

# ADHS/DBHS Definitions List

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## A

### **Abuse**

The infliction of, or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency, which may occur under circumstances outside of a licensed sponsored activity.

### **Abuse (of child/minor)**

The infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section A.R.S. § 8-821 and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse includes:

- (a) Inflicting or allowing sexual abuse pursuant to section A.R.S. § 13-1404, sexual conduct with a minor pursuant to section A.R.S. § 13-1405, sexual assault pursuant to section A.R.S. § 13-1406, molestation of a child pursuant to section A.R.S. § 13-1410, commercial sexual exploitation of a minor pursuant to section A.R.S. § 13-3552, sexual exploitation of a minor pursuant to section A.R.S. § 13-3553, incest pursuant to section A.R.S. § 13-3608 or child prostitution pursuant to section A.R.S. § 13-3212.
- (b) Physical injury to a child that results from abuse as described in section A.R.S. § 13-3623, subsection C.

### **Abuse (of incapacitated or vulnerable adult)**

- (a) Intentional infliction of physical harm.
- (b) Injury caused by negligent acts or omissions.
- (c) Unreasonable confinement.
- (d) Sexual abuse or sexual assault.

### **Abuse (Policy 1106)**

For purposes of ADHS/ DBHS Policy and Procedure 1106 abuse includes both physical and sexual abuse

### **Abuse (Policy 1703)**

The infliction of, or allowing another person to inflict or cause physical pain or injury, impairment of bodily function, disfigurement or serious emotional damage which may be evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior. Such abuse may be caused by acts or omissions of an individual having responsibility for the care, custody or control of a client receiving behavioral health services or community services. Abuse shall also include sexual misconduct, assault, molestation, incest, or prostitution of, or with, a client under the care of personnel of a mental health agency, which may occur under circumstances outside of a licensed sponsored activity.

### **Action**

The denial or limited authorization of a requested service, including the type or level of service;

- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment of service;
- The failure to provide covered services in a timely manner;
- The failure to act within established timeframes for resolving an appeal or complaint and providing notice to affected parties; and
- The denial of the Title XIX/XXI eligible person's request to obtain covered services outside the network.

### **Acute Health Plan and Provider Coordinator**

A person or persons identified by the T/RBHA to act as a single point of contact to respond to coordination of care inquiries from AHCCCS Health Plans, PCP's and other involved clinicians.

This coordinator will be supervised by and have direct priority access to a Behavioral Health Professional (BHP) as described in R9-20-204 and performs the functions as described in the ADHS/RBHA Contracts and ADHS/Tribal IGA's.

#### **ADHS/DBHS Documents**

Include contracts, policies, plans, manuals, and clinical guidance documents that collectively describe all behavioral health system requirements and expectations.

#### **ADHS/DBHS Medical Policies**

Describe required clinical and medical functions pertaining to the direct provision of behavioral health services. The ADHS/DBHS Medical Director designates and signs all policies contained in DBHS Policy and Procedures Manual.

#### **ADHS/DBHS Designee**

The ADHS/DBHS designated contractor authorized in GSA 6 to conduct final eligibility determinations for Serious Mental Illness upon receiving a referral from a RBHA or other ADHS approved entity.

#### **ADHS/DBHS Drug List**

A list of minimum medications covered for Title XIX/XXI and Non-Title XIX/XXI eligible persons that must be included on each T/RBHA formulary.

#### **ADHS/DBHS Office of Grievance and Appeals**

The Office of Grievance and Appeals is responsible for the administration and oversight of the administrative grievance and appeal processes. In addition, the Office of Grievance and Appeals investigates allegations of sexual abuse, physical abuse or the death of individuals determined to have a Serious Mental Illness (SMI). The purpose of the grievance and appeal processes is to resolve case specific issues and to remedy any systematic concerns that are identified.

#### **ADHS/DBHS Office of Human Rights**

The Office of Human Rights (OHR), established within ADHS/DBHS, is responsible for assisting individuals who have been determined to have a Serious Mental Illness (SMI) with understanding, exercising and protecting their rights through outreach and education, addressing systemic issues and direct advocacy assistance. OHR advocates assist individuals, in need of Special Assistance, with individual service planning and inpatient treatment/discharge planning and the grievance/investigation and appeal processes. The Office of Human Rights is also responsible for providing general oversight, addressing systemic issues and maintaining a list of all individuals in need of Special Assistance to help ensure that their needs are met.

#### **ADHS/DBHS Policy Committee**

Is the body responsible for the review and development of ADHS/DBHS policy. The ADHS/DBHS Policy Committee includes, at a minimum, ADHS/DBHS division and office representatives, family members, peers and other representatives as necessary.

#### **ADHS/DBHS Public Comment**

Means a stage of draft (ADHS/DBHS) documents whereby suggestions for revisions are elicited from providers, behavioral health recipients, family members, state agencies and other stakeholders. ADHS/DBHS considers suggested revisions collected during the public comment stage when finalizing ADHS/DBHS documents.

#### **Addiction**

Compulsion and craving to use alcohol or other drugs regardless of negative or adverse consequences.



**Adjudication Hearing**

In juvenile proceedings – during a fact finding session, the court determines whether or not there is sufficient evidence to sustain the allegations found in a petition. An adjudication hearing is the juvenile counterpart to an adult trial.

**Administrative Appeal**

An appeal to the ADHS/DBHS of a decision made by the Arizona State Hospital or a T/RBHA as the result of a grievance.

**Administrative Hearing**

A hearing conducted by the Office of Administrative Hearings under A.R.S. Title 41, Chapter 6, Article 10.

**Administrative Review**

The portion of the appeal process beginning with the initial filing of a formal written appeal by the provider with the TRBHA or ADHS/DBHS and concluding with the issuance of a final decision by a RBHA or ADHS/DBHS that advises of formal hearing rights under A.R.S 41-1092 et seq.

**Adult Group**

An AHCCCS group that includes persons who used to be in the AHCCCS Care Program with income up to 100% of the Federal Poverty Level (FPL) and persons who are 19-64 years old with income up to 133% of the FPL, who are not pregnant, and who do not have Medicare (The AHCCCS Care Program provided AHCCCS coverage for adults with income up to 100% of the FPL who did not have an eligible deprived child living with them, who were not pregnant, who were not 65 years or older, and who were not disabled. The AHCCCS Care Program no longer exists.)

**Adult Recovery Team (Adult Clinical Team)**

A group of individuals, that following the nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, his/her guardian (if applicable), advocates (if assigned), and a qualified behavioral health representative. The team may also include members of the enrolled person's family, physical health, mental health or social service providers, representatives or other agencies serving the person, professionals representing various areas of expertise related to the person's needs, designated representatives or other persons identified by the enrolled person.

**Advance Directive**

Federal regulations define an advance directive as a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.

**Adverse Action or Decision**

For purposes of this section means an action or decision taken by a T/RBHA or ADHS/DBHS for which a provider may file an appeal. This does not include disputes between a prospective service provider and a T/RBHA in connection to the T/RBHA's contract process.

**Adverse Drug Event (ADE)**

Any incident in which the use of a medication (drug or biologic) at any dose, a medical device, or a special nutritional product (for example, dietary supplement, infant formula, medical food) may have resulted in an adverse outcome in a consumer.

**Adverse Drug Reaction (ADR)**

An undesirable response associated with use of a drug that either compromises therapeutic efficacy, enhances toxicity, or both.

**Age Groups** The following age groups have been defined to provide consistency



to data field requirements.			
<b>0 thru 4</b>	Birth through age 4 but not equal to age 5.	<b>5 thru 17</b>	Age 5 thru age 17 but not equal to age 18.
<b>0 thru 17</b>	Birth through age 17 but not equal to age 18.	<b>5 &amp; Older 18 &amp; Older</b>	Age 5 and older. Age 18 and older.

### **Alcohol and Drug Abuse Program**

An individual or entity (other than a general medical care facility) who holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment;

An identified unit within a general medical facility, which holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral to treatment;

Medical personnel or other staff in a general medical care facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment and who are identified as such providers. (42 CFR Part 2)

### **Alcohol and/or Drug Services, Intensive Outpatient Program (IOP)**

Treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan, including assessment, counseling, crisis intervention and activity therapies or education.

### **American Indian Tribal Member**

Any individual defined in 25UC16039(c)[IHCIA, Sec 4(13)], 1603(f) [IHCIA Sec. 4(28)] or 1679(b) [IHCIA Sec. 809(a)], or who has been determined eligible as an Indian pursuant to Section 136.12 of this part. This means the individual is:

- (i) A member of a Federally-recognized Indian tribe;
- (ii) Resides in an urban center and meets one or more of the following four criteria:
  - (A) Is a member of a tribe, band or organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, the first or second degree, of any such member;
  - (B) Is an Eskimo of Aleut or other Alaska Native;
  - (C) Is considered by the Secretary of the Interior to be an Indian for any purpose; or
  - (D) Is determined to be an Indian under regulations promulgated by the Secretary;
- (iii) Is considered by the Secretary of the Interior to be an Indian for any purpose; or;
- (iv) Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian Health care services, including as a California Indian, Eskimo, Aleut or other Alaska Native.

### **Annual Update**

An annual review and documented update of a person's behavioral health assessment, treatment and progress toward meeting defined service goals over the past year. In addition to meeting with the person and other team members this involves a review of the person's behavioral health record including previous assessments, progress notes, medications, service plans and reviews, demographic and clinical data elements for the past 12 months.

### **Appeal Arizona State Hospital (ASH)**

A request for review of an action. For purposes of this section, a request for review of a decision made by ADHS/DBHS, ASH, a T/RBHA or a T/RBHA provider

### **Appeal Resolution**

For purposes of this policy is the written determination by the RBHA or ADHS/DBHS, or ASH concerning an appeal.

**Appeal Section (Policy 1803)**

A request for review of an action, and for a person determined to have a serious mental illness, an adverse decision by a T/RBHA or ADHS/DBHS.

**Appeal Section (Policy 1801)**

A request for review of an action.

**Appeal Section (Policy 1804)**

For purposes of this section, a request for review of a decision made by ADHS/DBHS, a T/RBHA or a T/RBHA provider.

**Appealable Agency Action**

An action that determines the legal rights, duties, or privileges of a party.

**Applicant**

For purposes of this policy, includes an agency that has submitted an application for Title XIX Certification as a Community Service Agency.

**Approval**

The process by which ADHS/DBHS allows the use of a new technology or change in use of an existing technology.

**Arizona Department of Housing (ADOH)**

A department established for state government in Arizona to assist in addressing needs for homes for working families. In an effort to allow for greater coordination and innovation of housing related services at the state level, the Legislature passed and Governor Jane Dee Hull signed HB2615 during the 2001 legislative session, establishing the Arizona Department of Housing (ADOH). The functions of this department were previously performed by the Arizona Department of Commerce.

**Assessment**

The ongoing collection and analysis of a person's medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals.

**Assisted Living Facility**

A residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis. (A.R.S. § 36-401)

**Attachment (relationship)**

An enduring emotional connection between a caregiver and an infant/young child. Attachment is characterized by the child's tendency, when under stress, to seek contact, comfort and proximity to a specific individual ("attachment figure") who is perceived to be bigger, stronger, wiser, and more competent. If that person is available to the child for comfort or protection, s/he will be preferred over any other individual. Conditions which typically activate children's behavior for seeking comfort and security are fatigue, illness, fear, and other experiences of vulnerability. Infants are not born attached to anyone and early on respond to the various people they encounter in very similar (though not identical) ways. Over the course of the first year of life however, infants become increasingly selective about whom they regard as competent to protect and comfort them. The emergence of a discriminate attachment figure, an attachment to a specific other, typically occurs in the 7-9 month period of development, cross-culturally. Given the opportunity, infants typically form attachments to more than one person.

**Attachment Behavior**

Any form of behavior that results in a person attaining or retaining proximity to a specific and preferred individual for the purpose of achieving protection, comfort, and/or the feeling of security. A young child's attachment behaviors include crying, smiling, calling, reaching, following, clinging, and protesting separations

from attachment figures, the condition of being alone, or placement with a stranger. Attachment behaviors are designed to activate the caregiver's corresponding inclination to meet the child's need for protection, comfort, and/or the feeling of security.

## **B**

### **Behavioral Health Category Assignment**

One of five possible designations (i.e., child non-SED, child with SED, adult with SMI, adult non-SMI with general mental health need and adult non-SMI with substance abuse) that is assigned to each person enrolled in the ADHS/DBHS behavioral health system.

### **Behavioral Health Medical Practitioner**

Please refer to the definition for Behavioral Health Professional.

### **Behavioral Health Inpatient Facility**

A health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:

- (a) Have a limited or reduced ability to meet the individual's basic physical needs;
- (b) Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
- (c) Be a danger to self;
- (d) Be a danger to others;
- (e) Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
- (f) Be gravely disabled.

### **Behavioral Health Medical Professional**

An individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:

- A physician;
- A physician assistant; or
- A registered nurse practitioner.

