

EXHIBIT K DEFINITIONS

In addition to any terms that may be defined elsewhere in this Agreement and with the following exceptions and additions, the terms in this Agreement have the same meaning as those terms appearing in Oregon Administrative Rules (OARs) 309-012-0140, 309-032-0535, 309-033-0210, 410-120-0000, and 410-141-0000. The order of preference for interpreting conflicting definitions is this Agreement, Oregon Health Plan Rules of DHS, General Rules of DHS, and Mental Health Rules of DHS.

Abuse: Any death caused by other than accidental or natural means; any physical injury caused by other than accidental means or that appears to be at variance with the explanation given of the injury; willful infliction of physical pain or injury; and sexual harassment or exploitation, including but not limited to, any sexual contact between an employee of a facility or community program and an OHP Member. In residential programs, Abuse includes other intentional acts or absence of action that interfere with the mental, emotional or physical health of the resident.

Action:

1. The denial or limited authorization of a requested Service, including the type or level of Service;
2. reduction, suspension, or termination of a previously authorized Service;
3. denial, in whole or in part, of payment for a Service;
4. failure to provide Services in a timely manner;
5. failure to act on Grievances and Appeals within specified timeframes; or
6. denial of a request to obtain Services outside the Provider Panel, as follows:
 - a. denial of a request to obtain Services from any other provider (in terms of training, experience, and specialization) not available within the Provider Panel;
 - b. denial of a request to obtain Services from a non-Participating Provider who is the main source of a Service to the OHP Member, provided that the provider is given the same opportunity to become a Participating Provider (and further provided that if the provider chooses not to join the Provider Panel or does not meet the qualifications, the OHP Member is given a choice of Participating Providers and is transitioned to a Participating Provider with 60 days);
 - c. denial of a request to obtain Services when Contractor or Provider does not provide the Service because of moral or religious objection;
 - d. denial of a request for a Service when the OHP Member's Provider determines that the OHP Member needs related Services that would subject the OHP Member to unnecessary risk if received separately and not all related Services are available within the Provider Panel; or
 - e. denial of a request for a Service when AMH determines that other circumstances warrant out-of-network treatment.

Acute Care: Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.

Acute Inpatient Hospital Psychiatric Care: Acute Care provided in a psychiatric hospital with 24-hour medical supervision.

Addictions and Mental Health Division (AMH): The program office of DHS responsible for the administration of mental health services and policy and programs for chemical dependency prevention, intervention, and treatment services for the State of Oregon.

Addictions and Mental Health Division (AMH) Representative: The individual within the Office of Mental Health Services designated to handle DHS Administrative Hearings requested by OHP Members. The role of AMH Representative is described in Exhibit G, Oregon Health Plan Mental Health Services Client Notices, Grievances, Appeals, and Hearings Process.

Adult and Family Services now referred to as Children, Adults and Family Services: Program with primary responsibility to assist poor families in meeting their basic needs and to help them become more self sufficient. To achieve these outcomes, Program provides income maintenance payments to poor families; contracts with providers for employment training and placement of eligible clients; provides payments for supportive services, such as day care and transportation; and provides eligibility determination for the OHP Medicaid Demonstration Project and State Children's Health Insurance Program.

Allied Agencies: See definition for Local and/or Regional Allied Agencies.

Alternative Site: A place where Services are provided other than the service provider's office, clinic or other regular place of business. Alternative Sites are used to assure more accessible and effective delivery of the service and include, but are not limited to, a school, community center, foster home, Nursing Home, physician's office, home or other natural setting.

Americans with Disabilities Act (ADA): Federal law promoting the civil rights of persons with disabilities, including mental illness. The purpose of the law is "to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities and to provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities." The ADA requires that accommodations be made in employment, service delivery and accessibility of facilities and/or services.

Appeal: A request for review of an action, i.e., the reduction, suspension, or termination of a service, the denial or limited authorization of a requested service, or the denial, in whole or in part, of a payment for a service.

Appropriate: The extent to which a particular procedure, treatment, test, or Service is documented to be effective, clearly indicated, not excessive, adequate in quantity, and provided in the setting best suited to the needs of the OHP Member.

Assessment: The determination of a person's need for Covered Services. It involves the collection and evaluation of data pertinent to the person's mental history and current problem(s) obtained through interview, observation, and record review. The Assessment concludes with one of the following: (1) documentation of a DSM Diagnosis providing the clinical basis for a written Treatment Plan; or (2) a written statement that the person is not in need of Covered Services. Other disposition information such as to whom the person was referred is included in the Clinical Record.

Benchmark: The level of performance or standard against which attainment of specific objectives is measured.

Capacity: The ability to make Covered Services available in a given geographic area relative to the size, location and unique needs of the OHP Membership within it. Indicators of Capacity may be represented as ratios between the number of Participating Providers per 1,000 OHP Members for a given geographic area (county or zip code); as ratios between the number of Participating Providers per 1,000 OHP Members; as ratios between various types of Participating Providers (psychiatrists, case managers) per a set number of OHP Members with specific diagnoses, unique characteristics and/or special needs; as ratios between the number of Participating Providers per the total of OHP Members and other patients; as a function of travel time or distance between the OHP Member's residence and the Participating Provider; as a function of waiting time for regular appointments, urgent care, emergency care and specialty care; as a function of office waiting time; and as a function of 24-hour care. Measurement of Capacity must consider factors such as geographic or physical barriers (mountains or rivers) which preclude access, service utilization patterns (services being sought outside the immediate vicinity), language or cultural barriers, and needs of migrant or seasonal workers.

Capitation: A payment model which is based on prospective payment for services, irrespective of the actual amount of services provided, generally calculated on a per OHP Member per month basis.

Capitation Payment: The amount paid by DHS to Contractor on a per OHP Member per month basis in advance of and as payment for the OHP Member's actual receipt of Covered Services under this Agreement.

Case Management: Services provided to OHP Members who require assistance to ensure access to benefits and services from Local, Regional and/or State Allied Agencies or other service providers. Services provided may include: advocating for the OHP Member's treatment needs; providing assistance in obtaining entitlements based on mental or emotional

Disability; referring OHP Members to needed services or supports; accessing housing or residential programs; coordinating services including educational or vocational activities; and establishing alternatives to inpatient hospital services.

Case Rate: A flat rate paid per person for a specific range of services. A Case Rate may be paid for each referral made to a provider or for each admission made to a hospital. The provider receiving the payment assumes the risk of providing all Covered Services for the full range of services for each OHP Member for whom the payment was made.

CCC Chair: A QMHP with experience in children's mental health treatment designated by the CMHP director in each county to coordinate LTPC screenings.

Centers for Medicare and Medicaid Services (CMS) formerly known as Health Care Financing Administration (HCFA): The federal agency responsible for approving the waiver request to operate the OHP Medicaid Demonstration Project.

