

GLOSSARY OF TERMS

- **1915(i)** – means the 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families program described in chapter 06.20 of this handbook.
- **1915(c)** – means a federal waiver that allows states to provide home and community-based care to individuals who would otherwise be institutionalized.
- **Administrative Service Organization (ASO)** – means the contractor procured by the State to provide the Department with administrative support services to operate the Maryland Public Behavioral Health System in COMAR 10.09.70.
- **Adult** – means an individual 18 years and older.
- **Alcohol and Drug Abuse Administration** – means the administration within the Department that establishes regulatory requirements which substance abuse providers are to maintain in order to become certified by the Office of Health Care Quality (OHCQ).
- **American Society of Addiction Medicine (ASAM) Criteria** – means an instrument designed to indicate patient placement guidelines for admission, continued stay, and discharge.
- **Behavioral Health Administration (BHA)** – means the Department's administration, as defined by Health General Article Title XX, Annotated Code of Maryland, or its designee. It is the administration within the

Department that establishes regulatory requirements that behavioral health programs are to maintain in order to become certified or licensed by the Department.

- **Care Coordination Organization (CCO)** – means an entity with a minimum of 3 years of experience providing care coordination services that is approved by the Department to provide case management services to 1915(i) participants and their families, pursuant to COMAR 10.09.90.
- **Care Coordinator** – means an individual employed through the care coordination organization that is responsible for providing case management services to 1915(i) participants and families as described in COMAR 10.09.90.
- **Care Management Tool** -means a system that helps accomplish administrative tasks of the health home, including maintaining a list of health home participants and scheduling and tracking participants' clinical appointments.
- **Care Plan** – means a written plan of action that is developed and modified to address a patient's specific behavioral, somatic, and social service needs, which is maintained in the individual's medical record and satisfies the following conditions: (a)Meets the requirements of COMAR I 0.47.01 .04C; or (b)Meets the requirements of COMAR I 0.21.21.06C.
- **Caregiver** – means a family member, guardian, or other individual who is not paid to provide care to the participant and who helps the participant achieve and maintain wellness. It can also refer to an individual with responsibility for 24-hour care and supervision of a minor.
- **Case Manager** – means a community support specialist.

- **Certification** – means the approval issued to a program by the Office of Health Care Quality (OHCQ).
- **Chesapeake Regional Information System for Our Patients (CRISP)** – means the electronic notification system health home providers are required to use in order to access participant hospital encounter data.
- **Child and Family Team (CFT)** – means a team of individuals selected by the participant and family to work with them to design and implement the plan of care.
- **Community Support Specialist Supervisor** – means an individual who is employed or under contract to supervise case management services.
- **Community Support Specialist Associate** – means an individual who is employed by a mental health case management provider to assist community support specialists in the provision of mental health case management services to participants.
- **Community Support Specialist** – means an individual who is employed by a mental health case management provider to deliver case management services to participants.
- **Community-based Substance Use Disorder Program** – means a program that provides services in community settings not regulated by the Health Services Cost Review Commission.
- **Comprehensive Substance Use Assessment** – means the process of gathering data about an individual's bio psychosocial problems to determine whether substance abuse treatment is needed and, if so, at what level of care.
- **Core Service Agency (CSA)** – has the meaning stated in COMAR 10.21.17.

- **Crisis Plan** – means a document that is developed by a CFT to address actions that need to be taken in the event that an individual is experiencing a behavioral health crisis, which is included as part of the plan of care.
- **Department of Human Resources (DHR)** – has the meaning stated in Human Services Article, Title 2, and Annotated Code of Maryland.
- **Department of Public Safety and Correctional Services (DPSCS)** – has the meaning stated in Correctional Services Article, Title 2, Annotated Code of Maryland.
- **Department** -means the Department of Health and Mental Hygiene, the State agency designated to administer the Maryland Medical Assistance Program under Title XIX of the Social Security Act, 42 U.S.C §1396 et seq. and the meaning stated in COMAR 10.09.36.01.
- **Discharge Plan** – means a written description of specific goals and objectives to assist the [recipient] participant upon leaving treatment.
- **Documentation** – means the written medical record.
- **eMedicaid** – means the health information system in which a health home provider will input information regarding participants' services and health and social outcomes.
- **Expressive and Experiential Behavioral Services** – means the use of art, dance, music, equine, horticulture; or drama to accomplish individualized goals as part of the plan of care.
- **Family Peer Support Partner** – means an individual providing family peer-to-peer support services.

- **Family support organization (FSO)** – means an approved entity under Regulation .1OD of this chapter.
- **Family** – means: (a) One or more parents and children related by blood, marriage, or adoption, and residing in the same household; or (b) A parent substitute or substitutes, including informal and formal kinship caregivers as set forth in Health-General Article, §20-105, Annotated Code of Maryland, and Education Article, §7-101, Annotated Code of Maryland, or legal guardians, who have responsibility for the 24 hour care and supervision of a child.
- **Full-time equivalent (FTE)** – means an employee who works 40 hours per week.
- **Health Home** – means a provider designated to offer enhanced care coordination and management services to individuals affected by, or at risk for, chronic conditions, operating under the conditions set forth in this handbook.
- **HIT** – means Health Information Technology.
- **Hospital** – means an institution which: (a) Falls within the Jurisdiction of Health- General Article, Title 19, Subtitle 3, Annotated Code of Maryland; and (b) Is licensed under COMAR 10.07.01 or is licensed by the state in which the service is provided.
- **Individualized Treatment Plan** – means a written plan of action that is developed and periodically updated and revised to address a recipient's specific service needs.
- **Institution for Mental Disease (IMO)** – has the meaning stated in COMAR 10.09.62.0IB.

