

ACSIS Data Element Dictionary Client Profile

03/03/2023

ADDATE

Field Name Admission Date

Type Character **Length** 10 **Decimal** 0 **Requirement** Y - Required

Description Date of client's first admission or new admission date after termination or administrative closure

Comments Report in MM/DD/YYYY format

ARRESTS

Field Name Number of Arrests

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

Description Number of arrests in past 30 days at admission/annual update/discharge

Comments Use both digits (i.e. number of arrests is 3 then enter 03)

CLIENT

Field Name Client Case Number

Type Character **Length** 6 **Decimal** 0 **Requirement** Y - Required

Description Case number assigned to the client by the CSP

Comments

DIAG1

Field Name Primary Diagnosis

Type Character **Length** 7 **Decimal** 0 **Requirement** Y - Required

Description Primary Diagnosis at admission/annual update/discharge

Comments ICD-10-CM (Effective 10/01/2015) - Do not include decimal point

DIAG2

Field Name Secondary Diagnosis

Type Character **Length** 7 **Decimal** 0 **Requirement** R - Report if available

Description Secondary Diagnosis at admission/annual update/discharge

Comments ICD-10-CM (Effective 10/01/2015) - Do not include decimal point

DIAG3

Field Name Tertiary Diagnosis

Type Character **Length** 7 **Decimal** 0 **Requirement** R - Report if available

Description Tertiary Diagnosis at admission/annual update/discharge

Comments ICD-10-CM (Effective 10/01/2015) - Do not include decimal point

EDUCATION**Field Name** Highest Grade Completed**Type** Character **Length** 2 **Decimal** 0 **Requirement** Y - Required**Description** Code for highest grade completed by client or current grade level if in school at admission/annual update/discharge**Comments** Code Table

Value	Description	Definition	Status	Status Date
00	Kindergarten		A	07/18/2014
01	First Grade		A	07/18/2014
02	Second Grade		A	07/18/2014
03	Third Grade		A	07/18/2014
04	Fourth Grade		A	07/18/2014
05	Fifth Grade		A	07/18/2014
06	Sixth Grade		A	07/18/2014
07	Seventh Grade		A	07/18/2014
08	Eighth Grade		A	07/18/2014
09	Ninth Grade		A	07/18/2014
10	Tenth Grade		A	07/18/2014
11	Eleventh Grade		A	07/18/2014
12	Twelfth Grade		A	07/18/2014
13	GED		A	07/18/2014
14	Some Education beyond High School		I	10/01/2014
15	Associate Degree		I	10/01/2014
16	Bachelor's Degree		A	07/18/2014
17	Master's Degree		A	07/18/2014
18	Doctorate	M.D., Ph. D., Sc. D., J.D., Ed. D., D.O. for example	A	07/18/2014
19	No Formal Education	For clients 3 years and older	A	07/18/2014
20	Special Education		A	07/18/2014
21	Nursery/Preschool		A	10/01/2014
22	Vocational	Technical or Business School	A	10/01/2014
23	College Freshman	1st year	A	10/01/2014
24	College Sophomore	2nd year	A	10/01/2014
25	College Junior	3rd year	A	10/01/2014
26	College Senior	4th year	A	10/01/2014
27	Non School Age Child	Less than 3 years old	A	10/01/2014

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

EMPLOY**Field Name** Employment status**Type** Character **Length** 1 **Decimal** 0 **Requirement** Y - Required**Description** Employment status of client at admission/annual update/discharge**Comments** Code Table

Value	Description	Definition	Status	Status Date
A	Full-time		A	07/18/2014
B	Part-time		A	07/18/2014
C	Unemployed	Actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days	A	07/18/2014
D	Homemaker		A	07/18/2014
E	Student		A	07/18/2014
F	Retired		A	07/18/2014
G	Disabled		A	07/18/2014
H	Inmate of Institution		A	07/18/2014
I	Not Looking for Work	Not looking for work over the past 30 days (i.e. people not interested to work or people who have been discouraged to look for work).	A	07/18/2014
S	Supported Employment		A	07/18/2014
T	Sheltered/Non-competitive Employment		A	10/01/2014
U	Not Applicable	Client under age 16	A	10/01/2014

