Acronym	Term	Definition
	Abuse	1. Non-accidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the Agency, MCPN, contractor or subcontractor. 2. Means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicare or 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 unintentionally result in unnecessary cost to the Medicare/Medicaid program. (42 CFR 455.2). This usually is a lesser offense than fraud (examples include excessive charges, improper billing, or overpayment due to lack of documentation).
	Acceptance and Commitment Therapy	Acceptance and commitment therapy (ACT) is an action-oriented approach to psychotherapy that stems from traditional behavior therapy and cognitive behavioral therapy. Clients learn to stop avoiding, denying, and struggling with their inner emotions and, instead, accept that these deeper feelings are appropriate responses to certain situations that should not prevent them from moving forward in their lives.
	Access Center	Centralized calling center for DWIHN's public mental health services. The Access Center provides information on a wide variety of services, recommends where help can be obtained and assists in scheduling appointments. The Access Center is available to all Wayne County residents, 24 hours a day, 7 days a week. The entity responsible for determining eligibility and screening all behavioral health requests for services to the Detroit Wayne system, providing information and referral and or assigning persons to a Clinically Responsible Service Provider (CRSP).
	Acknowledgment Letter	A letter acknowledging receipt of the enrollee/member, legal representative and/or provider's grievance or appeal.
	Active Treatment	An enrollee/member is undergoing an active course of treatment if the enrollee/member has regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe

	medication or other treatment or modify a treatment protocol. Active treatment does not include routine monitoring for a chronic condition.
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.
Additional Mental Health Services	Supports and services available to Medicaid beneficiaries who meet the criteria for specialty services and supports, under the authority of Section 1915(b)(3) of the Social Security Act. Also referred to as "B3" waiver services.
Adequate Notice of Adverse Benefit Determination	Written statement advising the Enrollee of a decision to deny or limit authorization of Medicaid services requested, which notice must be provided to the Medicaid Enrollee on the same date the Adverse Benefit Determination takes effect. 42 CFR 438.404(c)(2).
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.
Administrative Fair Hearing or Medicaid Fair Hearing	An impartial review process maintained by the MDHHS to ensure that Medicaid beneficiaries or their legal, representatives involved in a community Mental Health Services Program have the opportunity to appeal decisions of DWIHN 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.
Adult Foster Care facility	An adult foster care facility licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737 “Adult foster care facility” means a governmental or nongovernmental establishment that provides foster care to adults. Subject to section 26a (1), adult foster care facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision on an ongoing basis but who do not require continuous nursing care. Adult foster care facility does not include any of the following: 1. A nursing home licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260. 2. A home for the aged licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

3. A hospital licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.
4. A hospital for the mentally ill or a facility for the developmentally disabled operated by the department of community health under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.
5. A county infirmary operated by a county department of social services or family independence agency under section 55 of the social welfare act, 1939 PA 280, MCL 400.55.
6. A child caring institution, children's camp, foster family home, or foster family group home licensed or approved under 1973 PA 116, MCL 722.111 to 722.128, if the number of residents who become 18 years of age while residing in the institution, camp, or home does not exceed the following:
    a. Two, if the total number of residents is 10 or fewer.
    b. Three, if the total number of residents is not less than 11 and not more than 14.
    c. Four, if the total number of residents is not less than 15 and not more than 20.
    d. Five, if the total number of residents is 21 or more.

Advance Directives — A legal document, signed by a competent adult that gives direction to healthcare providers about the consumer's treatment choices in specific circumstances, including but not limited, to medical or psychiatric conditions, should the consumer become unable to make or communicate healthcare decisions.

Advance Notice of Adverse Benefit Determination — Written statement advising the Enrollee of a decision to reduce, suspend, or terminate Medicaid services currently provided, which notice must be provided to the Medicaid Enrollee at least 10 calendar days prior to the proposed date the Adverse Benefit Determination takes effect. 42 CFR 438.404(c)(1); 42 CFR 431.211.

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.

Adverse Benefit Determination — A decision that adversely impacts the Medicaid Enrollee's claim for services due to: (42 CFR 438.400)

1. Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. 42 CFR 438.400 (b)(1).
2. Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2).

3. Denial, in whole or in part, of payment for a service. 42 CFR 438.400(b)(3).
4. Failure to make a standard Service Authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service. 42 CFR 438.210(d)(1).
5. Failure to make an expedited Service Authorization decision within seventy-two (72) hours after receipt of a request for expedited Service Authorization. 42 CFR 438.210(d)(2).
6. Failure to provide services within 14 calendar days of the start date agreed upon during the person-centered planning (PCP) meeting and as authorized by the PIHP. 42 CFR 438.400(b)(4).
7. Failure of the PIHP to resolve standard appeals and provide notice within 30 calendar days from the date of a request for a standard appeal. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(2).
8. Failure of the PIHP to resolve expedited appeals and provide notice within 72 hours from the date of a request for an expedited appeal. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(3).
9. Failure of the PIHP to resolve grievances and provide notice within 90 calendar days of the date of the request. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(1).
10. For a resident of a rural area with only one Managed Care Organization (MCO), the denial of the Enrollee's request to exercise his/her right, under § 438.52(b)(2)(ii), and to obtain services outside the network. 42 CFR 438.400(b)(6).
11. Denial of the Enrollee’s request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility. 42 CFR 438.400(b)(7).

Adverse Drug Reaction — A detrimental response associated with the use of medication that is undesired, unintended or unexpected in recognized doses for prophylaxis, diagnosis or therapeutic treatment, excluding failure to accomplish the intended response.

Anatomical support — Body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient’s physical functioning.

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Acronym	Term	Definition
	Appeal	1. A process established by MDHHS to provide a mechanism for prompt reporting, review, investigation, and resolution of apparent or suspected violations of the rights guaranteed by the Mental Health Code. 2. **Appeal (defined in the Grievance and Appeal Technical Advisory)**: A review at the local level by the PIHP of an Adverse Benefit Determination, as defined above. 42 CFR 438.400.
AFP	Application for Participation	The AFP is the official vehicle which begins solicitation and selection for the PIHPs for the state-defined regions. Specifically, the AFP identifies the plan for meeting the required functions of the PIHP, including identification of functions that are to be direct-operated, delegated and/or contracted within and outside the sponsoring CMHSPs.
	Appointment of Representative Form	Documentation of authorization of an appointed representative to act on behalf of the enrollee/member, may be in the form of a signed written authorization, or through legal documentation such as court ordered guardian or durable power of attorney.
	Appropriations Act	The annual appropriations act adopted by the State Legislature that governs MDHHS funding.
ACT	Assertive Community Treatment (ACT)	ACT provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide mental health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational and vocational activities. 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. (From the Consumer Handbook as approved by the State Jan 2008)
	Authority	Detroit Wayne Integrated Health Network (DWIHN) formally known as Detroit-Wayne Mental Health Authority (DWMHA, or "Authority"), is 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.
	Authorization	A decision rendered by a Qualified Professional to approve a request for clinical services. IMPORTANT NOTE: A MEDICARE BENEFICIARY DOES NOT REQUIRE PRIOR AUTHORIZATION FOR ANY SERVICES. As a result, a beneficiary having both Medicaid and Medicare coverage does not require authorization for services, even if they are necessary under the Medicaid plan.
	Aversive techniques	Techniques that require the deliberate infliction of unpleasant stimulus (a stimulus that would be unpleasant and may often generate physically painful responses in the average person or would have a specific unpleasant effect on a particular person) by staff to a recipient to achieve the management, control of the target behavior. Examples of such techniques include electric shock, foul odors, loud noises, mouthwash, water mist or other noxious substance to cons equate target behavior or to accomplish a negative association with a target behavior. Note: Clinical techniques and practices established in the peer reviewed literature that are prescribed in the behavior treatment plan and that are voluntary and self-administered (e.g. exposure therapy for anxiety, taking a prescription medication to help quit smoking) are not considered aversive techniques for the purposed of this technical requirement.
BA	Behavioral Activation	Behavioral Activation (BA) is a specific CBT skill. It can be a treatment all by itself, or can be used alongside other CBT skills such as cognitive restructuring. Behavioral activation helps us understand how behaviors influence emotions, just like cognitive work helps us understand the connection between thoughts and emotions.
	Behavioral Health Home	1. SAMHSA defines a Behavioral Health Home as a behavioral health agency that serves as a health home for people with mental health and substance use disorders. 2. *DWIHN definition:* A Behavioral Healthcare delivery system that provides member with the following: Access to and coordination of care with multiple problems and complex needs Assistance with Adherence and compliance to treatment recommendations for chronic health conditions Wellness/Holistic Care (whole-person care).

