Macomb Oakland Regional Center, Inc
Glossary of Terms
**Ability to Pay:** The ability of a responsible party to pay for the cost of mental health services as determined by consideration of that party’s total financial circumstances including, but not limited to, income, expenses, number and condition of dependents, assets, liabilities, and insurances.

**Abuse:** A non-accidental physical or emotional harm to an individual or sexual contact with or sexual penetration of an individual that is committed by a workforce member, volunteer, independent clinical contractor, or agent of a service provider under contract with MORC, Inc.

- **Class I:** A non-accidental act, or provocation of another to act by a workforce member, volunteer, independent clinical contractor, or agent of a service provider under contract with MORC, Inc., which caused or contributed to death, serious physical harm, or sexual abuse of an individual.
- **Class II:** A non-accidental act or provocation of another to act by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. which caused or contributed to non-serious physical harm to an individual, or:
  - The use of unreasonable force on an individual by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. with or without apparent harm; or
  - Any action, or provocation of another to act, by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. which causes or contributes to emotional harm to an individual; or
  - An action taken on behalf of an individual, by assuming incompetence, although a guardian has not been appointed or sought, which results in substantial economic, material or emotional harm to an individual; or
  - Exploitation of an individual by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc.
- **Class III:** The use of language or other means of communication by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc., to degrade, threaten, or sexually harass an individual.

**Access:** The ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any information system resource.

**Action:** A decision made by MORC, Inc or the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health (CMH) that adversely impacts an individual's claim for services due to:

- Services being denied, terminated, reduced or suspended
- Limits put on request for a service including type, amount, or duration
- Denial in whole or in part of a payment for service
- A decision on a service request that is not made within fourteen (14) calendar days or three (3) working days for an expedited review
- Services not being provided within fourteen (14) days of the start date agreed upon in the IPOS and authorized by MORC, Inc
- PIHP/CMH fails to provide a written decision on a grievance within sixty (60) days
- PIHP/CMH fails to provide a written decision on a local appeal within forty-five (45) days, or three (3) working days for an expedited review
• Denial or termination of Family Support Subsidy

Adequate Notice: A written statement advising the individual legally empowered to act on their own behalf or another person legally empowered to act for them and the service provider as appropriate, of any decision to deny or limit an authorization or requested services. The Notice is provided /mailed on the same date the Action takes effect or at the signing of the Individual Plan of Services (IPOS). The notice must be provided within fourteen (14) calendar days of a standard authorization request or within three (3) days of an expedited request. The notice must document that a copy was sent to the service provider if they requested the service that is being denied or limited. An adequate notice is required when any of the following occur:

• Denial of a service
• Approval or denial of an application
• A request for a new service is limited in type, amount, or duration
• Denial in whole or in part of a payment for a service
• At the time of the signing of an IPOS
• A decision on a service request is not made within fourteen (14) days or three (3) working days for an expedited review
• The individual legally empowered to act on their own behalf or another person legally empowered to act for them signs a written statement indicating that he/she no longer wishes services, or given information that requires termination or reduction of services and indicates an understanding that providing this information will require the immediate termination or reduction in services
• The individual was admitted to an institution (i.e. correctional facility, mental health institution) and is not eligible for services
• The individual’s physician has prescribed the change in the level of care
• MORC, Inc has factual information confirming the death of the individual
• MORC, Inc establishes the fact that the individual has been accepted for Medicaid services by another local jurisdiction, state, territory or commonwealth
• Individual’s whereabouts are unknown and post office returns to MORC mail indicating no forwarding address
• The Effective Date (Date of Action) will occur in less than 12 days

Adequate Nutrition: A balance of nutrients necessary for the body to maintain life, normal functioning, growth, and repair of its tissue.

Administrative Appeal Hearing: A formal review, for individuals, parents, or guardians as appropriate, who are not satisfied with an Ability to Pay Determination using the Michigan taxable income and Full Determination. The review conducted by MORC, Inc. and issues of hardship can be brought out at this time.

Administrative Law Judge (ALJ): A person designated by State Office of Administrative Hearings and Rules (SOAHR) for Michigan Department of Community Health (MDCH) to conduct hearings in an impartial or unbiased manner.

Administrative Safeguards: Administrative actions, policies and procedures, to manage the selection, development, implementation and maintenance of security measures to protect electronic Protected Health Information (PHI) and to manage the conduct of the covered entity’s or business associate’s workforce in relation to the protection of that information.
**Administrative Tribunal:** Administrative Law Judges designated by the Director of the Michigan Department of Community Health to hear and render rulings on appeals of administrative decisions from the MDCH and MDCH-contracted agencies.

**Advance Directive:** A written document in which a competent individual gives instructions about his or her health care, that will be implemented at some future time should that person lack the ability to make decisions for himself or herself.

The three types of advance directives include:

- Durable Power of Attorney for Health Care
- Do Not Resuscitate Order (DNR)
- Living Will (not recognized in Michigan)

**Advance Notice:** A written statement advising the individual of a decision to terminate, reduce or suspend a current service. The notice must be provided/mailed to the individual legally empowered to act on their own behalf or another person legally empowered to act for them, at least twelve (12) days prior to the effective date/date of action. (Services will remain unchanged until the effective date). An advance notice is required when:

- A decision is made to terminate, reduce or suspend a current service

An advance notice is **not** required when any of the following occur:

- The individual legally empowered to act on their own behalf or another person legally empowered to act for them, signs a written statement indicating that he/she no longer wishes services, or gives information that requires termination or reduction of services and indicates an understanding that providing this information will require the immediate termination or reduction in services.
- The individual was admitted to an institution (i.e. correctional facility, mental health institution) and is not eligible for services
- The individual’s physician has prescribed the change in level of care
- MORC, Inc. has factual information confirming the death of the individual
- MORC, Inc. establishes the fact that the individual has been accepted for Medicaid services by another local jurisdiction, State, territory or commonwealth
- The individual’s whereabouts are unknown and the post office returns the notice indicating no forwarding address

**Adverse Action:** (also referred to as a Negative Action). A denial, termination, suspension, or reduction of Medicaid eligibility or for a covered services.

**Adverse Drug Events:** An injury resulting from the use of a drug; this may be due to an adverse drug reaction (a response to a drug that is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function; this may include an allergic reaction), or may be the result of a medication error. A mild but predictable, adverse reaction is sometimes called a side effect.
**Adverse Reaction:** Any drug effect other than what is therapeutically intended. It may be expected and benign, or unexpected and potentially harmful. A mild but predictable, adverse reaction is sometimes called a side effect.

**Advocate:** A person who promotes and supports the interests and rights of another.

**Agent:** An individual authorized to act on behalf of a contract service provider, including, but not limited to an independent clinical contractor or an intern.

**Allegation:** A written or oral statement made by an individual who asserts his/her belief that an individual has been abused or mistreated.

**Alternative Dispute Resolution:** An impartial review for individuals not on Medicaid who are still not satisfied after accessing the Local Appeal process. The review is conducted by Michigan Department of Community Health for Actions taken by MORC, Inc. or Prepaid Inpatient Health Plan /Community Mental Health.

**Amount:** The number of units of service identified in the Individual Plan of Services (IPOS) to be provided as required by Medicaid.

**Annual Review of Medicaid Eligibility:** A review conducted annually by the Michigan Department of Human Services (DHS) to verify continued Medicaid eligibility for individuals who do not receive SSI benefits.

**Appeal:** A request for a review of any decision to deny, terminate, suspend, or reduce a covered service.

**Applicant:** Individual legally empowered to act on their own behalf or other person legally empowered to act for them who is seeking services from MORC, Inc.

**Applied Behavioral Analysis:** The organized field of study which has as its objective the acquisition of knowledge about behavior using accepted principles of inquiry based on operant and respondent conditioning theory. Such training shall have been at the graduate level at an accredited college or university, and shall have included course credits covering theory, application and practicum experience. It also refers to a set of techniques for changing behavior toward socially meaningful ends based on these conceptions of behavior. Although this field of study is a recognized sub-specialty in the psychology discipline, not all practitioners are psychologists and such training may be acquired in a variety of disciplines.

**Aspiration:** A condition which occurs when material is drawn into the larynx enters the airway and ultimately dumps into the lungs. It can be life threatening if debris or the person’s own secretions enter into their lungs. Signs/symptoms of aspiration are coughing, breathiness, choking, throat clearing and/or a wet, wheezy or gurgle sounding voice during or after eating or drinking. Silent aspiration also may occur. (None of these overt signs/symptoms are heard yet the consumer is still aspirating the material). It can impact nutrition, hydration, weight and upper respiratory integrity.

**Assault:** An intentional, unlawful offer of physical injury to another by force; or force unlawfully directed toward another person, under circumstances which create well-founded fear or belief of imminent peril, coupled with the apparent present ability to execute the attempt if not prevented.
**Audiotape:** A taped, digital, or live recording of sound.

**Authentication:** The corroboration that a person is the one claimed.

**Authorization:** A detailed document that gives covered entities permission to use PHI for specified purposes, which are generally other than treatment, payment, or health care operations, or to disclose protected health information by the individual.