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

FAMINCOME

Field Name Family Annual Income

Type Character **Length** 11 **Decimal** 2 **Requirement** Y - Required

Description Client's annual family income at admission/annual update/discharge

Comments

FAMSIZE

Field Name Number in family

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Include spouse, natural and adopted children, and legal parent(s) if client is a child/adolescent. Update at admission/annual update/discharge

Comments Use both digits (i.e. family size is 3 then enter 03)

FIRSTN

Field Name First name of Client

Type Character **Length** 15 **Decimal** 0 **Requirement** Y - Required

Description First Name of the Client

Comments Complete first name, not initial

GUARDSHIP**Field Name** Guardianship code**Type** Character **Length** 3 **Decimal** 0 **Requirement** Y - Required**Description** Guardianship Code at admission/annual update/discharge**Comments** Code Table

Value	Description	Definition	Status	Status Date
101	Legally appointed guardian		A	07/18/2014
103	None	An example is child living with natural parent	A	07/18/2014
104	DHR Custody		A	07/18/2014
105	DYS Custody		A	07/18/2014
106	DMH Custody	Child/Adolescent	A	10/01/2014

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

HEARING

Field Name Hearing Status of client

Type Character **Length** 1 **Decimal** 0 **Requirement** Y - Required

Description Code to identify functional hearing status of client at admission/annual update/discharge

Comments Code Table

Value	Description	Definition	Status	Status Date
1	Hearing	Person whose hearing is within normal range and exhibits no significant functional impairment of communication	A	07/18/2014
2	Hard of Hearing	Person with a hearing loss, either unilaterally or bi-laterally, who with or without amplification, can understand spoken language in some settings	A	07/18/2014
3	Deaf	Person with a hearing loss who, with or without amplification, cannot understand spoken language.	A	07/18/2014

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

HISPANIC

Field Name Hispanic origin of client

Type Character **Length** 1 **Decimal** 0 **Requirement** Y - Required

Description Hispanic origin of client based on federal reporting guidelines at admission/annual update/discharge

Comments Code Table

Value	Description	Definition	Status	Status Date
1	Not of Hispanic Origin		A	07/18/2014
2	Puerto Rican		A	07/18/2014
3	Cuban		A	07/18/2014
4	Other Hispanic		A	07/18/2014
5	Mexican/Mexican American		A	07/18/2014

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

INCOME

Field Name Client Annual Income

Type Numeric **Length** 11 **Decimal** 2 **Requirement** Y - Required

Description Amount of the client's annual income at admission/annual update/discharge

Comments Amount of the client's annual income

LANGUAGE**Field Name** Language of preference**Type** Character **Length** 2 **Decimal** 0 **Requirement** Y - Required**Description** Language in which client prefers to communicate**Comments** Code Table

Value	Description	Definition	Status	Status Date
01	English		A	10/01/2014
02	ASL	American Sign Language	A	10/01/2014
03	Arabic		A	10/01/2014
04	Chinese		A	10/01/2014
05	French	French, French Creole, Cajun	A	10/01/2014
06	German		A	10/01/2014
07	Hindi		A	10/01/2014
08	Italian		A	10/01/2014
09	Japanese		A	10/01/2014
10	Korean		A	10/01/2014
11	Laotian		A	10/01/2014
12	Other African languages		A	10/01/2014
13	Other Asian languages		A	10/01/2014
14	Other European languages		A	10/01/2014
15	Other Indic languages		A	10/01/2014
16	Persian		A	10/01/2014
17	Spanish	Spanish and Spanish Creole	A	10/01/2014
18	Tagalog		A	10/01/2014
19	Vietnamese		A	10/01/2014

