

## GLOSSARY

The following is a list of abbreviations, acronyms and definitions used in the Behavioral Health Services manual chapter.

**Ambulatory Withdrawal Management with Extended On-Site Monitoring (ASAM Level 2 WM)** - An organized outpatient addiction treatment service that may be delivered in an office setting or health care or behavioral health services provider by trained clinicians who provide medically supervised evaluation, detoxification and referral services. -The services are designed to treat the client’s level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the client’s entry into ongoing treatment and recovery. -The services are provided in conjunction with intensive outpatient treatment services (level II.1).

**ASAM** - American Society of Addiction Medicine

**Assertive Community Treatment (ACT)** - Services provided as interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions associated with a major mental illness or co-occurring addictions disorder. -These interventions are strength-based and focused on promoting symptom stability, increasing the individual’s ability to cope and relate to others and enhancing the highest level of functioning in the community.

**Child Specialist (Addiction Services)** - An individual, who has documentation verifying the required minimum of 90 clock hours of education and training in child development and/or early childhood education.

**Clinically Managed High-Intensity Residential Treatment (ASAM Level 3.5)** - A residential program that offers continuous observation, monitoring, and treatment by clinical staff designed to treat clients experiencing substance-related disorders who have clinically-relevant social and psychological problems, such as criminal activity, impaired functioning and disaffiliation from mainstream values, with the goal of promoting abstinence from substance use and antisocial behavior and affecting a global change in clients’ lifestyles, attitudes and values.

**Clinically Managed Low Intensity Residential Treatment (ASAM Level 3.1)** – A residential program that offers at least five hours a week of a combination of low intensity clinical and recovery-focused services for substance-related disorders. Services may include individual, group and family therapy, medication management and medication education, and treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the client into the worlds of work, education and family life (e.g., halfway house).

---

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

---

**APPENDIX B – GLOSSARY and ACRONYMS****PAGE(S) 5**

---

**Clinically Managed Medium-Intensity Residential Treatment (ASAM Level 3.3** - A residential program that offers at least 20 hours per week of a combination of medium-intensity clinical and recovery focused services in a structured recovery environment to support recovery from substance-related disorders; is frequently referred to as extended or long term care.

**Clinically Managed Residential Social Withdrawal Management (ASAM LEVEL 3.2 WM)** - An organized residential program utilizing 24 hour active programming and containment provided in a non-medical setting that provides relatively extended, sub-acute treatments, medication monitoring observation, and support in a supervised environment for a client experiencing non-life threatening withdrawal symptoms from the effects of alcohol/drugs and impaired functioning and who is able to participate in daily residential activities.

**Community Psychiatric Support and Treatment (CPST)** - A comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and solution-oriented interventions intended to achieve identified goals or objectives as set forth in the individualized treatment plan.

**Coordinated System of Care (CSoC)** - An innovative reflection of two powerful movements in health care: coordination of care for individuals with complex needs and family-driven and youth-guided care.- CSoC is guided by an overarching System of Care (SOC) philosophy and values, which include: family driven, youth guided, home and community based, strengths base, individualized, culturally and linguistically competent, integration across systems, connection to natural supports, data driven and outcomes oriented and unconditional care.

**Crisis Intervention (CI)** - Services provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, through a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment.

**Crisis Stabilization (CS)** - Services intended to provide short-term and intensive supportive resources for the youth and his/her family. The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations.

**EP** - A service provided as part of Medicaid’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

**FDA** - Food and Drug Administration (FDA) is an agency within the U.S. Department of Health and Human Services. The FDA's organization consists of the Office of the Commissioner and four directorates overseeing the core functions of the agency: Medical Products and Tobacco, Foods, Global Regulatory Operations and Policy, and Operations.

---

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

---

**APPENDIX B – GLOSSARY and ACRONYMS****PAGE(S) 5**

---

**Federally Qualified Health Center (FQHC)** - An entity authorized under §330 of the Public Health Service (PHS) Act to receive grant funding to provide health care services and improve the health status of medically underserved populations. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) certifies FQHC status.

**Functional Family Therapy (FFT) and Functional Family Therapy-Child Welfare (FFT-CW)** - FFT and FFT-CW are deemed a best practice/family-based approach to providing treatment to youth who are between the ages of 10 and 18 (0 to 18 for FFT-CW) and are exhibiting significant externalizing behaviors.— It is a systems-based model of intervention/prevention, which incorporates various levels of the member’s interpersonal experiences to include cognitive, emotional and behavioral experiences, as well as intrapersonal perspectives which focus on the family and other systems (within the environment) and impact the youth and his or her family system. –FFT and FFT-CW re strengths-based models of intervention, which emphasize the capitalization of the resources of the youth, their family and those of the multi-system involved. Its purpose is to foster resilience and ultimately decrease incidents of disruptive behavior for the youth. More specifically, some of the goals of the service are to reduce intense/ negative behavioral patterns, improve family communication, parenting practices and problem-solving skill, and increase the family’s ability to access community resources.

