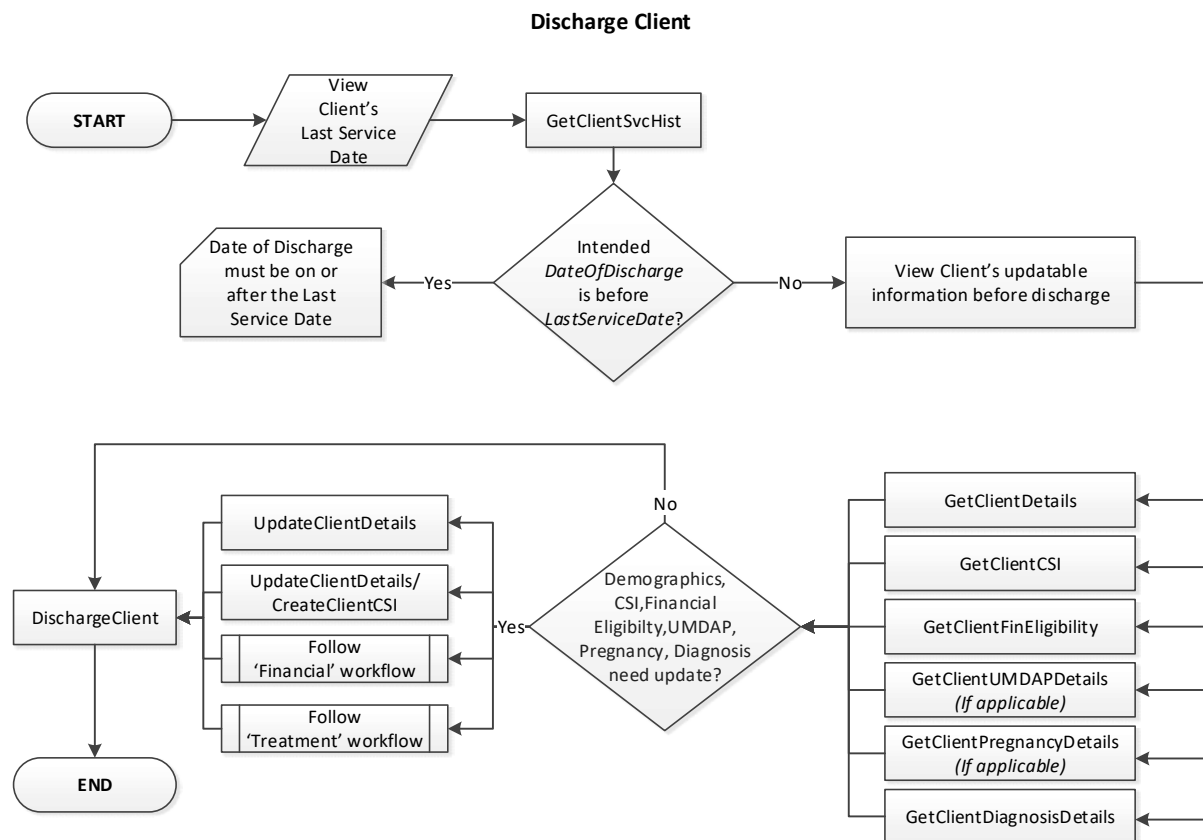
Discharge Client

Notes:
Episodic: Discharge record is episodic and hence an Episode ID is required for filing a discharge.
Limitation: Submitted discharge data can not be edited through any Client Service operation.

B.10.2 DISCHARGECLIENT_INPUT

DischargeClient REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
EpisodeID	R	String	3	Must contain a numeric value.
ClientAdmission	R	Enumeration	N/A	Restricted to set of values. *Outpatient Admission24Hour*
TypeOfDischarge	R	Enumeration	N/A	For acceptable values Please refer to section E.5.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.
DateOfDischarge	R	Date YYYY-MM-DD	10 Fixed length	Format enforced.
TimeOfDischarge	R	Time HH:MMAM HH:MMPM	7 Fixed length	Format enforced.
DischargingStaffNPI	R	String	10	Numeric only.
EpisodeDischargeComments	O	String	300	

B.10.3 DISCHARGECLIENT_OUTPUT

DischargeClient RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
EpisodeID	String	3

B.10.4 DATA ATTRIBUTE DESCRIPTION

Data Attribute *(In alphabetical order)*	Description
ClientAdmission	Data element containing two options to separate 24-Hour-Admission and Outpatient episode discharge filing.
ClientID	DMH unique client identifier in IBHIS.
DateOfDischarge	Unique identifier assigned to the client pregnancy record.
DischargingStaffNPI	10-digit NPI number of clinician filing discharge.
EpisodeDischargeComments	This field is more appropriate for administrative types of comments.There is no requirement to enter anything. If the Discharge Comments field is used, it would NOT be appropriate to describe the client's death in the field.
EpisodeID	IBHIS unique identifier assigned to an episode.
ProgramOfAdmission	Program identifier pertaining to t83ositivgam ID of the Trading Partner (TP) admitted the client for treatment.
TimeOfDischarge	Self descriptive.
TypeOfDischarge	Self descriptive. Note that 'CIN Change' value should be used only when there's a change in client's Subscriber Client Index Number.

B.10.5 XML STRUCTURE DISCHARGECLIENTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:DischargeClient_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <ClientAdmission ClientID="?" EpisodeID="?">
        <!--You have a CHOICE of the next 2 items at this level-->
        <Outpatient TypeOfDischarge="?"/>
        <Admission24Hour TypeOfDischarge="?" ProgramOfAdmission="?"/>
      </ClientAdmission>
      <DischargeClient DateOfDischarge="?" TimeOfDischarge="?" DischargingStaffNPI="?" EpisodeDischargeComments="?"/>
    </ns:DischargeClient_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.10.6 XML STRUCTURE DISCHARGECLIENTRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:DischargeClient_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Client Discharge web service has been filed successfully."/>
      <Client ClientID="" EpisodeID=""/>
    </ns0:DischargeClient_Output>
  </s:Body>
</s:Envelope>
```

B.11 Public Guardian Service

Definition: The case information data involved with the Los Angeles County Public Guardians' Office are loaded into IBHIS through a nightly process.

Use Case:
Trading Partner needs to retrieve any existing Public Guardian Service information for an existing client from IBHIS.

Web Service Action:
GetPublicGuardianSvcHist for Use Case

Precondition:
- TP is authenticated.
- Client exists in IBHIS.
- Client has existing Public Guardian Service data in IBHIS.

Notes:
Not Episodic: These data set is non-episodic. No EpisodeID is needed for the transaction.

B.11.1 GETPUBLICGUARDIANSVCHIST_INPUT

GetPublicGuardianSvcHist REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.

B.11.2 GETPUBLICGUARDIANSVCHIST_OUTPUT

GetPublicGuardianSvcHist RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	9
PublicGuardianCaseStatus	String	40
AssignedDeputyPG	String	40
PGContactNumber	String XXXXXXXXXX	10
DateCaseOpened	Date YYYY-MM-DD	10

B.11.3 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
AssignedDeputyPG	Name of the Public Guardian assigned deputy.
ClientID	DMH unique client identifier in IBHIS.
DateCaseOpened	The date the currently active case was opened with the Los Angeles County Office of the Public Guardian.
PGContactNumber	Public Guardian contact telephone number.
PublicGuardianCaseStatus	Two statues are available: • PG Appointed • PG Investigation

B.11.4 XML STRUCTURE GETPUBLICGUARDIANSVCHISTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:GetPublicGuardianSvcHist_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <Client ClientID="?"/>
    </ns:GetPublicGuardianSvcHist_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.11.5 XML STRUCTURE GETPUBLICGUARDIANSVCHISTRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:GetPublicGuardianSvcHist_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
      <Client ClientID=""/>
      <PublicGuardianSvcHist PublicGuardianCaseStatus="" AssignedDeputyPG="" PGContactNumber=""
DateCaseOpened=""/>
    </ns0:GetPublicGuardianSvcHist_Output>
  </s:Body>
</s:Envelope>
```

B.12 DCFS Service

Definition: The case information data involved with the Los Angeles County Department of Children and Family Services (DCFS) are loaded into IBHIS through a nightly process.

Use Case:
Trading Partner needs to retrieve any existing DCFS service information for an existing client from IBHIS.

Web Service Action:
GetDCFSClientSvcHist for Use Case

Precondition:
- TP is authenticated.
- Client exists in IBHIS.
- Client has existing DCFS Service data in IBHIS.
- Client has an active and/or discharged episode under TP's program in IBHIS.

Notes:
Active Episode: Even though the records are non-episodic, TP cannot retrieve any data without having an episode under their program in IBHIS.

B.12.1 GetDCFSClientSvcHist_Input

GetDCFSClientSvcHist REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.
ProgramOfAdmission	CR For '24 Hour' admission episode	Enumeration	N/A	Restricted to set of values. Values are provided via Dictionary Service. Please refer to section F.

