

## **Glossary of Words and Acronyms Commonly Used In A CMH System**

**Priority of Application.** The definitions of terms contained in this glossary are general definitions that take precedence over any competing or “common” meaning in every instance in which such term is capitalized in any document or correspondence, with the exception that:

- (a) Any such general definitions shall be subordinate to and replaced by any conflicting definitions contained in CareLink’s, MCPN or other contracts, extensions, or expansions, the Michigan Mental Health Code, Medicaid regulation, MDCH or DWCCMHA written policy or procedure, to the extent that such definitions have been incorporated or are otherwise legally applicable to the topic addressed in any document or correspondence; and
- (b) Both the general and incorporated definitions referred to above shall be subordinate to and replaced by any specific definitions included in a particular text in any document or correspondence, and such case specific definitions shall take precedence over any competing general or incorporated definitions of such terms in those instances.

To assist in understanding the context in which and sources from which these definitions were derived, when these definitions remain identical to those in the source materials, this is indicated by referring to that source in parenthesis.

**Acute Crisis Intervention Home** - Short-term services provided in a protected residential setting under the supervision of a Qualified Mental Health Professional for developmentally disabled adults who also have mental illness and are experiencing an acute exacerbation of the illness. (DWCCMHA/MCPN Contract)

**Administrative Efficiencies** - The ability to produce a desired effect in with a minimum of effort, expense, or waste as applied to management functions of the organizations. (DWCCMHA/MCPN Contract)

**Administrative Fair Hearing or Medicaid Fair Hearing** - An impartial review process maintained by the MDCH to ensure that Medicaid beneficiaries or their legal representatives involved in a community Mental Health Services Program have the opportunity to appeal decisions of DWCCMHA or its representatives which result in the denial, suspension, reduction or termination of Medicaid covered services. A Medicaid beneficiary or any person entitled to services may request a hearing within 90 days of notice of the denial, suspension, reduction or termination of Medicaid-covered benefits. (DWCCMHA/MCPN Contract)

**Administrative Request for Reconsideration** - Any written dissatisfaction or disagreement by a provider following an adverse decision of a Provider Dispute and a desire to appeal the dispute to the next level, if permitted by BHPI, CareLink, and/or Consumer, as applicable. (Operations)

**Adult Foster Care Home** - (Adults Ages 18 and Older) Adult Foster Care is a general licensed living arrangement that may accommodate one or more residents. Residents in this setting have mild to no maladaptive behaviors and may or may not require assistance with community living and self care tasks. Specialized services can be arranged and provided in this setting if indicated. (DWCCMHA/MCPN Contract)

**Adverse Action** - A denial, suspension, reduction or termination of mental health services, except as ordered by a physician's determination of absence of medical necessity. (DWCCMHA/MCPN Contract)

**AFP** - MDCH's required Application for Participation. (DWCCMHA/MCPN Contract)

**Appeal** – In relation to recipient rights, a process established by MDCH to provide a mechanism for prompt reporting, review, investigation, and resolution of apparent or suspected violations of the rights guaranteed by the Michigan Mental Health Code. (MMHC)

**Assertive Community Treatment (ACT)** - Assertive Community Treatment (ACT) is a comprehensive and integrated set of medical and psychosocial services provided on a one-to-one basis primarily in the client's residence or other community locations (non-office setting) by a mobile multidisciplinary mental health treatment team. The team provides an array of essential treatment and psychosocial interventions for individuals who would otherwise require more intensive and restrictive services. The team provides additional services essential to maintaining an individual's ability to function in community settings. This would include assistance with addressing basic needs, such as food, housing, and medical care and supports to allow individuals to function in social, educational, and vocational settings. (DWCCMHA/MCPN Contract)

**Authorization** - A decision rendered by a Qualified Professional who has been delegated the authority by CareLink, to approve a request for covered clinical services as meeting the criteria of Medical Necessity. (DWCCMHA/MCPN Contract)

**Authorized Representative** - An authorized representative is any individual designated by a member or appointed by a court to represent his or her interest, including but not limited to, a practitioner, spouse, parent, family member, or legal representative (such as a guardian, executor or attorney). (MMHC and Operational P&P)

**Authorized Services** - Services deemed medically necessary and eligible for reimbursement based on the contract between the provider and the Network. All funded services are authorized by CareLink, but only a specific subset of available services require prior authorization. (Operational P&P)

**Beneficiary** - Persons who are Medicaid-eligible. (DWCCMHA/MCPN Contract)

**Best Value** - A process used in competitive negotiated contracting to select the most advantageous offer by evaluating and comparing factors in addition to cost or price. (DWCCMHA/MCPN Contract)

**Capitation** - Generally: a fixed amount paid per month for covered services to be provided to each member of a referenced class of eligible recipients for whom such services are medically necessary. (Operational) As applied to DWCCMHA/MCPN contracts: A fixed amount paid per month per Person to the MCPN for Covered Services. (DWCCMHA/MCPN Contract)

**Categorical Funds** - Funds that are designated for a specific service, program and/or special population. (DWCCMHA/MCPN Contract)

