

ACSIS CLIENT PROFILE (HSCLINT)

Code Tables

Version 3
Change Effective Date October 22, 2008

Field Name - ADMATNDSCH

School Attendance at Admission

CODE	DESCRIPTION
Y	Attends School Regularly
N	Does Not Attend School Regularly

Field Name - ADULTUPDT

Adult Functioning Score Time Period

CODE	DESCRIPTION
A	Score at Admission
U	Score at Update
D	Score at Discharge

Field Name - ATNDSCHOOL

School Attendance at Update

CODE	DESCRIPTION
01	In School
02	Completed education
03	Too young to be in school
04	Expelled/suspended from school
05	Dropped out of school (Grades K-12)

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Field Name - AXIS1DIAG1
AXIS1DIAG2
AXIS2DIAG1
AXIS2DIAG2

Diagnosis Codes for Axis I and AXIS II

CODE TABLE DSM-IV-TR

Field Name - AXIS3DIAG1
AXIS3DIAG2

Diagnosis Codes for Axis III

CODE TABLE ICD-9-CM

Field Name - CHILDUPDT

Child Functioning Score Time Period

CODE	DESCRIPTION
A	Score at Admission
U	Score at Update
D	Score at Discharge

Field Name - DUALDIAG

Dual Diagnosis Code

CODE	DESCRIPTION
00	Not Dually Diagnosed
01	MI-MR
02	MI-SA
03	MR-SA
04	MI-MR-SA

Field Name - EDUCATION

Level of Education

CODE	DESCRIPTION
00	Preschool/Kindergarten
01	First Grade
02	Second Grade
03	Third Grade
04	Fourth Grade
05	Fifth Grade
06	Sixth Grade
07	Seventh Grade
08	Eighth Grade
09	Ninth Grade
10	Tenth Grade
11	Eleventh Grade
12	Twelfth Grade
13	High School Diploma or GED
14	Some education beyond high school but no degree
15	Associate degree
16	Bachelor's degree
17	Master's degree
18	Doctorate (e.g., M.D., Ph.D., Sc.D., J.D., Ed.D., D.O.)
19	No formal education
20	Special Education
98	Other

Field Name - EMPLOY

Employment Status

CODE	DESCRIPTION
A	Full-time
B	Part-time
C	Unemployed/Looking for work
D	Homemaker
E	Student
F	Retired
G	Disabled
H	Inmate of institution
I	Not looking for work over the past 30 days
S	Supported Employment

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Field Name - EXPELLED

Expelled from School

CODE	DESCRIPTION
Y	Expelled from School
N	Not Expelled from School

Field Name - GUARDSHIP

Guardianship Code

CODE	DESCRIPTION
101	Legally appointed guardian
103	None (Child with natural parent or Adult with no guardian)
104	DHR Custody
105	DYS Custody

Inactive codes:

001	Guardian-Full
002	Guardian-Limited
003	None
004	DHR Custody
005	DYS Custody

Revised 04/01/2008 **Field Name - HEARING**

Hearing Status

CODE	DESCRIPTION
1	Hearing: A person whose hearing is within normal range and exhibits no significant functional impairment of communication
2	Hard of Hearing: Someone with a hearing loss, either unilaterally or bi-laterally, who with or without amplification, can understand spoken language in some settings
3	Deaf: A person with a hearing loss who, with or without amplification, cannot understand spoken language.

Field Name - HISPANIC

Hispanic Origin

CODE	DESCRIPTION
1	Not of Hispanic Origin
2	Puerto Rican
3	Cuban
4	Other Hispanic
5	Mexican/Mexican American

Field Name - LEGAL

Legal Status at Time of Admission/Re-Admission

CODE	DESCRIPTION
1	Voluntary
3	Involuntary Criminal
5	Not Guilty By Reason of Insanity
6	Juvenile Court
7	Involuntary Civil - Outpatient
8	Involuntary Civil - Inpatient
9	Other Court Ordered

Field Name - MAILCNTY

County

CODE	DESCRIPTION	CODE	DESCRIPTION
001	Autauga	036	Jackson
002	Baldwin	037	Jefferson
003	Barbour	038	Lamar
004	Bibb	039	Lauderdale
005	Blount	040	Lawrence
006	Bullock	041	Lee
007	Butler	042	Limestone
008	Calhoun	043	Lowndes
009	Chambers	044	Macon
010	Cherokee	045	Madison
011	Chilton	046	Marengo
012	Choctaw	047	Marion
013	Clark	048	Marshall
014	Clay	049	Mobile
015	Cleburne	050	Monroe
016	Coffee	051	Montgomery
017	Colbert	052	Morgan
018	Conecuh	053	Perry
019	Coosa	054	Pickens
020	Covington	055	Pike
021	Crenshaw	056	Randolph
022	Cullman	057	Russell
023	Dale	058	St. Clair
024	Dallas	059	Shelby
025	DeKalb	060	Sumter
026	Elmore	061	Talladega
027	Escambia	062	Tallapoosa
028	Etowah	063	Tuscaloosa
029	Fayette	064	Walker
030	Franklin	065	Washington
031	Geneva	066	Wilcox
032	Greene	067	Winston
033	Hale	098	Out of State
034	Henry	099	Unknown
035	Houston		

