

APPENDIX F
GLOSSARY



**Integrated Behavioral Health
Information System**



INTRODUCTION

This Appendix F (Glossary) is a compilation of commonly used terms and acronyms for Proposer's reference. Descriptions are provided for convenience purposes only and do not purport to be the legal definitions of such terms. In the event of conflict between the glossary and Appendix E (Sample Agreement), the definitions set forth in the Sample Agreement shall govern.

ITEM NO.	TERM	DESCRIPTION
1	3DES	See Triple Data Encryption Standard.
A		
2	AB3632	State Assembly Bill which provides a mental health service required in the client's existing individual education plan. A client must be between three (3) and twenty one (21) years of age at the time of service to qualify for AB 3632 services.
3	A-C	See Auditor-Controller.
4	Access Center Contact Manager	A system application that collects data from all call centers and displays it along with MHMIS, MEDS, and FFS information. This application is also used for client referrals.
5	ACCM	See Access Center Contact Manager.
6	Active Directory	Program providing central authentication and authorization services for MS Windows® based computers, allowing administrators to assign policies, deploy software, and apply critical updates to an entire organization.
7	ActiveX Data Objects	A set of Component Object Model objects for accessing data sources, which provide a layer between programming languages and OLE DB.
8	ADO	See ActiveX Data Objects.
9	Advance Directive	Legal documents or statements, including a living will, which are witnessed and allow an individual to convey in expressed instructions or desires concerning any aspect of an individual's health care, such as the designation of a health care surrogate, the making of an anatomical gift, or decisions about end-of-life care ahead of time. An Advance Directive provides a way for an individual to communicate wishes to family, friends and health care professionals, and to avoid confusion about end-of-life care ahead of time.
10	Advanced Encryption Standard	A block cipher adopted as an encryption standard by the U.S. government.
11	AES	See Advanced Encryption Standard.
12	American Standard Code for Information Interchange	Codes which represent text in computers, communications equipment, and other related devices.



ITEM NO.	TERM	DESCRIPTION
13	Annual Liability	<p>The Annual Liability, also known as UMDAP liability, is based on a sliding scale fee and applies to services extended to the client and dependent family members. The annual liability is determined by using the adjusted monthly income amount and the number dependent on the adjusted monthly income. A client is responsible for the annual liability amount or the actual cost of care, whichever is less.</p> <p>The annual liability period runs from the date of the client's first visit through end of the subsequent eleven calendar months (e.g. An initial liability determination made of Jan 5, 2007 would be valid through December 31, 2007) and each 12-month period thereafter during which the client continues to receive services. It is renewed annually, provided the client continues to receive services, with the new 12-month period beginning on the 1st day of the month during which liability was originally determined (e.g. using the earlier example, the next annual liability period would run from Jan 1, 2008 through December 31, 2008). Note: Admissions and/or readmissions during the 12-month period do not change the sliding scale fee period.</p>
14	ASC X12N	Official designation of the U.S. national standards body for the development and maintenance of Electronic Data Interchange standards.
15	Audit Record	Report on the status and performance of all network transactions seen in data network traffic.
16	Auditor-Controller	The department within the County that is responsible for auditing business operations and paying debts.
B		
17	Baseline Application Software	The commercial product initially provided by Contractor used for baseline test execution. Baseline testing has two purposes: First, all scripts are executed, validated and debugged (if necessary). Second, various single and multi-user tests are executed and recorded to provide a basis of comparison of all future testing. Initial baselines are typically taken as soon as the test environment is available. Re-baselining occurs at each new release.
18	BI	See Business Intelligence.
19	BMI	See Body Mass Index.
20	Body Mass Index	A measure of body fat based on height and weight that applies to both adult men and women.
21	Break-the-Glass	Break-the-Glass (which draws its name from breaking the glass to pull a fire alarm) refers to a quick means for a person who does not have access privileges to certain information to gain access when necessary. (Break the Glass procedure based on HIPAA security rule).
22	Bundling and Unbundling of Service Codes	Bundling or unbundling that occurs when the actual services performed and reported for payment on a claim can be represented by a different group of procedure codes.



ITEM NO.	TERM	DESCRIPTION
23	Business Intelligence	A business management term, which refers to applications and technologies that are used to gather, provide access to, and analyze data and information about company operations. Business intelligence systems can help companies have a more comprehensive knowledge of the factors affecting their business, such as metrics on sales, production, internal operations, and assist companies in making better business decisions.
C		
24	California Work Opportunity & Responsibility To Kids	A welfare program that gives cash aid and services to eligible needy California families. DMH maintains Memorandum of Understanding with the Department of Public Social Services to provide mental health services to CalWORKS beneficiaries.
25	CaWORKS	See California Work Opportunity & Responsibility to Kids.
26	CAU	See Central Authorization Unit.
27	CCHIT	See Certification Commission for Healthcare Information Technology.
28	CDR	See Contract Discrepancy Report.
29	Centers for Medicare & Medicaid Services - 1500	Standard paper claim form used by a non-institutional provider or supplier to bill Medicare carriers and Medicare administrative contractors when a provider qualifies for a waiver from the Administrative Simplification Compliance Act requirement for electronic submission of claims; also used to bill Medicaid State Agencies.
30	Central Authorization Unit	Unit of managed care division in the DMH Office of the Medical Director that conducts monitoring and authorization of services. Specific service authorizations include Over Threshold Authorization, psychological testing, Day Treatment/TBS Authorization and requests for authorization of out-of-county services.
31	Certification Commission for Healthcare Information Technology	A recognized certification authority for electronic health record products in the United States, setting the industry bar for functionality, interoperability of products and networks, and security.
32	Checkwrite	File created for processing of payment to FFS providers that are based on state approval.
33	Chief Information Office Bureau	A County department that provides information technology support for DMH. CIOB obtains some of the services needed by DMH through the County ISD, which serves all County departments. CIOB purchases some hosting services, particularly for Web-facing applications or those requiring 24/7 on-site support from ISD. CIOB is comprised of divisions like Enterprise Project Management, Planning, Administration, and IT Contracts.
34	Children's Countywide Case Management	A division within the DMH Child, Youth and Family Programs Administration which oversees a variety of Countywide administrative and service functions related to services provided to children and youth.