Chemical Dependency Provider: A practitioner approved by DHS to provide publicly funded alcohol and drug abuse rehabilitative services.

Civil Commitment Process: The legal process of involuntarily placing a person, determined by the Circuit Court to be a mentally ill person as defined in ORS 426.005 (1) (d), in the custody of DHS has the sole authority to assign and place a committed person to a treatment facility. DHS has delegated this responsibility to the CMHP Director. Civil commitment does not automatically allow for the administration of Medication without informed client consent. Additional procedures described in administrative rule must be followed before Medication can be involuntarily administered.

Client Process Monitoring System (CPMS): DHS's client information system for community based services.

Clinical Reviewer: The entity jointly chosen to resolve disagreements related to an OHP Member's need for Long Term Psychiatric Care immediately following an Acute Inpatient Hospital Psychiatric Care stay.

Clinical Record: The individual client service record. For the purpose of confidentiality, it is considered the medical record defined in ORS Chapter 179.

Clinical Services Coordination: Coordinating the access to, and provision of, services from multiple agencies according to the Treatment Plan; establishing crisis service linkages; advocating for the person's treatment needs; and providing assistance to obtaining entitlements based on mental or emotional Disability.

Community Coordinating Committee: A committee composed of representatives from the local Community Mental Health Program, DHS Children, Adults and Families Services, Juvenile Court, local education district, and the AMH Child and Adolescent Mental Health Specialist.

Community Coordinating Committee (CCC) Care Path Plan: A written plan for discharge to a least restrictive appropriate setting with specific discharge criteria. Discharge criteria are linked to resolution of symptoms and behaviors that justified admission to LTPC. The CCC Care Path Plan provides an opportunity for those parties most familiar with the treatment needs of the child to develop a care path plan.

Community Emergency Service Agencies: These include, but are not limited to, hospital emergency rooms, crisis centers, protective services of DHS Seniors and People with Disabilities Program and Children Adults and Families Services, OYA, local juvenile justice, police, homeless shelters, CMHPs, and civil commitment investigators.

Community Mental Health Program (CMHP): The organization of all services for persons with mental or emotional disorders and developmental disabilities operated by, or contractually affiliated with, a LMHA, operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with DHS.

Community Services Section (CSS): The organizational section within AMH responsible for integrating mental health services into the OHP Medicaid Demonstration Project and State Children's Health Program.

Community Standard: Expectations for access to the health care delivery system in the OHP Member's community of residence. Except where the Community Standard is less than sufficient to ensure quality of care, DHS requires that the health care delivery system available to Contractor's OHP Members take into consideration the Community Standard and be adequate to meet the needs of OHP Members.

Condition/Treatment Pair: Conditions described in the International Classification of Diseases Clinical Modifications, 9th edition (ICD-9 CM) and treatments described in the current version of the American Medical Association's Physicians' Current Procedural Terminology (CPT), HCPC, and BA/ECC Codes established by DHS which, when paired by the HSC, constitute the line items in the Prioritized List of Health Services. Condition/Treatment Pairs may contain many diagnoses and treatments. The pairs are listed in OAR 410-141-0520, Prioritized List of Health Services.

Consultation: Professional advice or explanation given concerning a specific OHP Member to others involved in the treatment process, including Family members, staff members of other human services agencies (such as DHS Senior and People with Disabilities Programs, DHS Children, Adults and Families Services, schools, OYA, juvenile justice) and care providers (such as Nursing Homes, foster homes, or residential care facility staff).

Consumer: An OHP Member with a mental or emotional disorder who receives Covered Services. This term is also used in reference to any person receiving services through a Community Mental Health Program which are not Covered Services.

Continuity of Care: The ability to sustain services necessary for a person's treatment. Continuity of Care is a concern when an OHP Member is transferred from one service provider to another.

Contractor Representative: The individual within Contractor organization responsible for handling Complaint and Hearing issues. The role of this person is described in Exhibit G, Oregon Health Plan Mental Health Services Client Notices, Grievances, Appeals, and Hearings Process.

Covered Services: Services included in the Capitation Payment paid to Contractor under this Agreement with respect to an OHP Member under this Agreement whenever services are Medically Appropriate for the OHP Member. Services included in the Capitation Payment are described in the State of Oregon, Oregon Health Plan Service Categories for Per Capita Costs, October 2002 through September 2003. The Capitation Payment is based on the number of condition/treatment pair lines of the List of Prioritized Health Services funded by the Legislature and adopted in OAR 410-141-0520. The Covered Services described in this agreement shall be substituted with and/or expanded to include Flexible Services and Flexible Service Approaches identified and agreed to by Contractor, the OHP Member and, as appropriate, the family of the OHP Member as being an efficacious alternative. Covered Services are limited in accordance with OAR 410-141-0500, Excluded Services and Limitations for Oregon Health Plan Clients.

Credentialing: The authorization process by which the Contractor ensures that professionals and other providers who will deliver services to OHP Members are licensed to practice, or otherwise qualified for their respective positions. Authorization is determined by comparison of practitioner qualifications with applicable requirements for education, licensure, professional standing, experience, service availability and accessibility, and conformance with Contractor Utilization and quality management requirements.

Culturally Competent: The Capacity to provide services in an effective manner that is sensitive to the culture, race, ethnicity, language and other differences of an individual. Such services may include, but are not limited to, use of bilingual and bicultural staff, provision of services in culturally appropriate alternative settings, and use of bicultural Paraprofessionals as intermediaries with professional staff.

Current Procedural Terminology (CPT): A listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that accurately describes medical, surgical, and diagnostic services, and thereby provides an effective means for reliable nationwide communication among physicians, patients, and third parties.

Declaration for Mental Health Treatment: A written statement of a person's decisions concerning his or her mental health treatment. The declaration is made when the person is able to understand and make decisions related to such treatment. It is honored when the person is unable to make such decisions.

“Department or DHS”: means the Department of Human Services established in ORS Chapter 409, including such divisions, programs and offices as may be established therein. Wherever the former Office of Medical Assistance Programs or OMAP is used in this Contract or in rule, it shall mean the Division of Medical Assistance Programs or DMAP. Wherever the former Office of Mental Health and Addiction Services or OMHAS is used in this Contract or in rule, it shall mean the Addictions and Mental Health Division or AMH. Where the former Seniors and People with Disabilities or SPD is used in this Contract or in rule, it shall mean the Seniors and People with Disabilities Division or SPD. Where the former Children, Adults and Families or CAF is used in this Contract or rule, it shall mean the Children, Adults and Families Division (CAF). Where the former Health Division is used in this Contract or in rule, it shall mean the Public Health Division (PHD).