### **Behavioral Health Paraprofessional**

An individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

- (a) If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and
- (b) Are provided under supervision by a behavioral health professional. (R9-10-101)

### **Behavioral Health Professional**

As specified in R9-10-101, an individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:

- (a) Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; b. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101;
- (b) A psychiatrist as defined in A.R.S. § 36-501;
- (c) A psychologist as defined in A.R.S. § 32-2061;
- (d) A physician;
- (e) A registered nurse practitioner licensed as an adult psychiatric and mental health nurse;
- (f) A behavior analyst as defined in A.R.S. §32-2091; or
- (g) A registered nurse.

### **Behavioral Health Recipient**

Any adult or child that receives services through ADHS/DBHS funded programs (including prevention activities

for non-enrolled persons).

### **Behavioral Health Related Field**

Includes psychology, sociology/social work, counseling (including chemical dependency), nursing, and social/human services-related fields with focus on behavioral health

### **Behavioral Health Representative**

A behavioral health professional, a behavioral health technician or a paraprofessional who is responsible for assisting the team in treatment planning, securing behavioral health services, and any other processes requiring involvement or facilitation from the behavioral health system.

### **Behavioral Health Residential Facility**

A health care institution that provides treatment to an individual experiencing a behavioral health issue that:

- (a) Limits the individual's ability to be independent, or
- (b) Causes the individual to require treatment to maintain or enhance independence

### **Behavioral Health Status**

A person's overall emotional and psychological condition including the use of a person's cognitive and emotional capabilities, the ability to function in society, and other skills needed to meet the ordinary demands of everyday life

### **Behavioral Health Technician**

An individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

- (a) If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral health professional under A.R.S. Title 32, Chapter 33; and
- (b) Are provided with clinical oversight by a behavioral health professional.

### **Behavioral Health Work Experience**

For the purposes of this policy, behavioral health work experience includes paid work and volunteer work in the behavioral health field that is directly related to the services the direct service staff member intends to provide.

### **Best practices**

Strategies, activities and approaches that have been shown to be effective, through research and evaluation at preventing and/or or delaying substance abuse, violence, or other problem behaviors.

### **Block Grant**

Federal money allocated to states, cities, or counties for distribution to community groups, charities, and other social service providers, most often administered under the allocated agency's rules and regulations (also known as "formula" grant).

### **Bonding**

The affectional tie and warm, loving commitment of the caregiver to the infant. Although, colloquially, the term "bonding" tends to be used interchangeably with the word "attachment" or the general concept of emotional connectedness, the literature tends to reserve this term for the caregiver's side of the attachment relationship.

## **C**

### **Caregiver**

An individual who has the principal responsibility for caring for a child or dependent adult.

### **Care Management Program (CMP)**

The process, methods and activities to identify high/risk high/cost SMI members receiving physical health services and designing clinical interventions or alternative treatment to reduce risk, cost and help members achieve better health care outcomes.

### **Certification of Need (CON)**

A CON is a certification made by a physician that inpatient services are or were needed at the time of the person's admission to an inpatient facility. Although a CON must be submitted prior to a person's admission (except in an emergency), a CON is not an authorization tool designed to approve or deny an inpatient service, rather it is a federally required attestation by a physician that inpatient services are or were needed at the time of the person's admission. The decision to authorize a service that requires prior authorization is determined through the application of admission and continued stay authorization criteria. In the event of an emergency, the CON must be submitted:

- For persons age 21 or older, within 72 hours of admission; and
- For persons under the age of 21, within 14 days of admission.

### **Certified Nurse Midwife (CNM)**

A person certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.

### **Change**

Any modification to a client's status on any demographic record field that occurs after the Demographic has been accepted by ADHS/DBHS.

### **Child**

An individual who is under eighteen years of age.

### **Child and Adolescent Service Intensity Instrument (CASII)**

The CASII is a tool to determine the appropriate service intensity for a child or adolescent. The CASII assessment method consists of quantifying the clinical severity and service needs on six dimensions (eight ratings) that are standardized using anchor points. The ratings are quantified in order to convey information easily, but also provide a rating spectrum along which a child/adolescent may score on any given dimension. This can be done for any child/adolescent ages 6-18 in any setting regardless of diagnosis or the system with which the child is involved. The instrument also considers three distinct types of disorders: psychiatric disorders, substance use disorders, or developmental disorders (including autism and mental retardation), and has the ability to integrate these as overlapping clinical issues. Once the dimensional ratings are done, the scores are combined to generate a service intensity recommendation.

### **Child and Family Team**

The Child and Family Team (CFT) is a defined group of people that includes, at a minimum, the child and his/her family, a behavioral health representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, for example, physical health provider, teachers, extended family, members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like the Arizona Department of Child Safety (ADCS) or the Division of Developmental Disabilities (DDD) etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child.

### **Child and Family Team (CFT) Facilitator**

Although, individuals other than the behavioral health service provider may lead a CFT meeting, ultimately the behavioral health service provider is responsible for facilitating the CFT practice. If designated by the CFT, a team member may assume responsibility for leading team meetings and moderating discussions to facilitate consensus in the development of Service Plan goals and interventions. Individuals other than behavioral health service providers (i.e. family members, Child Protective Services' case managers, and natural supports) can

learn to lead effective Child and Family Team meetings.

### **Children with Complex Needs**

Children who are identified as being at level 3, 4, 5, or 6 using the CASII.

### **Children with Standard Needs**

Children who are identified as being at level 0, 1, or 2 using the CASII.

### **Claim**

A service billed under a fee-for-service arrangement.

### **Claim Dispute**

A dispute involving a payment of a claim, denial of a claim or imposition of a sanction.

### **CLAS Standards**

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these standards will help advance better health and health care in the United States. The Enhanced Standards are a comprehensive series of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services. The Enhanced National CLAS Standards are structured as follows:

- Principal Standard (Standard 1): Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability (Standards 9-15)

### **Clean Claim**

A claim that may be processed without obtaining additional data from the provider of service or from a third party but does not include claims under investigation for fraud and abuse or claims under the review for medical necessity.

### **Client Information System (CIS)**

The data system used by ADHS/DBHS

### **Clinical Liaison**

A behavioral health professional or a behavioral health technician who has been credentialed and privileged by the T/RBHA or their designee in accordance with ADHS/DBHS requirements to perform this function. The clinical liaison:

- Assumes the primary responsibility of clinical oversight of the person's care
- Ensures the clinical soundness of the assessment/treatment process
- Serves as the point of contact, coordination and a communication with the person's team and other systems where clinical knowledge is important.

### **Clinical Teams**

Include Child and Family Teams and Adult Recovery Teams.

### **Closure**

The HIPAA compliant transmission of information to terminate a client's enrollment in the ADHS/DBHS behavioral health service delivery system. For TXIX/XXI individuals, this information is provided from AHCCCS to ADHS/DBHS, and from ADHS/DBHS to the T/RBHAs. For NTXIX/XXI individuals, this information is provided to ADHS/DBHS from the T/RBHAs



### **Commonly Encountered LEP Groups**

A significant number or percentage of the population eligible to receive services, or likely to be directly affected by the covered entity's (ADHS) programs who need services or information in a language other than English to communicate effectively. All vital materials shall be translated when a language is spoken by 1,000 or 5% (whichever is less) of members who have LEP in that language. Vital materials include, at a minimum, notices for denials, reductions, suspensions or terminations of services, and consent forms. All materials shall be translated when a language is spoken by 3,000 or 10% (whichever is less) of members who have LEP.

### **Community-Based Services**

Services that are provided in the home and community rather than in offices or institutions. In addition, to fully be considered community-based services, they must be provided in partnership with the family and preserve the child's cultural and ethnic ties. Source: "Everything is normal until proven otherwise – a book about wraparound services" Dennis, K. & Lourie, I. (2006)

### **Community Service Agency (CSA)**

A provider (provider type A3) of non-licensed behavioral health services. Agencies or organizations must be certified by ADHS/DBHS and registered with AHCCCS to provide services for Title XIX and Title XXI members.

### **CSA Contractor**

An independent entity contracting with a Community Service Agency to provide services. CSA Contractors must exclude T/RBHAs and Office of Behavioral Health Licensure (OBHL) licensed facilities.

### **Complaint**

Also known as Enrollee or Member Grievance. An expression of dissatisfaction with any aspect of care other than the appeal of an action involving Title XIX/XXI recipients. Complaints include, but are not limited to, concerns about the quality of care or services provided, a disagreement with a decision to extend the timeframe for making an authorization decision, aspects of interpersonal relationships with service providers, and lack of respect for recipients' rights.

### **Complementary and Alternative Medicine (CAM)**

A broad range of healing philosophies (schools of thought), approaches and therapies that mainstream Western (conventional) medicine does not commonly use, accept, study, understand, or make available. A few of the many CAM practices include the use of acupuncture, ayurveda, herbs, homeopathy, naturopathy, therapeutic massage, and traditional Oriental medicine to promote well-being or treat health conditions.

### **Comprehensive Medical Record**

An all-inclusive clinical record documenting physical and behavioral health information required for persons receiving services through the Arizona publicly funded health care system. (ADHS/DBHS Policy 802, Medical Record Standards & AHCCCS Policy 940, Medical Records and Communication of Clinical Information)

### **Condition Requiring Investigation**

An incident or condition that appears to be dangerous, illegal or inhumane, including the death of a person with Serious Mental Illness.

### **Confidential HIV Information**

Information concerning whether a person has had an HIV-related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

### **Copayment**

A fixed monetary amount that a member pays directly to a contractor or provider at the time covered services are rendered.

**Corrective Action**

An action taken to improve the performance of the T/RBHA and/or its contracted provider to enhance quality management/performance improvement activities and the outcomes of the activities; or to correct a deficiency.

**Corrective Action Plan (CAP)**

A written work plan that includes goals and objectives, steps to be taken, and methodologies to be used to accomplish CAP goals and objectives, as well as the staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve the performance of the RBHAs and/or their contracted providers, to enhance QM/PI activities and the outcomes of the activities, and/or to correct a deficiency.

**Cost avoidance**

Avoiding payment of claims when third party payment sources are available.

**Cost sharing**

T/RBHA payment on behalf of behavioral health recipients for Medicare and private insurer costs, including premiums, deductibles and coinsurance.

**Court Ordered Evaluation**

A professional multidisciplinary analysis based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:

- (a) Two licensed physicians, who shall be qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that he may select one of the physicians. A psychiatric resident in a training program approved by the American Medical Association or by the American Osteopathic Association may examine the person in place of one of the psychiatrists if he is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in his training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.
- (b) Two other individuals, one of whom, if available, shall be a psychologist and in any event a social worker familiar with mental health and human services which may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person.

**Court Ordered Treatment (COT)**

In accordance with the A.A.C. R9-21-101 and A.R.S. § 36-533 In Arizona, an individual can be ordered by the court to undergo mental health treatment if found to fit one of the following categories due to a mental disorder:

- A Danger to Self;
- A Danger to Others;
- Gravely Disabled, which means that the individual is unable to take care of his/her basic physical needs; or
- Persistently or Acutely Disabled, which means that the individual is more likely to suffer severe mental or physical harm that impairs his/her judgment such that the person is not able to make treatment decisions for himself.

**Covered Behavioral Health Services Guide**

The ADHS/DBHS Covered Behavioral Health Services Guide describes the comprehensive array of covered behavioral health services that will assist, support and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. These services are established through contracts between the Arizona Department of Health Services (ADHS) and a Regional Behavioral Health Authority (RBHA) or through an Intergovernmental Agreement (IGA) between ADHS and a Tribal RBHA (TRBHA).

## **Credentialing**

Is the process of obtaining, verifying and assessing information (e.g., validity of the license, certification, training and/or work experience) to determine whether a behavioral health professional or a behavioral health technician has the required credentials to provide behavioral health services to persons enrolled in the ADHS/DBHS behavioral health system. It also includes the review and primary source verification of applicable licensure, accreditation and certification of behavioral health providers.

## **Crisis**

An acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

## **Crisis Episode**

A short enrollment is allowed for crisis only individuals who are not transferred to on-going care. Only a minimum data set needs to be collected. See the Demographic Data Set User Guide for fields. These fields must be gathered within 45 days after the start of the episode of care and submitted to ADHS/DBHS within 55 days.

## **Crisis Intervention Services**

Services provided to a person for the purpose of stabilizing an acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior.

### **Crisis Intervention Services (Inpatient Stabilization, Facility Based)**

Crisis intervention services provided at a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency (see [AAC R9-20-101\(37\)](#)). Persons may walk-in or may be referred/ transported to these settings.

### **Crisis Intervention Services (Mobile, Community Based)**

Crisis intervention services provided by a mobile team or individual who travels to the place where the person is experiencing the crisis (e.g., person's place of residence, emergency room, jail, community setting) to:

- Stabilize acute psychiatric or behavioral symptoms;
- Evaluate treatment needs; and
- Develop plans to meet the needs of the persons served.

Depending on the situation, the person may be transported to a more appropriate facility for further care (e.g., a crisis services center).

### **Crisis Intervention Services (Telephone)**

Crisis intervention (telephone) services provided by qualified service providers within the scope of their practice to triage, refer and provide telephone-based support to persons in crisis. This is often the first place of access to the behavioral health system. This service may also include a follow-up call to ensure the person is stabilized.

