APPENDIX II
DEFINITIONS, ABBREVIATIONS AND ACRONYMS

The following terms and acronyms as used in this Contract and the attachments, exhibits, addenda, and amendments hereto shall be construed and interpreted as follows, unless the context otherwise expressly requires a different construction or interpretation:

1.1 DEFINITIONS

1.1.1 **820 Payment File** means the electronic HIPAA transaction that Contractor retrieves from the Department that identifies each Enrollee for whom payment was made by the Department to Contractor.

1.1.2 **834 Audit File** means the electronic HIPAA transaction that Contractor retrieves monthly from the Department that reflects its Enrollees for the following calendar month.

1.1.3 **834 Daily File** means the electronic HIPAA transaction that Contractor retrieves from the Department each day that reflects changes in enrollment after the previous 834 Audit File.

1.1.4 **837D File** means the electronic HIPAA transaction that Contractor transfers to the Department that identifies healthcare claims for dental claims or Encounters.

1.1.5 **837I File** means the electronic HIPAA transaction that Contractor transfers to the Department that identifies healthcare claims for institutional claims and Encounters.

1.1.6 **837P File** means the electronic HIPAA transaction that Contractor transfers to the Department that identifies healthcare claims for professional claims and Encounters.

1.1.7 **Abuse** means:

1.1.7.1 a manner of operation that results in excessive or unreasonable costs to federal or State healthcare programs, generally used in conjunction with “Fraud” and “Waste"; or

1.1.7.2 the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish (42 CFR §488.301), generally used in conjunction with “Neglect.”

1.1.8 **Activities of Daily Living (ADL)** means activities such as eating, bathing,

grooming, dressing, transferring, and continence.

1.1.9 **Administrative Allowance** means that portion of the Capitation allocated by the Department for the administrative cost, including both care management and healthcare quality initiatives, of the Contract.

1.1.10 **Admission, Discharge, and Transfer (ADT) System** means a system that holds Enrollee information and shares it with healthcare Providers, facilities, and systems to which it is connected. An ADT system may send ADT messages to alert of an Enrollee's admission to a hospital or healthcare facility.

1.1.11 **Administrative Rules** means the sections of the Illinois administrative code that govern the HFS Medical Program.

1.1.12 **Advance Directives** means an individual's written directives or instructions, such as a power of attorney for healthcare or a living will, for the provision of that individual's healthcare if the individual is unable to make his or her healthcare wishes known.

1.1.13 **Advanced Practice Nurse (APN)** means a Provider of medical and preventive services—including certified nurse midwives, certified family nurse practitioners, and certified pediatric nurse practitioners—who is licensed as an APN, holds a valid license in Illinois, is legally authorized under statute or rule to provide services, and is enrolled with the Department and employed by or contracted with Contractor.

1.1.14 **Adverse Benefit Determination** means:

1.1.14.1 the denial or limitation of authorization of a requested service;

1.1.14.2 the reduction, suspension, or termination of a previously authorized service;

1.1.14.3 the denial of payment for a service;

1.1.14.4 the failure to provide services in a timely manner;

1.1.14.5 the failure to respond to an Appeal or Grievance in a timely manner;

1.1.14.6 solely with respect to a MCO that is the only Contractor serving a Rural Area, the denial of an Enrollee's request to obtain services beyond the travel time and distance standards established for an Enrollee who lives in a Rural Area as set forth in section 5.8.1.1; or,

1.1.14.7 the denial of an Enrollee's request to dispute a financial liability, including cost sharing.

1.1.15 **Affiliate** means any individual, firm, corporation (including, without limitation, service corporation and professional corporation), partnership (including, without limitation, general partnership, limited partnership, and limited liability partnership), limited liability company, joint venture, business trust, association, or other Contractor that now or in the future directly or indirectly controls, is controlled by, or is under common control with Contractor.

1.1.16 **Affordable Care Act Adult (ACA Adult)** means a Participant eligible for HFS Medical Programs through the ACA as of January 1, 2014, and pursuant to 305 ILCS 5/5-2(18).