**CCH** -Contracted Community Hospital that provides acute inpatient and/or partial hospitalization services by contract with DWCCMHA. (DWCCMHA/MCPN Contract)

**Certification** - Certification is a process of evaluating/screening clients to determine and approve appropriate and clinically necessary services for inpatient psychiatric admission, and other prior authorized services, which includes certifying appropriateness of all inpatient hospital and physician services related to the admitting mental health diagnosis, including laboratory and x-ray services, medications, etc. Any inpatient psychiatric admission not certified by the CMH is not a benefit of the Medicaid program. (DWCCMHA/MCPN Contract)

**CFAC** -Consumer Family Advocate Council (DWCCMHA/MCPN Contract)

**CAFAS** - Child and Adolescent Functional Assessment Scale (DWCCMHA/MCPN Contract)

**Child Mental Health Professional** - One of the following: a) A person who is trained and has one year of experience in the examination, evaluation, and treatment of minors and their families and who is one of the following: i. A physician ii. A psychologist iii. A certified social worker or social worker; iv. A registered nurse; OR b) A person with at least a bachelor's degree in a mental health-related field from an accredited school who is trained, and has three (3) years of supervised experience, in the examination, evaluation, and treatment of minors and their families. OR c) A person with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience, in the examination, evaluation, and treatment of minors and their families. (DWCCMHA/MCPN Contract)

**Children's Diagnostic and Treatment Service** - A program operated by or under contract with a Community Mental Health Services Program, which provides examination, evaluation and referrals for minors, including emergency referrals, that provides or facilitates treatment for minors, and that has been certified by MDCH. (DWCCMHA/MCPN Contract)

**Clean Claim** -A clean claim is one that can be processed in accordance with the claims processing requirements specified in the Provider Manual without obtaining additional information from the provider of the service or a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity. (Operations; DWCCMHA/MCPN Contract)

**Clinical Appeal** - A request by a member, member-designated representative, or provider to review an adverse medical necessity determination made in response to a request for services. The Clinical Appeal process is described in the Provider Manual. (Operations)

**CM** - Case Manager/qualified primary case manager (DWCCMHA/MCPN Contract)

**CMH** - Community Mental Health (DWCCMHA/MCPN Contract)

**CMHP** - Child Mental Health Professional (DWCCMHA/MCPN Contract)

**CMS** - Centers for Medicare and Medicaid Services (DWCCMHA/MCPN Contract)

**Community Mental Health Services Program (CMHSP)** - A program operated under Chapter 2 of the Michigan Mental Health Code – Act 258 of 1974 as amended.

**Complaint** - An oral or written statement made to the Office of Recipient Rights ("ORR") alleging violation of a Mental Health Code protected right. (DWCCMHA/MCPN Contract)

**Consumers** - Recipients of services designated by two types: Primary and Secondary. Primary refers to the recipient of services. Secondary refers to family members of the primary recipient. (DWCCMHA/MCPN Contract)

**Co-Occurring Disorders** - When used in the context of Persons, this term refers to co-occurring psychiatric and/or substance use disorders. (DWCCMHA/MCPN Contract)

**Contracted Provider** - An individual or entity participating in the Provider Network pursuant to a contract with the CareLink, and/or BHPI to provide Covered Services. (DWCCMHA/MCPN Contract)

**Corrective Action Plan/Submission (CAP)** - Refers to any informal or other action plan (other than a formal Plan of Correction) requested of a provider or imposed by BHPI to address areas in which BHPI requires a Provider to perform specific corrective actions or to take certain actions to improve its performance in those instances in which neither CareLink, ConsumerLink, nor BHPI determine the provider to be in material breach of contract.

**Covered Services under MCPN** - Contract Specialty supports and services as described in Appendix B of DWCCMHA/MCPN contract, as amended. (DWCCMHA/MCPN Contract)

**Credentialing** - The review process used by CareLink to determine if a practitioner, group, group or facility that has applied to participate in a provider network meets criteria for inclusion. This review process is described in the CareLink Manual (Operations)

**Crisis Residential (CR)** - Short term intensive treatment services provided in a protected residential setting as an alternative to inpatient hospital admission when clinically appropriate for people experiencing acute psychiatric crisis diagnosed by a Qualified Mental Health Professional, as meeting

criteria for an acute inpatient hospital admission. The mentally ill adult must have symptoms that can be stabilized in an alternative community setting. (DWCCMHA/MCPN Contract)

**Cultural Competency** - The capacity of the network to address behavioral health needs of members in a manner that is congruent with their cultural, religious, ethnic, and linguistic backgrounds. A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between cultural groups. This requires a willingness, and ability to draw on community-based values, traditions, and customs, and to work with knowledgeable individuals of, and from, the community in developing targeted interventions, communications and other supports to address the unique needs of specific population groups. An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of the minority populations. The cultural competency of an organization is demonstrated by its policies and practices. Customers In this Agreement, a potential recipient of Covered Services, which includes all people located in the defined service area. (Operations; DWCCMHA/MCPN Contract)

