

# Glossary of Terms

**Administrative Services Organization (ASO):** An organization providing statewide utilization management, benefit information and intensive care management services within a centralized information system framework.

**Adverse Incident:** Occurrences that represent actual or potential serious harm to the well-being of a BHH enrollee or to others by the actions of a BHH enrollee, who is receiving services through the BHH Initiative or has recently been discharged from BHH services.

**Authorized Representative:** A person designated by the service user or a person authorized by law to act on behalf of the service user for purposes of filing an appeal or grievance.

**Automated Eligibility Verification System (AEVS):** The sole comprehensive source of CT Medical Assistance Program's eligibility information.

**Auto-enrolled Individuals:** Those receiving out-patient and/or case management services from a BHH Designated Provider Agency who meet the target eligibility criteria as defined in "BHH Eligibility Criteria" These individuals are automatically enrolled into BHH services with the opportunity to opt-out.

**Behavioral Health Home:** An innovative, integrated healthcare service delivery model that is recovery-oriented, person and family centered and promises better patient experience and better outcomes than those achieved in traditional services.

**Body Mass Index (BMI):** BMI is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. (<http://www.cdc.gov/healthyweight/assessing/bmi/index.html>)

**Blood Pressure (BP):** Blood pressure is the force of blood against the walls of arteries. (<http://www.nhlbi.nih.gov/hbp/bp/bp.htm>)

**Care Manager:** An independently licensed behavioral health care clinician employed by the ASO to perform utilization review on services that require prior authorization and concurrent review.

**Care Plan:** A document which identifies the individual's course of treatment relative to BHH needs. The BHH care plan may be an addendum to the individual's existing Recovery or Treatment Plan but must include the individual's primary health care goals and objectives and must accurately reflect the preferences, goals, resources, and optimal outcomes of the individual and her/his identified supports.

**Case Management:** Overall coordination of an individual's use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of case management varies with local requirements and staff roles, a case manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual members.

**Centers for Medicare and Medicaid Services (CMS):** Part of the Department of Health and Human Services that administers the Medicare, Medicaid and Child Health Insurance Programs.

**Citrix:** Portal that allows providers to remotely access Beacon Health Options' BHH applications and software including Tableau and ProviderConnect.

**Clinical Management:** The process of evaluating and determining the appropriateness of the utilization of the behavioral health services as well as providing assistance to clinicians or members to ensure appropriate use of resources. It may include, but not be limited to, prior authorization, concurrent authorization, retroactive medical necessity review, discharge review, retrospective utilization review, quality management, and BHH Designated Provider Agency authorization and performance enhancements.

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**Clinical Risk:** The potential for direct or indirect injury or harm to self and/or others, including property damage which could directly or indirectly result in injury or harm to the member and/or others.

**Community Collaborative:** Local consortium of health care providers, parents, and guardians of children with behavioral health needs, and service and education agencies that have organized to develop coordinated, comprehensive community resources for children or youth with complex behavioral health service needs and their families.

**Community Health Network of Connecticut (CHN CT):** Community Health Network of Connecticut is the Medical Administrative Services Organization for the HUSKY Health programs.

**Complaint:** A verbal or written communication from an enrollee, or their designated representative, or a BHH Designated Provider Agency expressing dissatisfaction with some aspect of the BHH's services, including a denial of services based on medical necessity, facility agreement, payment dispute, or general complaint.

**Complainant:** An enrollee or their designated representatives, an individual practitioner, a BHH Designated Provider Agency, who makes a complaint to CT Partners for Integrated Care.

**Connecticut Behavioral Health Partnership (CT BHP):** The CT BHP is a partnership between the Department of Social Services (DSS), the Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS) and Beacon Health Options serving HUSKY A, B, C, D, and DCF Limited Benefit members.

**Credentialing/Re-credentialing Process:** The process by which it is determined that a BHH Designated Provider Agency applying/re-applying to participate in the BHH possesses the required qualifications.

**Critical Incident:** Any incident which results in serious injury, or risk thereof, serious adverse treatment response, death of a service user, or serious impact on service delivery as defined by DMHAS' BHH policies and procedures, as provided in advance to Contractor by the Departments.

**CT Partners for Integrated Care:** A collaboration between Beacon Health Options and Advanced Behavioral Health.

**Department of Children and Families (DCF):** The DCF is established under Section 17a-3 of the Connecticut General Statutes as a comprehensive, consolidated agency serving children (under age 18) and families. Its mandates include child protective and family services, juvenile justice services, mental health services, substance use related services, prevention and educational services (acting in the capacity of a school district for the children in our care).