Behavioral Health Supports and Services	An array of mental health, substance use, intellectual/development disability including outpatient, inpatient clinical interventions and monitoring and community-based supports, aimed at helping individuals reduce symptoms and improve their ability to function in life and move toward recovery.
Behavior Treatment Plans	Behavior treatment plans are developed in accordance with the Technical Requirement for BTPRCs. 1. Plans that use restrictive or intrusive techniques shall be approved by the committee prior to implementation. 2. A functional assessment of behavior, with evidence that relevant physical, medical and environmental causes of challenging behavior have been ruled out, is documented prior to plan implementation. 3. There is documentation that positive behavioral supports and interventions have been adequately pursued prior to implementation of restrictive or intrusive techniques. 4. Plans are developed through the person-centered planning process. 5. Written special consent must be given by the individual, his/her guardian, or the parent of a minor prior to the implementation of a plan that includes intrusive or restrictive interventions. 6. Plans that propose to use physical management and/or involvement of law enforcement in a non-emergent situation; aversive techniques; or seclusion or restraint in a setting where it is prohibited by law shall be disapproved. 7. There is a plan for monitoring and staff training to assure consistent implementation and documentation of the intervention. 8. The committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.
Behavior Treatment Plan Review Committee (Committee)	Each CMHSP shall have a Committee to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions. A psychiatric hospital, psychiatric unit, or psychiatric partial hospitalization program licensed under 1974 PA 258, MCL 330.1137, that receives public funds under contract with the CMHSP and does not have its own Committee, must also have access to and use of the services of the CMHSP Committee regarding a behavior treatment plan for an individual receiving services from that CMHSP. If the CMHSP delegates the functions of the Committee to a contracted mental health service provider, the CMHSP must monitor that Committee to assure compliance with these standards. The Committee shall be comprised of at least three individuals, one of whom shall be a board certified behavior analyst or licensed behavior analyst, and/or licensed psychologist as defined in Section 2.4, Staff Provider Qualifications, in the Medicaid Provider Manual (MPM), Behavioral Health and Intellectual and Developmental Disabilities Chapter, with the specified training; and at least one member shall be a licensed physician/psychiatrist as defined in the Mental Health Code at

		MCL 330.1100c(10). A representative of the Office of Recipient Rights (ORR) shall participate on the Committee as an ex-officio, non-voting member in order to provide consultation and technical assistance to the Committee. Other non-voting members may be added.
	Beneficiary	An individual who has been determined eligible for Medicaid and who is receiving or may qualify to receive Medicaid services through a PIHP/CMHSP. Consumers who are Medicare and/or Medicaid-eligible.
	Best Practice	Is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. In addition, a "best" practice can evolve to become better as improvements are discovered. Best practice is used to describe the process of developing and following a standard way of doing things that multiple organizations can use.
	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.
BCaBA	Board Certified Assistant Behavior Analyst (BCaBA)	Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. • License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the NCCA. • Education and Training: Minimum of a bachelor’s degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence. • Other Standard: Works under the supervision of the BCBA.
BCBA-D/BCBA	Board Certified Behavior Analyst Doctoral (BCBA-D) or Board Certified Behavior Analyst (BCBA)	Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. • License/Certification: Current certification as a BCBA through the BACB. The BACB is the national entity accredited by the National Commission for Certifying Agencies (NCCA). • Education and Training: Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.
	Bodily function	The usual action of any region or organ of the body.
	Capitated Payments	Monthly payments based on the Capitation Rate that are payable to the PIHP by the MDHHS for the provision of Medicaid services and supports pursuant to Part II (A) Section 8.0 of the Medicaid Managed Specialty Supports and Services Program contract.

Capitation Rate	The fixed per person monthly rate payable to the PIHP by the MDHHS for each Medicaid eligible person covered by the Concurrent 1915(b)/1915(c) Waiver Program, regardless of whether or not the individual who is eligible for Medicaid receives covered specialty services and supports during the month. There is a separate, fixed per person monthly rate payable for each eligible person covered by the Healthy Michigan Program. The capitated rate does not include funding for beneficiaries enrolled in the Medicaid 1915(c) Children's Waiver, children enrolled in Michigan's separate health insurance program (MIChild) under Title XXI of the Social Security Act.
Care Coordination	"Care Coordination" means a set of activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include: 1. Outreach and contacts/communication to support patient engagement, 2. Conducting screening, record review and documentation as part of Evaluation and Assessment, 3. Tracking and facilitating follow up on lab tests and referrals, 4. Care Planning, 5. Managing transitions of care activities to support continuity of care, 6. Address social supports and making linkages to services addressing housing, food, etc., and 7. Monitoring, Reporting and Documentation. For purposes of the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program 18, Care Coordination also refers to the levels of coordinated care management and care coordination activities carried out under the auspices of PIHP and MCO contractors.
Care Management	"Care Management" means the application of systems, science, incentives, and information to improve practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services.

	Carrier	Any entity that has responsibility for the financial coverage of health care for a beneficiary. This includes commercial as well as governmental entities.
CM	Case Manager	A qualified primary case manager. Case managers in behavioral health need at least a bachelor's degree, although many facilities prefer a master's degree in a field such as social work or psychology.
	Case Record	The individual's record that includes documentation of the services provided to the adult, child (Infant, toddler, preschooler, or young child's) and his or her family members as well as supporting documentation which include all medical reports prepared by physicians and nurses.
CMS	Centers for Medicare & Medicaid Services (CMS)	The federal agency under Department of Health and Human Services responsible for administering the Medicare and Medicaid programs, among other programs.
	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.
	Certified Peer Support Specialist (CPSS)	Individuals who have received public mental health services and have met specialized training certification requirements under the 1915 b/c (3) waiver of the Social Security act. Certified Peers provide a unique service through their lived experience to help others with like and similar challenges.
CAFAS	Child and Adolescent Functional Assessment Scale	
CMHP	Child Mental Health Professional	An individual who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families, defined as one of the following: 1. Physician 2. A psychologist 3. A licensed social worker 4. A registered nurse 5. 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 years

		of supervised experience in the examination, evaluation and treatment of minors and their families 6. A person that is trained, with at least a master's degree in a mental health related field from an accredited school and has one year of experience in the examination, evaluation and treatment of minors and their families.
CDTSP	Children's Diagnostic and Treatment Service Program	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 MDHHS.
	Clean Claim	A clean claim is one that can be processed 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.
CRSP	Clinically Responsible Service Providers	CRSP is identified as the provider (chosen by the member) responsible for the coordination of the person- centered planning process and the treatment planning process. This includes but is not limited to conducting intakes, completing applicable assessments, and assigning the appropriate level of care for community-based services. The treatment planning process includes the development of the Individual Plan of Service or Master Treatment Plan, requesting authorizations for the services identified in the Individual Plan of Service, monitoring service provisions, conducting periodic reviews and addendum to the Individual Plan of Service when requested by the member or warranted due to changes in level of need or significant life events.
CBT	Cognitive Behavioral Therapy	Evidenced-based treatment for depression and anxiety.
	Co-Insurance	A type of patient responsibility for a covered service involving a percentage of a claim. For example, at 20% coinsurance on a $100 claim, requires the beneficiary to pay $20 for the covered service. The beneficiary is not responsible for any co-pays, deductibles or co-insurance fees.
	Commercial Carrier	A private insurance or Managed Care Organization providing healthcare coverage to a beneficiary.
	Community	Refers to both society in general, and the distinct cities, villages, townships and neighborhoods where people, under a local government structure, come together and establish a common identity, develop shared interests and share resources.

CMH	Community Mental Health	Community Mental Health
CMHSP	Community Mental Health Services Program	A program operated under Chapter 2 of the Michigan Mental Health Code - Act 258 of 1974 as a county community mental health agency, a community mental health DWIHN or a community mental health organization. CMHSPs are individually responsible for administering the general fund benefit for their designated counties.
	Competency	Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond, as defined by demonstration, observation, checklist completion and/or testing.
	Competitive Employment	Individual jobs that anyone can apply for rather than jobs created specifically for people with disabilities. These jobs pay at least minimum wage or the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. Further, the jobs do not have artificial time limits imposed by the social service agency.
	Complainant	An individual who files a recipient rights complaint
	Complaint	Any expression of dissatisfaction to a Medicare health plan, provider, facility or Quality Improvement Organization (QIO) by an enrollee/member/legal representative made orally or in writing. This can include concerns about the operations or providers or Medicare health plans such as: waiting times, the demeanor of health care personnel, the adequacy of facilities, the respect paid to enrollees/member, the claims regarding the right of the enrollee/member to receive services or receive payment for services previously rendered. It also includes a plan's refusal to provide services to which the enrollee/member/legal representative believes he or she is entitled. A complaint could be either a grievance or an appeal, or a single complaint could include elements of both. Every complaint must be handled under the appropriate grievance and/or appeal process.
	Consent	A written agreement signed by the individual, the parent of a minor, or an individual's legal representative with authority to execute consent, or a verbal agreement of an individual that is witnessed and documented by someone other than the service provider.
	Consumer	Includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. ***The following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Person, Persons Served, and Medicaid Eligible.***

Consumer Satisfaction Contact Letter	A letter forwarded to the beneficiary prior to the 90th calendar day requesting a satisfaction response to the resolution of his/her grievance after all other contact attempts have been unsuccessful.
Consumers	1. 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. 2. A Medicaid beneficiary who is currently enrolled in an MCO, PIHP, Prepaid Ambulatory Health Plan (PAHP), Primary Care Case Manager (PCCM), or Primary Care Case Management (PCCM) Entity in a managed care program. 42 CFR 438.2 ***The following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Person, Persons Served, and Medicaid Eligible.***
Continuity of Care	"Continuity of care" means the quality of care over time, including both the patient's experience of a 'continuous caring relationship' with an identified health care professional and the delivery of a 'seamless service' through integration, coordination and the sharing of information between different providers.
Contracted County Department	Wayne County Departments that have an agreement with the DWIHN to provide behavioral health services, e.g., Wayne County Jail, Wayne County Juvenile Detention Facility, Clinic for Child Study, etc.
Contracted Provider	An individual or entity participating in the Provider Network pursuant to a contract with the Detroit Wayne Integrated Network.
Contractor(s)	A legal entity, entities or division of a legal entity, contracted with the Detroit Wayne Integrated Health Network to provide community mental health services/supports as defined by the DWIHN.
Co-occurring Disorders	When used in the context of Consumers, this term refers to co-occurring psychiatric and/or substance use disorders.
Coordination of Benefits (COB)	The process by which multiple carriers are involved in the payment for services provided to a beneficiary.
Coordination of Care	The deliberate organization of enrollee/member care activities between two or more participants involved in an enrollee/member's care to facilitate the appropriate delivery of services.
Co-pay	A type of patient responsibility that involves a flat rate that is the responsibility of the beneficiary. For example, a $25 copay on prescription drugs means that the beneficiary is responsible for $25 for each prescription drug acquired. The beneficiary is not responsible for any COPA, Deductible or Co-Insurance costs.