ITEM NO.	TERM	DESCRIPTION
35	CIOB	See Chief Information Office Bureau.
36	Citrix Client	Application delivery solution that provides a secure single point of access to all applications prior to streaming them to Users over a network.
37	Client and Services Information	A defined set of data elements that DMH is required to provide to the State Department of Mental Health on a regular basis.
38	Client Supportive Services	Essential service that may not be reimbursable under Medi-Cal or other benefits programs (e.g., outreach and engagement services, housing services, employment services, transportation, etc.).
39	CMS 1500	See Centers for Medicare & Medicaid Services - 1500.
40	COB	See Coordination of Benefits.
41	Cognos Business Intelligence	A BI product that delivers a complete range of BI capabilities, including reporting, analysis, score carding, dashboards, business event management and data integration, on a single architecture.
42	Cognos Report Writer	An individual who develops tests, deploys, and maintains Cognos reports and Cubes. The Cognos Report Writer also collaborates on County Business Intelligence initiatives.
43	Community Outreach Service	Services provided to the community-at-large, who include special population groups, human service agencies, and individuals and families who are not clients of the mental health system.
44	Community Services and Supports	One of the Plans funded under California's Mental Health Services Act. CSS plan focuses on children and families, transitional age youth, adults, and older adults who have the most severe and persistent mental illness or serious emotional disturbances, including those who are at risk of homelessness, jail, or being put or kept in other institutions because of their mental illness. The CSS Plan for Los Angeles County was initiated in 2005 and funds several new service delivery programs including Full Service Partnerships, Wellness Centers, Service Area Navigation Teams, Urgent Care Center, and Family Supportive Services.
45	Community Treatment Facility	The specific licensing term associated with a high level residential treatment facility for youth. A CTF facility is a higher level of care than an RCL 14 facility.
46	Component Object Model	A software architecture that allows the components made by different software vendors to be combined into a variety of applications. Component Object Model defines a standard for component interoperability, is not dependent on any particular programming language, is available on multiple platforms, and is extensible.



ITEM NO.	TERM	DESCRIPTION
47	Contract Discrepancy Report	A written report prepared by the County to identify Contractor's specific failures in meeting contract standards.
48	Contract Provider	A person/group/organization that contracts with DMH to provide any type of mental health services (e.g., direct services, indirect services, consultation).
49	Coordination of Benefits	A process for determining the respective responsibilities and priority order of two or more insuring entities that have some financial responsibility for a medical claim.
50	COS	See Community Outreach Service.
51	County Data Center	The County of Los Angeles Data Center, determined at the sole discretion of the Director, to be the primary production data center for the System. The County's Data Center hosts many County systems.
52	County Local Recovery Center	The County of Los Angeles Local Recovery Center, determined at the sole discretion of the Director, to be the fail-over recovery site which mirrors the County's production applications and databases. The Local Recovery Center contains dedicated servers, storage, and network equipment used to recover County systems quickly.
53	Countywide Resource Management	An organizational division within the DMH that centrally tracks capacity and prospectively authorizes access to approximately one thousand, three hundred (1,300) beds distributed across institutes for Mental Disease, a Psychiatric Health Facility, state hospitals, intensive residential facilities, and inpatient facilities servicing indigent clients.
54	CPT-4	See Current Procedural Terminology, 4 th Edition.
55	Credentialing	A process of review to approve a provider who applies to participate in a health plan. Specific criteria and prerequisites are applied in determining initial and ongoing participation in the health plan.
56	CSI	See Client and Services Information.
57	CSS	See Community Services and Supports.
58	CTF	See Community Treatment Facility.
59	Current Procedural Terminology, 4 th Edition	The official coding system for physicians to report their professional services and procedures to third parties for payment. It is produced and maintained by the American Medical Association.
D		
60	Data Center Hardware	A centralized location where computing resources that are critical to an organization are maintained in highly controlled environment, which include, for example, disks, disk drives, display screens, keyboards, printers, boards, and chips.
61	Data Mart	A database, or collection of databases, designed to help managers make strategic decisions about their business. A Data Warehouse combines databases across an entire enterprise as opposed to Data Marts that are usually smaller and focus on a particular subject or department.