1.1.17 **Anniversary Date** means the annual date of an Enrollee's initial enrollment in the Contractor's Plan. For example, if an Enrollee's Effective Enrollment Date in Contractor's Plan is October 1, 2018, the Anniversary Date with that Contractor would be each October 1 thereafter.

1.1.18 **Appeal** means a request for review of a decision made by Contractor with respect to an Adverse Benefit Determination.

1.1.19 **Authorized Person(s)** means the Department's Office of Inspector General, the Medicaid Fraud Control Unit of the Illinois State Police, DHHS, the Illinois Auditor General, and other State and federal agencies with monitoring authority related to Medicaid Program and SCHIP.

1.1.20 **Behavioral Health(care)** refers to prevention and intervention services associated with mental health and substance abuse challenges.

1.1.21 **Behavioral Health Crisis** means an individual's significant mental reaction to an event which cannot be addressed by customary community and mental health services. May also be referred to as "Crisis".

1.1.22 **Business Day(s)** means Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time and including state holidays except for New Year's Day, EMemorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

1.1.23 **Capitation** means the reimbursement arrangement in which a fixed rate of payment per Enrollee per month is made, regardless of whether the Enrollee receives Covered Services in that month, to Contractor for the performance of all of Contractor's duties and responsibilities pursuant to the Contract.

1.1.24 **Care Coordination** means the deliberate organization of Enrollee care activities by an individual or entity formally designated as primarily responsible for coordinating services furnished by Network Providers, community-based services providers and other providers involved in an Enrollee's care.

1.1.25 **Care Coordination Claims Data (CCCD)** means the data set available to Department care coordination partners for recipients enrolled in their programs. CCCD contains the most recent two (2) years of Medical Programs claims data, the most recent seven (7) years of immunization and lead data and monthly updates of the above once the initial historical data have been sent.

1.1.26 **Care Coordinator** means an employee or Subcontractor of Contractor who works with Enrollees and Providers to coordinate care needs for the Enrollee and ensure the IPoC is carried out and, through interaction with Network Providers, ensures the Enrollee receives necessary services.

1.1.27 **Care Management** means services that assist Enrollees in gaining access to needed services, including medical, social, educational, and other services, regardless of the funding source for the services.

1.1.28 **Case** means individuals who have been grouped together and assigned a common identification number by the Department or DHS, where the Department has determined at least one individual in that grouping to be a Potential Enrollee. An individual is added to a Case when the client information system maintained by DHS reflects that the individual is in the Case.

1.1.29 **Centers for Medicare & Medicaid Services (Federal CMS)** means the agency within DHHS that is responsible for the administration of the Medicare program and, in partnership with the states, administers Medicaid Program, the State Children's Health Insurance Program (SCHIP), and HIPAA.

1.1.30 **Certified Local Health Department** means an agency of local government authorized under 77 Ill. Adm. Code Part 600 to develop and administer programs and services that are aimed at maintaining a healthy community.

1.1.31 **Change of Control** means any transaction or combination of transactions resulting in:

1.1.31.1 the change in ownership of Contractor;

1.1.31.2 the sale or transfer of fifty percent (50%) or more of the beneficial ownership of Contractor; or

1.1.31.3 the divestiture, in whole or in part, of the business unit or division of a Party that is obligated to provide the products and services set forth in this Contract.

1.1.32 **Child(ren)** means an individual enrolled in a HFS Medical Program administered by the Department, who is between the age of zero (0) up to, but not including, the age of twenty-one (21).

1.1.33 **Child and Family Team** is a group of individuals responsible for the development, implementation, and monitoring of a unified Individual Plan of Care that engages and involves the Child and family. The Child and Family Team is composed of family members, significant people in the lives of the Child and family, and representatives of the community's human services agencies that can provide needed services.

1.1.34 **Childhood Severity of Psychiatric Illness (CSPI)** is a screening tool used for Children with emotional and behavioral disorders. The CSPI measures psychiatric severity and is used as part of an assessment to determine whether a Child in Crisis can be stabilized safely in the community, or more restrictive treatment is required to stabilize the Child.

1.1.35 **Chronic Health Condition** means a health condition with an anticipated duration of at least twelve (12) months.

