A Communications Guide on Behavioral Health and Intellectual/Development Disabilities
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Introduction

Mental health diagnoses, substance use disorders and intellectual/developmental disabilities are conditions that are diagnosed regularly and impact almost everyone, whether directly or indirectly.

This guide was compiled from a number of credible sources including the managed care organizations of North Carolina that work directly with this population. It was created to be a resource for journalists, advocates and any individuals interacting with people with disabilities. The information found in this guide can help provide direction and “best practices” on often misunderstood topics.

At its core, the information in this guide is intended to educate all people on acceptable terminology in an effort to reduce the stigma surrounding these disabilities.

Individuals with disabilities are just like everyone else. For that reason, it is important to use inclusive, person-first language, which is described in greater detail within this resource.

We encourage you to utilize the information included in this guide—from the glossary to special considerations for interviews or interactions—to make a lasting impact on the future of conversations about mental health, intellectual/developmental disabilities and substance use.
General Best Practices

When referring to a person who experiences mental health, substance use disorders or intellectual/development disorders, use “person-first” language.

Do not refer to a person’s disability unless it is relevant and within context.

Avoid using outdated terminology when referring to a person’s disability (e.g., use disability instead of handicap; physical disability instead of crippled). See pages 7–11 for guidance.

Descriptive terms should be used as adjectives, not as nouns. Avoid referring to people with disabilities as “the disabled,” “the blind,” “quadriplegics,” etc.

Avoid negative or sensational descriptions of a person’s disability. Do not use “suffers from,” “a victim of,” or “afflicted with.” Do not refer to people with disabilities as “patients” unless they are receiving treatment in a medical facility. Never say “invalid.” These portrayals elicit unwanted sympathy or pity toward individuals with disabilities. Use words that evoke respect and acceptance.

Do not portray people with disabilities as overly courageous, brave, special or superhuman. This implies that it is unusual for people with disabilities to have talents or skills.

Do not use “normal” to describe people who do not have disabilities. It is better to use the term “people without disabilities” or “average,” but only if necessary to make comparisons.

Never say “wheelchair-bound” or “confined to a wheelchair.” Mobility or adaptive equipment provides freedom and access.
General Interaction Etiquette

When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or those who wear an artificial limb can usually shake hands. For those who cannot shake hands, touch the person on the shoulder or arm to welcome and acknowledge their presence.

Only alter the tone, volume or pace of your speech if requested.

Treat adults in a manner befitting adults.

When addressing a person who uses a wheelchair, do not lean on the person’s wheelchair. The chair is part of the space that belongs to the person who uses it. It is patronizing to people using wheelchairs to pat them on the head or shoulder.

When talking with a person with a disability, look at and speak directly to him or her rather than through a companion who may be present. If an interpreter is present, direct your attention to the person with whom you intend to speak, not to the interpreter.

Offer assistance in a dignified manner with sensitivity and respect. Be prepared to have the offer declined. Do not proceed to assist if your offer to assist is declined. If the offer is accepted, listen to or accept instructions.

Allow a person with a visual impairment to take your arm (at or about the elbow). This will enable you to guide rather than propel or lead the person.
For the Media: Interview Etiquette and Best Practices

GENERAL ETIQUETTE

- Some interviewees with visual or mobility impairments will require logistical information at least one day in advance to allow for travel arrangements.

- Provide the interviewee with an estimated amount of time needed for the interview so they can plan ahead for transportation/travel.

- The interview scheduler should offer to provide directions if the interview participant is willing to disclose the location from which he or she will be traveling (e.g., bus route, walking directions, reserved parking instructions, etc.).

- Ensure the interview location is fully accessible.

- Familiarize the interviewee in advance with the names and a brief background of all persons he or she will be meeting during the visit.

- Conduct interviews in a manner that emphasizes abilities, achievements and individual qualities.

- Conduct the interview as you would with anyone.

- Be considerate without being patronizing. When interviewing a person with a speech impediment, do not make them feel rushed to complete a sentence or thought.

- If it is relevant to the story, and you are unsure as to how to refer to the interviewee’s disability, simply ask him or her.

- Depending on the disability, even adults may not be their own legal guardians. Ask the person you are interviewing, or their caregiver, for consent.