## **Cross-tapering**

A process by which one medication is added to a person's medication regimen, and its dosage is gradually increased, while the dosage of another medication that has been prescribed for the same clinical purpose is gradually reduced and discontinued. This provides a safe and cautious way to transition from one medication to another.

## **Cultural Competence**

A set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals which enables that system, agency or those professionals to work effectively in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by behavioral health recipients and their communities.

## **Culture**

1. The shared values, norms, traditions, customs, arts, history, folklore, music, religion, and institutions of a group of people.
2. Is an integrated pattern of human behavior, which includes but is not limited to, thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; dynamic in nature. Culture defines:
  - How health care information is received
  - How rights and protections are exercised;
  - What is considered to be a health problem;
  - How symptoms and concerns about the problem are expressed;
  - Who should provide treatment for the problem; and
  - What type of treatment should be given.

In sum, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural influences play a critical role in the delivery of health services treatment and preventive interventions. By understanding, valuing, and incorporating the cultural differences of America's diverse population and examining one's own health-related values and beliefs, health care organizations, practitioners, and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture (Katz, Michael. Personal communication, November 1998)

## **Culturally based**

Developed in collaboration with or by the targeted population. Refers to the preference-based strategies and processes used in decision making, perceptions, and knowledge representations of a given culture. It is the mental process of knowing, including aspects such as awareness, perception, reasoning, and judgment.

## **Culturally Competent Agencies and Individuals**

Culturally competent agencies and individuals are characterized by their understanding of and respect for the differences between and among diverse groups (i.e., acknowledging and incorporating acceptance of customs, values, and beliefs of different groups); continuing self-assessment regarding culture; careful attention to the dynamics of difference; continuous expansion of cultural knowledge and available resources; and appropriate adaptations of service models to better meet the needs of diverse populations. Culturally competent agencies strive to hire culturally competent employees and individuals; seek advice and consultation from diverse communities; and actively assess their capability of providing responsive services to diverse clients. Culturally competent agencies are committed to strategies and practices that enhance services to diverse individuals, families, and communities.

## **Culturally Competent Care**

1. Children and their families receive services from all staff members that are effective, understandable, and respectful and are provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Acknowledges and incorporates – at all levels – the importance of culture in the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

## **Cultural Need**

The unique needs of an individual which include, but are not limited to: age; ethnicity; race; national origin; sex (gender); gender identity; sexual orientation; tribal affiliation; and disability.

**Culturally relevant**

A prevention program, message, or strategy development that is meaningful to the identified population.

**Curriculum**

A written document which details the workshops, lessons, and/or presentations used in life skills education, parent/family education, public information & marketing, alternative activities, community education, and/or training services.

**D****Danger to Others (DTO)**

The judgment of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm to others.

**Danger to Self (DTS)**

Behavior which, as the result of a mental disorder:

- (a) Constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out; or,
- (b) Will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.

**Dangerous**

A condition that poses or posed a danger or the potential of danger to the health or safety of a person with Serious Mental Illness.

**Day**

A calendar day unless otherwise specified.

**De-Identified Health Information**

Health information that neither identifies nor provides a reasonable basis to identify an individual.

**Demographics**

The data set captured in the Demographic Data Set User Guide.

**Denial**

The decision to deny an initial request made by, or on behalf of, a behavioral health recipient for the authorization of a covered service.

**Dependent Adult**

A person eighteen years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by department rule. (definition from Iowa Human Services Dept)

**Dental Services**

The comprehensive oral health services that are preventive, therapeutic/ restorative (medically necessary) and emergent services to treat and maintain dental health.

**Dental Periodicity Schedule**

A routine preventative dental visit schedule.

**Depo-medications**

Medications which require intramuscular administration.

**Descriptive Characteristics**

Information used to profile clients at intake and during treatment in the behavioral health system and includes the following areas:

- Socio-demographic profile;
- Treatment characteristics;
- Participation status;
- Medical condition;
- Other agency involvement;
- Special fund source identifier; and
- Served by CFT.

**Designated Child Psychiatric Provider**

T/RBHA Child Medical Director or assigned licensed child and adolescent psychiatrist who is responsible for approving medication requests and maintaining clinical documentation for children birth to five years of age for a designated clinic(s) or geographic service area within the T/RBHA. The T/RBHA holds this individual responsible for compliance monitoring related to birth to five prescribing practices.

**Designated T/RBHA**

The T/RBHA responsible for the geographic service area where an eligible person has established his/her residence.

**Designated Record Set**

A group of records maintained by or for a covered entity that is: the medical and billing records about individuals maintained by or for a covered healthcare provider; the enrollment, payment claims adjudication, and case or medical management record systems maintained by or for a health plan; or used, in whole or in part, by or for the covered entity to make decisions about individuals. For purposes of this definition, record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used or disseminated by or for a covered entity. (45 C.F.R. § 164.501)

**Detention**

The temporary confinement of a juvenile who requires secure care in a physically restricting facility that is completely surrounded by a locked and physically secure barrier with restricted ingress and egress for the protection of the juvenile or the community pending court disposition or as a condition of probation (A.R.S. 8-201).

**Direct service staff member**

For purposes of this policy, includes a qualified Community Service Agency employee, contractor or volunteer providing behavioral health rehabilitation and/or support services to eligible and enrolled persons.

**Disability**

A physical or mental impairment which substantially limits one or more major life activities, or an individual who has a record of such impairment or is regarded as having an impairment (U.S.C. Title 42 Chapter 126 Section 12102 (2)).

**Discharge Pending List**

Is the list maintained by Arizona State Hospital (ASH), with the individual's name that meet the criteria specified at the Transition to Community Placement Setting section from the Policy and Procedures M.I 5.5 Arizona State Hospital.



## **Disease Management**

An integrated approach to health care delivery that seeks to improve health outcomes and reduce health care costs by:

- Identifying and proactively monitoring high-risk populations
- Assisting members and providers in adhering to identified evidence-based guidelines
- Promoting care coordination
- Increasing and monitoring member self-management, and
- Optimizing member safety.

## **Disenrollment**

Applies only to NTXIX individuals. The HIPAA-compliant transmission, by a behavioral health provider to a T/RBHA and by a T/RBHA to ADHS, of information to terminate a client's enrollment in the ADHS/DBHS behavioral health service delivery.

## **Disposition Hearing**

A hearing conducted after a juvenile is adjudicated or admits to the delinquent/incorrigible act, to determine the most appropriate placement of the juvenile. Other consequences may also be assigned at a disposition hearing. A disposition hearing is the juvenile counterpart to sentencing in an adult trial.

## **Disposition Report**

A report developed by a Juvenile Probation Officer with insights from other involved parties (e.g., behavioral health system representatives) that includes recommendations for placement and ongoing behavioral health services subsequent to the Dispositional Hearing. The Disposition Report is presented to the judge at the Disposition Hearing.

## **Documents Incorporated by Reference**

Documents incorporated by reference in RBHA contracts and TRBHA IGAs, and any subsequent amendments, modifications, and supplements adopted by or affecting ADHS or AHCCCS during the agreement period, which are incorporated by reference and made a part of the Contract or IGA by reference

## **Domestication or Recognition of Tribal Court Order**

The process in which the judicial orders and judgments of tribal courts within the state of Arizona, are recognized and have the same effect and are subject to the same procedures, defenses, and proceedings as judgments of any court of record in the state as indicated in A.R.S. 12-136.

## **Drug used as a Restraint, Sub-Acute Agency**

A pharmacological restraint as used in A.R.S. § 36-513 that is not standard treatment for a behavioral health recipient's medical condition or behavioral health issue and is administered:

- a. To manage a behavioral health recipient's behavior in a way that reduces the safety risk to the person or others; and
- b. To temporarily restrict the behavioral health recipient's freedom of movement.

(A.A.C. R9-20-101)

## **Dual eligible**

A member who is eligible for both Title XIX and Medicare services. There are two types of dual eligible recipients: those eligible for Qualified Medicare Beneficiary (QMB) benefits (QMB dual), and Medicare beneficiaries that are not eligible for QMB benefits (Non-QMB dual).

## **Durable Medical Equipment (DME)**

Sturdy, long lasting and reusable items and appliances used at home prescribed by a licensed physician or other authorized licensed medical professional such as physician assistant, nurse practitioner, clinical nurse

specialist, necessary to address a medical or physical need, and must not ordinarily be used in the absence of a medical or physical condition

## **E**

### **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services**

EPSDT covered services correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and mandatory categories of “Medical Assistance” as defined in the Medicaid Act (Federal Law Subsection 42 USC 1396d (a)).

Services covered under EPSDT include all 28 categories of services in the Federal Law even when they are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

### **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Periodicity Schedule**

A comprehensive periodic screenings that must be performed by a clinician based on the time frames identified by AHCCCS and the Arizona Medical Association and is closely aligned with guidelines of the American Academy of Pediatrics.

### **Early Intervention**

Identification of individuals with suspected behavioral health problems for the purpose of addressing the problems before they get worse. It may involve referring individuals for assessment and treatment for example, and routine evaluations done by health care providers.

### **Edit**

A check to ensure that data in a field is valid and complete.

### **Electronic Signature**

A typed or written signature used to sign electronic medical records and/or other documents for auditing purposes.

### **Emergency Behavioral Health Services**

Covered inpatient and outpatient services provided after the sudden onset of an emergency behavioral health condition. These services must be furnished by a qualified provider, and must be necessary to evaluate or stabilize the emergency behavioral health condition.

### **Emergency Safety Situation**

Unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for the use of restraint or seclusion as an immediate response. (42 CFR 483.352)

### **Emerging Family Leaders**

A diverse cadre of family leaders who have been actively involved in the planning of their own children’s care and is interested in making a positive impact in the quality of services and supports delivered to all children and families in their community. These emerging leaders are supported, coached and mentored, and trained by family members who are further in their journey. For diversely identified communities, the term “Emerging Family Spokesperson” may be more appropriate than Emerging Family Leader. Explore the appropriateness of terminology and definition with the individual and the community.

### **Emotional abuse**

A pattern of ridiculing or demeaning a vulnerable adult, making derogatory remarks to a vulnerable adult, verbally harassing a vulnerable adult or threatening to inflict physical or emotional harm on a vulnerable adult.

**Empowerment**

An intentional, dynamic, ongoing process involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources.

**Encounter**

A record of a covered service rendered by a provider to a person enrolled with a capitated RBHA on the date of service.

**Engagement**

The establishment of a trusting relationship, rapport and therapeutic alliance based on personal attributes, including empathy, respect, genuineness and warmth.

**Enrolled Person**

A Title XIX/XXI or Non-Title XIX/XXI eligible person recorded in the ADHS/DBHS Information System as specified by ADHS/DBHS.

**Enrollment**

The process by which a person is enrolled into the Contractor and ADHS/DBHS data system.

**Episode of Care**

The period between the beginning of treatment and the ending of behavioral health services for an individual. Within an episode of care, a person may transfer to a different service, facility, program or location. The beginning and end of an episode of care is marked with a demographic file submission. Over time, an individual may have multiple Episodes of Care.

**Evidence Based**

Programs or practices which have several of the characteristics listed below: replication, sustained effects, published in a peer reviewed journal, a control group study, cost benefit analysis, adequately prepared and trained staff, appropriate supervision, include assessment and quality assurance processes, consumer and family involvement, cultural, gender, and age appropriateness, and coordination of care.

**Evidence Based Practice**

Practices, based on research findings and expert or consensus opinion in regard to available evidence, that are expected to produce a specific clinical outcome.

**Experimental or Investigational Therapies**

Treatments which are not FDA approved for the intended use and are not considered to fall within the medical community's standard of care.

**Explanation of Benefits**

Forms that are sent by payors to both enrollees and providers. Explanation of Benefits (EOBs) provide necessary information about claim payment information and patient responsibility amounts. Patient responsibility amounts are needed for accurate patient balance billing.

**Exploitation**

The illegal use of a client's resources for another individual's profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.

**Exploitation (of incapacitated or vulnerable adult)**

The illegal or improper use of an incapacitated or vulnerable adult or his/her resources for another's profit or advantage.

**E**

## **Family**

The primary care-giving unit, inclusive of the wide diversity of primary care-giving units in our culture. Family therefore is a biological, adoptive or self-created unit of people residing together and consisting of adult(s) and children, with adult(s) performing duties of parenthood for the children. Persons within this unit share bonds, culture, practices and significant relationships. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family.

## **Family-Driven Care**

Family-driven care means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes choosing culturally and linguistically competent supports, services and providers; setting goals; designing, implementing and evaluation programs; monitoring outcomes; and partnering in funding decisions.

## **Family Finding Techniques**

Methods and strategies used to locate and engage family.

## **Family-focused Therapy**

Involves all members of the family unit and provides psychoeducation about the nature of the mental illness and therapeutic interventions that address the family dynamics and relationships that may be contributing to conflicts within the family.

## **Family Involvement**

Meaningful family involvement occurs when positive outcomes are linked with system characteristics. Successful outcomes are directly linked with strategies that provide families with a cluster of three attributes: access, voice and ownership.