**Homebuilders®** - An intensive, in-home Evidence-Based Program (EBP) utilizing research based strategies (e.g. Motivational Interviewing, Cognitive and Behavioral Interventions, Relapse Prevention, Skills Training), for families with children (birth to 18 years) at imminent risk of out of home placement (requires a person with placement authority to state that the child is at risk for out of home placement without Homebuilders), or being reunified from placement.

**House Manager (Addiction Services)** - A person who supervises activities of the facility when the professional staff is on call, but not on duty. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

**Human Services Field** - Academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior.

**Independent living/skills building services** - Services designed to assist children who, are or will be, transitioning to adulthood beginning at the age of 14 years old with support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life and to reside successfully in home and community settings.

**Intensive Outpatient Treatment (ASAM Level 2.1)** - Professionally directed assessment, diagnosis, treatment and recovery services provided in an organized non-residential treatment setting, including individual, group, family counseling and psycho-education on recovery as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis

---

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

---

**APPENDIX B – GLOSSARY and ACRONYMS****PAGE(S) 5**

---

mitigation coverage and orientation to community-based support groups. Services may be offered during the day, before or after work or school, in the evening or on a weekend, and the program must provide nine or more hours of structured programming per week for adults and six or more hours of structured programming per week for children/adolescents.

**Licensed Mental Health Professional (LMHP)** - An individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently: Medical psychologists, licensed psychologists, licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), licensed addiction counselors (LACs), and advanced practice registered nurses (APRNs). See Appendix B for further details.

**Medically Monitored Intensive Residential Treatment (ASAM Level 3.7)** - Residential program that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment to clients with co-occurring psychiatric and substance disorders whose disorders are so severe that they require a residential level of care but do not need the full resources of an acute care hospital. The program provides 24 hours of structured treatment activities per week, including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, and habilitative and rehabilitation services.

**Medically Monitored Residential Withdrawal Management (ASAM Level 3.7 WM)** - A residential program that provides 24-hour observation, monitoring and treatment delivered by medical and nursing professionals to clients whose withdrawal signs and symptoms are moderate to severe and thus require residential care, but do not need the full resources of an acute care hospital.

**Medically Necessary Services** - Health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.- With regards to behavioral health services, the medical necessity for services shall be determined by an LMHP or physician who is acting within the scope of their professional license and applicable state law.

**Medically Stable** – The member appears to be in no acute medical or physical distress, and reports no acute or chronic health symptoms or problems for which medical treatment beyond routine medical care is required or anticipated. Those with a chronic, but stable illness, managed with medication and routine monitoring, such as diabetes, hypertension, or a well-controlled seizure disorder, may be considered medically stable.

**Multi-Systemic Therapy (MST)** - Services that provide an intensive home/family and community-based treatment for youth who are at risk of out-of-home placement or who are returning from out-of-home placement.

---

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

---

**APPENDIX B – GLOSSARY and ACRONYMS****PAGE(S) 5**

---

**Outpatient Therapy by Licensed Practitioners - Other Licensed Practitioner Outpatient Therapy** - Individual, family, and group outpatient psychotherapy, mental health assessment, evaluation, testing, medication management, psychiatric evaluation, medication administration, individual therapy with medical evaluation and management and case consultation.

**Parent Support and Training (PST)** - Training designed to benefit the parent/primary caregiver of Medicaid-eligible child/youth experiencing a severe emotional disorder (SED) who is eligible for the CSoC and is at risk of out-of-home placement.- This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.

**Psychosocial Rehabilitation (PSR)** - Services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness.

~~**Qualified Professional Supervisor** — State regulations require supervision of unlicensed professionals by a qualified Professional Supervisor (QPS) for addiction services. A QPS includes the following professionals, who are currently registered with their respective Louisiana board: Licensed psychologist; Licensed clinical social worker (LCSW); Licensed professional counselor (LPC); Licensed addiction counselor; Licensed physician; or Advanced practice registered nurse.~~

**Rural Health Clinic (RHC)** - An entity authorized under the Rural Health Clinic (RHC) Act of 1977 to encourage and stabilize the provision of outpatient primary care in rural areas through cost-based reimbursement. These entities may be independent (a free-standing practice that is not part of a hospital, skilled nursing facility or home health agency) or provider-based (an integral and subordinate part of a hospital, skilled nursing facility or home health agency).

**Short term respite care** - Temporary direct care and supervision for the child/youth in the child's home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility).

**Unlicensed professionals (UPs)** - Unlicensed professionals of addiction services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and demonstrate competency as defined by the Louisiana Department of Health (referenced above), state law (RS 37:3386 et seq.) and regulations.- Unlicensed addiction provider must meet at least one of the following qualifications: 1) Master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision.- When working in addiction treatment settings, the master's prepared UP shall be supervised by an LMHP, who meets the requirements of this Section; 2) be a registered addiction counselor; 3) be a certified addiction counselor; 4) be a counselor in training (CIT) that is registered with ADRA and is

---

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

---

**APPENDIX B – GLOSSARY and ACRONYMS**

currently participating in a supervisory relationship with an ADRA-registered certified clinical supervisor.

**Youth Support and Training (YST) services** – Delivered by a trained youth peer, child/youth-centered services that provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.