



CALIFORNIA DEPARTMENT OF  
**Mental Health**

1600 9th Street, Sacramento, CA 95814  
(916) 654-2309

December 24, 2009

DMH INFORMATION NOTICE NO.: 09-21

TO: LOCAL MENTAL HEALTH DIRECTORS  
LOCAL MENTAL HEALTH PROGRAM CHIEFS  
LOCAL MENTAL HEALTH ADMINISTRATORS  
COUNTY ADMINISTRATIVE OFFICERS  
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: STATEWIDE EARLY AND PERIODIC SCREENING, DIAGNOSIS,  
AND TREATMENT (EPSDT) PERFORMANCE IMPROVEMENT  
PROJECT (PIP) FISCAL YEAR (FY) 2009-2010

REFERENCE WELFARE AND INSTITUTIONS CODE SECTION 5777(g)(2)(A);  
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND  
TREATMENT (TITLE 9, CALIFORNIA CODE OF REGULATIONS  
(CCR) SECTION 1810.215;  
DEPARTMENT OF MENTAL HEALTH INFORMATION NOTICES:  
08-29 and 09-08.

This Information Notice is to remind Mental Health Plans (MHPs) of the data submission requirements for the Statewide Early, Periodic Screening, Diagnosis and Treatment Performance Improvement Project (EPSDT PIP) pursuant to DMH Information Notice 09-08, dated June 25, 2009 and Information Notice 08-29, dated October 6, 2008.

**Field Submission Rules for EPSDT PIP data report:**

MHPs may determine when to routinely update the EPSDT PIP data report to DMH; however, all current information must be submitted to DMH by December 31 and again by June 30, annually. This information will be used by DMH to track the individuals participating in the study group.

Data can be submitted by batch CSV file or by direct online key entry. The direct online key entry form can be accessed at the following URL:  
<https://poqi1.dmh.ca.gov:8443/lfsrver/pipenroll>. (Be sure to hold-down the Control key and click on the URL to access). The direct on-line key form should be completed when adding a new client into the study group, when disenrolling a participant from the study group or making updates to any of the required fields. All fields are required to be completed except

for the Participant Disenrollment Date, and Begin Intervention Date, which are only required when those changes take place. Please Note: The only reasons for participants to disenroll are if they leave the county or “age out”.

**EPSDT PIP Batch File Formatting Instructions:** (Enclosure 1)

This is the format that MHPs should use to develop their file for batch submittal. It should be created as CSV file and be comma delimited. The file should only include individuals that meet the criteria for participation in the Statewide PIP. Please DO NOT re-submit participants that have already been included in the study group unless there is an **update, disenrollment, or intervention**. The **only** reasons for participants to disenroll would be if they leave the county or “age out”.

**Please Note**: All records must include a valid Record Type in order to be processed. Valid Record Type codes are: 1 = Enrollment, 2 = Disenrollment, or 3 = Update. The Field Names in each MHP’s file must exactly match those specified in the following table or the file will not be processed. Please pay close attention when entering clients’ names to avoid duplication of records, i.e. Misspelled names, first name entered in last name field.

**Sample Data File (CSV format, comma delimited):**

Here are the header records that are required on all batch submissions: RecordType, CountyID, CCN, FirstName, LastName, SSN, CIN, DOB, Gender, EnrollDate, DisEnrollDate, IntervDate, SubmitBy, ContactPhone.

Here is an example of a sample record:

2,01,123456789,Joe,Adams,123121234,,12/3/2004,M,11/3/2008,12/4/2005,Susan,Moley,(916) 625-1222,  
3,02,456789123,Sally,Jones,,12345674E,12/3/2005,M,10/13/2005,,12/6/2009,Katie,Salivar,(916) 425-1452

**Questions or Concerns?**

- Please notify us at [POQI.support@dmh.ca.gov](mailto:POQI.support@dmh.ca.gov) if MHP will be submitting your data using the batch process, need instructions on how to set up a secure email service for batch submittal, or have questions regarding file submission,.
- For general questions or concerns regarding the EPSDT PIP, please email us at: [EPSDT.PIP@dmh.ca.gov](mailto:EPSDT.PIP@dmh.ca.gov) or call: David Jones at: (916) 654-3623. In addition, counties are encouraged to contact Sandra Sinz from APS at

[ssinz@apshealthcare.com](mailto:ssinz@apshealthcare.com) or utilize the Technical Assistance Group (TAG) conference calls for input.

