

# Terminology Glossary

---

## **(CA)LOCUS Date**

(CA)LOCUS Date

## **180-Day Review Notes**

180-Day - Notes

---

## **2+ I/P admits due to MH dx during prev. 2-yrs**

B-Diagnosis Qualifier: 2+ inpatient admissions due to mental health diagnosis during previous 2-years.

---

## **Accept./Engagmnt - Prnt/Prim. Care Taker Score**

Acceptance and Engagement - Parent/Primary Caretaker Score

---

## **Acceptance and Engagement - Child/Adolescent Score**

Acceptance and Engagement - Child/Adolescent Score

---

## **Action Code**

A code to indicate what action is to be performed on the record during the transaction process.

---

## **Add'l Information to Consider**

Any other information that should be considered.

---

## **Admission Date**

The date a consumer was admitted to a facility.

---

## **Admission Diagnosis**

The diagnosis of the consumer at time of admission into the inpatient facility.

---

## **Admission Source Code**

A code indicating the source of this admission. [UB-92]

---

## **Admission Time**

The time of day consumer is admitted into the inpatient facility. Use 24-hour clock.

---

## **Admission Type Code**

A code indicating the priority of this admission/visit. [UB-92]

---

## **Advances in Technology, Inc. (AIT)**

Previously known as "Olympic Resources", AIT is the for-profit subsidiary of Compass Health, Inc. created to provide hardware, software (excluding Raintree software maintained by Sound Data Services), communications, and other network services/support for Compass Health and other AIT customers that include but are not limited to other MH agencies within or outside of the North Sound region. The director of AIT is Dean Wight.

---

## **Agency Reporting Unit ID**

A code established by the Mental Health Division to uniquely identify an organization delivering services to a consumer.

---

## **Agency Transferred to**

When the Determination of a Request for Service is 'Transferred to Agency', what Agency was the client transferred to?

---

## **Annual Gross Income**

---

# Terminology Glossary

Average annual family income. Family defined as members who normally share living environment who share income. This does not include income of group home members, other shelter members or inpatient roommates. Use the information available or best estimation in determining this element. If a person is on SSI, or eligible for Washington State medical assistance, assume that the person is below the Federal Poverty level. For inpatients this represents the income of the family of residence. For foster children, report the child's annual income (benefit).

---

## Approved End Date

Approved End Date

---

## Approved Start Date

Approved Start Date

---

## Assessment Clinician Name (LName, FName)

Intake Staff

---

## Assessment Facility Code

A code, in combination with the ORG, to identify a specific physical office, building location or other addressable place which the organization maintains and at which clients receive services or at which an agency bases providers or other staff. A facility can be a floor or wing of a building with its own office organization.

---

## Assigned Authorization Number

Assigned Authorization Number

---

## Associated Provider Network, Inc. (APN)

A non-profit 501-C3 corporation created in 1992 by several mental health treatment providers in the North Sound region to contract with NSMHA with the mental health treatment providers serving on the Board of Directors. APN, Inc. ended in late 2007 as NSMHA changed practices to contract directly with each agency starting in October, 2007. At that time, two new service providers were added to the mix of contracted agencies.

---

## Authorization End Date

The end date of the authorization period for outpatient services.

---

## Authorization ID

A number identifying the authorization of outpatient services.

---

## Authorization Number

A code issued by the RSN to authorize a community hospital stay. The community hospital billings contain a 9 character field which identifies both the RSN issuing the authorization number and the authorization number.

Note:

The community hospital authorization number is 9 characters in length. The first 2 characters are always "88". The last two characters identify the RSN. The middle 5 characters represent the authorization number issued by the RSN. These 5 digits should be left zero fill.

---

## Authorization Start Date

The start date of the authorization period for outpatient services.

---

## Authorization Type

# Terminology Glossary

A code to indicate the type of authorization for outpatient services.

---

## **Batch Date**

The date when the batch was created.

---

## **Batch Number**

The unique identifier of the batch.

---

## **Behavioral Data Systems, Inc. (BDS)**

A for-profit corporation owned by Craig and Bobbi Bellusci that purchased the rights to software developed by SIA and further developed the software to support the needs of mental health agencies and Regional Support Network offices that had formerly used SIA software. When BDS stopped providing services, agencies in the North Sound region purchased Raintree Systems, Inc. software.

---

## **Booking Date**

Date consumer was booked in jail

---

## **Certification Type Code (Authorization)**

Certification Type Code

---

## **CGAS**

Global Assessment Scale for Children 6 to 17 Years of Age. Specified Time Period: 1 month  
Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g. 35, 58, 62). Rate actual functioning regardless of treatment or prognosis.

---

## **Child Age<6 - Atypical Behavioral Patterns...**

B-Diagnosis Qualifier: Child age<6 - Atypical behavioral patterns...

---

## **Child Age<6 - Atypical Emotional Response...**

B-Diagnosis Qualifier: Child Age<6 - Atypical Emotional Response...

---

## **Child Only-At risk of escalating symptoms due...**

B-Diagnosis Qualifier: Child only - at risk of escalating symptoms due...

