

\*\*\*DRAFT\*\*\*

September 3, 1998

# Organization List

## Data Elements Considered But Not Included

### X. ORGANIZATION FILE [Data Elements Considered But Not Included]:

| Item | FN-11                                       | Source      | Other | ← ----- Committee Recommendation -----<br>→   |                    |
|------|---|-------------|-------|---|--------------------|
| #    | Data Element                                | Document    | Name  | Definition  | Workgroup Comments |
| 1    | Name of director                            | FN-10 p.132 |       | Last name, first name, middle initial, degree. The director of the organization is generally the individual regarded as accountable for the performance of the organization.  |                    |
| 2    | Telephone number of the director            | FN-10 p.132 |       | Area code, 7-digit number, extension  |                    |
| 3    | Location of directly operated service sites | FN-10 p.132 |       | The address of each site directly operated by the organization and an indication of its program elements. The address format used for the mailing address of the mental health organization should be used for each service site. |                    |
| 4    | Type of ownership/control                   | FN-10 p.133 |       | For profit (individual, partnership or corporation, state-local government, state government, county or city government, district/regional authority)<br><br>Not-for-profit (religious organization, Federal                      |                    |

|   |                                |             |  |   |  |
|---|--------------------------------|-------------|--|---|--|
|   |                                |             |  | government, other (detail should be maintained))  |  |
| 5 | University/college affiliation | FN-10 p.134 |  | <p>Operated by a college or university</p> <p>Offers professional services provided by a college or university</p> <p>Provides placements for clinical trainees</p> <p>Operates a clinical training program</p> <p>None</p> |  |

| Item | FN-11                     | Source      | Other | ← ----- Committee Recommendation ----- →  |                    |
|------|---------------------------|-------------|-------|---|--------------------|
| #    | Data Element              | Document    | Name  | Definition  | Workgroup Comments |
| 6    | Total revenue and support | FN-10 p.136 |       | <p>Operating revenue and support: first- and third-party revenue. Includes client fee payments, insurance payments, Medicare, Medicaid</p> <p>Operating revenue and support: all other sources. Includes grants, matches, allocations, appropriations, purchase-of-service agreements, service contracts, etc., from State, Federal, municipal, and other sources</p> <p>Non-operating revenue and support. Includes revenue and support not related to the delivery of</p> |                    |

|   |   |             |  |  |  |
|---|---|-------------|--|--|--|
|   |   |             |  | <p>mental health services such as gifts, capital gains, interest, research grants, etc.</p> <p>Total revenue and support</p>   |  |
| 7 | Total expenses                                  | FN-10 p.137 |  | <p>Total employee labor operating expense, i.e., salary and fringe benefits</p> <p>Total contract labor operating expense, i.e., amounts paid to individuals to provide services to the organization under contract</p> <p>Contracts with other organizations to provide clinical services</p> <p>Other operating expense, i.e., maintenance, supplies, rents, bad-debt expenses, etc.</p> <p>Other non-operating expense, i.e., expenses that are incurred not as a result of providing services, such as research, staff development, etc.</p> <p>Depreciation</p> <p>Total expenses</p> |  |
| 8 | Number of hours of operation scheduled per week | FN-10 p.138 |  | <p>Number, rounded to nearest whole hour, usually scheduled each week</p>  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

| Item | FN-11                                      | Source      | Other | ← ----- Committee Recommendation ----- →<br>-----→   |                    |
|------|--|-------------|-------|--|--------------------|
| #    | Data Element                               | Document    | Name  | Definition   | Workgroup Comments |
| 9    | Relation to the State Mental Health Agency | FN-10 p.134 |       | <p>The relationship the provider has with the state regarding operation and funding.</p> <p>Operated by:</p> <ul style="list-style-type: none"> <li>State mental health agency</li> <li>State agency other than above</li> <li>Other than state agency</li> </ul> <p>Receives funds:</p> <ul style="list-style-type: none"> <li>Directly from State MH agency (exclusive of Medicaid)</li> <li>Indirectly from State MH agency through an intermediary</li> <li>Directly or Indirectly from a State agency other than State MH agency, exclusive of Medicaid</li> <li>Does not receive funds from any State agency, exclusive of Medicaid</li> </ul> |                    |
| 10   | Admissions                                 | FN-10 p.135 |       | Total number of admissions of clients for the reporting year.  |                    |
| 11   | Discontinuations                           | FN-10 p.136 |       | Total number of clients discharged or otherwise leaving the rolls of the organization during the   |                    |

|    |  |             |  |   |  |
|----|--|-------------|--|---|--|
|    |  |             |  | reporting year.   |  |
| 12 | Number of Hot-line Phone Calls                 | EE #5       | Hot-line Phone Calls   | Number of phone calls received by a dedicated telephone line, which is used as a crisis hotline, for emergency counseling, or referral resources for callers with mental health problems, during the reporting year |  |
| 13 | Total full time equivalents by type of service | FN-10 p.139 | Total staff of organization; Number of staff hours in case management program element during the year; Number of staff hours in outpatient program element during the year | Total number of staff hours attributed to each type of service/program element for the year.  |  |

| Item | FN-11  | Source                | Other  | ← ----- Committee Recommendation ----- →   |                    |
|------|--|-----------------------|--|--|--------------------|
| #    | Data Element   | Document              | Name   | Definition   | Workgroup Comments |
| 14   | Number of clients on rolls by type of service        | EE #78<br>FN-10 p.136 | Number on rolls of directly operated type of service; Number on rolls of contracted program elements; Number of Recipients | Total number of clients on the rolls or census of each type of service directly operated by the organization at the end of the reporting year (as of the reporting date?). |                    |
| 15   | Number of beds set up and staffed by type of service | FN-10 p.137           | Number of beds set up and staffed at the end of the reporting year   | The number of beds set up and staffed by type of service at the end of the reporting year.   |                    |

|    |   |                           |   |   |  |
|----|---|---------------------------|---|---|--|
| 16 | Number of client days/units provided by type of service | EE #15, 20<br>FN-10 p.138 | Number of patient days provided during the reporting year; Annual Service Hours; Outpatient Units; Number of client hours of services provided during the year; Number of client hours provided in outpatient direct and adjunctive care during the year; Number of client hours provided in case management direct and adjunctive care during the year | The number of client days provided by types of service during the reporting year. |  |
|----|---|---------------------------|---|---|--|