INTERVIEW CHECKLIST

- Are accessible parking spaces available?
- Is there a ramp or step-free entrance?
- Are there accessible restrooms?
- If the interview or meeting is not on the first floor or ground level, is there an elevator(s)?
- Are there accessible water fountains and telephones?
PERSON USING MOBILITY AIDS

- Enable people who use crutches, canes or wheelchairs to keep them within reach.
- Be aware that some wheelchair users may choose to transfer themselves out of their wheelchairs (into an office chair, for example) for the duration of the interview.
- When speaking to a person in a wheelchair or on crutches for more than a few minutes, sit in a chair. Place yourself at that person’s eye level to facilitate conversation.

PERSON WITH VISION IMPAIRMENTS

- When greeting a person with vision impairment, always identify yourself and introduce anyone else who might be present.
- If the person does not extend his or her hand to shake hands, verbally extend a welcome.
- When offering seating, place the person’s hand on the back or arm of the seat. A verbal cue is helpful as well.
- Let the person know if you move or need to end the conversation.
- Enable people who use crutches, canes or wheelchairs to keep them within reach.

PERSON WITH SPEECH IMPAIRMENTS

- Give your whole attention with interest when talking to a person who has a speech impairment.
- Ask short questions that require short answers or a nod of the head.
- Do not pretend to understand if you do not. Try rephrasing what you wish to communicate, or ask the person to repeat what you do not understand.
- Do not raise your voice. Most speech-impaired persons can hear and understand.

PERSON WHO IS DEAF OR HEARING IMPAIRED

- If you need to attract the attention of a person who is deaf or hearing impaired, touch him or her lightly on the shoulder.
- If the interviewee lip-reads, look directly at him or her. Speak clearly at a normal pace. Do not exaggerate your lip movements or shout. Speak expressively because the person will rely on your facial expressions, gestures and eye contact.
Place yourself near a light source and keep your hands and food away from your mouth when speaking. Shouting does not help and can be detrimental. Only raise your voice when requested. Brief, concise written notes may be helpful.

In the United States, most people who are deaf or hearing impaired use American Sign Language (ASL.) ASL is not a universal language. ASL is a language with its own syntax and grammatical structure. When scheduling an interpreter for a non-English speaking person, be certain to retain an interpreter who speaks and interprets in the language of the interviewee.

If an interpreter is present, it is commonplace for the interpreter to be seated beside the interviewer, across from the interviewee.

PERSON WITH AUTISM OR INTELLECTUAL/DEVELOPMENTAL DISABILITY

In some instances individuals with disabilities may have a guardian to assist and support the person with decision making. Whether the person has a guardian or not, the interviewer should always ask the interviewed person’s permission as well. Even if someone has a guardian they should always be asked for their permission and be included in decisions that affect them.

Explain to the interviewee who you are, why you are interviewing him or her and how you will be using the information they give you to ensure that he or she feels comfortable and prepared in the situation.

For some people with autism, direct eye contact can be very stressful, distracting and uncomfortable.

Some sounds and sights—sirens, music, certain types of lighting, etc.—can be overwhelming for a person with autism. Ask the individual’s guardian about potential issues beforehand so you’re aware and prepared, and be sure to reduce or eliminate distractions prior to the interview.
Unacceptable Terminology

barren: refers to people who are infertile.

blind to ____ / turn a blind eye to ____ / blinded by ignorance/bigotry/etc.: refers to blind people or people with visual impairments.

bound to a wheelchair (wheelchair-bound): refers to people with physical or mobility disabilities.

confined to a wheelchair: refers to people with physical or mobility disabilities.

crazy: refers to people with mental or psychiatric disabilities.

cripple/crippled (by ____): refers to people with physical or mobility disabilities.

daft: refers to people with mental or psychiatric disabilities.

deaf to ____ / turn a deaf ear to ____ / etc.: refers to being deaf or hard of hearing people.

diffability: can refer to any person with a disability.

differently abled: can refer to any person with a disability.

dumb: refers to deaf or hard-of-hearing people, people with speech impairments or people with linguistic or communication disorders or disabilities.

feeble-minded: refers to people with mental, psychiatric, intellectual or developmental disabilities.