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

LASTN

Field Name Client Last Name

Type Character **Length** 20 **Decimal** 0 **Requirement** Y - Required

Description Client's Last Name

Comments Complete last name, not initial

LASTUPDT

Field Name Date Record Last Updated

Type Character **Length** 10 **Decimal** 0 **Requirement** Y - Required

Description The date the record was last updated

Comments Report in MM/DD/YYYY format

LEGAL

Field Name Legal status of client

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

Description Legal status of client at admission/annual update/discharge

Comments Code Table

Value	Description	Definition	Status	Status Date
01	Voluntary		A	07/18/2014
03	Involuntary Criminal		I	07/18/2014
05	Not Guilty by Reason of Insanity		A	07/18/2014
06	Juvenile Court		A	07/18/2014
07	Involuntary Civil - Outpatient		A	07/18/2014
08	Involuntary Civil - Inpatient		A	07/18/2014
09	Other Court Ordered	Local criminal or Federal criminal court order	A	07/18/2014

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

LONGDOB

Field Name Client Date of Birth

Type Character **Length** 10 **Decimal** 0 **Requirement** Y - Required

Description Date of birth of the client

Comments Report in MM/DD/YYYY format

MAILADD1

Field Name Mailing Address Street

Type Character **Length** 30 **Decimal** 0 **Requirement** Y - Required

Description Client's Mailing Street Address at admission/annual update/discharge

Comments

MAILCITY

Field Name Mailing Address City

Type Character **Length** 15 **Decimal** 0 **Requirement** Y - Required

Description City of Client's mailing address at admission/annual update/discharge

Comments

MAILCNTY

Field Name County of residence

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

Description Code to denote client's county of residence at admission/annual update/discharge

Comments Code Table

Value	Description	Definition	Status	Status Date
001	Autauga		A	07/18/2014
002	Baldwin		A	07/18/2014
003	Barbour		A	07/18/2014
004	Bibb		A	07/18/2014
005	Blount		A	07/18/2014
006	Bullock		A	07/18/2014
007	Butler		A	07/18/2014
008	Calhoun		A	07/18/2014
009	Chambers		A	07/18/2014
010	Cherokee		A	07/18/2014
011	Chilton		A	07/18/2014
012	Choctaw		A	07/18/2014
013	Clarke		A	07/18/2014
014	Clay		A	07/18/2014
015	Cleburne		A	07/18/2014
016	Coffee		A	07/18/2014
017	Colbert		A	07/18/2014
018	Conecuh		A	07/18/2014
019	Coosa		A	07/18/2014
020	Covington		A	07/18/2014
021	Crenshaw		A	07/18/2014
022	Cullman		A	07/18/2014
023	Dale		A	07/18/2014
024	Dallas		A	07/18/2014
025	DeKalb		A	07/18/2014
026	Elmore		A	07/18/2014
027	Escambia		A	07/18/2014
028	Etowah		A	07/18/2014
029	Fayette		A	07/18/2014
030	Franklin		A	07/18/2014
031	Geneva		A	07/18/2014
032	Greene		A	07/18/2014
033	Hale		A	07/18/2014
034	Henry		A	07/18/2014
035	Houston		A	07/18/2014
036	Jackson		A	07/18/2014
037	Jefferson		A	07/18/2014
038	Lamar		A	07/18/2014
039	Lauderdale		A	07/18/2014
040	Lawrence		A	07/18/2014
041	Lee		A	07/18/2014
042	Limestone		A	07/18/2014
043	Lowndes		A	07/18/2014
044	Macon		A	07/18/2014
045	Madison		A	07/18/2014
046	Marengo		A	07/18/2014
047	Marion		A	07/18/2014
048	Marshall		A	07/18/2014
049	Mobile		A	07/18/2014
050	Monroe		A	07/18/2014
051	Montgomery		A	07/18/2014
052	Morgan		A	07/18/2014
053	Perry		A	07/18/2014
054	Pickens		A	07/18/2014
055	Pike		A	07/18/2014
056	Randolph		A	07/18/2014
057	Russell		A	07/18/2014
058	Saint Clair		A	07/18/2014
059	Shelby		A	07/18/2014
060	Sumter		A	07/18/2014
061	Talladega		A	07/18/2014