- Access occurs when youth and family members are offered valid opportunities for inclusion in the process of deciding what sort of services will be provided and how they will be delivered, In other words, family members have a seat at the table when the real work of planning is taking place.
- Voice is present when youth and family members not only have a seat at the planning table but actually have an opportunity to present their perspectives and to be heard during the planning process.
- Ownership exists when youth and family members feel a sense of commitment to the course of action which has been developed through the planning process, identify with it, and believe it to be worthwhile.

(From *Access, Voice and Ownership: Examining Service Effectiveness from the Family's Perspective* by Patricia Miles and John Franz)

## **Family Leaders**

A diverse cadre of family members who consistently and effectively are the collective voice of families in shaping community response to children with emotional behavioral, mental health and substance abuse challenges. For diversely identified communities, the term "Family Spokesperson" may be more appropriate than Family Leader. Explore the appropriateness of terminology and definition with the individual and the community.

## **Family Member**

A spouse, parent, adult child, adult sibling, or other blood relative of a person undergoing treatment, evaluation, or receiving community services. (A.R.S. § 36-501)

## **Family of Choice**

Family of choice includes a person or a group of people an individual sees as significant in their life. This may include none, all, or some members of their family of origin (biological/adoptive). It may also include individuals such as significant others, domestic partners, friends, or coworkers

## **Family-Professional Partnerships**

In this collaborative partnership, professionals and family members are equal partners. " 'Equal partners' does not mean that parents and professionals assume each other's roles, but rather that they respect each other's

roles and contributions. While professionals bring technical knowledge and expertise to this relationship, parents offer the most intimate knowledge of their children, and often special skills.” (Allen & Petr, 1998)

### **Family-Run Organizations**

A family-run organization is an organization that has a board of directors made up of more than 50% family members, who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18 or 21 if the adolescent is being served by an Individual Education Plan (IEP) or up to 26 if the young adult is being served by an Individual Service Plan in transition to the adult mental health system.

### **Fee-for-Service**

A fee paid for each service based on actual utilization of services, using payment rates set for units of care provided.

### **Filed**

The date on which the claim dispute is received by the RBHA or ADHS/DBHS.

### **Flex funds**

Funds utilized to purchase any of a variety of one-time or occasional goods and/or services needed for enrolled persons (children or adults) and their families, when the goods and/or services cannot be purchased by any other funding source, and the service or good is directly related to the enrolled person’s service plan.

### **Fraud**

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.” (42 CFR § 455.2)

Elements of Fraud:

- (a) The act (evidence of wrongdoing).
- (b) Knowledge and intent (willfully intended to commit act – generally evidenced by a pattern of wrongdoing).
- (c) Benefit (some type of measurable benefit obtained from the act by the person committing the act).

## **G**

### **Gatekeeper**

An individual who has access to a group of people.

### **General Consent**

A voluntary written agreement to receive behavioral health services

### **Geographic Service Area (GSA)**

Is a specific county or defined grouping of counties that are available for contract award. The Contractor is responsible to provide covered services to eligible residents of their contracted GSA (s) except as otherwise stated in the ADHS/RBHA contracts and ADHS/TRBHA IGAs.

### **Gravely Disabled (GD)**

A condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he/she is unable to provide for his/her basic physical needs.

### **Grievance or Request for Investigation**

A complaint that is filed by a person with SMI or other concerned person alleging a violation of an SMI member’s rights or a condition requiring an investigation.

### **Guardian**

An individual or entity appointed to be responsible for the treatment or care of an individual according to A.R.S. Title 14, Chapter 5.

## **Guilty Except Insane (GEI)**

(After 1996) means that at the time of the commission of the criminal act the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong. Mental disease or defect does not include disorders that result from acute voluntary intoxication or withdrawal from alcohol or drugs, character defects, psychosexual disorders, or impulse control disorders. (Persons designated GEI are placed under the authority of the Psychiatric Security Review Board (PSRB) for a term of commitment equivalent to their sentence had they been convicted and sent to prison.)

## **H**

### **Habilitation Provider**

A home and community based service provider certified through the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) and registered with the AHCCCS Administration.

### **HB 2003 Permanent Housing Programs**

The HB 2003 permanent housing program is a legislative appropriation for housing and housing related services. ADHS/DBHS used these funds to purchase homes and apartments through non-profit organizations who serve as contracted housing administrators. Each tenant pays a percentage of his/her adjusted income towards rent and sign and abide by the Arizona Residential Landlord Tenants Act and property lease agreements.

### **Health Care Decision-Maker**

An individual who is authorized to make health care treatment decisions for a person, including the parent of a minor or an individual who is authorized pursuant to A.R.S., Title 14, Chapter 5, Article 2 or 3, or A.R.S. §§ 36-3221, 36-3231

### **Health Care Power of Attorney**

A person who is an adult, not under legal guardianship, may designate another adult individual or other adult individuals to make health care decisions on that person's behalf by executing a written health care power of attorney that meets all the following requirements:

- Contains language that clearly indicates that the person intends to create a health care power of attorney;
- Is dated and signed or marked by the person who is the subject of the health care power of attorney [except as provided under A.R.S. § 36-3221 (B)]; and
- Is notarized or is witnessed in writing by at least one adult who affirms the notary or witness was present when the person dated and signed or marked the health care power of attorney [except as provided under A.R.S. § 36-3221 (B)] and that the person appeared to be of sound mind and free from duress at the time the of execution of the health care power of attorney.

### **Health Care Professional**

All professionals included in ARS §32-3201 including a physician, 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), licensed social worker, registered respiratory therapist, licensed marriage and family therapist and licensed professional counselor.

### **Health Care Provider**

Any person or organization that furnishes, bills or is paid for health care.

### **Health Disparities**

1. Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.
2. A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or



economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.

### **High-risk pregnancy**

A pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

### **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

A federal law that includes a section on administrative simplification requiring standardization of electronic data interchanges and greater protection of confidentiality and security of health data. The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, "treatment," "payment," "health care operations," "designated record set" and "protected health information." (45 C.F.R. §§ 160.103 and 164.501)

### **HITECH Act**

Health Information Technology for Economic and Clinical Health Act (Title XIII, Subsection D of the American Recovery and Reinvestment Act of 2009 (ARRA)). Expands the HIPAA Privacy and Security Rules and increases the penalties for HIPAA violations.

### **HIV-Related Information (A.R.S. § 36-661)**

Information concerning whether a person has had an HIV-related test or has HIV infection, HIV related illness or acquired immune deficiency syndrome and includes information which identifies or reasonably permits identification of that person or the person's contacts.

### **Home Care Training to Home Care Client (HCTC) Provider**

Home Care Training to Home Care Client services are delivered by a Department of Economic Security (DES)-licensed professional foster home to a child residing in the professional foster home. HCTC services assist and support a child in achieving his/her behavioral health service plan goals and objectives. HCTC services include supervision and the provision of covered behavioral health support and rehabilitation services, including personal care, psychosocial rehabilitation, skills training and development, behavioral interventions and transportation to behavioral health appointments and services including counseling and to facilitate participation in treatment and discharge planning. The Covered Behavioral Health Services Guide allows for exceptions to billing limitations, if additional supports are needed for the HCTC provider. The clinical rationale for providing these additional services must be specifically documented in the Service Plan and Progress Note.

### **Home T/RBHA**

The T/RBHA with which the person is currently enrolled.

### **Homeless**

As defined in 42 U.S.C. § 11302, the term "homeless" or "homeless individual or homeless person" includes-

1. An individual who lacks a fixed, regular, and adequate nighttime residence; and
2. An individual who has a primary nighttime residence that is –
  - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
  - (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Housing**

ADHS/DBHS and T/RBHA funded or partially funded independent housing; Supported Housing (H0043) as defined in the ADHS/DBHS Covered Behavioral Health Services Guide; and/or federally funded or mixed federal/state funded housing.

**Housing Administrator**

Non-profit organization contracted by the RBHA or a non-profit RBHA that administers housing grants and programs.

**Housing Referral**

A written authorization from the RBHA for the provision of covered services to an eligible member. The Housing Referral will constitute the agreement of the provider to provide services identified in the tenant's ISP. Housing Referrals will be in such form and format determined by the RBHA.

**Human Rights Committees**

Human Rights Committees are established by state statute to provide independent oversight and to ensure the rights of enrolled persons are protected. There is one Human Rights Committee established for each region and the Arizona State Hospital, with each committee providing independent oversight and review within its respective jurisdiction.

**!****Illegal**

An incident or occurrence that is or was likely to constitute a violation of a state or federal statute, regulation, court decision or other law.

**Immediate Response**

An expedited and instant response to a person who may be in need of medically necessary covered behavioral health services. An immediate response should be initiated without delay, within a timeframe indicated by the person's clinical needs, but no later than two hours from the initial identification of need.

**In-network services**

Services provided by Tribal and Regional Behavioral Health Authority (T/RBHA) contracted providers.

**Incapacitated Person**

Any person who is impaired by reason of a mental illness, mental deficiency, mental disorder, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, to the extent that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the person's healthcare.

**Incident, Accident or Death**

An unexpected occurrence that harms or has the potential to harm a person, and/or a death or sentinel event as described in the DBHS BQ & I Specifications Manual.

**Independent Community Housing**

A setting where a person can live either alone or with a roommate in a home or apartment without on-going daily supervision from behavioral health providers. Options include: HUD Section 8 programs through local Public Housing Authorities; Low-income subsidized housing through local non-profit organizations; Shelter Plus Care and Supportive Housing Programs funded with federal grants and administered by RBHA contracted housing providers; State subsidized rental units; and Permanent Houses and apartments purchased with HB 2003 funding.

**Independent Licensed Practitioners**

Behavioral health professionals who are Physicians (MD and DO), Licensed Psychologists, Nurse Practitioners, or Physician Assistants and the following behavioral health professionals who are licensed by the Arizona Board of Behavioral Health Examiners and authorized to practice without direct supervision: Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Independent Substance Abuse Counselors.

**Independent Living Setting**

A setting in which a person lives without supervision or in-home services provided by a T/RBHA or subcontracted provider agency.

**Individual**

Any person currently or previously enrolled in a T/RBHA.

**Individually Identifiable Health Information**

(45 C.F.R. § 160.103) Information, including demographic data, that relates to the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

**Individual Service Plan (ISP)**

A complete written description of all covered behavioral health services and other informal supports that have been identified through the assessment process that will assist the person to meet his/her specified goals. The ISP is documented in the comprehensive clinical record and provided to all agencies involved in providing services identified on the ISP.

**Infant and Early Childhood Mental Health**

The ability of children from birth to age five to grow, develop and learn in a way that enhances their psychological, physical, social and emotional health both as an individual and in relationship to their caregivers, environment and culture with respect for each child's uniqueness.

**Informed Consent**

A voluntary agreement, oral or written, except when explicitly required to be written, following presentation of all facts necessary to form the basis of an intelligent consent by the person or guardian prior to the provision of specified behavioral health services.

**Inhumane**

An incident, condition or occurrence that is demeaning to a person with Serious Mental Illness or which is inconsistent with the proper regard for the right of the person to humane treatment.

**Inpatient Services**

A behavioral health service provided in a psychiatric acute hospital (including a psychiatric unit in a general hospital), a Behavioral Health Inpatient Facility for persons under the age of 21, or a sub-acute facility.

**Inpatient treatment and discharge plan or "ITDP"**

Is the written plan for services to a client prepared and implemented by an inpatient facility in accordance with the R9-21-101, *et seq.*

**Institution for Mental Disease (IMD)**

Medical facilities that are primarily engaged in providing diagnosis, treatment, and care for persons with mental diseases, including medical attention, nursing care, and related services. IMDs include psychiatric hospitals such as the Arizona State Hospital (ASH).

**Institutionalized individual**

An institutionalized individual means a full-benefit dual eligible individual who is an inpatient in a medical institution or nursing facility for which payment is made under Medicaid throughout a month, as defined under section 1902(q)(1)(B) of the Act.

**Intake**

The collection by appropriately trained T/RBHA/provider staff of basic demographic information about a person in order to enroll him/her in the ADHS/DBHS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any copayments

**Intake / Enrollment**

The collection by appropriately trained T/RBHA/provider staff of basic information about a Non- Title XIX/XXI eligible member to ensure verification in the ADHS/DBHS system for Title XIX/XXI AHCCCS eligibility to determine the need for any copayments.

**Integrated Health Care Services/Integrated Care**

Coordinating and integrating primary and behavioral health care to produce improved access to primary care services, increased prevention, early identification, and intervention to reduce the incidence of serious physical illness, including chronic disease. Increasing and promoting the availability of integrated, holistic care for members with chronic behavioral and physical health conditions will help members achieve better overall health and an improved quality of life.

**Integrated Regional Behavioral Health Authority (RBHA)**

A Regional Behavioral Health Authority under contract with the Arizona Department of Health Services, to administer behavioral health services and physical health services to Title XIX/XXI eligible persons determined to have a Serious Mental Illness (SMI).

