Glossary

This glossary contains an alphabetical list of CARE system terms and definitions. Many of the definitions include the codes used in the CARE system. Refer to *Section 1 Decode Tables* in this manual for a complete list of codes and decode values.

If the term or definition you are seeking is not included in this glossary, refer to the Texas Department of Mental Health and Mental Retardation Glossary published by the Public Information Office.

AAMR Classification	The American Association on Mental Retardation (AAMR) primary, secondary, and tertiary etiology of retardation. Previously called American Association on Mental Deficiency (AAMD).
AAMR Version	The version of the classification the system uses to record the mental retardation diagnosis of a person. The 1977 version is currently used.
Absent	An individual is physically away from a campus-based location (ward or dorm). An individual may be absent for hospitalization, a home visit, a special activity, transfer to another component, unauthorized departure, other reasons, or trial placement. The facility may permit absences of less than 72 hours (pass) or more than 72 hours (furlough). For a person who was involuntarily committed an absence of more than 72 hours requires notification to the court which issued the order. Specific absence codes are used for tracking by the **C**lient **A**ssignment and **RE**gistration **(CARE)** system.
AHI - Community Hospitalization/with Private Insurance	A person is absent due to hospitalization in the community and payment for this hospitalization is insured by a third party.
AHN - Community Hospitalization/Without Private Insurance	A person is absent due to hospitalization in the community and payment is not insured by a third party.
AHV - Home Visit	A person is absent due to a home visit (non-billable).
ANS -Special Activity	A person is absent for a special activity (non-billable).
AX - Other	A person is absent for any reason other than a special activity, home visit, community hospitalization (with insurance/ without insurance), temporary transfer to another component, trial placement or unauthorized departure.
ASA - Special Activity - Therapeutic	A person served in an ICF/MR unit is absent for a therapeutic special activity. This special activity meets Department of Human Services (DHS) criteria for reimbursement by the federal government.
ATT - Temporary Transfer to Another Component	A person is absent due to a short-term transfer to another campus-based component.

Absent, continued

ATV - Home Visit Therapeutic	A person served in an ICF/MR unit is absent due to a therapeutic home visit. This visit meets DHS criteria for reimbursement by the federal government.
ATP - Trial Placement	A person is absent from the facility for evaluation of adjustment to home or an alternate placement setting.
AUD - Unauthorized Departure	A person is absent due to an unauthorized departure.

Accounting Unit   A TXMHMR cost center within a component. In a campus-based program, an accounting unit normally consists of one or more wards or dorms. In a community-based program, a sheltered workshop is an example of an accounting unit.

Active System Status   A CARE system status indicating whether a person has at least one open assignment in the service delivery system. See *System Status.*

Activity   A service delivery program element. In TXMHMR's overall campus-based and community-based program structure, several activities comprise a program. For example, the community-based program consists of three activities: residential, client and family support, and case management. The campus-based program consists solely of the residential activity. Components submit budget requests based on this activity-based program structure.

Adaptive Behavior Levels (ABL)   A measure of the effectiveness or degree to which an individual who has or is suspected to have mental retardation meets the standards of personal independence and social responsibility expected of his or her age and cultural group. This determination is made by an interdisciplinary team based on the results of a standardized scale. The options are: no impairment, mild impairment, moderate impairment, severe impairment, and profound impairment. Both current and potential level of functioning may be assessed.

Admission   The initial assignment of a person to a campus-based program and location (ward or dorm) at a facility. "ADM" is the assignment code for admission.

Ambulatory (Mobility)	The mobility rating as determined by the interdisciplinary team for a person with mental retardation. The options are: unimpaired, mild, moderate, mobile/non-ambulatory, and non-ambulatory.
Assignment	Identifies where a person is receiving services. Assignments track a person's movements throughout the TXMHMR service delivery system. Each client assignment in CARE has a multi-level structure. All assignments have, at minimum, component and program designations. All assignments consist of various combinations of the following levels: component, program, activity, location and assignment/ absence code. A person may have multiple assignments. For example, a person may be assigned to both client and family support and case management activities in a community-based program. Some assignments are mutually exclusive; in a campus-based program, a person cannot have two concurrent residential assignments.
Assignment/Absence Code	Provides descriptive information about campus-based assignments/absences. For example, the assignment of a person to a ward in a state hospital is described by the "ADM" (admission) code. The end of this campus-based assignment might be described by the "DMA" (discharge against medical advice) code. Assignment/absence codes are used for reporting and Claims billing purposes.
Assigning Component	Component which assigns a person to another component and program. See *Destination Assignment.*
Assignment Status	Status of each person's assignment(s) at a component. At a campus-based component, assignment status options are resident, absent, unauthorized departure, discharge or death. At a community-based component, assignment status options are open or closed.
Average Daily Census (ADC)	Average number of persons present in a given facility or location on a typical day within a given time period. The average daily census is computed by dividing the number of beddays (see *Beddays*) in the facility or location by the number of days during the time period.