Diagnosis or DSM Diagnosis: The principal mental disorder listed in the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), that is the Medically Appropriate reason for clinical care and the main focus of treatment for an OHP Member. The Principal Diagnosis is determined through the mental health Assessment and any examinations, tests, procedures, or Consultations suggested by the Assessment. Neither a DSM "V" code disorder, substance use disorder or mental retardation may be considered the Principal Diagnosis, although these conditions or disorders may co-occur with the diagnosable mental disorder.

Disabling Condition: A physical or mental impairment that substantially limits one or more major life activities (such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working) It includes a record of having such an impairment or being regarded as having such an impairment.

Disability: A physical or mental impairment that substantially limits one or more major life activities (such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working). It includes a record of having such an impairment or being regarded as having such an impairment.

Disenrollment: The act of discharging an OHP Member from a Contractor's responsibility. After the effective date of Disenrollment an OHP Client is no longer required to obtain Covered Services from the Contractor, nor be referred by the Contractor.

DSM Code: The numerical code, including modifiers, which identifies psychiatric disorders defined in the most recent American Psychiatric Association's Diagnostic and Statistical Manual.

Early Intervention: Provision of Covered Services directed at preventing or ameliorating a mental disorder or potential disorder during the earliest stages of onset or prior to onset for individuals at high risk of a mental disorder.

Emergency Psychiatric Hold: Pursuant to ORS Chapter 426, physical retention of a person taken into custody by a peace officer, health care facility, Oregon State Hospital, hospital or nonhospital facility as ordered by a physician or a CMHP director.

Emergency Response System: The coordinated method of triaging the mental health service needs of OHP Members and providing Covered Services when needed. The system operates 24-hours a day, 7-days a week and includes, but is not limited to, after hours on call staff, telephone and in person screening, Outreach, and networking with hospital emergency rooms and police.

Emergency Service: Inpatient or outpatient Covered Services by a Provider that is qualified to provide these Services and that are needed to evaluate or stabilize an Emergency Situation. See definition for Twenty-four (24) Hour Urgent and Emergency Services.

Emergency Situation: A mental health condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in (1) serious jeopardy to the health of the OHP Member, (2) serious impairment of bodily function, or (3) serious dysfunction of any bodily organ or part.

Encounter: An outpatient contact or Acute Inpatient Hospital Psychiatric Care admission for Covered Services provided to an OHP Member.

Encounter Data System: An automated information system which is maintained by DHS and includes data submitted by Prepaid Health Plans for OHP Members receiving Covered Services. The data set resembles a "claims" data set in order to use existing or familiar data sets such as the HCFA-1500, UB-92, and OMAP 501-D. Encounter data is often referred to as "dummy claims," "pseudo claims," "shadow claims," or "encounter claims."

Encounter Minimum Data Set: Reporting of OHP Member contacts using the National Standard Format (also known as HCFA-1500) for outpatient services and the UB-92 format for Acute Inpatient Hospital Psychiatric Care services for OHP Member specific Covered Services.

Enhanced Care Services: Services, which are not Covered Services, defined in OAR 309-032-720 through 309-032-830 as provided to eligible persons who reside at facilities licensed by Senior and Disabled Services now referred to as Seniors and People with Disabilities Program.

Enrollee: Medicaid recipient who is currently enrolled in an MCO, PIHP or PCCM in a given managed care program.

Enrollment: The assignment of OHP Clients to Contractors per OAR 410-141-0060, Oregon Health Plan Managed Care Enrollment Requirements. Once the OHP Client becomes an OHP Member, the person must receive all Covered Services from the Contractor or be referred by the Contractor to Mental Health Practitioners.

Evaluation: A psychiatric or psychological Assessment used to determine the need for mental health services. The Evaluation includes the collection and analysis of pertinent biopsychosocial information through interview, observation, and psychological and neuropsychological testing. The Evaluation concludes with a five axes Diagnosis of a DSM multiaxial Diagnosis, prognosis for rehabilitation, and treatment recommendations.

Extended Care Management: Overseeing the Utilization of extended care resources.

Extended Care Management Unit (ECMU): The unit within AMH responsible for providing the clinical Assessment, consultation, and placement of adults age 18 to 64 with severe and persistent mental illness who require long term structure, support, rehabilitation, and supervision within designated Extended Care Projects; the utilization review of those projects and the screening of all requests for admission to Long Term Psychiatric Care.

Extended Care Project: State-funded program designed to provide necessary services for adults in a least restrictive environment, utilizing a range of hospital, residential, and community resources. These programs include secure residential facilities, residential psychiatric treatment, Post Acute Intermediate Treatment Services (PAITS) programs, Geropsychiatric Treatment Program at Oregon State Hospital, Oregon State Hospital, DHS Seniors and People with Disabilities Program enhanced care and PASSAGES Projects, "365" Plans, Psychiatric/Vocational Projects and enhanced foster care programs.

Extended Medication Adjustment: Regulation and adjustment of Medications lasting more than 21 to 28 days due to significant complications arising from severe side effects of Medications.

Family: Parent or parents, legal guardian, siblings, grandparents, spouse and other primary relations whether by blood, adoption, legal or social relationship.

Fee-For-Service (FFS): The payment for reimbursable services retrospectively based upon agreed rates and the amount of service provided.

Flexible Service: A service that is an alternative or addition to a Traditional Service that is as likely or more likely to effectively treat the mental disorder as documented in the OHP Member's Clinical Record. Flexible Services may include, but are not limited to: Respite

Care, Partial Hospitalization, Subacute Psychiatric Care, Family Support Services, Parent Psychosocial Skills Development, Peer Counseling, and other non-Traditional Services identified.

Flexible Service Approach: The delivery of any Covered Service in a manner or place different from the traditional manner or place of service delivery. A Flexible Service Approach may include delivering Covered Services at Alternative Sites such as schools, residential facilities, nursing facilities, OHP Members' homes, emergency rooms, offices of DHS, other community settings; offering flexible clinic hours; offering Covered Services through Outreach or a Home-Based Approach; and using Peers, Paraprofessionals and persons who are Culturally Competent to engage difficult-to-reach OHP Members.

Fully Capitated Health Plans (FCHPs): Prepaid Health Plans that contract with DHS to provide physical health care services under the OHP Medicaid Demonstration Project and State Children's Health Insurance Program.

Geropsychiatric Treatment Service: Four units at Oregon State Hospital serving frail elderly persons with mental disorders, head trauma, advanced dementia, and/or concurrent medical conditions who cannot be served in community programs.

Good Cause: For purposes of this Agreement, Good Cause shall mean that there were circumstances beyond the control of the OHP Member which prevented a timely Complaint filing, timely DHS Administrative Hearing request, or timely request for benefit continuation pending resolution of the Complaint or DHS Administrative Hearing issue.