**Denial of Authorization** - An adverse decision made by a psychiatrist regarding a request to authorize services, after appropriate evaluation of relevant clinical information. (DWCCMHA/MCPN Contract)

**Department of Human Services – DHS** formerly FIA

**Dependent Living Setting** - An Adult Foster Care facility b) A nursing home c) A Home for the Aged d) Child Caring Institution (DWCCMHA/MCPN Contract)

**Detroit-Wayne County Community Mental Health Agency (DWCCMHA)** - The community mental health services program established and administered pursuant to provision of the State Mental Health Code, for the purpose of providing a comprehensive array of mental health services appropriate to the condition of individuals who are Wayne County residents, regardless of ability to pay. (DWCCMHA/MCPN Contract)

**Duplicate Claim** - A claim with the same member number, date of service, provider and service/procedure as a previously paid claim. (Operations)

**Early On Program** - Early On services are delivered to children ages 0 to 3 identified either with a developmental delay or developmental disability. Early On services provide infant mental health services to families with children between the ages of 0 to 3, who have been identified as "at risk" for an out of home placement due to parenting problems such as substance abuse, mental illness, physical abuse, or neglect. Additional services include clinic-based and home-based services for children between the ages of 3 to 5. These services shall be designed and delivered in such a manner as a) to provide an aftercare option for children who were discharged from Early On services or infant mental health services due to reaching the age limitation; b) to provide a transitional option for children who were discharged from

Early On services or infant mental health services due to achieving their treatment goals; c) to provide services to families with children ages 3 to 5, who have been identified as "at risk" for an out-of-home placement due to parenting problems such as substance abuse, mental illness, physical abuse or neglect. (DWCCMHA/MCPN Contract)

**Effective Freedom** - The realization of social citizenship and full community membership. Citizens are able to build upon basic freedoms – to effectively unlock the potential of liberty – by making choices, pursuing personal goals, engaging in productive activity, establishing a wide range of associations and relationships, participating in community events, and living in real homes. (DWCCMHA/MCPN Contract)

**Emergency Situation** - A situation in which an individual is experiencing a serious mental illness or a developmental disability, or a child is experiencing a serious emotional disturbance, and one of the following apply: 1. The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally. 2. The individual is unable to provide himself or herself food, clothing, or shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual. 3. The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual. (DWCCMHA/MCPN Contract)

**Encounter** -A face to face meeting between a covered person and health care provider where services are delivered. (Operations) A document submitted in a claim format specified by DWCCMHA that documents the services and costs of services provided to a consumer. (DWCCMHA/MCPN Contract)

**Enhanced Health Services** - Those services beyond the responsibility of the Person's health plan, that are provided for rehabilitative purposes to improve the Person's overall health and ability to care for health-related needs. This includes nursing services, dietary/ nutrition services, maintenance of health and hygiene, teaching self-administration of medication, care of minor injuries or first aid, and teaching the Person to seek assistance in case of emergencies. Services must be provided according to the professional's scope of practice and under appropriate supervision. Enhanced health services must be carefully coordinated with the Person's health care plan. (DWCCMHA/MCPN Contract)

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** - Federal regulations require state Medicaid programs to offer early and periodic screening, diagnosis, and treatment (EPSDT) to eligible Medicaid beneficiaries under 21 years of age. The intent is to find and treat problems early so they do not become more serious and costly. (DWCCMHA/MCPN Contract)

**Executive Performance Oversight Committee (EPOC)** - An internal committee tasked with reviewing the performance of contract providers against their contractual performance standards and recommending appropriate provider sanctions for noncompliance with contractual, policy, or

procedural issues and issues related to member complaints/grievances, Recipient Rights violations, quality of care, or complaints of violations of state and federal laws and regulations. (Operations)

**Explanation of Benefit (EOB)** - A statement mailed to providers explaining why a claim was or was not paid. (Operations)

**Facility** - A residential building for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility. (DWCCMHA/MCPN Contract)

**Fee for Service (FFS)** - A form of reimbursement for health care services in which a provider is paid a specific amount for a service rendered. (Operational)

**FIA** - Family Independence Agency (DWCCMHA/MCPN Contract)

**Grievance** - A process for expressing dissatisfaction with an actual or supposed circumstance regarded by the complainant as just cause for protest about mental health treatment/services/supports, managed and/or delivered by DWCCMHA network, made in accordance with the Mental Health Code, with available assistance of an ORR representative, as needed. (DWCCMHA/MCPN Contract)

**HCFA**- Health Care Financing Administration, now known as the Centers for Medicare and Medicaid Services. (DWCCMHA/MCPN Contract)

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)** - Public Law 104-191, 1996 to improve the Medicare program under the Title XVIII of the Social Security Act, the Medicaid program under the Title XIX of the Social Security Act, and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information. The Act provides for improved portability of health benefits and enables better defense against abuse and fraud, reduces administrative costs by standardizing format of specific healthcare information to facilitate electronic claims directly addresses confidentiality and security of patient information – electronic and paper-based, and mandates "best effort" compliance. HIPAA mandates, among others, that the following requirements must be implemented: 1- Data integrity, confidentiality, and availability guards. 2- Access control (user-based, role-based, and availability). 3- Audit controls (user-based, role-based). 4- Data authentication (automatic log-off, unique user ID, password, PIN, biometrics, token, or telephone callback). 5- Unauthorized access guards 6- Communications/network controls (access controls, encryption, integrity controls or message authentication) 7- Network controls (alarm, audit trail, entity authentication, event reporting, user-based, role-based, or context based access) (DWCCMHA/MCPN Contract)