Axis I, Levels 1-6	DSM-III-R (used since 06-01-88) code for psychiatric syndromes diagnoses. Level 1 indicates the most significant diagnosis, level 6 the least significant.
Axis II, Levels 1-4	DSM-III-R (used since 06-01-88) code for personality, specific developmental disorders and mental retardation. Level 1 indicates the most significant diagnosis, level 4 the least significant.
Axis III, Levels 1-6	ICD-9-CM code for physical disorders. Level 1 indicates the most significant diagnosis, level 6 the least significant.
Axis IV	Code for psychosocial stressors. According to TXMHMR policy, coding Axis IV for persons with mental retardation is not necessary.
Axis V	Used to indicate the clinician's overall judgment of a person's psychological, social, and occupational functioning using the Global Assessment of Functioning Scale (GAF Scale) that assess mental health-illness. According to TXMHMR policy, coding Axis V for persons with mental retardation is not necessary.

Beds - Community Residential Program - See *Type of Living Situation (MH)* and *Type of Residential Services (MR)*.

Beddays	Number of days a person is resident in a facility or location. The first partial day in residence is counted as one bedday; however, the last (partial) day is not counted. If the person enters a facility and leaves on the same day, it is counted as one bedday. Hence, the number of facility beddays does not necessarily equal the sum of beddays in all locations at that facility. For example, if a person goes to the infirmary and returns the same day, that person was never absent from the facility and one facility bedday is counted. At the location level, however, the person is considered to have spent one bedday at the infirmary location, as well as one bedday in the location to which he/she returned. The sum of beddays at the location level, in this example, is two.
Behavior Management	Indicates the category which describes the behavior management problems of a person with mental retardation. The options are: mild, moderate, severe, or none.
Budget Unit Code	Code which identifies the cost center at the lowest level of funding and subsequent expenditure. Budget

unit codes are used to report data to the Legislative Budget Board throughout the biennium.

Campus-Based

Residential activities provided on the grounds of a state supported living cener, state hospital, or state center.

Case Management Activity

A community-based activity in which a single accountable individual (that is, the case manager) serves a person and ensures to the maximum extent possible that the person has access to, and receives, all resources and services necessary to help the person reach his/her optimum level of functioning. In the CARE system, a person is assigned to the case management activity only when that person: (1) is determined to be eligible for case management by the case management staff, and (2) is assigned by the case management supervisor to a case manager for ongoing services. Before a person is assigned to the case management activity that person is assigned, at minimum, to the client and family support activity.

Case Management Waiting List

A person is placed on a component's case management waiting list when his/her case management eligibility status is "eligible for case management" and the person is assigned, at minimum, to the client and family support activity and is not assigned by the case management supervisor to a case manager.

Cause Number

Identifier for a legal commitment document. Cause numbers are created by the court system. Medical Record's staff use cause numbers to locate and specify a commitment when communicating with the court.

Certified Client Population (CCP)	People with mental retardation for whom a community-based component may receive funds from the Prospective Payment Program (PPP) or the Companion Program (CP). A person can be considered a member of the Certified Client Population if one of five events has occurred: (1) the person with mental retardation was resident in a state hospital as of 5/31/85 and was recommended for placement outside the hospital; (2) the person was a resident in a state supported living center as of 5/31/85, or has been admitted since then; (3) the person was in active status on the Register for State School Placement as of 5/31/85; (4) the person was added to the population as a result of petitioning and being approved by the deputy commissioner for MR services; (5) the person was added by his/her MR Authority to one of the slots given to the authority. See *Prospective Payment Program*, *(PPP)*.
Certified Client Population Status	Indicates whether a person is a member of the Certified Client Population and, if so, whether that person is eligible to participate in the Prospective Payment Program (PPP) or in the Companion Program (CP).
Client	A term sometimes used to describe a person registered to receive services from the TXMHMR service delivery system.
Client and Family Support Activity	A community-based activity consisting of various services, including but not limited to: medication, special education, continuity of care, diagnosis and evaluation, early childhood intervention, family support, in-home support, treatment or training services and vocational services. This activity includes all community-based services except case management and residential services.
Client Identification Number (Client ID)	Unique statewide identifier generated by the CARE system for each person registered by TXMHMR.
Client Movement Preference (MR Needs)	Indicates the location in which a person with mental retardation would prefer to reside. This preference is recorded as: current, alternate environment, or no preference stated or discernible.

