

## XIV. Appendices

- A. HIPPA Basic for Providers
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## HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules

If you have questions about HIPAA or potential unauthorized disclosures or access to PHI, consult your agency's Privacy Officer, Security Officer, or Compliance Officer.

### ICN 909001 August 2016

**Please note:** The information in this publication applies to HIPAA covered entities, which include most Health Care Professionals and Health Care Organizations, as well as their business associates. When "you" is used in this publication, we are referring to these persons and entities.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Breach Notification Rules protect the privacy and security of health information and provide individuals with certain rights to their health information. This publication discusses:

- The **Privacy Rule**, which sets national standards for when protected health information (PHI) may be used and disclosed
- The **Security Rule**, which specifies safeguards that covered entities and their business associations must implement to protect the confidentiality, integrity, and availability of electronic protected health information (ePHI)
- The **Breach Notification Rule**, which requires covered entities to notify affected individuals, the U.S. Department of Health & Human Services (HHS), and in some cases, the media of a breach of unsecured PHI

You play a vital role in protecting the privacy and security of patient information. This publication gives an overview of the rules, and it outlines the information protected by and who must comply with the rules.

### HIPAA Privacy Rule

The HIPAA Privacy Rule establishes standards for the protection of PHI held by:

- Health plans
- Health care clearinghouses
- Those health care providers that conduct certain health care transactions electronically
- Their business associates

The Privacy Rule gives patients important rights with respect to their health information, including rights to examine and obtain a copy of their health records in the form and manner they request, and to ask for corrections to their information. Also, the Privacy Rule permits the use and disclosure of health information needed for patient care and other important purposes.

### Protected Health Information

The Privacy Rule protects individually identifiable health information, called PHI, held or transmitted by a covered entity or its business associate, in any form, whether electronic, paper, or verbal. PHI includes information that relates to all of the following:

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- The individual's past, present, or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual.

PHI includes many common identifiers, such as name, address, birth date, and Social Security Number.

Visit the [HHS HIPAA Privacy Rule](#) webpage for more information.

### HIPAA Security Rule

The HIPAA Security Rule specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of ePHI.

Covered entities and business associates must develop and implement policies and procedures to protect the security of ePHI that they create, receive, maintain, or transmit. Each entity must analyze the risks to the ePHI in its environment and create solutions appropriate for its own situation. What is reasonable and appropriate depends on the nature of the entity's business, as well as the entity's size, complexity, and resources. Specifically, covered entities must:

- Ensure the confidentiality, integrity, and availability of all ePHI they create, receive, maintain, or transmit
- Identify and protect against reasonably anticipated threats to the security or integrity of the ePHI
- Protect against reasonably anticipated, impermissible uses or disclosures
- Ensure compliance by their workforce

**Confidentiality:** ePHI is not available or disclosed to unauthorized people

**Integrity:** ePHI is not altered or destroyed in an unauthorized manner

**Availability:** ePHI is accessible and usable on demand by an authorized person

The Security Rule does not dictate security measures but requires covered entities to consider all of the following:

- Size, complexity, and capabilities
- Technical, hardware, and software infrastructure
- The cost of security measures
- The likelihood and possible impact of risks to ePHI

Covered entities must review and modify security measures to continue protecting ePHI in a changing environment

Visit the HHS [HIPAA Security Rule](#) webpage for more information.

### HIPAA Breach Notification Rule

The HIPAA Breach Notification Rule requires covered entities to notify affected individuals, HHS, and in some cases, the media of a breach of unsecured PHI. Most notifications must be provided without unreasonable delay and no later than 60 days following the discovery of a breach. Notifications of smaller breaches affecting fewer than 500 individuals may be submitted to HHS in annually. The Breach Notification Rule also requires business associates of covered entities to notify the covered entity of breaches at or by the business associate.

Visit the HHS [HIPAA Breach Notification Rule](#) webpage for more information and guidance on the reporting requirements.

### Who Must Comply With HIPAA Rules?

Covered entities and business associates, as applicable, must follow HIPAA rules. If an entity does not meet the definition of a covered entity or business associate, it does not have to comply with the HIPAA rules. For a complete definition of a covered entity and a business associate, refer to the "[Modification to the HIPAA Privacy, Security, Enforcement, and Breach Notification](#)" Final Rule.

