ACSIS Data Element Dictionary
AGENCY File

02/05/2024

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 involvment with the agency during the reporting period, report the agency code with a Client Count of 0.

Value	Description	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	Only our CMHC Involved	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 CMHC 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