Client Structured Program Capacity (MR Needs)
Indicates the maximum number of hours per day a person with mental retardation can profit from structured programs, based on factors such as health, stamina and age. Structured programs are those which are regularly scheduled and are typically oriented toward skill development.

Clients Served in Campus-Based Program
The number of individuals resident in a facility for at least one bed-day during a designated period.

Closed Assignment
An assignment with both a beginning and ending date.

Commitment County
County of the court which committed an individual. The CARE system records the county of the court committing an individual to a campus-based location as the "admission commitment county." During an individual's residential episode, a new commitment may result from a county court other than the admission commitment county.

Commitment Date
Effective date of a statutory order to commit a person for treatment.

Commitment Type
Identifies the statutory authority of a commitment, such as an emergency detention or an order of protective custody.

Community-Based
A program composed of activities provided to individuals by a community MHMR center or a facility outreach. The three types of community-based activities are residential, client and family support, and case management.

Community MHMR Center
An organization operating under the direction of a local board of trustees as established by a county, a city, a hospital district, a school district or any organizational combination of two or more of these. Funds are secured from TXMHMR and from local, federal and other sources. A community MHMR center (CMHMRC) offers evaluation, training, treatment, residential placement and other services in a community setting.

Community Placement
Occurs when an individual with mental retardation is placed in the community and the campus-based assignment ends. "CP" is the assignment/absence code for community placement.

Community Support Plan
A plan which is developed jointly by the facility and Mental Health Authority prior to the discharge of an

individual served by a state facility to ensure that the individual is linked to an appropriate service delivery system.

Community Support Service (MR Needs)

Support services in the community for persons with mental retardation. The options are: homemaker services, respite care, transportation assistance, case management, not applicable, and none needed.

Companion Program (CP)

A contract program in which Mental Retardation Authorities are paid a sum of money for providing certain services in an ICF-MR community placement for eligible members of the Certified Client Population (CCP). The services paid for under this program are not reimbursable by Medicaid.

Competency Status (MR Needs)

Identifies the capacity of a person with mental retardation to make financial, medical, and programmatic/placement decisions. This status is determined by the interdisciplinary team at the annual staffing meeting.

Component

An entity of the TXMHMR service delivery system. A component can be a facility of the department, such as a state hospital, state supported living center or state center, or a community MHMR center.

Component Close Date

Designates the date on which a component was permanently closed.

Component Code

Unique code that identifies a state hospital, state supported living center, state center, or community MHMR center.

Component Open Date

Designates the date on which a component was first opened.

Component Short Name

An abbreviated name or acronym of a state hospital, state supported living center, state center, or community MHMR center. For example, the component short name for Terrell State Hospital is TSH.

Component Type

Identifies a component as either a state hospital, state supported living center, state center, or community MHMR center.

Contact Name

The name of the person to contact about a given component.

Contact Title	The title of the contact person for a given component. The contact person displayed in CARE is usually the superintendent, executive director or director of the component. The MH and MR contact may also be displayed.
Contracted By	A residential setting provided to a person by a TXMHMR facility or a CMHMRC via a contract with an external provider.
County of Admission	County where a person experienced the need for mental health services.
County of Residence	County in which a person resides.
Correspondent	See *Primary Correspondent* or *Secondary Correspondent.*
Date of AAMR	Date of evaluation for the reported AAMR classification. See *AAMR Classification.*
Date of Axis III	Date of the physical examination in which a person's Axis III diagnosis was determined. This date must be the same as, or earlier than, the date of diagnosis. See *Decision Date.*
Date of CCP Status	For a person with mental retardation the date the status in the Certified Client Population was initiated or changed.
Date of PPP Status	For a person with mental retardation the date the status in a Prospective Payment Program community placement was initiated or changed.
Decision Date	Date a diagnostic evaluation was performed.
Destination Assignment	Occurs when one component assigns an individual to another component. An assignment between two components is recorded when the assigning component enters the individual's destination component and program. When the individual actually arrives at the destination component to receive services and the individual's new assignment is opened, the destination assignment between the two components is closed. See *Assigning Component.*
Destination Component	The component to which an individual is assigned by the assigning component.
Destination Program	The program to which an individual is assigned by the assigning component.