ITEM NO.	TERM	DESCRIPTION
62	Data Triggers	Procedural code that is automatically executed in response to certain events on a particular table in a database.
63	Data Warehouse	A repository of historical data from disparate sources that can serve as corporate memory. The Data Warehouse contains raw data that could be fed into Data Marts which are available to decision support systems and/or Report Generation Languages.
64	Database Administrator	A database administrator directs or performs all activities related to maintaining a successful database environment. Responsibilities include designing, implementing, and maintaining the database system as well as establishing policies and procedures pertaining to the management, security, maintenance, and use of the database management system, and training employees in database management and use.
65	Database Management System	A collection of programs to access and manage data. Also called database system, or simply database. The primary goal of such a system is to provide an environment that is both convenient and efficient to use in retrieving and storing information.
66	Day Treatment Rehabilitation	Day Rehabilitation is a structured program of therapeutic services and activities, in the context of a therapeutic milieu, designed to improve, maintain and restore personal independence and functioning consistent with age-appropriate learning and development. It provides services to a distinct group of clients. Day Rehabilitation is a packaged program with services available at least three (3) hours and less than twenty-four (24) hours each day the program is open. In Los Angeles County these services must be authorized by the Central Authorization Unit.
67	DBA	See Database Administrator.
68	DBMS	See Database Management System.
69	DDE	See Direct Data Entry.
70	Deputy Director	An executive management position in the DMH that may have responsibility for multiple Service Areas (of which DMH has 8) as well as provide oversight for a particular type of Countywide program (e.g. Adult Systems of Care); and alternatively, may have responsibility for certain administrative functions (e.g., Program Support, Planning, and Training).
71	Diagnostic and Statistical Manual of Mental Disorders, 4 th . Edition, Text Revision	Manual that is published by the American Psychiatric Association and provides diagnostic criteria and other information related to all psychiatric disorders.
72	Direct Data Entry	A process, using dumb terminals or computer browser screens, where the data is directly keyed by a health care provider into a health plan's computer system.
73	Directly Operated Facility(ies)	County mental health service delivery site that operates under the DMH's jurisdiction, and are staffed by County employees.
74	Director	The Director of Los Angeles County Department of Mental Health or the duly authorized designee.



ITEM NO.	TERM	DESCRIPTION
75	Double-Take Software	Software products and services that enable customers to protect and recover business-critical data and applications to support disaster recovery, high availability and centralized backup. The software provides solutions that ease recovery for Exchange, SQL, Virtual Systems, Oracle and more.
76	Dragon Naturally Speaking	A speech recognition software package produced by Nuance Communications for Windows PCs.
77	DSM IV	See Diagnostic and Statistical Manual of Mental Disorders, 4 th . Edition, Text Revision.
E		
78	Early and Periodic Screening, Diagnosis, and Treatment program	A requirement of the Title XIX of the Social Security Act, Medi-Cal program to provide comprehensive health care, providing medically necessary services to underserved Medi-Cal eligible beneficiaries less than twenty one (21) years of age.
79	EARS	See Employee Application Request System.
80	ECMA	See European Computer Manufacturers Association.
81	EDI	See Electronic Data Interchange.
82	E-Fax	Fax messages transmitted with the aid of a computer.
83	EFT	See Enhanced File Transfer.
84	EHR	See Electronic Health Record.
85	Electronic Data Interchange	A set of standards for structuring information to be electronically exchanged between and within businesses, organizations, government entities and other groups.
86	Electronic Health Record	An electronic health record provides secure, real-time, patient-centric information to aid clinical decision-making by providing access to a patient's health information at the point of care.
87	Employee Application Request System	Web application to facilitate the tracking of employee and contract provider requests for access to various User information systems.
88	Enhanced File Transfer	A web-based secure file transfer solution that provides secure transport protocols, extensive User account control, and post processing workflow for the transfer of electronic files from business to business.
89	Entity-Relationship Diagram	A conceptual data model in graphical notation for representing databases.
90	Episode Data	Information collected regarding a patient that is associated with an Episode of Care.
91	Episode of Care	The time period between the opening and closing of a case within a mental health provider site and the services delivered during that time period through that provider site. It is possible for a client to have multiple episodes of care open at a given point of time.
92	EPSDT	See Early and Periodic Screening, Diagnosis, and Treatment program.
93	ERD	See Entity-Relationship Diagram.



ITEM NO.	TERM	DESCRIPTION
94	ETL	See Extract, Transform, and Load.
95	European Computer Manufacturers Association	ECMA is an international, Europe-based industry association founded in 1961 and dedicated to the standardization of information and communication systems. Many ECMA standards have been accepted as a base for international and European standards.
96	Extensible Markup Language	A general-purpose markup language whose primary purpose is to facilitate the sharing of data across different information systems, particularly via the Internet.
97	External payers	Entity external to DMH that reimburse the cost of care to the service provider.
98	Extract, Transform, and Load	A process in data warehousing that involves extracting data from outside sources, transforming it to fit business needs, and ultimately loading it into the Data Warehouse.
F		
99	Facility	A building or place that provides a particular service or is used for a particular industry.
100	Federal Financial Participation	The portion of costs payable for Short-Doyle/Medi-Cal [services covered by the Federal Medicaid (California Medi-Cal)] program.
101	Fee-for-Service	A funding mechanism whereby a provider is reimbursed based on services delivered.
102	FFP	See Federal Financial Participation.
103	FFS	See Fee-for-Service.
104	Fiscal Year	County's fiscal year which commences on July 1 st and ends the following June 30 th .
105	FSPs	See Full Service Partnerships.
106	Full Service Partnerships	Full Service Partnerships (FSPs) are a program model funded under the MHA Community Service and Supports (CSS) Plan. In these programs, individuals and, where appropriate, their families enroll in a voluntary program designed to insure that the person(s) receiving services are provided the broad range of support needed to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual is assigned to a single point of responsibility case manager and team with a low enough caseload to insure around-the-clock availability. Services include linkages to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the case manager. Services are founded on a "whatever-it-takes" commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being.
107	FY	See Fiscal Year.



