

Term	Definition
<b>42 CFR</b>	Refers to a section of the Code of Federal Regulations that provides strict confidentiality rules for substance use disorder (SUD) patient records.
<b>270</b>	A HIPAA Transaction that is sent in inquire about a recipient/subscriber/client's eligibility status.
<b>271</b>	A HIPAA transaction that is sent in response to a 270 that contains eligibility status information for a recipient/subscriber/client.
<b>274</b>	State reporting acronym for staff user data including which program(s) they are at, percentage of time spent, and other data elements.
<b>835</b>	A HIPAA transaction that is sent in response to an 837 and contains remittance information about claims submitted for rendered services.
<b>837</b>	A HIPAA transaction, that includes claim information for the purpose of reimbursement for a rendered service. - There are 3 variations of 837 Transactions: Initial - Initial Claim for Services Void - To 'Void' a previously submitted claim. Replacement - To replace a previously Approved or Denied Claim
<b>AB352</b>	A buffer against providing states that have criminalized certain kinds of care, for example, abortion care, contraception, and gender affirming care.
<b>Add-On Code</b>	A procedure code that can only used in conjunction with a primary procedure code. It can NOT be entered as a 'Stand Alone' code. Some Add-ons will automatically generate (such as time based add-ons), while others would need to be selected manually when creating the service (such as interactive complexity). Add-On charges will only be claimed when the Primary Code is claimed.
<b>Adjudication</b>	Refers to the process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.
<b>ASAM</b>	American Society of Addiction Medicine. The ASAM Criteria defines the standards for conducting a comprehensive biopsychosocial assessment to inform patient placement and treatment planning
<b>Bed</b>	The Bed is the most precise location of a patient.
<b>Bedboard</b>	A screen is used by the Sacramento County Mental Health Treatment Center, to manage the inpatient and CSU beds.
<b>BHS-SAC Team</b>	Is an acronym for Behavioral Health Services Screening and Coordination, this is a county unit that provides Sacramento County residents with referrals to authorized specialty mental health and substance use prevention treatment services.
<b>Cal MHSA</b>	California Mental Health Services Authority is an administrative and fiscal public entity representing California counties. They manage the semi-statewide EHR, SmartCare.
<b>California CANS</b>	Refers to the Child and Adolescent Needs and Strengths (CANS) screening tool. This is an assessment that children's providers complete. The assessment is client specific, not program specific.
<b>Cal-OMS</b>	Acronym for mandated SUPT reporting (California Outcomes Measurement System)
<b>CARE Act</b>	Community Assistance, Recovery and Empowerment (CARE) Act allows specific people, called "petitioners," to ask the court to create a voluntary CARE agreement or court-ordered CARE plan for other persons, called "respondents," who have certain untreated severe mental illnesses, specifically schizophrenia or other psychotic disorders.
<b>CCS</b>	Claim Correction Spreadsheet
<b>CDAG</b>	Clinical Data Access Group. Assigned to each user account, it determines what information you can view in SmartCare.
<b>Charges</b>	Services entered into SmartCare turn into charges after an overnight process that checks if the service is ready to bill.
<b>Client Contacts</b>	Anyone involved in the care of the client, they can be personal or professional.
<b>Client Dashboard</b>	A page in SmartCare to view and open documentation for a selected client.
<b>Client Flags</b>	Alert users with critical beneficiary information. The icon which correspond to the Client Flag will appear in the client header.
<b>Client ID</b>	Medical record number assigned to a client during enrollment to a program.
<b>CPT</b>	Current Procedural Terminology
<b>CSI</b>	Acronym for mandated Mental Health State reporting (Client Service Information)
<b>Data Element</b>	A data element is a data entry field on the screen. It is the input point for the table column. The information entered populates the table column rows.
<b>Delay Reasons</b>	Codes that indicate the reason that a specified service is being submitted for reimbursement outside the window for normal timeliness requirements./ mention state 837
<b>DHCS</b>	California Department of Health Care Services. The California Department of Health Care Services is a department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.
<b>Diagnosis</b>	A diagnosis is an ICD 10 code associated with a problem.
<b>Dictionary</b>	A dictionary is a list of acceptable responses associated with a dictionary data element. In a data element, the list displays as a drop-down menu (normally unlocked) or a series of buttons (locked). A "locked" dictionary cannot be modified.
<b>Document</b>	Finalized pdf version of data entered at a point-in-time
<b>E/M Code</b>	Evaluation and Management codes are used by Physician's as defined by QM.
<b>EPSCS</b>	Acronym for Electronic Prescribing of Controlled Substances
<b>Field</b>	A Field is the level of data input. Examples include date fields, dictionary fields, and text fields.
<b>Payor/Coverage</b>	The terms payor/coverage are used to identify any expected source of reimbursement for services provided to a client. Payor/coverage can include self pay, other healthcare coverage insurance, and or entitlements such as Medi-Cal or Medicare.
<b>Progress Note</b>	a clinical document that mental health professionals create after each session or client encounter
<b>HCPCS</b>	Healthcare Common Procedure Coding System

<b>ICD-10/DSM5</b>	DSM-5 and ICD-10 are classification systems used in healthcare, with the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) detailing mental health diagnoses and criteria for clinicians, while the ICD-10 (International Classification of Diseases, 10th Revision) provides broader medical codes for billing, statistics, and general health management, with mental health codes aligning between them for consistent clinical and administrative use.
<b>Interdisciplinary Treatment Plan</b>	A Treatment Plan created when a clinician meets with a client and caregiver/support person to collaborate on developing treatment goals.
<b>LMS</b>	Learning Management System, this is where CalMHSA has their pre-recorded training videos which are required to view before gaining access to SmartCare.
<b>MAR</b>	Medication Administration Record or MAR is a screen used by the Sacramento County Mental Health Treatment Center, to document nursing treatments, legal status, and other non-medication orders.
<b>MAT Services</b>	Medication Assisted Treatment services including
<b>Modifiers</b>	Codes used to supply additional information about the claim
<b>NOABD</b>	Notice of Adverse Benefit Determination. The Plan denies a request for Services
<b>Note</b>	Notes made by staff that describe the patient's progress and condition of the treatment given or planned.
<b>NTP</b>	Narcotics Treatment Program
<b>Client Orders</b>	SmartCare screen, used to enter lab orders for outpatient providers. It is also used to enter nursing orders and legal status orders for the Mental Health Treatment Center.
<b>Overnight Job</b>	Process that runs nightly automatically to validate the services entered into SmartCare.
<b>Payer Claim Control Number</b>	The unique ID number for the claim in the State's adjudication system.
<b>Procedure Code</b>	A code to track all billable and non-billable patient or provider activities (events).
<b>QM</b>	Acronym for Sacramento County Behavior Health Services Quality Management division
<b>Required Field</b>	A data element within an option that must be completed in order to save the data within the EHR.
<b>SUPT</b>	Acronym for Substance Use Prevention and Treatment
<b>TADT</b>	The Timeliness Access Data Tool, is a state reporting document used to document the client's timeliness access to services. There are four separate TADT documents, two for SUPT providers and two for MH providers.
<b>UMDAP</b>	Uniform Method to Determine Ability to Pay
<b>Whiteboard</b>	A multi functional overview of units to keep track of client tasks, occupied beds, empty beds, inpatient and CSU beds. Used only by the Sacramento County Mental Health Treatment Center.
<b>Widget</b>	A small application that can display data quickly and easily. Users can customize their screen views and manage data via widgets. Some widgets are based on the client and the program selected on your screen.