

2025 Patient Characteristics Survey (PCS) Application: Validations

For quality assurance, validations are performed during data entry and data file upload. Some validations, when violated, will require attention before the recipient record or data file is added to the PCS application. Others will allow the recipient record to be added, but the record submission will be given a status of “invalid.” A recipient record and an **uploaded file will be rejected** if any of the following conditions are not met:

- 1) Recipient’s First Name and Last Name must contain at least two non-blank (non-space) characters. Names may only contain the characters A-Z, a-z, space, hyphen, apostrophe, and period.
- 2) Date of Birth (DOB) must be a valid date between 01/01/1915 and 03/31/2025 or [Year of Birth must be between 1915 and 2025, and Month of Birth=99 and Day of Birth=99]. Blanks are not permissible for Date of Birth (DOB).
- 3) Sex on Birth Certificate must be either 1 “male”, 2 “female”, 3 “X (Non-Binary)”, 4 “Intersex”, or 9 “Unknown or missing”. No other characters, including blanks, are permissible for Gender.
- 4) In addition, for data file uploads:
 - a) The Unit/Site codes in your uploaded file must match the ones you indicated (or a satellite site of a selected main site) on the Upload Interface of the PCS Application.
 - b) The length of each uploaded record must be exactly 241 characters.

A record submission will be added but **will be given a status of “invalid”** if any of the following conditions are not met. In some cases, during data entry, items will be auto populated based on program type of the unit or answers that you gave for other items.

- 1) All items must be answered.
- 2) Response for each item must be in the valid range of values for that item. Out of range values will not be stored.
- 3) For each "Select All That Apply" item, you may not choose the outcome "None" and another response (See exception for Parental Status and “expectant parent.”). You may not choose "Unknown" and another response. You may not choose "Not Applicable" and another response.

Question 10: Living Situation

- Living Situation must be 'Homeless' if Zone Improvement Plan (ZIP) code is '88888'.
- If Living Situation is 'Homeless', then Homeless within past 6 months must be 'Yes'.
- If Living Situation is 'Incarcerated' then Criminal Justice or Juvenile Justice Status cannot be "None".
- Program Type and Living Situation must agree.
 - Living Situation must be 'Private residence...' if the Facility, Unit and Site (FUS)'s program type is either:
 - '1070' Permanent Housing (PHP)
 - '2070' Transient Housing
 - '3070' Shelter Plus Care Housing
 - '5070' Supported Single Room Occupancy
 - '6060' Supported Housing Community Services
 - Living Situation must be 'Office of Mental Health (OMH) Residential Care...' if the FUS's program type is either:
 - '0040' Family Care
 - '0910' Crisis Residence
 - '1600' Crisis/Respite Bes
 - '1920' CPEP Extended Observation Beds
 - '2600' CPEP Crisis Beds
 - '4040' Teaching Family Home
 - '6070' Treatment Congregate
 - '6080' Support Congregate
 - '6110' Community Residence for Eating Disorder
 - '7050' Community Residence, Children and Youth
 - '7070' Treatment Apartment
 - '7080' Support Apartment
 - '8050' Community Residence, Single Room Occupancy (CR-SRO)
 - Living Situation must be 'Incarcerated' if
 - the FUS's program type is '0925' Forensic Mental Health (MH) Units/Tiers.

Question 11: Household Composition

- Household Composition must not be "Not Applicable" when Living Situation is "Private residence."
- Household Composition must be "Not Applicable" when Living Situation is not ["Private residence" or "Unknown."] Note: If Living Situation is something other than "Private residence," "Unknown", Household Composition will be changed to "Not Applicable." If Living Situation is left blank in an uploaded file, Household Composition will be changed to Blank.
- Household Composition must not be "Recipient's child, stepchild, foster child, grandchild" if age is less than 11 years.

Question 12: Parental Status

- Parental Status must be "No Children" if age is less than 11 years.
- Parental Status allows responses of both "No Children" and "Expectant parent," but not responses of "No Children" and minor or adult children.

Question 14 and 15: County of Residence and Residence Zip County

- Both County of Residence and ZIP Code of Residence must be the same as that of the service provider for the following “residential” program types:
 - '6070' Treatment Congregate
 - '6080' Support Congregate
 - '7050' Community Residence, Children and Youth
 - '8050' Community Residence, Single Room Occupancy (CR-SRO).
- Zip Code of Residence must be “88888” when Living Situation is "Homeless" Note: Zip Code will be changed to “88888” in this case.
- When Living Situation is not "Homeless" then the Zip Code must be a valid ZIP code for the indicated County of Residence. Note: Zip Code for an uploaded record is automatically changed to blank if:
 - it is not contained in the County of Residence.
 - or
 - the County of Residence is blank.

Question 17: Current or Prior Military Status

- Prior or current active U.S. Military Service must be "No" if age is less than 18 years.

Question 19: Recipient’s usual hours worked per week

- Usual Hours Worked Per Week must not be “Not Applicable” if Current Employment Status is “Employed (Competitive or Self Employed)” or “Other Employment (internship, OMH funded employment, etc.)”.
- Usual Hours Worked Per Week must be “Not Applicable” if Employment Status is not [“Employed” or “Other Employment”].

Question 22: Special Education Status

- Special Education must be “Not Applicable” when
 - Recipient is 22 years old, or older.
 - OR
 - Education Level is between ‘High School Diploma’ and ‘Other’ (in the order they appear on the survey form).