	Covered Services	Covered Services Specialty supports and services.
CVO	Credentialing Verification Organization	An organization contracted with the DWIHN to obtain information, including from primary sources, for verifying an individual's credentials. This organization has systems in place to protect the confidentiality and integrity of the information.
	Criminal History Checks (Criminal Background Check)	The review of any and all records containing information collected and stored in the Michigan State Police's criminal record repository.
	Crisis Plan	A crisis plan is a document designed to provide all the information necessary to help prevent a crisis from occurring, provide information to guide an effective response when a crisis does occur, and for successful crisis resolution. Discussion on the development of a crisis plan can be a goal to include in the treatment plan. The Crisis Plan will provide assistance and interventions to avert hospitalization for individuals/families who frequent the emergency rooms (ER), have multiple hospital admissions, frequent contact with law enforcement or multiple crisis situations. WHO should receive a Crisis Plan? The Crisis Plan is designed to be one section of a Person-Centered Plan that can also be easily extracted as a stand-alone document for the purpose of easy distribution. ALL Person-Centered Plans MUST include the Crisis Plan. In addition, the Crisis Plan is REQUIRED for all individuals/families who are at significant or high risk of crisis events - including those in basic benefit services. This would include persons who have, within the past year been psychiatrically hospitalized, received inpatient treatment for a substance use disorder, who have been arrested, attempted suicide, continuous ER/ED services or used crisis services (i.e., mobile crisis team, facility-based crisis or non-hospital detox unit, walk-in crisis, use of a hospital's emergency department for reasons related to psychiatric illness or substance use, or frequent use of any telephonic crisis lines)
	Critical Event	All events that are an actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or wellbeing of a member. For example: critical incidents and risk events.
	Critical Incident	All Suicide, Non-Suicide Death, Emergency Medical treatment due to Injury or Medication Error, Hospitalization due to Injury or Medication Error, Arrest of Consumer, or Injury as a result of physical management. For example: all Habilitation Supports Waiver deaths are critical incidents and should be reported as both a critical incident and a death.

	Cultural Competency	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	Includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. ***The following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Person, Persons Served, and Medicaid Eligible.***
DEG	Data Exchange Gateway (DEG Download	The process involving the download of Medicaid Enrollment data from the State of Michigan's "Data Exchange Gateway"
	Deductible	A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. For example, a beneficiary who has a $500 deductible for inpatient care is responsible for the first $500 dollars in inpatient costs incurred in the benefit year. Deductible can have a complicated nature in that they may be applied to any time frame and sometimes are reset in gaps between occurrences. Medicare beneficiaries have complex structures for inpatient care and need to be specifically reviewed by beneficiary. *It is important to note that in a COB situation, secondary and other coverages are constructed to cover deductible and other beneficiary out-of-pocket costs. In the case of a Medicaid beneficiary, the patient is held harmless for out of pocket costs. I.E. If at the end of all payments by carriers there remains a patient responsibility, this is to be paid by Medicaid. A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard.

	Degrade	Treat humiliatingly: to cause somebody a humiliating loss of status or reputation or cause somebody a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) degrade, debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or self-worth; to shame or disgrace. (b) Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.
	Denial	An adverse decision made by a psychiatrist regarding a request to authorize services, after appropriate evaluation of relevant clinical information.
	Dependent Living Setting	A licensed adult foster care facility, including specialized and non-specialized homes. A nursing home licensed under article 17 of the Public Health Code, 1978 PA 368, MCL 333.20101 to 333.22260. A home for the aged. Unlicensed residential settings where the member's level of care and intensity of service required is equivalent to a Dependent Living Setting. For the purpose of determining COFR, equivalency to a Dependent Living Setting shall be established when the member's Person-Centered Plan or Individualized Plan of Service (IPOS) or Treatment Plan provides for the provision of eight or more hours of specialized services or supports in the residence each day. The eight or more hours of specialized services or supports may consist of both those funded by the CMHSP as well as those provided without cost to CMHSP by Natural Support persons.
DWIHN	Detroit Wayne Integrated Health Network	DWIHN is the Prepaid Inpatient Health Plan (PIHP) organization that is responsible for managing Medicaid services related to behavioral health and development disabilities. As the PIHP for Detroit-Wayne County, it also provides medical services to consumers under a contract with the state Medicaid agency with prepaid capitation payments, is responsible for arranging inpatient care; and does not have a comprehensive risk contract.
	Developmental Disability	As established in the criteria for eligibility in the Michigan Mental Health Code, Sec 100a means any of the following: 1. If applied to an individual older than five years old, a severe, chronic condition that meets all of the following requirements: a. Is attributed to a mental or physical impairment or a combination of those impairments, b. Is manifested before the individual is 22 years of age,

c. Is likely to continue indefinitely,
2. Results in substantial functional limitation in three or more of the following areas of major life activities:
    a. Self-care
    b. Receptive and expressive language
    c. Learning
    d. Self-direction
    e. Capacity for independent living
    f. Economic self-sufficiency
    g. Mobility
3. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated,
4. If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability as defined in subdivision "a" if services are not provided.

Direct Contractor	A legal entity contracted with the Detroit Wayne Integrated Health Network (DWIHN) to provide community mental health and substance abuse services/supports as defined by the DWIHN. This includes, Wayne County Departments (i.e., Criminal Justice Providers), Comprehensive Outpatient Providers, Substance Abuse Disorder (SUD) Providers, Autism Spectrum Disorder Providers, Hospitals, Individuals (i.e., Physician (MD/DO), licensed clinicians, etc.) Services are provided via outpatient (ambulatory), residential and/or inpatient settings.
Disciplinary Action	Action imposed by employer upon an employee, volunteer, or agent as the result of substantiated rights violation and is solely defined as verbal counseling, written counseling, written reprimand, suspension, demotion, employment termination.
Drug Usage Evaluation	An activity that entails measuring, assessing and improving the prescribing/ordering, preparing/dispensing, administering and monitoring of medications, as well as the patient education involved in pharmacotherapy.
Dual Diagnosis	A person with a two or more of the following diagnoses: mental illness, developmental disability, Serious emotional disability and/or substance abuse disorder.
DWIHN Provider Manual	The manual developed and periodically updated by DWIHN that provides guidelines, requirements and procedures to contracted service providers, based upon state contractual requirements, accreditation requirements, research and expert consensus.

EPSDT	Early and Periodic Screening, Diagnosis and Treatment Program	A Medicaid supported child health program for children, adolescents and young adults under the age of 21. These services include the following: health and developmental history, developmental and behavioral assessment, physical examination, blood pressure, immunization, health education, nutritional assessment, hearing, vision and dental assessments, lead toxicity, and appropriate counseling for parents and guardians regarding these health issues for their children, adolescents, or young adults.
	Ecological	Relating to the environments of living things or to the relationships between living things and their environments
	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, pursing personal goals, engaging in productive activity, establishing a wide range of associations and relationships, participating in community events, and living in real homes.
	Eligibility	A clinical determination completed by a qualified professional practitioner that ascertains that an individual meets the criteria of serious mental illness, serious emotional disturbance, or developmental disability. This means the individual is part of the "shall serve" population.
	Eligibility	1. The person who is the benefactor of the subsidy must be under 18 years of age. 2. The income of the person's family must be under $60,000 annually. 3. The person must have a diagnosis of developmental disability. 4. The person who is the benefactor of the subsidy must reside with the parent or guardian.
	Emergency Interventions	There are only two emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention. Each agency shall have protocols specifying what physical management techniques are approved for use.

Emergency Situation	A situation in which an individual is experiencing a SMI or a DD, or a minor is experiencing a SED, and one of the following applies: 1. The individuals can reasonably be expected to injure themselves physically, or injure another individual within the near future intentionally or unintentionally. 2. The individuals are unable to provide themselves with 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. Judgment is so impaired that individuals are unable to understand the need for treatment. However, in the opinion of the mental health professional, this continued behavior because of the mental illness, developmental disability, or emotional disturbance can reasonably be expected to result in physical harm to the individual or to another individual in the near future. (MHC Sec. 100a)
Emergent	A situation requiring appointment availability within six (6) hours in which immediate assessment or treatment is needed to stabilize a condition, but there is no imminent risk of harm or death to self or others.
Emotional harm	Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.
Encounter	A document submitted in a claim format specified by DWIHN that documents the services and costs of services provided to a consumer.
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.
Enrollee/Member	1. Includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. 2. A Medicaid beneficiary who is currently enrolled in an MCO, PIHP, Prepaid Ambulatory Health Plan (PAHP), Primary Care

		Case Manager (PCCM), or Primary Care Case Management (PCCM) Entity in a managed care program. 42 CFR 438.2 ***The following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Persons Served, and Medicaid Eligible.***
	Evaluation and Management (E/M) Services	The American Medical Association has established a standard Current Procedural Terminology (CPT) code set that describes surgical, medical and diagnostic services. The evaluation and management (E/M) codes are CPT codes (99xxx) that can be used by all physicians to describe general medical services. There are specific documentation requirements that substantiate the level of code used.
EBP	Evidence-Based Practice	The conscientious integration of current best evidence with clinical expertise and consumer choice in making decisions about the care of individuals or the delivery of health services. Current best evidence is up to date information from relevant, valid research about the effects of different forms of health care.
	Expedited Appeal	The expeditious review of an Adverse Benefit Determination, requested by an Enrollee or the Enrollee's provider, when the appropriate party determines that taking the time for a standard resolution could seriously jeopardize the Enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function. If the Enrollee requests the expedited review, the PIHP determines if the request is warranted. If the Enrollee's provider makes the request, or supports the Enrollee's request, the PIHP must grant the request.
	Expedited Grievance	A complaint that a Medicare health plan refused to expedite an organization determination or reconsideration, or invoked an extension to an organization determination or reconsideration time frame. A response is required within 24 hours to an enrollee/member/legal representative's expedited grievance.
	Expedited review	The review of an appeal that must be done within 3 working days.
	Expedited Review of Proposed Behavior Treatment Plans	Each Committee must establish a mechanism for the expedited review of proposed behavior treatment plans in emergent situations. "Expedited" means the plan is reviewed and approved in a short time frame such as 24 or 48 hours. The most frequently occurring example of the need for expedited review of a proposed plan in emergent situations occurs as a result of the following Adult Foster Care (AFC) Licensing Rule: Adult Foster Care Licensing R 400.14309 – Crisis Intervention.