---

## **Client Has a History of Chronic MH Needs...**

180-Day - Client has a history of chronic mental health needs and needs ongoing mental health services (or psychiatric services) to maintain high-level functioning.

---

## **Client's Condition Continues to Meet Admission...**

180-Day - Client's condition continues to meet admission and clinical criteria.

---

## **Client's Condition Continues to Meet Continued...**

180-Day - Clients Condition continues to meet continued stay criteria.

---

## **Client's Presenting Problem at Access**

Client's Presenting Problem at Access.

---

## **Clinical Justification for Difference**

Clinical justification for difference between Placement Grid Level and Clinical Level of Care Recommendation.

---

## **Clinician Level of Care Recommendation**

---

# Terminology Glossary

Clinician Level of Care Recommendation

---

## Community Mental Health Services (CMHS)

This non-profit corporation merged with Compass Health in 1993 but was involved with the original search for and purchase of the first MH software system to support the North Sound Region.

---

## Co-Morbidity Score

Co-Morbidity Score

---

## Completed Date

180-Day Completed Date

---

## Composite Diagnosis Code Pointer 1

A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive.

## Composite Diagnosis Code Pointer 2

A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the second diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

---

## Composite Diagnosis Code Pointer 3

A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the third diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

## Composite Diagnosis Code Pointer 4

A pointer to the claim diagnosis code in the order of importance to this service. Use this pointer for the fourth diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

---

## Composite Score

(CA)LOCUS Composite Score

---

## Consultation

A flag to indicate the crisis service reported on the CDMHP Investigation transaction was a consultation.

---

## Consultation - CD System

A flag to indicate the type of consult provided.

---

## Consultation - CDMHP

A flag to indicate the type of consult provided.

---

## Consultation - Child

A flag to indicate the type of consult provided.

## Consultation - Criminal Justice System

A flag to indicate the type of consult provided.

---

## Consultation - DD System

A flag to indicate the type of consult provided.

---

# Terminology Glossary

---

## **Consultation - Ethnic Minority**

A flag to indicate the type of consult provided.

## **Consultation - Family and Natural Supports**

A flag to indicate the type of consult provided.

---

## **Consultation - Hospital ER**

A flag to indicate the type of consult provided.

---

## **Consultation - Older Adult System**

A flag to indicate the type of consult provided.

---

## **Consultation - Other CMH Professional**

A flag to indicate the type of consult provided.

---

## **Consultation - Other Professional - Outside ICRS**

A flag to indicate the type of consult provided.

---

## **Consultation - Other Professional - Within ICRS**

A flag to indicate the type of consult provided.

---

## **Consultation - Primary Care Provider**

A flag to indicate the type of consult provided.

---

## **Consultation - Psychiatrist**

A flag to indicate the type of consult provided.

---

## **Consultation - School**

A flag to indicate the type of consult provided.

---

## **Consumer Address Line 1**

The first address line of the current mailing address of the consumer, if applicable.

---

## **Consumer Address Line 2**

The second address line of the current mailing address of the consumer.

---

## **Consumer City**

The city of the current mailing address of the consumer.

---

## **Consumer Phone Num 1**

A phone number to contact the consumer. Match with Consumer Phone Number Type 1 and Consumer Phone Status 1 for additional information about phone number.

---

## **Consumer Phone Num 2**

A phone number to contact the consumer. Match with Consumer Phone Number Type 2 and Consumer Phone Status 2 for additional information about phone number.

---

## **Consumer Phone Status 1**

A code indicating when Consumer Phone Number 1 may be called and whether leaving a message is permissible.

---

## **Consumer Phone Status 2**

---

# Terminology Glossary

A code indicating when Consumer Phone Number 2 may be called and whether leaving a message is permissible.

## Consumer Phone Type 1

A code to indicate any restrictions on the phone number.

---

## Consumer Phone Type 2

A code to indicate any restrictions on the phone number.

---

## Consumer State

The state code of the current mailing address of the consumer.

---

## Consumer ZIP Code

The ZIP code of the current mailing address of the consumer.

---

## Continued Service is Court Ordered

180-Day - Continued service is court ordered.

---

## Continued Service is Court Ordered by LRA/CR

180-Day - Continued service is court ordered by a Less Restrictive Alternative or Conditional Release

## Continued Treatment is Deemed Medically...

180-Day - Continued treatment is deemed medically necessary to prevent deterioration as evidenced by previous unsuccessful discharges.

---

## Co-Occurring Disorder Assessment Quadrant Value

Co-Occurring Disorder Assessment Quadrant Value.

---

## Co-Occurring Disorder EDS Screening Score

Co-Occurring Disorder EDS Screening Score. When reporting the outcome of a screening, a value must be provided. The range for a screening that is completed is between 0 and 5. Use '8' to indicate the client refuses to participate in the specific scale; '9' to indicate client is unable to complete specific scale.

---

## Co-Occurring Disorder IDS Screening Score

Co-Occurring Disorder IDS Screening Score. When reporting the outcome of a screening, a value must be provided. The range for a screening that is completed is between 0 and 5. Use '8' to indicate the client refuses to participate in the specific scale; '9' to indicate client is unable to complete specific scale.