B.12.2 GetDCFSClientSvcHist_Output

GetDCFSClientSvcHist RESPONSE		
Data Attribute	Type & Format	MaxL
ClientID	String	80
DCFSCaseStatus	String	80
DCFSAssignedOffice	String	40
AssignedCSW	String	10
CSWContactNumber	String XXXXXXXXXX	10
DateCaseOpened	Date YYYY-MM-DD	80

B.12.3 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
AssignedCSW	Name of the Public Guardian assigned deputy.
ClientID	DMH unique client identifier in IBHIS.
DateCaseOpened	The date the currently active case was opened with the Los Angeles County Office of the Public Guardian.
DCFSAssignedOffice	Public Guardian contact telephone number.
ProgramOfAdmission	Two statues are available: • PG Appointed • PG Investigation
DateCaseOpened	The date the currently active case was opened with the Los Angeles County Office of the Public Guardian.
CSWContactNumber	Public Guardian contact telephone number.
DCFSCaseStatus	Two statues are available: • PG Appointed • PG Investigation

B.12.4 XML STRUCTURE GETDCFSCLIENTSVCHISTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001" xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:t="http://b2b.dmh.lacounty.gov/ews/EstablishClient/types">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:GetDCFSClientSvcHist_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <Client t:ClientID="?">
        <!--Optional:-->
        <Admission24Hour t:ProgramOfAdmission="?"/>
      </Client>
    </ns:GetDCFSClientSvcHist_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.12.5 XML STRUCTURE GETDCFSCLIENTSVCHISTRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:GetPublicGuardianSvcHist_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
      <Client ClientID=""/>
      <PublicGuardianSvcHist PublicGuardianCaseStatus="" AssignedDeputyPG="" PGContactNumber=""
DateCaseOpened=""/>
    </ns0:GetPublicGuardianSvcHist_Output>
  </s:Body>
</s:Envelope>
```

B.13 Service History

Definition: This operation is intended to retrieve client's first and last services recorded in IBHIS.

Use Case:
TPs need to retrieve any existing service history data for an existing client from IBHIS.

Web Service Action:
Client Service offers GetClientSvcHist operation to accommodate the Use case.

Precondition:
- TP is authenticated.
- Client exists in IBHIS.
- Services have been approved in MSO and sent to PM (MSO and PM are two modules in IBHIS)

B.13.1 GETCLIENTSVCHIST_INPUT

GetClientSvcHist REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.

B.13.2 GETCLIENTSVCHIST_OUTPUT

GetClientSvcHist RESPONSE		
Data Attribute	**Type & Format**	**MaxL**
ClientID	String	9
FirstServiceDate	Date YYYY-MM-DD	10
LastServiceDate	Date YYYY-MM-DD	10
Program	String	40
ServiceProgramType	String	50
ServicePractitionerName	String	40
PrincipalDiagnosis	String	40

B.13.3 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
ClientID	DMH unique client identifier in IBHIS.
FirstServiceDate	First date of service for a client's service history under TP's program in IBHIS.
LastServiceDate	Latest date of service for a client's service history under TP's program in IBHIS.
Program	Service rendering Program's name.
ServiceProgramType	Service rendering Program's type.
ServicePractitionerName	Name of the provider rendering service.
PrincipalDiagnosis	Principal Diagnosis recorded with a service history.

B.13.4 XML STRUCTURE GETCLIENTSVCHISTREQUEST

```xml
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:GetClientSvcHist_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <Client ClientID="?"/>
    </ns:GetClientSvcHist_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.13.5 XML STRUCTURE GETCLIENTSVCHISTRESPONSE

```xml
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:GetClientSvcHist_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
      <Client ClientID=""/>
      <ClientSvcHist FirstServiceDate="" LastServiceDate="" Program="" ServiceProgramType="" ServicePractitionerName=""
PrincipalDiagnosis=""/>
    </ns0:GetClientSvcHist_Output>
  </s:Body>
</s:Envelope>
```

B.14 Legacy Service (IS) History

Definition: This operation is intended to retrieve non-converted clients and their associated service history. The data delivered by this operation is based on IS episodes that are associated with clients that have records in IBHIS, thus it functions similarly to an "episode lookup" in the IS. These data have been extracted from the IS and imported into IBHIS so that it is available for review from within IBHIS. Data is accessed by submitting the valid IBHIS ClientID for the associated client.

Use Case:
TPs need to retrieve any legacy service history data for an existing client from IBHIS.

Web Service Action:
Client Service offers GetClientLegacySvcHist operation to accommodate the Use case.

Precondition:
TP is authenticated.
Client exists in IBHIS.
Client's legacy service history data is loaded in IBHIS from IS (legacy system).

Notes:
Limitation: This data set is not real time. The data set is derived from IS into IBHIS through discrete extraction and load events as opposed to real time integration between these two systems.

B.14.1 GETCLIENTLEGACYSVCHIST_INPUT

GetClientLegacySvcHist REQUEST				
Data Attribute	Required	Type & Format	MaxL	Restriction
ClientID	R	String	9	Must contain a numeric value.

B.14.2 GETCLIENTLEGACYSVCHIST_OUTPUT

GetClientLegacySvcHist RESPONSE		
Data Attribute	Type & Format	MaxL
LegacyClientID	String	20
LegacyFirstServiceDate	Date YYYY-MM-DD	10
LegacyLastServiceDate	Date YYYY-MM-DD	10
LegacyProgramName	String	40
LegacyProgramType	String	50
LegacyPractitionerName	String	40
LegacyPrimaryDiagnosisDesc	String	64

B.14.3 DATA ATTRIBUTE DESCRIPTION

Data Attribute *(In alphabetical order)*	Description
ClientID	DMH unique client identifier in IBHIS.
LegacyClientID	It is a cross-reference to "non-surviving" IS ClientID associated to the surviving IBHIS ClientID.
LegacyFirstServiceDate	IS episode Admission Date.
LegacyLastServiceDate	If the associated IS episode had been discharged at the time of the data extract for that load, the episode discharge date is populated. If, however, the IS episode remained open at the time of the data extract AND there were services submitted under that IS episode, the date presented is the last date of service in the IS associated to that episode as of the data extract date.
LegacyProgramName	This is the IS Service Location / Reporting Unit number and name associated to the episode.
LegacyProgramType	This is a derived field which maps the episode to a program type within the following categories: Day Tx / Day Rehab; DMH EOB Field Response; IMD/PHF/Other Residential; Jail Mental Health; Jail MH Inpatient; Outpatient; Psych Acute Inpatient; Psychiatric ER/UCC Crisis Stab; Public Guardian; State Hospital.
LegacyPractitionerName	This provides the name of the IS "Primary Contact" associated to the IS episode as of the data extract date.
LegacyPrimaryDiagnosisDesc	If the IS episode had been discharged as of the extract date, the IS Primary Discharge Diagnosis is provided. Otherwise the IS Primary Admission Diagnosis is provided.

B.14.4 XML STRUCTURE GETCLIENTLEGACYSVCHISTREQUEST

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:GetClientLegacySvcHist_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <Client ClientID="?"/>
    </ns:GetClientLegacySvcHist_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