### Covered Entities

Covered entities electronically transmit health information. The following covered entities must follow HIPAA standards and requirements:

- **Covered Health Care Providers:** Any provider of medical or other health care services or supplies who transmits any health information in electronic form in connection with a transaction for which HHS has adopted a standard., such as:
  - Chiropractors
  - Clinics
  - Dentists
  - Doctors
  - Nursing Homes
  - Pharmacies
  - Psychologist
- **Health Plans:** Any individual or group plan that provides or pays the cost of health care, such as:
  - Company health plans
  - Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans' health care programs
  - Health insurance companies
  - Health maintenance organizations (HMOs)
- **Health Care Clearinghouses:** A public or private entity that processes another entity's health care transactions from a standard format to a non-standard format, or vice versa, such as:
  - Billing services
  - Community health management information systems
  - Repricing companies
  - Value-added networks

### Business Associates

A business associate is a person or organization, other than an employee of a covered entity, that performs certain functions on behalf of, or provides certain services to, a covered entity that involve access to PHI. A business associate can also be a subcontractor responsible for creating, receiving, maintaining, or transmitting PHI on behalf of another business associate. Business associates provide services to covered entities that include:

- Accreditation
- Billing
- Claims processing
- Consulting
- Data analysis
- Financial services
- Legal services
- Management administration
- Utilization review

**NOTE:** A covered entity can be a business associate of another covered entity.

If a covered entity enlists the help of a business associate, a written contract or other arrangement between the two must:

- Detail the uses and disclosures of PHI the business associate may make
- Require that the business associate safeguard the PHI

Visit the HHS [HIPAA Covered Entities and Business Associates](#) webpage for more information.

### Enforcement

The HHS Office for Civil Rights enforces the HIPAA Privacy, Security, and Breach Notification Rules. Violations may result in civil monetary penalties. In some cases, criminal penalties enforced by the U.S. Department of Justice may apply.

Common noncompliance issues include:

- Impermissible PHI uses and disclosures
- Lack of PHI safeguards
- Lack of patients' access to their PHI
- Use or disclosure of more than the minimum necessary PHI
- Lack of administrative ePHI safeguards

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The following are actual case examples:

- **Settlement:** Two covered entities inadvertently posted ePHI for 6,800 individuals on the web, including patient status, vital signs, medications, and laboratory results. The investigation found that neither entity made efforts to assure the security of the server hosting the ePHI or confirm it contained adequate software protections. Neither entity developed an adequate risk management plan that addressed potential threats and hazards to ePHI. The entities agreed to pay a combined settlement of 44.8 million and enter into corrective action plans.
- **Criminal prosecution:** A former hospital employee pleaded guilty to criminal HIPAA charges after obtaining PHI with the intent to use it for personal gain. He faces 10 years in prison.

Visit the HHS [HIPAA Compliance and Enforcement](#) webpage for more information.

### Resources

The Centers for Medicare and Medicaid Services (CMS) HIPAA Privacy and Security Information webpage provides more information, or you may refer to the resources listed in Table 1.

**Table 1. HIPAA Privacy, Security, and Breach Notification Resources**

Resources	Website
Are You a Covered Entity?	<a href="http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/AreYouaCoveredEntity.html">http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/AreYouaCoveredEntity.html</a>
Business Associate Contracts	<a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html">http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/contractprov.html</a>
Business Associate Frequently Asked Questions	<a href="http://www.hhs.gov/ocr/privacy/hipaa/faq/business_associates">http://www.hhs.gov/ocr/privacy/hipaa/faq/business_associates</a>
“Communicating with a Patient’s Family, Friends, or Others Involved in the Patient’s Care”	<a href="http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/coveredentities/provider_ffg.pdf">http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/coveredentities/provider_ffg.pdf</a>
Disclosures in Emergency Situations	<a href="http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations">http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations</a>
Fast Facts for Covered Entities	<a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/cefastfacts.html">http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/cefastfacts.html</a>
“Frequently Asked Questions About the Disposal of Protected Health Information”	<a href="http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/enforcement/examples/disposalfags.pdf">http://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/enforcement/examples/disposalfags.pdf</a>
HealthIT.gov Privacy and Security	<a href="https://www.healthit.gov/providers-professionals/ehr-privacy-security">https://www.healthit.gov/providers-professionals/ehr-privacy-security</a>

## Appendix A: HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules

**Table 1. HIPAA Privacy, Security, and Breach Notification Resources (cont.)**

Resources	Website
Model Notices for Privacy Practices	<a href="https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices">https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices</a>
“Modification to the HIPAA Privacy, Security, Enforcement, and Breach Notification” Final Rule	<a href="https://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf">https://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf</a>
Security Rule Guidance Material	<a href="https://www.hhs.gov/hipaa/for-professionals/security/guidance">https://www.hhs.gov/hipaa/for-professionals/security/guidance</a>
Training Materials	<a href="https://www.hhs.gov/hipaa/for-professionals/training">https://www.hhs.gov/hipaa/for-professionals/training</a>