---

## Co-Occurring Disorder SDS Screening Score

Co-Occurring Disorder SDS Screening Score. When reporting the outcome of a screening, a value must be provided. The range for a screening that is completed is between 0 and 5. Use '8' to indicate the client refuses to participate in the specific scale; '9' to indicate client is unable to complete specific scale.

---

## County of Residence

The county where the consumer lives or unknown. Code '40 - Unknown' should not be used for ongoing outpatient services. Do not change if the consumer is placed in an institutional setting such as WSH.

## CPT Code

Current Procedural Terminology (CPT) codes found in the current CPT manual as published by the American Medical Association.

Also, the Health Care Procedural Coding System (HCPCS) codes are used to describe services rendered.

---

# Terminology Glossary

---

## **Dangerous to Others**

Reason for the detention of Danger to Others.

## **Dangerous to Property**

Reason for the detention of Danger to Property.

---

## **Dangerous to Self**

Reason for the detention of Danger to Self.

---

## **Date Crisis Plan Entered**

The date the crisis plan was entered into the system.

---

## **Date of Authorization Request**

Date of Authorization Request

---

## **Date of Birth**

The date a person was reported born.

---

## **DC03**

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) is a product of eight years of work by ZERO TO THREE'S multidisciplinary Diagnostic Classification Task Force. The task was to develop the first comprehensive guide to assessment, diagnosis and treatment planning for mental health problems in children, from infants to toddlers. (see <http://www.zerotothree.org>)

Zero to 100 scale describes the child's level of functioning. Complements DSM-IV. Original Source: Zero to Three/ National Center for Clinical Infant Programs, 1994 Current Codes available from the Washington Institute for Mental Illness Research & Training (WIMIRT).

---

## **Determination**

At the end of the Request for Service, what was the determination? Check this field if the client was transferred to an Agency. Leave the field unchecked if the client was not transferred to an Agency.

---

## **Diagnosis - Axis I - Primary**

Diagnosis - Axis I - Primary

---

## **Diagnosis - Axis I - Secondary**

Diagnosis - Axis I - Secondary

---

## **Diagnosis - Axis I - Tertiary**

Diagnosis - Axis I - Tertiary

---

## **Diagnosis - Axis I Primary**

A code representing the predominant mental health diagnosis for the periodic period, which is a different business use than a specific encounter diagnosis as reported in Outpatient Services.

---

## **Diagnosis - Axis I Secondary**

A code representing the predominant mental health diagnosis for the periodic period, which is a different business use than a specific encounter diagnosis as reported in Outpatient Services.

---

## **Diagnosis - Axis II - Primary**

Diagnosis - Axis II - Primary

---

# Terminology Glossary

---

## **Diagnosis - Axis II - Secondary**

Diagnosis - Axis II - Secondary

## **Diagnosis - Axis II - Tertiary**

Diagnosis - Axis II - Tertiary

---

## **Diagnosis - Axis II Primary**

A code representing the predominant mental health diagnosis for the periodic period, which is a different business use than a specific encounter diagnosis as reported in Outpatient Services.

## **Diagnosis - Axis II Secondary**

A code representing the predominant mental health diagnosis for the periodic period, which is a different business use than a specific encounter diagnosis as reported in Outpatient Services.

---

## **Diagnosis - Axis III**

Diagnosis - Axis III

## **Diagnosis - Axis IV - Primary**

Diagnosis - Axis IV - Primary

---

## **Diagnosis - Axis IV - Secondary**

Diagnosis - Axis IV - Secondary

## **Diagnosis - Axis IV - Tertiary**

Diagnosis - Axis IV - Tertiary

---

## **Diagnosis - Axis V**

Diagnosis - Axis V

---

## **Diagnosis 2**

Additional diagnosis related to the the service rendered.

---

## **Diagnosis 3**

Additional diagnosis related to the the service rendered.

---

## **Diagnosis 4**

Additional diagnosis related to the the service rendered.

---

## **Diagnosis 5**

Additional diagnosis related to the the service rendered.

## **Diagnosis 6**

Additional diagnosis related to the the service rendered.

---

## **Diagnosis 7**

Additional diagnosis related to the the service rendered.

## **Diagnosis 8**

Additional diagnosis related to the the service rendered.

---

## **Diagnosis Date**

Principal Diagnosis Date

---

# Terminology Glossary

---

## **Discharge Date**

The date a consumer was discharged from an inpatient or E&T facility.

## **Discharge Diagnosis 1**

The first diagnosis of the consumer at time of discharge from the inpatient facility.

---

## **Discharge Diagnosis 2**

The second diagnosis of the consumer at time of discharge from the inpatient facility.

---

## **Discharge Time**

The time of day consumer is discharged from the inpatient facility. Use 24-hour clock.

---

## **Dispatch Date**

The date that the dispatch call for outreach or CDMHP investigation is completed.

---

## **Dispatch Time**

Time of day that dispatch call for outreach or CDMHP investigation is completed. Time value will be submitted using a 24-hour clock.

---

## **Disposition**

A code representing the reason a consumer did not return for further community mental health services.

---

## **Disposition Date**

The date identified as the point in time when a consumer did not return for further Community Mental Health services.

---

## **Documented Reason for Assessment Delay**

Documented reason for assessment delays that are more than 10 days from the request for service.