Question 23a-n: Comorbidities

- Disability or Disorder must indicate "Mental Illness or Emotional Disturbance" when Severe Mental Illness (SMI) is "Yes".
- Disability or Disorder must indicate at least one disability/disorder if Cash Assistance Benefits indicates Social Security Disability Insurance ("SSDI.").

Question 35: Additional Diagnosis

- If Primary Psychiatric Diagnosis is “99999”, “7999”, or “R69” then Additional Diagnosis must be “99999”, “7999” or “R69” for DSM-5 or ICD-10.

Sub Questions 8b, 9h, 9i, 17b, and 41b: Hispanic subgroup, Black Subgroup, Asian/Hawaiian or Pacific Islander Subgroup, Religious Affiliation, and Medicaid Managed Care

- The questions on **Hispanic subgroup, Black Subgroup, Asian Subgroup, Hawaiian or Other Pacific Islander Subgroup, and Medicaid Managed Care** will have “**Not Applicable**” selected when:
 - “No, not Hispanic Ethnicity” or “Unknown” is selected for the **Hispanic Ethnicity**.
 - “Black/African American” **is not** selected for the **Race** question.
 - “Asian” or “Hawaiian or Pacific Islander” **is not** selected for the **Race** question.
 - “I do not have a formal religion, nor am I a spiritual person”, “I consider myself spiritual, but not religious”, or “Unknown” is selected for the **Religious Preference** question.
 - “No” or “Unknown” is selected for the **Medicaid Health Insurance** question.

NOTE: Hispanic subgroup, Black Subgroup, Asian Subgroup, Hawaiian or Pacific Islander Subgroup, and Medicaid Managed Care for the uploaded record is changed to “Not Applicable” in the cases mentioned above.

- The questions on **Hispanic subgroup, Black Subgroup, Asian Subgroup, Hawaiian or Pacific Islander Subgroup, and Medicaid Managed Care** will not have “**Not Applicable**” selected when:
 - “**Yes**” is selected for the **Hispanic Ethnicity**.
 - “**Black/African American**” **is** selected for the **Race** question.
 - “**Asian**” **is** selected for the **Race** question.
 - “**Native Hawaiian or Pacific Islander**” is selected for the **Race** question
 - “**Yes**” is selected for the **Medicaid Health Insurance** question.
- For Data Upload Users Only:
 - **Hispanic Subgroup** is changed to **blank** if Hispanic Ethnicity is **blank**.
 - **Medicaid Managed Care** is changed to **blank** if Medicaid is **blank**.

Question 39: Criminal Justice Status

- Criminal Justice Status or Juvenile Justice Status must be “None,” “PINS,” “Adjudicated Juvenile Delinquent or Offender” or “Unknown” if age is less than 11 years.

Question 40: Admission Date

- Admission Date must be “77777777” or “99999999” or a valid date that is greater than Date of Birth and on or before the last day of the survey week, October 20, 2025.

Question 41: Date Last Served

- Date Last Served must be “00000000” or “99999999” or a valid date on or after 01/01/1995 that is greater than Date of Birth and before the first day of the survey week, October 20, 2025.
- Date Last Served must be October 19, 2025, when the Program Type is one of the ones listed below and the Admission Date falls on or before October 19, 2025. Note: If not, the Date Last Served will be changed to October 19, 2025.

Program Code	Program Name	Category
0910	Crisis Residence	emergency
1600	Crisis/Respite Beds	emergency
1920	Comprehensive Psychiatric Emergency Program (CPEP) Extended Observation Beds	emergency
2600	CPEP Crisis Beds	emergency
0011	Multiply Disabled Units	inpatient
0012	Unitized	inpatient
0013	Psychiatric Research and Training	inpatient
0014	Discharge	inpatient
0015	Infirmity (Adult)	inpatient
0016	Continuing Care	inpatient
0017	Physical Medicine and Rehab	inpatient
0018	Geriatric	inpatient
0019	Intensive Treatment for Long Stay Recipients	inpatient
0021	Admission	inpatient
0022	Geriatric Admission	inpatient
0024	Secure Care (Adult)	inpatient
0025	STAIR	inpatient
0031	Infirmity Forensic (Non- Sentenced)	inpatient
0033	Children	inpatient
0034	Adolescent	inpatient
0035	Secure Care (C&Y)	inpatient
0037	Infirmity (C&Y)	inpatient
0038	Inpatient Forensic Services (Sentenced)	inpatient
0039	Inpatient Forensic Service (Non-Sentenced)	inpatient
0041	Sexual Offender Management Treatment Act (SOMTA)	inpatient
1080	Residential Treatment Facility - Children & Youth	inpatient
2010	Hospital for Mentally Ill	inpatient
3010	Inpatient Psychiatric Unit of a General Hospital	inpatient
0040	Family Care	residential
1070	Permanent Housing (PHP)	residential
2070	Transient Housing (THP), some PHP and some Shelter + Care (S+C)	residential

3070	Shelter Plus Care Housing	residential
4040	Teaching Family Home	residential
5070	Supported/Single Room Occupancy (SRO)	residential
6060	Supported Housing Community Services	residential
6070	Congregate/Treatment	residential
6080	Congregate/Support	residential
6110	Community Residence for Eating Disorder Integrated Treatment	residential
7050	Children & Youth Community Residence	residential
7070	Apartment/Treatment	residential
7080	Apartment/Support	residential
8050	SRO Community Residence	residential

NOTE: To change a record's status from Invalid to Valid, you must:

- a) Edit the record in the PCS application by selecting "Edit" from the List of Submissions,
 - b) Make the necessary edits to remedy the invalidities listed at the bottom of the record,
 - c) "Save" the edited record.
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