B.14.5 XML STRUCTURE GETCLIENTLEGACYSVCHISTRESPONSE

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:GetClientLegacySvcHist_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mc="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext">
      <mc:MessageContextOutput Acknowledgement="Process completed successfully."/>
      <ClientLegacySvcHists>
        <ClientLegacySvcHist LegacyFirstServiceDate="" LegacyLastServiceDate="" LegacyProgramName=""
LegacyProgramType="" LegacyPractitionerName="" LegacyPrimaryDiagnosisDesc=""/>
      </ClientLegacySvcHists>
    </ns0:GetClientLegacySvcHist_Output>
  </s:Body>
</s:Envelope>
```

B.15 CSI – Assessment Record

Background:

In order to comply with California State Department of Health Care Services (DHCS) mandated reporting, Los Angeles County Mental Health is requiring TPs begin capturing and submitting assessment data from their respective Electronic Health Record Systems. This data is referred to as Client and Service Information (CSI) Assessment data. LACDMH is providing five operations to submit and exchange CSI Assessment records.

Precondition:

The following preconditions apply:

- TP needs to have an active Service Request Log (SRL) record associated with their Program ID for a given client prior to any CSI Assessment Record creation. To get more information regarding SRL—visit the following URL: **https://dmh.lacounty.gov/pc/cp/srl/**
- TP needs to have an active episode associated with their Program in IBHIS for the client. Episode creation comes prior to CSI assessment. Note that a single episode can have multiple CSI assessment records.
- CSI Assessment transactions are required for Outpatient episodes only.

B.15.1 SEARCHCSI

Use Case:

TPs need to search if there is any existing CSI Assessment record for a given client.

Web Service Action:

Client Service offers *SerachCSI* operation to accommodate the Use case.

Precondition:

- TP is authenticated.
- TP has an IBHIS Client ID for the client.

B.15.1.1 SEARCHCSI_INPUT

Ref #	Data Element	R CR O	Data Type	Min Len	Max Len	Restriction	Acceptable Values
1	ProgramID	R	String	5	5	n/a	ProgramID configured in BizTalk associated with the Digital Certificate used for authentication.
2	IBHISClientID	R	String	1	9	n/a	Numbers only.

B.15.1.2 SEARCHCSI_OUTPUT

Ref #	Data Element	DataType	Required	MinL	MaxL
1	IBHISClientID	String	R	1	9
2	ProgramID	String	R	5	5
3	CSISubmissionID	String	R	1	255

B.15.2 ADDCSI

Use Case:
TPs need to create a new CSI Assessment record for a client.

Web Service Action:
Client Service offers *AddCSI* operation to accommodate the Use case.

Precondition:
- TP is authenticated.
- Client exists in IBHIS (in other words, client has an IBHIS Client ID).
- Client has an active Service Request Log (SRL) record.

B.15.2.1 ADDCSI_INPUT

Ref #	Data Element	R CR O	Data Type & Format	Min Len	Max Len	Restriction	Acceptable Values
1	ProgramID	R	String	5	5	n/a	ProgramID configured in BizTalk associated with the Digital Certificate used for authentication.
2	IBHISClientID	R	String	1	9	n/a	Numbers only.
3	ServiceRequestID	R	String	1	255	Must be an active ID.	Numbers only.
4	TreatmentAppointment FirstOfferDate	O	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: Must be greater than or equal to January 1, 2018.
5	TreatmentAppointment SecondOfferDate	O	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: • Treatment Appointment Second Offer Date must be greater than or equal to January 2, 2018 • Must be greater than Treatment Appointment First Offer Date • Then the Treatment Appointment First Offer Date must not be Blank
6	TreatmentAppointment ThirdOfferDate	O	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: • Treatment Appointment Third Offer Date must be greater than or equal to January 3, 2018 • Must be greater than Treatment Appointment Second Offer Date • Then the Treatment Appointment Second Offer Date must not be Blank
7	TreatmentAppointment AcceptedDate	O	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: • Treatment Appointment Accepted Date must be greater than or equal to January 1, 2018 • If Treatment Appointment Second and Treatment Appointment Third Offer Dates are Blank then

Ref #	Data Element	R CR O	Data Type & Format	Min Len	Max Len	Restriction	Acceptable Values
							Treatment Appointment Accepted Date must be equal to Treatment Appointment First Offer Date. • If the Treatment Appointment Second Offer Date is populated and the Treatment Appointment Third Offer Date is Blank then the Treatment Appointment Accepted Date must be equal to Treatment Appointment Second Offer Date. • If the Treatment Appointment Third Offer Date is populated then the Treatment Appointment Accepted Date must be greater than or equal to the Treatment Appointment Third Offer Date. • If the Treatment Appointment Accepted Date is Blank then the Treatment Appointment First Offer Date should be Blank.
8	ClosureReason	R	Enumeration	n/a	n/a	Restricted to set of values	Please refer to E 5.2
9	ReferredTo	R	Enumeration	n/a	n/a	Restricted to set of values	Please refer to E 5.3

B.15.2.2 ADDCSI _OUTPUT

Ref #	Data Element	DataType & Format	Required	MinL	MaxL
1	CSISubmissionID	String	R	1	255
2	IBHISClientID	String	R	1	9

B.15.3 UPDATECSI

Use Case:
TPs need to update an active CSI Assessment record for a client.

Web Service Action:
Client Service offers *UpdateCSI* operation to accommodate the Use case.

Precondition:
- TP is authenticated.
- Client exists in IBHIS (in other words, client has an IBHIS Client ID).
- Client has an active Service Request Log (SRL) record.
- TP has an active CSI Assessment record that is associated with their Program ID.

B.15.3.1 UPDATECSI_INPUT

Ref #	Data Element	R CR O	Data Type & Format	Min Len	Max Len	Restriction	Acceptable Values
1	ProgramID	R	String	5	5	n/a	ProgramID configured in BizTalk associated with the Digital Certificate used for authentication.
2	IBHISClientID	R	String	1	9	n/a	Numbers only.
3	ServiceRequestID	R	String	1	255	Must be an active ID.	Numbers only.
4	TreatmentAppointment FirstOfferDate	CR	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: Must be greater than or equal to January 1, 2018.
5	TreatmentAppointment SecondOfferDate	CR	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: • Treatment Appointment Second Offer Date must be greater than or equal to January 2, 2018 • Must be greater than Treatment Appointment First Offer Date • Then the Treatment Appointment First Offer Date must not be Blank
6	TreatmentAppointment ThirdOfferDate	O	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: • Treatment Appointment Third Offer Date must be greater than or equal to January 3, 2018 • Must be greater than Treatment Appointment Second Offer Date • Then the Treatment Appointment Second Offer Date must not be Blank
7	TreatmentAppointment AcceptedDate	O	Date YYYY-MM-DD	10	10	n/a	Valid dates according to the following business rules: • Treatment Appointment Accepted Date must be greater than or equal to January 1, 2018 • If Treatment Appointment Second and Treatment Appointment Third Offer Dates are Blank then Treatment Appointment Accepted Date must be equal to Treatment Appointment First Offer Date. • If the Treatment Appointment Second Offer Date is populated and the Treatment Appointment Third Offer Date is Blank then the Treatment Appointment Accepted Date must be equal to Treatment Appointment Second Offer Date. • If the Treatment Appointment Third Offer Date is populated then the Treatment Appointment Accepted Date must be greater

Ref #	Data Element	R CR O	Data Type & Format	Min Len	Max Len	Restriction	Acceptable Values
							than or equal to the Treatment Appointment Third Offer Date. • If the Treatment Appointment Accepted Date is Blank then the Treatment Appointment First Offer Date should be Blank.
8	ClosureReason	R	Enumeration	n/a	n/a	Restricted to set of values	Please refer to E 5.2
9	ReferredTo	R	Enumeration	n/a	n/a	Restricted to set of values	Please refer to E 5.3
10	CSISubmissionID	R	String	1	255		Numbers only.

B.15.3.2 UPDATECSI _OUTPUT

Ref #	Data Element	DataType & Format	Required	MinL	MaxL
1	CSISubmissionID	String	R	1	255
2	IBHISClientID	String	R	1	9

B.15.4 GETCSI

Use Case:
TPs need to retrieve an active CSI Assessment record for a client.

Web Service Action:
Client Service offers *GetCSI* operation to accommodate the Use case.

Precondition:
• TP is authenticated.
• TP has a CSISubmissionID for an active CSI Assessment record.

B.15.4.1 GETCSI_INPUT

Ref #	Data Element	R CR O	Data Type & Format	Min Len	Max Len	Restriction	Acceptable Values
1	ProgramID	R	String	5	5	n/a	ProgramID configured in BizTalk associated with the Digital Certificate used for authentication.
2	CSISubmissionID	R	String	1	255		Numbers only.

B.15.3.2 GETCSI _OUTPUT

Ref #	Data Element	DataType & Format	Required	MinL	MaxL
1	CSISubmissionID	String	R	1	255
2	IBHISClientID	String	R	1	9
3	ServiceRequestID	String	R	1	255
4	TreatmentAppointmentFirstOfferDate	Date *YYYY-MM-DD*	O	10	10
5	TreatmentAppointmentSecondOfferDate	Date *YYYY-MM-DD*	O	10	10
6	TreatmentAppointmentThirdOfferDate	Date *YYYY-MM-DD*	O	10	10
7	TreatmentAppointmentAcceptedDate	Date *YYYY-MM-DD*	O	10	10
8	ClosureReason	String	R	2	2
9	ReferredTo	String	R	2	2

B.15.5 DELETECSI

Use Case:
TPs need to delete an active but erroneous CSI Assessment record for a client.

Web Service Action:
Client Service offers *DeleteCSI* operation to accommodate the Use case.

Precondition:
- TP is authenticated.
- TP has an active CSI Assessment record that is associated with their Program ID.

B.15.5.1 DELETECSI_INPUT

Ref #	Data Element	R CR O	Data Type & Format	Min Len	Max Len	Restriction	Acceptable Values
1	ProgramID	R	String	5	5	n/a	ProgramID configured in BizTalk associated with the Digital Certificate used for authentication.
2	CSISubmissionID	R	String	1	255		Numbers only.

B.15.5.2 DELETECSI _OUTPUT

Ref #	Data Element	DataType & Format	Required	MinL	MaxL
1	CSISubmissionID	String	R	1	255

B.15.6 DATA ATTRIBUTE DESCRIPTION

Data Attribute (In alphabetical order)	Description
ProgramID	TP's Legal Entity number associated with the LACDMH issued Digital Certificate.
IBHISClientID	LACDMH unique client identifier in IBHIS.
CSISubmissionID	Unique identifier of a specific CSI Assessment record.
ServiceRequestID	Unique identifier of a specific SRL record.
TreatmentAppointment FirstOfferDate	Fir100ositive100ntent date that is offered to client for Trreatment/Services addressing the client's mental health needs that are not primarily for the purpose of assessment. Identifies the first Specialty Mental Health Services (SMHS) date offered to the client.
TreatmentAppointment SecondOfferDate	Seco100ositive100ntent date that is offered to client for Trreatment/Services addressing the client's mental health needs that are not primarily for the purpose of assessment. Identifies the second SMHS date offered to the client.
TreatmentAppointment ThirdOfferDate	Thi100ositive100ntent date that is offered to client for Trreatment/Services addressing the client's mental health needs that are not primarily for the purpose of assessment. Identifies the third SMHS date offered to the client.
TreatmentAppointment AcceptedDate	Identifies the SMHS date accepted by the client.
ClosureReason	List of reasons the assessment treatment process was completed/ended.
ReferredTo	Identifies where the beneficiary was referred to.

B.15.7 SAMPLE XMLS

In this section sample xmls of Input and the expected successful Output of all operations are provided.

B.15.7.1 SAMPLE XML OF SEARCHCSI

INPUT:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:typ="http://b2b.dmh.lacounty.gov/CS/202001/types">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:SearchCSI_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <typ:SearchCSI IBHISClientID="?"/>
    </ns:SearchCSI_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

SUCCESSFUL OUTPUT:

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  <s:Body>
    <ns0:SearchCSI_Output xmlns:ns0="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mco="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:t="http://b2b.dmh.lacounty.gov/CS/202001/types">
      <mco:MessageContextOutput Acknowledgement="Completed successfully."/>
      <SearchCSIResults>
        <Record t:IBHISClientID="" t:ProgramID="" t:CSISubmissionID=""/>
      </SearchCSIResults>
    </ns0:SearchCSI_Output>
  </s:Body>
</s:Envelope>
```