- **Local Departments of Social Services (DSS)** – has the meaning stated in Human Services Article, Title 3, and Annotated Code of Maryland.
- **Managed Care Organization (MCO)** – has the meaning stated in Health-General Article, §15-10l, Annotated Code of Maryland.
- **Maryland Children's Health Program (MCHP)** – has the meaning stated in COMAR 10.09.43.
- **Medical Assistance Program** – has the meaning stated in COMAR 10.09.36.01.
- **Medically Necessary** – has the meaning stated in COMAR 10.09.36.01. a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition; (b) Consistent with current accepted standards of good medical practice; (c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and (d) Not primarily for the convenience of the consumer, family, or provider.
- **Medicare** – means the insurance program administered by the federal government under Title XVIII of the Social Security Act, 42 U.S.
- **Mental Health Case Management Provider** – means a provider that: (a) Is approved under this chapter to provide mental health case management services to adults 18 years or older; and (b) Utilizes a collaborative process of assessment, planning, implementation, coordination, monitoring, and evaluation of the options and services required to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

- **Mental Health Case Management Services** -means services covered under COMAR 10.09.45 and this handbook which assist participants in gaining access to the full range of mental health services, as well as to any additional needed medical, social, financial assistance, counseling, educational, housing, and other support services.
- **Mental Health Professional** – has the meaning stated in COMAR 10.21.17.
- **Mental Health Services** – means those services described in COMAR 10.09.70.IOC rendered to treat an individual for a diagnosis set forth in COMAR 10.09.70.IOA.
- **Minor** – means an individual who is younger than 18 years old.
- **Mobile Crisis Response and Stabilization Services (MCRS)** - has the meaning stated in Regulation .13 of this chapter.
- **Mobile Treatment Services (MTS)** – means a program approved under COMAR 10.21.19.
- **Natural Support** – means a family member, friend, or community member, or organization selected by the participant or family, or both, to participate on the CFT.
- **Nonparticipant** – means an individual who does not meet the qualifications for participation in mental health case management that are specified in Regulation .03 of this chapter.
- **Office of Health Care Quality (OHCQ)** – means the Office of Health Care Quality of the Department of Health and Mental Hygiene responsible for certification and inspection of programs for the Alcohol and Drug Abuse Administration.

- **Opioid Treatment Program (OTP)** – means formerly referred to as opioid maintenance therapy (OMT) programs, means a program approved to provide opioid maintenance therapy under COMAR 10.47.02.11.
- **Participant** – means an individual who is eligible for Program benefits.
- **Plan of Care (POC)** – means a written document that is: (a) Developed by the CFT that describes the services to be provided to the participant; and (b) Approved by the Department in accordance with 42 CFR §441.301.
- **Program** – the Maryland Medical Assistance Program, which administers comprehensive medical and health-related benefits to indigent and medically indigent individuals and has the meaning stated in COMAR 10.09.36.01.
- **Progress Note** – means an objective documentation of the participant's progress in relation to specific treatment goals and objectives.
- **Provider** – means an organization or an individual practitioner furnishing the services covered under this chapter which, through appropriate agreement with the Department, has been identified as a Program provider by the issuance of a provider account number.
- **Psychiatric Rehabilitation Program (PRP)** – means a program approved under COMAR 10.21.21 for adults, COMAR I 0.21.29 for minors, or both.
- **Public Behavioral Health System** – is the system that provides medically necessary behavioral health services for Maryland Assistance participants and certain other uninsured individuals and supports to eligible individuals as described in COMAR 10.09.70.
- **Recipient** – has the meaning stated in COMAR 10.09.36.01.

- **Recovery Support Services** – means community-based services provided to people and their families during the initiation, on-going, and post-acute stages of their recovery from substance abuse.
- **Residential Treatment Center** – has the meaning stated in Health-General Article, § 19-301, Annotated Code of Maryland.
- **Respite Care** – has the meaning stated in COMAR 10.21.27.
- **Room and Board** – means rent or mortgage, utilities, maintenance, furnishings, and food provided in or associated with an individual's place of residence.
- **Serious and Persistent Mental Disorder** – means a disorder that is: (a) Manifested in an individual 18 years old or older; and (b) Diagnosed, according to a current diagnostic and statistical manual of the American Psychiatric Association that is recognized by the Secretary as: (i) Schizophrenic disorder; (ii) Major affective disorder; (iii) Other psychotic disorder; or (iv) Borderline or schizotypal personality disorders, with the exclusion of an abnormality that is manifested only by repeated criminal or otherwise antisocial conduct.
- **Serious Emotional Disturbance (SED)** – has the meaning stated in COMAR 10.21.17.
- **Service Area** – means during the phase-in of the 1915(I), the geographic area in Maryland where the 1915(i) is available.
- **State Plan** – means the Plan described in §1 902(a) of Title XIX of the Social Security Act.

- **Substance Abuse** – means a maladaptive pattern of substance use leading to clinically significant impairment or distress and manifested by recurrent and significant adverse consequences related to the repeated use of substances.
- **Supplemental Security Income (SSI)** – means a federally administered program providing benefits to needy aged, blind, and disabled individuals under Title XVI of the Social Security Act, 42 U.S.C. §1381 et seq.
- **Treatment Plan** – means a written plan that address the individual's bio psychosocial needs through goals and objectives and is updated as needed according to the treatment modality.
- **Unit of Service** - means a per day rate for a minimum of 1 hour per day for contacts, including face-to-face contacts with a participant, and non-face-to-face contacts on behalf of the participant with nonparticipants, that are directly related to identifying the needs and supports for helping the individual to access services.
- **Wraparound** – means a service delivery model that uses a collaborative process in which the CFT assists in the development and implementation of an individualized plan of care with specified outcomes.