062	Tallapoosa	A	07/18/2014
063	Tuscaloosa	A	07/18/2014
064	Walker	A	07/18/2014
065	Washington	A	07/18/2014
066	Wilcox	A	07/18/2014
067	Winston	A	07/18/2014
098	Out of State	A	07/18/2014
099	Unknown	A	07/18/2014

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

MAILSTATE

Field Name Mailing address state code

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

Description Postal code for state in client's mailing address at admission/annual update/discharge

Comments

Value	Description	Definition	Status	Status Date
AK	Alaska		A	07/21/2014
AL	Alabama		A	07/21/2014
AR	Arkansas		A	07/21/2014
AZ	Arizona		A	07/21/2014
CA	California		A	07/21/2014
CO	Colorado		A	07/21/2014
CT	Connecticut		A	07/21/2014
DC	Washington DC		A	07/21/2014
DE	Delaware		A	07/21/2014
FL	Florida		A	07/21/2014
GA	Georgia		A	07/21/2014
HI	Hawaii		A	07/21/2014
IA	Iowa		A	07/21/2014
ID	Idaho		A	07/21/2014
IL	Illinois		A	07/21/2014
IN	Indiana		A	07/21/2014
KS	Kansas		A	07/21/2014
KY	Kentucky		A	07/21/2014
LA	Louisiana		A	07/21/2014
MA	Massachusetts		A	07/21/2014
MD	Maryland		A	07/21/2014
ME	Maine		A	07/21/2014
MI	Michigan		A	07/21/2014
MN	Minnesota		A	07/21/2014
MO	Missouri		A	07/21/2014
MS	Mississippi		A	07/21/2014
MT	Montana		A	07/21/2014
NC	North Carolina		A	07/21/2014
ND	North Dakota		A	07/21/2014
NE	Nebraska		A	07/21/2014
NH	New Hampshire		A	07/21/2014
NJ	New Jersey		A	07/21/2014
NM	New Mexico		A	07/21/2014
NV	Nevada		A	07/21/2014
NY	New York		A	07/21/2014
OC	Out of Country		A	07/21/2014
OH	Ohio		A	07/21/2014
OK	Oklahoma		A	07/21/2014
OR	Oregon		A	07/21/2014
PA	Pennsylvania		A	07/21/2014
PR	Puerto Rico		A	07/21/2014
RI	Rhode Island		A	07/21/2014
SC	South Carolina		A	07/21/2014
SD	South Dakota		A	07/21/2014
TN	Tennessee		A	07/21/2014
TX	Texas		A	07/21/2014
UK	Unknown		A	07/21/2014
UT	Utah		A	07/21/2014
VA	Virginia		A	07/21/2014
VI	Virgin Islands		A	07/21/2014
VT	Vermont		A	07/21/2014
WA	Washington		A	07/21/2014
WI	Wisconsin		A	07/21/2014
WV	West Virginia		A	07/21/2014
WY	Wyoming		A	07/21/2014

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

MAILZIP

Field Name Mailing address zip code

Type Character **Length** 10 **Decimal** 0 **Requirement** Y - Required

Description Zip code of client's mailing address at admission/annual update/discharge
Format 99999-9999

Comments

MARITAL

Field Name Marital Status

Type Character **Length** 1 **Decimal** 0 **Requirement** Y - Required

Description Marital status of client at time of admission/annual update/discharge

Comments Code Table

Value	Description	Definition	Status	Status Date
1	Legally Married		A	07/21/2014
2	Never Married		A	07/21/2014
3	Separated/Legally or Otherwise Absent		A	07/21/2014
4	Divorced		A	07/21/2014
5	Widowed		A	07/21/2014
6	Common Law/Cohabiting		A	07/21/2014

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

MEDICAID

Field Name Medicaid Number

Type Character **Length** 13 **Decimal** 0 **Requirement** R - Report if available

Description Required if client has ever been Medicaid eligible

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

RACE

Field Name Race of Client

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

Description Race (ethnicity) of client

Comments Code Table

Value	Description	Definition	Status	Status Date
01	Black/African American		A	07/21/2014
02	White		A	07/21/2014
03	Alaskan Native		A	07/21/2014
04	American Indian		A	07/21/2014
06	Asian		A	07/21/2014
07	Native Hawaiian/Other Pacific Islander		A	07/21/2014
08	More than One Race Reported		A	07/21/2014
09	Other		A	07/21/2014

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

REFAGCY01

Field Name Agency Involved at Referral 1

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

Description Agency involved at the time of the referral to CMHC

Comments Code Table. Code "90" (None) if no agency involvment.

