Glossary of Terms

A common dictionary for terminology used in the application and when communicating with our provider partners.

Age

Age of client at time of placement.

Client Decline

Client Offer that is declined by a client, provider or the BHPN prior to services being provided (no assessment or treatment sessions have yet occurred).

Estimated Service Hours

CHART recommendation that is presented to providers on the Referral in the Portal.

Location

City where the client is requesting services to take place.

Offer

Response to a Referral that states a Provider's ability and intent to provide the requested services. Other option: "Request" (see below). Actions:

- Submit
- Approve
- Decline
- Cancel

Partial Offer

Any offer submitted from a provider that does not meet the requirements of a Schedule Offer.

Glossary of Terms

Portal Administrator

Person at a provider organization authorized to request portal/system access for other employees of that organization.

Preferred Schedule

Reported schedule arrangements made by client family either before or after mandatory school hours.

Provider Return

To move from one provider to another for the same service line. Treatment services were not provided by the client's current assigned provider.

Provider Transfer

To move from one provider to another for the same service line.

Referral (noun)

A document that outlines a client's needs and preferences for services that requests offers from providers to render services.

Referral ID

A unique number that identifies the referral presented to the provider network.

Required Language

Client and/or client family members requiring services provided in languages other than English. Language line can be used for translation needs.

Schedule Notes

Detailed summary of client's restrictions (e.g., unable to provide services during mandated school hours).

Glossary of Terms

Schedule Offer

An offer for services from a provider that includes 100% of clinical guidelines offered outside of mandated school hours, including direct, mid-level, high-level, and group care hours, where applicable. First service date within 10 business days of Offer date (per guidelines in BHPN Provider Manual).

Scope of Services

This is what is authorized for services: Treatment, Assessment, Assessment with Concurrent Treatment.

Service Transition

This is what is authorized for services: Treatment, Assessment, Assessment with Concurrent Treatment.

Service Type

This is the recommended service type (e.g., 3-Tier ABA, Parent-Led ABA, Social Skills Group, etc.) for the referral.

Treatment Considerations

These are notes specific to the client that will be helpful for the provider to make an informed referral offer (e.g., Spanish-speaking, clinic only, etc.).