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Definitions**

**A**

ADMINISTRATIVE RULES OF MONTANA (ARM) - The rules by which all agencies of Montana State Government operate. Agency regulations, standards or statements of general applicability that implement, interpret or prescribe law or policy.

ACTIVITIES OF DAILY LIVING - For the purpose of this program are limited to bathing, dressing, grooming, toileting, transferring, positioning, mobility, meal preparation, eating, exercise, and medication assistance.

ADDICTIVE AND MENTAL DISORDERS DIVISION (AMDD) – The Division within Department of Public Health and Human Services that is responsible for the public mental health community services, community chemical dependency services, Montana State Hospital, Montanan Chemical Dependency Center and Montana Mental Health Nursing Care Center.

ADMINISTRATIVE REVIEW – The Department review of an adverse decision on eligibility or services.

ANNUAL REVIEW - A consumer review conducted by a licensed nurse from the Mountain Pacific Quality Health Foundation once every 365 days.

**B**

BRAIN INJURY - An injury to the brain, caused by an external or internal occurrence, which results in a temporary or permanent impairment of functioning.

**C**

CASE MANAGEMENT TEAM (CMT) - A team contracted by the Department, comprised of a nurse and a social worker, to develop plans of care and manage and monitor the SDMI Home and Community Based Services Program on the local level.

CENTERS FOR MEDICARE & MEDICAID (CMS) - The Division within the Department of Health and Human Services that is responsible for the operation of Medicare and the federal aspects of Medicaid.

COMMUNITY SERVICES BUREAU - The Bureau within the Department's Senior and Long Term Care Division that is responsible for administration of the Community Services Bureau Programs.

CONSUMER - An individual who receives one of the services managed by the Mental Health Services Bureau.

CMS - Centers for Medicare/Medicaid Services is a Federal agency responsible for the oversight of Medicare and Medicaid services

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CASE MANAGEMENT - A team made up of a nurse and a social worker that are responsible for managing services provided to eligible consumers under the SDMI Home and Community Based Services (SDMI Waiver) Program.

COMMUNITY PROGRAM OFFICER - Provide SDMI waiver development and support at the local level.

**D**

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)--The federal agency that is responsible for the administration of health and social service programs.

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)--The state agency that is responsible for administering Medicaid and other services including the Home and Community Based Services Program (hereinafter referred to as the Department

**E**

ELIGIBILITY STAFF--An employee located in the County Office of Public Assistance who is responsible for determining financial eligibility for Medicaid.

EPSDT – Early and Periodic Screening, Diagnosis and Treatment is the federally sponsored, comprehensive health care benefits package for Medicaid-enrolled children through age 20. It helps families get early identification and treatment of medical, dental, vision, mental health and developmental problems for their children. All Medicaid families are encouraged to use these services.

The program is designed to prevent, identify, and then treat health problems before they become disabling. EPSDT includes a medical screen (sometimes called a well child check-up), vision screen, dental screen, and hearing screen provided at specific periods throughout a child's growth. When a Medicaid-eligible child requires medically necessary services, those services may be covered under Medicaid even if they are not covered for adults. Health care, diagnostic services, treatments and other measures that would correct or improve defects or physical or mental illnesses or conditions are available based on medical necessity. If these services are not a "covered service" of Montana Medicaid, prior authorization is required.

**F**

FAIR HEARING – The process used after a provider's or individual's Administration review was considered an adverse action.

FISCAL INTERMEDIARY - An agency which contracts with the Department to process all Medicaid claims for services. In Montana this is Xerox.

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HEALTH CARE PROFESSIONAL - A M.D., nurse practitioner or physician assistant for purpose of the HCBS program.

HEALTH CARE PROFESSIONAL (HCP) - A health care professional is a physician assistant (certified), nurse practitioner, registered nurse, occupational therapist or a medical social worker working as a member of a case management team for the purposes of the Home and Community Based Services program. This does not include an RN who is employed by the provider agency.

HEALTH IMPROVEMENT PROGRAM – Program is part of Passport to Health. The use of nurses and health coaches to assist Passport members with serious health problems obtain and coordinate the services needed to maintain or improve their health.

HEALTH MAINTENANCE ACTIVITIES - Are skilled tasks that are exempt from the Nurse Practice Act. They are associated with bowel programs, wound care, urinary system management, and administration of medications if the activities, in the opinion of the physician or other health care professional for the person with a disability, could be performed by the person if the person were physically capable and if the procedure may be safely performed in the home.

HOME AND COMMUNITY BASED SERVICES PROGRAM (HCBS) - Special Medicaid program designed to maintain an individual in the community who might otherwise require institutionalization for long-term care.

HOME DIALYSIS - Dialysis services provided in a consumer's home by a trained dialysis nurse.

HOME HEALTH - Skilled nursing or therapy services in the consumer's residence. Part-time nursing services and restorative therapy services to homebound consumers.

HOSPICE - Medically necessary palliative health and support services to terminally ill consumers and their families.

**I**

INDIVIDUAL- An individual who receives one of the services managed by the Mental Health Services Bureau.

THE INDIVIDUAL INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) - Activities that reflect independence in daily self-care, but are not critical to living alone. For the purpose of this program they are limited to housecleaning, shopping and laundry.