B.15.7.2 SAMPLE XML OF ADDCSI

INPUT:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:typ="http://b2b.dmh.lacounty.gov/CS/202001/types">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:AddCSI_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <typ:AddCSI IBHISClientID="?" ServiceRequestID="?" TreatmentAppointmentFirstOfferDate="?"
TreatmentAppointmentSecondOfferDate="?" TreatmentAppointmentThirdOfferDate="?"
TreatmentAppointmentAcceptedDate="?" ClosureReason="?" ReferredTo="?"/>
    </ns:AddCSI_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

SUCCESSFUL OUTPUT:

```
<s:Envelope xmlns:s=http://schemas.xmlsoap.org/soap/envelope/>
  <s:Body>
    <ns0:AddCSI_Output xmlns:ns0=http://b2b.dmh.lacounty.gov/CS/202001
xmlns:mc=http://b2b.dmh.lacounty.gov/CS/202001/MessageContext
xmlns:t=http://b2b.dmh.lacounty.gov/CS/202001/types>
      <mc:MessageContextOutput Acknowledgement="Client CSI record has been created successfully."/>
      <t:CSI t:CSISubmissionID="" t:IBHISClientID=""/>
    </ns0:AddCSI_Output>
  </s:Body>
</s:Envelope>
```

B.15.7.3 SAMPLE XML OF UPDATECSI

INPUT:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:typ="http://b2b.dmh.lacounty.gov/CS/202001/types">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:UpdateCSI_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <typ:UpdateCSI IBHISClientID="?" ServiceRequestID="?" TreatmentAppointmentFirstOfferDate="?"
TreatmentAppointmentSecondOfferDate="?" TreatmentAppointmentThirdOfferDate="?"
TreatmentAppointmentAcceptedDate="?" ClosureReason="?" ReferredTo="?" CSISubmissionID="?"/>
    </ns:UpdateCSI_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

SUCCESSFUL OUTPUT:

```
<s:Envelope xmlns:s=http://schemas.xmlsoap.org/soap/envelope/>
  <s:Body>
    <ns0:UpdateCSI_Output xmlns:ns0=http://b2b.dmh.lacounty.gov/CS/202001
xmlns:mc=http://b2b.dmh.lacounty.gov/CS/202001/MessageContext
xmlns:t=http://b2b.dmh.lacounty.gov/CS/202001/types>
      <mc:MessageContextOutput Acknowledgement="CSI record has been updated successfully."/>
      <t:CSI t:CSISubmissionID="" t:IBHISClientID=""/>
    </ns0:UpdateCSI_Output>
  </s:Body>
</s:Envelope>
```
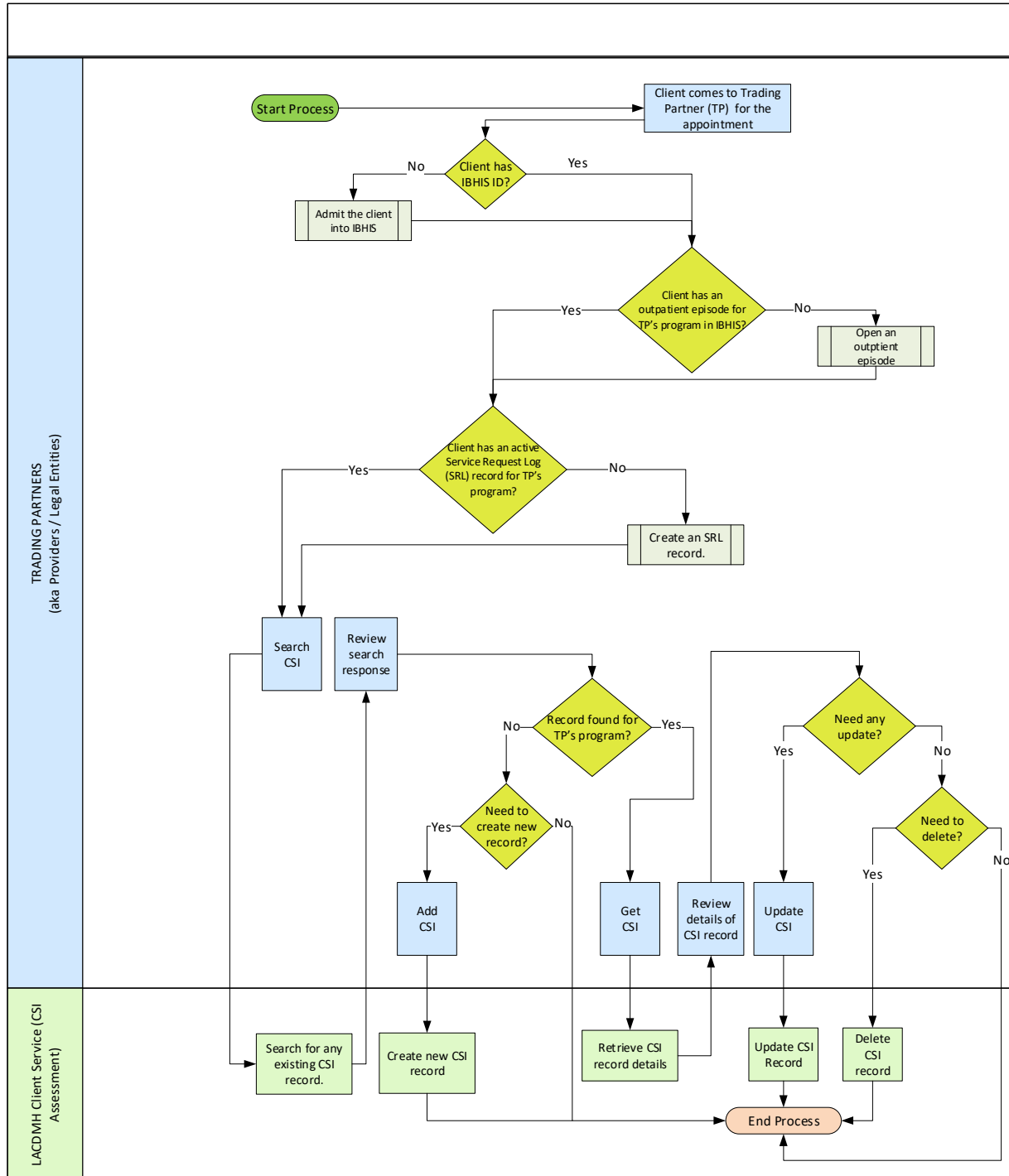
B.15.7.4 SAMPLE XML OF GETCSI

INPUT:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:typ="http://b2b.dmh.lacounty.gov/CS/202001/types">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:GetCSIDetails_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <typ:GetCSI CSISubmissionID="?"/>
    </ns:GetCSIDetails_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

