

Section 3 - GLOSSARY OF TERMS 2.4r1

Address line 1	This address should ALWAYS be the mailing address for the client.
Address line 2	This line is to include the street/residential address of the client IF it is different from the mailing address as indicated on line 1. If the city, state, zip is different than the mailing address, include the residence City/State/Zip on this line.
Admission Date	Date a person was admitted to a facility. Format: CCYYMMDD
Assignment date	Date the case manager/therapist was assigned to this client.
Brief Intervention Treatment	Solution-focused and outcomes-oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Individual Service Plan must include a specific timeframe for completion of each identified goal. This service does not include ongoing care, maintenance/ monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Individuals may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care.
Birth date	Valid date, cannot be in the future. If the actual date is unknown (such as for crisis visits), use the date 01/01/xxxx where xxxx is the year based on the given or estimated age of the client.
Case Manager ID	A code established by an RSN to identify the case manager or case management team for a given consumer. A case management team may consist of one or more case management staff who share responsibility for the care of a consumer. Case Manager ID can be established only by the RSN/PHP.
Census Medical Record Number	This is a Hospital's Consumer ID, also used synonymously with the ESH Consumer ID.
Child	Currently a child is one who has not reached his/her eighteenth birthday unless Medicaid eligible in which case a child is one who has not reached his/her twenty-first birthday. WAC 388-865-0150
City	The city must correspond to the mailing address as entered in address line 1.
Claim Submit Identifier	An identifier when used in combination with the Reporting Unit ID will be unique to a given outpatient/inpatient service transaction as stated in the transaction definition. It must uniquely identify an individual service within the Provider/RSN.
Co-occurring Disorders Treatment	Co-occurring disorders are found in individuals experiencing mental illness and a substance abuse addiction. Integrated Dual Diagnosis treatment helps people recover by offering both mental health and substance abuse services at the same time and in one setting. Also see <i>Integrated Substance Abuse Mental Health Screening</i> and <i>Integrated Substance Abuse Mental Health Assessment</i> .

County of Residence	A code indicating the county where a person lives (or unknown). Do not change if the consumer is placed in an institutional setting.
CPT Codes	Current Procedural Terminology (CPT) codes found in the current CPT manual as published by the American Medical Association.
Crisis Services	Evaluation and treatment of mental health crisis to all individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of great danger or trouble, whose outcome decides whether possible bad consequences will follow. Crisis services shall be available on a 24-hour basis. Crisis services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis services may be provided prior to completion of an intake evaluation.
Date of intake	This is the date the client was first scheduled for intake, even if it resulted in a no-show. Note that this data is episodic, i.e, there is a new "Date of Intake" date for each admit/discharge cycle as tracked with the Client Status record. This date must be within 14 days of the First Contact Date.
Day Support	An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutritional issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living (See notes). This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a mental health professional in a location easily accessible to the client (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.
Detention Date	Date of a detention under the Involuntary Treatment Act.
Detention Location	A code indicating the location facility type at which the person was detained under the Involuntary Treatment Act.
Diagnosis Codes	Only DSM IV codes are accepted. In the Consumer Periodic Transaction, the Primary and Second diagnoses have both Axis I and II possible. There should be at least one Axis I or II Primary Diagnosis. Always submit the full code, and include Axis III codes (medical) when applicable.
Discharge Date	Date a person was released from a facility.
Discharge Disposition	If a determination has been made that a RSN will provide follow-up services for a client after discharge from inpatient services, this data element should be coded "Y". If no RSN involvement is expected (i.e. discharge to out of state), it would be coded "N".
Disposition	See <i>Outpatient Service Disposition</i>
DMHP	Designated Mental Health Professional. This term replaces the former CDMHP (County Designated Mental Health Professional). A designated Mental Health Professional (DMHP) is the only person who can perform an ITA investigation that results in a detention and revocation.

