Data Set Elements and Definitions
July 1, 2011
SEC Definition Modification of December 2011

	Question	Definition	Valid Entries
1	Child Identifier (Social Security Number-SSN)	The child's social security number	If SSN is not available, enter "Not Available"
2	Child's Date of Birth	The birth date (month, day, year) of the child receiving pool funded services.	
3	Gender	Male or female	Male
4	Race	The race or ethnic group the child belongs to.	☐ White ☐ African-American or Black ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Unable to Determine
5	Ethnic Group—Hispanic	If the race or ethnic group of the child is Hispanic.	☐ Yes ☐ No
6	Referral Source	The agency responsible for directing the child for pool funded services to Comprehensive Services Act (CSA).	☐ DSS (Dept of Social Services) ☐ Education ☐ Juvenile Justice (Court Services Unit) ☐ CSB (Community Service Board) ☐ Family ☐ Health Department ☐ Interagency Team/office ☐ Other, Explain:
7	Date Open to CSA	The date (month, day, year) the child is determined eligible to receive pool funded services through CSA.	
8	Does the child have a diagnosis of Autism, Pervasive Developmental Disorder Not otherwise Specified, or Asperger's?	These are the diagnoses commonly referred to as Autism Spectrum Disorder.	☐ Yes ☐ No
9	Does Child have a DSM IV Mental Health Diagnosis?	The child has a mental health diagnosis from the **Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).** The DSM IV defines mental disorder as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one."	☐ Yes ☐ No
10	Does the child have medications for a Mental Health Problem ordered by a physician?	The child currently has medications ordered by a licensed clinical practitioner for a mental health disorder. Some examples of medicines prescribed to children for mental health disorders include Zyprexa, Prozac, Clonidine, Adderall, Neurontin, Lithium, etc.	☐ Yes ☐ No
11	Is Child Medicaid Enrolled?	The child has been enrolled in the Medicaid program and is eligible to receive benefits.	☐ Yes ☐ No
12	Was the child IV-E enrolled during this Fiscal Year (July 1 through June 30) ?	At any time during this fiscal year did the child qualify for and receive IV-E funds?	☐ Yes ☐ No
13	Is Child Placed in Medicaid Certified Facility?	The child is receiving services in a facility that is eligible to accept payment by Medicaid for children who meet Medicaid medical necessity criteria for the services billed and who are enrolled with the Medicaid program.	☐ Yes ☐ No
14	Did the child receive services in an out of state facility during this Fiscal Year (July 1 through June 30)?	The child has been placed out of state in an approved residential facility through an Interstate Compact on Adoption and Medical Assistance (ICAMA) at anytime during this fiscal year (July 1 through June 30).	☐ Yes ☐ No
15	**OASIS Client Number**	**OASIS Client Number** This is required for children referred by DSS	
16	**STI Number**	**Student Testing Identifier** This is required for all students referred by DSS and Schools	