Diagnostic Reason for Action Code	Reason for submitting diagnostic information; for example, admission/provisional, reevaluation, death or discharge (discharge applies only to hospitals).
Diagnostic Grouping (one digit)	A way of classifying each DSM-III-R code into one of five categories. The five categories are: mental illness, mental retardation, alcoholism, drug abuse and undiagnosed.
Diagnostic Grouping (two digit)	A way of classifying each DSM-III-R code into one of fourteen categories. The two digit groupings are often used in reporting of group related diagnoses into broad categories such as schizophrenia & related disorders or depressive disorders.
Discharge	Occurs when a campus-based assignment ends for a person with mental illness. People with mental retardation are discharged only when their campus-based assignment ends and they choose to terminate their association with TXMHMR. See *Community Placement and End Respite*.
DMA - Discharge - Against Medical Advice	An individual is discharged against medical or other advice.
DNS - Discharge - No More Services	An individual is discharged and (1) refuses further services, (2) chooses a service provider not associated with TXMHMR, or (3) is deemed to require no further services.
DRE - Discharge - With Reassignment	An individual is discharged and reassigned to a destination component and destination program. For example, a person discharged from a state hospital is reassigned to a community center/community-based program.
Dorm	A building or section of a building at a state supported living center or state center that is the residential living area for persons with mental retardation and, in some cases, is also the physical setting in which treatment programs are conducted. In the CARE system, dorms are identified as locations within a component's campus-based program.

DSM Level	Significance of diagnosis on an axis, listed in descending order, level 1 being most significant for the person's treatment.
DSM Version	Version of the Diagnostic and Statistical Manual of Mental Disorders used to record a diagnosis. The DSM-III was used from 9/1/80 to 5/31/88. The DSM-III-R has been used since 6/1/88.
Early Childhood Intervention/ Developmentally Delayed (ECI/DD)	A type of presenting problem which indicates a probable need to provide early training/stimulation to children (0-6 years) to reduce or prevent developmental delay.
End Respite	Occurs when an individual with mental retardation ends a campus-based assignment for respite. "ER" is the assignment/absence code.
Episode	The period of time a person had an open campus-based assignment. Episodes begin at the date of admission and end at the date of community placement or discharge.
Estimated Annual Gross Family Income	Total annual income, rounded to the nearest thousand, of all family members living with the person receiving services.
Facility	State hospital, state supported living center or state center operated directly by TXMHMR. Facilities can have both campus-based and community-based programs.
Facility Outreach	Community-based program of a facility.
Family Contact (MR Needs)	Frequency of contact a person with mental retardation has with his/her family in a year. The CARE system records the frequency of contact as: less than yearly, one to four times per year, five or more times per year, or not applicable.
Family Size	Number of persons supported on the estimated annual gross family income. Includes the number of parents living in the household, the number of dependent children, the person receiving services and any other people dependent on the family for support.
Health Status	Indicates the health status of a person with mental retardation. The options are: no major problems, mild, moderate, or severe.

Health Care Services (MR Needs)	Indicates for a person with mental retardation the priority needs in a variety of health care areas such as: physicians services, specialized medical consultation, dental services, nursing services, audiology services, visual screening services, diet/weight maintenance, and adaptive equipment and prosthetics.
ICD Version	Version of the International Classification of Diseases (ICD) codes used to record a diagnosis. The CARE system uses the ICD-9-CM version excluding Chapter V, Mental Disorders, which is replaced by DSM-III (9/1/80)/DSM-III-R (6/1/1988).
ICF-MR Level of Care	A person's degree of mental retardation is used to determine the level of need for care in an Intermediate Care Facility for the Mentally Retarded (ICF-MR). The levels are: (I) mild or moderately retarded and ambulatory, (V) low moderate to high severe, (VI) low severe to profound, and (VIII) related conditions.
Inactive System Status	A CARE system status indicating that a person in the TXMHMR system has no open assignments in the service delivery system. See *System Status*.
Income	See *Estimated Annual Gross Family Income*
Legal Guardianship	Indicates the legal guardianship of an individual. The options are: minor, minor with conservator, adult with guardian of estate and person, adult with guardian of estate, adult with guardian of person, limited guardian, temporary guardian, or no guardian.
Lelsz Status	Identifies an individual as a member of the plaintiff class of *Lelsz v. Kavanagh*. Members of this class are defined as: (1) all individuals who are or have been residents of the Austin State Supported Living Center, Denton State Supported Living Center or Fort Worth Sate Supported Living Center since November 27, 1974 and all future residents of the above named state supported living centers; and (2) all individuals who are or have been listed on the Department's Registry for State School Placement (RSSP) since August 5, 1981 and all future additions to the RSSP (currently RCBC). Under the October 15, 1987 Implementation Agreement, services are provided to *Lelsz* class members who reside in the 13 state supported living centers and class members placed from state supported living centers into community residences since July 21, 1983. Questions regarding *Lelsz* class member status should be directed to the

Office of *Lelsz* Coordination, MR Services, TXMHMR Central Office, P.O. Box 12668, Austin, Texas, 78711-2668.