Effective Date	Used in the Consumer Periodic transaction, the effective date is the date the information collected became effective. It is NOT the date the agency becomes aware of the information. Estimate the date if the exact date is not known.
Employment	Employment status for the month. Guidelines: This status may be recorded as "Unknown/Missing" if the service rendered is one-time, classified as Emergency/Crisis, or an assessment of the employment could not be determined during the month service was rendered or at time reported. For all consumer who are younger than 16, report employment as "Unknown/Missing". For elderly people who are retired and not employed, report as "Not Employed".
End Date	The date it is determined that a particular set of RSN-authorized and funded services will no longer be provided for a given consumer. Used to close the Outpatient Service Episode record.
Episode Record Key	The unique identifier of an outpatient service episode.
EPSDT Referral	A code indicating a Yes or "blank" condition or response. This code is used as an early and periodic screen for diagnosis and treatment of children (EPSDT) involvement. The EPSDT referral is a specific type of referral and must not be used to indicate a referral of any other type.
Family Treatment	Psychological counseling provided for the direct benefit of an individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the client and his/her family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in his/her individual service plan.
First contact	This is the date the client first contacted the agency for services. This contact could be by walking into the office, by telephone, letter, etc. Note that this data is episodic, i.e, there is a new "First contact" date for each admit/discharge cycle as tracked with the Client Status record.
First Name	In general, follow the rules of the appropriate culture when determining which name is the last name and which is the first name. Consistency is important, because the last name and first names are both used as elements to uniquely identify the person across the system. The first name as recorded on significant documentation can be used to resolve contradictions. Use reasonable judgment to determine the best rules. Business Rules: A compound legal name such as "Billy Joe" or "Mary Lou", that value shall be the First Name. Nicknames must not be entered in the First Name field. Aliases should not knowingly be entered in this field. Special characters should not be used in this field. Do not include a person's title as part of the first name.
GAF	Global Assessment of Functioning (GAF). Use Axis V codes from DSM-IV. Use code 000 for inadequate information.
Gender	A code indicating either Male or Female. Code transgendered consumers with the gender they identify themselves as currently.
Group Treatment Services	Services provided to individuals designed to assist in the attainment of goals described in the Individual Service Plan. Goals of Group Treatment may include developing self care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/ psychotherapy to establish and /or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability to

	participate in a group dynamic process in a manner that is respectful of others' right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.
HCPCS Code	Healthcare Financing Administration Common Procedure Coding System (HCPCS). Current Healthcare Procedural Terminology codes found in the current HCPCS manual as published by the American Medical Association.
High Intensity Treatment	<p>Intensive levels of service otherwise furnished under this State plan amendment that is provided to individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individuals' needs. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or residential placement.</p> <p>The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers, teacher, minister, physician, chemical dependency counselor, etc. Team member's work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15.</p>
Hispanic Origin	A person of Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race. The code is for primary self-reported Hispanic type. Roll-up code "000" may only be used with ITA and Crisis one-time services. Use the code that describes the person's identification with Hispanic culture, origin or descent, in addition to the race/ethnicity recorded under Race/Ethnicity. If the RSN/PHP has conflicting views from their providers, the RSN/PHP will submit the most recent reported. Every person should have an entry for both Ethnicity and Hispanic Origin codes.
Individual Treatment Services	A set of treatment services designed to help a Medicaid-enrolled individual attain goals as prescribed in his/her individual service plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid-enrolled individual. This service is provided by or under the supervision of a mental health professional.
Individual Treatment Team	A child specific team which includes (as appropriate) individuals from education, child welfare, mental health, drug and alcohol, developmental disabilities, juvenile justice, who know and actually work with the child, and the parent or guardian of the child. Individuals from other systems or informal supports may be included at the family's request. The child is to be included, if age thirteen or older; a younger child may be included if the team agrees or the parent requests.
Intake Evaluation	An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis

	services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.
Integrated Substance Abuse Mental Health Assessment	An assessment process to determine the severity of the co-occurring treatment needs based on a four-quadrant model. This is also referred to as a “quadrant determination”.
Integrated Substance Abuse Mental Health Screening	A screening that the consumer self-discloses on the GAIN-SS form to help the provider determine the severity of the co-occurring treatment needs. The screening form (GAIN-SS) has 3 sections: IDS, EDS, SDS and is scored based on the number of “Yes” responses (0-5 possible for each section) filled out by the consumer.
Interpreter Services	Sign language or oral interpretative services provided to assist in the delivery of care.
Investigation Start Time	The time at which a crisis investigation begins. Reported in military time, e.g., using a 24-hour clock.
Involuntary Treatment Services	An evaluation/assessment by a designated mental health professional for the purpose of determining the likelihood of serious harm to self, others or gravely disabled due to a mental disorder.
Last Name	The surname/family/last name of a consumer. In general, follow the rules of the appropriate culture when determining which name is the surname. Consistency is important because the last name will be used as one element to uniquely identify the person across our system. Hyphenated names are acceptable. All other special characters shall be stripped from the name. This includes periods, comma, double and single quotes, parentheses and brackets to name a few. Names such as “O’Hare” should be entered as “O Hare”. Aliases should not knowingly be entered in this field. If a person’s last name is compound such as “Van Jepmond”, it shall be considered as one family name. Titles, such as “Jr.”, must not be entered into the surname field. See the definition for First Name for the proper submission of titles.
Legal Status	A code indicating the legal status of a person upon entering a facility. If a person changes the legal status during the admission, use only the status at time of admission.
Medication Management	The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.
Medication Monitoring	Face-to-face one-on-one cueing, observing, and encouraging an individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the individual. This activity may take place at any location and for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Individuals with low medication compliance history or persons newly on medication are most likely to receive this service.
Mental Health Clubhouse	A service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumers may drop in on a daily basis and participate, as they are able. Mental Health Clubhouses are not an alternative for day support services. Clubhouses must use International Center for Clubhouse Development (ICCD) standards as guidelines.

	<p>Services include the following:</p> <ul style="list-style-type: none"> • Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community; • Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness; • Assistance with employment opportunities: housing, transportation, education and benefits planning. • Operate at least ten hours a week after 5:30pm Monday through Friday, or anytime on Saturday or Sunday, and <p>Opportunities for socialization activities</p>
Mental Health Provider (MHP)	<p>(1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters 71.05 and 71.34 RCW;</p> <p>(2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;</p> <p>(3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;</p> <p>(4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or</p> <p>(5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-0265.</p> <p>An MD that is not a “psychiatrist” or a Nurse that is not a “psychiatric nurse”, if they are responsible for prescribing or overseeing the delivery of psychiatric medication, are considered to be MHPs even if they are not technically psychiatric.</p>
Mental Health Services in Residential Settings	<p>A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Individuals receiving this service present with severe impairment in psychosocial functioning or have apparent mental illness symptoms with an unclear etiology due to their mental illness. Treatment for these individuals cannot be safely provided in a less restrictive environment and they do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.</p>
Minutes of Service	The number of minutes a specific service was provided.
Modifier	See <i>Procedure Modifier</i> .
Other MH payor flag	Does this client have mental health coverage with a third party payor?
Outpatient Service Disposition	The reason a unique service period for a consumer ends.

PACT and PACT Team	<p>Program for Assertive Community Treatment. A client-centered recovery-oriented mental health service delivery model that supports facilitating community living, psychosocial rehabilitation, and recovery for individuals who have the most severe symptoms and impairments, and have not benefited from traditional outpatient programs.</p> <p>Services are delivered by a group of multi-disciplinary mental health staff who work as a team and provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals. The team is directed by a team leader and psychiatric prescriber and a sufficient number of staff from the core mental health disciplines to cover 24 hours per day, seven days a week and provide intensive services based on the individual's need and mutually agreed upon plan. PACT teams are mobile and deliver services in community locations.</p>
Peer Support	<p>Services provided by peer counselors to individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.</p> <p>Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the individual's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.</p> <p>Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved.</p> <p>Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.</p> <p>Peer support is available to each enrollee for no more than four hours per day. The ratio for this service is no more than 1:20.</p>
PM Rate	Per member per month rate.
Procedure Modifier	Service Modifier indicates a service that has been performed that has been changed or clarified by some specific circumstance. Refer to the MHD Service Encounter Reporting Instructions for details on how to use modifiers. Modifiers are used in association with Current Procedural Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) codes. Up to 4 modifiers may be used.
Program Enrollment	Special programs are specified community mental health services targeted by designated funding or legal settlement delivered to an identified population of individuals. Individuals are identified for program participation or enrollment based on specific criteria defined in contract.
Provider Type	The credential level of the staff providing services to the consumer (credential levels as determined by the MHD).
Psychological Assessment	All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to an individual's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