1.1.36 **Cognitive Disabilities** means disabilities that affect the mental processes of knowledge, including awareness, perception, reasoning, and judgment. The term covers a wide range of conditions, from serious mental impairments caused by Alzheimer's disease, bipolar disorder, or medications to nonorganic disorders such as dyslexia, attention deficit disorder, poor literacy, or problems understanding information.

1.1.37 **Community Mental Health Center** means an agency certified by DHS or DCFS and enrolled with HFS to provide Medicaid community mental health services in accordance with Title 59 of the Illinois Administrative Code, Part 132 (Rule 132) or its successor Part.

1.1.38 **Complaint** means a phone call, letter, or personal contact from a Participant, Enrollee, family member, Enrollee representative, or any other interested individual expressing a concern related to the health, safety, or well-being of an Enrollee.

1.1.39 **Computer-Aided, Real-Time Translation (CART)** means the instant translation of spoken word into text performed by a CART reporter using a stenotype machine, notebook computer, and real-time software.

1.1.40 **Confidential Information** means any material, data, or information disclosed by either Party to the other that, pursuant to agreement of the Parties or the State's grant of a proper request for confidentiality, are not generally known by or disclosed to the public or to Third Parties, including, without limitation:

1.1.40.1 all materials; know-how; processes; trade secrets; manuals; confidential reports; services rendered by the State; financial, technical, and operational information; and other matters relating to the operation of a Party's business;

1.1.40.2 all information and materials relating to Third-Party Contractors of the State that have provided any part of the State's information or communications infrastructure to the State;

1.1.40.3 software; and

1.1.40.4 any other information that the Parties agree should be kept confidential.

1.1.41 **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** means the survey funded by the United States Agency for Healthcare Research and Quality, which works closely with a consortium of public and private organizations. The CAHPS program develops and supports the use of a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their experience with ambulatory and facility-level care.

1.1.42 **Continuity of Care** means the continued care of an Enrollee as the Enrollee transitions between different MCOs or between Managed Care and FFS, whether due to eligibility changes or a change in MCO enrollment.

1.1.43 **Contract** means this document, inclusive of all attachments, exhibits, schedules, addenda, and countersigned letters, and any subsequent amendments hereto.

1.1.44 **Contracting Area** means those geographic areas as set forth in Attachment II.

1.1.45 **Contractor** means the MCO identified as Contractor on page 4 of this Contract.

1.1.46 **Contractor's Plan** see "Health Plan".

1.1.47 **Coverage Year** means the period described by this term as set forth in Appendix I section 7.11.9.

1.1.48 **Covered Service(s)** means those benefits and services agreed to by the Parties as described in Appendix I sections 5.1 and 5.2.

1.1.49 **CRAFFT Screening Tool** means a behavioral health screening tool recommended by the American Academy of Pediatrics' Committee on Substance Abuse used with children under the age of twenty-one (21). The term CRAFFT is an acronym based upon the key components (Care, Relax, Alone, Forget, Friends, Trouble) of the six questions that constitute the instrument. Information regarding the CRAFFT can be found at http://www.ceasar-boston.org/CRAFFT/.

1.1.50 **Crisis** see "Behavioral Health Crisis".

1.1.51 **Crisis and Referral Entry Service (CARES)** means the single point of entry to the State's Mobile Crisis Response system that provides telephone response and referral services for children requiring mental health crisis services.

1.1.52 **Crisis Intervention** means services provided by an emergency mental health services program to an individual in Crisis or in a situation that is likely to develop into a Crisis if supports such as assessment and planning, Crisis linkage and follow-up services, and Crisis stabilization services, are not provided.

1.1.53 **Crisis Safety Plan** means an individualized plan prepared for a Child at high risk of experiencing a Behavioral Health Crisis.

1.1.54 **Critical Incident** is defined as any event indicated in Attachment XVII.

1.1.55 **Cultural Competence** means the tailoring of services and supports to the unique social, cultural, and linguistic needs of the Enrollee.