Grievance: An oral or written communication, submitted by an OHP Member or an OHP Member Representative, which addresses issues with any aspect, other than an Action, of the Contractor's or Provider's operations, activities, or behavior that pertains to the availability, delivery, or Quality of Care of the Member's services. The expression may be in whatever form or communication or language that is used by the OHP Member or the OHP Member Representative, but must state the reason for the dissatisfaction and the OHP Member's desired resolution.

Health Care Professional: Persons with current and appropriate licensure, certification, or accreditation in a medical, mental health or dental profession, which include but are not limited to: medical doctors (including psychiatrists), osteopathic physicians, psychologists, registered nurses, nurse practitioners, licensed practical nurses, certified medical assistants, physician assistants, QMHAs, QMHPs, dentists, dental hygienists, denturists, and certified dental assistants.

Health Services Commission (HSC): The governing body responsible for the OHP Medicaid Demonstration Project and State Children's Health Insurance Program Prioritized List of Health Services. The HSC determines the Condition/Treatment Pairs to be included on the Prioritized List of Health Services and determines the ranking of each pair.

Hearing Officer: An individual designated by DHS to conduct a hearing on DHS's behalf. The role of the Hearing Officer is described in Exhibit G, Oregon Health Plan Mental Health Services Client Notices, Complaint and Hearings Process.

Home-Based Approach: Providing a service in the OHP Member's home or place of residence.

Incurred But Not Reported (IBNR) Expenses: Expenses for services authorized by an agency responsible for their payment, but for which no statement has yet been received by that agency. These are expenses for which the agency is liable and which the agency will need to expect to pay.

Insolvency: Unable to meet debts or discharge liabilities.

Intake: The process of gathering preliminary information about a potential Consumer to determine whether the person is eligible for services, the urgency of the situation or need for services, and the initial provisional Diagnosis. This information is used to schedule the first appointment, if applicable.

Integrated Services Array (ISA): The Integrated Services Array (ISA) is a range of service components that are coordinated, comprehensive, culturally competent, and include intensive and individualized home and community-based services for children and adolescents with severe mental or emotional disorders whose needs have not been adequately addressed in traditional settings. The ISA integrates inpatient, psychiatric residential and psychiatric day treatment and community-based care provided in a way to ensure that children and adolescents are served in the most natural environment possible and that the use of institutional care is minimized. The intensity, frequency, and blend of these services are based on the mental health needs of the child.

Intensive Psychiatric Rehabilitation: The application of concentrated and exhaustive treatment for the purpose of restoring a person to a former state of mental functioning.

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM): The numerical coding system that precisely delineates the clinical picture of each patient.

Interpreter Services: Language translation services to assist non-English speaking persons to receive information and communicate when such information and communication is otherwise available only in English. Interpreter Services also include sign language service to persons with hearing impairments.

Involuntary Psychiatric Care: Any psychiatric service, such as forced Medication, which is provided on a basis other than by informed client (or guardian) consent. Involuntary psychiatric services are provided only when authorized by ORS Chapter 426 and in

accordance with administrative rules. Generally, a person must be determined to lack the capacity to give informed client consent before involuntary psychiatric services may be administered.

JCAHO: The Joint Commission on Accreditation of Healthcare Organizations.

JCAHO Psychiatric Residential Program: A program which provides non-emergency inpatient (residential) psychiatric services for children under age 21 in residential facilities which are licensed by DHS Children, Adults and Families Program and accredited by the JCAHO. These programs must meet Psychiatric Day Treatment standards regarding staffing credentials and staffing patterns, the integration of education and treatment, and Family focused, community-based Treatment.

Licensed Medical Practitioner (LMP): A person who is a physician, nurse practitioner and/or physician's assistant licensed to practice in the State of Oregon whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health Assessment and provide Medication Management. The LMHA or Contractor must document that the person meets these minimum qualifications.

Local Mental Health Authority (LMHA): As defined in ORS 430.620, the county court or board of commissioners of one or more counties who choose to operate a CMHP; or, if the county declines to operate or contract for all or part of a CMHP, the board of directors of a public or private corporation which contracts with DHS to operate a CMHP for that county.

Local and/or Regional Allied Agencies: These include, but are not limited to, LMHA, CMHPs, DHS Children, Adults and Families Services, Area Agencies on Aging, Commission on Children and Families, Department of Corrections, DHS Seniors and People with Disabilities Program, OYA, DHS Rehabilitation Services under the Community Services Program, housing authorities, local schools, special education, law enforcement agencies, adult criminal justice and juvenile justice, developmental disability services, Chemical Dependency Providers, residential providers, Oregon State Hospital, and Prepaid Health Plans.

Long-Term Psychiatric Care or Long Term Hospitalization: Inpatient psychiatric services delivered in an Oregon State operated Hospital after Usual and Customary care has been provided in an Acute Inpatient Hospital Psychiatric Care setting or JCAHO Residential Psychiatric Treatment Center for children under age 18 and the individual continues to require a hospital level of care.

Measurable Objective: A predetermined statement of a desired and quantifiable outcome.

Medicaid: A federal and state funded portion of the Medical Assistance Program established by Title XIX of the Social Security Act, as amended, and administered in Oregon by DHS. The program provides medical assistance to poor and indigent persons.

Medicaid Authorization Specialist (MAS): A QMHP designated at the county or regional level to determine the rehabilitative mental health needs of children in state custody referred for certain residential programs or OHP Members under age 18 requiring services which are not Covered Services.

Medical Assistance Program: A DHS program for payment of medical and remedial care provided to eligible Oregonians that is administered by identified programs, services, and operations within DHS. DHS has primary responsibility for coordinating the Medical Assistance Program.

Medical Transportation: A service provided to Medicaid-eligible persons pursuant to rules (OAR 410-136-0020 et. seq.) promulgated by DHS and published in its Medical Transportation Services Guide.

Medically Appropriate: Services and supplies which are required for Prevention (including preventing a relapse), Diagnosis or Treatment of mental disorders and which are Appropriate and consistent with the Diagnosis; consistent with treating the symptoms of a mental illness or treatment of a mental disorder; appropriate with regard to standards of good practice and generally recognized by the relevant scientific community as effective; not solely for the convenience of the OHP Member or provider of the service or supply; and the most cost effective of the alternative levels of Covered Services or supplies which can be safely and effectively provided to the OHP Member in Contractor's judgement.

Medication: Any drug, chemical, compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally.

Medication Override Procedure: The administration of psychotropic Medications to a person in an Acute Inpatient Hospital Psychiatric Care setting when the person has refused to accept the administration of such Medications on a voluntary basis. Administration of such Medications is considered a significant procedure. Significant procedures can only be performed after the person has been committed and only when there is good cause. A Medication Override Procedure must meet the requirements of OAR 309-033-0640, Involuntary Administration of Significant Procedures to a Committed Person with Good Cause. These procedures are used as a way to administer treatment to an OHP Member who is incapable of providing informed consent and is in need of Treatment.