Length of Absence	Number of days an individual is absent from a campus-based assignment.
Length of Commitment	Maximum number of days an individual is to remain in a campus-based assignment as specified by a statutory commitment document.
Length of Stay (Gross-LOS)	Number of days, including absences, an individual is assigned to a campus-based program. Computed by subtracting the admission date from the date of discharge, death, community placement, or the current date.
Length of Stay (Net-LOS)	Number of days, excluding absences, an individual is assigned to a campus-based program.
Level of Retardation	The Level of Retardation for an individual with mental retardation is determined by the IQ or SQ score range. If the IQ is unreported and the SQ is used to determine the Level of Retardation, the SQ score range is the same as the IQ score range. Refer to the CARE Reference Manual decode table for score ranges.
Local Case Number	Number given to identify an individual's records at a component. An individual is given a local case number when he or she is first assigned to a component. If an individual is assigned to more than one component, that individual will have a unique local case number at each component.
Local Service Area (LSA)	Geographic area composed of one or more Texas counties delimiting the population which may receive services from the local MH or MR Authority.
Local Service Area Code	Code identifying the local service area. For example, the local service area code for Permian Basin Community Center is 24.
Location	In campus-based programs, location identifies wards and dorms. In community-based programs, location identifies residential programs operated by an authority and/or third party under contract to an authority. Also identifies Client & Family Support locations and Case Management units.
Location Code	Code used to identify locations within a TXMHMR component.
Mental Health (MH)	A type of presenting problem which identifies a probable need for MH services.

Mental Health Authority (MHA)	A component of the TXMHMR service delivery system designated by the Department to direct, operate, facilitate and coordinate mental health service delivery for a local service area.
Mental Health Services	The division of TXMHMR under the responsibility of the Deputy Commissioner for MH Services. MH services are concerned with (1) research, prevention, and detection of mental disorders and (2) all services necessary to treat, care for, control, supervise, and rehabilitate people with mental disorders. Substance abuse (alcoholism and drug addiction) services are included among these.
Mental Retardation (MR)	A type of presenting problem which identifies a probable need for MR services.
Mental Retardation Authority (MRA)	A component of the TXMHMR service delivery system designated by the Department to direct, operate, facilitate and coordinate mental retardation service delivery for a local service area.
Mental Retardation Services	The division of TXMHMR under the responsibility of the Deputy Commissioner for MR Services. MR services are concerned with (1) research, prevention and detection of mental retardation and (2) all services related to the education, training, habilitation, care, treatment and supervision of people with mental retardation.
MR Needs	Inventory of needs for a person with mental retardation served by a state supported living center, state supported living center outreach, state center outreach, or a person recommended for placement in a state supported living center. For a state supported living center campus program this data is required under paragraph 19 of the *Lelsz* Implementation Agreement *(See Lelsz Status)*. MR Needs data is collected at the annual staffing meeting by the interdisciplinary team.

Need for Advocate (MR Needs)	Indicates for an individual with mental retardation the level of need for an advocate. The levels of need are: (0) no need for an advocate at this time, (1) individuals without a parent/guardian/correspondent to advocate for them, (2) individuals with a parent/guardian/ correspondent who do not routinely and/or regularly visit or attend meetings to advocate for them, (3) individuals with a parent/guardian/ correspondent who request an advocate, and (4) need for an advocate filled.
Needed Residential Characteristics (MR Needs)	Indicates the need of a person with mental retardation for a residence which is described as: barrier free, accessible to natural family, accessible to specialized services, and/or accessible to employment.
Non-Residential Service Code	Code designated by community-based components to identify non-residential programs and services provided.
Non-Residential Service Name	Name designated by community-based components to identify non-residential programs and services provided.
Number of Beds	Indicates the number of beds on a ward/dorm or on a community residential location.
Number of ICF-MR Certified Beds	Number of beds in a location eligible for ICF-MR funding. Eligible beds meet principal conditions for participation in the federal government's Intermediate Care Facility for Mentally Retarded (ICF-MR) program (Title XIX/Medicaid Program).
Number of Medicare Beds	Number of ward or dorm beds certified for Medicare funding.
Open Assignment	An assignment with a beginning date and no ending date.
Operated By	A residential setting that is owned or operated by a TXMHMR component.
Parent Movement Preference (MR Needs)	Indicates the parent or guardian preference regarding possible change in the residence of a person with mental retardation. The options are: current, alternate environment, or no preference stated.
Patient	A term sometimes used to describe people served in state hospitals.

