

**EXHIBIT F**  
**OREGON PATIENT/RESIDENT CARE SYSTEM**

The Oregon Patient/Resident Care System (OP/RCS) contains information on all Consumers served at any of the state psychiatric hospitals, developmental disability training centers and psychiatric Acute Care facilities.

1. Contractor shall cooperate with AMH in establishing the electronic means to enter OP/RCS data at the hospital or facility providing Acute Inpatient Hospital Psychiatric Care Services under this Agreement.
  - a. Contractor shall provide AMH with a list of hospitals to be used in delivering Acute Inpatient Hospital Psychiatric Care.
  - b. Contractor shall identify the name, title and phone number of the person within each hospital with whom AMH will work to establish the computer hook-up to OP/RCS.
  - c. Contractor shall identify the names, titles and phone numbers of persons within each hospital with whom AMH will work to maintain the accuracy, timeliness and completeness of OP/RCS data submission.
  - d. Contractor shall work with AMH and hospital contact person in designating a physically secure (locked doors and limited access) location (floor and room number within hospital) of the stand alone computer to be used to enter OP/RCS data.
  - e. Contractor shall assure that hospital contact persons comply with confidentiality requirements contained in 45 CFR Parts 160 and 164, Subparts A and E, to the extent that they are applicable, and consistent with other state law or federal regulations governing privacy and confidentiality of mental health information, sign the request for access/assurance of confidentiality form, and return the form to AMH.
2. Contractor or its Subcontractors shall electronically submit, within 12 hours of admission to Acute Inpatient Hospital Psychiatric Care, OP/RCS information for Acute Inpatient Hospital Psychiatric Care Services provided to OHP Members as indicated in the following table.

<b>Data Element</b>	<b>Admission</b>	<b>Discharge</b>
Commitment Type Code <sup>1</sup>	X	
County of Residence	X	
County of Responsibility	X	
County of Discharge		X
County of Commitment	X	
Date of Commitment	X	
Date of Admission/Discharge	X	X
Date of Diagnosis		X
Date of Birth	X	
Discharge Reason Code		X
Driving Status		X
DSM, Axis V Diagnoses		X
DSM, Axis IV Diagnoses		X
DSM, Axis I Diagnoses	X	X
DSM, Axis III Diagnoses	X	X
DSM, Axis II Diagnoses	X	X
Education Level Achieved	X	
Ethnic Category Code	X	
Living Arrangement Code	X	X
Marital Status Code	X	
Name	X	
Name, Alias	X	
Oregon Driver's License Number	X	
ORS Reference Numbers	X	
Patient Number	X	
Referral Source Code	X	X
Sex	X	
Social Security Number	X	
Status of Harm to Property	X	

<sup>1</sup>The Commitment Type Code is changed/updated as applicable.

<b>Data Element</b>	<b>Admission</b>	<b>Discharge</b>
Status of Harm to Others	X	
Status of Suicide	X	
Status of Harm to Self (Non-Suicide)	X	
Time of Admission/Discharge	X	X
Time of Commitment	X	