Value	Description	Definition	Status	Status Date
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

REFAGCY02

Field Name Agency Involved at Referral 2

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY03

Field Name Agency Involved at Referral 3

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY04**Field Name** Agency Involved at Referral 4**Type** Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available**Description** Agency involved at the time of the referral to CMHC**Comments** Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY05**Field Name** Agency Involved at Referral 5**Type** Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available**Description** Agency involved at the time of the referral to CMHC**Comments** Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY06

Field Name Agency Involved at Referral 6

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

Field Name Agency Involved at Referral 7

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY08

Field Name Agency Involved at Referral 8

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY09

Field Name Agency Involved at Referral 9

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

REFAGCY10

Field Name Agency Involved at Referral 10

Type Character **Length** 2 **Decimal** 0 **Requirement** R - Report if available

Description Agency involved at the time of the referral to CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
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

REFDATE

Field Name Referral Date

Type Character **Length** 10 **Decimal** 0 **Requirement** Y - Required

Description Date the client was referred to CMHC

Comments Report in MM/DD/YYYY format

REFDECLINE

Field Name Referral Decline Reason

Type Character **Length** 2 **Decimal** 0 **Requirement** C - Conditionally required ba:

Description Reason client or family declined CMHC Services (from Referral)

Comments Code Table. Cannot be blank if REFOUTCOME is "D"

Value	Description	Definition	Status	Status Date
01	Individual Declined Services		A	04/01/2021
02	Family Declined Services		A	04/01/2021
03	Does not Meet Service Criteria for SMI		A	04/01/2021
04	Does not Meet Service Criteria of SED		A	04/01/2021
05	No Decision after Multiple Attempts		A	04/01/2021

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

REFOUTCOME

Field Name Referral Outcome

Type Character **Length** 1 **Decimal** 0 **Requirement** Y - Required

Description Code that indicates whether the client or family accepts or declines CMHC services

Comments Code Table

Value	Description	Definition	Status	Status Date
A	Accepted		A	04/01/2021
D	Declined		A	04/01/2021

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

REFOUTDATE

Field Name Referral Outcome Date

Type Character **Length** 10 **Decimal** 0 **Requirement** Y - Required

Description Date the CMHC determined the referral outcome and communicated determination to referral source

Comments Report in MM/DD/YYYY format. Must be reported if REFOUTCOME is reported. Date must be on or after REFDATE. For example, if there was a referral from a hospital, this is the date the CMHC determined whether an Intake should or should not occur; if the CMHC communicates the referral outcome on a different date than the determination date, this field should record the latest date.

REFSOURCE

Field Name Referral Source

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

Description The source of referral to the CMHC

Comments Code Table

Value	Description	Definition	Status	Status Date
01	DHR		A	04/01/2021
02	DYS		A	04/01/2021
03	ER/General Hospital		A	04/01/2021
04	Family Member		A	04/01/2021
05	Friend		A	04/01/2021
06	Individual Seeking Services		A	04/01/2021
07	Inpatient Psychiatric Acute Unit		A	04/01/2021
08	JCS – County Level		A	04/01/2021
09	Other Community Treatment Provider		A	04/01/2021
10	Psychiatric Residential Treatment Facility (PRTF)		A	04/01/2021
11	School		A	04/01/2021
12	Adult Justice System		A	04/01/2021
13	Physician		A	01/06/2022
14	Employer/EAP		A	01/06/2022
15	Legal Guardian (Not Family Member)		A	01/06/2022
16	Nursing Home, Extended Care Organization		A	01/06/2022
17	Clergy		A	01/06/2022

