



TERM	DEFINITION
<b>Administrative Day</b>	<p>"During the hospital stay, the patient previously had met medical necessity criteria for acute psychiatric inpatient hospital services. There must be at least one approved acute day prior.</p> <p>A. There is no appropriate, non-acute residential treatment facility within a reasonable geographic area and the hospital documents contacts with a minimum of five appropriate, non-acute residential treatment inpatient psychiatric facilities per week for placement of the patient subject to the following requirements.</p> <p>a. BHSD can waive the requirements of five (5) contracts per week if there are fewer than five (5) appropriate, non-acute residential treatment inpatient psychiatric facilities available as placement options for the patient. In no case shall there be less than one (1) contact per week. 812"</p>
<b>Administrative Denial</b>	<p>"An Administrative Denial includes the following:</p> <ol style="list-style-type: none"> <li>1. Missing physician or provider signature and/or date</li> <li>2. Incomplete or incorrect information in the TAR fields. Note: the day of discharge is not eligible for payment request.</li> <li>3. Discrepancy between dates of service and days requested. Note: the day of discharge is not eligible for payment request.</li> <li>4. Incomplete or incorrect diagnostic code</li> <li>5. TARS not submitted in a timely manner"</li> </ol>
<b>Adult Residential Treatment Services</b>	<p>These services provide mental health treatment and skill-building for people who are living in licensed facilities that provide residential treatment services for people with a mental health condition. These services are available 24 hours a day, seven days a week. Medi-Cal does not cover the room and board cost to be in the facility that offers adult residential treatment services.</p>
<b>Adverse Benefit Determination</b>	<p>"Means any of the following actions taken by a Plan:</p> <ol style="list-style-type: none"> <li>1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.</li> <li>2. The reduction, suspension, or termination of a previously authorized service.</li> <li>3. The denial, in whole or in part, of payment for a service.</li> <li>4. The failure to provide services in a timely manner.</li> <li>5. The failure to act within the required timeframes for standard Resolution of grievances and appeals.</li> <li>6. The denial of a Beneficiary's request to dispute financial liability. "</li> </ol>
<b>ALOC</b>	<p>Assessment and Authorization for Level of Care (LOC) which documents medical necessity for LOC Substance Use Treatment Services.</p>
<b>Appeal and Expedited Appeal</b>	<p>An Appeal is a Plan review of a Notice of Adverse Benefit Determination (NOABD). A request for review of an Action, in response to a problem, such as denial or changes to services a Beneficiary believes they need. The Appeal may be filed in person, on the phone, or in writing. However, Appeals must be signed by the Beneficiary or by the Participating Provider on behalf of the Beneficiary. A process to have an authorization decision that adversely affects services provided to an individual, or involves denial of services to an individual, reviewed by a licensed professional to evaluate the medical needs of the individual and not in the original denial decision, to evaluate the medical needs of the individual for possible decision reversal. The Plan has only one level of appeal for disputed outpatient claims.</p>
<b>ASAM</b>	<p>American Society for Addiction Medicine: Biopsychosocial criteria required for clinical assessments. Used for both intake assessment and residential authorization</p>
<b>ASAM Residential Level of Care 3.1</b>	<p>3.1 Clinically Managed Low-Intensity Residential</p>





<b>ASAM Residential Level of Care 3.3</b>	3.3 Clinically Managed Population-Specific High-Intensity Residential
<b>ASAM Residential Level of Care 3.5</b>	3.5 Clinically Managed High-Intensity Residential Services
<b>Authorization of Service</b>	Approval of service by County of Santa Clara Behavioral Health Services Division, not a guarantee of payment.
<b>Behavioral Health Services Department (BHSD).</b>	Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.
<b>Child and Family Team (CFT)</b>	"Child and Family Team (CFT) refers to a group of individuals who collaborate with one another to support and serve the child/youth and family to ensure that the child's/youth's needs are being met. The CFT must include the child/youth, family and representatives from the placing agency, mental health, as well as any other formal or informal supports they would like to be members of the team. This team is responsible for determining and using a variety of team-based processes to identify the strengths and needs of the child/youth and their family in order to help achieve positive outcomes for safety, permanency, and well-being. The CFT plan articulates specific strategies for achieving the child/youth and/or family's goals based on addressing identified needs. For children/youth who are receiving ICC, IHBS, or TFC, a CFT meeting must occur at least every 90 days.908"
<b>Concurrent Review</b>	Concurrent review encompasses those aspects of utilization review that take place during the course of facility-based or outpatient treatment.
<b>County of Santa Clara Behavioral Health Services (CSC BHSD)</b>	For referral status this includes all contracted and county providers.
<b>Crisis Residential Treatment Services</b>	These services provide mental health treatment and skill-building for people having a serious mental or emotional crisis, but who do not need care in a psychiatric hospital. Services are available 24 hours a day, seven days a week in licensed facilities. Medi-Cal does not cover the room and board cost to be in the facility that offers crisis residential treatment services.
<b>Date of Request</b>	Means the date the Treatment Authorization Request or other document was sent and received.
<b>Denial</b>	A determination that a specific service is not medically/clinically appropriate, necessary to meet needs, consistent with the person's diagnosis, symptoms and functional impairments, the most cost-effective option in the least restrictive environment, and/or consistent with clinical standards of care and/or per policy and contractual requirements.
<b>Electroconvulsive therapy (ECT)</b>	ECT is a procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental health conditions. ECT has been used for treatment resistant depression, severe depression, severe mania, catatonia and agitation and aggression in people with dementia.
<b>Expedited Appeals</b>	Occurs when the standard process could jeopardize the Beneficiary's life, health, or ability to attain, maintain, or regain maximum functioning. If the Beneficiary's Expedited hearing request is approved, a decision will be issued within three (3) working days of the date of the request. Expedited requests may include