**Table 2. Hyperlink Table**

Embedded Hyperlink	Complete URL
HIPAA Breach Notification Rule	<a href="https://www.hhs.gov/hipaa/for-professionals/breach-notification">https://www.hhs.gov/hipaa/for-professionals/breach-notification</a>
HIPAA Compliance and Enforcement	<a href="https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement">https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement</a>
HIPAA Covered Entities and Business Associates	<a href="https://www.hhs.gov/hipaa/for-professionals/covered-entities">https://www.hhs.gov/hipaa/for-professionals/covered-entities</a>
HIPAA Privacy and Security Information	<a href="https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation.html">https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation.html</a>
HIPAA Privacy Rule	<a href="https://www.hhs.gov/hipaa/for-professionals/privacy">https://www.hhs.gov/hipaa/for-professionals/privacy</a>
HIPAA Security Rule	<a href="https://www.hhs.gov/hipaa/for-professionals/security">https://www.hhs.gov/hipaa/for-professionals/security</a>
Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification	<a href="https://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf">https://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf</a>



## Appendix B: Important Acronyms



AA	Alcoholics Anonymous
ABH	Advanced Behavioral Health
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AEP	Alcohol Education Program
AIC	Alternative Incarceration Center
AMA	Against Medical Advice
APRN	Advanced Practice Registered Nurse
ASAM	American Society of Addiction Medicine
ASO	Administrative Services Organization
BHH	Behavioral Health Home
BHPOC	Behavioral Health Partnership Oversight Council
CADC	Certified Alcohol and Drug Counselor
CADAC	Certified Alcohol and Drug Abuse Counselor; or
CBHAC	Children's Behavioral Health Advisory Council
CBT	Cognitive Behavioral Therapy
CCAR	Connecticut Community for Addiction Recovery
CCM	Clinical Care Manager
CMS	Centers for Medicare and Medicaid Services
CRC	Community Resource Committee
CRT	Case Review Team (for committed delinquents)
CSP	Community Support Program
CST	Child Specific Team (System of Care Coordination)
CT BHP	Connecticut Behavioral Health Partnership
DARE	Drug Abuse Resistance Education
DART	Detection Assessment Referral and Treatment
DBT	Dialectical Behavioral Therapy
DCF	Department of Children and Families
DDAP	Department of Drug and Alcohol Programs
DEPP	Diagnostic, Evaluation, Planning and Placement
DMHAS	Department of Mental Health and Addiction Services
DDS	Department of Developmental Services
DOC	Department of Correction
DSS	Department of Social Services
ED/ER	Emergency Department/Emergency Room
EDT	Extended Day Treatment
EEG	Electroencephalogram
EHR	Electronic Health Records
EIP	Early Intervention Program

## Appendix B: Important Acronyms

EPSDT	Early Periodic Screening, Diagnosis and Treatment
FWSN	Family With Service Needs
ICM	Intensive Case/Care Manager
IDEA	Individuals with Disabilities Education Act
IFP	Intensive Family Preservation
IICAPS	Intensive In-Home Child and Adolescent Psychiatric Services
IPAT	Integrated Practice Assessment Tool
IOP	Intensive Outpatient Program
ISP	Individual Service Plan
LADC	Licensed Alcohol and Drug Counselor
LCSW	Licensed Clinical Social Worker
LMHA	Local Mental Health Authority
MDFT	Multi-Dimensional Family Therapy
MHA	Mental Health Association
MHPC	Mental Health Policy Council
MOU	Memorandum of Understanding
MST	Multi-Systemic Therapy
MSW	Master's Degree in Social Work
PCP	Primary Care Physician
PDD	Pervasive Developmental Disorder
PHI	Protected Health Information
PHP	Partial Hospital Program
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
QM	Quality Management
RMTS	Random Moment Time Study
ROI	Release of Information
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SOC	System of Care
SPA	State Plan Amendment
SPMI	Severe and Persistent Mental Illness
Sx	Symptoms
TA	Technical Assistance
TCM	Targeted Case Management
TP	Treatment Plan

## Appendix B: Important Acronyms

Tx	Treatment
YAS	Young Adult Services
YSAB	Youth Suicide Advisory Board
YSB	Youth Service Bureau

## Appendix C: 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.

**The Connecticut Health Information Exchange (Connie):** Connie is the upcoming health information exchange system for the state of CT. Project Notify, the hospital alert system formally managed by DSS, is now housed under the Connie initiative. The goal of Connie to provide a one-stop shop for health data that links all levels of care.

**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.

## Appendix C: Glossary of Terms

**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

**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.

## Appendix C: Glossary of Terms

**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.



## Appendix C: Glossary of Terms

**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.



## Appendix C: Glossary of Terms

**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.



Department of Mental Health and Addiction Services



Department of Social Services



Department of Children and Families



Beacon Health Options



Advanced Behavioral Health



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Beacon Health Options and Advanced Behavioral Health are working together as  
CT Partners for Integrated Care