Mental Health Information System (MHIS): The information system of DHS that includes the CPMS for community based services and the Oregon Patient/Resident Care System for inpatient and acute services. It provides a statewide client registry and Contractor registry for tracking service Utilization and Contractor Capacity.

Mental Health Organization (MHO): A Prepaid Health Plan under contract with DHS to provide Covered Services under the OHP Medicaid Demonstration Project and State Children's Health Insurance Program. MHOs can be FCHPs, CMHPs or private MHOs or combinations thereof.

Mental Health Practitioner: Persons with current and appropriate licensure, certification, or accreditation in a mental health profession, which include but are not limited to: psychiatrists, psychologists, registered psychiatric nurses, QMHAs, and QMHPs.

Multi-Family Treatment Group: The planned Treatment of mental health needs identified in the mental health Assessment which occurs in a group setting of at least three children (none of whom are siblings, step-siblings, or live in the same household) and their families. Groups are of limited duration and designed for children and families dealing with similar issues.

National Provider Identification (NPI): Federally directed Provider number mandated for use on HIPAA covered transactions; individuals, Provider Organization and Subparts of Provider Organizations that meet the definition of health care Provider (45 CFR 160.103) and who conduct HIPAA covered transactions electronically are eligible to apply for an NPI; Medicare covered entities are required to apply for an NPI.

Notice of Action: A written document issued to the OHP Member when a Service, benefit, request for service authorization, or request for claim payment is denied. The Notice of Action includes the following elements: (a) a statement of the action, the effective date of such action, and the date the Notice of Action is mailed; (b) the reasons for the action and the specific regulations that support the action; (c) an explanation of the right to file a Complaint with Contractor and to request an administrative hearing with DHS, and the consequences of choices made; (d) a statement referring the OHP Member to an enclosed informational Notice of Complaint Process form; (e) a statement referring the OHP Member to an enclosed informational Notice of Hearing Rights form; and (f) the name and telephone number of a person to contact for additional information.

Notice of Intended Remedial Action: A written document issued to Contractor when AMH intends to take Remedial Action. The Notice of Intended Remedial Action includes the following elements: (a) a statement of the intended Remedial Action, the effective date of such intended Remedial Action, and the date the Notice of Intended Remedial Action is mailed; (b) the reasons for the intended Remedial Action; (c) an explanation of Contractor's right to request an administrative review as described in Subsection C of Section II, Interpretation and Administration of Agreement; (d) an explanation that the intended Remedial Action will be suspended when Contractor requests an administrative review before the effective date of the intended Remedial Action and such request also includes a request to suspend the intended Remedial Action until a decision is reached through the administrative review process; (e) an explanation that if the intended Remedial Action is suspended as described above in (d) and a decision is reached in favor of DHS, the intended Remedial Action may be imposed retroactively to effective date stated in the Notice of Intended Remedial Action; and (f) in cases where the Remedial Action includes withholding of Capitation Payments because Contractor has failed to provide Covered Services and/or DHS has incurred costs in providing Covered Services, a list of OHP Members for whom

Capitation Payments will be withheld, the nature of the Covered Services denied by Contractor, and costs incurred by DHS in providing Covered Services in accordance with this Agreement.

Nursing Home or Nursing Facility: An establishment with permanent facilities for the comprehensive care of persons who require assistance with activities of daily living and 24-hour nursing care. Nursing services exclude surgical procedures and include complex nursing tasks that cannot be delegated to an unlicensed person. A nursing facility is licensed and operated pursuant to Oregon Revised Statute 441.020(2).

Office of Medical Assistance Programs: The DHS program responsible for coordinating the Medical Assistance Program for the State of Oregon.

OHP Member: As used in this Agreement, an individual found eligible by a program of DHS to receive health care services under the OHP Medicaid Demonstration Project or State Children's Health Insurance Program and who is enrolled with Contractor under this Agreement.

OHP Member Representative: A person who can make Oregon Health Plan related decisions for OHP Members who are not able to make such decisions themselves. An OHP Member Representative may be, in the following order of priority, a person who is designated as the OHP Member's health care representative, a court-appointed guardian, a spouse, or other family member as designated by the OHP Member, the Individual Service Plan Team (for OHP Members with developmental disabilities), a DHS case manager or other DHS designee. For OHP Members in the care or custody of DHS's Children, Adults and Families Services or Oregon Youth Authority (OYA), the OHP Member Representative is DHS or OYA. For OHP Members placed by DHS through a Voluntary Child Placement Agreement (SCF form 499), the OHP Member shall be represented by his or her parent or legal guardian.

Oregon Health Plan (OHP): Oregon's health care reform effort consisting of a Medicaid Demonstration Project, State Children's Health Insurance Program, an individual insurance program for persons excluded from health insurance coverage due to pre-existing health conditions, and a group insurance program for small businesses. One objective of this reform effort includes universal coverage for Oregonians. In the context of this Agreement, Oregon Health Plan refers to the OHP Medicaid Demonstration Project and State Children's Health Insurance Program.

Oregon Health Plan (OHP) Client: An individual found eligible by a program of DHS to receive health care services under the OHP Medicaid Demonstration Project or State Children's Health Insurance Program.

Oregon Health Plan (OHP) Medicaid Demonstration Project: The project which expands Medicaid eligibility to Oregon residents with three components, OHP Plus, OHP Standard, and Family Health Insurance Assistance Program. The OHP Medicaid Demonstration Project

relies substantially upon prioritization of health services and managed care to achieve the public policy objectives of access, cost containment, efficacy, and cost effectiveness in the allocation of health resources.

Oregon Health Plan Plus Benefit Package: A benefit package with a comprehensive range of Services, as described in OAR 410-120-1200, Medical Assistance Benefits, available to OHP Members who are over the age of 65, the disabled, the TANF population, General Assistance recipients, and pregnant women and children (under the age of 19) up to 185 percent of Federal Poverty Level (FPL).

Oregon Health Plan Standard Benefit Package: A benefit package that provides basic health care Services as described in OAR 410-141-0050 and OAR 410-141-1200, Medical Assistance Benefits, for adults who are not otherwise eligible for Medicaid (Families, Adults, Adults/Couples).

Oregon Patient/Resident Care System (OP/RCS): DHS data system for persons receiving services in the Oregon State Hospitals and selected community hospitals providing Acute Inpatient Hospital Psychiatric services under contract with DHS.

Oregon State Hospital (OSH): The state-operated psychiatric hospital with campuses in Salem and Portland, and the state-operated psychiatric hospital in Pendleton.