**Inter-class Polypharmacy**

Defined as more than three medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The medical record must contain documentation specifically describing the rationale and justification for the combined use.

**Inter-Rater Reliability (IRR)**

The degree of agreement among individuals making medical necessity decisions which include, but are not limited to, prior authorizations, concurrent review, and retrospective review.

**Interpretation**

The transfer of oral speech from a source language into a target language while maintaining the speaker's intent.

**Interventions**

A service, practice, treatment or variable that can create change.

**Intra-class Polypharmacy**

Defined as more than two medications prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record must contain documentation specifically describing the rationale and justification for the combined use.

**L****Lawful Presence**

The designation given to a non-U.S. citizen who is living in the United States with permission as granted by the Department of Homeland Security, U.S. Citizenship and Immigration Service (USCIS), or at the approval of the Attorney General of the United States

**Letter of Authorization (LOA)**

A correspondence from the T/RBHA to Arizona State Hospital (ASH) approving continued stay in ASH.

**Licensed Midwife**

An individual licensed by the Arizona Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

**Limited Authorization**

A service authorization that falls short of the original request, with respect to either the duration, frequency, or type of service requested.

**Limited English Proficiency (LEP)**

Persons who have difficulty speaking, reading, writing or understanding the English language due to many reasons such as:

- Were not born in the United States or whose native language is a language other than English; or
- Come from environments where a language other than English is dominant; or
- Come from environments where a language other than English has had a significant impact on their level of English language proficiency.

**Linguistic Competence**

The capacity of an organization and its personnel to effectively communicate in a manner that is easily understood by diverse audiences including persons of Limited English Proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, bilingual/bicultural staff and other organizational capacity such as telecommunication systems, sign or foreign language interpretation services, alternative formats, and translation of legally binding documents (e.g. consent forms, confidentiality and recipient rights statements, release of information, member handbooks and health education materials).

**Linguistic Need**

The unique needs of an individual that include, but are not limited to: primary language; preferred language; languages spoken at home; and/or alternative language.

**Lived Experience**

Personal knowledge gained through direct first-hand involvement.

**M****Material Change**

Material Change is an alteration or development within a provider network that may reasonably be foreseen to affect the quality or delivery of services provided under this contract.

**Maternity care**

Includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

**Maternity care coordination**

consists of the following maternity care related activities: determining the member's medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

**Mechanical Restraint**

A physical or mechanical device, material, or equipment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove that restricts the freedom of movement or normal access to one's body, but does not include a device, material or equipment:

- (a) Used for surgical or orthopedic reasons; or
- (b) Necessary to allow a person to heal from a medical condition or to participate in a treatment program for a medical condition.

(42 CFR 482.13(1)(i))

**Mechanical Restraint, Sub-Acute Agency**

(A.A.C. R9 20-101) Any device, article, or garment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the behavioral health recipient's freedom of movement or normal access to the behavioral health recipient's body but does not include a device, article, or garment:

- (a) Used for surgical or orthopedic purposes, or
- (b) Necessary to allow a behavioral health recipient to heal from a medical condition or to participate in a treatment program for a medical condition.

**Medical Behavioral Health Practitioner**

An individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:

a. A physician; b. A physician assistant; or c. A nurse practitioner.

**Medical Institution**

Acute care hospital, psychiatric hospital (non-Institution for Mental Disease), Residential Treatment Center (non-IMD), Intermediate Care Facility for the Intellectually Disabled, psychiatric hospital – IMD, Residential Treatment Center – IMD or Skilled Nursing Facility (SNF).

**Medical Management**

An integrated process or system that is designed to assure appropriate utilization of health care resources, in the amount and duration necessary to achieve the desired health outcomes, across the continuum of care (from prevention to end of life care).

**Medically Necessary Covered Services**

Behavioral health services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life that are aimed at achieving the following:

- The prevention, diagnosis, and treatment of behavioral health impairments;
- The ability to achieve age-appropriate growth and development; and
- The ability to attain, maintain, or regain functional capacity.

**Medical Necessity Criteria (MNC)**

Services by a provider to identify or treat an illness that has been diagnosed or suspected. The services are consistent with the diagnosis and treatment of a condition and the standards of good medical practice. The services are required for other than convenience, and are the most appropriate supply or level of service.

**Medical Practitioner**

A physician, physician assistant or registered nurse practitioner

**Medical Records**

All communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of evaluation or treatment, including records that are prepared by a health care provider or by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities. (A.R.S. § 12-2291)



**Medicare Advantage Prescription Drug Plan (MA-PD)**

A Medicare Advantage plan that provides qualified prescription drug coverage.

**Medicare Part A**

(Hospital Insurance) that covers inpatient care including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care.

**Medicare Part B**

(Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

**Medicare Part C**

Medicare Advantage Plans are health plan options (like an HMO or PPO) approved by CMS and are sometimes called "Part C" or "MA Plans." Medicare Advantage plans provide both Medicare Part A and Part B covered services. Medicare Advantage Plans may also offer extra coverage, such as:

- Vision;
- Hearing;
- Dental;
- Health and wellness programs; and
- Medicare Part D prescription drug coverage (usually for an extra cost).
- Medicare pays a fixed amount for the services covered by Medicare and offered by private companies. These companies must follow rules set by Medicare. Medicare Advantage Plans are not supplemental insurance. Medicare Advantage Plans include the following:
  - Preferred Provider Organization (PPO) Plans;
  - Health Maintenance Organization (HMO) Plans;
  - Private Fee-for-Service (PFFS) Plans;
  - Medical Savings Account (MSA) Plans; and
  - Special Needs Plans (SNP). These are Medicare plans that also offer Part D.

**Medicare Part D**

Medicare prescription drug coverage

**Medication Error**

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

**Member Information Materials**

Any materials given to a behavioral health recipient. This includes, but is not limited to; member handbooks, member newsletters, surveys, and health related brochures and videos. It also includes templates of form letters and Web site content as well.

**Mental Disorder**

A substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:

- (a) Conditions that are primarily those of drug abuse, alcoholism or mental retardation, unless, in addition to one or more of these conditions, the person has a mental disorder;
- (b) The declining mental abilities that directly accompany impending death; and

- (c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

### **Mental Health Agency**

"Mental health agency" includes a regional authority, service provider, inpatient facility, or an agency licensed to conduct screening, evaluation and treatment under this Chapter.

### **Mental Health Care Power of Attorney**

A designated agent who may make decisions about mental health treatment on behalf of a person if the person is found incapable. These decisions shall be consistent with any wishes the person has expressed in the mental health care directive, mental health care power of attorney, health care power of attorney or other advance directive.

### **Mental Health Provider**

Any physician or provider of mental health or behavioral health services involved in evaluating, caring for, treating or rehabilitating a patient.

### **Mental Retardation (MR)<sup>1</sup>**

For purposes of this policy, and as defined by the American Association on Mental Retardation. Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. Per Federal guidelines, the impairment must be manifested before age 22. The impairment must be likely to continue indefinitely and result in substantial functional impairments in major life activities.

<sup>1</sup> Please note that the American Association on Mental Retardation is currently the American Association on Intellectual and Developmental Disabilities (AAIDD) and Mental Retardation is currently referred to as "Intellectual disability". This policy reflects terminology in accordance with the 42 C.F.R. 483.103(3)(i).

### **Mistreatment**

An intentional, reckless or negligent action or omission that exposes a behavioral health recipient to a serious risk of physical or emotional harm. Mistreatment includes but is not limited to:

- Abuse, neglect or exploitation;
- Corporal punishment;
- Any unreasonable use or degree of force or threat of force not necessary to protect the person or another person from bodily harm;
- Infliction of mental or verbal abuse, such as screaming, ridicule, or name calling;
- Incitement or encouragement of others to mistreat a behavioral health recipient;
- Transfer or the threat of transfer of a behavioral health recipient for punitive reasons;
- Restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Use of medication as punishment;
- Any act in retaliation against a behavioral health recipient for reporting an incident of mistreatment; and
- Commercial exploitation including but not limited to requiring work with no pay use of photographs for commercial purposes without consent, spending funds belonging to enrolled persons without consent.

## **N**

### **Natural Support**

Refers collectively to support commonly identified as:

- "Informal Support " (support provided by those individuals who know or are related to the individual/family, but do not provide a paid service, such as a grandparent or neighbor who is connected to the individual/family) and
- "Community Support" (those supports that are part of the individuals/family's community, such as faith community, neighborhood or community organizations).

**Neglect**

With respect to an adult, “neglect” is a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating or other services necessary to maintain minimum physical or behavioral health.

With respect to a child/minor, “neglect” is the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes substantial risk of harm to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

**Non-QMB dual**

A person who is eligible for Title XIX services and has Medicare coverage, but who is not eligible for QMB benefits.

**Not Guilty by Reason of Insanity (NGRI) (prior to 1996)**

Means that at the time of commission of the criminal act the person was afflicted with a mental disease or defect of such severity that the person did not know the criminal act was wrong and is therefore not responsible for his criminal conduct. (Persons designated as NGRI remain under the authority of the original Court of commitment indefinitely.)

**Notice of Privacy Practices (NPP)**

A notice that describes how the behavioral health member’s medical information may be used and disclosed and how they can get access to this information as required under federal HIPAA regulations.

**Nursing Facility (NF)**

Is a health care facility that is licensed and Medicare/Medicaid certified by ADHS in accordance with 42 CFR 483 to provide inpatient room, board and nursing services to members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.

**Nursing Facility (Policy 115)**

For the purposes of this policy, a Nursing Facility is a health care institution licensed to operate using the AHCCCS provider type 22 “Nursing Home”

**O****Office of Human Rights (OHR)**

The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision, and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances. Advocates coordinate and assist Human Rights Committees in performing their duties.

**Older adult**

A person who is age 55 or older.

**Opiate Dependency**

A cluster of cognitive, behavioral, and physiological symptoms related to opiate usage. There is a pattern of repeated self-administration than can result in tolerance, withdrawal, and compulsive drug-taking behavior. (DSM-IV-TR)

**Opiate Withdrawal**

- Spontaneous Withdrawal: A physiological/psychological state resulting from a cessation of an opiate drug or a reduction in dosage ; and
- Precipitated Withdrawal: A physiological/psychological state resulting from administration of an opioid antagonist.

**Outcome**

The immediate desired change in attitudes, values, behaviors, or conditions. Stated in the following format: "By a specified date, there will be a change (increase or decrease) in the target behavior, among the target population."

**Outcome Measures**

Information that allows measurement of behavioral health outcomes for Adults and Children.

At a minimum, outcome measures for adults and children include the following:

- For all clients, a complete Demographic Data Set must be completed and submitted at the start of the episode of care, upon any major change in status, at least once every 365 days, and at the end of the episode of care.
- For children, the CASII field must also be updated least every 6 months.

**Outreach**

Activities designed to inform persons in a culturally and linguistically appropriate manner of behavioral health services availability and engage or refer those persons in need of services.

**Out-of-Area Service**

The provision of a behavioral health service to a person in a geographic area other than that of the person's home T/RBHA. Out-of-area service provision includes services provided to a person who is discharged from an inpatient or residential setting to a different T/RBHA's area, but who does not live in an independent living setting.

**Out of network services**

Services provided by providers that are not contracted with a Tribal or Regional Behavioral Health Authority (T/RBHA).

**Over-Utilization**

Top 5 to 10 percent of services utilized/members utilizing services.

**P****PASRR**

Pre-Admission Screening and Resident Review.

**Parent-Delivered Support or Service**

Emotional and informational support provided by a parent or caregiver who has similar personal life expertise and has navigated two child serving systems.

**Patient**

Any person undergoing examination, evaluation or behavioral health treatment.

**Payment Records**

All communications related to payment for a patient's health care that contain individually identifiable information

**Peace officers**

Sheriffs of counties, constables, marshals and/or policemen of cities and towns

**Peer**

An individual who is, or has been, a recipient of behavioral health services and has an experience of recovery to share.

**Peer-Delivered Services**

Peer-delivered services reflect a continuum of programs and supports provided by individuals who identify themselves as having behavioral health challenges and are receiving or have received behavioral health care. Peer services can include programs that are peer-operated (planned, delivered and administered by people with lived experience), peer partnerships (shared governance between peer and non-peer organizations or staff) and peer employees – the unique discipline of providing peer services as a member of the target population.

**Peer/Recovery Support**

Social and emotional support, generally coupled with specific, skill-based training, coaching or assistance, that is provided to bring about a targeted social or personal change at the symptom, individual, family or community level. Targets for peer support services can include a variety of individualized and personal goals, including living preferences, employment or educational goals and development of social networks and interests.

**Peer Review**

An in-depth review specifically intended to investigate the clinical soundness of treatment provided for a member by a clinician (e.g. medical doctor, nurse practitioner, physician assistant), typically conducted through a committee structure inclusive of same-specialty peers. The peer review process is confidential and is not disclosed as public record or produced in response to a subpoena or other legal order unless otherwise required by law.

**Peer Reviewed Literature**

Scientific studies and articles critically assessed by experts in the author's field or specialty and deemed eligible for publication. The review process is used to ensure studies or other evaluations are sound and the findings are valid.

