

**AC SIS Data Element Dictionary**  
**AGENCY File**

**03/03/2023**

**AgencyCode****Field Name** Agency Code**Type** Character **Length** 2 **Decimal** 0 **Requirement** Y - Required**Description** Code that indicates the Agency involved with the HICC Client during the reporting period**Comments** Code Table - If possible, for clients with no involvement with the agency during the reporting period, report the agency code with a Client Count of 0.

<b>Value</b>	<b>Description</b>	<b>Definition</b>	<b>Status</b>	<b>Status Date</b>
01	DHR - Foster Care		A	04/01/2021
02	DHR – Full Custody		A	04/01/2021
03	DHR – Open Protective Services		A	04/01/2021
04	DYS		A	04/01/2021
05	ER/General Hospital		A	04/01/2021
06	Inpatient Psychiatric Acute Unit		A	04/01/2021
07	JCS – County Level		A	04/01/2021
08	Multiple Needs		A	04/01/2021
09	Other Community Mental Health Treatment Providers		A	04/01/2021
10	Psychiatric Residential Treatment Facility (PRTF)		A	04/01/2021
11	School – Regular Ed		A	04/01/2021
12	School – Special Ed		A	04/01/2021
13	Adult Justice System		A	04/01/2021
90	None		A	04/01/2021

Code Status: **A** - Active; **I** - Inactive

**ClientCount**

**Field Name** Client Count

**Type** Character **Length** 5 **Decimal** 0 **Requirement** Y - Required

**Description** Count of HICC Clients involved with the given agency during the reporting period

**Comments**

**ORGID**

**Field Name** Organization ID

**Type** Character **Length** 3 **Decimal** 0 **Requirement** Y - Required

**Description** Provider ID of the CSP as assigned by ADMH

**Comments**

**ReportingMonth**

**Field Name** Reporting Month

**Type** Character **Length** 2 **Decimal** 0 **Requirement** Y - Required

**Description** Month of the reporting period

**Comments** Report in MM format

## ReportingYear

**Field Name** Reporting Year

**Type** Character **Length** 4 **Decimal** 0 **Requirement** Y - Required

**Description** Year of the reporting period

**Comments** Report in YYYY format