ITEM NO.	TERM	DESCRIPTION
G		
108	Grant-in-aid	Monies allocated by one level of government to another level of government to be used for specific purposes.
109	Guide to Procedure Codes	A manual created by DMH that defines specific mental health services covered under this contract and the acceptable codes that can be used to claim those services.
H		
110	HCPCS	See Healthcare Common Procedure Coding System.
111	Health Level Seven	Standards for electronic interchange of clinical, financial, and administrative information among health care oriented computer systems.
112	Healthcare Common Procedure Coding System	A standardized coding system for describing the specific items and services provided in the delivery of health care for Medicare, Medicaid, and other health insurance programs to ensure that insurance claims are processed in an orderly and consistent manner.
113	Healthy Families	The federally subsidized health insurance program administered by the State of California for the provision of comprehensive health services (including medical, dental, and vision care) to children from low income families from birth until their 19 th birthday.
114	HIPAA Final Security Rules	Rules dealing specifically with electronic protected health information, which lay out three types of security safeguards required for compliance: administrative, physical, and technical.
115	HL7	See Health Level Seven.
116	Hot-Site	A disaster recovery facility that mirrors the organization's production databases in real time. Operational recovery is provided within minutes of a disaster.
117	HTTP	See Hypertext Transfer Protocol.
118	Hypertext Transfer Protocol	A communications protocol used to transfer or convey information on the World Wide Web.
I		
119	ICD-9	See International Classification of Diseases, Ninth Revision.
120	IE7	See Windows Internet Explorer 7.
121	IFB	See Invitation For Bid.
122	IMD	See Institutes for Mental Disease.



ITEM NO.	TERM	DESCRIPTION
123	Indigent Medication Program	A program managed by DMH Pharmacy Services division that coordinates the enrollment of indigent clients in pharmaceutical company Patient Assistance Programs (PAP) that enables indigent clients to receive free medications if they are unable to pay. Once an application is approved, replacement medications are shipped by the relevant pharmaceutical company to DMH Pharmacy Services, who in turn ships those medications to the dispensing contract pharmacy.
124	Information Warehouse	An information storage tier containing information derived as a result of data manipulation performed by data analysts utilizing complex queries and analysis. The information derived is designed to help management with the decision making process.
125	Inpatient Fee-for-Services	Services provided at a FFS/Medi-Cal Hospital. Such hospitals submit reimbursement claims for Medi-Cal psychiatric inpatient hospital services through DMH as the fiscal intermediary. Within DMH, this process is managed by the Medi-Cal Inpatient Consolidation Unit.
126	Institutes for Mental Disease	An IMD is a specifically licensed hospital, nursing facility or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental illnesses, including medical attention, nursing care and related services.
127	Integrated System	A custom-developed web-based wrapper of the MHMIS developed in order to generate HIPAA-compliant claims. ISD hosts this application that runs on the Intel® platform.
128	Interagency Placement Screening Committee	Committee consisting of DMH and other community agencies that recommends and authorizes residential placement for children and adolescents with severe emotional disorders. This committee is coordinated by the DMH Countywide Children's Case Management Program.
129	Internal Services Department	Provides wide area network services throughout the County and County-level information security oversight.
130	International Classification of Diseases, Ninth Revision	The ICD-9 is used to provide a standard classification of diseases for the purpose of health records.
131	International Organization for Standardization	An international organization that consists of member bodies that are the national standards bodies of most of the countries of the world. ISO is responsible for the development and publication of international standards in various technical fields.
132	Internet Protocol	Set of techniques used by many hosts for transmitting data over the Internet.
133	Internet Protocol Security	A suite of protocols for securing IP communications by authenticating and/or encrypting each IP packet in a data stream.
134	Invitation For Bid	Solicitation based on a very specific and non-negotiable Statement of Work.



ITEM NO.	TERM	DESCRIPTION
135	IP	See Internet Protocol.
136	IPSec	See Internet Protocol Security.
137	IS	See Integrated System.
138	ISD	See Internal Services Department.
139	ISO	See International Organization for Standardization.
K		
140	Knowledge Base	A database for knowledge management that provides the means for the computerized collection, organization, and retrieval of knowledge.
L		
141	LAMHPS	See Los Angeles Mental Health Plan System.
142	LAPIS	See Los Angeles Public Administration/Guardian Information Systems.
143	Los Angeles Mental Health Plan System	<p>A browser-based system used by Provider Relations to assist in maintaining credentials for Contract Providers. The LAMHPS is on an SQL server that is located in the Provider Relations office. The system contains information on:</p> <ul style="list-style-type: none"> • Credentials • Contracts • Demographics • Group Members/Staff • Billing Address • License Number • Languages • Specialties • Contact Persons <p>The data for this system is keyed in by the Provider Relations staff. There is an external interface with the MHMIS. The provider ID and license number is extracted from LAMHPS and stored in a DB2 table on MHMIS.</p>
144	Los Angeles Public Administration/Guardian Information Systems	Information system that provides accounting, information management, and office automation for conservatorship, investigation and case management, placement tracking, funeral arrangement, and fiscal tracking.
M		
145	MAA	See Medi-Cal Administrative Activities.
146	Medi-Cal	The Medicaid program in the State of California.
147	Medi-Cal Administrative Activities	Activities outside of actual treatment that support the medical treatment such as enrolling people in Medi-Cal, recruiting new providers or any other administrative type of activities for the proper and efficient administration of the Medi-Cal program. Claims for MAA are currently entered in an internet browser based application.