**Individual** - For the purpose of the DWCCMHA/MCPN contract, sub-contracts, and provider contracts: a person with mental illness, developmental disabilities, or substance use disorders (or a combination of disabilities), including persons who are Medicaid-eligible, as well as other mental health and substance

abuse specialty services recipients who may be indigent, are self-pay, or have private insurance coverage. (DWCCMHA/MCPN Contract)

**Initial Assessment** -Term used in substance abuse service. It is a process that collects sufficient information to determine a level of care based on at least the six dimensions of the American Society of Addiction Medicine Patient Placement Criteria. This initial assessment process also gathers enough information to determine an initial diagnostic impression using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. (DWCCMHA/MCPN Contract)

**Intensive Crisis Stabilization** -The process of stabilizing an individual in acute crisis to avert a psychiatric admission or to shorten the length of an inpatient stay. (DWCCMHA/MCPN Contract)

**Intensive Crisis Stabilization Services** - Structured treatment and support activities provided by a mental health crisis team, under psychiatric supervision and designed to provide a short-term treatment alternative to inpatient psychiatric services. Services should be used to avert a psychiatric admission or to shorten the length of an inpatient stay. (DWCCMHA/MCPN Contract)

**IPOS** -Individual Plan of Service (DWCCMHA/MCPN Contract)

**ITT**- Interdisciplinary Treatment Team (DWCCMHA/MCPN Contract)

**I-Team** - Agency Inter-Divisional Team (DWCCMHA/MCPN Contract)

**Jail Diversion** – Is a collaborative, integrated program utilizing a community's resources to divert a person with serious mental illness, serious emotional disturbance or developmental disability from possible jail incarceration when appropriate. (DWCCMHA/MCPN Contract)

**Length of Stay (LOS)** - The number of days that a member remains in a given level of care. (Operations)

**Level of Care (LOC)** - The intensity of professional care required to achieve the treatment objectives for a specific episode of care. (Operations)

**Level of Care (LOC) DWCCMHA/MCPN Contract Protocols** - Severity of Illness/Intensity of Service Protocols provided by the Michigan Department of Community Health ("MDCH") and DWCCMHA, each as amended from time to time, as part of a utilization management system, which are intended to monitor the appropriateness of mental health care. Severity of Illness refers to the nature and severity of the signs, symptoms, functional impairments, and risk potential related to the person's complaint. Intensity of Service pertains to the setting of care, to the types and frequency of needed services and supports, and to the degree of restriction necessary to safely and effectively treat the individual. (DWCCMHA/MCPN Contract)



**Limited English Proficiency (LEP)** - Persons, who cannot speak, write, read or understand the English language in a manner that permits them to interact effectively with health care providers and social services agencies. (DWCCMHA/MCPN Contract)

**Linguistically Appropriate Services** - Provided in the language best understood by the consumer through bi-lingual staff and the use of qualified interpreters, including American Sign Language, to individuals with limited-English proficiency. These services are a core element of cultural competency and reflect an understanding, acceptance, and respect for the cultural values, beliefs, and practices of the community of individuals with limited-English proficiency. Linguistically appropriate services must be available at the point of entry into the system and throughout the course of treatment, and must be available at no cost to the consumer. (DWCCMHA/MCPN Contract)

**MACMHB** - Michigan Association of Community Mental Health Boards (DWCCMHA/MCPN Contract)

**Medicaid Abuse** - This term, generally used in the context of Medicaid Fraud and Abuse, refers to provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program (42 CFR § 455.2).

**Medicaid Verification** - The process described in the Provider Manual to verify that claims have been filed in accordance with all applicable federal and state legal requirements and any applicable local standards.

**MCO** - Managed Care Organization (DWCCMHA/MCPN Contract)

**MCPN** - Manager of a comprehensive provider network contracting with DWCCMHA. For each Manager of Comprehensive Provider Network Contract, MCPN shall include all parties to such agreement other than DWCCMHA. (DWCCMHA/MCPN Contract)

**MCPN Manual** -The manual developed and implemented by DWCCMHA, and adopted by the MCPN, that includes policies, procedures, forms, instructional materials, and other information as referenced and incorporated by individual provider contracts with CareLink and used to support and supervise/manage the Provider Network, in accordance with Agency guidelines. (DWCCMHA/MCPN Contract)

**MDCH** - Michigan Department of Community Health, State of Michigan. The State division is responsible for funding a comprehensive array of specialty mental health services for persons with serious mental illness and children with severe emotional disturbances and specialty services for persons with developmental disabilities and to priority populations as defined in the Michigan Mental Health Code. (DWCCMHA/MCPN Contract)