**Authorized Hearing Representative:** A person who is legally designated to stand in for or represent the individual during a Fair Hearing or Local Appeal with the right to serve as a representative derived from:

- Written authorization signed by the individual giving a person the authority to act for the individual in the hearing process
- Court appointed as guardian or conservator
- Status as legal parent of a minor child

**Availability:** The property that data or information is accessible and useable upon demand by an authorized person.

**Aversive Techniques:** Those techniques that require the deliberate infliction of unpleasant stimulation (stimuli which would be unpleasant to the average person or stimuli that would have a specific unpleasant effect on a particular person) to achieve the management, control or extinction of seriously aggressive, self injurious or other behaviors that place the individual or others at risk of physical harm. Examples of such techniques include use of mouthwash, water mist or other noxious substance to consequate behavior or to accomplish a negative association with target behavior, and use of nausea-generating medication to establish a negative association with a target behavior or for directly consequating target behavior. Clinical techniques and practices established in the peer reviewed literature that are prescribed in the behavior treatment plan and that are voluntary and self-administered (e.g., exposure therapy for anxiety, masturbatory satiation for paraphilias) are not considered aversive for purposes of this policy. Otherwise, use of aversive techniques is prohibited.

**Battery:** An unlawful beating, or other wrongful physical violence or constraint, inflicted on a human being without his consent. A willful and unlawful use of force or violence upon another person. The slightest touching of another, or his/hers clothes or anything else attached to this person, if done in an insolent or angry manner.

**Behavioral Analysis:** A comprehensive assessment of each identified challenging behavior which is performed by a qualified mental health professional with demonstrated expertise in applied behavioral analysis. A Behavioral Analysis:

- Identifies all challenging behaviors exhibited by the individual;
- Establishes the function each behavior serves for the individual;
- Assesses the efficacy of the environment toward the creation of a supportive milieu and the maintenance of emotion health;
• Substantiates the effectiveness of each previously implemented IPOS for the challenging behaviors and;
• Recommends appropriate treatment methodologies for each behavior. Furthermore, it includes a similar analysis of the caregivers’ interactions with the individual.

**Behavioral Restraint:** Use of material or chemical means to restrict, prevent or limit voluntary behavior.

**Behavioral Support:** The provision of human resources, activities, equipment, materials and/or other services designed and implemented to assist individuals who present challenging behaviors.

**Behavior Support Committee (BSC):** An agency committee with the authority to review and approve or disapprove Behavioral Support Plan in accordance with agency policy. The Committee is comprised of at least three individuals, one of who shall be a licensed psychologist as defined in Section 2.4 Staff Provider Qualification, in the Medicaid Provider Manual, Mental Health and Substance Abuse Chapter; and at least one member shall be a licensed physician/psychiatrist as defined in the Mental Health Code at MCL 330.1100c(10). A representative of the Office of Recipient Rights shall participate on the Committee as an ex-officio, non-voting member in order to provide consultation and technical assistance to the Committee. Other non-voting members may be added at the Committee’s discretion, and with the consent of the individual whose behavior support plan is being reviewed, such as an advocate or Certified Peer Support

**Blood:** Human blood, human blood components, or products made from human blood.

**Blood-Borne Pathogens (BBP):** Microorganisms that can be present in human blood and can cause disease in humans; these include, but are not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV).

**Blood-Borne Pathogens Risk:** Identification of risk of infection with blood-borne pathogens or other potential infectious materials (OPIM) is dependent on the likelihood of exposure to blood or OPIM. Agency reviews risk to staff and adjust A and B Category Employees as appropriate.

**Brain Death:** Death as determined by a physician based on the absence of brain function. Brain death may occur even though heart and lungs are still supported by machines.

**Bridge Unit:** A specialized unit and function of MORC, Inc. that is responsible for facilitating the start of Support Coordination.

**Business Associate:** A business associate is a person or organization, other than a member of a covered entity’s workforce that conducts a function on behalf of such covered entity or of an organized health care arrangement in which the covered entity participates. A covered entity may be a business associate of another covered entity. Business associate functions or activities on behalf of a covered entity include:
Creating, receiving, maintaining, or transmitting PHI for a function or activity regulated by HIPAA. Perform certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of individually identifiable health information. Business associate functions or activities on behalf of a covered entity include claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities, billing, benefit management, practice management and re-pricing. *

Providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.**

Providing data transmission services (Health Information Organization, E-prescribing Gate or other person) with respect to PHI and requires access on a routine basis to such PHI.

Providing a personal health record to one or more individuals.

The use of a subcontractor that creates, receives, maintains, or transmits PHI on behalf of the business associate.

A business associate does not include:

A health care provider with respect to disclosure by a covered entity to the health care provider concerning the treatment of the individual

A plan sponsor, with respect to disclosures by a group health plan (or by a health insurance issuer or Health Management Organization (HMO) with respect to a group health plan) to the plan sponsor, to the extent that the requirements of HIPAA are met

A government agency with respect to determining eligibility for, or enrollment in, a government health plan that provides public benefits and is administered by another government agency, or collecting protected health information for such purposes, to the extent that such activities are authorized by law.

A covered entity participating in an organized health care arrangement that performs a function or activity as described in * or ** of this definition.

**Cardiopulmonary Resuscitation (CPR):** An emergency procedure performed in an attempt to revive a patient who has stopped breathing (respiratory arrest) or whose heart has stopped (cardiac arrest). The resuscitation measure may include chest compression to stimulate the heart, placing a tube into the windpipe to assist with breathing heart rate, using drugs to restore the blood pressure and applying electrical stimulation to the heart.

**Case Closure:** The process of completing documentation and notification requirements when the services of MORC, Inc., are terminated.
**Casual Contact:** Casual contact occurs when a person is exposed to Blood-Borne Pathogens (BBP) or other potentially infectious materials (OPIM) through means that is not part of the employee’s job duties. Casual contact exposure shall follow the Agency’s exposure control plan.

**Category “A” employee:** Occupations or roles that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material (OPIM) or that involve a likelihood for spills or splashes of blood or OPIM. Employees in this category must receive annual training on this subject.

**Category “B” employee:** Occupations or roles that do not involve exposure, or reasonably anticipated exposure, nor involve the likelihood for spills or splashes of blood or other potentially infectious materials (OPIM). Employees in the category will receive training on BBP/OPIM/Universal Precautions at time of employment.

**Child Abuse:** Harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child’s health or welfare which occurs through non-accidental physical mental injury, sexual abuse or maltreatment.

**Child Neglect:** Harm to a child’s health or welfare by a person responsible for the child’s health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter or medical care.

**Children’s Waiver Program (CWP):** A home and community-based waiver for children with developmental disabilities under the age of eighteen (18) who require services and supports beyond regularly covered state plan Medicaid in order to remain at home with their family and who, without waiver services, would be at risk of admission to an ICF / MR.

**Chore Services:** Help with heavy household chores, such as wall washing, snow removal and outdoor window cleaning, when no one / no person in the household is able to do the work, and the individual(s) cannot afford to hire someone for these tasks. This service is available to individuals enrolled in the Habilitation / Supports Waiver (HAB Waiver).

**Circles of Support:** Those people chosen by the individual or their advocate to participate and help the individual accomplish personal goals. Circles provide a caring environment to support the personal expression of hopes, dreams, and desires.

**Clinical and Professional Standards Committee:** A standing committee with the assigned function to make the determination that clinical staff are qualified and competent to provide clinical service in accordance with the scope of practice. The committee shall consist of the following staff: Director of Quality Management Services, Director of Corporate Compliance, Medical Director and Director of Clinical Services. Ah hoc members shall consist of Director of Social Work or Director of Support Coordination; Director of Rehab Services; Director of MORC Home Care and Director of Autism Support Center based upon the needs of the committee. The committee shall consist of no less than three (3) of the permanent and/or ad hoc committee members to constitute a quorum.

**Clinical Reconsideration:** An impartial review by MORC, Inc., of level of care issues not covered by the second opinion process, services that were recommended by the individual’s treatment health professional and denied by MORC, Inc., or dissatisfaction with the individual’s Person-Centered Planning Process or Individual Plan of Services.
**Clinical Review Team:** A group of persons comprised of Directors and/or Supervisors representing a minimum of three (3) clinical areas (Supports Coordination/Case Management, Psychology, Nursing, Medical Director, Psychiatric Nurse, Occupational Therapy, Dietary, Speech, and Recreational Therapy). The selection of review members is based on the reason for the review and their clinical expertise. The primary purpose of the review team is to evaluate the individual’s needs, and to make recommendations to provide support to the individual when the support team feels in need of additional

**Clinical Staff:** An individual legally authorized, credentialed, and privileged to engage in the delivery of healthcare services as follows:

- Physician (M.D. or D.O.)
- Physician Assistant
- Psychologist (Licensed, Limited License, or Temporary License)
- Licensed Master’s social workers, Licensed Bachelor’s Social Workers, Limited License Social Workers or Registered Social Service Technicians
- Licensed Professional counselors
- Nurse Practitioners, Registered Nurses or License Practical Nurses
- Occupational Therapist or Occupational Therapist Assistants
- Physical Therapists or Physical Therapist Assistants
- Speech Pathologists
- Recreation Therapists

**OR**

A health care professional or paraprofessional legally authorized in the state of Michigan to engage in the delivery of healthcare services deemed necessary to practice the scope of their discipline

**Comfort Care:** A treatment to maintain the comfort of the individual, rather than curative treatment.

**Commercial:** Advertising for the purpose of monetary profit.

**Community Living Supports (CLS):** Medically necessary services authorized to increase or maintain personal self-sufficiency, and assist an individual with community inclusion, participation or productivity in the least restrictive, most integrated setting. CLS may be provided in the individual’s home, a family home or community setting.