		Crisis intervention procedures may be utilized only when a person has not previously exhibited the behavior Expedited plan reviews may be requested when, based on data presented by the professional staff (Psychologist, RN, Supports Coordinator, Case Manager), the plan requires immediate implementation. The Committee Chair may receive, review, and approve such plans on behalf of the Committee. The ORR must be informed of the proposed plan to assure that any potential rights issues are addressed prior to implementation of the plan. Upon approval, the plan may be implemented. All plans approved in this manner must be subject to full review at the next regular meeting of the Committee.
EOB	Explanation of Benefit	A term often used interchangeably with EOP. However, an EOB is a document sent to a beneficiary to document a claim payment on their behalf. An EOB is sent by the paying carrier
EOP	Explanation of Payment	A term often used interchangeably with EOB. However, an EOP is a document sent to the provider detailing the payment from a carrier. An EOP is sent by the paying carrier. A carrier (including Medicaid) will require that EOPs are received from all other, higher carriers, prior to considering their payment responsibility.
	Facility	A residential building for the care or treatment of individuals with severe mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility.
	Fair Hearing	A state level review of beneficiaries' disagreements with CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.
	Family Centered Services	Services for families with minors which emphasize family needs and desires with goals and outcomes defined. Services are based on families' strengths and competencies with active participation in decision-making roles.
FIA	Family Independence Agency	Family Independence Agency is the Agency that determines eligibility for Michigan's Medicaid Program.
	Family Member	A parent, stepparent, foster parent, spouse, sibling, child or grandparent of a primary consumer or an individual upon whom a primary consumer is dependent upon for at least 50 percent of his or her financial support.

Fiscal Intermediary	Fiscal Intermediary are private companies that have a contract with Detroit Wayne Integrated Health Network to assist a member with their individual budget by paying for authorized services for a Self-Determination Arrangement. The Fiscal Intermediary provides the member with a monthly update on how their budget is being utilized.
Forensic	Related to scientific methods of solving crimes, involving examining the objectives or substances that are involved in a crime
Formal Grievance	A grievance initiated at DWIHN Customer Service Unit for follow-up and resolution.
Functional Behavioral Assessment (FBA)	An approach that incorporates a variety of techniques and strategies to determine the pattern and purpose, or “function” of a particular behavior and guide the development of an effective and efficient behavior treatment plan. The focus of an FBA is to identify social, affective, environmental, and trauma-based factors or events that initiate, sustain, or end a target behavior. A physical examination must be done by a MD or DO to identify biological or medical factors related to the target behavior. The FBA should integrate medical conclusions and recommendations. This assessment provides insight into the function of a behavior, rather than just focusing on the target behavior itself so that a new behavior or skill will be developed to provide the same function or meet the identified need of the recipient. Functional assessments should also identify situations and events that precede positive adaptive behavior to provide more information for a positive behavior support plan.
General Schedule	Covers records that are common to a particular type of government agency. General Schedules may not address every single record that a particular office may have in its possession. General Schedules do not mandate that any of the records listed on the schedule be created. However, if they are created in the normal course of business, the schedule establishes a minimum retention period for them. Retention records for longer periods is authorized if the individual has reason to believe that a record may be required beyond the minimum retention period for the efficient operation of the agency. The General Schedule covering the DWIHN’s operations is General Schedule # 20, attached as Exhibit A.
Good Standing	Providers who are at a current acceptable level of performance and/or are in substantial compliance with PIHP/CMHSP requirements. (Examples of providers who may not be considered in good standing could include: those who have an active, written, formal sanction, those who are on ‘probationary status’, those who have an outstanding corrective action plan overdue, or those who have demonstrated

		current, chronic poor quality as documented by a PIHP and/or CMHSP. Providers who have minor or routine corrective actions in process as part of a regular quality review or monitoring schedule are considered to be in good standing.)
	Graduated Exposure	The process of exposing an individual slowly and methodically to more and more raw aspects of experiences. This helps build up and reinforce the lack of dire consequences that the person is usually imagining
	Grievance	The Enrollee's expression of dissatisfaction about the PIHP and/or the CMHSP services issues, other than an Adverse Benefit Determination. Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision. 42 CFR 438.400..
	Grievance and Appeal System	The processes the PIHP implements to handle Appeals of Adverse Benefit Determinations and Grievances, as well as the processes to collect and track information about them. 42 CFR 438.400
	Grievance Process	Impartial local level review of the Enrollee's Grievance
	Habitable and safe	Those housing standards established in each community that define and require basic conditions for tenant/resident health, security, and safety.
HCFA	Health Care Financing Administration	Health Care Financing Administration, now known as the Centers for Medicare and Medicaid Services.
	Health Care Professional	A physician or any of the following: podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), registered/certified social worker, registered respiratory therapist, and certified respiratory therapy technician.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)	Public Law 104-191, 1996 to improve the Medicare program under Title XVIII of the Social Security Act, the Medicaid program under 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. HIPAA was amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act), as set forth in Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009. The United States Department of Health and Human Services (DHHS) promulgated administrative rules to implement HIPAA and HITECH, which are found at 45 C.F.R. Part 160 and Subpart E of Part 164 (the "Privacy Rule"), 45 C.F.R. Part 162 (the "Transaction Rule"), 45 C.F.R. Part 160 and Subpart C of Part 164 (the "Security Rule"), 45 C.F.R. Part 160 and Subpart D of Part 164 (the "Breach Notification Rule") and 45 C.F.R. Part 160, subpart C (the "enforcement Rule"). DHHS also issued guidance pursuant to HITECH and intends to issue additional guidance on various aspects of HIPAA and HITECH compliance. Throughout this contract, the term "HIPAA" includes HITECH and all DHHS implementing regulations and guidance.
Healthy Michigan Plan	The Healthy Michigan Plan is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began April 1, 2014.
Healthy Michigan Plan Beneficiary	An individual who has met the eligibility requirements for enrollment in the Healthy Michigan Plan and has been issued a Medicaid card.
Holistic Care	"It has been defined in many ways, but in essence integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served." *Hogg Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S.,* [*www.hogg.utexas.edu*](http://www.hogg.utexas.edu) DWIHN must have Quality of Service that provides Holistic Care that includes the following:

		1. Behavioral - Behavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being (i.e., IDD, SUD, MI, SED) 2. Physical – Treatment of/pertaining to genetics, biology, history of disease 3. Economic – Financial security 4. Social – ensuring social connectedness to family and a person's circle of support 5. Spiritual – How a person transcends to find meaning, purpose, and belonging
	Housing	Dwellings that are typical of those sought out and occupied by members of a community. The choices a consumer of mental health services makes in meeting his or her housing needs are not to be linked in any way to any specific program or support service needs he or she may have.
	Imminent Risk	An event/action that is about to occur that will likely result in the serious physical harm of one's self or others.
IPLT	Improving Practices Leadership Team	IPLT is a standing committee which establishes standards of care, promotes evidence-based/best practices, and develops/reviews practice guidelines for DWIHN's contracted provider networks, including services for adults with mental illness/co-occurring substance use disorders, persons with developmental disabilities, children with serious emotional disturbance/co-occurring illness, and persons with substance use disorders.
	Incident	The occurrence of any event that happens in the provision of mental health services that is inconsistent with the desired individual outcome or with the routine operation of the facility. Reportable incidents shall include but are not limited to: Death, Elopement, Suspected abuse (physical, verbal, or sexual) or neglect, Exploitation, Any unexplained or unexplained injury of a recipient, Any incident, accident or illness that results in transport to a hospital emergency room or admission to a hospital, Displays of serious hostility, Attempts at self-inflicted harm or harm to others, Recipient seizure-like activity and/or a highly unusual behavioral episode, Problem behavior not addressed in a plan of service, Unusual medical problems, Medication errors, significant/serious recipient destruction of property, environmental incidents that could place recipient(s) at risk, suspected criminal offenses committed by or against a recipient, recipient arrest or conviction, physical intervention.
	Inclusion	Recognizing and accepting people with mental health needs as valued members of their community.

	Individual	Consumers with mental illness, developmental disabilities, or substance use disorders (or a combination of disabilities). For the purpose of this application, includes Consumers 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. Includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. ***The following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Person, Persons Served, and Medicaid Eligible.***
	Individual Licensure Requirements	Refers to the requirements set forth in the public health code for each category of licensed professions. The licensed individual is responsible for ensuring that he/she is functioning within the designated scopes of service and is involved in the appropriate supervision as designated by the licensing rules of his/her profession.
IPOS/PCP	Individual Plan of Services (also referred to as the "plan" or "plan of services and) supports" or "treatment plan" for beneficiaries receiving substance	A written individualized plan of services consisting of a treatment plan, support plan, or both, and developed in partnership with the recipient using a person-centered planning process. An orderly arrangement into a personal clinical agenda of specific treatment, services and supports, developed by mental health professionals to address the identified prioritized mental health needs of each individual receiving assistance in a community mental health setting. The IPOS/PCP is the fundamental document in the recipient's record, and must be authenticated by the dated signature of the professional named as responsible for its implementation. The IPOS is coordinated with the IICSP for persons enrolled the Integrated Care demonstration project and who are receiving behavioral health services.
	Individual Therapy	The actions involved in assessment, diagnosis, or treatment of mental, emotional, or behavioral disorders, conditions, addictions, or other bio-psychosocial problems; and may include the involvement of the intra-psychic, intra- personal, or psychosocial dynamics of individuals. This requires specially trained and educated clinicians to perform these functions.
	Informed Choice	An individual receives information and understands his or her options.
	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.