**Peer-run Organization**

Peer-Operated Services that are:

- Independent - Owned, administratively controlled, and managed by peers
- Autonomous - All decisions are made by the program
- Accountable - Responsibility for decisions rests with the program
- Peer – controlled - Governance board is at least 51% peers

**Peer Support Services**

The provision of assistance to more effectively utilize the service delivery system (e.g., assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, overcoming service barriers) or understanding and coping with the stressors of the person's disability (e.g., support groups), coaching, role modeling and mentoring.

Self-help/peer services are intended for enrolled persons and/or their families who require greater structure and intensity of services than those available through community-based recovery fellowship groups and who are not yet ready for independent access to community-based recovery groups (e.g., AA, NA, Dual Recovery). These services may be provided to a person, group or family.

**Peer / Recovery Support Specialist**

A peer who has completed training and passed a competency test through an ADHS/DBHS Approved Peer Support Employment Training Program, and meets the requirements to function as a behavioral health paraprofessional, behavioral health technician, or behavioral health professional, as defined in [A.A.C. R9-20-101](#) and [A.A.C. R9-20-204](#).

## **Peer Worker**

Peer Worker refers to an individual who is, or has been, a recipient of behavioral services and who currently provides behavioral health services to individuals enrolled in the public behavioral health system. The peer worker may be either an employee or volunteer/unpaid. Services that may be provided by a peer worker vary depending on the peer worker's education and experience. For example, a peer worker who is also behavioral health professional can provide all of the treatment and support services that the agency is able to provide under the agency's ADHS Division of Licensing Services (DLS) license or the agency's ADHS/DBHS Community Services Agencies Title XIX certification. Peer Workers may have job titles such as Peer Support Specialists, Recovery Guides, Recovery Specialists, etc.

## **Pending Admission List**

A list of individuals who have been appointed for admission by the Chief Medical Officer, but not yet admitted to the Arizona State Hospital (ASH).

## **Permanent housing**

Community-based housing available to low-income individuals with disabilities and provides long-term housing and supportive services for not more than: 8 such persons in a single structure or contiguous structures; 16 such persons, but only if not more than 20 percent of the units in a structure are designated for such persons; or more than 16 persons if the applicant demonstrates that local market conditions dictate the development of a large project and such development will achieve the neighborhood integration objectives of the program within the context of the affected community.

## **Persistently or Acutely Disabled (PAD)**

Means a severe mental disorder that meets all of the following criteria:

- If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality.
- Substantially impairs the person's capacity to make an informed decision regarding treatment and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages, and alternatives are explained to that person.
- Has a reasonable prospect of being treatable by outpatient, inpatient, or combined inpatient and outpatient treatment.

## **Person Centered Planning**

Person-centered planning is a process-oriented approach to empowering people with disability labels. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society

## **Personal Restraint**

The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body, but for a behavioral health agency licensed as an OBHL Level I RTC or a Level I subacute facility, does not include:

- Holding a person for no longer than five minutes, without undue force, in order to calm or comfort the person; or
- Holding a person's hand to escort the person from one area to another.

## **Personal Restraint- Level I Psychiatric Acute Hospital Programs**

The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body. Personal restraint does not include the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a resident to walk to a safe location. ((42 CFR 482.13(1)(ii))



**Personal Restraint- Residential Treatment Centers Providing Services to Persons under the Age of 21** (42 CFR 483.352) The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body. Personal restraint does not include briefly holding without undue force a resident in order to calm or comfort him or her, or holding a resident's hand to safely escort a resident from one area to another.

**Personal Restraint, Sub-Acute Agency**

(A.A.C. R9 20-101) The application of physical force without the use of any device, for the purpose of restricting the free movement of a behavioral health recipient's body, but:

- (a) For a Level 1 RTC or a Level 1 sub acute agency, does not include:
  - i. Holding a behavioral health recipient for no longer than five minutes, without undue force, in order to calm or comfort the behavioral health recipient, or
  - ii. Holding a behavioral health recipient's hand to safely escort the behavioral health recipient from one area to another; and
- (b) For a correctional facility, does not include physically holding a person by a security officer for purposes not related to a behavioral health recipient's behavioral health issue.

**Physical injury**

The impairment or physical condition that includes any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition that imperils health or welfare.

**Postpartum care**

The health care provided for a period of up to 60 days post-delivery. Family planning services are included, if provided by a physician or practitioner, as addressed in AHCCCS AMPM Policy 420.

**Post Stabilization Services**

Medically necessary services, related to an emergency medical condition, provided after the person's condition is sufficiently stabilized in order to maintain, improve or resolve the person's condition so that the person could alternatively be safely discharged or transferred to another location.

**Practitioner**

Certified nurse practitioners in midwifery, physician's assistants and other nurse practitioners. Physician's assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

**Preconception Counseling Services**

As part of a well woman visit, these services are provided when medically necessary. This counseling focuses on the early detection and management of risk factors before pregnancy, and includes efforts to influence behaviors that can affect a fetus (even before conception is confirmed), as well as regular health care. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling does not include genetic testing.

**Pregnancy Termination**

The artificially induced expulsion of an embryo or fetus. As used in legal context, the term usually refers to induced abortion.

**Pre-petition Screening**

The review of each application requesting court-ordered evaluation, including an investigation of facts alleged in such application, an interview with each applicant and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on a voluntary basis, evaluation or other services.

**Preliminary Protective Hearing (PPH)**

A Hearing held within 5-7 days of when a dependency petition is filed. At the PPH, the court will make orders about the child's placement, visitation and tasks and services to be provided.

**Preponderance of Evidence**

A standard of proof that it is more likely than not that an alleged event occurred.

**Prescriber**

For the purposes of this section, a prescriber is a behavioral health medical practitioner licensed to prescribe medications and includes a. A physician; b. A physician assistant; or c. A nurse practitioner.

**Prescription Drug Plan (PDP)**

Prescription drug coverage that is offered under a policy, contract, or plan that has been approved as specified in 42 CFR 423.272 and that is offered by a Prescription Drug Plan (PDP) sponsor that has a contract with CMS that meets the contract requirements under 42 CFR 423.505. This includes fallback prescription drug plans.

**Prevention**

The creation of conditions, opportunities, and experiences that encourage and develop healthy, self-sufficient children and that occur before the onset of problems (Arizona Revised Statutes). Prevention is an active process that creates and rewards conditions that lead to healthy behaviors and life styles (Center for Substance Abuse Prevention, (CSAP)).

**Prevention Activity**

Any activity provided in accordance with ADHS/DBHS Framework for Prevention in Behavioral Health.

**Primary Care Physician**

An individual who meets the requirements of A.R.S. § 36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

**Primary Source Verification**

Verification is a direct contact with the sources of credentials. For example, this may include residency programs, licensing agencies, and specialty boards to guarantee that statements about training, experience and other qualifications are legitimate, unchallenged and appropriate.

**Prior Authorization**

A process that requires the behavioral health practitioner to obtain approval from the T/RBHA prior to the provision of the covered service. Prior authorization is not a guarantee of payment.

**Prior Period Coverage**

AHCCCS provides prior period coverage for the period of time prior to the Title XIX member's enrollment during which the member is eligible for covered services. The time frame is from the effective date of eligibility (or 10/1 if the effective date of eligibility is prior to 10/1) to the day the member is enrolled with an acute health plan. ADHS receives notification from the Administration of the member's enrollment. ADHS is responsible for payment of all claims for medically necessary behavioral health services, provided to members during prior period coverage.

**Privileging**

The process by which a health organization reviews training, clinical competency and the scope of practice of its health providers.

## **Program 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 professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2).

Elements of Program Abuse:

- Inconsistency (pattern of not following known laws, rules, regulations, contracts or industry practices/procedures).
- Costs (unnecessary loss to a government program).
- Not necessary/does not meet standards (general disregard for professional or industry standards and practices).

## **Program Director**

The Community Service Agency staff person who is directly responsible for the program, direct service staff or contractor and services provided by the CSA.

## **Protected Health Information**

The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral. (45 C.F.R. § 160.103)

## **Protective factor**

An attribute, situation, condition, or environmental context that develops resiliency in individuals and prevents the likelihood of Alcohol Tobacco and Other Drug (ATOD) use.

## **Provider**

A person or entity that contracts with a T/RBHA to provide covered services directly to members.

## **Provider Appeal**

A formal written disagreement with a decision made by a T/RBHA or ADHS/DBHS

## **Provider Preventable Conditions**

42 CFR Section 447.26 prohibits payment for services related to Provider-Preventable Conditions. Provider-Preventable Condition means a condition that meets the definition of a Health Care-Acquired Condition (HCAC) or an Other Provider-Preventable Condition (OPPC). These terms are defined as follows:

- Health Care-Acquired Condition (HCAC) – means a Hospital Acquired Condition (HAC) under the Medicare program, with the exception of Deep Vein Thrombosis/Pulmonary Embolism following total knee or hip replacement for pediatric and obstetric patients, which occurs in any inpatient hospital setting and which is not present on admission. Refer to Chapter 900, Policy 960 for the list of HCACs.
- Other Provider-Preventable Condition (OPPC) – means a condition occurring in the inpatient and outpatient health care setting which AHCCCS has limited to the following:
  1. Surgery on the wrong member,
  2. Wrong surgery on a member and
  3. Wrong site surgery.

A member’s health status may be compromised by hospital conditions and/or medical personnel in ways that are sometimes diagnosed as a “complication”. If it is determined that the complication resulted from an HCAC or OPPC, any additional hospital days or other additional charges resulting from the HCAC or OPPC will not be reimbursed.

If it is determined that the HCAC or OPPC was a result of mistake or error by a hospital or medical professional, the Contractor must conduct a quality of care investigation and report the occurrence and results of the investigation to the AHCCCS Clinical Quality Management Unit.

### **Provisional Credentialing**

Temporary/Provisional Credentialing is used when it is in the best interest of members that providers be available to provide care prior to completion of the entire credentialing process. The T/RBHA has 14 calendar days from receipt of a complete application to render a decision regarding temporary or provisional credentialing.

### **Prudent Layperson**

A person without medical training who exercises those qualities of attention, knowledge, intelligence and judgment which society requires of its members for the protection of their own interest and the interests of others.

### **Public Housing Authority (PHA)**

HUD funded unit of local government that provides independent housing for low-income individuals and families. Program includes Section 8 Housing Choice Vouchers and low rent units.

### **Psychiatric Acute Hospital**

A hospital that provides inpatient services licensed per 9 A.A.C. 20 and includes a general hospital with a psychiatric unit and a specialty psychiatric hospital (including the Arizona State Hospital).

## **Q**

### **QMB dual**

A person who is eligible for QMB benefits as well as Title XIX services. QMB duals are entitled to Title XIX services and Medicare Part A and Part B services.

### **Qualified Assessor**

A qualified clinician, as defined in R9-21-101(B), who is credentialed and trained to conduct assessments (see Policy 405, Credentialing and Recredentialing for additional information on credentialing requirements).

### **Qualified Clinician**

Means a behavioral health professional who is licensed or certified under A.R.S. Title 32, or a behavioral health technician who is supervised by a licensed or certified behavioral health professional.

### **Qualified Interpreter/Translator**

A T/RBHA or provider employee who has received a spoken and/or written language evaluation from a language testing agency recommended by ADHS/DBHS. If a language evaluation is not available for a particular tribal language, the evaluation must be conducted by the TRBHA using a process approved by ADHS/DBHS. Sign language interpreters must be licensed according to A.R.S. § 36-1946 and [A.A.C. R9 Chapter 26, Article 5](#). T/RBHAs are responsible for determining what level of written or oral language competency is required to perform clinical or administrative functions. Sign language, oral interpretation and translation services must be provided by a T/RBHA or provider employee who is proficient and skilled in translating and interpreting language(s).

### **Qualified Service Organization**

A person or organization that provides services to a program, such as data processing, bill collecting, dosage preparation, laboratory analyses, or legal, medical, accounting, or other professional services, or services to prevent or treat child abuse or neglect, including training on nutrition and child care and individual and group therapy. The person or organization has entered into a written agreement with a program providing drug or alcohol referral, diagnosis or treatment under which the person or organization acknowledges that in receiving, storing, processing or otherwise dealing with any records concerning enrolled persons, it is fully bound by these regulations and, if necessary, will resist in judicial proceedings any efforts to obtain access to records of enrolled persons except as permitted by these regulations. (42 CFR Part 2)

### **Quality of Care Concern (QOC)**

An allegation that any aspect of care, or treatment, utilization of behavioral health services or utilization of physical health care services as part of an Integrated RBHA that caused or could have caused an acute medical/psychiatric condition or an exacerbation of a chronic medical/psychiatric condition and may ultimately cause the risk of harm to the behavioral health recipient.

## **R**

### **RBHA Drug List**

A list of medications that are made available by individual RBHAs for Title XIX/XXI eligible persons. The list must include all medications on the ADHS/DBHS Behavioral Health Drug List and at the same parameters.