halfway house: refers to a sober living residence.

handicap(ped): refers to people with physical or mobility disabilities.

handicapped: usually refers to people with physical or mobility disabilities, but can also mean any person with a disability.

hearing-impaired: refers to deaf and hard-of-hearing people.

imbecile: refers to people with intellectual disabilities.

insane or insanity: refers to people with mental or psychiatric disabilities.
invalid: refers to people with physical or mobility disabilities or chronic health conditions. (As a noun, as in “my neighbor is an invalid and never goes outside.”)

lame: refers to people with physical or mobility disabilities.

loony/loony bin: refers to people with mental or psychiatric disabilities or a psychiatric hospital.

madhouse: refers to an institution housing people with mental or psychiatric disabilities.

mad/madman: refers to a man who has severe mental illness; an insane man; a man who acts in a wild and uncontrolled way.

manic: refers to someone with bipolar disorder (formerly called manic depression).

mental/mental case: refers to people with mental or psychiatric disabilities.

mental defective: refers to people with mental, psychiatric, intellectual or psychiatric disabilities.

moron(ic): refers to people with intellectual disabilities.

psycho: refers to people with mental or psychiatric disabilities.

psychopath(ic): refers to people with mental or psychiatric disabilities.

retard(ed)/[anything]-tard: refers to people with intellectual disabilities.

simpleton: refers to people with intellectual disabilities.

spaz(zed): refers to people with cerebral palsy or similar neurological disabilities.

specially abled: can refer to any person with a disability.

special needs: usually refers to people with learning, intellectual or developmental disabilities, but can mean any person with a disability.
# Using Person-First Language

<table>
<thead>
<tr>
<th>AVOID SAYING:</th>
<th>INSTEAD, TRY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally ill</td>
<td>A person with (schizophrenia, bipolar disorder, a neurological disorder)</td>
</tr>
<tr>
<td>Schizophrenic</td>
<td></td>
</tr>
<tr>
<td>Nutcase</td>
<td></td>
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<tr>
<td>Lunatic</td>
<td></td>
</tr>
<tr>
<td>Psycho</td>
<td></td>
</tr>
<tr>
<td>Cripple(d)</td>
<td></td>
</tr>
<tr>
<td>Wacko</td>
<td>A person is (depressed, paranoid, hallucinating)</td>
</tr>
<tr>
<td>Mad</td>
<td></td>
</tr>
<tr>
<td>Nuts</td>
<td></td>
</tr>
<tr>
<td>Loony</td>
<td></td>
</tr>
<tr>
<td>Crazy</td>
<td></td>
</tr>
<tr>
<td>Addict</td>
<td>A person with substance use disorder</td>
</tr>
<tr>
<td>Abuser</td>
<td></td>
</tr>
<tr>
<td>Alcoholic</td>
<td></td>
</tr>
<tr>
<td>Addicted to</td>
<td>A person has a(n) use disorder or has a substance use disorder involving</td>
</tr>
<tr>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>Addiction</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Clean</td>
<td>Abstinent</td>
</tr>
<tr>
<td>Dirty</td>
<td>Actively using</td>
</tr>
<tr>
<td>Clean screen</td>
<td>Substance-free or testing negative for substance use</td>
</tr>
<tr>
<td>Dirty screen</td>
<td>Testing positive for substance use</td>
</tr>
<tr>
<td>Drug habit</td>
<td>Substance use disorder or regular substance use</td>
</tr>
<tr>
<td>Drug abuser</td>
<td>A person who uses drugs (if not qualified as a disorder)</td>
</tr>
<tr>
<td>Substance abuser</td>
<td></td>
</tr>
</tbody>
</table>
## Using Person-First Language