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

RESARR

Field Name Residential Arrangement**Type** Character **Length** 1 **Decimal** 0 **Requirement** Y - Required**Description** Residential setting of client at admission/annual update/discharge**Comments** Code Table

Value	Description	Definition	Status	Status Date
A	Independent Living	Adult living independently in a private residence capable of self-care, or living independently with case management or supported housing supports. May live with friends, spouse, family members	A	07/21/2014
B	Resides with Family		I	10/01/2014
C	Homeless/Shelter	Person has no fixed address; includes homeless, shelters	A	07/21/2014
D	Jail/Correctional Facility	Jail, correctional facility, detention center, prison	A	07/21/2014
E	Other Institutional setting (ex. Nursing home)		I	10/01/2014
F	Center operated/contracted residential program	Individual resides in a residential care facility (group home, therapeutic group home, residential treatment, or agency-operated residential care facilities)	A	07/21/2014
G	Center Subsidized Housing		I	10/01/2014
H	Alabama Housing Finance Authority Housing		I	07/21/2014
I	Other (ex. Foster care, DYS group home)		I	10/01/2014
J	Other Institutional Setting	Individual resides in a 24/7 institutional care facility. May include skilled nursing/intermediate care facility, IMF, in patient psychiatric hospital, psychiatric health facility, VA hospital, state hospital or ICF/MR	A	10/01/2014
K	Boarding Home		A	10/01/2014
L	Foster Home Adult		A	10/01/2014
M	Foster Home Children		A	10/01/2014
N	Crisis Residence	A time-limited residential (24/7) stabilization program that delivers services for acute symptom reduction and restores individual to a pre-crisis level of functioning	A	10/01/2014
O	Nursing Home		A	10/01/2014
P	DYS Group Home		A	10/01/2014
Q	DHR Group Home		A	10/01/2014
R	Private Residence (Children Only)	All children living in a private residence regardless of living arrangement	A	10/01/2014
S	Assisted Living/Skilled Assisted Living		A	10/01/2014
T	State Psychiatric Hospital		A	10/01/2014
U	Inpatient Psychiatric Hospital		A	10/01/2014
Code Status: A - Active; I - Inactive				

SADIAG1

Field Name Substance Abuse Diagnosis

Type Character **Length** 7 **Decimal** 0 **Requirement** R - Report if available

Description Substance Abuse Diagnosis at admission/annual update/discharge

Comments ICD-10-CM (Effective 10/01/2015) - Do not include decimal point

SBMHSCHOOL

Field Name School Identifier

Type Character **Length** 4 **Decimal** 0 **Requirement** R - Report if available

Description School identifier for School-based Mental Health services

Comments Required if client is receiving school-based mental health services. All 4 digits are required.

SBMHSSID

Field Name SBMH Student Identifier

Type Character **Length** 10 **Decimal** 0 **Requirement** R - Report if available

Description Student Identifier for client receiving School-based Mental Health Services

Comments Required if client is receiving school-based mental health servcies

SBMHSYSTEM

Field Name School System/LEA Identifier

Type Character **Length** 3 **Decimal** 0 **Requirement** R - Report if available

Description School system identifier for School-based Mental Health services

Comments Required if client is receiving school-based mental health services. All 3 digits are required.

SCHOOLTYPE

Field Name Type School attended

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

Description Type of School Attended at admission/annual update/discharge if attending school

Comments Code Table

Value	Description	Definition	Status	Status Date
01	Traditional		A	07/21/2014
02	Special Ed Inclusion		A	07/21/2014
03	Special Ed Exclusions		A	07/21/2014
04	Home Bound		A	07/21/2014
05	Alternative		A	07/21/2014
06	Home Schooled		A	07/21/2014
07	Too Young To Attend		A	07/21/2014

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

SEX**Field Name** Sex of client**Type** Character **Length** 1 **Decimal** 0 **Requirement** Y - Required**Description** Client's sex**Comments** Code Table