Oregon Youth Authority (OYA): The Department created by the 1995 Legislative Assembly that has responsibility for care and housing of child and adolescent offenders adjudicated and sentenced by juvenile justice to the juvenile correction system.

Other Inpatient Services: Services which are equivalent to Acute Inpatient Hospital Psychiatric Care but which are provided in a nonhospital setting.

Outpatient Hospital Services: Covered services received in an outpatient hospital setting where the OHP member has not been admitted to the facility as an inpatient, as defined in the DHS Hospital Services Guide.

Outreach: Services provided away from the service provider's office, clinic or other place of business in an effort to identify or serve OHP Members who might not otherwise obtain, keep or benefit from usual appointments. Such services include, but are not limited to, community-based visits with an OHP Member in an attempt to engage him or her in Medically Appropriate treatment, and providing Medically Appropriate treatment in a setting more natural or comfortable for the OHP Member.

Paraprofessional: A worker who does not meet the definition of QMHA or QMHP but who assists such associates and professionals.

Parent Psychosocial Skills Development: Theoretically based interventions that focus on developing and strengthening a parent's competencies in areas of functioning such as skills in managing stress and reducing anger.

Participating Provider: An individual, facility, corporate entity, or other organization which provides Covered Services under an agreement with Contractor and agrees to bill in accordance with such agreement. For Contractors who utilize a staff model and/or provide Covered Services directly, a Participating Provider may also include employees of Contractor.

PASSAGES Projects: One type of Extended Care Project which consists of community-based services for adults with severe and persistent mental illness who have been hospitalized for over six months in an Oregon State Hospital or who have had difficulty maintaining stability in other structured community settings. Placements in these projects are approved by the AMH ECMU.

Peer: A person who has equal standing with another as in gender, socio-economic status, age or mental disorder.

Peer Counseling: A mental health service or support provided by trained persons with characteristics similar to the Consumer such as persons in recovery from a major mental illness or persons representing a generational cohort or persons with the same cultural background.

Personal Care in Adult Foster Homes (MED): Medicaid-covered activities of daily living and support services provided in a licensed Family home or other home for five or fewer persons who are unable to live by themselves without supervision according to standards and procedures defined in OAR 309-040-0000 through 309-040-0100.

Post-Stabilization: Covered Services related to an Emergency Situation that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or to improve or resolve the enrollee's condition.

Potential Enrollee: An OHP client who is subject to mandatory enrollment or may voluntarily elect to enroll in a managed care program, but is not yet enrolled with a specific Prepaid Health Plan.

Preadmission Screening and Resident Review (PASRR): Screening and Evaluation services for residents of licensed nursing facilities to determine their need for inpatient psychiatric hospitalization according to federal standards and procedures defined in OAR 309-048-0050 through 309-048-0130.

Prepaid Health Plan (PHP): A managed care organization that contracts with DHS on a case managed, prepaid, capitated basis under the OHP Medicaid Demonstration Project and State Children's Health Insurance Program. PHPs may be Dental Care Organizations (DCO), FCHP, Chemical Dependency Organizations (CDO), or MHO.

Prevention: Services provided to stop, lessen or ameliorate the occurrence of mental disorders.

Primary Care Practitioner (PCP): A general practice physician, Family physician, general internist, pediatrician, or gynecologist who is responsible for providing and coordinating the OHP Member's health care services. This person authorizes referrals to specialists and payment is contingent upon these authorizations.

Principal Diagnosis: The reason that is chiefly responsible for the visit. See DSM, Use of the Manual, page 3.

Prioritized List of Health Services: The listing of condition and treatment pairs developed by the HSC for the purpose of implementing the OHP Medicaid Demonstration Project. See OAR 410-141-0520, Prioritized List of Health Services, for the listing of Condition/Treatment pairs.

Provide: To furnish directly, or authorize and pay for the furnishing of, a Covered Service to an OHP Member.

Provider: An organization, agency or individual licensed, certified and/or authorized by law to render professional health services to OHP Members.

Provider Panel: Those Participating Providers affiliated with the Contractor who are authorized to provide services to OHP Members.

Psychiatric Day Treatment: Community-based day or residential treatment services for children in a psychiatric treatment setting which conforms to established state-approved standards.

Psychiatric Rehabilitation: The application of treatment for the purpose of restoring a person to a former or desired state of overall functioning. See definition of Intensive Psychiatric Rehabilitation.

Psychiatric Security Review Board (PSRB): The Board authorized under ORS Chapter 161 which has jurisdiction over persons who are charged with a crime and found guilty except for insanity.

Psychiatric Vocational Project: One type of Extended Care Project which includes two community-based projects jointly funded by DHS Rehabilitation Services under the Community Services Program and AMH. These two projects, Bridges in Washington

County and Laurel Hill in Eugene, provide Intensive Psychiatric Rehabilitation Services with a vocational emphasis. Placement in these projects is approved by the AMH ECMU.

Psychoeducational Program: Training conducted for the purpose of creating an awareness of mental disorders and Treatment.

Qualified Mental Health Associate (QMHA): A person delivering services under the direct supervision of a QMHP and meeting the following minimum qualifications as documented by Contractor: a bachelor's degree in a behavioral sciences field; or a combination of at least three years' relevant work, education, training or experience; and has the competencies necessary to communicate effectively; understand mental health Assessment, treatment and service terminology and to apply the concepts; and provide psychosocial Skills Development and to implement interventions prescribed on a Treatment Plan within their scope of practice.

Qualified Mental Health Professional (QMHP): A LMP or any other person meeting the following minimum qualifications as documented by Contractor: graduate degree in psychology; bachelor's degree in nursing and licensed by the State of Oregon; graduate degree in social work; graduate degree in behavioral science field; graduate degree in recreational, art, or music therapy; or bachelor's degree in occupational therapy and licensed by the State of Oregon; and whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess Family, social and work relationships; conduct a mental status examination; document a multiaxial DSM Diagnosis; write and supervise a Treatment Plan; conduct a Comprehensive Mental Health Assessment; and provide Individual Therapy, Family Therapy, and/or Group Therapy within the scope of their training.

Quality Assurance (QA): A process to promote and confirm consistency of performance and to reduce variance in performance. A Quality Assurance process serves to demonstrate or document the degree of attainment of predetermined goals and Benchmarks.

Quality Assurance/Quality Improvement (QA/QI) Plan: A plan which describes the MHO's QA and QI process.

Quality Improvement (QI): A process to simultaneously promote consistency of performance and to promote meaningful change in Measurable Objectives. The process seeks to improve performance and to adjust Measurable Objectives and Benchmarks.

Quality of Care: The degree to which services produce desired health outcomes and satisfaction of Consumers, and are consistent with current best practices.

