

ACSYS Data Element Dictionary
AGENCY File

12/18/2023

AgencyCode

Field Name Agency Code

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

Description Code that indicates the Agency involved with the Client at the time of the HICC referral

Comments Code Table - For clients with no involvement with the agency during the reporting period, report the agency code with a Client Count of 0.

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				

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	Calendar 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	Calendar Year of the reporting period				
Comments	Report in YYYY format				