ITEM NO.	TERM	DESCRIPTION
148	Medical Director	The psychiatrist who is responsible for the supervision of the psychiatric/medical service and leadership in the development and execution of clinical services provided under the DMH.
149	Medi-Cal Eligibility Data System	The data system maintained by the State of California Department of Health Services that contains information on Medi-Cal eligibility. This database is the authority for determining a beneficiary's eligibility for Medi-Cal specialty mental health services and the County responsible for authorization and payment of services.
150	Medicare Fiscal Intermediary	Private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the administration of claims payment.
151	MEDS	See Medi-Cal Eligibility Data System.
152	Mental Health Fee-for-Service	Backend system that applies edits to FFS claims before they are forwarded to the State as HIPAA compliant claims via the IS.
153	Mental Health Management Information System	Legacy mainframe based applications that encompass a number of distinct applications including PATS.
154	Mental Health Services Act	During the November 2004 General Election, the MHSA (Proposition 63) was approved by California voters to address the unmet needs of individuals with severe mental illness. The MHSA provides state tax dollars for specific county mental health programs and services. Proposition 63 will bring significant resources to Los Angeles County to expand mental health services to children, adults, and seniors.
155	Message Integrity	Process of ensuring that the data is whole or complete and preservation of data for its intended use.
156	MHFFS	See Mental Health Fee-for-Service.
157	MHMIS	See Mental Health Management Information System.
158	MHSA	See Mental Health Services Act.
N		
159	National Council for Prescription Drug Programs	An American National Standards Institute accredited standards development organization. NCPDP creates and promotes standards for the transfer of data to and from the pharmacy services sector of the healthcare industry.
160	National Drug Code	A medication-labeling mechanism used in the United States.
161	National Drug Code Number	A unique 10-digit, 3-segment number identifying the labeler, product, and trade package size that is assigned to each listed drug product.
162	National Provider Identifier	A unique, ten-digit numeric identifier assigned to covered health care providers by the National Plan and Provider Enumeration System. This identifying number does not carry any information about health care providers, such as the state in which they practice or their provider type or specialization. The intent of the NPI is to improve the efficiency and effectiveness of electronic transmission by allowing providers and business entities to submit the same identification number(s) to all payers, such as insurance plans, clearinghouses, systems vendors, and billing services.



ITEM NO.	TERM	DESCRIPTION
163	NCPDP	See National Council for Prescription Drug Programs.
164	NDC	See National Drug Code.
165	Negotiation Package	Detailed documents submitted by Contractor consisting of five major parts: Agency Identification; Program Description; Budget; Corporate Capability; and Required Supplemental Documentation.
166	Network Time Protocol	A means of transmitting time signals over a computer network.
167	NGA	See Non-Governmental Agency.
168	NOA	See Notice of Action.
169	Non-Governmental Agency	Any organization other than a unit of government or agency. Includes private profit and nonprofit organizations.
170	Non-repudiation	Verification that the sender and the recipient were, in fact, the parties who claimed to send or receive the message.
171	Notice of Action	A required document that is given to Medi-Cal beneficiaries informing them of denials, terminations, reductions or modifications of requested specialty mental health services from the County of Los Angeles Department of Mental Health Local Mental Health Plan, and the beneficiary's right to appeal.
172	NPI	See National Provider Identifier.
173	NTP	See Network Time Protocol.
O		
174	Object Linking and Embedding	A distributed object system and protocol developed by Microsoft® that is primarily used for managing compound documents and transferring data between different applications.
175	Object Linking and Embedding Database	A programming interface for data access from Microsoft. Applications can use OLE DB to access data sources directly or they can use OLE DB to call ODBC to access ODBC databases.
176	ODBC	See Open Database Connectivity.
177	Office Of Medical Director	A division of DMH that has Department-wide professional responsibility for the design, implementation, and quality management of clinical services.
178	OLE	See Object Linking and Embedding.
179	OLE DB	See Object Linking and Embedding Database.
180	OMA	See Outcome Measures Application.
181	OMD	See Office of Medical Director.
182	Open Database Connectivity	Application that provides a standard software application programming interface method for using database management systems.
183	Oral Presentation	An explanation and/or clarification of information stated in the Proposal. Presentations may be requested by the Department.
184	OTAR	See Over Threshold Authorization Request.