**Management Services Council** - A committee (however denoted) established by DWCCMHA in accordance with the terms of the DWCCMHA/MCPN contract, comprised of key Agency executives, to manage the Agreement between DWCCMHA and the MCPN. (DWCCMHA/MCPN Contract)

**Medicaid Eligible** – An individual who has been determined to be eligible for Medicaid by the State of Michigan. (DWCCMHA/MCPN Contract)

**Medical Necessity** -The clinical appropriateness of a course of treatment/ specific services suitable to the patient's need, based on the client's psychiatric status using approved clinical criteria and professional judgment. As defined by the MDCH, medical necessity refers to mental health and/or substance abuse services that are: 1. Necessary for screening and assessing the presence of a mental illness or substance (use) disorder, as defined by standard diagnostic nomenclature (i.e., DSM-IV or its successor); 2. Required to identify and evaluate a mental illness or substance (use) disorder that is inferred or suspected; 3. Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness (or substance use) disorder and to prevent or delay relapse; 4. Expected to prevent, arrest or delay the development or progression of a mental illness (or substance use disorder) to prevent or delay relapse; 5. Designed to provide rehabilitation for the recipient to attain or maintain an optimal level of functioning according to his or her potential, (including functioning in important life domains, such as daily activities, social relationships, independent living, and employment pursuits); 6. Delivered consistent with national professional standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse services, and/or empirical professional experience; 7. Provided in the least restrictive setting. (DWCCMHA/MCPN Contract)

**Member** - A member is an individual who is eligible and covered for mental health and services under a benefit plan with CareLink or BHPi. A member may designate an authorized representative to act on his or her behalf at any time. (Operational P&P)

**Mental Health Professional** - A person who is trained and experienced in the areas of mental illness or mental retardation and who is any one of the following: 1) A physician who is licensed to practice medicine or osteopathic medicine in Michigan and who has substantial experience with mentally ill or developmentally disabled recipients for one year immediately preceding his/her involvement with a recipient under these rules; 2) A psychologist 3) A certified social worker 4) A registered nurse 5) A professional person, other than those defined in these rules, who is designated by the director in written policies and procedures. This mental health professional shall have a degree in his or her profession and shall be recognized by his or her respective professional association as being trained and experienced in the field of mental health. (DWCCMHA/MCPN Contract)

**Michigan Department of Consumer and Industry Services (MDCIS)** - The State agency responsible for licensure and certification of Adult Foster Care (AFC) homes. (Michigan Code)

**MiChild** - A health insurance program offered through the State of Michigan for the uninsured children of Michigan's working families; eligibility requirements are established by the State. (DWCCMHA/MCPN Contract)

**Monitoring, Quality, and Compliance (MQC) Department** - The department of CareLink's administrative service organization, BHPI, that is responsible for the overall monitoring of providers for compliance with contract and regulatory requirements. (BHPI Operations)

**MRS** - Michigan Rehabilitation Services, now known as the Michigan Department of Career Development—Rehabilitation Services. (DWCCMHA/MCPN Contract)

**Multicultural Services** -Specialized mental health services for multicultural populations such as African-Americans, Hispanics, Native Americans, Asian and Pacific Islanders, and Arab/Chaldean-Americans. (DWCCMHA/MCPN Contract)

**Network Contracting Process** - The operational processes adopted by BHPI and CareLink to manage and administer the process of provider contracting as described in the Provider Manual. (Operations)

**Network Management Workgroup** - The group of BHPI employees and designees responsible for reviewing applicant and current providers and making recommendations to the Director of Provider Relations/Network Management Department. (BHPI Operations)

**Non-Categorical Funds** - Funds that are not designated for any specific programs, services or special populations. (DWCCMHA/MCPN Contract)

**OBRA** - Omnibus Budget Reconciliation Act of 1987; 1990 is federally mandated legislation establishing programs and a funding program that was developed in 1989.

**Office of Recipient Rights (ORR)** - Division of DWCCMHA established in accordance with the Michigan Mental Health Code to ensure a uniformly high standard of protection of the rights of the recipients throughout the State. (DWCCMHA/MCPN Contract)

**Out-of-Area Services** -These are services provided to Wayne County consumers by out-of-area service providers who are not part of the Detroit-Wayne County Community Mental Health Network. Typically, special "purchase of service" arrangements are negotiated with the out-of-area provider or responsible CMHSP for that area, to provide the service(s). While DWCCMHA's MCPNs are expected to have a countywide network, there may be occasions when the MCPN may need to secure such service provisions as out-of-area on a temporary time targeted basis. There are times when such services may have to be obtained out of state, however, these out-of-area and out of state services will need to be authorized, paid and monitored by the MCPN. Transportation should be provided when necessary. (DWCCMHA/MCPN Contract)

**Out-of-Network Services** - Services provided by a mental health professional who does not participate in the Provider Network. (DWCCMHA/MCPN Contract)

**Outreach** - Efforts to extend services to those Persons who are under-served or hard-to-reach that often require seeking individuals in places where they are most likely to be found, including hospital emergency rooms, homeless shelters, women's shelters, senior centers, nursing homes, primary care clinics and similar locations. (DWCCMHA/MCPN Contract)