---

## **Due Date**

180-Day Due Date

---

## **Duration of Stay**

The total number of days a consumer was admitted to an inpatient facility.

---

## **Early Termination Date**

The date in which the Outpatient Authorization was terminated earlier than the Authorization End Date.

---

## **EDI**

Electronic Data Interchange. A standard for exchanging information between computer systems.

## **Education**

A code to indicate if a consumer is in a formal educational program. This includes home schooling.

---

## **Effective Date**

The date the information contained in the record is effective.

## **Effective Date (10th)**

The date when the 10th Primary Clinician for the consumer became effective.

---

## **Effective Date (1st)**

The date when the 1st Primary Clinician for the consumer became effective.

---

# Terminology Glossary

---

## Effective Date (2nd)

The date when the 2nd Primary Clinician for the consumer became effective.

## Effective Date (3rd)

The date when the 3rd Primary Clinician for the consumer became effective.

---

## Effective Date (4th)

The date when the 4th Primary Clinician for the consumer became effective.

---

## Effective Date (5th)

The date when the 5th Primary Clinician for the consumer became effective.

---

## Effective Date (6th)

The date when the 6th Primary Clinician for the consumer became effective.

---

## Effective Date (7th)

The date when the 7th Primary Clinician for the consumer became effective.

---

## Effective Date (8th)

The date when the 8th Primary Clinician for the consumer became effective.

---

## Effective Date (9th)

The date when the 9th Primary Clinician for the consumer became effective.

---

## Employment Status

A code used to define the employment status of the individual.

Guidelines:

This field is required to be reported as part of Consumer Periodics. This status may be recorded as "9-Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the time period reported. Children under 16 years of age should be reported using code "8" or "9".

---

## EMR

Electronic Medical Record. The electronic record of health-related information on an individual that is created, gathered, managed, and consulted by licensed clinicians and staff from a single organization who are involved in the individual's health and care. Source: <http://en.wikipedia.org/wiki/EMR>

---

## End Date

The end date of the time period that the Medical Identification Card is valid. Enter the date exactly as entered on Medical Identification Card in the 'To:' section.

---

## Ending Episode of Care...Would Not Be...

180-Day - Ending episode of care at this time would not be in the client's best interests and client is requesting that services continue.

---

## Engagement Score

Engagement Score

---

## Episode End (Close) Date

The date when the episode ended.

---

## Episode End Date

---

# Terminology Glossary

The date when the episode ended.

---

## Episode ID

A code to uniquely identify the consumer's episode.

---

## Episode Start (Admit) Date

The date when the episode began.

---

## Episode Start Date

The date when the episode began.

---

## Episode Type

A code to indicate the type of episode.

## EPSDT Indicator

A code indicating a Yes or No condition or response. This element is used to flag a referral into or out of an agency that is related to an Early and Periodic Screen for Diagnosis and Treatment for children (EPSDT) screening. A 'Y' value indicates that a child arrived with a screening referral or that the mental health provider made a referral out to other EPSDT covered services. A 'N' value indicates that no EPSDT referral was made.

---

## Ethnicity 1

The first reported ethnicity of the consumer.

## Ethnicity 2

The second reported ethnicity of the consumer. If not reported by the consumer, leave null.

---

## Ethnicity 3

The third reported ethnicity of the consumer. If not reported by the consumer, leave null.

## Expedited Authorization Flag

Authorization - Standard or Expedited (Get more definitional explanation [here.](#))

---

## Extension Requested by

Extension Requested by Consumer or Provider

---

## Facility Code

A code, in combination with the ORG, to identify a specific physical office, building location or other addressable place which the organization maintains and at which clients receive services or at which an agency bases providers or other staff. A facility can be a floor or wing of a building with its own office organization.

---

## First Accepted Intake Appointment Date

The date of the first intake appointment that was accepted by the client.

---

## First Accepted Intake Appointment Time

The time of day of the first intake appointment that was accepted by the client. Use a 24-hour clock in the HH:MM format.

---

## First Offered Appointment Reason

A code to indicate the reason the First Offered Intake Appointment was more than 10-days from the Request for Service.

# Terminology Glossary

---

## First Offered Intake Appointment Date

The date of the first offered intake appointment that was offered to the client.

## First Offered Intake Appointment Time

The time of day of the first offered intake appointment that was offered to the client. Use a 24-hour clock in the HH:MM format.

---

## First Routine Appt. Scheduled Outside 28-Days

A code to indicate the reason why the First Routine Appointment was scheduled outside the 28-day timeline. If the First Routine Appointment did not occur outside the 28-day timeline, use code '00 - Did not occur outside 28-day timeline'.

---

## FRA Accepted Date

First Routine Appointment Accepted Date

---

## FRA Accepted Time

First Routine Appointment Accepted Time

---

## FRA not occurred reason codes

If the First Routine Face-to-Face Appointment did not occur, select the appropriate reason code.

---

## FRA Offered Date

First Routine Appointment Offered Date

---

## FRA Offered Time

First Routine Offered Appointment Time

---

## FRAS Outside 28-Days Reason Codes

A code to indicate the reason why the First Routine Appointment was scheduled outside the 28-day timeline. If the First Routine Appointment did not occur outside the 28-day timeline, use code '00 - Did not occur outside 28-day timeline'.