ITEM NO.	TERM	DESCRIPTION
185	Outcome Measures Application	Custom-developed system to capture and report MHSA-related outcome measures.
186	Over Threshold Authorization Request	Custom developed application to track TAR requests for authorization of treatment beyond a threshold of services not requiring pre-authorization during a given trimester of care. OTAR is used by the DMH Medi-Cal Professional Services division to manage mental health care provided through the Fee-for-Service Outpatient network. County anticipates replacing this application with the IBHIS.
187	Over-Threshold Specialty Mental Health Services	All services provided which exceed eight (8) sessions per trimester period are considered over-threshold and require prior authorization from the CAU. Over threshold limits and authorization are limited to specialty mental health services being delivered to Medi-Cal funded clients being served by Fee-for-Service Network providers.
P		
188	PAP	See Patient Assistance Program.
189	Intentionally Omitted.	
190	PATH	See Project for Assistance in Transition from Homelessness.
191	Patient Assistance Program	A program operated by a pharmaceutical company foundation that provides a mechanism by which indigent patients can obtain medications at no cost.
192	PATS	See Prescription Authorization and Tracking System.
193	PBM	See Pharmacy Benefits Manager.
194	PEI	See Prevention and Early Intervention.
195	Pharmacy Benefits Manager	A company that allows health plans to outsource the administration of their prescription drug benefit for plan members. This includes prescription claims adjudication, formulary/prior authorization management, manufacturer's rebate negotiation and data submission.
196	PHF	See Psychiatric Health Facility.
197	PHI	See Protected Health Information.
198	PIER	See Post-Implementation Review Report.
199	PMA	See Psychotropic Medication Authorization System.
200	PMM	See Project Management Methodology.
201	PMRT	See Psychiatric Mobile Response Team.
202	Point of Service	A Point-of-Service Medi-Cal program that gives providers the most current information available on Medi-Cal client accounts.



ITEM NO.	TERM	DESCRIPTION
203	Post-Implementation Review Report	<p>The first or subsequent review of an IT solution and/or the process of its implementation, performed after its implementation, to assess any or all of the following:</p> <ul style="list-style-type: none"> ▪ Whether the intended objectives of the solution are realized ▪ Actual costs and benefits compared against budget ▪ The effectiveness and appropriateness of the implementation process ▪ Causes of time and/or cost overruns, and quality and/or performance issues, if any ▪ Productivity and performance improvements resulting from the solution ▪ Whether business process and internal controls are implemented ▪ Whether User access controls are implemented in accordance with organizational policy ▪ Whether Users have been appropriately trained ▪ Whether the system is maintainable and can be further developed effectively and efficiently ▪ Whether available features and procedures, as relevant, have been implemented ▪ Compliance with relevant statutory requirements and organizational policies ▪ Opportunities for further improvement in either the solution or implementation process
204	Prescription Authorization and Tracking System	Electronic prescribing and pharmacy billing module hosted by ISD.
205	Prevention and Early Intervention	A Plan funded under the California Mental Health Services Act. This plan focuses interventions and programs on individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness.
206	Professional Services Unit	Administrative unit of managed care division in the DMH Office of the Medical Director that oversees the Central Authorization Unit and manages the credentialing of Fee-for-Service Network Medi-Cal providers.
207	Program Head	Program Head oversees personal, budget, and hiring of their specific program.
208	Project for Assistance in Transition from Homelessness	Program that provides services to individuals who have a severe mental illness or who have co-occurring severe mental illness and substance abuse disorders, and who are homeless or at imminent risk of becoming homeless.
209	Project Management Methodology	Highly detailed description of the procedures to be followed in a project life cycle. Often includes forms, charts, checklists, and templates to ensure structure and consistency.
210	Protected Health Information	Any information about health status, provision of health care, or payment for health care that can be linked to an individual. This term is specifically defined under HIPAA.



ITEM NO.	TERM	DESCRIPTION
211	Psychiatric Advance Directive	An Advance Directive specific to healthcare concerns associated with a psychiatric condition and the care provided for that condition. See Advance Directive.
212	Psychiatric Health Facility	A facility licensed under the provisions of Title 22, Chapter 9, Division 5 that provides therapeutic and/or rehabilitative services to clients who need acute care, but whose physical health needs can be met in an affiliated hospital.
213	Psychiatric Mobile Response Team	A field-based, directly-operated service delivery program that provides evaluations and interventions (including the initiation of an involuntary psychiatric hold, if indicated) of clients experiencing a psychiatric crisis in the community. These programs operate under the DMH Emergency Outreach Bureau. Similar field based programs (MET, SMART, HOPE) pair DMH staff with local law enforcement agencies.
214	Psychotropic Medication Authorization	Web application that allows doctors and clerks to enter medical and background information on Child and Transition Age Youth clients which require prescribed medications. The information is sent to the Courts for their approval.
Q		
215	QA activities	See Quality Assurance activities.
216	Qualified Proposer	A bidder, lawfully able to conduct business in the state, which is solvent, not in financial distress, and is willing and able to meet the requirements of the RFP.
217	Quality Assurance activities	Indirect activities defined by the Federal government that assist a Local Mental Health Plan in insuring and improving the quality of care delivered by its organization that are not provided as a service to or in relation to a specific client of the Department. Claiming for these services is currently paper-based. Only licensed professionals may claim for QA activities.
218	Quality Improvement Program	A DMH program involving DMH leadership, management, staff, consumers and family members intended to create and sustain a culture of system-wide involvement and continuous improvement to the delivery of care.
219	Quest Diagnostics	The organization with which DMH currently contracts to provide laboratory services to clients under the care of DMH.