**Department of Mental Health and Addiction Services (DMHAS):** The DMHAS promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance use prevention and treatment throughout Connecticut. While the Department's prevention services are available to all Connecticut citizens, its mandate is to serve adults (over 18 years of age) with psychiatric or substance use disorders, or both, who lack the financial means to obtain such services on their own.

**Department of Social Services (DSS):** The DSS provides a broad range of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. It administers over 90 legislatively authorized programs and one-third of the state budget. By statute it is the state agency responsible for administering a number of programs under federal legislation, including the Rehabilitation Act, the Food Stamp Act, the Older Americans Act, and the Social Security Act. The Department is also designated as a public housing agency for the purpose of administering the Section 8 program under the Federal Housing Act. It is the state agency with primary responsibility for Medicaid.

**Designated Enrollee Representative:** Any person, including an individual practitioner, facility provider, authorized in writing by the enrollee or the enrollee's legal guardian to represent his or her interests related to complaints or grievances.

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**Diagnostic and Statistical Manual of Mental Disorders (DSM, most recent edition):** The American Psychiatric Association's current listing of descriptive terms and identifying codes for reporting a classification of mental and substance use disorders.

**Discharge Planning:** The evaluation of a DMHAS behavioral health client's need for psychiatric, substance use disorder, and/or medical inpatient services; the plan developed in order to arrange for appropriate care after discharge or upon transferring from one level of care to another level of care.

**DXC Technology:** The Department of Social Services' Medicaid Management Information System (MMIS) Contractor, contracted to process and adjudicate claims through the MMIS to support the Connecticut Medical Assistance Program.

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Case Management Services:** Services such as making and facilitating referrals and development and coordination of a plan of services that will assist Medicaid members under 21 years of age and gaining access to needed medical, social, educational, and other services.

**Emergency or Emergency Medical Condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possess 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 the unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunctions of any body organ or part.

**Emergency Mobile Psychiatric Services (EMPS):** Services for children and adolescents that provide immediate, mobile assessment and intervention to individuals in an active state of crisis and can occur in a variety of settings including the member's home, school, local emergency department, or community setting.

**Emergency Services:** Inpatient and outpatient services including, but not limited to, behavioral health and detoxification needed to evaluate or stabilize an emergency medical condition.

**Emergent Treatment:** Treatment required preventing a possible loss of life or major loss of physical or psychological function. For the purpose of determining the severity index level of any incident, it is the nature of the treatment that is the determining factor, not the location of the treatment (e.g., treatment in an Emergency Room does not necessarily constitute emergent treatment unless it is required to prevent loss of life or major loss of function).

**Enhanced Care Coordinator:** A mental health professional hired by a DCF contracted mental health agency to assess the clinical and service needs of children in residential treatment facilities to develop and coordinate a community-based discharge plan.

**Family:** A child or youth with behavioral health needs with (A) one or more biological or adoptive parents, except for a parent whose parental rights have been terminated, (B) one or more persons to whom legal custody or guardianship has been given, or (C) one or more adults, including foster parents, who have a primary responsibility for providing continuous care to such child or youth. For adults, family refers to the individual's chosen natural support system which may include biological relatives, significant others, friends, and other supports.

**Federally Qualified Health Center (FQHC):** Community-based organizations that provide comprehensive primary care and preventive care, including oral, and mental health/substance use services to persons of all ages, regardless of their ability to pay.

**Fraud:** Intentional deception or misrepresentation, or reckless disregard or willful blindness, by a person or entity with the knowledge that the deception, misrepresentation, disregard or blindness could result in some unauthorized benefit to him/herself or some other person, including any act that constitutes fraud under applicable federal or state law.

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**Grievance:** A complaint against a BHH Designated Provider Agency in matters other than the denial, reduction, or termination of services offered under the Behavioral Health Initiative.

**Health Home (BHH):** A health home, as defined in Section 2703 of the Affordable Care Act, offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information.

**Home Health Care Agency:** A public or private agency that specializes in providing skilled nursing services, home health aides, and other therapeutic services, such as physical therapy, in the home.

**HUSKY Health program:** The State of Connecticut's public health coverage program for eligible children, parents, relative caregivers, elders, individuals with disabilities, adults without children, and pregnant women. Eligibility criteria vary. HUSKY Health encompasses: Husky A (Medicaid for children/parents/relative caregivers/pregnant women); HUSKY B (non-Medicaid Children's Health Insurance Program); HUSKY C (Medicaid for the Aged/Blind/Disabled, also known as Title 19 and including Long-Term Care services); and HUSKY D (Medicaid for Low-Income Adults).

**Integrated Care:** A way of providing care that includes communication among behavioral and physical health care providers.

