

Template #4: Definition of Terms

Access: The entry point to the Contractor, sometimes called an “access center,” where Medicaid beneficiaries call or go to request behavioral health services.

Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning (PCP) and as authorized by the Contractor.
- Failure of the Contractor to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the Contractor to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the Contractor to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.

Amount, Duration, and Scope: Terms to describe how much, how long, and in what ways the Medicaid services that are listed in an individual's individual plan of service (IPOS) will be provided.

Appeal: A review of an adverse benefit determination.

Behavioral Health – Includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also has as an aim preventing or intervening in substance abuse or other addictions. For the purposes of this handbook, behavioral health will include intellectual disabilities (ID), developmental disabilities (DD), mental illness in both adults and children, and SUD.

Beneficiary: An individual who is eligible for and enrolled in the Medicaid program in Michigan.

CMHSP: An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to individuals with mental illness and developmental disabilities. May also be referred to as CMH.

Cultural Competency: Is an acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of minority populations.

Customer: Customer includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. The following terms may be used within this definition: clients, recipients, beneficiaries, consumers, individuals, or Medicaid Eligible.

Deductible (or Spend-Down): A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a State-specified level, the individual qualifies for Medicaid benefits for the remainder of the month. Medicaid applications and deductible determinations are managed by the MDHHS – independent of the Contractor's service system.

Durable Medical Equipment (DME): Any equipment that provides therapeutic benefits to an individual in need because of certain medical conditions and/or illnesses. DME consists of items which:

- are primarily and customarily used to serve a medical purpose,
- are not useful to an individual in the absence of illness, disability, or injury,
- are ordered or prescribed by a physician,
- are reusable,
- can stand repeated use, and
- are appropriate for use in the home.

Emergency Services/Care: Covered services that are given by a provider trained to give emergency services and needed to treat a medical/behavioral emergency.

Excluded Services: Health care services that your health insurance or plan does not pay for or cover.

Flint 1115 Demonstration Waiver: The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a State-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act and is effective as of March 3, 2016, the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such individuals will have access to Targeted Case Management services under a fee for service contract between the State and Genesee Health Systems (GHS). The fee for service contract must provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect a beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the Contractor to make an authorization decision.

Grievance and Appeal System: The processes the Contractor implements to handle the appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Habilitation Services and Devices: Health care services and devices that help an individual keep, learn, or improve skills and functioning for daily living.

Health Insurance: Coverage that provides for the payments of benefits because of sickness or injury. It includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): This legislation is aimed, in part, at protecting the privacy and confidentiality of patient information. "Patient" means any recipient of public or private health care, including behavioral health care, services.

Healthy Michigan Plan: An 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years, have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology, do not qualify or are not enrolled in Medicare or Medicaid, are not pregnant at the time of application, and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual (MPM) contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The MPM may be accessed at:

http://www.michigan.gov/mdhhs/0,4612,7-132-2945_42542_42543_42546_42553-87572--,00.html

Customer Service staff can help you access the MPM and/or information from it.

Home Healthcare: Is supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met.

Hospice Services: Care designed to give supportive care to individuals in the final phase of a terminal illness and focus on comfort and quality of life rather than cure. The goal is to enable individuals to be comfortable and free of pain so that they live each day as fully as possible.

Hospitalization: A term used when formally admitted to the hospital for skilled behavioral services. If not formally admitted, it might still be considered an outpatient instead of an inpatient even if an overnight stay is involved.

Hospital Outpatient Care: Is any type of care performed at a hospital when it is not expected there will be an overnight hospital stay.

Intellectual Disability (ID) or Developmental Disability (DD): Is defined by the Michigan Mental Health code as either of the following: (a) If applied to an individual older than five years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a DD.

Individuals with LEP: Individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.

Limited English Proficient (LEP): Means potential beneficiaries and beneficiaries who do not speak English as their primary language and who have a limited ability to read, write, or understand English may be LEP. The beneficiary may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

MDHHS: An acronym for the Michigan Department of Health and Human Services. This State department, located in Lansing, oversees public-funded services provided in local communities and State facilities to individuals with mental illness, DD, and SUD.