**Competency:** The condition of being able to handle one’s own affairs including the ability to perform a job or to reason or to make decisions. In wills, trusts and contracts, sufficiently mentally able to understand and execute a document.

**Complainant:** Individual or the individual’s parent or guardian, as appropriate, who seeks resolution of a concern, disagreement or grievance involving the delivery of services by MORC, Inc.

**Confidential Information:** Information given by or related to the individual which is intended to be kept private and which the disclosure of is subject to legal provisions.
**Confidential/Protected Health Information:** Any information, whether oral or recorded in any form or medium, that is created or received by MORC, Inc. and relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

**Conflict of Interest:** A conflict of interest can arise in dealing with anyone that transacts business with consumers, clients, owners, suppliers, banks, insurance companies, and people in other organizations with whom MORC contracts and makes agreements. Conflicts of interest must be avoided and include the following examples:

- Working for any of the above groups for personal gain.
- Engaging in any business activity in any field in which MORC is engaged without the prior written consent of MORC
- Borrowing from or lending money to individuals or organizations with whom MORC conducts business.
- Working for a competitor of MORC or in any other job that interferes with performing the duties assigned by MORC

**Consanguinity:** A blood relationship.

**Consent:** Agreement to what is proposed by another person.

**Consumer Advisory Panel:** A group of representatives consisting of individuals receiving services from MORC, Inc., and other supporting stakeholders appointed by the Executive Director to:

- Receive and Review and receive feedback / information pertaining to levels of satisfaction or grievances pertaining to services and supports delivered or coordinated by MORC, Inc.
- Meet with surveying bodies to provide points of view related to the delivery of supports and services by MORC, Inc.
- Work with MORC, Inc., on plans of action and monitor follow-through of plans and outcomes.
- Prepare reports / recommendations for the Executive Director regarding improvement of the services and supports delivered by MORC, Inc.

**Contamination:** The presence or reasonably anticipated, presence of blood or other potentially infectious material (OPIM) on an item or surface.

**Corporate Compliance Committee:** A standing committee of MORC, Inc. with the assigned function to ensure that all operations are conducted in compliance with all applicable federal, State and local laws, rules and regulations.

**Cost of Services:** The total operating and capital costs incurred with respect to, or on behalf of an individual, including the individual's room, board, supervision, vocational services, transportation, and all clinical supports.

**Covered Entity:** Is one or more of the following:

- A health plan
• A healthcare clearinghouse
• A healthcare provider who transmits any health information in electronic form in connection with a transaction included in HIPAA regulations.

**Credentialing:** The process of validating the qualifications of an applicant/employee to deliver professional services in a health care network or its components.

**Crisis:** Any situation that puts an individual's or other person's physical safety/health in danger.

**Crisis Intervention:** Unscheduled activity conducted for the purpose of resolving a crisis situation requiring immediate attention. Activities include crisis response, crisis line, assessment, referral and direct therapy.

**Crisis Prevention and Response Plan:** A written plan that includes a pro-active component (designed to prevent an individual from reaching a point of crisis) and a reactive component (designed to addresses situations in which the crisis is likely to continue and escalate, despite the application of all the documented least restrictive proactive interventions). The plan is to take into account the individual's preferences, and clearly identifies who will support this individual during times of crisis.

**Crisis Residential Services:** Residential services intended to provide a short-term alternative to inpatient psychiatric services for an individual experiencing an acute psychiatric crisis. Services may only be used to avert a psychiatric admission or to shorten the length of an inpatient stay.

**Critical Incident:** Those events which caused or could have potentially caused serious harm to an individual. Examples of events that could be considered a critical incident are as follows, but are not limited to:

• A individual's death, paralysis, coma or other major permanent loss of function associated with a medication error.
• Any elopement, i.e., unauthorized departure of an individual from a 24-hour setting that results in a related death (suicide or homicide) or major permanent loss of function
• Assault, homicide or other crime resulting in a individual's death or major permanent loss of function
• A fall that results in death or major permanent loss of function as a direct result of injuries sustained in the fall
• Substantial injury that has hospitalized the individual because of systems problems such as medication errors, injuries caused by treatment issues in which there are questionable standards of care.

**Critical Incident Review Team (CIRT):** A committee consisting of the MORC, Inc Ombudsman, Medical Director and/or other appropriate medical staff, a member of the Quality Management Services (QMS) Department, other MORC, Inc. staff and Network staff as appropriate.

**Critical Situation:** A condition which indicates the person is approaching a state of health crisis, emergency treatment. i.e. intervention needed to survive or death may result or produces a danger to the person or others.
**Cultural Awareness:** Developing sensitivity and understanding of another ethnic group which usually involves internal changes in terms of attitudes and values as well as the development of openness and flexibility in relation to others.

**Cultural Knowledge:** Familiarization with selected cultural characteristics, history, values, belief systems and behaviors of the members of ethnic groups.

**Cultural Sensitivity:** Knowing that cultural differences as well as similarities exist, without assigning values i.e. better or worse, right or wrong to those cultural differences.

**Culture of Gentleness:** A culture of support for individuals that nurtures, teaches and sustains the experience of connectedness, companionship and community. This is accomplished by helping the individual feel safe and valued, valuing others and being engaged with others.

**Dangerous Behavior:** Any behavior which places the individual or others at risk of serious injury.

**Decontamination:** The use of physical or chemical means to remove, inactivate or destroy blood borne pathogens or other infectious material on a surface to the point where they are rendered incapable of transmitting infectious particles and the surface of item is rendered safe for handling, use or disposal.

**Dehydration:** The excessive loss of body fluids.

**De-Identified Health Information:** Health information, which does not identify the individual and with respect to which there is no reasonable basis to believe that the information can be used to identify the individual. PHI may be de-identified in only two (2) ways:

- By statistician person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable; determines the risk is very small that the information could be used, alone or in combination with other reasonably available information to identify the individual who is the subject of the information and documents the methods and results of the analysis that justifies such determination, or
- By the removal of individually identifiable information and entity has no actual knowledge that the remaining information could be used to identify the individual.

**Department Contact:** A Prepaid Inpatient Health Plan /Community Mental Health staff person in a substantive area identified as responsible for the decision for which the Fair Hearing is being held.

**Department Representative:** A Prepaid Inpatient Health Plan/ Community Mental Health staff person assigned as the liaison between the agency and the Michigan Administrative Hearing System for the Department of Community Health (MDCH).

**Department of Human Services (DHS):** A department of the State of Michigan responsible for administering a variety of financial assistance programs, including Medicaid.

**Developmental Disabilities:** means either of the following:
1. If applied to an individual older than five (5) years of age, a severe, chronic condition that meets all of the following requirements:

- Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- Is manifested before the individual is twenty two (22) years old.
- Is likely to continue indefinitely.
- Results in substantial functional limitation in three (3) or more of the following areas of major life activity:
  - Self-care
  - Receptive and expressive language
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living
  - Economic self-sufficiency
- Reflects the individual’s need for combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

2. If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in the number one (1) if services are not provided.

**Diet:** Daily food allowance, consisting of what a person eats or drinks.

**Dignity:** The quality or condition of being esteemed or honored.

**Direct Hire Caregiver:** Person employed by the individual receiving services through MORC, Inc., or the individual's parent or guardian and/or through the self-determination employer of record, as appropriate.

**Disclosure:** The release, transfer, provision of, access to, or divulging in any other manner of confidential/protected health information outside the covered entity holding the information.

**Do Not Resuscitate (DNR):** An order written by a physician, after consultation with the patient or Patient Advocate, instructing that no CPR is to be performed in the event of cardiac arrest or respiratory arrest. This is also known as a “No Code”. If the patient has a guardian with the authority to consent to medical treatment, probate approved must be obtained to execute a DNR order.

**Drug Allergy:** An acquired hypersensitivity to a drug (allergen) that does not normally cause a reaction, and is usually manifested as skin eruption, edema, fever, and/or anaphylactoid reaction.

**Due Process:** The right of an individual legally empowered to act on their own behalf or another person legally empowered to act for them to be notified in writing of any decision that affects services provided to him or her and their right to appeal the decision.
Duration: The length of time it is expected that a service identified in the Individual Plan of Services (IPOS) will be provided as required by Medicaid.

Dysphagia: Difficulty eating/drinking and swallowing. It occurs when there has been a disruption of the normal swallowing process. Some of the causes of feeding and swallowing problems are damage to the central nervous system such as stroke, cerebral palsy, Alzheimer’s disease, muscular dystrophy, etc. as well as problems affecting the head and neck such as cancer of the mouth, throat or esophagus; injury/surgery involving the head/neck and decayed or missing teeth. The signs and symptoms of dysphagia include behaviors such as drooling, pocketing of food inside the mouth, inability to adequately chew food, difficulty in activating a swallow, delayed swallow, spillage of food into the back of the throat and aspiration.

Effective Date (Date of Action): The date on which a termination, reduction, suspension, of a current service is to begin.

Electronic Media: Any equipment or device used to store or transmit protected health information excluding fax machines and telephones, but including:
- Storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optional disk, or digital memory card.
- Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks and the physical movement of removable/transportable electronic storage media.