---

## Functional Status Score

Functional Status Score

---

## GAF

Global Assessment of Functioning.

---

## Gender

A code indicating a person's gender as reported by the consumer.

---

## Given Name

The given/first/informal names of a consumer as provided by the Provider Agency. (May include Title.) In general, follow the rules of the appropriate culture when determining which name is the surname and which the given name. Consistency is important here, because the last name and given names are both used as elements to uniquely identify the person across the system.

The given name as recorded on significant documentation can be used to resolve contradictions. Use reasonable judgment to determine the best choice.

## Grade Level

---

# Terminology Glossary

Identifies the highest grade level completed by the consumer. Use code "99-Unknown" for kids who are younger than preschool age.

## Gravely Disabled

Reason for the detention of Gravely Disabled.

---

## GUID of Additional Authorization Request Info.

GUID of related Additional Authorization Information record

---

## Health Care Service Location

The code that identifies where the service was performed.

---

## Hearing County

The county where a court hearing was held.

---

## Hearing Date

The date of a court hearing.

---

## Hearing Outcome

Code representing the number of days committed as a result of a court order.

Note: No distinction is made between initial commitments/LRA and extensions. If the court orders another time period, round up to nearest time period.

Special Note for Codes 7 and 8: These are court hearing outcomes based on petitions for revocation filed by the DCR. The DCR can return a person to inpatient status then file a petition for court determination. The court can revoke the LRA (Code 7) which substantiates the DCR's action and returns the person to inpatient for the remainder of their time. The court may also may return the person to the community on a less restricted alternative (Code 8) with the same or amended conditions.

---

## High Risk Behavior Previous 90-days

B-Diagnosis Qualifier: High risk behavior previous 90-days

---

## Hire Date

Date staff member was hired.

---

## Hispanic Origin

A person of Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race. The code is for primary self-reported Hispanic type. Roll-up code "000" may only be used with ITA and Crisis one-time services.

Use the code that describes the person's identification with Hispanic culture, origin or decent, in addition to the ethnicity recorded under Ethnicity. If NSMHA has conflicting views from its providers, NSMHA will submit the most recent reported.

---

## Impairment Kind 1

The set of codes which identifies an individual's disability, in addition to the mental disorder for which they are being treated. The disability should have a major impact on the person and their ability to function in the community and to procure food, clothing, and a safe place to live. Multiple categories can be selected to describe the individual's impairment(s). Enter up to three applicable disability codes.

## Impairment Kind 2

# Terminology Glossary

The set of codes which identifies an individual's disability, in addition to the mental disorder for which they are being treated. The disability should have a major impact on the person and their ability to function in the community and to procure food, clothing, and a safe place to live. Multiple categories can be selected to describe the individual's impairment(s). Enter up to three applicable disability codes.

---

## Impairment Kind 3

The set of codes which identifies an individual's disability, in addition to the mental disorder for which they are being treated. The disability should have a major impact on the person and their ability to function in the community and to procure food, clothing, and a safe place to live. Multiple categories can be selected to describe the individual's impairment(s). Enter up to three applicable disability codes.

---

## Initial Authorized Days

The number of days the authorization number initially covers.

---

## Inpatient Facility Reporting Unit ID

A code established by the Mental Health Division to uniquely identify an inpatient facility delivering inpatient services to a consumer.

---

## Intake Assessment Initiated Date

Date Intake Assessment Initiated (Get more definitional explanation here.)

---

## Intake Completed in Jail Code

A code to indicate whether or not a mental health intake was completed prior to the consumer's release from jail

---

## Intake Not Occurred Reason Code

A code to indicate reasons why the intake appointment did not occur.

---

## Intake Staff Site Fax Number

Facility Fax #

---

## Inter-Governmental Network (IGN)

The IGN is a fiber optic frame relay network created and maintained by Washington State Department of Information Services (DIS). The IGN began as the "Information Network for Public Health Organizations" (INPHO) in 1996, completed in 1997 through a federal grant to create an inexpensive, secure, and reliable way for health departments in Washington State to communicate. This network has expanded over the years to include all Washington counties and some cities in conjunction with the following state agencies: Department of Health (DOH); Administrative Office of the Courts (AOC); Washington State Patrol (WSP); Department of Social and Health Services (DSHS).

## Investigation County

The county where an investigation under the Involuntary Treatment Act took place.

---

## Investigation Date

Date of an investigation under the Involuntary Treatment Act.

## Investigation Outcome

A code indicating the outcome of a DCR Investigation.

Note: Code "1" or "7" (depending on detention facility type) if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily. In this case, document this as code 2, 3, or code 10-16.

# Terminology Glossary

---

## Investigation Reason

A code indicating the main reason for, or focus of a DMHP investigation.

## Investigation Start Time

Time of day an investigation was started. Submit the time using a 24-hour clock.

---

## Jail Code

A code indicating the name of the jail.

---

## Legal Status

A code indicating the legal status of a person upon entering a facility. If a person changes the legal status during the admission, use only the status at time of admission.