ITEM NO.	TERM	DESCRIPTION
R		
220	RCL	See Residential Care Level.
221	RCL Certification Unit	A unit of the Childrens' Countywide Case Management division within the DMH Child, Youth and Family Programs Administration that issues placement certifications to residential care facilities to provide care for youth in need of this level of care. The unit also monitors the care being provided in these facilities.
222	Report Writer Tool	Solution used to modify existing reports or create entirely new ones from information throughout the System and usually also contains the ability to use multiple fonts, colors, sizes, and graphics to design the report for specific audiences and improve usability.
223	Reporting Repository	A database used to manage data delivered by the reporting functions for report generation.
224	Request for Information	A non-competitive request of information, data, comments, or reactions from possible Contractors preceding the issuance of a RFP document.
225	Request for Proposals	All documents, whether attached or incorporated by reference, utilized for soliciting proposals. Solicitation based on proposed solutions in response to a defined need of the County.
226	Residential Care Level	A licensing term used to designate specific levels of care, and associated requirements, for residential treatment facilities for youth. An "RCL 14" facility, for example, is a higher level of care than an "RCL 12" facility, and licensing requirements related to staffing and programming differ between the two types of facilities.
227	RFI	See Request for Information.
228	RFP	See Request for Proposals.
229	Intentionally Omitted.	
230	RSA SecurID	Credit card sized security token used to authenticate the authorized user, which also produces an unpredictable code that automatically changes every 60 seconds.
S		
231	S/MIME	See Secure / Multipurpose Internet Mail Extensions.
232	SAMHSA	See Substance Abuse and Mental Health Services Administration.
233	SAML	See Security Assertion Markup Language.
234	Schiff Cardenas Crime Prevention Act	State Assembly Bill 1913 administered as the Juvenile Justice Crime Prevention Act, providing a source of funding for community-based solutions to locally identified juvenile crime prevention needs.
235	SD/MC	See Short-Doyle/Medi-Cal.
236	SDMH	See State of California Department of Mental Health.
237	Secure / Multipurpose Internet Mail Extensions	A standard for public key encryption and signing of e-mail encapsulated in MIME.



ITEM NO.	TERM	DESCRIPTION
238	Secure Hash Algorithm	A secure hash or message digest algorithm adopted as a Federal Information Processing Standard.
239	Secure Sockets Layer	A cryptographic protocol which provides secure communications on the Internet for such things as web browsing, e-mail, Internet faxing, instant messaging and other data transfers.
240	Security Assertion Markup Language	An XML standard for exchanging authentication and authorization data between security domains, that is, between an identity provider (a producer of assertions) and a service provider (a consumer of assertions).
241	Service Area District Chief	A middle management position within the Los Angeles County Department of Mental Health that provides administrative oversight of directly-operated and contracted mental health service providers within one of Los Angeles County DMH's eight (8) geographically-based Service Areas. These individuals report to a Deputy Director.
242	Service Areas	Los Angeles County is administratively divided into eight (8) geographically-based Service Areas, also referred to as "Service Planning Areas". This organizational structure facilitates closer coordination among agencies providing services in that geographic area.
243	Service Providers Artisan and Tradesman Activities	Assists potential contractors in obtaining affordable general and auto liability insurance. The SPARTA Program is administered by the County's insurance broker, which is currently Municipality Insurance Services.
244	Service Request Tracking System	Contractor's system for reporting, tracking and monitoring System problems reported by County, as described in Section II.A(16) to Appendix D (Maintenance and Support Services).
245	SFPR	See Single Fixed Point of Responsibility.
246	SGF	See State General Fund.
247	SHA 1	See Secure Hash Algorithm.
248	Share of Cost	A monthly dollar amount some Medi-Cal recipients must pay, or agree to pay, toward their medical expenses before they qualify for Medi-Cal benefits. A Medi-Cal recipient's SOC is similar to a private insurance plan's out-of-pocket deductible.
249	Short-Doyle/Medi-Cal	The Federal Medicaid program in California that provides reimbursement for County mental health services to Medi-Cal eligible individuals.
250	Simple Network Time Protocol	A protocol for synchronizing the clocks of computer systems over packet-switched, variable-latency data networks.
251	Simple Object Access Protocol	A protocol for exchanging XML-based messages over computer networks, normally using HTTP/HTTPS.
252	Single Fixed Point of Responsibility	A specifically designated individual or team within a clinic or agency who has responsibility for maintaining the Client Care Coordination Plan and for coordinating and authorizing services provided to clients who are receiving ongoing mental health services.