<table>
<thead>
<tr>
<th>AVOID SAYING:</th>
<th>INSTEAD, TRY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former alcoholic/addict</td>
<td>A person in recovery or person in long-term recovery</td>
</tr>
<tr>
<td>Reformed alcoholic/addict</td>
<td></td>
</tr>
<tr>
<td>Halfway house</td>
<td>Sober living residence</td>
</tr>
<tr>
<td>Casual, recreational or experimental user(s)</td>
<td>A person starting to use drugs, a person who is new to drug use or a person who uses drugs for nonmedical reasons</td>
</tr>
<tr>
<td>(as opposed to those with a use disorder)</td>
<td></td>
</tr>
<tr>
<td>Retard</td>
<td>A person who is mentally disabled or a person who is developmentally disabled</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>Intellectual disability</td>
</tr>
<tr>
<td>Suffers</td>
<td>A person experiences, is experiencing, is being treated for, has a diagnosis or has a history of (i.e. “She is experiencing depression.”)</td>
</tr>
<tr>
<td>Victim of</td>
<td></td>
</tr>
<tr>
<td>Afflicted with</td>
<td></td>
</tr>
<tr>
<td>Committed suicide</td>
<td>A person died by suicide, took his/her own life or ended his/her life</td>
</tr>
<tr>
<td>Successful suicide</td>
<td></td>
</tr>
<tr>
<td>Failed suicide</td>
<td>A person made an attempt on his/her life, or a nonfatal suicide attempt or suicide attempt was made</td>
</tr>
<tr>
<td>Unsuccessful suicide</td>
<td></td>
</tr>
<tr>
<td>Brain damaged</td>
<td>Brain injury</td>
</tr>
<tr>
<td>Disabled</td>
<td>A person with a disability</td>
</tr>
<tr>
<td>Handicapped</td>
<td></td>
</tr>
</tbody>
</table>
### Using Person-First Language

<table>
<thead>
<tr>
<th>AVOID SAYING:</th>
<th>INSTEAD, TRY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicap(ped) (e.g., in reference to parking)</td>
<td>Accessible</td>
</tr>
<tr>
<td>Normal</td>
<td>A person without a disability</td>
</tr>
<tr>
<td>Bipolar</td>
<td>A person has/with a diagnosis of bipolar disorder or is living with bipolar disorder</td>
</tr>
<tr>
<td>Disturbed Lunatic Insane</td>
<td>A person has/with a mental health condition or challenge</td>
</tr>
<tr>
<td>Autistic</td>
<td>A person has/with autism</td>
</tr>
<tr>
<td>Mental health patient/case</td>
<td>A person is receiving mental health services</td>
</tr>
<tr>
<td>Special education student</td>
<td>A student receiving special education services</td>
</tr>
<tr>
<td>Birth defect</td>
<td>Congenital disability or birth anomaly</td>
</tr>
<tr>
<td>Mute</td>
<td>Communication disability</td>
</tr>
<tr>
<td>Wheelchair-bound Confined to a wheelchair</td>
<td>Wheelchair user or uses a wheelchair</td>
</tr>
</tbody>
</table>
Appendix A  | Glossary of Terms

INTELLECTUAL AND DEVELOPMENTAL DISORDERS

**Alzheimer’s disease**: an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks.

**Angelman syndrome**: a neuro-genetic disorder that occurs in one in 15,000 live births. Characteristics of Angelman syndrome include developmental delays, lack of speech, seizures, problems with walking and balance, jerky movements and hand-flapping, unusually frequent laughter or smiling and apparent happy demeanor.

**Asperger’s syndrome**: an autism spectrum disorder (ASD) considered to be on the “high functioning” end of the spectrum. Children and adults with Asperger’s have difficulty with social interactions and exhibit a restricted range of interests and/or repetitive behaviors.

**Autism**: a developmental disorder that impairs the ability to communicate and interact.

**Bipolar disorder**: formerly called manic depression, this disorder causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression).

**Central Auditory Processing Disorder (CAPD)**: individuals with CAPD do not recognize subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard.

**Cerebral palsy**: a congenital disorder of movement, muscle tone or posture.

**Dementia**: a group of thinking and social symptoms that interferes with daily functioning.

**Developmental disabilities**: people with developmental disabilities learn slowly and have a hard time using what they have learned and applying it from one setting or situation to another.

**Down syndrome**: a chromosomal disorder caused by an error in cell division that results in an extra 21st chromosome. The condition leads to impairments in both cognitive ability and physical growth that range from mild to moderate developmental disabilities.

**Dyslexia**: a learning disorder characterized by difficulty reading.

**Epilepsy**: a disorder characterized by repeated and spontaneous episodes of disturbed brain function that cause changes in attention or behavior (seizures).