SUCCESSFUL OUTPUT:

```
<s:Envelope xmlns:s=http://schemas.xmlsoap.org/soap/envelope/>
  <s:Body>
    <ns0:GetCSIDetails_Output xmlns:ns0=http://b2b.dmh.lacounty.gov/CS/202001
xmlns:mco=http://b2b.dmh.lacounty.gov/CS/202001/MessageContext
xmlns:t=http://b2b.dmh.lacounty.gov/CS/202001/types>
      <mco:MessageContextOutput Acknowledgement="Completed successfully."/>
      <GetCSIDetails>
        <Record>
          <t:CSIDetail CSISubmissionID="" IBHISClientID="" ServiceRequestID=""
TreatmentAppointmentFirstOfferDate="" TreatmentAppointmentSecondOfferDate=""
TreatmentAppointmentThirdOfferDate="" TreatmentAppointmentAcceptedDate="" ClosureReason=""
ReferredTo=""/>
        </Record>
      </GetCSIDetails>
    </ns0:GetCSIDetails_Output>
  </s:Body>
</s:Envelope>
```

B.15.7.5 SAMPLE XML OF DELETECSI

INPUT:

```
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:ns="http://b2b.dmh.lacounty.gov/CS/202001"
xmlns:mes="http://b2b.dmh.lacounty.gov/CS/202001/MessageContext"
xmlns:typ="http://b2b.dmh.lacounty.gov/CS/202001/types">
  <soapenv:Header/>
  <soapenv:Body>
    <ns:DeleteCSI_Input>
      <mes:MessageContextInput ProgramID="?"/>
      <typ:DeleteCSI CSISubmissionID="?"/>
    </ns:DeleteCSI_Input>
  </soapenv:Body>
</soapenv:Envelope>
```

SUCCESSFUL OUTPUT:

```
<s:Envelope xmlns:s=http://schemas.xmlsoap.org/soap/envelope/>
  <s:Body>
    <ns0:DeleteCSI_Output xmlns:ns0=http://b2b.dmh.lacounty.gov/CS/202001
xmlns:mc=http://b2b.dmh.lacounty.gov/CS/202001/MessageContext
xmlns:t=http://b2b.dmh.lacounty.gov/CS/202001/types>
      <mc:MessageContextOutput Acknowledgement="Client CSI record has been deleted successfully."/>
      <t:CSI t:CSISubmissionID=""/>
    </ns0:DeleteCSI_Output>
  </s:Body>
</s:Envelope>
```

B.15.7.6 CSI PROCESS WORKFLOW

C. Error Handling

The following table lists the most common errors along with reasons and corrective actions. Find the error by the error code and the operation name. If an error occurs that is not listed below- please open a Heat Ticket (check C.3 FAQ section to find out how to open Heat Ticket).

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
s:Client	All operations	Authorization failed. Unauthorized access to this LACDMH web service is prohibited.	ProgramID does not align with the Digital Certificate.	ProgramID tied to the'TP's Digital Certificate needs to be used.
S:Client	GetDCFSClient SvcHist and all other operations that accept EpisodeID in the REQUEST	Authorization failed. Program ID is not associated to active episode for this client.	Submitted EpisodeID is already discharged or th're's no active episode for the client in IBHIS under'TP's program or the submitted episode ID is not tied to'TP's program ID.	Check if the correct active episode ID is used (a *GetClientActiveEpisode* operation can be invoked to get the active episode ID), otherwise client needs to be admitted under'TP's program in IBHIS.
S:Client	All operations that accept ProgramOfAdmission in the REQUEST.	ProgramOfAdmission is not associated to ProgramID in Message Context.	Submitted ProgramOfAdmission code is not under'TP's Program.	Submitted ProgramOfAdmission code needs to be tied to'TP's ProgramID.
S:Client	All operations.	An error has occurred.	Transaction processing error.	Open a Heat Ticket and provide REQUEST and RESPONSE xmls.
S:Client	AdmitNewClient AdmitExisting Client UpdateClient Details UpdateClient FinEligibility	Invalid SSN Format.	Submittted Social Security Number does not conform to the SSN Federal Standard identified in the data dictionary.	Enter a valid SSN.
N/A	All operations.	There was an error communicating with LAC 'MH's IBHIS system *(no further information).*	The error relates to'TP's internal system.	TP should contact their IT vendor
N/A	All operations.	4–3 – Forbidden: Access is denied. You do not have permission to view this directory or page using the credentials that you supplied.	Digital certificate missing.	Install and set up the LAC DMH issued digital certificate.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
-1000	All operations.	Details: The element <name of the element> in namespace <namespace address> has invalid child element <name of the child element> in namespace <namespace address>. List of possible elements expected: <name of the element> in namespace <namespace address>	Submitted REQUEST did not conform to the expected xml structure based on the Client Service wsdl.	Verify the xml structure is correct by Client Service wsdl definition (update the definition if needed), remove and add any elements as necessary and re-submit the call.
-1000	All operations.	Details: The <name of the data attribute> attribute is not declared.	Submitted REQUEST did not conform to the expected xml structure based on the Client Service wsdl.	Verify the xml structure is correct by Client Service wsdl definition (update the definition if needed), remove and add any elements as necessary and re-submit the call.
-1000	All operations.	Finding the document specification by message type…….. failed. Verify the schema deployed properly.	Submitted REQUEST is using an older version of Client Service wsdl	Update the Client Service wsdl to the latest version. Visit the following location: *https://dmh.lacounty.gov/pc/cp/cs/*
-1000	All operations.	Details: The <name of the data attribute> attribute is inval–d – The value <entered value> is invalid according to its datatype <data type> - The Enumeration constraint failed.	Submitted value is not found in the acceptable-values-list (dictionary).	Enter a value from the acceptable-values-list (dictionary). If it is a valid value but not in the dictionary, then contact DMH (open a Heat Ticket providing REQUEST and RESPONSE xmls).
-1000	All operations.	Details: The <name of the data attribute> attribute is inval–d – The value <entered value> is invalid according to its datatype <data type> - The actual length is greater than the MaxLength value.	Length of submitted value is longer than the allowed maximum length.	Enter a value that is within the maximum length.
-1000	All operations.	Details: The <name of the data attribute> attribute is inval–d – The value <entered value> is invalid according to its datatype <data type> - The actual length is not equal to the specified length.	Submitted value is not equal to the specified fixed len–h–such as: Phone Number, Zip Code, SocialSecurityNumber.	Enter a value that conforms to the fixed length.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
-1000	All operations.	Details: The <name of the data attribute> attribute is inval–d – The value <entered value> is invalid according to its datatype <data type> - The Pattern constraint failed. *Example: The XML Validator failed to validate. Details: T'e 'SubscriberClientIndex Num'er' attribute is invalid- The val'e '938176'5P' is invalid according to its dataty'e 'Str'ng'- The Pattern constraint failed.*	1. Submitted data attribute value has characters not allowed 2. REQUEST has an optional non-string-type data attribute empty	1. Check the submitted value to verify it conforms to the data type/format/restriction applied by Client Service *Note: SubscriberClientIndexNumber (CIN) ending with P or Q is not a CIN; it is a pseudo Social Security Number (SSN). Use the pseudo SSN to run an eligibility check for the client on the Medi-Cal website. It should return the client's CIN if the pseudo SSN is linked to the CIN. If the CIN is not returned, have the client work with his/her eligibility worker to link the pseudo SSN and the CIN.* 2. Remove the non-string-type optional data attribute from the operat'on's REQUEST xml.
-1000	All operations	The XML Validator failed to validate. Details: The required attribute <name of the data attribute> is missing.	Submitted REQUEST does not contain the data attribute specified.	Enter the required data attribute with a valid value.
-1000	All operations	The source was not found, but some or all event logs could not be searched. To create the source, you need permission to read all event logs to make sure that the new source name is unique. Inaccessible logs: Security.	Digital Certificate is corrupted and/or DMH BizTalk profile is corrupted.	Contact DMH by opening a Heat Ticket.
-1000	AdmitNewClient AdmitExistingClient UpdateClientDetails SearchClient	FirstName added with LastName Field Lengths exceeds the 40 character limit	Either First Name or Last Name or Combined First Name + Last Name + Suffix + MI + Prefix exceeded the limit.	Follow the **Client Name** guideline in the Notes of the following sections to accommodate the combined name length: B.1, B.3, B.5
0004	All operations	'Client' does not exist.	Submitted client ID is not found in IBHIS.	Contact DMH to verify if the client ID has been merged and get the survivor client ID to use. Otherwise, perform AdmitNewClient operation to add the client in IBHIS.
0005	All Get and Search operations	The matching record is not found with the criteria you are looking for.	No match or no result found in IBHIS.	If TP is affirmative that a result/match should be returned, then contact DMH (open a Heat Ticket providing