Patient Day	Unit of measure for calculating a person's net length of stay in a state hospital, state supported living center, state center, or a community residential location. See *Beddays.*
PPP	See *Prospective Payment Program.*
Presenting Problem	Initially perceived problem for which an individual needs TXMHMR services. Individuals are identified as probably needing one of the five following areas of services: mental health, mental retardation, substance abuse, early childhood intervention/ developmental delay, or related condition (MR). This is not a diagnosis, but is used to identify an individual for further evaluation and/or service by an MH or MR Authority until a diagnosis is made.
Primary Correspondent	In case of an emergency the first person to contact on behalf of an individual being served. This person is not necessarily a relative or financially responsible for the care of the individual being served.
Primary Correspondent Relationship	Identifies the type of relationship between an individual being served and that individual's primary correspondent; e.g., mother, father, friend, trustee, etc.
Principal Diagnostic Axis	The Axis I (Level 1) or Axis II (Level 1) DSM-III/ DSM-III-R (6/1/88) code represents a person's principal diagnosis. See *Axis I and Axis II.*
Prior Last Name(s)	Last name(s) differing from the current name used by the person. A person's prior last names may include an alias, maiden name, or legal name change.
Program	Indicates if person is receiving services in campus-based programs and/or community-based programs.
Prospective Payment Program (PPP)	Contract program in which Mental Retardation Authorities (community center, state supported living center or state center outreach) are paid a sum of money in return for their agreement to provide a non ICF-MR community placement and services for eligible members of the Certified Client Population (CCP).
Prospective Payment Program Status	Indicates whether an individual is a member of the Certified Client Population and is placed in a residential program eligible for the Prospective Payment Program.

Prosthetics (MR Needs)	Adaptive equipment used to assist an individual with mental retardation and physical disabilities. Needed adaptive equipment is indicated as: hearing aid, dental prosthetic, corrective lenses, wheelchair, walker or cane, orthopedic appliances, orthopedic shoes, specialized positioning equipment, adaptive eating devices, and augmented communication devices.
RAJ	Refers to the *RAJ v. Jones* class action suit which deals with mental health service delivery. In *RAJ,* the Department is under court order to improve its staff-to-patient ratios in the eight state hospitals. The court order requires that these ratios be met on a unit-by-unit basis and limits the staff who may be counted. In an effort to meet this court order, the Department has reduced the patient census from the fourth quarter of fiscal year 1983 levels. See *RAJ baseline.*
RAJ Baseline	Number of beddays for persons from a local service area who were resident in *RAJ* units of the eight state hospitals during the fourth quarter of fiscal year 1983. This baseline is used to measure the Department's performance regarding reduced patient census in state hospitals. See *Retroactive Reimbursement Program.*
RAJ Baseline (Adjusted FY 1983)	The original *RAJ* Baseline has been updated to establish a point above which no reimbursement will be earned. The Adjusted FY 1983 Baseline is the sum of the original *RAJ* Baseline plus the average of first and second quarter FY 1987 bed days on substance abuse and State Center MH units/wards. Each MHA will receive $35.50 for each bedday below the Adjusted Baseline down to the Incentive Baseline. The *RAJ* Baseline will be recomputed quarterly to pick up any changes in county of residence.
RAJ Unit	General psychiatric locations at the eight state hospitals specified in the *RAJ v. Jones* lawsuit as requiring improvement in staff-to-patient ratios. All locations are included in the lawsuit except substance abuse, multiple disabilities and maximum security locations. The *RAJ* units may or may not be the same as the $35.50 Incentive Program units.
Readmission	Admission of a person who has been previously assigned to any campus-based program in the TXMHMR service delivery system.
Reason for Admission	An individual with mental retardation is admitted to a TXMHMR state supported living center for one of

the following reasons: respite, emergency, order of protective custody or regular (a court has determined the need for placement in an MR facility).

Reason for Separation   Conditions causing an individual to leave the TXMHMR service delivery system. Individuals are separated from CARE only if they establish legal residence out of the state or die.

Recidivism   As defined by the CARE system, the actual number of readmissions and returns from absences (greater than 30 days) for each state hospital.

Recommended Movement (MR Needs)   Staff estimate of preferred treatment setting for an individual with mental retardation. The options are: move to another dorm-same campus, move to another campus, move from community to campus, move from campus to community, move to another community location, or none.

Register for Campus-Based Component (RCBC)   The statewide listing of applicants who have been recommended by a certified diagnosis and evaluation team or interdisciplinary team for assignment to a mental retardation campus-based component. An individual is on the RCBC when his or her recommended movement on the MR Needs form is to "move from the community to a campus setting."