	Integration	Enabling mental health service recipients to become, or continue to be, participants and integral members of their community.
	Integration of Care	Is at the provider level, not the payer level and that can be achieved by: 1. Satellite Clinics - providing services to people directly in our communities. 2. Detailed Referral process - to connect people with services they need. 3. Preventive Care - Dental, Vision and Wellness.
I/DD	Intellectual/Developmental Disability (I/DD)	As described in Section 330.1100a of the Michigan Mental Health Code, means either of the following: 1. If applied to an individual older than five years, a severe, chronic condition that meets all of the following requirements: a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments, b. Is manifested before the individual is 22 years old, c. Is likely to continue indefinitely, d. Results in substantial functional limitations in three or more of the following areas of major life activities: i. self-care, ii. receptive and expressive language, iii. learning, mobility iv. self-direction, v. capacity for independent living, vi. economic self-sufficiency. e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. 2. If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in item 1 if services are not provided.
	Intensive Crisis	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.
	Intensive Crisis Residential (ICR)	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.
	Interdisciplinary Treatment Team	A group of health care professionals from diverse fields under the clinical leadership of a psychiatrist who work in a coordinated fashion toward a common goal for the patient.
	Intrusive Techniques	Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug when it is used to manage or control an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Use of intrusive techniques as defined here requires the review and approval by the Committee.
	Jail Diversion	A collaborative, integrated program utilizing a community's resources to divert a person with severe mental illness serious emotional disturbance or developmental disability from possible jail incarceration when appropriate.
	Legal Representative	The representative, parent of a minor or other person authorized by law or designation to represent an enrollee, including the representative of the estate of a deceased enrollee.
LOC	Level of Care (LOC) Severity of Illness/Intensity of Service	Protocols provided by the Michigan Department of Health and Human Services (MDHHS) and the DWIHN, each as amended from time to time, as part of a utilization management system, which is 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.
	Licensed Facility	A residential facility 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. A facility licensed by MDHHS under MCL 330.1137 or an adult foster care facility

	Licensed Psychologist (LP)	1. Must be certified as a BCBA by September 30, 2020. 2. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. 3. License/Certification: LP means a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements. 4. Education and Training: Minimum doctorate degree from an accredited institution. 5. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: a. Ethical considerations. b. Definitions and characteristics; and principles, processes and concepts of behavior. c. Behavioral assessment and selecting interventions outcomes and strategies. d. Experimental evaluation of interventions. e. Measurement of behavior, and developing and interpreting behavioral data. f. Behavioral change procedures and systems supports. 6. A minimum of one-year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the caseload, progress, and treatment of the child with ASD.
	Limitation	Constraint of a right for an individual recipient.
LEP	Limited English Proficiency (LEP)	Consumers 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.

Limited License Psychologist (LLP)	Must be certified as a BCBA by September 30, 2020. 1. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. 2. License/Certification: LLP means a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two (2)-year period. Must complete all coursework and experience requirements. 3. Education and Training: Minimum of a master's or doctorate degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: a. Ethical considerations b. Definitions and characteristics and principles, processes and concepts of behavior. c. Behavioral assessment and selecting interventions outcomes and strategies. d. Experimental evaluation of interventions. e. Measurement of behavior, and developing and interpreting behavioral data. f. Behavioral change procedures and systems supports. 4. A minimum of one-year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the progress and treatment of the child with ASD.
Linguistically Appropriate Services	Provided in the language best understood by the consumer through bilingual 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.
Local appeal	Dispute related to the denial, suspension, termination or reduction of services and/or supports
Local Appeal Process	Impartial local level PIHP review of a Medicaid beneficiary's appeal of an action presided over by individuals not involved with decision-making or previous level of review.

	Local dispute	The process to dispute service planning or the services provided by a Community Mental Health Services Program (CMHSP) or a contracted service provider of a CMHSP.
	Local grievance	An expression of dissatisfaction about any matter, service related, other than an action.
MORC	Macomb Oakland Regional Center	
	Means Testing for Priority Population Beneficiaries	A financial test that is applied to an individual that does not qualify for Medicaid to determine what portion of benefits will be covered under the Priority Population segment. There are individuals who have the means to pay all or a portion of their coverage. This test is used to determine this amount.
	Medicaid Abuse	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 the professionally recognized standards for health care. 42 CFR 455.2
	Medicaid Eligible	Using established criteria to recommend or evaluate the medical necessity of services, effective use of resources, and cost-effectiveness. Individual who has been determined to be eligible for Medicaid by the State of Michigan.
	Medicaid Fraud	The intentional deception or misinterpretation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person. 42 CFR 455.2.
	Medicaid Provider Manual	The publication containing the written descriptions of the covered services for Michigan's State Plan. Together with its partner Provider Qualifications document, these provide information on the services mandated for inclusion in the service array of DWIHN's provider networks specific to the Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Service Provider (CMHSP) contracts with the Michigan Department of Health and Human Services (MDHHS).
	Medicaid Services	Services provided to a beneficiary under the authority of the Medicaid State Plan, 1915(c) Habilitation Supports Waiver, and/or Section 1915(b)(3) of the Social Security Act.
	Medical and dental procedures restraints	The use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the individual quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the individual written plan of service for medical or dental procedures.

Medical Necessity	As defined by the Michigan Department of Community Health, refers to mental health (and/or substance use disorder) 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 of the American Psychiatric Association, (i.e., DSM-V 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 and 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 in community psychiatry, psychiatric rehabilitation and in substance abuse, and/or empirical professional experience. 7. Provided in the least restrictive setting appropriate and available.
Medical Necessity Criteria	The Center for Medicare and Medicaid Services and MDCH has specified broad evidence-based tests of medical necessity. DWIHN and MDCH have adopted the following medical necessity definition to guide authorization of services: 1. The service is necessary to meet the basic needs/health of the enrollee/member; 2. Necessary for screening and assessing the presence of behavioral health and substance abuse disorders; 3. Consistent with the person’s diagnosis, symptomatology and functional impairments and/or required to evaluate a disorder that is inferred or suspected; 4. Rendered in the most cost effective and least restrictive manner that weighs safety and effectiveness; 5. Must be sufficient in scope, frequency and duration to be effective; 6. Must be provided for reasons other than the convenience of the enrollee/member or his/her caretaker or provider; 7. Services are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve, diminish or stabilize the

symptoms and improve/stabilize the functioning of an enrollee/member;

8. Expected to arrest or delay the progression and to forestall or delay relapse
9. Are reasonable to reduce significant disability;
10. Assist in attaining or maintaining a sufficient level of functioning to enable the individual to live in his or her community.
11. Medically necessary services should be based upon the following:
    a. Responsive to particular needs of multicultural populations and furnished in a culturally relevant manner.
    b. Delivered in a timely manner, with immediate response in emergencies in a location that is accessible to the enrollee/member.
    c. Provided in the appropriate level of care.
    d. Provided in sufficient amount, duration and scope to reasonably achieve their purpose.

Medicare Crossover Claims (or coverage)	A term used to identify a Medicaid beneficiary that also has Medicare Coverage.
Medicare Part-A	The Hospitalization component of Medicare Coverage. All Medicare beneficiaries have Medicare Part-A coverage.
Medicare Part-B	The outpatient clinical component of Medicare Coverage. This coverage is optional to the Medicare beneficiary and must be purchased for a nominal premium. According to the state of Michigan Technical Advisory dated March 18, 1999. A Medicaid plan may purchase this coverage on behalf of the beneficiary.
Medication	Any substance, other than food or devices, intended for use in diagnosis, curing, mitigating, treating or preventing disease.
Medication Review	The previously used 908xx codes have been eliminated, replaced by the E/M codes for pharmacologic management visits.

Mental Health Crisis Situation	A situation in which an individual is experiencing a serious mental illness or a developmental disability y, 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 with 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.
Mental Health Professional	An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: 1. A Physician (MD or DO) who possesses a permanent license to practice medicine in the state of Michigan, a Michigan Controlled Substance license, and a Drug Enforcement Authority (DEA) registration. 1978 PA 368, MCL 333.16101 to 333.18838. 2. A Psychologist who possesses a full license by the State of Michigan to independently practice psychology; or a master's degree in psychology (or a closely related field as defined by the state licensing Authority) and licensed by the state of Michigan as a limited-licensed psychologist (LLP); or a master's degree in psychology (or a closely related field as defined by the state licensing Authority) and licensed by the state of Michigan as a temporary-limited-licensed psychologist. 1978 PA 368, MCL 333.16101 to 333.18838 3. A Registered Nurse (RN) licensed by the State of Michigan to practice nursing (MCL 333.17201). 4. A Social Worker who possesses Michigan licensure as a master's social worker, or Michigan licensure as a bachelor's social worker, or has a limited license as a bachelor's social worker or master's social worker. Limited licensed social workers must be supervised by a licensed MSW (MCL 333.18501 – 507). 5. A Professional Counselor licensed by the State of Michigan to practice professional counseling. This includes Rehabilitation Counselors.

		6. A Marriage and Family Therapist licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
	MI Path	A workshop organized by trained leaders that help participants improve their health and feel better about themselves, physically and mentally. Participation in MI Path workshops by consumers must be documented in their Person-Centered Plan.
MACMHB	Michigan Association of Community Mental Health Boards	
MDHHS	Michigan Department of Health and Human Services	Michigan Department of Health and Human Services, State of Michigan. The State division is responsible for funding a comprehensive array of specialty mental health services for Consumers with severe mental illness and children with serious emotional disturbances and specialty services for Consumers with developmental disabilities and to priority populations as defined in the Michigan Mental Health Code.
	Michigan Medicaid Provider Manual-Mental Health/Substance Abuse Chapter	The Michigan Department of Health and Human Services periodically issues notices of proposed policy for the Medicaid program. Once a policy is final, MDHHS issues policy bulletins that explain the new policy and give its effective date. These documents represent official Medicaid policy and are included in the Michigan Medicaid Provider Manual: Mental Health Substance Abuse section.
	Mindfulness	Mindfulness-Based Cognitive Therapy (MBCT) is a modified form of cognitive therapy that incorporates mindfulness practices such as meditation and breathing exercises. Using these tools, MBCT therapists teach clients how to break away from negative thought patterns that can cause a downward spiral into a depressed state so they will be able to fight off depression before it takes hold.
	Minor	An individual under the age of 18 years.
MI	Motivational interviewing	MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller & Rollnick, 2013, p. 29)
	Multicultural Services	Specialized mental health services for multicultural populations such as African-Americans, Hispanics, Native Americans, Asian and Pacific Islanders, and Arab/Chaldean Americans.