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
				REQUEST and RESPONSE xmls). Otherwise, no corrective action needed. This is just an informational message stating no match/result found in IBHIS.
0007	SearchClient	More than 999 matches found: Please refine search. Source: Avatar.	Search parameters found more 1000 or 1000+ matches.	Refine the search by removing optional crite–a–such as *Alias*
0010	All operation	Generic errIred, source : LACountySoaService	Issue on the SOA layer.	Contact DMH by opening a Heat Ticket.
10000	AdmitNewClient AdmitExisting Client	Web service request failed with error : First Name, Last Name, and Date of Birth matches a client already in the system. Filing Canceled. Source: Avatar	Submitted First Name, Last Name and Date of Birth matched with another existing client.	Do a Search, if the result shows the intended client is different from the existing client, then open a Heat Ticket.
10000	DischargeClient	Web service request failed with error : Cannot discharge *<name of the client>* Client has services which occur after discharge date.source: Avatar	Issue with service date validation.	If client does not have service after the discharge date for the given episode, contact DMH by opening a Heat Ticket.
10000	UpdateClient Details	Web service request failed with error : Changing First Name, Last Name, and Date of Birth has been restricted. Filing Canceled. Source: Avatar	Trying to change First Name, Last Name and DOB of client at the same time.	Contact DMH by opening a Heat Ticket.
10000	UpdateClient Diagnosis	Web service request failed with error : Ranking cannot be defined for Rule-Out, or Void diagnoses. Source: Avatar	Submitted REQ'EST 'ith 'Void' status however, Ranking data attribute is present with a valid value.	Resubmit the REQUEST without *Ranking* data attribute.
10000	UpdateClient Diagnosis	Web service request failed with error : Bill Order can not be defined for Rule-Out, or Void diagnoses. Source: Avatar	Submitted REQ'EST 'ith 'Void' status however, Billing Order data attribute is present with a valid value.	Resubmit the REQUEST without *BillingOrder* data attribute.
10068	All Admit, Create and Update operations	GUID already in use. Source: Avatar	Data error in IBHIS SYSTEM.GUIDIndex table.	Contact DMH by opening a Heat Ticket.
20003	All operations	The following fields are invalid: <name of the data attribute> source: Avatar	When an invalid value is present in any data attribute of the call's input: such as an invalid zip code.	Resubmit the REQUEST with valid value.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
40012	UpdateClient UMDAP	Enter Valid Unique ID.	Submitted *UniqueID* does not match with the one returned by related *Create* operation.	Verify that the UMDAP unique ID being submitted is the same as the one returned by the *Create* operation.
40015	CreateClient Pregnancy UpdateClient Pregnancy	Only Female Clients may be selected.source: Avatar	Submit'ed client's gender is not Female in the system.	Verify if it is the correct client record. If the verification is positive, then check if the error is in Gender value, then perform *UpdateClientDetails* to update the 'ender 'o 'Female' then resubmit the pregnancy operation.
40032	AdmitNewClient AdmitExisting Client CreateClient Diagnosis UpdateClient Diagnosis DischargeClient	No Staff Member found with this NPI Number.	Clinician does not exist in IBHIS	Add the clinician in IBHIS through PRM (Provider Registration and Maintenance) application, and then resubmit the Client Service operation. If issue still exits then contact DMH (open a Heat Ticket providing REQUEST and RESPONSE xmls).
40033	CreateClient Pregnancy UpdateClient Pregnancy	Pregnancy End Date cannot be before the Pregnancy Start Date.source: Avatar	Submitted pregnancy end date is prior to existing(or submitted) pregnancy start date.	Submit the operation with a valid pregnancy end date. Perform a *Get* operation to check the existing pregnancy start date.
40034	CreateClient Pregnancy UpdateClient Pregnancy	This pregnancy conflicts with an already filed pregnancy. Filing Cancelled. Source: Avatar.	Submitted dates conflicts with an existing pregnancy record dates.	Perform the Get operation to verify the existing dates to avoid any conflict and resubmit the operation with correct dates.
40035	UpdateClient Pregnancy	This Pregnancy Unique ID is not valid for the specified Episode. Source: Avatar.	Submitted *UniqueID* does not match with the one returned by related *Create* operation.	Verify that the Pregnancy unique ID being submitted is same as the one returned by the *Create* operation.
99999	AdmitNewClient AdmitExisting Client UpdateClient Details	Client Name cannot be longer than 40. Source: Avatar	Combined length of the submitted client name exceeded the maximum length allowed.	F'llow the 'C'ient Name' Note.
99999	AdmitExisting Client	Client ID [######] has an existing Financial Eligibility record. Source: Avatar	Somehow 'Admit' call is sent twice. The subsequent call tried to re-create the Financial Eligibility.	Contact DMH by opening a Heat Ticket.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
99999	AdmitExisting Client	ID # XXXXXXX Already In Use source: Avatar	ID was once in use in IBHIS, now it is deleted.	Deleted IDs are not allowed to be used. Contact DMH by opening a Heat Ticket.
99999	AdmitExisting Client	Client Is Already Active In This Program…. Source: Avatar	Submitted client already has an active ecessi' under TP's program in IBHIS for admit date.	Do not send *AdmitExistingClient* operation. Send a *GetClientActiveEpisode* operation to retrieve the active episode ID to use for subsequent calls.
99999	AdmitExisting Client	Client Has Future Admission To This Program…. Source: Avatar	Submitted client has an active episode in IBHI' under TP's program with a date beyond the submitted admit date.	Do not send *AdmitExistingClient* operation. Send a *GetClientActiveEpisode* operation to retrieve the active episode ID to use for subsequent calls.
99999	UpdateClient Diagnosis	Unique ID [######] not found for client. Source: Avatar.	Submitted *UniqueID* does not match with the one returned by related *Create* operation.	Verify that the Diagnosis unique ID being submitted is same as the one returned by the *Create* operation.
99999	UpdateClient Diagnosis	######||####### Record Not Found. Source: Avatar	Submitted *DiagnosisRowID* does not match with the one returned by related *Create* operation.	Verify that the Diagnosis Row ID being submitted is same as the one returned by the *Create* operation.
99999	UpdateClient FinEligibility	Existing Financial Eligibility record not found for Client ID [#########]. Source: Avatar	Submitted client does not have a Financial Eligibility established.	Open a Heat Ticket and provide REQUEST and RESPONSE xmls.
99999	UpdateClient FinEligibility	The request does not contain previously filed Guarantor record. Please resubmit the request with Guarantor ID 10 source: Avatar.	Submit'ed client's established Financial Eligibility contains MediCal (guarantor 10) and LACounty (guarantor 16).	Send *UpdateClientFinEligibility* including t'e option 'UpdateExist'ngMediCal' in ClientFinEligibility node, which will send both MediCal and LACounty guarantors to IBHIS.
99999	UpdateClient FinEligibility	The following fields are missing : ROW:2: Subscriber Assignment Of Benefits ROW:2: Subscriber Release Of Info ROW:2: Coverage Effective Date ROW:2: Guarantor Plan ROW:2: Effective Date Of Contract ROW:2: Eligibility Verified ROW:2: Coordination Of Benefits ROW:2: 'ubscriber's	Submitted REQUEST is sent with MediCal and LACounty guarantor information inside *UpdateExistingMediCal* selection.	Resubmit REQUEST with MediCal and LACounty guarantor information inside *AddNewMediCal* selection.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
		Covered Days ROW:2: Maximum Covered Dollars ROW:2: Customize Guarantor Plan source: Avatar		
99999	UpdateClient FinEligibility	The following fields are invalid : ROW:2: Guarantor # : The Customization of Guarantor Plan is not allowed for this Guarantor. Source: Avatar	LACounty Guarantor settings for customization needs to be fixed.	Contact DMH by opening a Heat Ticket.
S:Client	CreateClient Diagnosis	Date of Diagnosis is not valid: Check Business Rule.	Date of Diagnosis is out of range.	Check the Restriction column for Business Rule for Diagnosis Date and submit accordingly. Refer to section B.8.6.
s:Client	CreateClient Diagnosis	Type of Diagnosis is not valid: Check Business Rule.	Entered Type of Diagnosis as "Discharge" however there's no discharge date.	There should be a Discharge filed before submitting Create Diagnosis with Type of Disgnosis as "Discharge".
-1000	AdmitNewClient AdmitExistingClient UpdateClientDetails	[ClientOtherRace] has an invalid enumeration code.	ClientOtherRace data attribute is blank.	Enter a valid value for ClientOtherRace data attribute.
-1000	AdmitNewClient AdmitExistingClient UpdateClientDetails	The XML Validator failed to validate. Details: Th' eleme't 'Client' has incomplete content. List of possible elements 'xpected: 'Clien'OtherRace'.	ClientOtherRace data attribute is missing in the payload.	Resubmit the operation with ClientOtherRace data attribute.
-1000	AdmitNewClient AdmitExistingClient UpdateClientDetails	The XML Validator failed to validate. Details: The required 'ttribute 'Ethnicity' is missing.	Ethnicity data attribute is missing in the payload.	Resubmit the operation with Ethnicity data attribute.
-1000	AdmitNewClient AdmitExistingClient UpdateClientDetails	The XML Validator failed to validate. Det'ils: The 'Ethnicity' attribute i–invalid – ''e value '' is invalid according to its'dataty'e–'String' – The Enumeration constraint failed..	Ethnicity data attribute is blank.	Enter a valid value for Ethnicity data attribute.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
CSI ASSESSMENT ERROR MESSAGES				
s:Client	AddCSI UpdateCSI	[TreatmentAppointment AcceptedDate] must be greater than or equal to January 1, 2018.	Submitted Treatment Appointment Accepted Date is prior to January 1, 2018.	Check the date and re-submit a date either equal to or beyond January 1, 2018.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment AcceptedDate] must be equal to Treatment Appointment First Offer Date.	Submitted Treatment Appointment Accepted Date is not same as First Offered Appointment Date.	Since there's no second or third offered appointment date, Treatment Appointment Accepted Date must be same as First Offered Appointment Date.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment AcceptedDate] must be equal to Treatment Appointment Second Offer Date.	Submitted Treatment Appointment Accepted Date is not same as Second Offered Appointment Date.	Since there's no third offered appointment date, Treatment Appointment Accepted Date must b112ositie as ecess Offered Appointment Date.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment AcceptedDate] must be greater than or equal to the Treatment Appointment Third Offer Date.	Submitted Treatment Appointment Accepted Date is not same as Third Offered Appointment Date.	Since there's a third offered appointment date, Treatment Appointment Accepted Date must be same as Third Offered Appointment Date.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment FirstOfferDate] should be Blank.	Submitted no Treatment Appointment Accepted Date while there is a First Offered Appointment Date.	Do not submit First Offered Appointment Date when there is no Treatment Appointment Accepted Date.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment FirstOfferDate] must be greater than or equal to January 1, 2018.	Submitted Treatment First Offered Appointment Date is prior to January 1, 2018.	Submit a date for Treatment First Offered Appointment Date that is equal to or beyond January 1, 2018.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment SecondOfferDate] must be greater than or equal to January 1, 2018.	Submitted Treatment Second Offered Appointment Date is prior to January 1, 2018.	Submit a date for Treatment Second Offered Appointment Date that is equal to or beyond January 2, 2018.
S:Client	AddCSI UpdateCSI	[TreatmentAppointment SecondOfferDate] must be greater than Treatment Appointment First Offer Date.	Submitted Treatment Second Offered Appointment Date is either equal to or prior to submitted Treatment First Offered Appointment Date.	Submit a date for Treatment Second Offered Appointment Date that is beyond submitted Treatment First Offered Appointment Date.