### **Recertification of Need (RON)**

A RON is a re-certification made by a physician. If made by a physician assistant or nurse practitioner acting within the scope of practice as defined by State law and under the supervision of a physician, the RON must recertify for each applicant or beneficiary that inpatient services in a behavioral health hospital are needed. A RON must be completed at least every 60 days for a person who is receiving services in an Inpatient facility. An exception to the 60-day timeframe exists for inpatient services provided to persons under the age of 21. The treatment plan (individual plan of care) and RON for persons under the age of 21 in a Behavioral Health Inpatient facility must be completed and reviewed every 30 days. (42 CFR 441.152, 456.30, 456.160)

### **Recovery**

Recovery is a deeply personal process and no single, universally accepted definition of recovery currently exists. In the simplest sense, recovery is a lived experience of moving through and beyond the limits of one's disorder; living a life outside of one's illness. In this process one finds hope, empowerment, self-responsibility and a meaningful role in life. Key characteristics of recovery include:

- Recovery is personal and individualized (not defined by a treatment agency)
- Recovery moves beyond symptom reduction and relief (e.g. meaningful connections in the community, overcoming specific skill deficits, establishing a sense of quality and well-being)
- Recovery is both a process of healing (regaining) and a process of discovery (moving beyond)
- Recovery encompasses the possibility for individuals to test, make mistakes, and try again.

### **Recovery Goal**

Describes where the person wants to be and how they will know when a service is no longer needed. Provides a vision of how the person would like their life, family and environment.

### **Reduction of Service**

Reduction of service occurs when a decision is made to reduce the frequency or duration of an ongoing service. A reduction of service does not include a planned change in service frequency or duration that is initially identified in the person's service plan and agreed to in writing by the person receiving services or his/her legal guardian.

### **Re-engagement**

Required activities by providers designed to encourage the individual to remain enrolled and continue receiving services

### **Behavioral Health Services Referrals**

Any oral, written, faxed, or electronic request for behavioral health services made by any member, or member's legal guardian, family member, an AHCCCS health plan, primary care provider, hospital, jail, court, probation and parole officer, tribal government, Indian Health Services, school, or other governmental or community agency.

### **Region**

Geographical region designated by ADHS in its contract with the Regional Behavioral Health Authority.

**Regional Behavioral Health Authority (RBHA)**

An organization under contract with ADHS that administers covered behavioral health services in a geographically specific area of the state.

**Regulatory Agency**

A governmental organization that ensures laws and regulations in a particular industry are enforced (e.g., Child Protective Services, Adult Protective Services, Attorney General's Office, Medical Board, Board of Nursing, Board of Behavioral Health Examiners, ADHS/Division of Licensing Services (DLS), AHCCCS).

**Remittance Advice**

An electronic or paper document submitted to a provider to explain the disposition of a claim.

**Residence**

For purposes of this policy means living in a particular locality, in this case the State of Arizona, on permanent basis.

**Resident Review**

Evaluation of a vulnerable individual who may currently be placed in a nursing facility or may be in need of nursing facility placement, to ensure appropriateness of nursing facility placement and provision of adequate behavioral health services.

**Residential Services**

Behavioral health services provided in a facility licensed pursuant to Arizona Administrative Code, Title 9, Chapter 20, as a level II or level III facility.

**Residential Treatment Center (RTC)**

Now known as Behavioral Health Inpatient Facility per 9 A.A.C. 10.

**Resilience**

The personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, and other stresses and to go on with life with a sense of mastery, competence, and hope (New Freedom Commission on Mental Health, 2003).

**Restraint**

Means personal restraint, mechanical restraint or drug used as a restraint and is the following in accordance with 42 CFR 482.13(e)(1):

- (a) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a behavioral health recipient to move his or her arms, legs, body, or head freely; or
- (b) A drug or medication when it is used as a restriction to manage the behavioral health recipient's behavior or restrict the behavioral health recipient's freedom of movement and is not a standard treatment or dosage for the behavioral health recipient's condition.
- (c) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a behavioral health recipient for the purpose of conducting routine physical examinations or tests, or to protect the behavioral health recipient from falling out of bed, or to permit the behavioral health recipient to participate in activities without the risk of physical harm (this does not include a physical escort).

**Retro-eligibility Claim**

A claim where no eligibility was entered in the AHCCCSA system for the date(s) of service but at a later date, eligibility was posted retroactively to cover the date(s) of service.

**Risk factors**

Conditions that increase the risk of a particular problem from developing.



## **Routine Response**

A response that is within timeframes indicated by the person's clinical needs, but does not require an immediate or urgent response.

## **S**

### **Sanction**

The portion of a capitation or allocation funding payment that is held back (permanent) from the RBHA by ADHS/DBHS because the RBHA failed to submit a sufficient amount of CIS "clean" encounters. This should be recorded by the RBHA as an administrative expense.

### **Schizophrenic Spectrum Disorder**

For the purpose of Policy 1301, ADHS/DBHS Drug List, Schizophrenic Spectrum Disorder includes Schizophreniform Disorder, Schizophrenia, and Schizoaffective Disorder in addition to the subtypes of Schizophrenia. DSM-IV-TR Cluster A personality disorders and other psychotic disorders are excluded from this definition.

### **Seclusion**

The involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave.

### **Seclusion – Individuals Determined to have a Serious Mental Illness**

The restriction of a behavioral health recipient to a room or area through the use of locked doors or any other device or method which precludes a person from freely exiting the room or area or which a person reasonably believes precludes his/her unrestricted exit. In the case of an inpatient facility, confining a behavioral health recipient to the facility, the grounds of the facility, or a ward of the facility does not constitute seclusion. In the case of a community residence, restricting a behavioral health recipient to the residential site, according to specific provisions of an individual service plan or court order, does not constitute seclusion.

### **Seclusion- Level I Programs**

The involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. (42 CFR 482.13(1)(ii))

### **Seclusion, Sub-Acute Agency**

The involuntary confinement of a behavioral health recipient in a room or an area from which the behavioral health recipient cannot leave, but does not include the confinement of a behavioral health recipient in a correctional facility. (A.A.C. R9-21-101)

### **Section 8**

Section 8 is the more common name for the Housing Choice Voucher Program which is sponsored by the Department of Housing and Urban Development (HUD). Qualified applicants receive vouchers which are used to subsidize the cost of housing. These vouchers are awarded to individuals who meet certain income and earned income requirements. The goal of these programs is to provide affordable low cost housing to low income occupants.

### **Serious Emotional Disturbance (SED)**

1. Children from birth up to age 18;
2. Child currently or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria; and
3. The mental, behavioral or emotional disorder has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. Such roles or functioning include achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

**Serious Injury**

Any significant impairment of the physical condition of the person as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma and injuries to internal organs, whether self-inflicted or inflicted by someone else.

**Serious Mental Illness (SMI)**

A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

**Serious Occurrence**

Any of the following that occurred on the premises or during a licensee sponsored activity off the premises that required medical services or immediate intervention by an emergency response team or a medical practitioner:

- a. A serious injury, or any significant impairment of the physical condition of the behavioral health recipient as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else;
- b. A medication error or an adverse reaction to a medication;
- c. Suspected or alleged abuse, neglect, or exploitation of the behavioral health recipient or a violation of the behavioral health recipient's rights under R9-20-203(B) or (C);
- d. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;
- e. An unauthorized absence from a residential agency or an inpatient treatment program;
- f. A physical injury that occurred as the result of a personal or mechanical restraint;
- g. A behavioral health recipient's death; or
- h. A behavioral health recipient's suicide attempt

(A.A.C. R9-20-601 and R9-20-202)

**Serious physical injury**

Physical injury that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.

**Service Authorization Request**

A behavioral health recipient's request, through a behavioral health provider, for the provision of a covered service that requires prior authorization

**Service Plan**

A written description of the covered behavioral health services and other informal supports that have been identified through the assessment process that will assist the person to meet his/her specified goals.

**Sexual Abuse**

Sexual misconduct caused by acts or omissions of an employee or contracted staff of the Arizona State Hospital or the T/RBHA or subcontracted provider. Sexual abuse includes molestation, sexual assault, incest, or prostitution of, or with, a person receiving services.

**Shelter Plus Care**

The Shelter Plus Care program (S+C) is authorized by title IV, subtitle F, of the Stewart B. McKinney Homeless Assistance Act (the McKinney Act) (42 U.S.C. 11403– 11407b). S+C is designed to link rental assistance to supportive services for hard-to-serve homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome (AIDS) and related diseases) and their families. The program provides grants to be used for rental assistance

for permanent housing for homeless persons with disabilities. Rental assistance grants must be matched in the aggregate by supportive services that are equal in value to the amount of rental assistance and appropriate to the needs of the population to be served.

### **Single Case Agreement**

If the services to meet an identified clinical need are not available within the contracted network, necessary services are provided in a timely manner through an out-of-network provider. A single case agreement is a contractual agreement developed for an enrolled person based on that person's behavioral health needs and for a predetermined period of time.

### **Sound Methodology**

Systematic approaches to gathering information that rely on established processes and procedures drawn from scientific research techniques.

### **Special Assistance**

The support provided to a person determined to have a Serious Mental Illness who is unable to articulate treatment preferences and/or participate effectively in the development of the Individual Service Plan (ISP), Inpatient Treatment and Discharge Plan (ITDP), grievance and/or appeal processes due to cognitive or intellectual impairment and/or medical condition.

### **Specialized Services (pertaining to a Serious Mental Illness)**

Specialized services are those services specified by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) that, when combined with services provided by the NF, result in continuous and aggressive implementation of an individualized plan of care. The plan of care:

- a. Is developed and supervised by an interdisciplinary team which includes a physician, qualified mental health professionals, and, as appropriate, other professionals;
- b. Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of Serious Mental Illness which requires intervention by trained behavioral health personnel, and
- c. Is directed toward:
  - (1) Diagnosing and reducing the person's behavioral symptoms that necessitate institutionalization;
  - (2) Improving his/her level of independent functioning; and
  - (3) Achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

### **Sponsor-based Rental Assistance**

Sponsor-based rental assistance provides a subsidy for rental assistance through contracts between the grantee and contracted sponsor organization. A sponsor may be a private nonprofit organization or a community mental health agency established as a public nonprofit organization. Participants reside in housing owned or leased by the sponsor.

### **State Placing Agencies**

This term refers to the Department of Juvenile Corrections (DOJC), the Department of Economic Security (DES), the Department of Health Services (DHS) or the Administrative Office of the Court (AOC). (A.R.S. §15-1181(12))

### **Statistical Significance**

Results of a study are not likely to have occurred by chance alone. By convention, a difference between two groups is usually considered statistically significant if chance could explain it only 5% of the time or less.

### **Stigma**

A cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma leads to low self-esteem, isolation, and hopelessness in individuals, and deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems often internalize public attitudes and become so embarrassed or ashamed that they conceal symptoms and fail to seek treatment.

**Study Indicator**

A tool used to measure or gauge, over time, the performance of functions or goals of an individual, organization or service.

**Sub-Acute Facility**

A facility that provides inpatient services licensed per 9 A.A.C. 10.

**Subcontracted Provider**

A Community Service Agency that has been Title XIX Certified by the Department, has registered with AHCCCS, and holds a contract with a RBHA or Tribal RBHA or designee.

**Substance abuse**

The continued use of alcohol or other drugs in spite of negative consequences.

**Substance Use**

The ingestion of alcohol or other drugs without the experience of any negative consequences.

**Support and Rehabilitation Services**

Support and Rehabilitation Services are two categories of Medicaid covered services that behavioral health providers in Arizona may provide to enrolled children and their families. These services are sometimes known by other names, such as Direct Support Services, In-Home and Community-Based Support Services, Peer and Family-Delivered In-Home and Community –Based Support Services, or Wraparound Services. Because there are potential differences between each of these terms, this protocol uses the name Support and Rehabilitation Services.

**Support and Rehabilitation Services Provider**

A behavioral health provider agency that delivers Support and Rehabilitation Services as defined above. There are two main types of Support and Rehabilitation Services providers:

- Generalist Support and Rehabilitation Services Providers -- configure their program operations to the needs of the Child and Family Team without arbitrary limits on frequency, duration, type of service, age, gender, population or other factors associated with the delivery of Support and Rehabilitation Services.
- Specialist Support and Rehabilitation Services Providers – provide either a limited scope of Support and Rehabilitation Services (such as primarily specializing in respite services or skills training services) and/or services that may be designed for a specific population, age, gender, frequency, duration or some other factor (such as a service specializing in working with teenagers or those with a history of displaying harmful sexual behaviors).

**Supported Housing Services**

Services, as defined in the ADHS/DBHS Covered Behavioral Health Services Guide (see service code H0043), that are provided to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes that are owned or leased by a subcontracted provider. These services may include rent and utility subsidies, and relocation services to a person or family for the purpose of securing and maintaining housing.

**Supportive Housing**

Housing, as defined in 24 CFR Part 583, in conjunction with which supportive services are provided for tenants if the housing is safe and sanitary and meets any applicable State and local housing codes and licensing requirements in the jurisdiction in which the housing is located and the requirements of this part; and the housing is transitional housing; safe haven; permanent housing for homeless persons with disabilities; or is a part of, a particularly innovative project for, or alternative method of, meeting the immediate and long-term needs of homeless persons and families.