Register for State School Placement (RSSP)   Statewide listing of applicants who are eligible for admission to Texas state supported living centers for the mentally retarded. Individuals on the active register since August 5, 1981 were certified as plaintiff members of the *Lelsz* class action lawsuit. The CARE system retains the date the person was initially placed on RSSP, the RSSP status (active or temporarily deferred) as of conversion, and the date RSSP status was established or the last date the status changed. The RSSP system was replaced by the RCBC system March 1989. See *Register for Campus-Based Component.*

Registration   Formal enrollment into the CARE system which establishes that an individual is registered to receive services from the TXMHMR system.

Registration Date   Date an individual is accepted for services by the TXMHMR service delivery system.

Resident (RES)   The assignment status that indicates an individual is present in a campus-based location.

Residential Activity	Community-based activity composed of residential programs.
Residential Program	A community-based residential service operated by an authority and/or a third party under contract to an Authority. The CARE system identifies each residential setting of these programs as a residential location. See *Location.*
Residential Reassignment	An individual in a campus-based program is reassigned to another ward/dorm within the facility. "RR" is the assignment code. See *Assignment.*
Respite	The placement in a TXMHMR component of an individual, without court proceeding, to provide special assistance or relief to the individual or the individual's family for a brief period of time. In the CARE system, respite is one of three types of admission to a campus-based facility. See *Type of Admission.*
Restrictiveness of Environment (MR Needs)	Indicates the necessary level of environmental restrictiveness for an individual with mental retardation. The indicators are defined as: current environment too restrictive, alternate environment needed; current or alternate environment equally suitable; current environment suitable, alternate environment not suitable; and current environment not suitable, more restrictive environment needed.
Retroactive Reimbursement Program	The Retroactive Reimbursement Program is a positive incentive reimbursement program that increases the money available for providing community-based services to people receiving MH services. The amount of the payment is calculated by comparing the baseline number of beddays used by the MH Authority to the number of *RAJ* beddays used during the preceding month/quarter. If the number of bed-days used is below the baseline, the MH Authority receives reimbursement equal to $35.50 times the difference between the baseline and the actual beddays used. If the number of beddays used is greater than the baseline, there is no reimbursement and no penalty. The intent of this program is to provide community-based programs the motivation to work toward meeting court ordered staff-to-patient ratios at state hospitals via census reduction. See *RAJ.*
Return from Absence	An individual has returned to a campus-based assignment from an absence. "RET" is the assignment/absence code. See *Absent.*

Secondary Correspondent	In case of emergency the person to contact on behalf of an individual being served if the primary correspondent cannot be reached. This person is not necessarily a relative or financially responsible for care of the person being served. See *Primary Correspondent.*
Secondary Correspondent Relationship	Identifies the relationship between an individual being served and that individual's secondary correspondent; e.g., aunt, uncle, grandfather, trustee, etc.
Separation	Administrative action which documents that an individual being served is leaving the TXMHMR service delivery system. In the CARE system, individuals are separated due to death or establishing legal residence out of state.
Service District (State Hospitals, State Supported Living Centers and State Centers)	County or set of counties for which a component has responsibility to serve individuals residing in that area. Courts in this service district may commit persons needing services to this component.

Service Participant Groups (MR)	Groupings designed to provide a structure for gathering data about members of the priority population who have specific characteristics which seem to influence the type and intensity of services required to meet their needs. Service participant groups are comprised of members of the priority who:

- **CB**: have a Challenging Behavior (with or without a mental illness diagnosis) which requires frequent intervention or regular monitoring. The severity of the behavior is such that it interferes significantly with daily living or learning activities.

- **SB**: have a Severely challenging Behavior (with or without a mental illness diagnosis). The severity of the behavior is such that it seriously threatens the health and safety of this person or others. The management of the behavior is a primary consideration in planning the individual's activities.

- **PD**: have a severe Physical Disability as evidenced by a need for an ongoing program designed and monitored by a professionally qualified habilitation therapist or specialist. Such programs are designed to alleviate the primary condition and decrease the effects of any secondary disability. These disabilities may include, but are not limited to, eating problems, ambulation problems, severe sensory (tactile, visual, and/or auditory) impairments, and other major physical disabilities.

- **HC**: have a Health Care need so severe that its treatment and monitoring are the foremost considerations in planning the individual's activities. Immediate 24-hour response from nursing staff, weekly physician intervention, and monitoring of a health care plan by a professional nurse is often needed.

- **TS**: need either Training or Support to enable or maintain their community arrangements for living, working, training, etc.

- **EC**: are eligible to receive Early Childhood Intervention services.

- **UC**: Unclassified.

Snapshot (LSAR) — Number of individuals being served from each service area who reside in any state hospital or state supported living center on the fifteenth day of each month (used for monthly local service area reports - LSAR).