Eligibility Determination. A decision of whether or not an individual is eligible to receive services under the public mental health system using criteria specified in the Michigan Mental Health Code, and included in the definition of priority population as determined by the responsible Community Mental Health Board /Authority.

Emergency: A situation in which an individual with a serious mental illness or a developmental disability, or a child with a serious emotional disturbance experiences 1 of the following:
- The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
- The individual is unable to provide himself or herself food, clothing or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing or ambulating and this inability may lead in the future to harm to the individual or to another individual.
- The individual’s judgement is so impaired that he or she is unable to understand the need for treatment and in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future in physical harm to the individual or to another individual.
**Emergency Situation:** An event, which presents an immediate threat to the health and safety of an individual receiving services including:

- Death
- Allegations of suspected abuse or neglect
- Serious illness or serious physical injury
- Emergency Room treatment and/or hospital admissions
- Medication errors that cannot be resolved with standing missing medication orders
- Fires, evacuations or other hazardous residential conditions
- Police contacts, including vandalism, automobile accidents, neighbor incidents
- Unauthorized leave of absence (i.e., individual absent without prior authorization)
- Protective Services action to remove the individual from the home
- Behavioral episodes involving physical assault resulting in injury or in significant property damage
- Hospitalization, death or other incapacitation of family caregiver
- Respite services required

**Emergency Response System:** A 24-hour telephone access line supported by a toll-free line, including TTY (Text Telephone, aka TDD – Teletypewriter for the Deaf), which allows appropriate MORC, Inc. staff to be contacted for assistance in emergency situations.

**Employer of Record:** The individual designated under a self-determination arrangement who has obtained a Federal Employer Identification Number (FEIN) and is responsible for staff recruitment, personnel management, wage determination and payroll, and benefit administration.

**Encryption:** The use of an algorithmic process to transform data in a form in which there is a low probability of assigning meaning without use of a confidential process or key.

**Engineered Sharps-Injury Protections:** A safety feature or mechanism built into an engineered sharp needle device that effectively reduces the risk of an exposure incident to the user. This engineered sharp is used by persons to withdrawing body fluids, accessing a vein or artery, administering medication or other fluids to individuals and this needle. These improved engineered sharps are required to be used by all employees in order to comply with Michigan Law.

**Enhanced Dental:** Limited dental care that can be provided if / when an individual is at risk for serious health problems. This service is available to individuals enrolled in the Habilitation / Supports Waiver (HAB Waiver).

**Enhanced Medical Equipment and Supplies / Assistive Technology:** Equipment that will help an individual to become more independent in daily activities or gain more independence over their environment.

**Enhanced Pharmacy:** A service which covers some non-prescription “medicine chest” items that are prescribed by a doctor and are medically necessary for health maintenance.

**Enteral Nutrition and Hydration:** The provision of nutrients and water to a person by a tube.
**Environmental Modifications:** Physical changes to home and/or workplace that are necessary for health, safety, and wellbeing, or that enable functioning with greater independence.

**Executive Director’s Hearing:** Opportunity for a complainant to express his or her grievance(s) to the Executive Director of MORC, Inc.

**Expedited Authorization:** The processing of a request for initial or ongoing services as promptly as the individual’s health requires, but within three (3) work days from the date of the request when a service provider indicates or MORC, Inc. determines that a standard authorization process would seriously jeopardize the individual’s life, health or the ability to attain, maintain or regain maximum functioning unless:

- The individual requests an extension of the process up to fourteen (14) days
- MORC, Inc. is able to justify the need for additional information and how to an extension up to fourteen (14) days is the best interest of the individual

**Exploitation:** An action by a workforce member, independent clinical contractor or agent of a service provider under contract with MORC, Inc. that involves the misappropriation or misuse of an individual’s property or funds for the benefit of a person or persons other than the individual.

**Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee’s duties. “Exposure” does not include incidental exposures which may take place on the job, which are neither reasonably nor routinely expected, and which the worker is not required to incur in the normal course of employment.

**Exposure Control Plan (ECP):** A written document, required by Michigan Law, MIOSHA regulations, which delineates expectations of staff to protect, prevent and report injury associated with an exposure incidents. The exposure control plan focuses on prevention of exposure to blood, blood products or other potentially infectious materials (OPIM) through the use of Universal Precautions and the use of correctly fitted Personal Protection Equipment.

**Exposure Incident:** A specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious material (OPIM) that results from the performance of an employee’s duties

**Facility:** The physical premises and the interior and exterior of a building(s).

**Facility Directory:** A current list of individuals in the facility which includes the individual’s name, location in the facility, condition described in general terms and religious affiliation.

**Failure to Report:** To intentionally omit communication concerning one’s firsthand knowledge, or witnessing of, or reasonable cause to believe any abuse, accident, injury or illness, or other rights violation has taken place.

**Fair Hearing:** (also known as Medicaid Fair Hearing): An impartial review, for individuals on Medicaid, conducted by a Michigan Department of Community Health Administrative Law Judge for an Action taken by MORC, Inc. or CMH.
**Falsification of Care and Treatment Records**: To willfully cause entry of untrue observations, or to introduce untrue notations and entries into a care and treatment record, or to fail to make timely entries of observations as well as necessary information into the record.

**Family Foster Care**: A licensed living arrangement in which the caregivers/foster parents reside in the home.

**Family Training**: Family-focused services provided to family and other unpaid caregivers who live in the same home. This includes education and training about treatment, use of assistive technology and/or medical equipment, counseling, and peer support to assist the family in caring for a loved one with disabilities.

**Family Therapy**: Therapy provided by a mental health professional for the purpose of improving the individual/family function. It does not include psychotherapy.

**Financial Determination**: The process by which an individual’s ability to pay towards their cost of services is calculated.

**Financial Liability**: Responsibility for payment for the cost of services provided to the individual up to their ability to pay.

**Fiscal Intermediary**: An independent legal entity under contract with MORC, Inc., that acts as a fiscal agent for the individual receiving mental health services. The intermediary receives the individual’s funds and makes payments authorized by the individual to satisfy the financial obligations of the individual’s personal budget.

**Food Stamps**: Coupons provided by the Michigan Department of Human Services that are used like money to buy food or seeds and plants to grow food for home use.

**Force**: Non-accidental physical contact with or physical strength exerted against the body of an individual by a workforce member, independent clinical contractor or agent of a service provider under contract with MORC, Inc. that is not an approved physical management technique or that is not used to prevent the individual from harming himself, herself or others, or from causing substantial property damage.

**Full Financial Determination**: The process by which an individual’s ability to pay towards cost of services is calculated based on the total financial circumstances including but not limited to, income, expenses, number and condition of dependents, assets, liabilities and insurances.

**Full Privilege**: Status granted clinical staff who have met all laws, rules, regulations, standards regarding the scope of his/her expertise, position requirements and license/certification requirements without sanctions or limitation and compliant with required experience requirements.

**Grievance**: An expression of dissatisfaction about service issues (other than an Action) by the individual, the individual’s parent or guardian or advocate. (e.g. quality of care issues, interpersonal relationship issues between the provider and the individual).
**Grievance System:** Federal terminology for the overall local system of grievance and appeals required for Medicaid beneficiaries in the managed care context including access to the state fair hearing process.

**Guardian:** A person appointed by the Probate Court to exercise authority on behalf of the individual, as specified by the court.

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**Habilitation Supports Waiver (HSW):** A home and community-based waiver for persons with developmental disabilities who choose to participate in the HSW and require services and supports beyond regularly covered state plan Medicaid. The person must be Medicaid eligible, reside in a community setting and without waiver services, would require ICF/MR level of care services.

**Hand Washing Facilities:** A facility that provides an adequate supply of running water, soap and single use towels or hot air drying machine.

**Hearing Coordinator:** A Community Mental Health Board/Authority agency staff person designated as the single contact point to communicate to the Michigan Department of Community Health State Office of Administrative Hearing and Rules regarding procedural aspect of an appeal.

**Health care:** Care, services or supplies related to health of an individual. Health care includes, but is not limited to, the following:

- Preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling service, assessment or procedure with respect to the physical or mental condition, or functional status, of an individual or that effects the structure or function of the body; and
- Sale or dispensing of a drug, device, equipment or other item in accordance with a prescription.

**Health Care Clearinghouse:** A public or private entity, including a billing service, repricing company, community health management information, and “value-added” networks and switches that does either of the following functions:

- Processes or facilitates the processing of health information received from another entity in a nonstandard format or containing non-standard data content into standard data elements or a standard transaction.
- Receives a standard transaction from another entity and processes or facilitates the processing of health information into non-standard format or non-standard data content for the receiving entity.

**Health Care Operations:** Activities which involve any of the following:

- Quality assessment and improvement activities including outcomes evaluations provided that generalized knowledge is not the primary purpose of studies resulting from such activities, patient safety activities, population based activities relating to improving health or reducing healthcare cost, protocol development, case management and care.
coordination, contacting of healthcare providers and patients with information about treatment alternatives and related functions that do not include treatment.