Field Name - MAILSTATE

State

CODE	DESCRIPTION	CODE	DESCRIPTION
AK	Alaska	OH	Ohio
AL	Alabama	OK	Oklahoma
AZ	Arizona	OR	Oregon
AR	Arkansas	PA	Pennsylvania
CA	California	PR	Puerto Rico
CO	Colorado	RI	Rhode Island
CT	Connecticut	SC	South Carolina
DC	Washington DC	SD	South Dakota
DE	Delaware	TN	Tennessee
FL	Florida	TX	Texas
GA	Georgia	UK	Unknown
HI	Hawaii	UT	Utah
IA	Iowa	VT	Vermont
ID	Idaho	VA	Virginia
IL	Illinois	VI	Virgin Islands
IN	Indiana	WA	Washington
KS	Kansas	WI	Wisconsin
KY	Kentucky	WV	West Virginia
LA	Louisiana	WY	Wyoming
MA	Massachusetts		
MD	Maryland		
ME	Maine		
MI	Michigan		
MN	Minnesota		
MO	Missouri		
MS	Mississippi		
MT	Montana		
NC	North Carolina		
ND	North Dakota		
NE	Nebraska		
NV	Nevada		
NH	New Hampshire		
NJ	New Jersey		
NM	New Mexico		
NY	New York		
OC	Out of Country		

Field Name - MARITAL

Marital Status

CODE	DESCRIPTION
1	Legally Married
2	Never Married
3	Separated/Legally or Otherwise Absent
4	Divorced
5	Widowed
6	Common Law/Cohabiting

Field Name - RACE

Race

CODE	DESCRIPTION
01	Black/African American
02	White
03	Alaskan Native
04	American Indian
06	Asian
07	Native Hawaiian/Other Pacific Islander
08	More Than One Race Reported
09	Other

Field Name RESARR

Residential Arrangement

CODE	DESCRIPTION
A	Independent Living
B	Resides with family
C	Homeless/Shelter
D	Jail or correctional facility
E	Other institutional setting (ex. nursing home)
F	Center operated/contracted residential program
G	Center subsidized housing
H	Alabama Housing Finance Authority housing
I	Other (ex. foster care, DYS group home)

Field Name - SCHOOLTYPE

School Type

CODE	DESCRIPTION
01	Traditional
02	Special ED Inclusion
03	Special ED Exclusion
04	Home Bound
05	Alternative
06	Home Schooled

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Field Name - SEX

Client's Gender

CODE	DESCRIPTION
M	Male
F	Female

Field Name - SMI/SED

Seriously Mental Ill/ Severely Emotionally Disturbed Status

CODE	DESCRIPTION
1	SMI - Meets the diagnosis and disability criteria for serious mental illness
2	Contract Eligible - Has a history of DMH/MR supported inpatient or public residential treatment as a result of an Axis I mental illness diagnosis
3	Contract Eligible - Would become at imminent risk of needing inpatient hospitalization without outpatient intervention
4	SED - Separated from family (Out-of-Home Placement)
5	SED - Functional Impairment
6	SED - Symptoms
7	SED - Risk of Separation
N	Does Not Meet SMI/SED or Contract Eligibility Criteria
U	SMI/SED Status Undetermined

NOTE: Refer to Exhibit MI-2 of the Mental Illness Community Service/Programs contract for specific diagnosis and disability requirements for SMI and specific descriptions of out-of-home placements, functional impairment, symptoms and risk of separation for SED

Field Name - TREASON

Reason for Termination

CODE	DESCRIPTION
0	Discharged-Client Relocated
1	Transferred responsibility for the patient officially accepted by another organization and patient transferred to that organization
2	Administratively discontinued (no contact with organization for 90 days)
3	Patient/client died
4	Patient/client terminated services against advice
5	Patient/client lost to contact
6	Discharged - treatment completed; no referral
7	Discharged - additional services advised; no referral
8	Discharged - additional services advised; referral made
9	Other
I	Inactive - has not received service in 12 months
J	Incarcerated
T	Transferred to other SA treatment program, did not report

Field Name - VETERAN

Military or Veteran Status

CODE	DESCRIPTION
1	Not a veteran
2	Yes, currently on active duty
3	Yes, previously on active duty
4	Military dependent