**Expressive language disorder**: a condition in which a child has lower than normal ability in vocabulary, producing complex sentences and remembering words.
fetal alcohol syndrome: physical and mental damage in a child due to alcohol exposure while in the womb.

fragile X syndrome: a genetic condition that causes a range of developmental problems, including learning disabilities and cognitive impairment.

Huntington’s disease: an inherited condition in which nerve cells in the brain break down over time.

intellectual disability: when below average intelligence and life skills present before age 18.

isodicentric 15: a chromosomal disorder with distinctive clinical findings characterized by early central hypotonia, developmental delay and intellectual deficit, epilepsy and autistic behavior.

Landau-Kleffner syndrome: a rare childhood neurological disorder characterized by the sudden or gradual development of aphasia (the inability to understand or express language) and an abnormal electro-encephalogram (EEG).

learning disabilities (LD): a condition giving rise to difficulties in acquiring knowledge and skills to the level expected of those of the same age, especially when not associated with a physical handicap.

multiple sclerosis: a disease in which the immune system eats away at the protective covering of nerves.

muscular dystrophy: a group of genetic diseases that cause progressive weakness and loss of muscle mass.

neural tube defects: a group of conditions in which an opening in the spinal cord or brain remains from early in human development.

Parkinson’s disease: a disorder of the central nervous system that affects movement, often including tremors.

phenylketonuria (PKU): a birth defect that causes an amino acid called phenylalanine to build up in the body.

Prader-Willi syndrome: a genetic disorder that causes obesity, intellectual disability and shortness in height.


seizure disorders: a disorder in which nerve cell activity in the brain is disturbed, causing seizures.
Tourette syndrome: a nervous system disorder involving repetitive movements or unwanted sounds.

traumatic brain injury (TBI): brain dysfunction caused by an outside force, usually a violent blow to the head.

Williams syndrome: a rare genetic disorder that affects a child’s growth, physical appearance and cognitive development.

MENTAL HEALTH

anorexia: an eating disorder that causes people to obsess about weight and what they eat.

anti-social personality disorder: a mental health disorder characterized by disregard for other people.

anxiety: a mental health disorder characterized by feelings of worry, nervousness or fear that are strong enough to interfere with one's daily activities

attention-deficit/hyperactivity disorder (ADHD or ADD): a chronic condition including attention difficulty and hyperactivity.

binge eating disorder: an eating disorder in which a person frequently consumes unusually large amounts of food and feels unable to stop eating.

body dysmorphic disorder: a mental illness involving obsessive focus on a perceived flaw in appearance.

borderline personality disorder: a mental disorder characterized by unstable moods, behavior and relationships.

bulimia: an eating disorder marked by binging and followed by methods to avoid weight gain.

controlled substances reporting system: a statewide reporting system established to improve the state's ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V controlled substances. It is also meant to assist clinicians in identifying and referring patients for treatment who misuse controlled substances.

depression: a mood disorder causing a persistent feeling of sadness and loss of interest.

mental health: a person’s condition with regard to their psychological and emotional well-being.
**metabolic syndrome**: a cluster of conditions that increase the risk of heart disease, stroke and diabetes.

**obsessive compulsive disorder**: excessive thoughts (obsessions) that lead to repetitive behaviors (compulsions).

**panic disorder**: a psychiatric disorder in which debilitating anxiety and fear arise frequently and without reasonable cause.

**paranoid personality disorder**: a mental health condition in which a person has a long-term pattern of distrust and suspicion of others.

**post-traumatic stress disorder (PTSD)**: a mental health condition triggered by experiencing or seeing a terrifying event.

**schizophrenia**: a brain disorder in which people interpret reality abnormally.

**suicidal**: a condition in which a person is deeply unhappy or depressed and likely to commit suicide.

**unnecessary polypharmacy**: the prescription of too many medications for an individual patient, with an associated higher risk of adverse drug reactions (ADRs) and interactions.

**ALCOHOL/DRUG USE**

**drug addiction/substance use/substance abuse**: overindulgence in or dependence on an addictive substance, especially alcohol or drugs.