**Participating (PAR) Provider** - A participating (PAR) provider has an agreement with CARELINK and/or its affiliated companies to provide mental health to CareLink members. Unless otherwise specified, in this policy the term PAR provider refers not only to institutions, but also to PAR individual professionals. (Operational P&P)

**PASARR** - readmission screening and annual resident review are requirements of the OBRA program. Preadmission screening must be completed prior to placement of a person with mental illness in nursing homes. Annual review determines the need for continued nursing home care and whether specialized services for the mental illness are indicated. (DWCCMHA/MCPN Contract)

**Person** - For the purpose of the DWCCMHA/MCPN contract, sub-contracts, and provider contracts, Person is an Individual with Serious Mental Illness/Severe Emotional Disturbance who qualifies for Covered Services and selects MCPN for such services. (DWCCMHA/MCPN Contract)

**Person-Centered Planning or PCP** - Process for planning and supporting an individual receiving service that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities through the Public Mental Health System. The person-centered planning process involves families, friends, and professionals as the individual desires or requires. (DWCCMHA/MCPN Contract)

**Plan of Correction (POC)** - Refers to the written plan of action that a provider has been formally required by CareLink, ConsumerLink, and/or BHPI to develop/take to address/answer deficiencies formally identified as constituting material breaches of its contractual obligations. There are two applications of the term. It can refer either to (a) the Plan required to be developed and submitted by the provider for approval by CareLink, ConsumerLink, and/or BHPI; or (b) a specific Plan directed by CareLink, ConsumerLink, and/or BHPI.

A Plan of Correction will generally:

1. Address how corrective action will be accomplished for those enrollees and entities affected by the deficient performance/practice;
2. Address how the provider will identify other enrollees having the potential to be affected by the deficient performance/practice;

3. Address what measures will be put into place or systemic changes made to ensure that the deficient performance/practice will not recur;
4. Indicate how the provider plans (or, if a directed POC, how the provider will be required) to monitor its performance/practice to make sure that solutions are sustained.
5. Include dates when corrective action(s) will be completed. (BHPI Operations)

**Policy Manuals of the Medical Assistance Program** - The MDCH periodically issues notices or proposed policy for the Medicaid program. Once a policy is final, MDCH issues policy bulletins that explain the new policy and give its effective date. These documents represent official Medicaid policy and are included in the policy manual of the Medical Assistance Program. (DWCCMHA/MCPN Contract)

**Practice Guideline** - MDCH-developed guidelines for PIHPs for specific service, support or systems models of practice that are derived from empirical research and sound theoretical construction and as applied to the implementation of public policy. MDCH guidelines issued prior to June 2000 were called "Best Practice Guidelines." All guidelines are now referred to as Practice Guidelines. (DWCCMHA/MCPN Contract)

**Prepaid Inpatient Health Plan (PIHP)** - Organization that manages specialty health care services under the Michigan Medicaid Waiver Program for Specialty Services. (DWCCMHA/MCPN Contract)

**Priority Population** - Persons who are at risk for developing serious emotional disturbance (SED) serious mental illness (SMI) or have developmental disabilities (DD). For purposes of managing specialized treatment and support services, SMI and SED are defined by diagnosis, degree of disability and/or duration of illness. (DWCCMHA/MCPN Contract)

**Protected Health Information (PHI)** – Is individually identifiable health information that is maintained or transmitted by a “HIPAA covered” entity in any form or medium. Information is considered to be “individually identifiable” if (i) it identifies the individual or (ii) there is a reasonable basis to believe that the information can be used to identify the individual. In addition to clinical information, individually identifiable health information may include demographic characteristics, such as name, address, age, or payment and billing details such as procedure code and diagnosis. (HIPAA)

**Provider** - A legal entity or independent practitioner that provides covered services and supports as specified by CareLink. (DWCCMHA/MCPN Contract)

**Provider Applicant** - Provider who is requesting to become a contracted provider of the CareLink Network. (Operational P&P)

**Provider Applicant Appeal Process** - The internal process of reviewing the provider application information that originally was denied upon recommendation by the Network Management Workgroup. (Operational P&P)

**Provider Application Process** - Process a potential provider must follow when requesting to become a contracted provider for the CareLink Network. (Operational P&P)

**Provider Dispute** - A written communication by a provider, primarily indicating disagreement or expressing dissatisfaction with an administrative decision (Operations)

**Provider Network** -The network of providers contracted by MCPN and all Contracted Providers to deliver Covered Services to Recipients. (DWCCMHA/MCPN Contract)

**Provider Relations/Network Management Department** -The department of CareLink's administrative service organization (BHPI) that is responsible for recommending, processing, and executing provider contracting and provider relations requirements. (BHPI Operations)

**Provider Sponsored Specialty Networks (PSSN)** - Vertically integrated, comprehensive service entities that are organized and operated by affiliated groups of service providers that offer relatively complete "systems of care" for beneficiaries with particular service needs. DWCCMHA uses the term MCPN as an alternative to PSSN. (DWCCMHA/MCPN Contract)