## **Suspension of Service**

A decision to temporarily stop providing a service.

# **I**

## **Team**

A group of individuals working in collaboration who are actively involved in a person's assessment, service planning and service delivery. At a minimum, the team consists of the person, family members as appropriate in the case of children and a qualified behavioral health clinician. As applicable, the team would also include representatives from other state agencies, clergy, other relevant practitioners involved with the person and any other individuals requested by the person.

## **Team Decision Making (TDM)**

A Division of Child Safety (DCS) meeting process that includes family members, their extended family or other support persons, foster parents (if the child is in placement), child (12 years of age or older) service providers, other community representatives, the caseworker of record, the supervisor and, often, resource staff from DCS. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement and to make a plan which protects the children and preserves or reunifies the family. TDM meetings should be held for ALL placement related decisions, for all families served by DCS.

## **Technology**

Any device or apparatus which is designed or manufactured with the exception of reducing the severity of medical or behavioral health symptoms. Technology for the purposes of this policy does not include medications which are reviewed within the purview of the Pharmacy and Therapeutics committee.

## **Telemedicine**

The practice of healthcare delivery, diagnosis, consultation, treatment and transfer of medical data through interactive, audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.

## **Temporary/provisional credentialing**

The process of granting temporary or provisional credentials when it is in the best interest of members that providers be available to provide care prior to completion of the entire credentialing process. This process is applied in medically underserved areas, whether rural or urban. Temporary/provisional credentialing is granted in accordance with initial credentialing requirements and within 14 calendar days from receipt of a complete application.

## **Tenant-Based Housing**

A scattered-site program in which the tenant holds the lease and is directly responsible to the owner of the property. This program is comparable to the Housing and Urban Development (HUD) Section 8 Housing Choice Voucher Program, but with modifications to meet the needs of adults determined to have a Serious Mental Illness.

## **Termination of Service**

A decision to stop providing a covered behavioral health service.

## **Third Party Liability**

Liability of any individual, entity, or program to pay all or part of the expenditure for services covered under Title XIX/XXI.

## **Tier I Rehabilitation and Support Services**

Services provided by direct service staff members meeting the qualifications of a behavioral health paraprofessional, behavioral health technician or behavioral health professional, including the following:

Personal Care, Self-help/Peer Services/Comprehensive Community Support Services (Peer Support), Psychoeducational Services and Support to Maintain Employment services.

### **Tier II Rehabilitation and Support Services**

Services provided by direct service staff members meeting the qualifications of a behavioral health technician or behavioral health professional, including the following: Behavioral Health Prevention/Promotion Education, Skills Training, Home Care Training Family, Comprehensive Community Support Services (Supervised Day Program) and Supervised Behavioral Health Day Treatment services.

### **Title 14 Guardian**

Any person or agency who has been appointed by a Court to have specific powers, rights, and duties with respect to matters involving the “incapacitated person.”

### **Title 14 Guardian with Mental Health Powers (T-14+)**

Any person or agency who has been appointed by a Court to have specific additional mental health powers with respect to matters involving the “incapacitated person” when the ward has been determined to be incapacitated due to a mental disorder.

### **Title XIX**

Means Title XIX of the Social Security Act, as amended. Is an entitlement program under which the federal government makes matching funds available to states for health and long term care services for eligible low-income individual. This is the Federal statute authorizing Medicaid which is administered by AHCCCS.

### **Title XIX Covered Services**

Means those covered services identified in the ADHS/DBHS Covered Behavioral Health Services Guide as being Title XIX reimbursable.

### **Title XIX Eligible Person**

Means an individual who meets Federal and State requirements for Title XIX eligibility.

### **Title XIX Member**

Means an AHCCCS member eligible for federally funded Medicaid programs under Title XIX of the Social Security Act including those eligible under Section 1931 provisions of the Social Security Act (previously AFDC), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI), SSI-related groups, and Title XIX Waiver Groups, Medicare Cost Sharing groups, Breast and Cervical Cancer Treatment program and Freedom to Work

### **Title XIX Waiver Member**

Means all AHCCCS Medical Expense Deduction (MED) members, and adults or childless couples at or below 100% of the Federal Poverty Level who are not categorically linked to another Title XIX program. This would also include Title XIX linked individuals whose income exceeds the limits of the categorical program and are eligible for MED.

### **Title XIX Waiver Group (TWG)**

Referred to as the “AHCCCS Expansion Population,” this group consists of individuals in the AHCCCS Care Program (childless adults) and individuals who qualify for the Medical Expense Deduction (MED) program.

### **Title XXI Member**

Means a person eligible for acute care services under Title XXI known as the “State Children’s Health Insurance Program” (SCHIP), Title XXI of the Social Security Act provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low income children in an effective and efficient manner that is coordinated with other sources of child health benefits coverage, The Arizona version of the SCHIP is referred to as Kids Care.



**Transfer**

The closure of a person's record by the home T/RBHA and simultaneous enrollment of the person by a different T/RBHA.

**Transitional Housing**

Housing services that facilitate the movement of homeless individuals and families to permanent housing. A homeless individual may stay in transitional housing for a period not to exceed 24 months.

**Transitional Medical Assistance (TMA)**

An AHCCCS program for Families with Children participants who become ineligible due to excess earned income. Families may be eligible to receive Transitional Medical Assistance (TMA) for up to twelve months.

**Translation**

The conversion of written text from a source language into the target language while maintaining the author's intent.

**Treatment**

The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. (45 C.F.R. 164.501)

**Treatment (Policy 114)**

The range of behavioral health care received by a behavioral health recipient that is consistent with the therapeutic goals defined in their ISP.

**Tribal/ Regional Behavioral Health Authorities (T/RBHA)**

A reference to both Regional Behavioral Health Authorities and Tribal Regional Behavioral Health Authorities.

**T/RBHA Designee**

A licensed psychiatrist, psychologist, or nurse practitioner designated by the T/RBHA for evaluation, record review and final determination of Serious Mental Illness.

**T/RBHA Formulary**

A list of medications that are made available by individual T/RBHAs for Title XIX/XXI eligible persons. The list must encompass all medications included on the ADHS/DBHS Behavioral Health Drug List.

**Tribal Regional Behavioral Health Authority (TRBHA)**

A Native American Indian tribe under Contract with ADHS to coordinate the delivery of behavioral health services to eligible and enrolled persons who are residents of the Federally recognized Tribal Nation that is the party to the Contract

**Tribal sovereignty in the United States**

The inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The US federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the United States federal and state governments and the tribal nations. The Constitution and later federal laws grant to tribal nations more sovereignty than is granted to states or other local jurisdictions, yet do not grant full sovereignty equivalent to foreign nations, hence the term "domestic dependent nations".

**U****Under-Utilization**

The bottom 5 to 10 percent of services utilized/members utilizing services.

## Unsecured Protected Health Information

Protected Health Information that is not secured through the use of encryption or destruction that will render PHI unusable, unreadable or indecipherable to unauthorized individuals.

## Urgent Response

A rapid and prompt response to a person who may be in need of medically necessary covered behavioral health services. An urgent response should be initiated in a punctual manner, within a timeframe indicated by the person's clinical needs, but no later than twenty-four hours from the initial identification of need.

Urgent responses must be initiated within 72 hours of notification by DES/CPS that a child has been, or will be, removed from their home.

## U.S. Citizen

An individual may be a U.S. citizen based on where they were born, having a U.S. citizen parent, by marriage or by naturalization as described below:

### • Citizen by Birth

A person is a U.S. citizen if the person was born in the United States (including those born in current states before statehood) or in a U.S. territory. Territories are:

- Guam;
- Puerto Rico based on date of birth;
- The Virgin Islands based on date of birth;
- The Northern Mariana Islands based on date of birth;
- American Samoa;
- Swain's Island; and
- Panama Canal Zone based on date of birth.

**EXCEPTION:** This does not include a person who was born to foreign diplomats residing on one of the preceding jurisdictions.

### • Citizenship Through U.S. Citizen Parent

A person born to U.S. citizen parents can meet the criteria for U.S. citizenship. The regulation used to evaluate U.S. citizenship through a parent is based on the age of the person on February 27, 2001, when the Children's Citizenship Act (CCA) became effective.

If the person was born...	THEN the person...
<b>After February 27, 1983</b> (under age 18 on February 27, 2001)	Automatically acquires U.S. citizenship under the CCA when all of the following requirements are met: <ul style="list-style-type: none"><li>• At least one biological or adoptive parent is a U.S. citizen by birth or naturalization.</li><li>• The child is under age of 18.</li><li>• The child is admitted to the U.S. as an immigrant. Immigrant means the child entered the U.S. on an immigrant visa and/or was admitted as a lawful permanent resident.</li><li>• The child lives in the legal and physical custody of the U.S. citizen parent(s).</li><li>• An adopted child acquires U.S citizen status effective the date the child meets all the previously listed CCA requirements, and the full and final adoption is completed.</li></ul> U. S. Citizenship and Immigration Services (USCIS) documentation is not required to prove U.S. citizenship for a person who meets the above requirements and permanently lives in the U.S. However, the person can obtain documentation by applying to the USCIS for a Certificate of Citizenship or to a passport acceptance facility for a U.S. passport.
<b>On or before February 27, 1983</b> (18 years of age or older on February 27, 2001)	Acquires citizenship if the person's parents meet one of the following criteria: <ul style="list-style-type: none"><li>• Both parents are U.S. citizens and at least one parent lived in the U.S or its territories before the person's birth.</li></ul>

- One parent is a U.S. citizen and the other is a non-citizen. The parent who is a citizen must have lived in the U.S., its possessions, or its territories for a total of five years before the person's birth. At least two of the five years must be after the parent reached age 14.

**NOTE:** Consider the parent to have had U.S. residence for any period of time that the parent lived outside of the U.S as one of the following:

- A U.S. government employee
- Serving in the U.S Armed Forces
- Working for an international organization.

- **Citizenship Through Marriage**

A woman who married a U.S. citizen before September 22, 1922 established U.S. citizenship. This does not apply to a man who married a U.S. citizen.

- **Citizenship by Naturalization**

Individuals who are not U.S. citizens by birth or adoption may apply for and go through the naturalization process to become U.S. citizens.

A person born outside the U.S can derive U.S citizenship from parents who were naturalized as U.S. citizens if both parents (or sole custodial parent) were naturalized before:

- The person's 21<sup>st</sup> birthday if naturalization was before October 14, 1940; or
- The person's 18th birthday if naturalization was on or after October 14, 1940.

- **Dual citizenship**

An individual may be a U.S. citizen and a citizen of another country. A person claiming dual citizenship can lose U.S. citizenship only if the person voluntarily abandons it. Dual citizenship status does not affect the individual's U.S. citizenship.

### **U.S. Department of Housing and Urban Development (HUD)**

The department of the federal government that provides funding for housing and support programs.

### **Utilization Management**

Applies to a Contractor's process to evaluate and approve or deny health care services, procedures or settings based on medical necessity, appropriateness, efficacy and efficiency

## V

### **Violation of Rights**

For all enrolled persons, a violation of those rights contained in A.A.C. R9-20-203 and, for persons enrolled as seriously mentally ill, rights contained in A.A.C. Title 9, Chapter 21, Article 2.

### **Voluntary Evaluation**

An inpatient or outpatient evaluation service that is provided after a determination that a person will voluntarily receive an evaluation and is unlikely to present a danger to self or others until the voluntary evaluation is completed. A voluntary evaluation is invoked after the filing of a pre-petition screening but before the filing of a court ordered evaluation and requires the informed consent of the person.

### **Volunteer**

An individual who meets the requirements to provide services in a Community Service Agency and is not a paid staff member.

### **Vulnerable adult**

An individual who is eighteen years of age or older who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment.

## W

### **Waste**

The Centers for Medicare & Medicaid Services (CMS) define waste as the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

### **Waived physician prescriber**

Drug Addiction Drug Treatment Act of 2000 (DATA 2000) allows physicians to prescribe narcotic drugs in schedules III, IV, V or a combination of such drugs for the treatment of opioid dependence. The physician must meet training standards described under the training and supervision recommendation section of this document.

### **Working Day**

A Monday, Tuesday, Wednesday, Thursday or Friday unless:

- (a) A legal holiday falls on Monday, Tuesday, Wednesday, Thursday or Friday; or
- (b) A legal holiday falls on Saturday or Sunday and a contractor is closed for business the prior Friday or following Monday.

## Y

### **Young Child**

Children birth to five years of age.

### **Youth/Young Adult-Delivered Support**

A young adult who has been a recipient of services or sibling that provides support guidance, training and coaching of the youth with the goal of enhancing the youth's life skills.

## #

### **834 Transaction Enrollment/Disenrollment**

The HIPAA-compliant transmission of an individual's information. For Title XIX/XXI eligible individuals, the 834 is provided to ADHS/DBHS from AHCCCS, then from ADHS/DBHS to the T/RBHAs on a daily file. For a Non-Title XIX/XXI eligible individual, the information is used to establish or terminate a person's enrollment in the ADHS/DBHS behavioral health service delivery.