**naloxone rescue kits**: a kit that contains naloxone, a prescription medicine that reverses an opioid overdose.

**opiod maintenance treatment**: a treatment that involves replacing an illegal opioid, such as heroin, with a longer-acting, but less-euphoric opioid; methadone or buprenorphine are typically used, and the drug is taken under medical supervision.

**peer-led recovery**: the process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related substance use disorders. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery and enhancing the quality of personal and family life in long-term recovery.

**recovery**: process of change through which an individual returns to a positive physical, mental and social state of health.
**sober living residence**: residences that provide a drug- and alcohol-free environment for newly sober people.

**tobacco addiction**: a strong craving for nicotine, a chemical in tobacco that makes it hard for people to quit smoking despite the many health risks.

**OTHER TERMS**

**1915(b)(c) waiver**: an agreement between the state and U.S. Centers for Medicaid & Medicare Services to be exempted from certain Medicaid rules. A waiver is necessary for the state to enter into managed-care contracts because of the transfer of risk (of losing money) from the state to a Managed Care Organization (MCO). It requires the MCO to have an adequate risk reserve. It requires the MCO to provide organizational functions found in a typical health insurance plan such as Management of the Provider Network, Quality Management and Utilization Management.

**Advance Directive for Mental Health**: a written document that describes what a person wants to happen if at some time in the future they are judged to be suffering from a mental disorder in such a way that they are deemed unable to decide for themselves or to communicate effectively.

**Affordable Care Act**: the new health care reform law in America that is often called by its nickname, “Obamacare.” The Patient Protection and Affordable Care Act is made up of the Affordable Health Care for America Act, the Patient Protection Act, and the health care related sections of the Health Care and Education Reconciliation Act and the Student Aid and Fiscal Responsibility Act. It also includes amendments to other laws like the Food, Drug and Cosmetics Act and the Health and Public Services Act. Since being signed into law, additional rules and regulations have expanded the law.

**appeal**: a request for formal review of an action or decision of a managed care organization.

**behavioral health provider**: a professional who provides one or more of a variety of mental health services. Such a person could be a psychiatrist, psychologist, therapist, social worker, licensed professional counselor or other professional.

**benefit package**: the total amount of pay and all the other advantages that a person may receive.

**catchment area**: the area of a city, town, etc., from which a hospital’s patients or a school’s students are drawn.
Centers for Medicare & Medicaid Services: a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children’s Health Insurance Program (SCHIP) and health insurance portability standards.

copayment: a payment made by a beneficiary (especially for health services) in addition to that made by an insurer.

community alternatives program (CAP): North Carolina Medicaid's home and community-based services waiver program. In this program, N.C. residents who are eligible for Medicaid and have specific disabling conditions have an alternative to nursing home placement.

Community Care of North Carolina (CCNC): a primary care case management health care plan for a majority of Medicaid beneficiaries in North Carolina. The program aid category determines if a beneficiary is mandatory, optional or exempted from CCNC/CA (Carolina ACCESS).

community collaborative: a group of community members that comes together to work to implement a System of Care approach by creating neighborhood and community environments that empower and support children and their families.

complaint: any expression(s) of dissatisfaction about the agency or a network provider when communicated by an external provider, stakeholder/organization or family member who does not have written consent to file a grievance on an enrollee's behalf.

Consumer and Family Advisory Committee (CFAC): a volunteer group of individuals that has received or currently receives services for mental health, developmental disabilities and/or substance use disorders, and the family members of these individuals.

N.C. Department of Health and Human Services: manages the delivery of health- and human-related services for all North Carolinians, especially children, the elderly, disabled and low-income families. The department works closely with health care professionals, community leaders and advocacy groups; local, state and federal entities and many other stakeholders to make this happen.

Department of Housing and Urban Development: administers programs that provide housing and community development assistance. The Department also works to ensure fair and equal housing opportunity for all.

diagnostic assessment: a written report that documents the clinical and functional face-to-face evaluation of a recipient’s mental health.
**Division of Health Services Regulation:** oversees medical, mental health, developmental disability and adult care facilities, emergency medical services and local jails.

**Division of Medical Assistance:** manages the Medicaid and Health Choice programs.

**Division of Mental Health, Developmental Disabilities and Substance Abuse Services:** provides quality support to achieve self-determination for individuals with intellectual and/or developmental disabilities and quality services to promote treatment and recovery for individuals with mental illness and substance use disorders.