Source of CCP	Indicates the reason an individual with mental retardation becomes a member of the CCP. CCP sources are: hospital, state supported living center, RSSP, MR Deputy list, Authority, hospital multiple disabilities unit, or hospital not multiple disabilities unit. See *Certified Client Population.*
Specialized Therapies (MR Needs)	Indicates the priority needs of a individual with mental retardation for the services of certified or otherwise identified therapists and professionals. These services may or may not be provided as part of a structured program. The options are: physical, occupational, oral feeding, speech, counseling, recreation, art/dance/music, and other specialized therapies.
State Facility	See *Facility.*
Status of Residential Ward/ Dorm	Identifies campus-based residential programs as open or closed.
Structured Programs (MR Needs)	Indicates for an individual with mental retardation the priority needs in programs which are regularly scheduled and are typically oriented towards skill development. They would probably have accompanying specific program objectives (SPOs). Activities conducted on the living unit (e.g., teeth brushing skills) could be included in this category. Structured programs include: physical habilitation, sensory stimulation, attention span, mobility skills, self-help skills, communication skills, academic skills, prevocational/vocational skills, independent living skills, self-medication and health care skills, leisure time skills, sex education, behavior therapy, and socialization skills.
Substance Abuse (SA)	A type of presenting problem which indicates a probable need for services due to disorders resulting primarily from alcohol and/or drug abuse.
System Status	An individual's statewide assignment status. In the CARE system, the options are: active, inactive, moved out of state, or death. An active system status results from one or more open assignments statewide. An inactive status results from the closure of all assignments statewide. See *Active System Status and Inactive System Status.*
Type of Admission	Describes the reason for an admission to a facility. The types of admission are: voluntary, respite, emergency, and involuntary.

Type of Authority   Mental Health (MH) and Mental Retardation (MR) are the two types of Authorities.

Type of Bed Count   Number of beds (by type) in a specific residential program.

Type of Living Situation (MH)   Includes community-based crisis residential service or hospitalization and residential services and housing.

Hospital Services   Services provided in public, private, general, or psychiatric hospitals located in or available to the community.

Crisis Stabilization Units   A service provided by the community-based service (CBS) which is licensed by TXMHMR as an alternative to inpatient hospitalization.

Crisis Respite Services   Crisis resolution in a residential setting such as an existing residential service, foster care, crisis hostel, or a person's home.

Treatment/Training Residences   Short-term environments in which the focus is on treatment and training to facilitate residents in
moving   to more normalized environments. Services
provided   support residents in improving skills, stability,
and   functioning. Some residences in this category
include,   but are not limited to, halfway houses and
CBS-   operated residences with this focus.

Assisted Living Residences   Long-term, safe environments in which people are not required to participate in prescribed treatment, programs, or activities as a condition of residency. Services provided are based on the needs and preferences of the individual. Some types of
residences   in this category include, but are not limited to, personal care homes, board and care homes, cooperative living apartments, and CBS-
operated   programs with this focus. Assisted
living residences

serve only adults.

Alternative Family Living for Children and Adolescents	Specialized living arrangements for children and adolescents unable to live with their parents. These may include therapeutic foster care (a family living environment with foster parents specifically recruited and trained on treatment interventions) and 24-hour group care (a therapeutic living environment for small groups). These alternatives provide a safe, therapeutic and home-like environment in the child's community.
Type of Placement	Describes the type of community residential location such as: group home with more than six beds, group home with less than six beds, foster care DHS licensed, foster care non-DHS licensed, own home, natural home, nursing home, ICF/MR I, or ICF/MR V.
Type of Program	See *Program.*
Type of Residential Services (MR)	Includes an array of residential arrangements for persons who do *not* live either independently or with their families. These services must be provided in compliance with applicable standards.
Family Living	Family Living serves 1 to 3 individuals with support provided using a home which is also the residence of the provider(s), regardless of ownership. The staff are "live-in" in this service. Foster family homes are included in this category.
Residential Living	Residential Living services offer shift staffing or residential providers whenever participants are present, regardless of the duration of the shift or the number of participants at a location. The location is *not* the residence of the staff member/provider. This service also includes all group homes for *four or more* participants.
Contracted Specialized Residences	Contracted Specialized Residences are for specialized services which do *not* meet the above definitions.
Unauthorized Departure	A person is absent from campus-based assignment without authorization. "AUD" is the assignment/absence code.

Ward

A building or section of a state hospital building that is the living area for people receiving residential services and, in some cases, is also the physical setting in which treatment programs are conducted. In the CARE system, wards are identified as locations within a component's campus-based program.