	National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB)	The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. HRSA. Effective May 6, 2013, the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) are now one Data Bank: the NPDB. The official website is http://www.npdb.hrsa.gov.
	Neglect	An act or failure to act committed by an employee, volunteer or agent of the DWIHN, Network Provider, contractor or subcontractor that denies a recipient the standard of care or treatment to which he or she is entitled under the Michigan Mental Health Code.
	No Grievance Involved	The complaint presented does not meet the mandate or definition of a grievance as outlined by the State.
	Non-Categorical Funds	Funds that are not designated for any specific programs, services or special populations.
	Non-record Materials	Include, but are not limited to, extra copies of documents retained only for convenience of reference, and letters of transmittal/routine correspondence that do not document significant activities of the DWIHN. Non-record materials do not need to be retained. A more comprehensive description may be found within General Schedule #1, attached to the Record Retention
	Normalization	Rendering services in an environment and under conditions that are culturally normative. This approach not only maximizes an individual's opportunities to learn, grow and function within generally accepted patterns of human behavior but it also serves to mitigate social stigma and foster inclusion.
	Notice of Resolution	Written statement of the PIHP of the resolution of an Appeal or Grievance, which must be provided to the Enrollee as described in 42 CFR 438.408 *(The Term Notice of Disposition was retired based on Grievance and Appeals Technical Requirement Document eff 7/2020)*.
ORR	Office of Recipient Rights (ORR)	Division of DWIHN 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.

OBRA	Omnibus Budget Reconciliation Act	Omnibus Budget Reconciliation Act of 1987; 1990 is Federally mandated legislation establishing programs and a funding program that was developed in 1989.
	Organizational providers	Entities that directly employ and/or contract with individuals to provide health care services. Examples of organizational providers include, but are not limited to: Community Mental Health Services Programs; hospitals; nursing homes; homes for the aged; psychiatric hospitals, units and partial hospitalization programs; substance abuse programs; and home health agencies.
OPL	Other Party Liability	"Other Party Liability" – For this document's purpose, this is another name for COB
	Other Services	Those services in substance use disorder treatment that involve directing, assisting, and teaching client skills necessary for recovery from substance use disorders. Specially focused staff or recovery coaches generally provide these services.
	Out of Jurisdiction Letter	A letter sent to the consumer, parent or legal representative stating that his/her complaint is outside of the Detroit Wayne Integrated Health Services jurisdiction.
	Out of Pocket Costs	A term used to define the costs that a beneficiary is responsible for, after all carriers have reimbursed the provider. This is limited to items such as co-pays and deductibles, not the difference between a billed amount and a contracted reimbursement level.
	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 Integrated 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 the DWIHN's Clinically Responsible Service Providers (CRSP) are expected to have a countywide network, there may be occasions when the CRSP 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 CRSP. Transportation should be provided when necessary.
	Out-of-Network Services	Services provided by a mental health professional who does not participate in the Provider Network. Out-of-Network services also refers to services provided outside of the Person's CRSP, but within the network

Acronym	Term	Definition
	Outreach	Efforts to extend services to those Consumers 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.
	Patient Responsibility	Any amount that is the responsibility of the beneficiary. Usually involves deductibles and co-pays, but may involve other more complex calculations of benefits.
	Payer of Last Resort	Medicaid is always the payer of last resort. All other benefits for the covered service must be exhausted prior to Medicaid payment. This definition applies to all Detroit Wayne consumers.
	Peer	A person in a journey of recovery who identifies with an individual based on a shared background and life experience.
	Peer Mentoring	Provides essential services to individuals who have developmental disabilities so that they can become more proactive and responsible in improving the quality of their lives. Those trained as Peer Mentors assist persons in overcoming barriers and helps them achieve daily and long-term goals in the following areas: community inclusion, education, transportation, advocacy, employment, housing, health and wellness, recreation and entitlements. Peer Mentors will also combat stigma in the community and in the workplace through education and self-determination.
	Peer Recovery Associate	The name given to individuals who assist the peer recovery coach by engaging in designated peer support activities. These persons have been provided an orientation and brief training in the functional aspect of their role by the entity that will utilize them to provide supports. These individuals are not trained to the same degree as the peer recovery coach.
	Peer Recovery Coach	The name given to peers who have been specifically trained to provide advanced peer recovery support services in Michigan. A peer recovery coach works with individuals during their recovery journey by linking them to the community and its resources. They serve as a personal guide or mentor, helping the individual overcome personal and environmental obstacles.
PEPM	Per Eligible Per Month (PEPM)	A fixed monthly rate per Medicaid eligible person payable to the PIHP by the MDHHS for provision of Medicaid services defined within this contract.

PMPM	Per-Member-Per-Month (PMPM)	A fixed monthly rate per Medicaid eligible person monthly rate payable to the PHP by the MDHHS for provision of all Medicaid services defined within this contract.
	Person	Individual with a Developmental Disability who qualifies for Covered Services and selects MCPN for such services. ***The following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Person, Persons Served, and Medicaid Eligible.***
PCP	Person Centered Planning	PCP, as defined by the Michigan Mental Health Code, "means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires." MCL 330.1700(g).
	Person-First Language	A person first before any description of disability.
	Persons with Limited English Proficiency (LEP)	Individuals who cannot speak, write, read or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.
	Physical Management	A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. The following are examples to further clarify the definition of physical management: 1. Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance. 2. When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it IS considered physical management. However, if the individual no longer

		attempts to run out the door, it is NOT considered physical management. 3. Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position.
PBS	Positive Behavior Support (PBS)	A set of research-based strategies used to increase opportunities for an enhanced quality of life and decrease seriously aggressive, self-injurious or other targeted behaviors that place the individual or others at risk of physical harm by conducting a functional assessment, and teaching new skills and making changes in a person's environment. Positive behavior support combines valued outcomes, behavioral, and biomedical science, validated procedures; and systems change to enhance quality of life and reduce behaviors such as self-injury, aggression, and property destruction Positive Behavior Supports are most effective when they are implemented across all environments, such as home, school, work, and in the community.
	Post-stabilization Services	Covered specialty services specified in Section 2.0 that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the beneficiary's condition.
	Practice Guideline	MDHHS-developed guidelines for PIHPs and CMHSPs for specific service, support or systems models of practice that are derived from empirical research and sound theoretical construction and are applied to the implementation of public policy. MDHHS guidelines issued prior to June 2000 were called "Best Practice Guidelines." All guidelines are now referred to as Practice Guidelines.
PASARR	Preadmission screening and annual resident review	Preadmission 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.
PIHP	Prepaid Inpatient Health Plan	Prepaid Inpatient Health Plan means an entity that (i) provides medical services to enrollees under contract with a State agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use State plan payment rates, (ii) provides, arranges for, or

otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees, (iii) does not have a comprehensive risk contract.

Prevention Professional

An individual who has one of the following Michigan specific (MCBAP) or International Certification& Reciprocity Consortium (IC&RC) credentials:

1. Certified Prevention Specialist – Michigan (CPS-M)
2. Certified Prevention Consultant – Michigan (CPC-M)
3. Certified Prevention Specialist – IC&RC (CPS)
4. Certified Prevention Consultant – IC&RC (CPC-R), or
5. An individual who has an approved alternative certification:
    a. Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC), or
    b. An individual who has a registered development plan for a prevention credential, and is timely in its implementation leading to certification. Individuals with a prevention development plan will utilize the following to identify their credential status: Development Plan – Prevention (DP-P)

Prevention Supervisor

An individual who has one of the following Michigan specific (MCBAP) or International Certification& Reciprocity Consortium (IC&RC) credentials:

1. Certified Prevention Consultant – Michigan (CPC-M)
2. Certified Prevention Consultant – IC&RC (CPC-R)
3. Certified Prevention Specialist – Michigan (CPS-M)
4. Certified Prevention Specialist – IC&RC (CPS) – only if credential effective for three (3) years, OR
5. An individual who has an approved alternative certification:
    a. Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing (NCHEC)
    b. Individuals must utilize the appropriate credential acronym designated in this document when applying signatures for any required billable services.

Primary Consumer

An individual who receives services from the Michigan Department of Health and Human Services, Prepaid Inpatient Health Plan or a Community Mental Health Services Program. It also means a person who has received the equivalent mental health services from the private sector.

Primary Coverage	Refers to the carrier that is primarily responsible for the cost of healthcare services provided to a beneficiary. The primary carrier is responsible for payment of care to the extent of their benefit package.
Priority Population	Consumers who are at risk for developing serious emotional disturbance (SED) severe 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.
Proactive Strategies in a Culture of Gentleness	Strategies within a Positive Behavior Support Plan used to prevent seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm from occurring, or for reducing their frequency, intensity, or duration. Supporting individuals in a culture of gentleness is an ongoing process that requires patience and consistency. As such, no precise strategy can be applied to all situations. Some examples of proactive strategies include: unconditional valuing, precursor behaviors, redirection, stimulus control, and validating feelings. See the [prevention guide] for a full list of proactive strategies and definitions.
Process	A series of steps designed to lead to a particular outcome or goal. It is exploration, a journey, it is fluid, dynamic.
Product	the outcome or goal of a process.
Program Supervision	An administrative function that ensures agency compliance with laws, rules, regulations, policies, and procedures that have been established for the provision of substance use disorder prevention and treatment services.
Promising Practice	The terms “promising” and “emerging” are consistent with the notion that the strength of evidence varies among practices deemed likely to produce specific clinical outcomes. (SAMHSA, 2006).
Prone immobilization	Extended physical restraint of an individual in a face down (prone) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position for the purpose of control. Note: PRONE IMMOBILIZATION IS PROHIBITED UNDER ANY CIRCUMSTANCES
Protective device	A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in written individual plan of service shall not be considered a restraint as defined in below.

