ACSIS Data Element Dictionary
Client Profile

08/21/2025

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 Unique Case number assigned to the client by the CMHC

Comments A client's Case Number should remain the same throughout their treatment at the CMHC. Any migration to, or implementation of, a new software system, must maintain the client's Case Number for state reporting. If a client ends treatment and later comes back, the CMHC should use the same Case Number as before and not assign a new one.

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/Cohabitating		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 Organization ID of the CMHC 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. Report "90" if no agency involvment other than your CMHC

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
14	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	
15	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

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	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
14	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	
15	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

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	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
14	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	
15	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

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	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
14	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	
15	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

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	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
14	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	
15	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

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	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
14	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	
15	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

REFAGCY07

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	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
14	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	
15	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

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	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
14	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	
15	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

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	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
14	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	
15	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

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	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
14	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	
15	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

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 bas

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 bas

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 bas

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