GLOSSARY OF TERMS

Appeal	A request by a beneficiary or a beneficiary's representative for review of any action.
Access Center	Operates 24 hours/day, 7 days/week as the entry point for mental health services in Los Angeles County. Services include deployment of crisis evaluations teams, information and referrals, gatekeeping of acute inpatient psychiatric beds, interpreter services and patient transport.
Advance Directive	Legal documents or statements, including a living will, which are witnessed and allow an individual to convey in expressed instructions or desires concerning any aspect of an individual's health care, such as the designation of a health care surrogate, the making of an anatomical gift, or decisions about end-of-life care ahead of time. An Advance Directive provides a way for an individual to communicate wishes to family, friends, and health care professionals, and to avoid confusion about end-of-life care ahead of time.
Annual Liability	Also known as UMDAP liability, is based on a sliding scale fee and applies to services extended to the client and dependent family members.
Assessment	A service activity designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes but is not limited to one or more of the following: mental status, determination, analysis of the beneficiary's clinical history; analysis of relevant cultural issues and history; diagnosis; and the use of testing procedures.
Assessment	A professional review and evaluation of an individual's mental health needs and conditions, in order to determine the most appropriate course of treatment, if indicated, and may ascertain eligibility for specific entitlement or mandated programs.
Beneficiary	Any person certified as eligible under the Medi-Cal program.
Board of Supervisors (BOS)	Los Angeles County Board of Supervisors that oversee all county departments, including LACDMH. This Board is an elected body.
Border Community	A community located outside of the State of California that is not considered to be out of state for the purpose of excluding coverage by the MHP's because of its proximity to California and historical usage of providers in the community by Medi-Cal beneficiaries.
California Institute for Mental Health (CIMH)	The mission of CIMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.

GLOSSARY OF TERMS

California Behavioral Mental Health Director's Association (CBHDA)	CBHDA provides assistance, information, training, and advocacy to the public mental health agencies that are its members. The mission of the Association is to provide leadership, advocacy, expertise and support to California's county and city mental health programs (and their system partners) that will assist them in serving persons with serious mental illness and serious emotional disturbance.
Centers for Medicare and Medicaid Services (CMS)	US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.
Central Authorization Unit	A Unit of the Health Access and Integration Division in the DMH office of the Medical Director that conducts monitoring and authorization of services. These specific services include: day treatment and requests for authorization of out-of-county services.
Collateral	A service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of Specialty Mental Health Services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness and family counseling with the significant support person(s). The beneficiary may or may not be present for this service activity.
Concurrent Review	This includes establishing medically necessary for diagnosis and treatment of a mental disorder in an acute psychiatric inpatient hospital, identifying a discharge, establishing care coordination and continuing care plan early in the stay. Specialty Mental Health Services provided to a beneficiary is reviewed as it is provided.
Co-Occurring Disorders (COD)	Two disorders occurring to one individual simultaneously. Clients said to have COD have more than one mental, developmental, or substance-related disorder, or a combination of such disorders. COD exists when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.
Co-occurring/Comorbidity	The existence of two or more illnesses – whether physical or mental – at the same time in a single individual.
Coordination of Benefits	A process for determining the respective responsibilities and priority order of two or more insuring entities that have some financial responsibility for a medical claim.

GLOSSARY OF TERMS

Crisis Intervention	A service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site, and staffing requirements.
Crisis Stabilization	A service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site and staffing requirements.
Cultural Competence	A set of congruent practice skills, behaviors, attitudes and policies in a system, agency, or among those persons providing services that enables the system, agency, or those persons providing services to work effectively in cross cultural situations.
Cultural Competency	The practice of continuous self-assessment and community awareness by service providers to ensure a focus on the specific needs regarding linguistic, socioeconomic, educational, spiritual, and ethnic experiences of consumers and their families/support systems relative to their care.
Day Rehabilitation	A structure program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral.
Day Treatment Intensive (DTI)	A structure, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, and collateral.
Day Treatment Rehabilitation	A structured program of therapeutic services and activities, in the context of a therapeutic milieu, designed to improve, maintain, and restore personal independence and functioning consistent with age-