	Grievances, Appeals and state fair hearings. Expedited requests must be resolved within 72 hours of receipt of the request.
<b>Expedited Requests</b>	An Expedited Request occurs when the standard process could jeopardize the Beneficiary’s life, health, or ability to attain, maintain, or regain maximum functioning. If the Beneficiary or Provider expedited hearing request is approved, a decision will be issued within three (3) working days of the date of the request. Expedited Requests may include Grievances, Appeals and State Fair Hearings. Expedited Requests must be resolved within seventy-two (72) hours of receipt of the request.
<b>Initial Authorization</b>	This is when a provider is requesting a specific type of service for a beneficiary for the first time, with an initial amount of time. Generally, for inpatient and residential treatment, this is when the beneficiary is residing in the program. For TBS and TFC it is for the first request.
<b>Institution for Mental Diseases</b>	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental disorders, including medical attention, nursing care, and related services.
<b>Intake/Admission Date</b>	The actual date and time the beneficiary is physically receiving services from the provider.
<b>Intensive Care Coordination (ICC)</b>	"An intensive form of clinical case management and team facilitation service that identifies ancillary supports and systems to assist with beneficiary stabilization. ICC is intended for children and youth who: (1) are involved in multiple child-serving systems; (b) have more intensive needs; and/or (c) whose treatment requires cross-agency collaboration. ICC ensures that the beneficiary’s complex behavioral health needs are met through active, integrated, and collaborative participation by a Child and Family Team (CFT) comprised of provider(s), family, and natural supports.
<b>Intensive Care Coordination (ICC) Coordinators.</b>	ICC Coordinators are part of the service delivery team and must be designated to the beneficiaries receiving ICC services. They serve as the single point of accountability to ensure appropriate services are coordinated and delivered and to provide ongoing support to the beneficiary, family, and CFTs.
<b>Intensive Home-Based Services (IHBS)</b>	A community based mental health rehabilitative and collateral service for individuals already receiving Intensive Care Coordination (ICC). IHBS are individualized, strength-based interventions designed to improve mental health conditions that interfere with a child, youth, or young adult’s functioning and are aimed at helping the beneficiary build skills necessary for successful functioning in the home and community. A Child and Family Team (CFT) identified for the child or youth would determine whether IHBS is appropriate for a beneficiary.
<b>Licensed Professional of the Healing Arts (LPHA)</b>	"Licensed Practitioner of the Healing Arts (LPHA). Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-Physician LPHAs include: <ol style="list-style-type: none"> <li>1. Nurse Practitioners</li> <li>2. Physician Assistants</li> <li>3. Registered Nurses</li> <li>4. Registered Pharmacists</li> <li>5. Licensed Clinical Psychologist (LCP)</li> <li>6. Licensed Clinical Social Worker (LCSW)</li> <li>7. Licensed Professional Clinical Counselor (LPCC)</li> <li>8. Licensed Marriage and Family Therapist (LMFT)</li> <li>9. Licensed-eligible practitioners working under the supervision of licensed clinicians."</li> </ol>