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LEVEL OF CARE (LOC) - A functional assessment used to determine if an individual requires the level of services normally provided in a skilled nursing facility.

LONG-TERM CARE FACILITY - Long-term care facilities include licensed skilled or intermediate nursing care, and intermediate care facility for the mentally retarded. Also known as nursing facility or nursing home.

**M**

MENTAL HEALTH SERVICES BUREAU (MHSB) - The Bureau within the Department's Addictive and Mental Disorders Division that is responsible for administration of the Mental Health Services Bureau Programs.

MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) - The automated information system that includes information on all Medicaid providers, consumers and claims.

MEDICALLY NECESSARY SERVICE - Means a service or item reimbursable under the Montana Medicaid program, which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a patient which: endanger life; cause suffering or pain; result in illness or infirmity; threaten to cause or aggravate a handicap; or cause physical deformity or malfunction. 37.82.102(18)

MOUNTAIN PACIFIC QUALITY HEALTH - The Quality Improvement Organization (QIO) in Montana that contracts with the Department to perform authorization functions for HCBS (level of care and Level 1 screens), for Personal Assistance Services (PAS) and Self Direct Personal Assistance Services (SDPAS) (level of service) and Home Health (prior authorization).

**N**

NURSE SUPERVISOR - A licensed nurse who supervises personal assistants .

**P**

PASSPORT – Passport to Health is the managed care program for Montana Medicaid and Health Montana Kids (HMK) Plus members. The programs encourage and support members and providers in establishing a medical home and in ensuring the appropriate use of Medicaid and HMK Plus services.

PERSONAL ASSISTANCE SERVICES (PAS) - Medically necessary in-home services provided to consumers whose acute or chronic health problems cause them to have functional limitations in performing activities of daily living.

PERSONAL REPRESENTATIVE--An unpaid individual who is directly involved in the day to day care of the consumer, and is available to direct care in the home on a consistent basis. This individual would assume the role of the consumer for the purpose of managing personal assistants.

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**PERSON-CENTERED PLAN** -- A planning process directed by the individual, with assistance as needed or desired from a representative of the individual's choosing. It is intended to identify the strengths, capacities, preferences, needs, and desired measurable outcomes of the individual. The process may include other persons, freely chosen by the individual, who are able to serve as important contributors to the process.

**PERSON-CENTERED RECOVERY PLAN** -- A person-centered recovery plan is a person-centered plan that has a particular focus on mental health recovery and includes the services and supports identified by the individual that will assist the individual to:

- Improve their health and wellness
- Live a self-directed life
- Strive to achieve their full potential

**PHYSICIAN/HEALTH CARE PROFESSIONAL APPROVAL** --The consumer's physician or health care professional approves services by signing the Personal Assistance Services Plan/Physician Order.

**PRIOR AUTHORIZATION**—A process which establishes Department approved service limits for Personal Assistance Services, and Home Health Services; and the system that Case Management Teams use to prior authorize services through Xerox.

**PROGRAM MANAGER** – The Department employee responsible for overall management of individual Mental Health Services Bureau programs.

**PROVIDER AGENCY** - An approved agency that enrolls with Xerox and the Department to deliver services.

**Q**

**QUALITY ASSURANCE MANAGEMENT SYSTEM (QAMS)** – The database used by the Mental Health Services Bureau to manage Quality Assurance. The QAMS database captures information for Serious Occurrence Reports (SOR).

**R**

**REGIONAL PROGRAM OFFICER (RPO)** - The DPHHS local Medicaid representative for Community Services Bureau programs.

**S**

**SCREENING** - A medical, psychological and social evaluation of an individual to determine level of care for Home and Community Based Services and Nursing Home Services. The screening is completed by the Mountain Pacific Quality Health Foundation.

**SELF-DIRECTED PERSONAL ASSISTANCE** - Medically necessary in-home services provided to consumers whose acute or chronic health problems cause them to have functional limitations in

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performing activities of daily living. Consumers or their personal representative may direct services. This applies only to State Plan Medicaid PAS and Senior and Long Term Care Waiver.

SERIOUS OCCURRENCE REPORT (SOR) – Means a significant event involving an individual who affects the health, welfare or safety of the individual served.

SEVERE DISABLING MENTAL ILLNESS (SDM) - Means with respect to a person who is 18 or more years of age that the person meets the requirements as defined in the Administrative Rule 37.86.3503.

SEVERE DISABLING MENTAL ILLNESS HOME AND COMMUNITY BASED SERVICES – Means a 1915(c) waiver program for individuals who have a severe disabling mental illness and meet nursing home level of care.

**T**

TEAM CARE - Is a Medicaid and Health Montana Kids Plus program for individuals who need help using their Medicaid and HMK Plus benefits appropriately. Each individual in the program has a team to help manage his or her health care.

TRAVEL TIME--Time spent in travel by a personal assistant as part of his principal activity, such as travel time between consumer home visits. Travel time does not include time from the personal assistant's home to the first consumer or from the last consumer home visit to the personal assistant's home.

**X**

XEROX - The organization that the Department contracts with to receive and process all Medicaid claims. Formerly known as ACS (Affiliated Computer Service).