Medically Necessary: A term used to describe one of the criteria that must be met for a beneficiary to receive Medicaid services. It means that the specific service is expected to help the beneficiary with his/her mental health, DD, SUD, or any other medical condition. Some services assess needs and some services help maintain or improve functioning. The Contractor is unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

Michigan Mental Health Code: The State law that governs public mental health services provided to adults and children with mental illness, SED, and DD by local CMHSPs and in state facilities.

MiChild: A health care program for children who are under age 19 administered by the MDHHS. It is for the low-income uninsured children of Michigan's working families. MiChild has a higher income limit than U-19 Medicaid. There is only an income test. There is a \$10 per family monthly premium for MiChild. The \$10 monthly premium is for all the children in one family. The child must be enrolled in a MiChild health and dental plan to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact [Customer Services] for more information.

Network: Is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care and services to its members.

Non-Participating Provider: A provider or facility that is not employed, owned, or operated by the PHIP and/or CMHSP and is not under contract to provide covered services to members.

Participating Provider: Is the general term used for doctors, nurses, and other individuals who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that provide healthcare services; medical equipment; mental health, SUD, intellectual disability (ID), DD, and long term supports and services. They are licensed or certified to provide health care services. They agree to work with the health plan, accept payment and not charge beneficiaries an extra amount. Participating providers are also called network providers.

Physician Services: Refers to the services provided by an individual licensed under State law to practice medicine or osteopathy.

PIHP: An acronym for Prepaid Inpatient Health Plan. A PIHP is an organization that manages the Medicaid mental health, DD, and substance abuse services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a CMHSP according to the Mental Health Code.

Post-stabilization Care Services: As defined in 42 CFR 438.114(a), covered specialty services specified in this Contract that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e), to improve or resolve the beneficiary's condition.

Preauthorization: Approval needed before certain services or drugs can be provided. Some network medical services are covered only if the doctor or other network provider gets prior authorization. Also called Prior Authorization.

Premium: An amount to be paid for an insurance policy, a sum added to an ordinary price or charge.

Prescription Drugs: Is a pharmaceutical drug that legally requires a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription.

Prescription Drug Coverage: Is a stand-alone insurance plan covering only prescription drugs.

Primary Care Physician: A doctor who provides both the first contact for an individual with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Primary Care Provider: A health care professional (usually a physician) who is responsible for monitoring an individual's overall health care needs.

Provider: Is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other healthcare professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized healthcare services.

Recovery: A journey of healing and change allowing an individual to live a meaningful life in a community of their choice while working toward their full potential.

Rehabilitation Services and Devices: Health care services that help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because an individual was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Resiliency: The ability to "bounce back." This is a characteristic important to nurture in children with SED and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

Specialty Supports and Services: A term that means Medicaid-funded mental health, DD, and substance abuse supports and services that are managed by the PIHPs.

SED: An acronym for Serious Emotional Disturbance, and as defined by the Michigan Mental Health Code, means a diagnosable mental, behavioral, or emotional disorder affecting a child that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) and has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders and that has resulted in function impairment that substantially interferes with or limits one or more major life activities.

Skilled Nursing Care: Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

Specialist: A health care professional whose practice is limited to a particular area, such as a branch of medicine, surgery, or nursing especially one who by virtue of advanced training is certified by a specialty board as being qualified to so limit his/her practice.

State Fair Hearing: A State level review of beneficiaries' disagreements with the CMHSP, or Contractor denial, reduction, suspension, or termination of Medicaid services. State administrative law judges who are independent of the MDHHS perform the reviews.

Substance Use Disorder (or substance abuse) (SUD): Is defined in the Michigan Public Health Code to mean the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

Urgent Care: Care for a sudden illness, injury, or condition that is not an emergency but needs care right away. Urgently needed care can be obtained from out-of-network providers when network providers are unavailable.

[Note to the Contractor: you may add additional information to this template]

The Contractor should tailor the contact information in the brackets to reflect their local operations and may add local or additional information to the templates