**Psychiatric Partial Hospitalization Program** - A nonresidential treatment program that provides psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services under the supervision of a physician to adults diagnosed as having serious mental illness or minors diagnosed as having serious emotional disturbance who do not require 24-hour continuous mental health care, and that is affiliated with a psychiatric hospital or psychiatric unit to which consumers may be transferred if they need inpatient psychiatric care. (DWCCMHA/MCPN Contract)

**QMRP** -A Qualified Mental Retardation Professional is a person with specialized training or experience in treating or working with persons with mental retardation and is one of the following:

1. Educator with a degree in education from an accredited program.
2. Occupational therapist:
  - a. A graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or
  - b. Is eligible for certification by the American Occupational Therapy Association under its requirements; or
  - c. Has two years of appropriate experience as an occupational therapist, and has achieved a satisfactory grade on an approved proficiency examination, except that such determination of proficiency does not apply to persons initially licensed by the State or seeking initial qualifications as an occupational therapist after December 31, 1977.

3. Physical therapist:

- a. Licensed as a physical therapist by the State
- b. has graduated from a physical therapy curriculum approved by the American Physical Therapy Association or by the Council on Medical Education and Hospitals of the American Medical Association
- c. Has two years of appropriate experience as a physical therapist, after December 31, 1977.

4. Physician of medicine or osteopathy, licensed by the State.

5. Psychologist with a master's degree from an accredited program.

6. Registered nurse: currently licensed by the State of Michigan

7. Social worker with a bachelor's degree in:

- a. social work from an accredited program; or
- b. in a field other than social work and at least three years of social work experience under the supervision of a qualified social worker.

8. Speech pathologist or audiologist (qualified consultant):

- a. Licensed by the State and is eligible for a certificate of clinical competence in speech pathology or audiology granted by the American Speech and Hearing Association; or
- b. Meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

9. Therapeutic recreation specialist:

- a. Graduate of an accredited program; and
- b. Licensed or registered by the State.

10. Rehabilitation counselor: certified by the Committee on Rehabilitation Counselor for Certification. (DWCCMHA/MCPN Contract)

**QPIC** - Quality Performance and Improvement Council (DWCCMHA/MCPN Contract)

**Qualified Health Plan (QHP)** - A health plan (e.g., HMO, PPO, POS) in which a Medicaid recipient may belong. The QHP pays for mental health services when a consumer is Medicaid eligible, but does not meet the DD, SMI or SED requirements. (DWCCMHA/MCPN Contract)

**Qualified Mental Health Professional** - A qualified mental health professional is licensed, certified or registered by the State of Michigan or a national organization to provide mental health services and clinical and administrative supervision. (DWCCMHA/MCPN Contract)

**Reasonable Access** - (geographic access standard) Services are available within 30 miles or 30 minutes in urban areas or within 60 miles or 60 minutes in rural areas (DWCCMHA/MCPN Contract)

**Recovery** - The over arching message of recovery is that hope and restoration of a meaningful life are possible, despite serious mental illness. Instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society. (DWCCMHA/MCPN Contract)

**Respite** - Respite services are those services that are provided in the individual's/family's home or outside the home to temporarily relieve the unpaid primary caregiver. Respite services provide short-term care to a child with a mental illness/emotional disturbance to provide a brief period of rest or relief for the family from day to day care giving for a dependent family member. Respite programs can use a variety of methods to achieve the outcome of relief from care giving including family friends, trained respite workers, foster homes, residential treatment facilities, respite centers, camps and recreational facilities. Respite services are not intended to substitute for the services of paid support/training staff, crisis stabilization and crisis residential treatment or out-of-home placement. (DWCCMHA/MCPN Contract)

**Root Cause Action Plan** - The “Root Cause Action Plan” is the product of the Root Cause Analysis that identifies the strategies for implementation to reduce the probability of Sentinel Events occurring in the future. The Action Plan addresses responsibility for implementation, oversight, pilot testing as appropriate, timelines, and strategies for achieving improvements to reduce risk, including measurement of the effectiveness of the actions. (DWCCMHA/MCPN Contract)

**Root Cause Analysis** - A structured and process-focused framework for identifying and evaluating the basis or causal factors involved in producing a sentinel event. The analysis should include the development of an action plan that identifies the steps that will be implemented to lessen the risk that similar events would happen to have happen. (DWCCMHA/MCPN Contract)

**Root Cause Analysis Administrative/Managed Care Component** - The non peer-reviewed portion (generally, but not limited to, the non-clinical portion) of the Root Cause Analysis shall be conducted by CareLink ‘s MQC Department upon referral by the Incident Review Committee (IRC), and by the legal entity or entities contracted with or subcontracted under CareLink Network to provide community mental health services/supports to affected Recipients. (BHPI Operations)

**Screening** - Means the CMH has been notified of the Person and has been provided enough information to make a determination of the most appropriate services. The screening may be provided on-site, face-to-face, by CMH personnel, or, over the telephone. (DWCCMHA/MCPN Contract)