- For general background and ongoing information on the EPSDT PIP, please visit the following website:  
[http://www.dmh.ca.gov/Services\\_and\\_Programs/Medi\\_Cal/EPSDT\\_Statewide\\_PIP.asp](http://www.dmh.ca.gov/Services_and_Programs/Medi_Cal/EPSDT_Statewide_PIP.asp)

Sincerely,

Original Signed by

STEPHEN W. MAYBERG, Ph.D.  
Director

Enclosure (1)

## Enclosure 1

### PSDT PIP Batch File Format

Field Name	Field Description	Format	Length	Enrollment Required Fields	DisEnroll Required Fields	Update Required Fields
RecordType	Alphanumeric 1 character. Valid codes are 1=Enrollment, 2=Disenrollment, 3=Update	9	Char(1)	Must be coded as a "1"	Must be coded as a "2"	Must be coded as a "3"
CountyID	Must be valid County Code	99	Char(2)	Yes	Yes	Yes
CCN	Alphanumeric 9 characters. <9 should have leading 0s.	000999999	Char(9)	Yes	Yes	Yes
FirstName	First name of participant	XXXXX	Char(40)	Yes	Yes	Yes
LastName	Last name of participant	XXXXX	Char(40)	Yes	Yes	Yes
SSN	Social Security Number (No Faux Numbers allowed)	999999999	Char(9)	Yes or CIN	Yes or CIN	Yes or CIN
CIN	Client Index Number (No Faux Numbers allowed)	999999999	Char(9)	Yes or CCN	Yes or CCN	Yes or CCN
DOB	Date of Birth	mm/dd/yyyy	Char(10)	Yes	Yes	Yes
Gender	(M, F, O) Male, Female, Other	X	Char(1)	Yes	Yes	Yes
EnrollDate	Participation Start Date	mm/dd/yyyy	Char(10)	Yes	Yes	Yes
DisEnrollDate	Participation End Date	mm/dd/yyyy	Char(10)	No	Yes	No
IntervDate	First Date of Intervention	mm/dd/yyyy	Char(10)	No	No	Yes, if update is intervention
SubmitBy	Person submitting this record	XXXXX	Char(60)	Yes	Yes	Yes
ContactPhone	Phone number of person submitting this record	(999) 999-9999	Char(20)	Yes	Yes	Yes

Enclosure 1

**EPSDT PIP Batch File Format**

Field Name	Field Description	Format	Length	Enrollment Required Fields	DisEnroll Required Fields	Update Required Fields
RecordType	Alphanumeric 1 character. Valid codes are 1=Enrollment, 2=Disenrollment, 3=Update	9	Char(1)	Must be coded as a "1"	Must be coded as a "2"	Must be coded as a "3"
CountyID	Must be valid County Code	99	Char(2)	Yes	Yes	Yes
CCN	Alphanumeric 9 characters. <9 should have leading 0s.	000999999	Char(9)	Yes	Yes	Yes
FirstName	First name of participant	XXXXX	Char(40)	Yes	Yes	Yes
LastName	Last name of participant	XXXXX	Char(40)	Yes	Yes	Yes
SSN	Social Security Number (No Faux Numbers allowed)	999999999	Char(9)	Yes or CIN	Yes or CIN	Yes or CIN
CIN	Client Index Number (No Faux Numbers allowed)	999999999	Char(9)	Yes or CCN	Yes or CCN	Yes or CCN
DOB	Date of Birth	mm/dd/yyyy	Char(10)	Yes	Yes	Yes
Gender	(M, F, O) Male, Female, Other	X	Char(1)	Yes	Yes	Yes
EnrollDate	Participation Start Date	mm/dd/yyyy	Char(10)	Yes	Yes	Yes
DisEnrollDate	Participation End Date	mm/dd/yyyy	Char(10)	No	Yes	No
IntervDate	First Date of Intervention	mm/dd/yyyy	Char(10)	No	No	Yes, if update is intervention
SubmitBy	Person submitting this record	XXXXX	Char(60)	Yes	Yes	Yes
ContactPhone	Phone number of person submitting this record	(999) 999-9999	Char(20)	Yes	Yes	Yes