<b>Medi-Cal Eligibility</b>	Documentation that the beneficiary meets the requirements for County of Santa Clara full cope Medi-Cal.
<b>Medical Necessity</b>	<p>"Medical Necessity. For individuals 21 years of age or older, for DMC-ODS and MHP, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in WIC §14059.5. Definition of Medical Necessity.</p> <p>For individuals under 21 years of age, for DMC-ODS and MHP, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in 42 CFR §1396d(r)(5) Early and periodic screening, diagnostic, and treatment services. This section requires provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether or not such services are covered under the State Plan.</p> <p>Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary’s presenting condition."</p>
<b>Non-Urgent/Routine</b>	Routine care that helps prevent health problems or find health problems before they become serious. This includes Beneficiaries that 1) appear to meet Medi-Cal medical necessity criteria, 2) does not appear to have significant ideations to hurt self or others, 3) appear to have sufficient impulse control, 4) functioning level, although impaired, allows them to meet their basic needs.
<b>Outside CSC BHSD</b>	Primary Care Physician, Therapist or agency not CSC Provider, ....
<b>Pre-authorization/Prior Authorization</b>	Means approval by the Plan that a covered service is medically necessary. This is used when a provider wants pre-authorization for a service such as outpatient Substance Use Treatment Services provider making a request for residential services prior to the beneficiary entering Residential treatment (3.1, 3.2 and 3.3). Page 175 IA
<b>Psychiatric Health Facility</b>	A facility licensed by the Department under the provisions of 22 CCR §§77001 - 77155. Psychiatric health Inpatient Psychiatric Facilities that have been certified by the State Department of Health Services as Medi-Cal providers of inpatient hospital services will be governed by the provisions applicable to hospitals and psychiatric inpatient hospital services, except when specifically indicated in context.
<b>Psychiatric Inpatient Hospital Services</b>	These are services provided in a licensed psychiatric hospital based on the determination of a licensed mental health professional that the person requires intensive 24-hour mental health treatment.
<b>Re-Authorization</b>	Sometimes also called extended authorization, this is when a beneficiary is in a program and the initial or pre-authorization will be expiring no sooner than in ten days and no later than within five days, and the provider is requesting additional services for the beneficiary.
<b>Short-Term Residential Therapeutic Programs (STRTPs)</b>	Residential facilities operated by a public agency or private organization and licensed by the California Department of Social Services. STRTPs provide an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children. STRTPs provide non-medical services, except as otherwise permitted by law. Private organizations operating STRTPs must be organized and operated on a nonprofit basis.
<b>Specialty Mental Health Services (SMHS)</b>	Specialty mental health services include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal beneficiaries through





	County Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.
<b>TFC Parent</b>	The TFC parent is a key participant in the therapeutic treatment of the child or youth. Under the oversight of a TFC agency, and under the direction of a Licensed Mental Health Professional (LMHP) or a Waivered or Registered Mental Health Professional (WRMP) employed by the TFC agency, the TFC parent provides daily therapeutic interventions according to the child or youth’s individual treatment plan to assist the child/youth to achieve plan goals and objectives, improve functioning and well-being, and allow the child/youth to remain in a home setting and avoid residential, inpatient, or institutional care. The TFC parent must meet all resource parent requirements and be approved as a TFC provider by the TFC agency. 909
<b>Therapeutic Behavioral Health Services (TBS)</b>	<p>Therapeutic Behavioral Services (TBS) are supplemental specialty mental health services covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. Title 9, California Code of Regulations (CCR), Section 1810.215 states, “EPSDT supplemental specialty mental health services” means those services defined in Title 22, [CCR] Section 51184, that are “provided to correct or ameliorate the diagnoses listed in Section 1830.205, and that are not otherwise covered by this chapter.”</p> <p>TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal. TBS is never a primary therapeutic intervention; it is always used in conjunction with a primary specialty mental health service. TBS is available for children/youth who are being considered for placement in an RCL 12 or above (whether or not an RCL 12 or above placement is available) or who meet the requirements of at risk of hospitalization in an acute care psychiatric facility (whether or not the psychiatric facility is available). TBS is designed to help children/youth and their parents/caregivers (when available) manage these behaviors utilizing short-term, measurable goals based on the child’ and family’s needs. (California State Department of Mental Health, TBS_Documentation_Manual_10_26_09, Code 58, pg.6)</p>
<b>Therapeutic Behavioral Services (TBS) Intellectual Disabilities (ID)</b>	A type of EPSDT specialty mental health services available for Beneficiaries with serious emotional disorders (SED) and Intellection Disorders (ID) who are under the age of 21 and have full scope Medi-Cal. For the purposes of this policy TBS and TBS ID services will be referred to as TBS.
<b>Transcranial Magnetic Stimulation (TMS)</b>	Transcranial Magnetic Stimulation (TMS) is a non-invasive, innovative therapeutic technique employed in treating various psychiatric and neurological conditions. TMS uses magnetic fields, similar to those in MRI machines, to stimulate nerve cells in the brain. TMS has been FDA approved since 2008 for Major Depressive Disorder (MDD) and has since been approved for other conditions including OCD, anxiety, bipolar disorder, migraine with aura, and addiction.
<b>Utilization Management Program</b>	The BHSD managed care system that ensures that eligible recipients receive clinically appropriate, cost-effective services designed to meet their needs.
<b>Utilization Review</b>	The use of utilization management techniques such as prior authorization and concurrent review to ensure health care services are provided at the appropriate level. BHSD's service review process to ensure that the UM Program's service standards, protocols, practice guidelines, authorization and billing procedures, and documentation standards are adhered to by all network service providers.