	Provider	An entity or independent practitioner contracted to provide face-to-face services, supports and care as specified by the DWIHN.
	Provider Network	The network of all contracted Providers established to deliver Covered Services to Recipients.
PSSN	Provider Sponsored Specialty Networks	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. DWIHN uses the term CRSP as an alternative to PSSN.
	Psychiatric Evaluation:	A comprehensive diagnostic evaluation performed face-to-face (in person or via telemedicine technology) that includes a chief complaint; history of present illness; psychiatric review of systems; trauma history; psychiatric treatment history; general medical and medication history; substance use and behavioral addictions; review of pertinent systems; relevant family and psychosocial history; Assessment of Suicide Risk; Assessment of Risk for Aggressive Behaviors; Assessment of Cultural Factors; Involvement of the Patient in Treatment Decision Making; complete mental status examination; diagnoses and plan; and Documentation of the Psychiatric Evaluation.
	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 severe 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.
	Psychotropic drug	Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.

QBHP	Qualified Behavioral Health Professional (QBHP)	Must be certified as a BCBA by September 30, 2020.
		
		1. Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.
		2. License/Certification: A license or certification is not required, but is optional.
		3. Education and Training: QBHP must meet one of the following state requirements:
		    a. Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.
		    b. Minimum of a master's degree in a mental health-related field or BACB approved degree category from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:
		        i. Ethical considerations.
		        ii. Definitions and characteristics; and principles, processes and concepts of behavior.
		        iii. Behavioral assessment, and selecting interventions outcomes and strategies.
		        iv. Experimental evaluation of interventions.
		        v. Measurement of behavior, and developing and interpreting behavioral data.
		        vi. Behavioral change procedures and systems supports.

QHP	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.
QIDP	Qualified Intellectual Developmental Professional	A Qualified Intellectual Developmental Professional is a person with specialized training or experience in treating or working with Consumers with intellectual/developmental disability 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 Consumers 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 Certification.
QMHP	Qualified Mental Health Professional	An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: 1. A physician who is licensed to practice medicine or osteopathic medicine and surgery in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

2. A psychologist, LLP and TLLP licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
3. A registered professional nurse licensed to practice in this state under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.
4. An individual who possesses Michigan licensure as a master's social worker (MSW), or Michigan licensure as a bachelor's social worker (BSW), or has a limited license as a bachelor's social worker (LBSW), master's social worker (LMSW) or Social Service Technician. Limited licensed social workers must be supervised by a licensed MSW (MCL 333.18501-507). The current licensing law, Public Act 61, allows the Board to grant a limited license to recent BSW and MSW graduates to engage in the required two-year (4,000) hrs.) post-degree supervised experience.
    a. MSW's who did not complete requirements necessary for full licensure should apply for a limited license in order to continue to practice at the master's level. The rules require applicants for license renewal who have been licensed for the three-year period immediately prior to expiration date of their license, to accumulate at least 45 continuing education contact hours (CECH's) approved by the Continuing Education Collaborative.
    b. The Collaborative has been designated by the Michigan Board of Social Work to oversee continuing education guidelines and credit and provider approval. At least five of the 45 hours in each renewal cycle must be in ethics and one hour must be in pain and pain symptom management. Submission of an application for renewal constitutes the applicant's certification of compliance. LMSW's and LBSW's must retain documentation showing their compliance with the rule for four years from the date of application for renewal.
5. A licensed professional counselor or a limited license professional counselor licensed under Article 15 of the Occupational Code, Act No. 368 of the Public Acts of 1978.
6. A marriage and family therapist licensed under Article 15 of the Occupational Code, Act No. 229 of the Public Acts of 1989, being Sections 339.1501 to 339.1511 of the Michigan Compiled Laws.

Quality	Six domains of quality as defined by the Institute of Medicine: Safe, Patient Centered, Efficient, Equitable, Timely, Effective

QISC	Quality Improvement Steering Committee (QISC)	Quality Improvement Steering Committee (QISC) is an advisory group with responsibility for ensuring system-wide representation in the planning, implementation, support and evaluation of the DWIHN's continuous quality improvement program. The QISC provides ongoing operational leadership of continuous quality improvement activities for the DWIHN. It meets at least monthly or not less than nine (9) times per year. The QISC provides leadership in practice improvement projects and serves as a vehicle to communicate and coordinate quality improvement efforts throughout the quality Improvement program structure.
	Reactive Strategies in a Culture of Gentleness	Strategies within a Positive Behavior Support Plan used to respond when individuals begin feeling unsafe, insecure, anxious or frustrated. Some examples of reactive strategies include: reducing demanding interactions, increasing warm interactions, redirection, giving space, and blocking.
	Reasonable	Non-excessive, logical, moderate (expectations or standards); feasible, possible, practical, realistic, achievable.
	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
	Recipient	An individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program (as defined by the MENTAL HEALTH CODE Act 258 of 1974). T***he following terms may be used within this definition: Clients, Recipients, Member/Enrollees, Beneficiaries, Consumers, Individuals, Persons Served, and Medicaid Eligible.***
	Recipient Rights Complaint	A written or verbal statement by an enrollee/member or anyone acting on behalf of an enrollee/member alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.
	Reciprocity	Process whereby corresponding status is mutually granted by one system to the other.
	Recovery	The process of personal change in developing a life of purpose, hope, and contribution. The emphasis is on abilities and potentials. Recovery includes positive expectations for all consumers. Learning self-responsibility is a major element to recovery. A process through which an individual maintains a lifestyle comprised of sobriety, personal health and socially responsible living.

	Recovery Community	Persons having a history of alcohol and drug problems who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies (SAMHSA, 2009b).
	Recovery Support Services	Non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to, and coordination among, allied service providers, and a full-range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSS may be provided in conjunction with treatment, or as separate and distinct services, to individuals and families who desire and need them. Professionals, faith-based and community-based groups, and other RSS providers are key components of ROSC (SAMHSA, 2009b).
	Regional Entity	An entity established by a combination of community mental health services programs under section 204b of the Michigan Mental Health Code- Act 258 of 1974 as amended.
RV	Remittance Voucher	A document to support he details of a claim check. Also used interchangeably with an EOP.
	Request for Law Enforcement Intervention	Calling 911 and requesting law enforcement assistance as a result of an individual exhibiting a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Law enforcement should be called for assistance only when: caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.
	Resolution Letter	A letter forwarded to the beneficiary/enrollee/member/legal representative explaining the action taken to resolve his/her grievance.
	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.
Respondent	The MCPN, its contractor, or subcontractor, that at the time of the alleged violation had responsibility for the services with respect to which a rights complaint has been filed.
Responsible Mental Health Agency (RMHA):	The MDHHS hospital, center, PIHP or CMHSP responsible for providing and contracting for mental health services and/or arranging and coordinating the provision of other services to meet the consumer's needs.
Restraint	The use of a physical or mechanical device to restrict an individual's movement at the order of a physician. The use of physical or mechanical devices used as restraint is prohibited except in a state-operated facility or a licensed hospital. This definition excludes: 1. Anatomical or physical supports that are ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving an individual's physical functioning 2. Protective devices which are defined as devices or physical barriers to prevent the individual from causing serious self-injury associated with documented and frequent incidents of the behavior and which are incorporated in the written individual plan of services through a behavior treatment plan which has been reviewed and approved by the Committee and received special consent from the individual or his/her legal representative. 3. Medical restraint, i.e. the use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the individual quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the individual written plan of service for medical or dental procedures. 4. Safety devices required by law, such as car seat belts or child car seats used while riding in vehicles.
Restriction	Constraint of a right of a group of recipients.
Restrictive Techniques	Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act. Examples of such techniques as limiting or prohibiting communication with others when that communication would be harmful to the individual; prohibiting unlimited access to food when that access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes); using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual. Use of

	restrictive techniques requires the review and approval of the Committee.
Risk Event	An event that puts an individual at risk of harm. Such an event is reported internally and analyzed to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. Risk events minimally include: 1. Harm to Self: Actions taken by consumers that cause physical harm requiring emergency medical treatment or hospitalization due to an injury that is self-inflicted (e.g. pica, head banging, self-mutilation, biting, suicide attempts.) 2. Harm to Others: Actions taken by consumers that cause physical harm to others (family, friends, staff, peers, public etc.) that results in injuries requiring emergency medical treatment or hospitalization of the other person(s). 3. Police Calls: Police calls by staff of specialized residential settings, or general (AFC) residential homes or other provider agency staff for assistance with a consumer during a behavioral crisis situation regardless of whether contacting police is addressed in a behavior treatment plan. 4. Emergency Use of Physical Management: Emergency use of physical management by trained staff in response to a behavioral crisis. Physical Management: A technique used as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming him/herself or others. The term "physical management" does not include briefly holding an individual in order to confront him or her or to demonstrate affection, or holding his/her hand.
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.
Scope and Coverage Codes	A classification of a Medicaid beneficiary that determines the level of covered benefits of the individual. COB payment logic is contingent on the Medicaid beneficiary's Scope and Coverage Code.
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.
	Seclusion	The temporary placement of a recipient in a room, alone, where egress is prevented by any means. Note: Seclusion is prohibited except in a hospital or unit operated by the department, a hospital licensed by the department, or a licensed child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128.
	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 DWIHN network to other human service resources.
	Secondary Coverage	Refers to the carrier that is secondarily responsible for the cost of healthcare services provided to a beneficiary. The secondary carrier is responsible for covering the cost of healthcare services that are left after the beneficiary has exhausted their coverage with the primary carrier. Secondary Carriers typically cover any reduction from the billed charges, including those costs that the patient may be responsible to provide, including deductibles and copays. The Secondary Carrier compares the primary payment with their benefits and fee schedule in determining the amount that they will reimburse the provider of care.
SD	Self-determination	Self-Determination (SD) is a partnership between Detroit Wayne Integrated Health Network and members using specialty mental health services. Self-Determination shifts direct responsibility and control of services to the member. The Supports Coordinator or Case manager helps the member develop an Individual Plan of Service (IPOS). Based on services authorized in the IPOS, the member will select qualified service providers of their choice and agreements with the selected providers will be completed. The costs of services will be transparent in an individual budget and managed by the member through a Fiscal Intermediary.
	Self-management	Self-management is about finding the self-control and mastery needed to take control of one's own care or well-being.
	Self-representation	Encouraging recipients, including those who have guardians or employ the services of advocates, to express their own point of view and have

	input regarding the services that are being planned or provided by the Responsible Mental Health Agency (RMHA).
Sentinel Events	An "unexpected occurrence" involving death (not due to the natural course of a health condition) or serious physical or psychological injury or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase "or risk thereof" includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (Joint Commission, 2017).
Serious Emotional Disturbance	A diagnosable mental, behavioral, or emotional disorder that is of sufficient duration to meet diagnostic criteria for the disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) or its successor (i.e. DSM V) and has resulted in a functional impairment that substantially interferes with or limits a child's role or functioning in family, school, or community activities. Serious emotional disturbances do not include developmental disorders, substance-related disorders, or conditions or problems classified in the DSM-IV-TR or its successor (i.e. DSM V)) as "other conditions that may be a focus of clinical attention (V-codes) unless they co-occur with another diagnosable serious emotional disturbance."
Serious physical harm	Physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.
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.
Service Provider	A legal entity or a division of a legal entity, under contract with the DWIHN, CRSP or Contracted Provider to provide any behavioral health service as defined by the DWIHN.