- Competency assurance activities including reviewing competence of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditations, certifications or credentialing.
- Conducting or arranging for medical reviews, legal services, and auditing functions including fraud and abuse detection and compliance programs.
- Specified insurance functions, such as underwriting except genetic information as prohibited under HIPAA, enrollment, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or place a contract for reinsurance of risk relating to claims for healthcare, provided that genetic information is excluded.
- Business management and general administrative activities of the entity, including but not limited to: de-identifying PHI, creating a limited data set, and certain fundraising for the benefit of the covered entity.


Home Help Services Program: A program of the Michigan Department of Human Services which provides money to hire helpers to assist people who are unable to adequately care for themselves at home.

Housing Assistance: Assistance with the cost of short-term, interim, or one-time only expenses for individuals transitioning from restrictive settings into more independent, integrated living arrangements, while in the process of securing other benefits (e.g., SSI) or public program (e.g., governmental rental assistance and/or home ownership programs) that will become available to assume these obligations and provide needed assistance.

Housing and Urban Development (HUD): A federal/state subsidy program that assists low-income individuals in securing adequate housing.

Incidental Needs Allowance (Protected Income): The amount of money required to be protected monthly for the individual’s personal use.

Incompetency: Condition of lacking the ability to handle one’s affairs due to mental or physical incapacity as officially declared by a court.

Independent Clinical Contractor: A clinical staff not employed by MORC or an outside organization (agency) contracted by MORC.

Independent Contractor: A person who agrees to furnish materials or perform services at a specified price, and who performs such services without the direction and control of MORC, Inc.
using independent judgment to determine method and means to accomplish the provision of service.

**Independent Facilitator:** A person not employed by MORC, Inc., designated by the individual receiving mental health services, to lead person-centered planning meetings.

**Individual:** Person for whom MORC, Inc. services are delivered.

**Individual Plan of Services (IPOS):** A document consisting of a treatment plan, a support plan or both, which identifies the needs and goals of the individual and the amount, duration and scope of services and supports to be provided. It shall contain clearly stated goals and measurable objectives. The document shall address, as either desired or required by the person, the individual’s need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The document shall be kept current and shall be modified when indicated. The person(s) in charge of implementing the Plan of Services shall be designated in the document.

- **Support Plan:** A written plan that specifies the personal support services or any other supports, that is to be developed with and provided for an individual.
- **Treatment Plan:** A written plan that specifies the goal-oriented treatment or training including rehabilitation or habilitation services, that is to be developed with and provided for an individual.

**Individually Identifiable Health Information:** Information that contains any of the following identifiers of the individual or of relatives, employers, or household members of the individual.

- Names
- Geographic subdivision smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes.
- All elements of dates (except year) directly related to the individual including birth date, admission date, discharge date, date of death, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 and order.
- Telephone and Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers.
- Device identifiers and serial numbers
- Web Universal Resource Locaters (URLs)
- Internet Protocol (IP) address numbers
- Biometric Identifiers, including finger and voice prints
- Full face photographic images and an comparable images
- Any other unique identifying number, characteristic, code, except as permitted by HIPAA rules that could be used alone or in combination with other information to identify an individual who is a subject of the information.
• Information to which there is a reasonable basis to believe that it could be used to identify the individual.

**Information System:** An inter-connected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information data, applications, communications, and people.

**Informed Consent:** Voluntary approval by the individual or as applicable, the legally responsible person for a procedure/treatment recommended by the Support Team which is written in understandable language, with risks and potential benefits of the proposed procedure/treatment and other alternatives outlined. The consent may be withdrawn at any time without penalty.

**Integrity:** The property that data or information have not been altered or destroyed in an unauthorized manner.

**Intensive Crisis Stabilization Services:** Structured treatment and support activities provided by a mental health crisis team, designed to provide short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.

**Interactional Challenges:** Behaviors which, by their frequency or degree of intensity, jeopardize an individual's physical safety or feelings of safety, the environment, engagement and inclusion, feelings of valuing others and being valued. Challenging behaviors include but are not limited to:
- socially unacceptable conduct such as stealing, swearing, disrobing, and public masturbation
- stereotypic rituals such as finger flicking, body rocking, arm flapping, and mouthing of objects
- wandering and elopement
- yelling
- tantrums
- disruption of activities or property
- pica
- self-injurious behavior
- aggression

**Internal Grievance Process:** An impartial review by MORC, Inc., of concerns, complaints, disagreements and grievances related to the delivery of services.

**Intrusive Techniques:** Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug when it is used to manage, control or extinguish an individual’s behavior or restrict the individual’s freedom of movement and is not a standard treatment or dosage for the individual’s condition. Use of intrusive techniques as defined here requires the review and approval by the Behavior Support Committee.
Law: The federal constitution; a state constitution; a federal or state statute, regulation, or rule; common law; or other action having the force and effect of law.

Law Enforcement: Any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to:
• Investigate or conduct an official inquiry into a potential violation of law;
  OR
• Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

Legal Documents: Any document that states some contractual relationship or grants some right that are either individually or corporately binding. It includes but is not limited to: Power of Attorney, Banking Documents including Notes, Contracts for Services or Goods, Licenses or License Applications, Wills, Guardianship, Advance Directives, Trust Documents.

Licensed Facility: A facility that has been licensed by the Department of Human Services under Act 218 of 1979 which provides care to any adult in need of adult foster care services. Care is perceived as personal care, supervision and protection, and/or room and board of individuals that are aged, mentally ill, developmentally disabled, or physically disabled.

Limited English Proficiency: The reduced ability of a person, who does not speak English as their primary language, to read, speak, write or understand English.

Limited Privilege: Status granted to clinical staff who have not met all laws, rules, regulations, standards regarding the scope of his/her expertise. Position requirements and license/certification requirements and have in his/her personnel file a description of evidence and remediation regarding sanctions of limitations.

Living Expenses: Costs associated with insurance, utilities, phone, food, and personal necessities.

Local Appeal: An impartial review by the Prepaid Inpatient Health Plan/Community Mental Health staff of an Ability to Pay determination or an action taken to deny, suspend terminate or reduce services.

Local Grievance: An impartial review made by the Prepaid Inpatient Health Plan/Community Mental Health staff of any issue that does not fall under the local appeal process or the Recipient Rights complaint process which may include challenges to quality of care or aspects of interpersonal relationships between the individual and a service provider.
**Marketing:** Any communication about a product or service that encourages recipients of the communication to purchase or use the product or services, unless the communication is made:

- To describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits of, the covered entity making the communication, including communications about: the entities participating in a health care provider network or health plan network; replacement of, or enhancements to, a health plan; and health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits.
- For treatment of the individual; or
- For case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual

**OR**

- an arrangement between a covered entity and any other entity whereby the covered entity discloses protected health information to the other entity, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a communication about its own product or services that encourages recipients of the communication purchase or use the product or service.

**Mechanical Restraints:** The application of material devices to subdue an individual or to restrict, prevent, or limit movement which cannot be removed by the individual.

**Mechanical Supports:** Material devices used to achieve proper body position and balance or to protect from accidental injury due to falls. Such supports are designed and applied under supervision of a qualified occupational or physical therapist with concern for principles of good body alignment, concern for circulation, and allowance for change of position. Examples of Mechanical supports include:

- Leg braces
- Side lyers
- Prone standers
- Standing frames
- Helmets
- Bed rails
- Wheelchairs
- Wheelchair adaptations and modifications, such as:
  - lateral supports
  - chest supports
  - seat belts
  - leg rests
  - leg rest pads
  - trays
  - headrests
**Medicaid:** A Federal-State matching entitlement program enacted in 1965 under Title XIX of the Social Security Act which pays for medical assistance for certain vulnerable and needy individuals and families with low incomes and resources.

**Medicare:** A federal entitlement program established by an Act of Congress (Title XVIII of the Social Security Act) in 1965 to provide medical coverage to:

- Individuals who are aged 65 and are eligible for retirement benefits from the Social Security
- Individuals under aged 65 who have been entitled to Social Security benefits for at least 2 years on the basis of a disability
- Individuals of all ages who are medically determined to have End State Renal Disease

**Medical Costs:** The cost of medical expenses used to meet the monthly spend-down amount.

**Medical Record:** A file (paper or electronic) of Confidential & Protected Health Information maintained for each individual receiving services containing information that pertains to the individual’s health care, medical history, diagnosis, prognosis, or medical condition and that is maintained by a health care provider or health facility in the process of caring for the individual’s health.

**Medical Durable Power of Attorney for Health Care:** A document in which the individual gives another person, 18 years of age and legally competent, the power to make medical treatment, related personal care and custody decisions for the individual. A valid power of attorney must be signed when the individual is legally competent; two witnesses must sign; the witnesses must not include your spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of the witnessing, physician or patient advocate, an employer of your life or health insurance provider; an employee of a health facility that is treating you; or an employee of a home for the aged. The individual giving the designated person the authority to choose between options, including not receiving treatments that could result in death, must sign the Durable Power of Attorney.

**Medical Necessity:** Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the individual’s diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care.

**Medical Treatment:** The care and management of a disease, disorder or injury, including the prescription of medications.

**Medication Error:** Administration of medication differently than ordered by a physician not including instances in which individuals have refused medications, involving one or more of the following:

- Wrong medication
- Wrong dosage
- Wrong individual
- Wrong time
- Wrong route (e.g. oral versus injection)
**Mental Health Professional:** A physician, licensed or limited-licensed psychologist, licensed master’s social worker, licensed or limited licensed professional counselor, licensed marriage and family therapist, or registered professional nurse.