GLOSSARY OF TERMS

	appropriate learning and development. It provides services to a distinct group of clients. Day Rehabilitation is a packaged program with services available at least three (3) hours and less than twenty-four (24) hours each day the program is open. In Los Angeles County these services must be authorized by the Central Authorization Unit**.**
Department of Health Care Services (DHCS)	State Department of Health Care services that includes Mental Health component.
Dual Diagnosis	Occurs when an individual has two separate but interrelated diagnoses of a mental illness and a chemical dependency.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Mental Health related diagnostic services and treatment, other than physical health care, available under the Medi-Cal program only to persons under 21 years of age, that have been determined by the State Department of Health Services.
Early Intervention	Diagnosing and treating mental illnesses early in their development.
Electronic Data Interchange (EDI)	A set of standards for structuring information to be electronically exchanged between and within businesses, organizations, government entities and other groups.
Evidence-based Practices (EBP)	Practices that have quantitative and qualitative data showing positive outcomes. These practices have been subject to expert/peer review that has determined that a particular approach or program has a significant level of evidence of effectiveness in public health research literature.
Expedited Appeal	An appeal to be used when the mental health plan determines or the beneficiary and/or the beneficiary's provider certifies that following the timeframe for an appeal would seriously jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function.
Fair Hearing	The State hearing provided to beneficiaries.
Federal Financial Participation (FFP)	Federal matching funds available to services provided to Medi-Cal beneficiaries under the Medi-Cal program.
Fee-For-Service/Medi-Cal Hospital	A hospital that submits reimbursement claims for Medi-Cal psychiatric inpatient hospital services through the fiscal intermediary
Full-time equivalent (FTE)	A way to measure a worker's completed weekly hours. An FTE of 1.0 means that the person is equivalent to a full-time worker (40 hours/ week), while an FTE of 0.5 signals that the worker is only half-time (20 hours/week).
Grievance	An expression of dissatisfaction by a beneficiary/client.

GLOSSARY OF TERMS

Group Provider	An organization that provides specialty mental health services through two or more individual providers. Group providers include entities such as independent practice associations, hospital outpatient departments, health care service plans, and clinics.
Health Insurance Portability and Accountability Act (HIPAA)	HIPAA defines numerous offenses relating to health care and sets civil and criminal penalties for them. It also creates several programs to control fraud and abuse within the health care system.
HIPAA Final Security Rules	Rules dealing specifically with electronic protected health information, which lay out three types of security safeguards required for compliance: administrative, physical, and technical.
Hospital	An institution that has been certified by the State Department of Health Services as a Medi-Cal provider of inpatient hospital services. Hospital includes general acute care hospitals of the Health and Safety Code, and psychiatric health facilities certified by the State Department of Health Services as Medi-Cal providers of inpatient hospital services.
Individual Provider	Licensed mental health professionals who scope of practice permits the practice of psychotherapy without supervision who provide specialty mental health services directly to beneficiaries. Individual provider includes licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, and registered nurses with a master's degree within their scope of practice. Individual provider does not include licensed mental health professionals when they are acting as employees of any organizational provider or contractors of organizational providers other than the MHP.
Intake Period	Initial clinical evaluations must be completed within 60 days of intake for a new admission (no open episodes), or within 30 days when the client is being opened to a new service but has other open episodes.
Intervention	The act of intervening, interfering, or interceding with the intent of modifying the outcome. In health and mental health, an intervention is usually undertaken to help treat or cure a condition.
Licensed Mental Health Professional	Licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, registered nurses, licensed vocational nurses, and licensed psychiatric technicians.
Managed Care	The organized system for delivering comprehensive mental health services that allows the managed care entity to determine what services will be provided to

GLOSSARY OF TERMS

	an individual in return for a prearranged financial payment.
Medi-Cal Managed Care Plan	An entity contracting with the State Department of Health Services to provide services to enrolled beneficiaries.
Medicare Fiscal Intermediary	Private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the administration of claims payment.
Medication Support Services	Services that include prescribing, administering, dispensing, and monitoring of psychiatric medications or biological that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks, and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.
Megan's law	California's Megan's Law provides the public with certain information on the whereabouts of sex offenders so that members of local communities may protect themselves and their children.
Memorandum of Understanding (MOU)	A written agreement between mental health plans and Medi-Cal managed care plans describing their responsibilities in the delivery of specialty mental health services to beneficiaries who are served by both parties.
Mental Health Plan (MHP)	An entity that enters into a contract with the Department to provide directly or arrange and pay for specialty mental health services to beneficiaries in a county. An MHP may be a county, counties acting jointly or another governmental or non-governmental entity.
Mental Health Services	Individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.
MHP of Beneficiary	The MHP responsible for providing or arranging and paying for specialty mental health services for a beneficiary. The responsible MHP is the MHP serving the county that corresponds to the beneficiary's county of responsibility code as listed in the Medi-Cal Eligibility

