

PART FOUR



Glossary

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Acute Care - Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.

Alimony/Child Support - includes income received from alimony, child support and "contributions" received from persons not living in the household.

Birth Name - the last name of the person as it would appear on his/her birth certificate.

Case Number - the unique identification number assigned to each client (only one number to a client) by the Data Coordinator for the Provider.

Children Global Assessment Scale (CGAS) - A scale used to measure and condense different aspects of a child's biopsychosocial functioning in a single, clinically meaningful index of severity. The CGAS is an adaptation of the Diagnostic and Statistical Manual global Assessment Scale for adults by the Department of Psychiatry, Columbia University, published in November 1982. The CGAS is recommended for use with children 4 through 16. The CGAS scores are numerically quantified on Axis Five of the DSM multi-axial diagnosis.

Chronic Mental Illness - Client must be 18 years or older and be diagnosed by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by the Department of Human Services. Client must be diagnosed as suffering from chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those caused by substance abuse (ORS 426.495 (2)).

Civil Commitment Process - The legal process of involuntarily placing a person, determined by the Circuit Court to be a mentally ill person as defined in ORS 426.005 (1) (d), in the custody of the Division. The division has the sole authority to assign and place a committed person to a treatment facility. The Division has delegated this responsibility to the CMHP director. Civil commitment does not automatically allow for the administration of medication without informed client consent. Additional procedures described in administrative rule must be followed before medication can be involuntarily administered.

CMHP - Community Mental Health Program

Community Crisis Service - a service element of a community mental health program that has the objective of stabilizing persons in crisis. It is organized to deliver screening, evaluation, crisis stabilization, consultation, public education, and information.

Conditionally Released - the judge found the person mentally ill and placed the person in the care and custody of the legal guardian, relative or friend.

Crisis - a critical situation that occurs when a person is unable to cope because of a mental disorder and where there is an immediate need to resolve the situation.

Current Living Arrangement - the living situation the client is in at the time of enrollment or termination.

Current Marital Status - the marital situation of the client at the time of enrollment or termination.

Deliberate Action - the referring source brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the client is actually seen by your Provider. A simple suggestion to a client to go somewhere for help is not a "deliberate action," and therefore is not considered a referral for the purposes of CPMS.

Dividends/Interest - Includes money received from interest on savings accounts, income from stocks, bonds, trust funds, estates, income property, royalties, etc.

DSM-IV - The numerical code, including modifiers, which identifies psychiatric disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, American Psychiatric Association, 1994.

Fee for Service - The payment for reimbursable services retrospectively based upon agreed rates and the amount of service provided.

Fully Capitated Health Plan (FCHP) – Prepaid Health Plans that contract with the Office of Medical Assistance Programs (OMAP) to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHP's is the coverage of hospital inpatient services.

Immediate Intervention - the person must be evaluated within a few hours and cannot wait until the next day for an appointment.

Institutions - a state hospital or training center, private hospital, city or county jail, state correctional facility, SCF juvenile training school, or special school such as the State School for the Blind or Deaf.

Intermediate Care Facility (ICF) – a semi-skilled facility, certified and meeting federal standards, which provides less intensive medical care than a skilled nursing facility. Persons living in an ICF are not fully capable of living by themselves, but are not generally ill enough to require "round-the-clock" medical supervision.

Legal Status - the code that defines the client's treatment status under Oregon Revised Statutes at the time of admission to services.

Medicaid - A federal and state funded portion of the Medical Assistance Program established by Title XIX of the Social Security Act, as amended, and administered in Oregon by Department of Human Services. The program provides medical assistance to poor and indigent persons.

Medicare - Federal health insurance for persons 65 and older.

Medication Management - assessment of the person's need for drugs, the prescription or administration of drugs, and the regular monitoring of the effects of the prescribed drugs. These activities shall be directed by a licensed physician or by a licensed nurse practitioner or registered physician's assistant with prescriptive privileges.

Mental Disorder - a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability).

Non-Relative Foster Home - a home certified to serve 5 or fewer clients which are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision and room and board.

MHDDSD - Mental Health and Developmental Disability Services Division. Name no longer in use – now Office of Mental Health and Addictions Services (OMHAS).

