

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: SDMI HCBS 002	Subject: Definitions

Definitions

A

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 (department) 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.

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.

ANNUAL REVIEW: A member 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 that consists of a nurse and social worker. The CMT is assigned to a member based on geographic location. The CMT develops plans of care and manages and monitors the SDMI Home and Community Based Services Program on the regional 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 FIRST CHOICE: A program designed to provide long term supportive care in a home setting.

COMMUNITY INTEGRATION: Providing services in the most integrated setting to enable the member to interact with non-disabled peers to the fullest extent possible

COMMUNITY PROGRAM OFFICER (CPO): Part of AMDD, CPOs provide SDMI waiver development, support, and department interface to CMTs.

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.

CONDUENT: The organization that the department contracts with to receive and process all Medicaid claims.

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 Severe and Disabling Mental Illness (SDMI) 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.

F

FAIR HEARING: The process used after a provider's or member's Administrative 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 Conduent.

H

HEALTH CARE PROFESSIONAL: A licensed and certified medical doctor, nurse practitioner or physician assistant.

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 member's home by a trained dialysis nurse.

HOME HEALTH: Skilled nursing or therapy services in the member'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

INSTITUTIONALIZATION: Placement in a nursing facility, a mental health nursing facility, or a state mental health hospital.

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 and laundry.

L

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

LEVEL OF IMPAIRMENT (LOI) ASSESSMENT: An assessment used to identify areas in which a member's mental health impacts their ability to function and identifies area(s) that requires Home and Community-Based services and supports.

LONG-TERM CARE FACILITY: Long-term care facilities include licensed skilled or intermediate nursing care. Also known as nursing facility or nursing home.

M

MEMBER: An individual who is Medicaid eligible.

MENTAL HEALTH PROFESSIONAL: A licensed physician, a licensed professional counselor, a licensed psychologist, a licensed social worker, an advanced practice registered nurse with a clinical specialty in psychiatric mental health nursing, or a licensed physician assistant with a clinical specialty in psychiatric mental health.

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 SDMI HCBS such as level of care assessments and authorization functions for Personal Assistance Services (PAS) and Self-Direct Personal Assistance Services (SDPAS) and Home Health.

N

NURSE SUPERVISOR: A licensed nurse who supervises direct care workers.

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 REPRESENTATIVE: An unpaid individual who is directly involved in the day to day care of the member 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.

PROGRAM SUPERVISOR: Provides clinical oversight to the treatment team within the group home, participates in the person-centered recovery planning, and provides clinical treatment to the member as medically necessary. This position will have knowledge of each member in the house and will have contact with each member a minimum of once per week. This position may be filled by a licensure candidate with their appropriate supervision.

PROVIDER AGENCY: An approved agency that enrolls with Conduent and the department to deliver services to members.

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).

QUALITY IMPROVEMENT ORGANIZATION: A group of health quality experts organized to improve the quality of care delivered to members. The department has a current contract with Mountain Pacific Quality Health.

QUALITY ASSURANCE REVIEW: A review of the contracted case management teams annually to ensure their performance meets the standards set forth in the contract.

R

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

RESIDENTIAL MANAGER: Requires either a bachelor's degree and one year experience in mental health, or an associate's degree and two years' experience in mental health. The residential manager in Residential Habilitation coordinates and manages the operation of the group home and supervises staff; provides training; participates as part of an interdisciplinary

team in the development and implementation of each member's person-centered recovery plan; maintains staff schedule according to staffing limitations; seeks input and maintains effective communication with the clinical program supervisor, where applicable; plans and participates directly in recreational, therapeutic, and training activities of the members; provides on-call services and respond to house needs; and complies with all standards to assure the health and safety of member and staff.

RESTRAINTS: The use of any manual method, physical or mechanical device material or equipment that immobilizes or reduces free movement of a person's arms, legs, body, or head.

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.

SECLUSION: Involuntary confinement of a person alone in a room or an area from which the person is physically prevented from leaving.

SELF-DIRECTED SERVICES: 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. 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 (SDMI): 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 37.90.409.

SEVERE DISABLING 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.

SOCIALIZATION: Means (1) the activity of mixing socially with others; or (2) the process that introduces people to social norms and customs.