GLOSSARY OF TERMS

	Data System (MEDS), unless another MHP is determined responsible.
MHP Payment Authorization	The written, electronic or verbal authorization given by an MHP to a provider for reimbursement of specialty mental health services provided to a beneficiary.
National Provider Identifier (NPI)	A unique, ten-digit numeric identifier assigned to covered health care providers by the National Plan and Provider Enumeration System. This identifying number does not carry any information about health care providers, such as the state in which they practice or their provider type or specialization. The intent of the NPI is to improve the efficiency and effectiveness of electronic transmission by allowing providers and business entities to submit the same identification number(s) to all payers, such as insurance plans, clearinghouses, systems vendors, and billing services.
Notice Of Adverse Benefit Determination (NOABD)	Any action by the MHP that is a (1) Denial or limited authorization of a requested service, including determinations based on the type of level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit; (2) The reduction, suspension or termination of a previously authorized service; (3) The denial, in whole or part, of payment for a service; (4) The failure to provide services in a timely manner; (5) The failure to act within the required time frames for standard resolution of grievances and appeals; and (6) The denial of a beneficiary's request to dispute financial liability.
Onset	The beginning of a serious psychiatric illness that can be diagnosed by the DSM-5. In this respect, onset can include the onset of depression in an older adult or a new mother experiencing the onset of post-partum depression. Onset can apply to any psychiatric illness. Individuals may experience onset of a serious psychiatric illness a number of times.
Outreach & Engagement (O&E)	A component within the Mental Health Services Act (MHSA), which aims to inform the public about MHSA, gather community input, and integrate feedback into the planning process. O&E activities focus on organizing the wide diversity of backgrounds and perspectives represented within the county, with a special emphasis on underserved and unserved populations. It seeks to facilitate the creation of an infrastructure that supports partnerships with historically.
Patient's Rights Office	The Patients' Rights Office of the Los Angeles County Department of Mental Health was created in response to legislation requiring each county mental health director to appoint a patients' rights advocate(s) to protect and further the Constitutional and statutory rights of mental health care recipients. Some of the

GLOSSARY OF TERMS

	duties of this office include; investigation of complaints, representation of patients at certification review and medication capacity hearings, beneficiary services program, residential care advocacy, minors' rights program, jail advocacy program, LPS designation functions, training and consultation, monitoring Electroconvulsive treatment (ECT), data collection, legislative interaction, missing person locator and peer advocacy program.
Peer	Any individual who uses their personal or family lived experience related to mental health, mental illness services and treatment, to advance the well-being of others in a mental health supportive program setting.
Prevention	The Prevention element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as Universal and Selective, both occurring prior to a diagnosis for a mental illness.
Primary Care	The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
Primary Contact	The individual at a Billing Provider who discusses specific client service needs with the client and/or Rendering Providers and is identified in the LAC-DMH electronic database at the episode level.
Prior Authorization	The issuance of an MHP payment authorization to be provided before the requested service has been provided.
Protected Health Information (PHI)	Any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. This is interpreted rather broadly and includes any part of a patient's medical record or payment history.
Provider	A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program.
Provider Relations Unit (PRU)	Health Access and Integration Division Support Staff who provide administrative support services to Network Providers.
Psychiatric Inpatient Hospital Professional Services	Specialty mental health services provided to a beneficiary by a licensed mental health professional with hospital admitting privileges while the beneficiary is in a hospital receiving psychiatric inpatient hospital services. Psychiatric inpatient hospital professional services do not include all specialty mental health services that may be provided in an inpatient setting.