Term	Definition
Severe 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 MDHHS, in functional impairment that substantially interferes with or limits one or more major life activities. Severe mental illness includes dementia with delusions, dementia with depressed mood and dementia occurs in conjunction with another diagnosable severe 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.
Solution Focused Therapy	Solution-focused therapy, also called solution-focused brief therapy (SFBT), is a type of therapy that places far more importance on discussing solutions than problems (Berg, n.d.).
Special Consent	Obtaining the written consent of the individual, the legal guardian, the parent with legal custody of a minor child, or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights. The general consent to the individualized plan of services and/or supports is not sufficient to authorize implementation of such a behavior treatment intervention. Implementation of a behavior treatment intervention without the special consent of the individual, guardian or parent of a minor may only occur when the individual has been adjudicated pursuant to the provisions of section 469a, 472a, 473, 515, 518, or 519 of the Mental Health Code.
Special Needs Residential for MIA and DD Consumers	Residential facilities, certified by MDICS, to provide intensive mental health service, structured programming, and enhanced supervision to individuals deemed clinically appropriate for this level of care. The individual must have a primary, validated DSM-IV (or its successor) diagnosis or a diagnosis of Developmental Disability as defined by the Federal Developmental Disabilities Assistance and Bill of Rights Act.
Spend Down Participant	A category of Medicaid participants that are responsible for a portion of their health care before Medicaid coverage begins.
Stabilization Services	

	State Fair Hearing (SFH)	Impartial state-level review of the Medicaid Enrollee's appeal of an Adverse Benefit Determination presided over by a MDHHS Administrative Law Judge. Also referred to as an "Administrative Hearing". The State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.
	Stakeholder	An individual or entity that has an interest, investment or involvement in the operations of a prepaid 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 health plan and the supports and services it offers.
	State Hospital Services	An inpatient program operated by the Michigan Department of Health and Human Services for the treatment of individuals with severe mental illness or serious emotional disturbance.
	Status Letter	A letter of progress forwarded to the beneficiary for grievance pending resolution beyond 30 calendar days.
	Subcontractor	A legal entity which is contracted to perform all or part of a community mental health service that is the contractual obligation of an DWIHN contractor.
	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.
SATP	Substance Abuse Treatment Practitioner (SATP)	An individual who has a registered MCBAP certification development plan that is timely in its implementation AND is supervised by an individual with a CCS-M, CCS, or a DP-S. Individuals with a counselor development plan will utilize the following to identify their credential status: Development Plan – Counselor (DP-C)
SATS	Substance Abuse Treatment Specialist (SATS)	
SUD	Substance Use Disorder (SUD)	The taking of alcohol or other drugs as dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually

		under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.
	SUD Community Grant	A combination of the federal grant received by the State from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the general fund dollars appropriated by the legislature for the prevention and treatment of SUD.
	Supervision	The overseeing of or participation in the work of another individual by a licensed health professional in circumstances where at least all of the following conditions exist: (1) The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional, (2) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual(s), to provide consultation to the supervised individual(s), to review records, and to further educate the supervised (3)The provision by the licensed supervising health professional of pre-determined procedures and drug protocol.
	Supervision of Volunteer	The process of providing assessment, consultation, training and evaluation of volunteer services by an appropriately qualified professional staff.
	Support Plan	A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.
SOC	System of Care	A coordinated network of community-based services and supports characterized by a wide array of services, individualized care and services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence (Stroul & Friedman, 1986; 1996; Stroul, 2002; Stroul, Blau, & Sondheimer, 2008).
	Technical Advisory	MDHHS – developed document with recommended parameters for PHPs regarding administrative practice and derived from public policy and legal requirements.
	Technical Requirement	MDHHS/PIHP contractual requirements providing parameters for PIHPs regarding administrative practice related to specific administrative functions, and that are derived from public policy and legal requirements.

	Therapeutic de-escalation	An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the re3cipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.
TPL	Third Party Liability	This is also referred to as TPL. For this document's purpose, TPL is another name for COB. 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.
ORR	Threaten	To tell someone that you will hurt them or cause problems if they do not do what you want
	Time out	A voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome
TF-CBT	Trauma Focused Cognitive Behavioral Therapy	An evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers
	Trauma Narrative	The client's telling of the story of their traumatic experience(s
	Treatment by Spiritual Means	Encompasses a spiritual discipline or school of thought upon which a recipient wishes to rely to aid physical or behavioral health recovery, and includes easy access, at the recipient's expense, to printed, recorded or visual material essential or related to treatment by spiritual means, or to a symbolic object of similar significance.
	Treatment Plan	A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, which are to be developed with and provided for a recipient.
	Treatment Supervisor	An individual who has one of the following Michigan specific (MCBAP) or International Certification& Reciprocity Consortium (IC&RC) credentials: 1. Certified Clinical Supervisor – Michigan (CCS-M) 2. Certified Clinical Supervisor – IC&RC (CCS) OR 3. An individual who has an approved alternative certification: a. For medical doctors: American Society of Addiction Medicine (ASAM) b. For psychologists: American Psychological Association (APA) OR

c. An individual who has a registered development plan, for the supervisory credential and is timely in its implementation leading to certification. Individuals with a supervisor development plan will utilize the following to identify their credential status: Development Plan – Supervisor (DP-S)

4. Individuals must utilize the appropriate credentials acronym designated in this document when applying signatures for any required billable services.

UM Designee — Person or entity designated by DWIHN to oversee the Utilization Management (UM) Plan.

UM Plan — A Plan developed to manage appropriate utilization of services, e.g. frequency, length of services, etc. The Plan must include written policies and procedures to evaluate the appropriateness and effectiveness of Covered Services provided by the Direct Contracted Network Providers and Crisis Services Providers, and must be approved by the DWIHN.

Unreasonable force — Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:

1. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
2. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
3. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
4. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force

	Unusual Occurrence	Any incident that disrupts the normal routine or program of the Member involved. An Unusual Occurrence must be documented through the incident reporting process. Some examples of unusual occurrences might include: a. If a Member has a seizure but is not normally prone to seizure activity. b. If a Member exhibited serious physical hostility toward another Member. c. If a Member is involved in an auto accident d. If a Member's medication is missed.
	Urgent Situation	A situation in which an individual is determined to be at risk of experiencing a mental health crisis situation in the near future if he or she does not receive care, treatment, or support services.
UM	Utilization Management (UM)	The process of evaluating the medical necessity, appropriateness and efficiency of behavioral health care and substance use disorder services against established guidelines and criteria.
UR	Utilization Review	A structured process that utilizes written procedures and level of care criteria to identify appropriateness of care for individual clients through assessment of the necessity of admission and continued stay in a program. This process reviews use of an organization's resources with a goal toward ensuring that quality patient care is provided in a cost-effective manner.
	Validated	Directly verified as accurate and true with the originating/ issuing source. (Also, often referred to as direct or primary source verification.)
	Volunteer	An individual who, without compensation, other than reimbursement for expenses, performs activities under specified conditions for the DWIHN, Direct Contracted Network Provider, or subcontractor.
	What's Coming Up Calendar	A monthly schedule of Consumer activities compiled by the Partnership Initiative group to keep consumers and mental health professionals updated on current events in the Detroit-Wayne CMH area and across the state. The calendar is reviewed on the first Thursday of each month and is distributed by email and hard copy to individuals, providers, consumer organizations and other DWIHN outreach efforts.
	Workforce	Competent and engaged employees and providers
WRAP	WRAP (Wellness Recovery Action Plan) Training	The Wellness Recovery Action Plan is a structured system for monitoring mental illness symptoms and through planned responses, reduces, modifies or eliminates those symptoms. Persons may be

	assisted in this process by supporters and health care professionals of their choice.
Wraparound	A promising practice that primarily provides support to youths with SED and their families. Wraparound is a family-driven, youth-guided planning process. The Wraparound process encourages the involvement of all service systems and natural supports in children and family life. As a team planning process, Wraparound takes a holistic view of the lives of children, youth and families. The Wraparound model affirms that the best way to assist families is to listen to what they identify as their needs. The planning process provides them with a structure that builds upon their unique strengths and abilities as a means to meet those needs. Wraparound also uses a set of values: 1. Individualized 2. Community Based 3. Culturally Competent 4. Family Voice and Choice 5. Natural Supports 6. Team Based 7. Strength-Based 8. Outcome Based 9. Inter-Authority Collaboration 10. System Persistence
Wraparound Facilitation	Wraparound Facilitation is a highly individualized planning process performed by specialized wraparound facilitators employed by the CMHSP, other approved community-based mental health service providers, or its provider network who, using the Wraparound model, coordinate the planning for, and delivery of, services and supports that are medically necessary for the child at home, school, and in the community.
Wraparound Services	Wraparound services are individually designed services provided to minors with SED and their families that include treatment, personal care, or any other supports necessary to maintain child in the family home. Wraparound services are developed through interagency collaboration with the minor's parent or guardian and the minor (if over age 14).