OMHAS – Office of Mental Health and Addiction Services

Opening Date - the date on which the first service was delivered to the client by face-to-face contact in accordance with the OMHAS administrative rules. Neither a "screening" nor a "consultation" which does not result in a formal admission to the Provider is sufficient cause for enrollment into CPMS.

Oregon Patient /Resident Care System (OP/RCS) - OMHAS' data system for persons receiving services in the Oregon State Hospitals and selected community hospitals providing Acute Inpatient Hospital Psychiatric services under contract with OMHAS.

OSIP-State - Supplemental income paid from state and local sources to the groups listed above. The official name is Oregon Supplementary Income Program (OSIP) . This is often called "personal allowance money."

Preadmission Screening and Resident Review (PASRR) - Screening and evaluation services for residents of licensed nursing facilities to determine their need for inpatient psychiatric hospitalization according to federal standards and procedures defined in OAR 309-048-0050 through 309-048-0130.

Pre-Commitment Investigations - each staff person doing investigations should be assigned their own individual report unit number. The report unit numbers and names of staff associated with each are registered in OMHAS' provider registration file. Service Element 29

Primary Diagnostic Impression - the investigator's initial assessment (even though it may be based on limited information) of the client's principal mental disorder.

Prime Number - the Medicaid Recipient Prime Number which the computer recognizes from other admissions.

Priority One Client – those persons who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental or emotional disorders, or are in need of continuing services to avoid hospitalization, or pose a hazard to the health and safety of themselves or others, and those persons under 18 years of age who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of removal from their homes for treatment of mental or emotional disturbances, or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature (ORS 430.675).

Priority Two Client – those persons who, because of the nature of their illness, their geographic location or their family income, are least capable of obtaining assistance from the private sector (ORS 430.675).

Priority Three Client – those persons who, in accordance with the assessment of professionals in the field of mental health, are experiencing mental or emotional disturbances but will not require hospitalization in the foreseeable future (ORS 430.675).

Provider - a unit of an agency, or the agency itself, which provides a specific service or set of services. This unit and the service or services it provides are registered in CPMS under an assigned provider number. This number, along with the CMHP number, identifies which provider within a county or Community Mental Health Program (CMHP) is enrolling the client.

PSRB - Psychiatric Security Review Board, which has jurisdiction over clients who are guilty except for insanity. Service Element 30

Public Assistance - State payments made for aid to families with dependent children and as general assistance.

Referral - helping a person gain access to another person, group, or agency that agrees to assist.

Report Unit - a subdivision identification of the provider number.

Screening - an initial contact by phone or in person to assess a person's problems, needs, and resources and to determine whether the person should be further evaluated by a qualified crisis worker, should be referred elsewhere, or needs no further service.

Secondary Diagnostic Impression - the investigator' s initial assessment (even though it may be based on limited information) of any other mental disorder other than the primary mental disorder.

Serious Emotional Disorder (SED) – an emotional, mental and/or neurobiological impairment which is manifested by emotional or behavioral symptoms that are not solely a result of mental retardation or other developmental disabilities, epilepsy, drug abuse, or alcoholism and which continue for more than one year, or on the basis of a specific diagnosis is likely to continue for more than one year (ORS 430.032.1110 (78)).

Service Element: - a distinct service or group of services for persons with mental or emotional disturbances, operated in the community under a contract with the Office of Mental Health and Addiction Services or under contract with a local community mental health program.

Severe and Persistent Mental Illness - Client must be 18 years or older and be diagnosed by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by the Department of Human Services. Client must be diagnosed as suffering from chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those caused by substance abuse (ORS 426.495 (2)).

Skilled Nursing Facility - a certified facility, meeting federal standards, which provides Medical care for long-term illnesses and convalescents. Persons living in such a facility are incapable of living by themselves, and require nursing supervision 24 hours a day, 7 days a week.

Social Security - includes retirement pensions (can be paid to dependent), survivor's benefits and permanent disability insurance payments made by the Social Security Administration.

SSI - Federal Supplemental Security Income paid from federal sources to low income persons who are: 1) aged 65 or older; 2) blind; or 3) disabled.

Suicide - intentionally trying to take one's own life.

Termination Referral - identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some *deliberate action* was taken to get the person into another service or agency.