**Minimum Necessary:** The least amount of information to accomplish the intended purpose of the use, disclosure or request.

**Mistreatment:** An action, or lack of action, which is detrimental to the care or treatment of an individual, (e.g., to misuse, allude, maltreat, exploit).

**Mitigation:** Circumstances which or actions taken to, avoid or reduce damages.

**Modified Diet:** A diet based on a regular diet that is designed to meet the requirements of a given person. It may be modified in one or more nutrient, texture, caloric value, consistency, content of specific foods or a combination of factors. It must be prescribed by a physician. The dietitian and other team members may recommend that a consumer be placed on a modified diet.

**Modified Payment System:** A Michigan Department of Community Health program which allows a provider of a non-specialized licensed residential foster care setting (AFC) to seek Medicaid State Plan funding for persons living in their home that require personal care service(s).

**Natural Supports:** Supports that occur naturally in the community, at work, or in a social situation that enable the individuals served to accomplish their goals in life without the use of paid supports.

**Neglect:** An act or failure to act by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. that denies an individual the standard of care or treatment to which he or she is entitled.

- **Neglect Class I:** Acts of commission or omission by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. which result from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines written directives, procedures, or individual plan of service and which cause or contributes to the death, or sexual abuse or, or serious physical harm to an individual; or the failure to report apparent or suspected abuse Class I or neglect Class I of an individual.
- **Neglect Class II:** Acts of commission or omission by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. which result from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and which cause, or contribute to non-serious physical harm, or emotional harm, to an individual; or the failure to report apparent or suspected abuse Class II or neglect Class II.
- **Neglect Class III:** Acts of commission or omission by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. which result from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service which either placed or could have placed, an individual at risk of physical harm or sexual abuse; or the failure to report apparent or suspected abuse Class III or neglect Class III of an individual.
**News Media:** Publications including, but not limited to, newspapers, magazines, books, and other printed materials produced by the public press, business or industrial firms, non-profit associations or public agencies (including mental health agencies); and communication systems capable of transmitting photographs or sound via air or cable, e.g., television or radio.

**Non-Serious Physical Harm:** Physical damage or what could reasonably be construed as pain suffered by an individual which a physician or registered nurse determines could not have caused or contributed to the death of the individual, the permanent disfigurement of the individual, or an impairment of his/her bodily function(s).

**Normal Business Hours:** Hours beginning at 8:00 AM and ending at 4:30 PM, Monday through Friday, excluding holidays.

**Notice of Action:** A written statement of an Action taken by MORC, Inc. or a Community Mental Health Board/Authority using either an adequate notice or advance notice. The notice must be in a language format necessary for the individual to understand the content. Both advance and adequate notice must include:

- The Action taken
- The reason for the Action
- The date the Action will take place (effective date)
- Right to request an appeal and instruction for doing so. (Local Appeal, Fair Hearing)
- Circumstances under which an expedited review can be requested
- For individuals on Medicaid, an explanation that Individuals may represent themselves, or use legal counsel, a relative, a friend or other spokesman
- A statement that 42 CFR 440.230(d) is the basic legal authority for an action to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedure

Advance notice must also include information on how to continue services and conditions of possible repayment of cost of services that are the subject of the appeal.

**Nourishment:** A means of providing food or other substance necessary for life and growth.

**Nutrition:** A science that deals with the study of how a living organism assimilates foods and uses it for growth, maintenances and repair of body tissues.

**Ongoing and Continuous In-Home Assistance:** Assistance with Activities of Daily Living provided in the individual’s own home at least once a week, for a period of at least six months.

**Other Potentially Infectious Materials (OPIM):** Human body fluids and tissue including:

- Semen
- Vaginal secretions
• Amniotic fluid
• Cerebrospinal fluid
• Peritoneal fluid
• Pleural fluid
• Synovial fluid
• Saliva in dental procedures
• Any body fluid that is visibly contaminated with blood
• All body fluids in situations where it is difficult or impossible to differentiate between body fluids
• Any unfixed tissue or organ, other than intact skin, from a living or dead human
• Cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

**Own Home:** A supported independent placement or an individual's own home or apartment, regardless of who holds the deed, lease, or rental agreement. This does not include a family's home in which the child or adult consumer is living.

**Parent:** The birth or adoptive mother or father of a person.

**Parenteral:** Exposure occurring as a result of piercing mucous membranes or the skin barrier, such as exposure through subcutaneous resulting from needle sticks, human bites, cuts and abrasives.

**Partial Guardian:** A guardian who possesses fewer than all of the legal rights and powers of a plenary guardian, and whose rights and duties have been specifically enumerated by court order.

**Patient Advocate:** A person 18 years of age or older who is designated by the individual to make care, custody, medical or mental health treatment decisions on behalf of the individual.

**Patient Advocate Designation:** (also known as Durable Power of Attorney for Health Care or a Health Care Proxy) A voluntary, private agreement by which an individual of sound and mind chooses another individual to make care, custody, medical, or mental health treatment decisions for the individual making the designation. The document must be signed and witnessed to be legally binding.

**Payment:** The various activities of health care providers to obtain payment or be reimbursed for their services and for a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. Activities include, but are not limited to:

- Determining eligibility/or coverage under plan and adjudicating claims;
- Risk adjustments;
- Billing and collection activities;
- Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
- Utilization review activities; and
• Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).

**Password:** Confidential authentication information composed of a string of characters.

**Peer-reviewed Literature:** Scholarly works that typically represent the latest original research in the field, research that has been generally accepted by academic and other researchers and scholars who use criteria such as “significance” and “methodology” to evaluate the research. Publication in peer-reviewed literature does not necessarily mean the research finds are true, but the findings are considered authoritative evidence for a claim whose validation typically comes as the research is further analyzed and its findings are applied and re-examined in different contexts or using varying theoretical frameworks.

**Periodic Review:** A written review of the Individual Plan of Services which ensures adherence to the original Plan monitors the efficacy of the Plan and updates the Plan as necessary. The periodic review safeguards time frames established for meeting objectives and ensures timely follow up on referrals, recommendations, needs, services and evaluations as defined in the Plan.

**Person-Centered Planning:** A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual’s preferences, choices and abilities. The Person-Centered Planning Process involves families, friends and professionals as the individual desires or requires.

**Personal Digital Assistant (PDA):** A hand-held computer also known as palmtop computers.

**Personal Protective Equipment:** Specialized clothing or equipment that is worn by the employee to protect her or him from a potential hazard.

**Personal Emergency Response Systems (PERS):** A call system for help in an emergency.

**Personal Residence:** A living arrangement in which the individual is the responsible party on the deed, lease, or rental agreement.

**Personal Representative:** A person who has authority under law to act on behalf of the individual in making decision related to health care.

**Phone:** Costs associated with land or cellular line for local service only.

**Photograph:** A picture or likeness obtained by photography including still pictures, electronic images, motion pictures, or live transmissions.

**Physical Guidance:** Any use of physical touch with the intent of giving physical cue or direction where the individual does not actively resist.

**Physical Illness:** Any unexpected physical illness that resulted in a permanent loss of limb or function, or the risk therefore, and results in admission to a hospital. This does not include admissions directly related to the natural course of a person’s chronic illness, or underlying condition.
**Physical Intervention:** A technique used to restrict the movement of an individual by direct physical contact in order to prevent the individual from physically harming himself, herself, or others in spite of the individual’s resistance. Physical intervention is only used on an emergency basis and it not to be included in the BSP but is to be outlined in the Crisis Plan. The term “physical intervention” does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. Physical intervention involving prone immobilization of an individual for behavior control purpose is **prohibited under any circumstances.** Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to the individual’s body in a manner that prevents him or her from moving out of the prone position.

**Physical Safeguards:** Physical measures, policies, and procedures to protect a covered entity’s or business associate’s electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

**Pirated:** Reproduced without authorization especially in infringement of copyright.

**Placement Review Committee:** (see Residential Resource Committee)

**Portable Device:** Any device that is able to store software or data.

**Positive Teaching Techniques:** The establishment and maintenance of a non-violent environment and warm care-giving which:

- provides the individual with a sense of safety
- teaches the individual that engagement with others is good
- teaches the individual to value others and provides opportunities to establish meaningful relationships
- enhances the individual’s sense of self-value
- assures consistency of structure
- provides opportunities to express autonomy while receiving necessary supports
- is conducive to optimal learning, and
- community inclusion

Positive teaching methodologies are developed pursuant to a thorough behavior analysis of both the individual and their caregivers. They include those techniques which anticipate the function of the individual’s challenging behaviors, and which teach new relationship skills that replace these behaviors. These methodologies also assume adequate staffing patterns, the prevention or diminution of the challenging behaviors and the establishment of feelings of companionship, and caregivers who are trained in these methodologies.

**Potential Exposure:** Reasonably anticipated skin, eye, mucous membrane or potential contact with blood or other potentially infectious material that may result from the performance of an employee’s duties.
Potential Medical Emergency: Likelihood that an illness or injury which poses an immediate threat to an individual’s health or life may occur and require attention by a physician or hospitalization.

Practice or Treatment Guidelines: Guidelines published by professional organizations such as the American Psychiatric Association (APA), or the federal government.