Reasonable Accommodation: Consistent with the ADA and Section 504 of the Rehabilitation Act of 1973, a modification to policies, practices, or procedures when the modification is necessary to avoid discrimination on the basis of Disability unless the service

provider can demonstrate that making the modification would fundamentally alter the nature of the service, program or activity. Reasonable Accommodations may include, but are not limited to, activities such as the following: (1) reading, or providing a tape of, material otherwise provided in written format to a person with a visual impairment; (2) providing a service in a more accessible location for a person with a mobility and other impairment; (3) providing assistance to a person with a Disability in completing applications and other paperwork necessary to receipt of services; and (4) modifying a waiting area layout to accommodate a person in a wheelchair.

Recoup: To deduct or withhold (part of something due) for an equitable reason. Recoupment occurs as a deduction on the next month's Capitation Payment and is reflected on the Remittance Advice. Types of actions that can trigger a recoupment include mid-month OHP Member out of service Area moves, change of Prepaid Health Plans, and retroactive Disenrollment actions.

Rehabilitative Services: Rehabilitative Services are any Medically Appropriate remedial services for the maximum reduction of a mental disability and attainment by the covered individual of his/her best possible functional level.

Reinsurance: To insure by contracting to transfer in whole or in part a risk or contingent liability already covered under an existing contract.

Remedial Action: An action taken by AMH when, in its sole judgement, it determines that Contractor is out of compliance with this Agreement. A Remedial Action includes one or more of the following actions: suspension of Enrollment of new OHP Members, reduction of the number of OHP Members, or withholding of a portion of Capitation Payments. A Remedial Action continues until such time as AMH determines that Contractor is in compliance with this Agreement and AMH has recovered all costs incurred in the provision of Covered Services required by this Agreement.

Request for Proposals (RFP): The process used by DHS to solicit offers to deliver managed mental health services under the OHP Medicaid Demonstration Project.

Residential/Medical Youth Care Residential Center: A facility providing Treatment under a physician approved plan to children and adolescents (ages 3 through 20) with a mental or emotional disorder as identified in a mental health Assessment. These children and adolescents are placed by OYA or DHS Children, Adults and Families Services in cooperation with the county mental health authority. Adolescents receiving this service have a DSM, Axis I Diagnosis and reside in a DHS licensed youth care center. This service includes an Appropriate mix and intensity of individual and group therapies and Skills Development to reduce or eliminate the symptoms of the disorder and restore the individual's ability to function, to the best possible level, in home, school and community settings.

Residential Service: The organization of services in a home or facility including room, board, care and other services provided to adults assessed to be in need of such services. Residential Services include, but are not limited to, Residential Care Facilities, Residential

Treatment Facilities, Residential Treatment Homes, Crisis Respite Services and Secure Residential Treatment Facilities. Residential Services do not include Supported Housing programs.

Residential Treatment Facility: A facility that is operated to provide supervision, care and treatment on a 24-hour basis for six or more residents consistent with ORS 443.400 through ORS 443.455.

Residential Treatment Home: A home that is operated to provide supervision, care and treatment on a 24-hour basis for five or fewer residents consistent with ORS 443.400 through ORS 443.455.

Restricted Reserve Fund: A fund that is separate from ongoing operation accounts and is limited for use to prevent Insolvency. This fund is set up to meet unexpected cash needs and to cover debts when an organization discontinues its role as a Contractor. This fund **may not** be used to meet expected ongoing obligations such as withholds, incentive payments and the like.

Secure Adolescent Inpatient Program (SAIP): Services Provided in an appropriately certified facility designated by AMH as LTTPC, for adolescents, age 14 through 17, determined by the AMH Child and Adolescent Mental Health Specialist to be appropriate for LTTPC.

Secure Children's Inpatient Program (SCIP): Services Provided in an appropriately certified facility designated by AMH as LTTPC, for children, age 13 and under, determined by the AMH Child and Adolescent Mental Health Specialist to be appropriate for LTTPC.

Service: The care, treatment, service coordination or other assistance provided to an OHP Member.

Service Area: The geographic area in which Contractor is responsible for delivering Covered Services under this Agreement.

Services Coordination: Services provided to OHP Members who require access to and/or receive services from one or more Local and/or Regional Allied Agencies or program components according to the Treatment Plan. Services provided may include establishing precommitment service linkages; advocating for treatment needs; and providing assistance in obtaining entitlements based on mental or emotional Disability.

Setting: The locations at which Covered Services are provided. Settings include such locations as mental health offices, an individual's home or school or other identified locations.

Skills Training: A program of rehabilitation as prescribed in the Treatment Plan which is designed to improve social functioning in areas important to maintaining or re-establishing

residency in community, such as money management, nutrition, food preparation, community awareness, and community mobility. Skills Training can be provided on an individual basis or in a group setting.

Special Health Care Needs: Individuals who either 1) have functional disabilities, or 2) live with health or social conditions that place them at risk of developing functional disabilities (for example, serious chronic illnesses, or certain environmental risk factors such as homelessness or family problems that lead to the need for placement in foster care.

Specialized Medication Adjustment: Medication adjustments that because of the complexity or danger, require a level of expertise beyond that of the usual LMP for that setting or client.

Stabilization and Transition Services: Services Provided in an appropriately certified facility designated by AMH as LTPC for children and adolescents under age 17 determined by the AMH Child and Adolescent Mental Health Specialist to be Appropriate for LTPC, but who can be served in an enhanced short term treatment setting.

Stakeholders: Persons, organizations and groups with an interest in how Covered Services are delivered under the MHO Agreement. Stakeholders may include, but are not limited to, OHP Members, Consumers, Families, Local and/or Regional Allied Agencies, child psychiatrists, child advocates, advocacy groups, and other groups.

State Children's Health Insurance Program (SCHIP): A federal and State funded portion of the Medical Assistance Program established by Title XXI of the Social Security Act, as amended, administered in Oregon by the Department of Human Services.

State Hospital: State-operated psychiatric hospitals including Oregon State Hospital in Salem and Portland, and Eastern Oregon Psychiatric Center in Pendleton.

Children, Adults and Families Services formerly referred to as Services to Children and Families: The DHS program serving as Oregon's child welfare agency. Child protective services staff assess reports of child Abuse and neglect, work with families to try to keep children in the home, and place children in foster care or residential treatment if their need for safety and other services requires substitute care. The adoption program serves children who have been released by the courts for permanent placement.

Stop Loss Coverage: Insurance to provide excess loss coverage protection for catastrophic claims to an agency or provider.

Stop Loss Protection: Provider excess loss coverage for catastrophic claims.

Subacute Psychiatric Care: Care characterized by the commitment of treatment resources toward the resolution or amelioration of a significant, but not serious, mental health problem over a relatively short period of time.