Value	Description	Definition	Status	Status Date
F	Female		A	07/21/2014
M	Male		A	07/21/2014

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

SIGHT

Field Name Sight status

Type Character **Length** 1 **Decimal** 0 **Requirement** Y - Required

Description Sight status of client

Comments Code Table

Value	Description	Definition	Status	Status Date
1	No loss or vision corrected	No vision loss or vision corrected to normal by glasses or contacts	A	10/01/2014
2	Partially sighted	Client has some type of visual problem with need of special assistance	A	10/01/2014
3	Legally blind	Client has less than 20/100 vision in better eye after correction	A	10/01/2014
4	Totally blind	Client has no light perception, total visual impairment	A	10/01/2014

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

SMI**Field Name** SMI/SED status**Type** Character **Length** 1 **Decimal** 0 **Requirement** Y - Required**Description** Code to indicate if client meets SMI or SED criteria at admission/annual update/discharge**Comments** Code Table - Refer to Exhibit MI-2 of the MI Community Service Programs contract for definitions in code table

Value	Description	Definition	Status	Status Date
1	SMI	Adult who meets the diagnosis and disability criteria for serious mental illness	A	07/21/2014
2	SMI Contract Eligible History	Adult with a history of DMH supported inpatient or public residential treatment as a result of an Axis I mental illness diagnosis	A	07/21/2014
3	SMI Contract Eligible Risk	Adult who would become at imminent risk of needing inpatient hospitalization without outpatient intervention	A	07/21/2014
4	SED	C/A separated from family (out-of-home placement	A	07/21/2014
5	SED Functional Impairment		A	07/21/2014
6	SED Symptoms		A	07/21/2014
7	SED Separation Risk		A	07/21/2014
N	Not SMI or SED	Does not meet SMI/SED or Contract Eligibility Criteria	A	07/21/2014
U	Undetermined	SMI/SED Status Undetermined	A	07/21/2014

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

SSN

Field Name Social security number

Type Character **Length** 11 **Decimal** 0 **Requirement** Y - Required

Description Client's SSN. If unknown, provide a pseudo SSN

Comments A pseudo SSN consists of "S" + last two digits of the ORGID + Client's 6 digit case number (I.e. S06-09-3243)

TERMDATE

Field Name Termination Date

Type Character **Length** 10 **Decimal** 0 **Requirement** C - Conditionally required ba:

Description Date record closed

Comments Report in MM/DD/YYYY format

TREASON**Field Name** Termination reason**Type** Character **Length** 1 **Decimal** 0 **Requirement** C - Conditionally required ba:**Description** Reason client services terminated**Comments** Code Table - Required if TERMDATE not = BLANK

Value	Description	Definition	Status	Status Date
0	Discharged - Client Relocated		A	07/21/2014
1	Transferred	Responsibility for the patient officially accepted by another organization and patient transferred to that organization	A	07/21/2014
2	Administrative Discharge	No contact with organization for 90 days	A	07/21/2014
3	Client Died		A	07/21/2014
4	Client Terminated services against advice		A	07/21/2014
5	Client Lost to Contact		A	07/21/2014
6	Discharged - treatment completed	No referral	A	07/21/2014
7	Discharged - no referral	Additional services advised	A	07/21/2014
8	Discharged - referral made	Additional services advised	A	07/21/2014
9	Other		A	07/21/2014
A	Aged out		A	10/01/2014
I	Inactive		I	07/21/2014
J	Incarcerated		A	07/21/2014
T	Transferred to other SA treatment program		I	07/21/2014

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

VETERAN

Field Name Veteran Status

Type Character **Length** 1 **Decimal** 0 **Requirement** Y - Required

Description Veteran status of client at admission/annual update/discharge

Comments Code Table

Value	Description	Definition	Status	Status Date
1	Not a veteran		A	07/21/2014
2	Currently on active duty		A	07/21/2014
3	Previously on active duty		A	07/21/2014
4	Military dependent		A	07/21/2014

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