Pre Plan Document: Documented activities conducted as a part of the Person Centered Planning process prior to development of the Individual Plan of Services that includes information provided by an individual and/or his/her representative pertaining to needs, desires, and assessment thereof for food, shelter, clothing, healthcare, employment opportunities, educational opportunities, legal services, transportation and recreation.

Pre-Vocational Services / Work Preparatory Services: Training to help learn skills to get ready for work. These skills might help improve ability to stay on task, follow directions, and build relationships with others.

Primary Care Physician: A licensed physician that provides and directs the primary (physical) health care of the individual.

Primary Caregiver: A person who typically provides care day after day (e.g., family members), and the care is provided during those portions of the day when the caregivers are not being paid to provide care.

Priority Population: Individuals covered under the public mental health system who have the most severe forms of serious mental illness, serious emotional disturbance or developmental disability or individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergent situations.

Privacy Notice: A standardized written notification of an agency’s privacy practices which is provided to all individuals subject to the Privacy Rule established under the federal Health Insurance Portability and Accountability Act (HIPAA).

Privacy Rule: HIPAA Standards that govern the use and disclosure of PHI in any form.

Private Duty Nursing (PDN): Hourly nursing care provided to individuals who meet specific level of care criteria, which requires nursing interventions. This service is available to persons enrolled in HAB Waiver or Children’s Waiver.

Privileging: The process of reviewing and approving the qualifications of a clinical staff and assessing their background, current licensure/certification, training, experience, competence and ability to provider particular services/procedures.

Progress Note: A written report of the individual’s response to treatment and training objectives as well as referral/recommendations specified in the Individual Plan of Services.

Protected Health Information (PHI): Any information, whether oral or recorded in any form or medium, that is created or received by MORC, Inc. and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
**Protective Devices**: Devices or physical barriers to prevent the individual from causing serious self-injury associated with documented and frequent incidents of the behavior and which are incorporated in the IPOS through a Behavior Support Plan (BSP) which has been reviewed and approved by the Behavior Support Committee and received special consent from the individual or his/her legal representative, as applicable.

**Proprietary Information**: Material and information relating to or associated with a company’s products, business, or activities, including but not limited to financial information; data or statements; trade secrets, that is not public knowledge and may not be disclosed without administration authorization.

**Proxy Measure for Persons with Developmental Disabilities (DD Proxy)**: A standard mechanism used to evaluate the level of functioning for persons with developmental disabilities.

**Prudent Purchase / Cost Efficiency**: The lowest cost of the available alternatives that has documented capacity to meet or exceed the outcome quality specifications identified in the Individual Plan of Services (IPOS).

**Psychiatric Advance Directive (PAD)**: An advance medical directive pertaining to the administration or refusal of psychiatric restabilization for the care and treatment of mental illness.

**Psychiatric Restabilization**: Measures to restore mental functions or to support mental health in the event of destabilization of mental health due to lack of appropriate treatment. Psychiatric restabilization measure may include administration of prescribed liquid medication orally, physical restraint, seclusion or crisis psychiatric counseling, or other measures as stipulated in the document.

**Psychotherapy Notes**: Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing private counseling session or a group, joint, or family counseling and that are separate from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

**Psychotropic Medications**: Medication prescribed for the treatment of disorders of thinking, mood or behavior caused by a psychiatric illness or condition.

OR

Medication prescribed for the treatment of disorders of thinking, mood or behavior caused by a psychiatric illness or condition and any medications used for the purpose of behavior management and/or the treatment of a psychiatric disorder. Examples include but are not limited to:

- Antipsychotic agents
- Antidepressants
- Ataractic or anti-manic agents
- Anxiolytics or anti-anxiety agents
- Sedative/hypnotic agents
• Mood stabilizers
• Psychomotor stimulants
• Antiepileptic medications used in an attempt to modify behaviors and promote normalization of brain function
• Anticholinergic agents used to treat movement disorders
• Beta Blockers

Public News Media: see News Media

Q

Quality Improvement: A formal approach to the analysis of performance and systematic efforts to improve it.

R

Reasonable Accommodation (A): The removal of workplace barriers for individuals with disabilities seeking employment at MORC, Inc, who have the capacity to perform the essential functions of a position including:
  • Changes to the job application process;
  • Changes to the workplace environment; and
  • Changes to ensure that the disabled enjoy equal benefits and privileges

Reasonable Accommodation (B): The removal of barriers for individuals with disabilities seeking services from MORC, Inc, to ensure that they enjoy benefits and privileges equal to individuals without disabilities including:
  • Changes to the intake/assessment process;
  • Changes to the intake/assessment location

Recipient Rights Complaint: A formal complaint to the Office of Recipient rights at Community Mental Health when an individual, individual’s parent or guardian, advocate or interested party, feels that a right guaranteed by the Michigan Mental Health Code may have been denied or violated.

Recommended Dietary Allowance: A level of intake of essential nutrients considered by the Food and Nutrition Board of the National Research Council on the basis of available scientific knowledge to be adequate to meet the known nutritional needs of practically all healthy people in the U.S. The RDA are designed to serve as a guide for planning nutrient intake for population groups.

Regular Diet: A diet designed for persons who do not require any dietary restrictions. The food plan includes foods in amounts that will provide the quantities of nutrients recommended by the National Research Council.

Remedy: An action which corrects an error.
**Representative Payee:** A person who receives financial benefits for an individual who cannot manage their money.

**Required by Law:** A mandate contained in law that compels a covered entity to make a use or disclosure of PHI that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information; a civil or an authorized investigate demand, Medicare conditions of participation with respect to health care providers participating in the program; and statues of regulations that require the production of information, including statues or regulations that require such information if payment is sought under a government program providing public benefits.

**Research:** A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to knowledge related to health that can be applied to populations outside of the population served by the covered entity.

**Residential Resources Committee:** Standing committees of MORC, Inc. with the function to review requests for residential services, consider and recommend residential alternatives, and assign responsibility for the delivery of residential services. Membership consists of the Directors/Supervisors of programs delivering the requested services, and Support Coordination/Case Management Supervisors.

**Resolution:** A course of action which has been agreed upon.

**Respite Care:** Intermittent, short-term, hourly or overnight care, to provide relief for the primary caregiver of an individual who ordinarily resides with their own family or in the home of a host family to assist in maintaining a goal of living in a natural home. Respite is provided to relieve the primary caregiver from daily stress and care demands during times when they are providing unpaid care.

**Respite Voucher Direct Hire Caregiver:** A staff directly hired by the family to provide respite services.

**Respite Voucher Invoice:** A billing form submitted monthly to MORC, Inc., to allow payment for services rendered by a direct hire caregiver in the home of an individual.

**Responsible Party:** The person who is financially liable for the cost of services furnished to the individual, which includes the individual, the individual’s spouse or parents, or parents of a minor.

**Restraint:** The use of a mechanical device to restrict an individual’s movement at the order of a physician. The use of mechanical devices used as restraint is prohibited. This definition excludes:

- Anatomical or physical supports that are ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving an individual’s functioning.
- Protective devices.
- Medical restraint which is the use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the individual quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the IPOS for medical or
dental procedures.

- Safety devices required by law, such as car seat belts or child car seats used while riding in vehicles.

**Restrictive Techniques:** Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and Federal Balanced Budget Act. Examples of such techniques used for the purposes of management, control or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm, include prohibiting communication with others to achieve therapeutic objectives; prohibiting ordinary access to meals; using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual. Use of restrictive techniques requires the review and approval of the Behavioral Support Committee.

**Risk Analysis:** An accurate and thorough assessment of potential risks and vulnerabilities to the confidentiality, integrity and availability of electronic PHI held by a covered entity or business associates.

**Risk Management:** The implementation of security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with HIPAA Privacy and Security standards.

**Root Cause Analysis:** A process for identifying the basic or causal factors that underline variation in performance, including the occurrence, or possible occurrence of a critical event or possible sentinel event.

**Sanitization:** Effective bactericidal treatment of clean surfaces and utensils by a process which has been approved by the health authorities as being effective in destroying micro-organisms, including pathogens.

**Scanned Document:**

**Scope:** The parameters within which the service will be provided as required by Medicaid including:

- Who (e.g., professional, para-professional, aide supervised by a professional)
- How (e.g., face-to-face, telephone, taxi or bus, group or individual)
- Where (e.g., community setting, office, beneficiary’s home)

**Second Opinion:** A formal review conducted by the Prepaid Inpatient Health Plan/ Community Mental Health for a denial of admission to receive mental health services or psychiatric hospitalization.

**Seclusion:** The placement of an individual in a room alone where egress is prevented by any means. Seclusion is prohibited except in a hospital or center operated by the department, a hospital licensed by the department, or a licensed child care institution licensed under 1973 PA 116, MCL 722.111 to 722.128.

**Security:** All of the administrative, physical and technical safeguards in an information system.
**Security Incident:** The attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in any information.

**Security Rule:** Health Insurance Portability and Accountability Act (HIPAA) Standards which govern the administrative, technical, and physical safeguards to protect the confidentiality, integrity, and availability of electronic PHI.

**Self-Determination:** Right of the individual to plan their life by directing the use of resources and personnel through an individualized budget.

**Sensory Impairment:** Disabilities which adversely impact a person's ability to perceive and use written or spoken communications. Sensory impairments may include vision impairments, hearing loss, speech impediments and autism or autistic-like limitations.