**LDL:** Low-density lipoprotein; known as "bad" cholesterol.

**Medical Appropriateness or Medically Appropriate:** Health care that is provided in a timely manner and meets professionally recognized standards of acceptable medical care; is delivered in the appropriate medical setting; and is the least costly of multiple, equally-effective alternative treatments or diagnostic modalities as cited in Connecticut Medicaid Program regulations.

**Medically Necessary or Medical Necessity:** Health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health, to diagnose a condition; or to prevent a medical condition from occurring as cited in Connecticut Medicaid Program regulations.

**Memorandum of Understanding or Agreement (MOU/MOA):** a nonbinding agreement between two or more parties, outlining the terms and details of an understanding, including each party's requirements and responsibilities.

**Non-auto-enrolled:** Individuals who meet eligibility criteria for BHH participation but who are not enrolled in services from a DMHAS BHH Designated Provider Agency. These individuals will be offered the opportunity to enroll in BHH services and will have the choice to participate or opt out.

**Outpatient Services:** Mental health and substance use disorder services provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office.

**Person-centered:** Care or treatment that is led by the individual's preferences.

**Population Health:** The American Public Health Association defines population health as, "The outcomes of a group of individuals, including the distribution of such outcomes within the group."

**Preferred Practice:** Designation given by the Departments to recommended clinical/intervention practices.

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**Primary Care Provider (PCP):** Licensed Physician or non-physician (e.g., advanced practice registered nurse, physician assistant) who offers primary care medical services for members. Licensed practical nurses and registered nurses (RN) are not considered primary care providers.

**Primary Care Consultant Tracker:** A document used to track the billable hours for the BHH Primary Care Consultants. It is created and released to providers each fiscal year. Providers email completed trackers to the DMHAS billing Department every week.

**Protected Health Information (PHI):** PHI is any individually-identifiable health information that relates to an individual's past, present, or future: physical or mental health condition; healthcare services; or claims/payments for care provided to the individual.

**ProviderConnect:** The Beacon Health Options portal used by providers to access the Spectrum Medicaid Claims Database, request behavioral health authorizations, and enter BHH health assessment data.

**Qualified Medicare Beneficiary (QMB):** A category within the Medicare Savings Program (MSP) that covers the cost of deductibles or co-pays of Medicare Part A and Part B up to the Medicaid approved rate.

**Quality Management:** The process of reviewing, measuring and working to continually improve the quality of services delivered.

**Random Moment Time Study (RMTS):** RMTS is a statistically valid means of determining what portion of time a group of people spend doing different activities.

**Routine Cases:** A symptomatic situation for which the member is seeking care, but for which treatment is neither emergent nor urgent.

**Severe and Persistent Mental Illness:** For the purposes of this initiative, defined as: Schizophrenia and Psychotic Disorders; Mood Disorders; Anxiety; Obsessive-compulsive Disorder; Borderline Personality Disorder; and Post Traumatic Stress Disorder.

**Serious Injury:** Any significant impairment of a person's physical condition requiring medical care, as determined by qualified medical personnel. This includes but is not limited to 2nd and 3rd degree burns (rug/carpet burns are not considered serious injury), lacerations, bone fractures, substantial hematoma (severe bruises), and injuries to internal organs, whether self-inflicted or inflicted by someone else.

**Spectrum:** A platform for providers to view Medicaid claims data from the past year detailing service utilization of pharmacy and medication, behavioral health services, medical services, and dental services.

**State Plan Amendment (SPA):** A request to make program changes, corrections, or updates to the agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs.

**Substance Use Disorders:** Substance Use Disorders include Substance Dependence and Substance Abuse with specific diagnostic criteria listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

**Tableau:** Software used by Beacon Health Options to display BHH annual measures and management reports in visually-appealing and easy to understand dashboards. These dashboards are designed to give providers a more in-depth look at their populations so they are better able to provide person-centered services and meet BHH service and/or data requirements.

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**Targeted Case Management (TCM):** a Medicaid-reimbursable service furnished to assist eligible individuals in gaining access to needed medical, social, educational and other services. TCM includes comprehensive assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

**Urgent Cases:** Illnesses or injuries less severe than those constituting emergencies, but for which treatment is required to prevent a serious deterioration in the member's health; and for which treatment cannot be delayed until the member is able to secure services from his/her regular physician(s) without imposing undue risk.

**Urgent Treatment:** Treatment that requires skilled care that does not meet the definition of emergent care, but that is reasonably required for moderate injuries (e.g., sutures, treatment of severe sprains, and treatment of minor broken bones such as a broken hand or foot). As with emergent care, it is the nature of the treatment, not the location that determines the type of treatment.