Error Code	Client Service Operation	Error Message	Reason	Corrective Action
S:Client	SearchCSI	No CSI record found for the submitted IBHISID.	Submitted IBHISID does not have any CSI record.	This is an informative error message. No corrective action needed.
S:Client	AddCSI UpdateCSI	Submitted IBHISID is not associated to the ServiceRequestID of the SRL record.	Self explanatory.	Submit an active Service Request ID that is associated to the submitted IBHISID and note that the IBHISID needs to be associated to the Program ID.
S:Client	AddCSI UpdateCSI	No active SRL record found for the submitted ServiceRequestID.	Self explanatory.	Submit an active Service Request ID that is associated to the submitted IBHISID and note that the IBHISID needs to be associated to the Program ID.
S:Client	AddCSI UpdateCSI	No SRL record found for the submitted ServiceRequestID.	The value submitted for ServiceRequestID does not have any existing SRL record.	Submit an active Service Request ID that is associated to the submitted IBHISID and note that the IBHISID needs to be associated to the Program ID.
S:Client	UpdateCSI DeleteCSI GetCSI	No active CSI record found for the submitted CSISubmissionID. OR No active CSI record found for the CSISubmissionID.	The record that was associated to the submitted CSISubmissionID, has been deleted.	Check the CSISubmissionID is correct. If it is and the record should've been active, contact DMH Helpdesk to open a Ticket.
S:Client	DeleteCSI	No CSI record found for the CSISubmissionID.	The value submitted for CSISubmissionID does not have any existing record.	Submit an active CSISubmissionID and note that the CSISubmissionID needs to be associated to the Program ID.
S:Client	DeleteCSI UpdateCSI	Submitted ProgramID is not associated to the CSISubmissionID of the CSI record.	Calling TP is not the owner of the CSI record.	Submit an active CSISubmissionID that is associated to the Program ID.
S:Client	GetCSI	No CSI record found for the CSISubmissionID.	The value submitted for CSISubmissionID does not have any existing record.	Submit an active CSISubmissionID.

D. FAQ

Q: How do I open a Heat Ticket?
A: Go to the following URL
https://dmh.era.lacounty.gov/dmh/contractor
and click the link for Heat to open a ticket. You also have the option to call the Help Desk at 213-351-1335 to open a Heat Ticket.

Q: The DOB on the Financial Eligibility is correct; however, the Client Demographics is listing another DOB. How do I fix it?
A: Perform an UpdateClientDetails operation. Submitting the correct DOB. Verify that the update took place by retrieving the data through GetClientDetails operation.

Q: Client's Coverage Effective date needs to be updated in IBHIS. How do I do it?
A: Client Service is not designed to update this field for an existing Financial Eligibility. Contact DMH CBO by opening a Heat Ticket.

Q: I need to correct some errors for Admission data (such as an incorrect admission date); Discharge data (such as discharge date). How do I proceed?
A: Admission and Discharge data –such as Admission Date or Discharge Date edits are not allowed through Client Service. It needs to be manually corrected by DMH. Contact DMH by opening a Heat Ticket.

Q: I need to correct an incorrect Diagnosis date. How do I do it?
A: Client Service doesn't allow to edit the diagnosis date. It needs to be manually corrected by DMH. Contact DMH by opening a Heat Ticket.

Q: What is the purpose of IBHIS TST environment (https://b2btst.dmh.lacounty.gov)?
A: The Test environment is intended for Trading Partners integration development. Release Candidates are deployed here to provide a preview of upcoming functionality in order for Trading Partners to analyze, develop, and test against an operational endpoint.

Q: What is the purpose of the IBHIS QA environment (https://b2bqa.dmh.lacounty.gov)?
A: The QA environment is pre-production. This environment mirrors DMH's production environment in terms of architecture and versioning. This is where trading partners can test and certify prior to promoting to production.

Q: If my client's address is unknown or not available, what do I enter?
A: A valid address is expected for all submissions. For clients whose address is unknown, please use the address, city, state and zip of the location where they receive mail (e.g. a DPSS office or a shelter) or your organizations address.

Q*: When comparing a client's IS episode admission date to their IBHIS admission date, the dates do not match. Is this a problem?***
A: The episode Admission Date of 7/1/2013 was used to create IBHIS episodes for converted/surviving clients from the IS who had an admission date prior to 7/1/2013. For any converted/surviving client with an IS admission date subsequent to 7/1/2013, the IS Admission Date was used to create the IBHIS admission.

Q: I have a client whose First Name and/or Last Name is longer than the allowed name length. What should I do now?
A: Follow the guidelines below:
If the combination of Prefix, First name, Middle Initial, Last name and Suffix would exceed 39 characters, use the following priority criteria to submit a client name-

  Enter complete last name (up to 38 characters)
  Enter complete first name (up to 38 characters)

If complete FN + complete LN exceeds 39 characters and client name does not have Suffix, MI and Prefix; truncate first name to reach 39 characters for FN+LN
Add Suffix (If it fits under 39 characters limit)
Add Middle initial (If it fits under 39 characters limit)
Add Prefix (If it fits under 39 characters limit)

Q: I have an erroneous Middle Initial in the Client's name submitted to IBHIS. Can I use Update Client Details operation to wipe it out?
A: Client Service doesn't allow to wipe any existing data. Open a Heat Ticket to delete any erroneous entry.

Q: I have created an episode for a Client. However, when I try to update the Financial Eligiblity information, I get an error stating no financial eligibility found for the client?
A: When the episode was created the Financial Eligibility was not created. Please open a Heat Ticket and DMH will create the Financial Eligibility record.

CSI Assessment FAQs

Q: CSI Assessment record is tied to episodes?
A: No. However, you need to have an outpatient episode in IBHIS associated to your Program for a client before you create the CSI Assessment record. You could have multiple CSI assessment records for a single client/single outpatient episode over the course of the client's life.

Q: I have one outpatient and one 24-hr-admission episodes. Do I need to create CSI Assessment for both episodes?
A: No. CSI Assessment records need to be created for outpatient episode only.

Q: Can one IBHIS Episode have more than one CSISubmissionIDs associated to it?
A: Yes. You can have multiple CSI Assessment records (thus CSISubmissionIDs) for a single outpatient episode.

Q: If a client has an IBHIS ID, however he/she is new to my agency. Do I need to get a new Episode ID?
A: Yes, generally this is the time you would ensure there is an outpatient episode in IBHIS for your agency (once the client comes in and you get consent for services).

Q: My agency got a referral request, and we created an SRL record with an appointment date. Client completed the appointment and treatment is scheduled for another date. Is this when we submit CSI Assessment operations?
A: Yes.