---

## Level

Level requested - Duration and Scope are incorporated into levels

## Living Situation

Identifies the environment in which the client lives. Although reported on a 90 day cycle, the living situation for the last 30 days (where the consumer was the majority of the time) is the information to be reported.

---

## Main Site Address Line 2

Main Site Address (Get more definitional explanation here.)

---

## Main Site City

Main Site City

---

## Main Site Telephone Number

Main Site Telephone #

## Main Site ZIP Code

Main Site ZIP

---

## Master Client Number

The identifier established by a Reporting Unit which uniquely identifies a consumer.

---

## Medicaid Application Completed Code

A code to indicate whether or not a Medicaid application was completed and submitted to CSO prior to consumer's release from jail.

---

## Medicaid Funded Y/N

A code to indicate whether the State Coupon Record has a Medicaid Funded mental health benefit. 'Y' indicates the consumer is Medicaid Eligible with a mental health benefit. 'N' indicates the consumer is Medicaid Eligible without a mental health benefit.

---

## Middle Initial

The consumers middle name or middle initial.

---

## Minutes Dispatch to Begin Time

The difference in time, expressed in minutes, between the time the dispatch for outreach or CDMHP investigation occurred and the actual time when the outreach or CDMHP investigation began.

---

# Terminology Glossary

---

## Minutes of Service

The number of minutes a specific service was provided. Per diem services shall be reported as one (1) minute.

---

## Month of Periodic

The year and month of the periodic information as reported by the clinician.

---

## MySQL

A relational database management system.

---

## No Mail Flag

A flag to indicate that the consumer requested to have mail sent to the agency for pick-up by the consumer.

---

## North Sound Mental Health Administration (NSMHA)

The Regional Support Network (RSN) located in Mount Vernon and contracted by the state Mental Health Division (MHD) to provide services to treat mental illness and meet the mental health needs in the North Sound (NS) region, made up of the following five counties in Washington State: Island, San Juan, Skagit, Snohomish, and Whatcom.

---

## Not Transferred to Agency Reason Codes

A code to indicate the reason that the Determination of the Request for Service was 'Not Transferred to Agency'.

---

## NSMHA Consumer Information System (NSMHA-CIS)

The Raintree database purchased by NSMHA and administered by Raintree Systems, Inc. for the purpose of storing and tracking NSMHA data requirements and generating and transmitting batches of MHD required data.

---

## Number of Completed Reviews

180-Day Number of Completed Reviews

---

## Number of Dependents

List number of individuals, in addition to the consumer, who rely on the annual family income. Family defined as members who normally share residence and who share income. Does not include group home members, other shelter members or inpatient roommates. For inpatients this represents the number of dependents in the family of residence. For foster children report dependent of 1.

---

## Organization Employer Identification Number

Organization Employer Identification Number

---

## Organization National Provider Identification

Organization National Provider Identifier

---

## Outreach

A flag to indicate the crisis service reported on the CDMHP Investigation transaction was an outreach.

---

## Parent/Guardian Name

Name of Parent/Guardian if applicable

---

## Patient Signature Source Code

---

# Terminology Glossary

Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider.

## **Patient Status Code**

A code indicating patient status as of the discharge date.

---

## **PIC**

The Personal Identifier Code (PIC) used to identify consumers eligible for state funded financial assistance as determined by the Division of Income Assistance. Also used by the Health and Recovery Services Administration to identify consumers eligible for Medical Assistance. Enter the PIC exactly as it is shown on the Medical ID Card.

---

## **Place of Service**

The code that identifies where the service was performed.

---

## **Placement (Rpt Unit)**

A code to identify the inpatient facility where an individual received inpatient services after an ITA Hearing where the consumer was ordered to an inpatient facility or after a CDMHP Investigation where the outcome was either: Detention, Referred to Voluntary Inpatient, or Return to Inpatient Facility.

---

## **Placement Grid Level**

Placement Grid Level

---

## **Preferred Language**

The language that the consumer prefers to receive services.

---

## **Previous Authorization Number**

Previous Authorization Number

---

## **Primary Clinician**

The primary clinician responsible for the primary outpatient episode of care.

---

## **Primary Clinician (10th)**

The Staff ID of the 10th Primary Clinician.

---

## **Primary Clinician (1st)**

The primary clinician responsible for the primary outpatient episode of care.

---

## **Primary Clinician (2nd)**

The Staff ID of the 2nd Primary Clinician.

---

## **Primary Clinician (3rd)**

The Staff ID of the 3rd Primary Clinician.

---

## **Primary Clinician (4th)**

The Staff ID of the 4th Primary Clinician.

---

## **Primary Clinician (5th)**

The Staff ID of the 5th Primary Clinician.

---

## **Primary Clinician (6th)**

The Staff ID of the 6th Primary Clinician.

---

# Terminology Glossary

---

## Primary Clinician (7th)

The Staff ID of the 7th Primary Clinician.

## Primary Clinician (8th)

The Staff ID of the 8th Primary Clinician.

---

## Primary Clinician (9th)

The Staff ID of the 9th Primary Clinician.

---

## Primary Indicator

A flag to indicate the Outpatient Episode record is the Primary Outpatient Episode for the consumer.