Recipient Code	A one digit code to specifically indicate the presence/absence of the client and/or collaterals at the service performed.
Rehabilitation Case Management	A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of an individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual.
Residential Living Situation	Choose the code that best fits the client's most typical--i.e., most frequent--living arrangement for the previous 30 days. This code should be updated when a change occurs, or at least every 180 days the case manager should review and update this item.
Request for Services	A request for mental health services occurs when services are sought or applied for through a telephone call, walk in or written request by the enrollee or those defined as family or upon receipt of an EPSDT referral by a Physician, ARNP, Physician Assistant, trained public health nurse or RN. This service is provided to all individuals seeking non-crisis mental health services.
Respite Care Services	A service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary caregivers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional. Respite under the Medicaid Waiver is only available to those consumers who do not have this coverage under some other federal program.
RSN ID	Cross match code. This becomes the unique client identifier at the state. This unique client ID is generated by the RSN and is never submitted by providers.
RSN at Discharge	This is the Reporting Unit ID of the RSN that will provide follow-up services for a client after discharge from inpatient services.
Social Security Number	A number assigned by the Social Security Administration. Collection of SSN allowed under: 42CFR433.138/HCFA State Medical Manual (All Parts) (Pub.45) SMM15 15802. See http://www.socialsecurity.gov/employer/stateweb.htm for a current list of valid ranges.
Special Population Evaluation	Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.
Stabilization Services	Services provided to Medicaid-enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services;

	and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.
Staff record status	'A' = active to indicate staff that are currently working for your agency, 'I' = inactive to indicate staff that are no longer working for your agency.
Start Date	The date the RSN authorizes outpatient services to begin for a given consumer. Used in the Outpatient Service Episode record.
State	The state must correspond to the mailing address as entered in address line 1. For out of country codes see http://www.loc.gov/marc/countries/cou_home.html
Submitting Reporting Unit ID	Identifies an agency as identified by MHD who can submit Data Dictionary Information to GCBH.
Supported Employment	<p>A service for Medicaid enrollees who are currently not receiving federally-funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include:</p> <ul style="list-style-type: none"> • An assessment of work history, skills, training, education, and personal career goals. • Information about how employment will affect income and benefits the consumer is receiving because of their disability. • Preparation skills such as resume development and interview skills. • Involvement with consumers served in creating and revising individualized job and career development plans that include; <ul style="list-style-type: none"> • Consumer strengths • Consumer abilities • Consumer preferences • Consumer's desired outcomes • Assistance in locating employment opportunities that is consistent with the consumer's strengths abilities, preferences, and desired outcomes. • Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required. <p>Services are provided by or under the supervision of a mental health professional.</p>
Surname	See <i>Last Name</i> .
Therapeutic Psychoeducation	<p>Informational and experiential services designed to aid Medicaid-enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plans of care. These services are exclusively for the benefit of the Medicaid-enrolled individual and are included in the Individual Service Plan.</p> <p>The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent</p>

	<p>living skills; problem-solving skills, etc.</p> <p>Services are provided at locations convenient to the consumer. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.</p>
Zip	<p>May be 10 digits. The zip must correspond to the mailing address as entered in address line 1. To look up a zip code for an address, please see this link to the USPS Zip Code Search http://zip4.usps.com/zip4/welcome.jsp</p>

Change Summary

2.4r1

Added definition for MHP

2.4

Updated, added, and deleted numerous definitions

2.1

Version number only to maintain consistency