ITEM NO.	TERM	DESCRIPTION
253	Sliding fee schedule	The charge for services based upon the income and family size of the individual or family requesting services.
254	SNTP	See Simple Network Time Protocol.
255	SOAP	See Simple Object Access Protocol.
256	SOC	See Share of Cost.
257	SPARTA	See Service Providers Artisan and Tradesman Activities.
258	Specialized Intensive Foster Care	A community-based alternative placement for children who require out-of-home care along with therapy and specialized services-including those children who are emotionally and behaviorally disturbed, developmentally disabled, and medically disabled. Specialized Intensive Foster Care programs involve the application of specific evidence-based practices designed to treat this population.
259	SRTS	See Service Request Tracking System.
260	SSL	See Secure Sockets Layer.
261	STAR	See System for Treatment Authorization Request.
262	State General Fund	California State General Fund (SGF) used as FFP match.
263	State of California Department of Mental Health	Provides oversight of the state public mental health budget, which includes local assistance funding. SDMH responsibilities include providing leadership for local county mental health departments, evaluating and monitoring public mental health programs, administrating federal funds for mental health programs and services, and the implementation of the Mental Health Services Act (Proposition 63).
264	STOP	See Supportive and Therapeutic Options Program.
265	Intentionally Omitted.	
266	Substance Abuse and Mental Health Services Administration	Federal agency which administers various programs related to SAMHSA within DMH. SAMHSA also refers to block grant funding received from SAMHSA to pay for certain services.
267	Supportive and Therapeutic Options Program	Program for children who do not qualify for any other type of funding for a particular service or support. The main goal of intervention or support is to help bring the child home, maintain the child in the home, or return the child to his/her community.
268	System Administrator	An individual responsible for maintaining a multi-user computer system, including a local-area network. Typical duties include: <ul style="list-style-type: none"> • Adding and configuring new workstations • Setting up User accounts • Installing system-wide software • Performing procedures to prevent the spread of viruses • Allocating mass storage space
269	System for Treatment Authorization Request	Tracks inpatient days approved and denied TAR. County anticipates to fully replacing this application with the IBHIS System.



ITEM NO.	TERM	DESCRIPTION
270	System Log	A computerized data logging of record events in a certain scope in order to provide an audit trail that can be used to diagnose problems.
T		
271	TA1 Interchange Acknowledgment	Indicator that a file was successfully received and any errors that existed within the envelope segments of the received X12 file.
272	TAR	See Treatment Authorization Request.
273	TAR Update Transmittal form	Form that allows for the correction of a previously adjudicated TAR.
274	Taxonomy	A particular code that defines the professional discipline of providers who render services to clients.
275	TBS	See Therapeutic Behavioral Services.
276	Therapeutic Behavioral Services	TBS is a short-term intensive intervention that may be included as one component of a comprehensive mental health service plan. TBS provides one-to-one support for full scope Medi-Cal children and youth under the age of twenty one (21) years, who are experiencing a life crisis or when a life crisis is imminent, who need additional support to transition from a higher to lower level placement or to prevent movement to a higher level of care. In Los Angeles County, these services must be authorized by the Central Authorization Unit.
277	TLS	See Transport Layer Security.
278	Transport Layer Security	A cryptographic protocol which provides secure communications on the Internet for such things as web browsing, e-mail, Internet faxing, instant messaging and other data transfers.
279	Treatment Authorization Request	A request submitted to DMH administration requesting authorization for the provision of a particular service or type of service of medication.
280	Triage	A process for sorting injured people into groups based on their need for immediate medical treatment.
281	Triple Data Encryption Standard	A block cipher formed from the Data Encryption Standard cipher by using it three times.
282	TUT Form	See TAR Update Transmittal form.
U		
283	UB-04	See Uniform Bill-04.
284	UB-92	See Uniform Bill-92.
285	UMDAP	See Uniform Methods of Determining Ability to Pay and Annual Liability.
286	Uniform Bill-04	A standardized form from the Centers for Medicare and Medicaid Services used to electronically submit claims for health care received in an institutional setting to payers.
287	Uniform Bill-92	Starting May 23, 2007, all of paper claims must use the UB-04 since the UB-92 will no longer be acceptable. See Uniform Bill-04.
288	Uniform Methods of Determining Ability to Pay	Process by which annual liability is determined. See Annual Liability.



ITEM NO.	TERM	DESCRIPTION
289	Unit of Service	The increment unit of time used to capture the quantity of services provided (e.g., 1 minute = 1 Unit of Service) during a mental health service procedure. Claims are generated based upon the service provided and multiplied by the rate for that procedure.
290	US ASCII	See American Standard Code for Information Interchange.
W		
291	Warm-Site	A disaster recovery facility that mirrors the organization's production databases in real-time. Operational recovery is expected not to exceed four (4) hours.
292	Web-enabled	Ability to access content using a web browser and HTTP (see Hypertext Transfer Protocol) as a primary communication protocol through the Internet or Intranet. Content may reside in the folder on the web server or on a database connected to the web server and is transparent to the user.
293	Webven	Program containing the Vendor's business profile and identifies the goods/services the business provides.
294	Welfare and Institutions Code	Code enacted to insure the rights or physical, mental or moral welfare of children are not violated or threatened by their present circumstances or environment. WIC establishes programs and services designed to provide protection, support or care of children and provides protective services to the fullest extent deemed necessary by the juvenile court, probation department or other public agencies designated by the Board of Supervisors to perform the duties prescribed by this code.
295	Wellness Center	Wellness Centers provide services for clients at advanced stages of recovery and include a mix of professional, peer-led and vocational services. Staffing includes at least fifty (50%) percent consumers in recovery.
296	WET	See Workforce Education and Training.
297	WIC	See Welfare and Institutions Code.
298	Windows Internet Explorer 7	A web browser released by Microsoft® in late 2006 for Windows Vista and XP SP2.
299	Workforce Education and Training	A Plan funded under the California Mental Health Services Act which provides financial and other support to counties in educating and training their workforce to better meet the service delivery. requirements of MHSA.
X		
300	XML	See Extensible Markup Language
301	XML Signature	A W3C recommendation that defines an XML syntax for digital signatures.