**Second Opinion/Reconsideration** - An additional clinical evaluation and decision provided in response to a request from an applicant, authorized representative or referring mental health professional, in dispute of an adverse decision when: 1) A specific request for inpatient hospitalization has been denied by a psychiatrist reviewer, and 2) Following a face-to-face assessment by a qualified professional, determination is made that no mental health service is needed and the applicant is referred outside DWCCMHA network to other human service resources. (DWCCMHA/MCPN Contract)

**Secondary Treatment** - Secondary treatment services are those which are provided by professionals other than the treating clinician (for instance, a psychiatrist who performs a consultation or a social worker who conducts a daily living skills group at a partial hospitalization program), and individuals from relevant medical delivery systems, including Primary Care Physicians (PCPs). (Operational P&P)

**Sentinel Event** - Unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. (DWCCMHA/MCPN Contract)

**Serious Emotional Disturbance** - A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the MDCH, and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school or community services. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: 1. A substance use disorder; 2. A developmental disorder; 3. A "V" code in the diagnostic and statistical manual of mental disorders. (DWCCMHA/MCPN Contract)

**Serious Mental Illness** - Diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders, published by the American Psychiatric Association and approved by the MDCH, in functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood and dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders are included only if they occur in conjunction with another diagnosable mental illness: 1) A substance abuse disorder 2) A developmental disorder 3) A "V" code in the diagnostic and statistical manual of mental disorders. (DWCCMHA/MCPN Contract)

**Service Authorization** - A process designed to help assure that planned services meet medical necessity criteria, and are appropriate to the conditions, needs and desires of the individual. Authorization can occur before services are delivered, at some point during service delivery or can occur after services have been delivered based on a retrospective review. (DWCCMHA/MCPN Contract)

**Stakeholder** - An individual or entity that has an interest, investment or involvement in the operations of a Prepaid Inpatient Health Plan or affiliate. Stakeholders can include individuals and their families, advocacy organizations, and other members of the community that are affected by the Prepaid Inpatient Health Plan and the supports and services it offers. (DWCCMHA/MCPN Contract)

**State Hospital Services** - An inpatient program operated by the Michigan Department of Community Health for the treatment of individuals with serious mental illness or serious emotional disturbance. (DWCCMHA/MCPN Contract)

**Sub-capitation** -A fixed amount paid per month per enrolled consumer, which shares risk with affiliates or established risk-sharing entities. (DWCCMHA/MCPN Contract)

**Substance Abuse** - A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. If the primary diagnosis is mental illness, then the CMH will be the lead agency for the determination of necessary services, with coordination with the Substance Abuse Coordinating Agency. If the primary diagnosis is substance abuse, then the Substance Abuse Coordinating Agency will be the lead agency for the determination of necessary services, with coordination with the CMH. (DWCCMHA/MCPN Contract)

**Substance Use Disorders** - Substance use disorders include Substance Dependence and Substance Abuse, according to selected specific diagnosis criteria given in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Specific DSM IV diagnoses are found in Attachment 7.0.1.1 of the department's contract with CMHSPs. Technical Advisory MDCH – developed document with recommended parameters (DWCCMHA/MCPN Contract)

**Technical Requirement** - MDCH/PIHP contractual requirements providing parameters for PIHPs regarding administrative practice related to specific administrative functions, and derived from public policy and legal requirements. (DWCCMHA/MCPN Contract)

**TPL Third Party Liability** – refers to any other health insurance plan or carrier (e.g., individual, group, employer-related, self-insured or self-funded plan or commercial carrier, automobile insurance and worker's compensation) or program (e.g., Medicare) that has liability for all or part of a recipient's covered benefit. (DWCCMHA/MCPN Contract)

**UM Designee** - Person or entity designated by DWCCMHA to oversee the UM Plan. (DWCCMHA/MCPN Contract)

**UM Plan** - A utilization management plan for the Provider Network, which includes comprehensive, written utilization management policies and procedures that evaluate the appropriateness and effectiveness of Covered Services provided by the MCPN and the Contracted Providers, and is approved by DWCCMHA. (DWCCMHA/MCPN Contract)

**Utilization Management (UM)** - The process of evaluating the necessity, appropriateness and efficiency of health care services against established guidelines and criteria and the evaluation of the necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities. (Operations). Using established criteria to recommend or evaluate services provided in terms of medical necessity, effective use of resources and cost-effectiveness. (DWCCMHA/MCPN Contract)

**Utilization Review (UR)** - Analysis of the patterns of service authorization decisions and service usage in order to determine the means for increasing value of services provided (minimize cost and maximize effectiveness/ appropriateness).

**Urgent Situation** - A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services. (DWCCMHA/MCPN Contract)

**Wraparound Services** - Wraparound services are an individually designed set of services provided to minors with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other supports necessary to maintain the child in the family home. Wraparound services are to be developed through an interagency collaborative approach and a minor's parent or guardian and a minor age 14 or older are to collaborate in planning the services. (DWCCMHA/MCPN Contract)

**Your Choice** - The term originally designated by DWCCMHA for its program for the delivery of pre-paid behavioral health services through its MCPN contracts. (DWCCMHA/MCPN Contract)