**Division/Department of Social Services:** provides direct services that address issues of poverty, family violence and exploitation; aims to prevent abuse, neglect and exploitation of vulnerable citizens and to promote self-reliance and self-sufficiency for individuals and families.

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT):** the child health component of Medicaid. Federal statutes and regulations state that children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits and that states must cover a broad array of preventive and treatment services.

**Electronic health record/electronic medical record (EHR/EMR):** a digital version of a patient’s paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

**Evidence-based practice:** the conscientious use of current best evidence in making decisions about patient care.

**Fee-for-service:** a payment model where services are unbundled and paid for separately.

**Fidelity to model:** the degree to which a model or simulation reproduces the state and behavior of a real world object, feature or condition.

**Grievance:** any expression(s) of dissatisfaction about any matter other than a managed care action filed by an enrollee or by an individual who has been authorized in writing to file on behalf of enrollee.

**Health Information Portability & Accountability Act of 1996 (HIPAA):** protects health insurance coverage for workers and their families when they change or lose their jobs; protects the privacy and security of health information.

**Home and community-based services:** provide opportunities for Medicaid beneficiaries to receive services in their own home or community.
incident response improvement system (IRIS): a web-based incident reporting system for reporting and documenting responses to Level II and III incidents involving consumers receiving mental health, developmental disabilities and/or substance abuse services.

indigent: poor, impoverished.

Innovations Waiver: resource for funding services and supports for individuals with intellectual and developmental disabilities who are at risk for institutional care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). It provides support to give individuals and families more control over their lives by offering a large array of service options to the enrollees.

integrated care: the systematic coordination of general/primary and behavioral and IDD health care.

integrated payment and reporting system (IPRS): the multi-payer Medicaid Management Information System for the N.C. Department of Health and Human Services. [This is an obsolete term sometimes used for state service dollars. Some people continue to use the term even though the actual system has been replaced by N.C. Tracks.]

legal guardian: a person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.

licensed clinical social worker: a sub-sector within the field of social work. LCSWs work with clients in order to help them deal with issues involving mental and emotional health.

local management entity: responsible for managing, coordinating, facilitating and monitoring the provision of mental health, developmental disabilities and substance abuse services in the area they serve.

long-term care: a range of services and supports a person may need to meet his or her personal care needs.

managed care organization: a health care delivery system organized to manage costs, utilization and quality.

Medicaid: a social health care program for families and individuals with low income and limited resources.

Medicaid-eligible: low-income people, families and children, pregnant women, the elderly and people with disabilities who may legally receive Medicaid benefits.

natural supports: the relationships that occur in everyday life, including family, friends, neighbors, coworkers, etc.
neglect: to fail to care for properly.

network provider: a provider who has completed the credentialing process and signed a contracted agreement to be part of the network of providers.

per member per month: usual unit of measure for capitation payments that payers provide to providers, both hospitals and physicians. These payments also include ancillary service use.

person-centered plan: a set of approaches designed to assist someone to plan their life and supports. It is used most often as a life-planning model to enable individuals with disabilities—or those who otherwise require support—to increase their personal self-determination and to improve their independence.

plan of correction: a plan that is formulated when a provider is found to be in noncompliance due to a deficiency or violation.

prevalence rate: the proportion of people in a population who have a particular disease at a specified point in time, or over a specified period of time.

protected health information: any information about health status, provision of health care, or payment for health care that is created or collected by a “Covered Entity” (or a Business Associate of a Covered Entity), and can be linked to a specific individual.

quality of care: the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Registry of Unmet Needs: a registry or waiting list for individuals who are in need of an N.C. Innovations Waiver and/or other intellectual and/or developmental disability services and funding.

respite care: temporary institutional care of a dependent elderly, ill or handicapped person that provides relief for their usual caregivers.

Substance Abuse and Mental Health Services Administration (SAMHSA): the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

Supplemental Security Income: a United States government program that provides stipends to low-income people who are either ages 65 or older, blind or disabled.

Supports Intensity Scale: a standardized assessment tool that evaluates practical support requirements of a person with a developmental disability.