---

## Principal Diagnosis

The diagnosis related to the chief complaint.

---

## Prior Authorization or Referral Number

Prior Authorization or Referral Number

---

## Prior Public O/P MH Tx during prev. 90-days

B-Diagnosis Qualifier: Prior public outpatient mental health treatment during previous 90-days.

---

## Priority Code

Refer to RCW 71.24.025. This is an indicator of the relative seriousness, duration, and intensity of the presenting mental disorder of a particular person as well as distinguishing whether the consumer is a member of a targeted group as established by legislative mandate. Priority code is expected for crisis services. Providers may not have enough information about an individual to make a "chronic" determination, but the provider should have enough information to make a seriously disturbed or seriously emotionally disturbed rating. However, if a crisis worker cannot determine a priority of chronic or serious, the priority code should be reported as acute. If a person is determined by the RSN at their sole discretion to be at risk, code them as "A" acute, otherwise code "O" for other. See WAC 388-0865-0150 for definitions of adult and child. Currently a child is one who has not reached his/her eighteenth birthday unless Medicaid eligible in which case a child is one who has not reached his/her twenty first birthday. Adults and Children conditional definitions are included with the respective codes.

---

## Procedure Modifier 1

Service Modifier indicates a service that has been performed that has been changed or clarified by some specific circumstance. Modifiers are used in association with CPT/HCPCS codes.

---

## Procedure Modifier 2

Service Modifier indicates a service that has been performed that has been changed or clarified by some specific circumstance. Modifiers are used in association with CPT/HCPCS codes.

---

## Procedure Modifier 3

Service Modifier indicates a service that has been performed that has been changed or clarified by some specific circumstance. Modifiers are used in association with CPT/HCPCS codes.

---

## Procedure Modifier 4

Service Modifier indicates a service that has been performed that has been changed or clarified by some specific circumstance. Modifiers are used in association with CPT/HCPCS codes.

---

## Proposed End of Authorization Period

---

# Terminology Glossary

Proposed End Date of Authorization Period

---

## Proposed Start of Authorization Period

Proposed Start Date of Authorization Period

---

## Provider Management Information System (Provider MIS)

The Raintree database administered by Sound Data Services and used by mental health treatment providers that contract with NSMHA

---

## Provider Type

Identifies the professional level of a specific outpatient service provider. If a provider works as a counselor and a Mental Health Specialist, use code '07' only when that provider is providing a special population evaluation. Otherwise, they are to be listed by their credential as shown in the code table.

---

## Psych. Res. Tx LOS >= 6mos or D/C now from psych I/P

B-Diagnosis Qualifier: Psychiatric residential treatment length of stay greater than or equal to 6-months or now discharged from psychiatric inpatient.

---

## Race

Code indicating the racial or ethnic background of a person as defined for reporting under HIPAA regulations.

---

## Rainbow Resources

Previous name of one of the original members of Sound Data, Inc., Rainbow Resources changed their name to "bridgeways".

---

## Raintree Systems, Inc. (RT)

A corporation located in Temecula, CA that has developed, sells, and supports Raintree software.

---

## Recovery Environment - Level of Stress Score

Recovery Environment - Level of Stress Score

---

## Recovery Environment - Level of Support Score

Recovery Environment - Level of Support Score

---

## Reference Identification

Reference Identification is the Line Item Control Number in HIPAA. In the Provider to RSN 837P transaction, this will echo the \_rlguid.

---

## Referral From/Referral Source

A code to indicate the type of individual or organization which refers the client for services.

---

## Referral Source

For the CDMHP Investigation transaction, a code representing the main source of the referral of a consumer to a DMHP for investigation. For the Program Episode transaction, a code representing the referring source for a consumer to the specific program.

---

## Regional Consumer Information System (Regional CIS)

This term is used to encompass all of the information systems in the North Sound region that contribute to the information needs of NSMHA and each NSMHA contracted mental health service provider. The Regional CIS includes any data required to provide public mental health services, including MHD, RSN, and individual agency data requirements.

---

# Terminology Glossary

---

## Reject Reason

Reject Reason - Should an authorization request be denied, the reason for the rejection.

## Release Date

Date consumer was released from jail

---

## Release of Information Code

A code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.

## Reporting Unit Ordered To

A code to identify the inpatient facility where an individual received inpatient services after an ITA Hearing where the consumer was ordered to an inpatient facility or after a CDMHP Investigation where the outcome was either: Detention, Referred to Voluntary Inpatient, or Return to Inpatient Facility.

---

## Resiliency and Treatment History Score

Resiliency and Treatment History Score

---

## Review Action Code

Review Action Code - The outcome of the authorization request review.

---

## Reviewed By

Staff ID - Staff ID of the NSMHA Quality Specialist who reviewed the Authorization Request

---

## Reviewer ID

Reviewer ID

---

## Revoke Initiated

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a).

Note: This element is specific to returning a consumer under LRA to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for person on LRA being returned to inpatient treatment. Use code "9" for all cases where the person is placed on LRA or not committed.

## Revoked - Reason other than above

A flag to indicate that there are grounds for revocation other than the reason for detention.