GLOSSARY OF TERMS

	Psychiatric inpatient hospital professional services include only those services provided for the purpose of evaluating and managing the mental disorder that resulted in the need for psychiatric inpatient hospital services. Psychiatric inpatient hospital professional services do not include routine hospital services or hospital-based ancillary services.
Psychiatrist Services	Services provided by licensed physicians, within their scope of practice, who have contracted with MHP to provide specialty mental health services and or medication support, who have indicated a psychiatrist specialty as part of the provider enrollment process for the Medi-Cal program, to diagnose or treat a mental illness or condition.
Psychologist Services	Services provided by licensed psychologists, within their scope of practice, to diagnose or treat a mental illness or condition.
Public Guardian Office (PGO)	This office receives referrals from mental health professionals who wish to evaluate clients for both “grave disability” and mental disorder. The Director of the Los Angeles County Public Guardian Office acts as the conservator for individuals and their estate when the court has determined—based on the results of the evaluation—that the individual cannot provide for their basic needs of food, clothing, and shelter.
Quality Assurance Activities	Indirect activities defined by the Federal government that assist a Local Mental Health Plan in insuring and improving the quality of care delivered by its organization that are not provided as a service to or in relation to a specific client of the Department. Claiming for these services is currently paper based. Only licensed professionals may claim for QA activity.
Quality Improvement Program	DMH program involving DMH leadership management, staff, consumers, and family members intended to create and sustain a culture of system wide involvement and continuous improvement to the delivery of care.
Receipt or Date of Receipt	Receipt of a Treatment Authorization Request or other document. Date of receipt means the date the document was received as indicated by a date stamp made by the receiver or the fax date recorded on the document. For documents submitted by mail, the postmark date shall be used as the date of receipt in the absence of a date/time stamp made by the receiver.
Rehabilitation	A service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary’s or group of beneficiaries’ functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.

GLOSSARY OF TERMS

Service Activities	Activities conducted to provide specialty mental health services when the definition of the service includes these activities. Service activities include, but are not limited to, assessment, collateral, therapy, rehabilitation, and plan development.
Service Planning Areas (SPA)	Los Angeles County is administratively divided into eight (8) geographically based Service Planning Areas, also referred to as “Service Areas”. This organizational structure facilitates closer coordination among agencies providing services in that geographic area.
Specialized Intensive Foster Care	A community-based alternative placement for children who require out-of-home care along with therapy and specialized services including those children who are emotionally and behaviorally disturbed, developmentally disabled, and medically disabled. Specialized Intensive Foster Care programs involve the application of specific evidence-based practices designed to treat this population.
Specialty Mental Health Services	Rehabilitative mental health services, including: Mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential treatment services, psychiatric health facility services, psychiatric inpatient hospital services, targeted case management, psychiatrist services, psychologist service, EPSDT supplemental specialty mental health services and psychiatric nursing facility services.
Spirituality	A person’s deepest sense of belonging and connection to a higher power or transcendent life philosophy which may not necessarily be related to an organized religious institution (Adapted from California Mental Health & Spirituality Initiative). Spirituality is a process of pursuing meaning and purpose in life.
Stakeholder	A person or group of people who impacts or is directly impacted by mental health services or, a person who represents others’ interests relative to mental health services.
Submit or Date of Submission	To transfer a document by mail, fax, or hand delivery. The “date of submission” means the date the document was submitted as indicated by the postmark date, the fax date, or the date of hand delivery as shown by the date stamp made by the receiver. For documents submitted by mail, the postmark date shall be used as the date submission.
Therapy	A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and

GLOSSARY OF TERMS

	may include family therapy at which the beneficiary is present.
Third Party Liability	An amount owed for specialty mental health services on behalf of a beneficiary by any payer other that the MHP, the Medi-Cal program or the beneficiary.
Threshold Language	The California Department of Mental Health tracks how many people are served in each county in mental health. If a county has 3,000 Medi-Cal consumers that speak a certain language, then that language becomes a “threshold language” and the county is required to provide services and written materials in that language. Los Angeles County has 13 threshold languages. These languages are Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other- Chinese, Russian, Spanish, Tagalog, Arabic and Vietnamese.
Transition Age Youth (TAY)	Youth and young adults between the age 16 and 25.
Unit of Service	The increment unit of time used to capture the quantity of services provided (e.g., 1 minute = 1 Unit of Service) during mental health service procedure. Claims are generated based upon service provided and multiplied by the rate for that procedure.
Urgent Care Centers (UCCs)	Provide intensive crisis services to individuals who otherwise would be brought to emergency rooms for up to 23 hours of immediate care and linkage to community-based solutions. UCCs provide crisis intervention services, including integrated services for co-occurring substance abuse disorders and are geographically located throughout the County. UCCs focus on recovery and linkage to ongoing community services and supports that are designed to impact unnecessary and lengthy involuntary inpatient treatment.
Usual and Customary Charges	Uniform charges that are listed in a provider’s established charge schedule which are in effect and applied consistently to post patients.