Subcontractor: An individual, facility, corporate entity, or other organization which provides Covered Services under an agreement with Contractor and agrees to bill in accordance with such agreement.

Supported Housing: Provision of mental health rehabilitation services in the home or other community setting for the purpose of assisting a person to live independently. Such services typically include skill development in money management, nutrition, and community living; assistance with health issues and taking prescribed Medications; and provision of supportive counseling.

Tertiary Treatment: Complementary medical, psychological, or rehabilitative procedures designed to eliminate, relieve or minimize mental or emotional disorders.

Therapeutic Group Home: A home providing planned Treatment to a child in a small residential setting. Treatment includes theoretically based individual and group home Skills Development and Medication Management, Individual Therapy and Consultations as needed, to remediate significant impairments in the child's functioning that are the result of a principal mental or emotional disorder diagnosed on Axis I of the DSM multi-axial Diagnosis.

Third Party Resources and Personal Injury Lien: "Third Party Resources" mean any payments, benefits, or other resources available from a Third Party, including but not limited to:

1. Private health insurance or group health plan;
2. Employment-related health insurance;
3. Medical support from absent parents;
4. Workers' compensation;
5. Medicare;
6. Automobile liability insurance;
7. Other federal programs such as Veteran's Administration, Armed Forces Retirees and Dependent Act (CHAMPVA), Armed Forces Active Duty and Dependents Military Medical Benefits Act (CHAMPUS), and Medicare Parts A and B, unless excluded by statute as for example:
 - a. Services provided to OHP Members pursuant to 42 CFR 36.61 Indian Health Service (IHS) is the payor of last resort and is not considered a Third Party Resource; or
 - b. Services provided to OHP Members at a tribal facility operated under a "638" agreement pursuant to the Memorandum of Agreement between IHS and CMS is a payor of last resort and is not considered a Third Party Resource.
8. Claims, judgments, settlements or compromises in relation to personal injuries where the Covered Services paid by Contractor constitute assistance, as these terms are defined in ORS 416.510;
9. Another state's Title XIX, Title XXI, or state-funded Medical Assistance Program; and
10. Personal estates.

"365" Project: One type of Extended Care Program which is a community-based alternative to Oregon State Hospital services developed on an individualized basis for persons with state hospitalization episodes of one year or longer. These are extended care projects that provide intensive services and supports to enable approved adults to live in community rather than institutional settings. Persons must be approved for placement in these projects by the AMH ECMU.

Traditional Service: A Medically Appropriate mental health service defined in the State of Oregon, Oregon Health Plan Service Categories for Per Capita Costs, October 2001 through September 2002. Traditional Services are those services that have historically been used to treat mental disorders and include services for which Medicaid Fee-For-Service billing categories exist. For OHP Members under 21 years of age Traditional Services include the following: Interpreter Services; Assessment and Evaluation; Consultation; Clinical Services Coordination; Case Management; Medication Management; Individual Therapy, Family Therapy and Group Therapy; Multi-Family Treatment Group; Individual Skills Development and Group Skills Development; Intensive Treatment, Structure and Support; 24-hour Urgent and Emergency Response; and Acute Inpatient Hospital Psychiatric Care. For OHP Members 21 years of age and older Traditional Services include the following: Interpreter Services; Assessment and Evaluation; Consultation; Case Management; Medication Management; Individual Therapy, Family Therapy and Group Therapy; Daily Structure and Support; Individual and Group Skills Training; 24-hour Urgent and Emergency Response; Acute Inpatient Hospital Psychiatric Care; and Covered Services provided in a variety of residential settings.

Treatment: A planned, Medically Appropriate, individualized program of interactive medical, psychological, or rehabilitative procedures, experiences, and/or activities designed to rehabilitate, relieve or minimize mental or emotional disorders identified through a mental health Assessment.

Treatment Foster Care: A program of rehabilitation as prescribed in the Treatment Plan and provided in the child's foster home. Skill development activities are delivered on an individualized basis and are designed to promote skill development in areas identified in the Treatment Plan. The service requires the use of Treatment Foster Care in coordination with other mental health interventions to reduce symptoms associated with the child's mental or emotional disorder and to provide a structured, therapeutic environment. The service is intended to reduce the need for future services, increase the child's potential to remain in the community, restore the child's best possible functional level, and to allow the child to be maintained in a least restrictive setting.

Treatment Parameters: The set of all variables that may affect the treatment of a client. Included in this set are providers, medical treatments, psychological treatments, and social interventions.

Treatment Plan: A written individualized comprehensive plan based on a completed mental health assessment documenting the OHP Member's treatment goals, Measurable Objectives, the array of services planned, and the criteria for goal achievement.

Twenty-four (24) Hour Urgent and Emergency Services: Services available 24 hours per day for persons experiencing an acute mental or emotional disturbance potentially endangering their health or safety or that of others, but not necessarily creating a sufficient cause for civil commitment as set forth in OAR 309-033-0200 through 309-033-0340.

Urgent Care: Care which is medically necessary within 48 hours to prevent a serious deterioration in an OHP Member's mental health.

Urgent Situation: A situation requiring attention within 48 hours to prevent a serious deterioration in an OHP Member's mental health.

Usual and Customary Charges: A required field in the encounter Minimum Data set which reflects the provider's charge per unit of service established in accordance with OAR 410-120-0000 or other applicable state and federal laws, rules and regulations, not in excess of the provider's usual and customary charge to the general public.

Usual and Customary Treatment: The application of treatment used to prevent the need for Long Term Psychiatric Care. Treatments include the following: (1) medical screens and Assessments used to rule out a medical condition or identify a medical condition that may be impacting a mental disorder; (2) Appropriate use of psychotropic Medications in therapeutic dosages and adjustments to such dosages to minimize side effects; (3) other cognitive and behavioral therapeutic interventions; and (4) review of options for discharge to nonhospital levels of care. For members who will be admitted to the Geropsychiatric Unit at Oregon State Hospital, Usual and Customary Treatment includes coordination of the stabilization of acute medical problems.

Utilization: The amount and/or pattern of Covered Services used by an OHP Member, measured, for example, in dollars, units of service, or staff time.

Utilization Guidelines: Guidelines for the amount of Covered Services expected to be used by an OHP Member with a specific mental disorder over time.

Utilization Management: The process used to regulate the provision of services in relation to the overall Capacity of the organization and the needs of Consumers.

Valid Claim: An invoice received by the Contractor for payment of Covered Services rendered to an OHP Member which can be processed without obtaining additional information from the provider of the service or from a third party; and has been received within the time limitations prescribed in Oregon Administrative Rule 410-141-0420; Billing and Payment under the Oregon Health Plan and is synonymous with the federal definition of a "clean claim" as defined in 42 CFR 447.45(b).