**Sentinel Event:** An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or risk thereof” injury includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Oakland County Community Mental Health Authority (OCCMHA) and Macomb County Community Mental Health Board will make determination for consumers funded by their organization.

**Serious Injury:** Physical damage which at the time of examination is determined to have caused an impairment of bodily functions or permanent disfigurement.

**Serious Physical Harm:** Physical damage suffered by an individual which a physician or registered nurse determined caused or could have caused the death the individual, or caused the impairment of his/her bodily function(s), or the permanent disfigurement of an individual.

**Service Delivery Log (SDL):** An electronic document that identifies the service provided, date of service, place of service, whether the service was a face-to-face service or not, start and stop times of the service, the person who delivered the service, and is completed after the documentation of the service was completed.

**Sexual Abuse:** Criminal sexual conduct as defined by section 520b to 520e of 1931PA 318, MCL 750.520b to MCL 750.520e involving a workforce member, independent clinical contractor, or an agent of a service provider under contract with MORC, Inc. and an individual.

- Any sexual contact or sexual penetration involving a workforce member, independent clinical contractor, or an agent of a service provider under contract with MORC, Inc. and an individual in a facility licensed by the department under section 137 of the act or an adult licensed foster care facility and a individual.
- Any sexual contact or sexual penetration involving a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. and an individual.

**Sexual Contact:** The non-accidental, unavoidable touching or penetration of an individual's intimate body parts to the intentional touching of the clothing covering the immediate area of the individual's intimate parts, if that intentional touching can reasonably be construed as being for
the purpose of sexual arousal or gratification; done for a sexual purpose; or, in a sexual manner for revenge, or to inflict humiliation, or out of anger.

**Sexual Harassment:** Sexual advances toward an individual, requests for sexual favors from an individual; or, conduct and communication of a sexual nature toward an individual by any person.

**Sexual Mistreatment:** Sexual contact that occurs or has occurred between:
- An individual and a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc., providing authorized care or supervision for that individual;
- Two individuals if one or more does not consent or is not competent to consent;
- Individuals if one or more is a minor; or,
- An individual and any other person if the individual does not consent or is not competent to consent.

**Sexual Penetration:** Sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of an individual's body, or of any object into the genital or anal openings of an individual's body, but emission of semen is not required.

**Shared Parenting:** A respite care service program that provides relief to natural families by allowing them to recruit one of two other families to share the caretaking role.

**Sharps:** Any object that can penetrate the skin, including any of the following: needles, broken glass, lancets and exposure ends of dental wires.

**Shelter Costs:** The individual's portion of rent, utilities, and content insurance and maintenance expenses.

**Social Security Disability Insurance (SSDI):** A payroll tax-funded, federal insurance program designed to provide income to people who worked long enough, paid social security taxes and are unable to work because of a disability as determined by the US Social Security Administration.

**Specialized Residential Services:** A combination of residential care and mental health services that are expressly designed to provide (re)habilitation and therapy to an individual, and are part of a comprehensive Individual Plan of Services.

**Spend-Down:** The process which allows an individual with excess income to become eligible for Medicaid, if sufficient allowable medical expenses are incurred.

**Spend-Down Amount:** An individual's monthly excess income as determined by Medicaid.

**Stakeholder:** A person who has a supporting role in the life of an individual who receives services from MORC, Inc.

**Standard Authorization:** The routine processing of requests for initial and continuing service delivery. A decision must be rendered as expeditiously as the individual's health requires but no later than fourteen (14) calendar days. The time frame may be extended up to fourteen (14) calendar days if requested by the individual or if MORC, Inc. is able to justify the need for
additional information and how the extension is in the best interest of the individual. If extended, an adequate notice must be given.

**Standard Operating Procedures (SOP):** Written policies or procedures which address the performance of work activities so as to reduce the risk of exposure to blood, OPIM or other hazards.

**Standard Precautions:** An approach which expands the coverage of universal precautions by recognizing that any body fluids may contain microorganisms.

**Standing Medical Orders (SMO):** A physician signed document listing medications that may be given on an as needed basis when a specific condition exists. Medications for headache, constipation and minor skin abrasions are some examples that may fall into this category.

**Substantial Snack:** A least three to four items which comprise 20% of the calories for the day, of which 10% of the calories is from foods high in protein.

**Substance Abuse:** A pattern of substance use that is manifested by recurrent and significant adverse consequences related to the repeated use of substances excluding substance dependence. For a person with a developmental disability, any controlled use of substances that interferes with treatment or outcome can be defined as abuse, and the extent of use that would be considered problematic is inversely related to the severity of the disability.

**Substance Dependence:** Evidence of a lack of control of substance use in the face of clear harmful consequences, whether or not tolerance and withdrawal symptoms are present. This is a pattern of substance use that includes all of the features of abuse as well as an increased tolerance for the drug which results in the need for increasing amounts of the substance to achieve the intended effect, an obsession with securing the drug and with it use, or persistence in using the drug even in the face of serious physical or psychological problems. Once substance dependence has been identified in the past that diagnosis persists, even if the person currently exhibits reduced use or abstinence.

**Substance Use Disorder:** A current or past pattern of dependence or abuse of alcohol, legal or illegal drugs.

**Supplemental Security Income (SSI):** The federal Social Security Administration’s program of direct payments to the qualifying children and adults including the aged, blind, and disabled who are determined to be eligible for payment based on income and resources.

**Supports Coordinator / Case Manager:** The person designated as responsible for the coordination of the Individual Plan of Services (IPOS).

**Supported Employment:** Supports to help find and maintain paid work in the community.

**Support Team:** A group of persons whose purpose is to develop, evaluate, implement, and monitor the Individual Plan of Services (IPOS) for an individual. The Support Team is comprised of persons of the individual’s choosing which may include those with a treatment relationship with the individual.

OR
A group of persons whose purpose is to develop, evaluate, implement, and monitor the Individual Plan of Services (IPOS) for an individual. The Support Team is comprised of:

- Legally responsible person, if applicable.
- Persons of the individual’s choosing
- Any of the following as medically necessary and selected by the individual to participate.
  - Supports Coordinator/Case Manager
  - Psychologist
  - Social Worker
  - Counselor/Therapist
  - Psychiatrist
  - Physician
  - Nurse
  - Home Staff
  - Vocational Program Representative
  - Occupational Therapist
  - Speech and Language Pathologist
  - Dietitian

**Tardive Dyskinesia:** A neurological syndrome caused by the long-term use of neuroleptic drugs. Neuroleptic drugs are generally prescribed for psychiatric disorders, as well as for some gastrointestinal and neurological disorders. Tardive Dyskinesia is characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and truck may also occur. Involuntary movements of the fingers may appear as though the patient is playing an invisible guitar or piano.

**Taxonomy:** The description, identification, naming and classification of things into categories of the same type.

**Technical Safeguards:** The technology and the policy and procedures for its use that protect electronic Protected Health Information (PHI) and control access to it.

**Temporary Privilege:** Time limited status granted clinical staff who qualify as one of the following:

- New hires waiting for primary source verification of graduation from an accredited school
- MORC employee who previously held license/certification that has lapsed and is pending renewal

**Terminal Condition:** A incurable or irreversible condition from which there can be no recovery and that, without the administration of life-sustaining procedures, will, in the opinion of the attending physician, result in death within a relatively short time. Because everyone is unique each case must be carefully evaluated on its own facts and in its own context.

**Transaction:** The transmission of information between two parties to carry out financial or administrative activities related to health care.

**Transportation:** Use of a vehicle to transport an individual to a Medicaid covered mental health service if it is determined to not be available through other resources.
**Treatment:** The provision, coordination, of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

**Universal Precautions:** An approach to infection control whereby all human blood and (OPIM) are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or other blood-borne pathogens.

**Unreasonable Force:** The use of physical management, by a workforce member, independent clinical contractor, or agent of a service provider under contract with MORC, Inc. with an individual in one or more of the following circumstances:

- There is no imminent risk of serious or non-serious physical harm to the individual, staff or others.
- The physical management used is not in compliance with the emergency interventions authorized in the individual’s plan of service. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.
- The physical management used is not in compliance with techniques approved by MORC, Inc.

**Urgent:** A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment or support services.

**Use (Confidential/Protected Health Information):** The sharing, employment, application, utilization, examination, or analysis of Protected Health Information (PHI).

**User (Confidential/Protected Health Information):** A person or entity with authorized access to Protected Health Information (PHI).

**Utilities:** Costs associated with heat, water and lights (including, gas, propane, water, sewage, electricity).

**Utilization Management:** The evaluation of the appropriateness, medical necessity and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of an applicable health benefits plan.

**Utilization Review:** Formal and on-going monitoring and evaluation of the provision of medically necessary services.

**Videotape:** A recording of visual images and sound (as of a television production) made on magnetic or digital tape.
**Vulnerable Adult Abuse**: A caregiver intentionally causing serious or non-serious physical harm and committing a reckless act or reckless failure to act causing serious or non-serious physical or mental harm in violation of Michigan penal code MCL 750.145n.

**Workforce Members**: Employees, volunteers, trainees, and other persons whose conduct in the performance of work for a covered entity, is under control of the covered entity, whether or not they are paid by that entity.

**Workstation**: Any electronic computing device, for example, a laptop or desktop computer, or any device that performs similar functions and electronic media stored in its immediate environment.