ACSIS Data Element Dictionary
EPISODE File

02/14/2024

CLIENT

Field Name Client Case Number

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

Description Case number assigned to the client by the CMHC

Comments

ENDDATE

Field Name Episode End Date

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

Description Date the service enrollment ended

Comments Report in MM/DD/YYYY format

ENDSTATUS

Field Name Episode End Status

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

Description Code to indicate the reason the service enrollment ended

Comments Code Table

Value	Description	Status	Status Date
01	Aged Out	A	10/01/2023
02	Client Lost Contact	A	10/01/2023
03	Completed Service	A	10/01/2023
04	Deceased	A	10/01/2023
05	Ind/Family Relocated	A	10/01/2023
06	Placed in Setting that Excludes Service	A	10/01/2023
07	Terminated Services AMA	A	10/01/2023
11	CMHC Discharged - Staff Unavailable	A	10/01/2023
12	From Waitlist ONLY, Declined when Reoffered	A	12/01/2023

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

EPISODEID

   Field Name Episode ID

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

 Description Provider supplied value that uniquely identifies the Episode record

   Comments

OFFERDATE

Field Name Offer Date

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

Description Date the client was offered the service

Comments Report in MM/DD/YYYY format

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

PROGTYPE

Field Name Program Type Code

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

Description Code to identify the program that relates to the Episode

Comments Valid codes are '1715' (HICC) or '1690' (IHI)

REFDATE

Field Name Referral Date

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

Description Date the client was referred to the program

Comments Report in MM/DD/YYYY format

SVCSTATUS

Field Name Episode Service Status

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

Description Code to indicate the status of the Episode

Comments Code Table

Value	Description	Status	Status Date
1	Received Services	A	10/01/2023
2	Removed Prior to Receiving Services (Waitlist)	A	10/01/2023
3	Declined HICC, Accepted LICC	A	10/01/2023
4	Declined Services	A	10/01/2023
5	Currently on Waitlist	A	10/01/2023
6	Not Appropriate for Service	A	10/01/2023

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