

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

03/21/2024

**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 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	Should be used when DHR has legal custody AND the child is in foster care. You would choose both DHR Full-Custody and DHR-Foster Care as Foster Care is a sub-set of kids under DHR Foster Care	A	04/01/2021
02	DHR – Full Custody	Should be used when DHR has legal custody, which could be when still with another setting such as family or residential, etc., to include Foster Care	A	04/01/2021
03	DHR – Open Protective Services	Should be used when DHR is involved, because the child needed protective services; DHR does not necessarily have custody	A	04/01/2021
04	DYS	Youth involved with Department of Youth Services	A	04/01/2021
05	ER/General Hospital	Consumer has recent ER visit or General Hospital stay. Referral is related to SED/SMI issues	A	04/01/2021
06	Inpatient Psychiatric Acute Unit	Consumer has recent admission in IP Psyche Acute Unit (e.g., UAB, Hillcrest Acute, Bay Pointe Acute , DMW Acute, East Alabama Medical Center Acute, or other)	A	04/01/2021
07	JCS – County Level	Youth has recent involvement with the county level Juvenile Court System	A	04/01/2021
08	Multiple Needs	Youth is staffed with the local Multiple Needs team and/or Referred to the State Team	A	04/01/2021
09	Other Community Mental Health Treatment Providers	Consumer recently received SED/SMI treatment in the community (this could mean a private mental health provider or another CMHC)	A	04/01/2021
10	Psychiatric Residential Treatment Facility (PRTF)	Youth has recent admission to PRFT (e.g., Laurel Oaks RTC, Bay Pointe RTC , Hillcrest RTC, Glenwood RTC, or other)	A	04/01/2021
11	School – Regular Ed	Youth is having issues in Regular Education classes (could have 504 Plan but not required)	A	04/01/2021
12	School – Special Ed	Youth is having issues in Special Education classes (IEP)	A	04/01/2021
13	Adult Justice System	Consumer has recent involvement with the adult justice system	A	04/01/2021
15	Primary Care Physician/Medical Provider	Consumer has ongoing involvement with primary care physician where coordination would be beneficial (i.e. primary care physician, pediatrician, FQHC, OBGYN, Urgent Care, etc.)	A	
16	Other Community Agency	Consumer has ongoing involvement with support services or community agencies where coordination would be beneficial (i.e. homelessness shelter, food bank, domestic violence agencies, housing CoCs and PHA, vocational rehab, etc.)	A	
90	Only our CMHC Involved	The only agency involved at the time of referral was your CMHC (replaces “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 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