For more FAQs – visit the following page: *https://dmh.lacounty.gov/pc/cp/faqs/*

E. Data Dictionary

Note-1:

Following Dictionaries have been discontinued-

Name of the Dictionary	Reason
ClientResponsibleLegalEntity	Get UMDAP operation will return the Legal Entity name, not the code.
ICD10Code	Schema validation has been taken off.
ICD9Code	Obsolete code set.
SubscriberReleaseOfInformation	Get Financial Eligibility operation will return the description, not the code.

The following enumerations cannot be retrieved through Dictionary Service, so these lists are provided below. However, the rest of the data attributes tied to enumerated lists can be retrieved by Dictionary Service. Please refer to Section-F.

E.2.1 SUBSCRIBERGENDER

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E.3 CSI DICTIONARIES

E.3.3 PLACEOFBIRTHSTATE/STATE/SUBSCRIBERSTATE

Code	Description	Code	Description	Code	Description
B	Not US State	IN	Indiana	NY	New York
AK	Alaska	KS	Kansas	OH	Ohio
AL	Alabama	KY	Kentucky	OK	Oklahoma
AR	Arkansas	LA	Louisiana	OR	Oregon
Code	Description	MA	Massachusetts	PA	Pennsylvania
AZ	Arizona	MD	Maryland	RI	Rhode Island
CA	California	ME	Maine	SC	South Carolina
CO	Colorado	MI	Michigan	SD	South Dakota
CT	Connecticut	MN	Minnesota	TN	Tennessee
Code	Description	MO	Missouri	TX	Texas
DC	District of Columbia	MS	Mississippi	UN	Unknown State
DE	Delaware	MT	Montana	UT	Utah
FL	Florida	NC	North Carolina	VA	Virginia
GA	Georgia	ND	North Dakota	VT	Vermont
Code	Description	NE	Nebraska	WA	Washington
HI	Hawaii	NH	New Hampshire	WI	Wisconsin
IA	Iowa	NJ	New Jersey	WV	West Virginia
ID	Idaho	NM	New Mexico	WY	Wyoming
IL	Illinois	NV	Nevada		

E.4 DIAGNOSIS DICTIONARIES
NONE LISTED HERE. CHECK DICTIONARY SERVICE.

E.5 DISCHARGE DICTIONARIES

E.5.1 TYPEOFDISCHARGE (OUTPATIENT EPISODE)
   Death
   Merged Client
   CIN Change
   Contract Termination

E.5.1 TYPEOFDISCHARGE (INPATIENT EPISODE)
   Pre-Admission Discharge
   Death
   Discharged to Home or Self-Care
   Discharged/Transferred to General Hospital or Inpatient Care
   Discharged/Transferred to Intermediate Care Facility or Assisted Living Facility
   Left Against Medical Advice or Discontinued Care Expired
   Discharged/Transferred to Court/Law Enforcement
   Still Patient
   Discharged/Transferred to Federal Health Care Facility–
   Hospice – Home–
   Hospice – Medical Facility (Certified) Providing Hospice Level of Care
   Discharged/Transferred to a Psychiatric Hospital or Psychiatric District Part Unit of a Hospital
   Discharged/Transferred to another Type of Health Care Institution not Defined Elsewhere
   Merged Client
   CIN Change

E.5.2 CLOSUREREASON
   CODE – DESCRIPTION
   03 = Beneficiary attended initial assessment appointment but did not complete assessment process.
   04 = Beneficiary completed assessment process but declined offered treatment dates.
   05 = Beneficiary accepted offered treatment date but did not attend initial treatment appointment.
   06 = Beneficiary did not meet medical necessity criteria.
   08 = Beneficiary accepted offered treatment date and attended appointment

E.5.3 REFERREDTO
   CODE – DESCRIPTION
   01 = Managed Care Plan
   02 = Fee-For-Service Provider
   03 = Other (Specify)
   04 = No Referral

F. Dictionary Service

Some dictionaries are not embedded anymore in the WSDL since these dictionaries tend to update more often. A solution is much needed so that a change in the dictionary will not require a WSDL change. As a result, DMH implemented a dictionary values lookup solution called 'Dictionary Service' so that Trading Partners can get the acceptable values for certain data attributes using this Dictionary Service application.

The following data attributes' acceptable code-list can be retrieved using Dictionary Service:

- Gender
- ClientPrefix (enter Prefix to retrieve the codes)
- ClientSuffix (enter Suffix to retrieve the codes)
- MaritalStatus
- PrimaryLanguage (enter Language to retrieve the codes)
- Educatiton
- EmploymentStatus
- Ethnicity
- ClientOtherRace (enter RaceEthnicOrigin to retrieve the codes)
- SmokingAssessment
- LivingArrangements (enter ClientLivingArrangements to retrieve the codes)
- TypeOfAdmission
- ProgramOfAdmission
- SourceOfAdmission
- FiscallyResponsibleCounty
- PlaceOfBirthCounty
- PlaceOfBirthCountry
- AdmissionNecessityCode
- ConservatorshipCourtStatus
- SpecialPopulation
- LegalClass
- CountySchool
- PreferredLanguage
- CSIEthnicity
- CSIRace
- TypeOfDiagnosis
- Trauma
- GeneralMedicalConditionSummaryCode
- SubstanceAbuseDependence
- SubstanceAbuseDependenceDiagnosis
- Status (enter DiagnosisStatus to retrieve the codes)
- Ranking (enter DiagnosisRanking to retrieve the codes)
- TypeOfDischarge

Follow the steps below to retrieve the codes and other related information for any data attribute that accepts a value from an enumerated list:

Step #	Action
Step # 1	Load the Dictionary Service WSDL from the following URL: https://b2b.dmh.lacounty.gov/DictionaryService/DictionaryServiceInterface.svc
Step # 2	Invoke the 'GetDictionary' operation using the criteria specified below.
Step # 2	Enter 'CS' for the 'AppServiceName' data attribute.
Step # 3	Enter data attribute name (or the one stated out as what should be entered—for example enter Language to retrieve codes for PrimaryLanguage, however enter PreferredLanguage to retrieve PreferredLanguage codes) in 'Type' data attribute to get enumerated lists.
Step # 4	Submit the call.
Step # 5	Retrieve the values from the output.

Appendix

LOCATION OF WSDLs & DOCUMENTATION

WSDL:

LACDMH IBHIS Client Service WSDL URLs are as follows-
TST_WSDL (For Release Candidate (RC) and TP vendors to build the new features of WSDL)
https://b2btst.dmh.lacounty.gov/ClientService/ClientServiceInterface.svc?SingleWsdl
QA_WSDL (For Testing and Certification)
https://b2bqa.dmh.lacounty.gov/ClientService/ClientServiceInterface.svc?SingleWsdl
Production (For going LIVE)
https://b2b.dmh.lacounty.gov/ ClientService/ClientServiceInterface.svc?SingleWsdl

Documents:

Please refer to latest documents from the following locations-
(Example: *Release Notes*)
https://dmh.lacounty.gov/pc/cp/cs/

XML STRUCTURE OF UNSUCCESSFUL RESPONSE

```
<s:Envelope xmlns:s=http://schemas.xmlsoap.org/soap/envelope/>
  <s:Body>
    <s:Fault>
      <faultcode>s:Client</faultcode>
      <faultstring xml:lang="en-US">Data validation error</faultstring>
      <detail>
        <Error xmlns=http://schemas.dmh.lacounty.gov/clientservice/entity/fault
xmlns:i=http://www.w3.org/2001/XMLSchema-instance>
          <ErrorCode></ErrorCode>
          <ErrorDescription></ErrorDescription>
        </Error>
      </detail>
    </s:Fault>
  </s:Body>
</s:Envelope>
```

Or

```
<s:Envelope xmlns:s=http://schemas.xmlsoap.org/soap/envelope/>
  <s:Body>
    <s:Fault>
      <faultcode>s:Client</faultcode>
      <faultstring xml:lang="en-US"></faultstring>
    </s:Fault>
  </s:Body>
</s:Envelope>
```

121 |
P a g e

SUMMARY OF CHANGES IN VERSION 3.4.4

Operation(s) Items Section	Description of Change(s)
B.1	Web Service Action has been updated to include the 'Search by CIN' feature. Click here to review. Change is highlighted in yellow.
B.1.4	Sample Search Input has been updated. Click here to review. Change is highlighted in yellow.
B.3.7 B.7.6	Coverage Effective Date description has been updated. Click here and here to review. Change is highlighted in yellow.
B.10.6	DischargeClientResponse xml added.
B.11.5	GetPublicGuardianSvcHistResponse xml added.
B.12.5	GetDCFSClientSvcHistResponse xml added.
B.13.5	GetClientSvcHistResponse xml added.
B.14.5	GetClientLegacySvcHistResponse xml added.
E	Section is updated to remove all enumerations that should be retrieved using Dictionary Service. The related references in operations' input tables have been modified to refer to section F.
F	Section is updated to include all data attributes for which Dictionary Service should be used to retrieve the acceptable codes. All references to acceptable lists have been updated to refer to Section F.

|End of the Document|

122 | P a g e