---

## Rights Read

A flag to indicate, during the course of a CDMHP investigation, the CDMHP read the consumer their rights. Additionally, used to determine whether transaction is forwarded to the Mental Health Division.

## Risk of Harm Score

Risk of Harm Score

---

## RLGUID of First Offered/Referral

The RLGUID of the First Offered/Referral record this Assessment Info is related to.

---

## RLGUID of Request For Service

The RLGUID of the corresponding 837P transaction for which this Request for Service - Additional Information is related to.

---

## RLGUID of Request for Svc - Addl. Info.

---

# Terminology Glossary

The RLGUID of the corresponding 905.00 transaction containing the Request For Service - Additional Information that preceded the client's first offered intake appointment.

## ROI Code

A code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.

---

## RSN History Code

A code indicating whether the consumer is currently, has been in the past, or has not received RSN services.

## RSN Report Unit

The Reporting Unit ID (RUID) of the North Sound Mental Health Administration. The RUID is '412'.

---

## Service Date

The date a service was provided.

---

## Service Level

A 'leveling' system providing standard guidelines and a common language for classifying the service needs of individuals, as well as their psychosocial function, and specific strengths.

---

## Service Type Code

Service Type Code

---

## Sexual Orientation

A code that describes a person's voluntarily stated sexual orientation. This code should not be inferred by the clinician. The person should collect the information during assessment, on discharge or upon notification. Do not collect this information from individuals under 13 years of age.

---

## Social Security Number

A number assigned by the Social Security Administration which identifies a person.

## Sound Data Services (SDS)

A department of Compass Health developed to manage, maintain, and support the Provider Raintree Database. The Chief Information Officer (CIO) for SDS is Andreas Macke (.25 FTE for Sound Data and .75 FTE for CIO of Compass Health) and the Director of Application Services is Marsha Murray.

---

## Sound Data, Inc. (SD, Inc.)

A private, non-profit, 501-C3 corporation licensed by Washington State since April, 1993 that currently owns the licenses for Raintree Systems software and is run by a Board of Directors consisting of a representative from each member MH agency. At this time, SD, Inc. maintains a Bailment Agreement with Compass Health, Inc. to manage, maintain, support, and contract with Raintree Systems, Inc. for consultation and development as needed as well as Raintree annual support (includes patches and upgrades). The state business license is held by Dean Wight.

## SQL

Structured Query Language. A programming language for querying and modifying data and managing databases. Source: <http://en.wikipedia.org/wiki/SQL>

---

## Staff ID

Code used to identify staff member.

---

## Staff National Provider Identification

# Terminology Glossary

Staff National Provider Identification

---

## Staff Specialty 1

A code to indicate the staff specialty.

---

## Staff Specialty 2

A code to indicate the staff specialty.

---

## Staff Specialty 3

A code to indicate the staff specialty.

---

## Staff Specialty 4

A code to indicate the staff specialty.

---

## Staff Specialty 5

A code to indicate the staff specialty.

---

## Staff Specialty 6

A code to indicate the staff specialty.

---

## Staff Specialty 7

A code to indicate the staff specialty.

---

## Staff Specialty 8

A code to indicate the staff specialty.

---

## Staff Specialty 9

A code to indicate the staff specialty.

---

## State Program Code

The Program and Scope of Care indicator on the Medical Identification Card.

---

## Strategic Information Associates, Inc. (SIA)

A corporation in Oregon that developed software to support mental health organizations and provided the first CIS for the North Sound region

---

## Submitting Reporting Unit ID

The Reporting Unit ID of the agency submitting the batch.

---

## Subscriber Supplemental ID-Reference ID

Subscriber Supplemental Identification - Reference Identification. For Medicaid clients with a mental health benefit, use the client's PIC. Otherwise, use the client's PN.

---

## Subscriber Supplemental ID-Reference ID Qualifier

Subscriber Supplemental Identification - Reference Identification Qualifier. Used to identify Medicaid with mental health benefit or State-Only funding.

---

## Surname

The surname/family/last name of a consumer as provided by the Provider Agency. Do not enter titles in this field. In general, follow the rules of the appropriate culture when determining which name is the surname. Consistency is important here because the last name will be used as one element to uniquely identify the person across our system and to validate PIC numbers in error reports.

---

# Terminology Glossary

---

## **Termination Date**

Date staff member was terminated.

## **Time of Authorization Request**

Time of Authorization Request

---

## **Timestamp of the Authorization Review**

Review Time - Timestamp of when the review decision was made.

---

## **Total Authorized Extension Days**

Total number of additional days authorized beyond the number of initial authorized days.

---

## **Transaction ID**

A code to identify the transaction.

---

## **Treatment and Recovery History Score**

Treatment and Recovery History Score

---

## **Treatment Plan Includes Discharge...**

180-Day - Treatment Plan includes discharge within the next 90-days.

---

## **Unique Identifier**

An identifier value that, in combination with the ORG, provides a unique value for the record.

---

## **Washington State Mental Health Division (MHD)**

A division of Washington State Department of Social and Health Services (DSHS) that contracts for and monitors mental health services to the residences of Washington State. The MHD administers both federal and state funding and maintains contracts with the United States Title XIX administration for Medicaid recipients.