1.1.56 **Determination of Need (DON)** means the tool used by the Department or the Department's authorized representative to determine eligibility (level of care) for Nursing Facility services and HCBS Waivers for individuals with disabilities, HIV/AIDS, brain injury, supportive living, and the elderly. This assessment includes scoring for a mini–mental state examination, functional impairment levels, and unmet needs for care in fifteen (15) areas including ADL and IADL. The final score is calculated by adding the scores of the mini-mental state examination, the level of impairment, and the unmet need for care. To be eligible for Nursing Facility services or HCBS Waivers, an individual must receive at least fifteen (15) points on the functional-impairment section and a minimum total score of twenty-nine (29) points.

1.1.57 **Developmental Disability (DD)** means a disability that:

1.1.57.1 is attributable to a diagnosis of intellectual disability or related condition, such as cerebral palsy or epilepsy;

1.1.57.2 manifests before the age of twenty-two (22) and is likely to continue indefinitely;

1.1.57.3 results in impairment of general intellectual functioning or adaptive behavior; and

1.1.57.4 results in substantial functional limitations in three (3) or more areas of major life activities, such as self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living.

1.1.58 **DHHS** means the United States Department of Health and Human Services.

1.1.59 **DHS** means the Illinois Department of Human Services and any successor agency.

1.1.60 **DHS-DRS** means the Division of Rehabilitation Services within DHS that operates the Home Services Programs for individuals with disabilities (Persons with Disabilities HCBS Waiver), brain injury (Persons with Brain Injury HCBS Waiver), and HIV/AIDS (Persons with HIV/AIDS HCBS Waiver).

1.1.61 **DHS-OIG** means the Department of Human Services Office of Inspector General, which is the entity responsible for investigating allegations of Abuse and Neglect of people who receive mental health or Developmental Disabilities services in Illinois and for seeking ways to prevent such Abuse and Neglect. Annual reporting is conducted in response to the Department of Human Services Act (20 ILCS 1305/1-17) and the Adults with Disabilities Domestic Abuse Intervention Act (20 ILCS 2435). https://www.oig.dhs.gov/.

1.1.62 **Diagnostic-Related Grouping (DRG)** means the methodology by which a hospital is reimbursed based on the diagnoses and procedures performed during the hospital stay. The diagnoses associated with the hospital stay are placed into groups requiring a similar intensity of services. The DRG reimbursement, similar to the system used by the federal Medicare program, is based on the average cost of providing services for the specific diagnosis group, regardless of how long a specific Participant may have been in the hospital.

1.1.63 **Disaster** means an outage or failure of the Department's or Contractor's data, electrical, telephone, technical support, or back-up system, whether such outage or failure is caused by an act of nature, equipment malfunction, human error, or another source.

1.1.64 **Disease Management Program** means a program that employs a set of interventions designed to improve the health of individuals, especially those with Chronic Health Conditions. A Disease Management Programs is typically part of a Care Management program. Disease Management Program services include:

1.1.64.1 a population identification process;

1.1.64.2 the use and promotion of evidence-based guidelines;

1.1.64.3 the use of collaborative practice models to include Physician and support service Providers;

1.1.64.4 Enrollee self-management education (including primary prevention, behavioral modification, and compliance surveillance);

1.1.64.5 Care Management;

1.1.64.6 process and outcome measurement, evaluation, and management; and

1.1.64.7 routine reporting/feedback loop (including communication with the Enrollee, Physician, and ancillary Providers, and practice profiling).

1.1.65 **DPH** means the Illinois Department of Public Health and any successor agency that is the State survey agency responsible for promoting the health of the people of Illinois through the prevention and control of disease and injury, and for conducting the activities related to licensure and certification of NFs and ICF/DD facilities.

1.1.66 **Dual-Eligible Adult** means a Participant who is eligible for Medicare Part A or enrolled in Medicare Part B.

1.1.67 **Early Periodic Screening Diagnosis and Treatment (EPSDT)** means a federally-required benefit for individuals under the age of twenty-one (21) years that expands coverage for Children beyond adult limits to ensure availability of: 1) screening and diagnostic services to determine physical or mental defects and 2) health care, treatment, and other measures to correct or ameliorate any defects and Chronic Health Conditions discovered (42 CFR 440.40 (b)). EPSDT requirements help to ensure access by Children to all medically necessary health care services within the federal definition of "medical assistance."

1.1.68 **Effective Date** means January 1, 2018, or any such later date as announced by the Department by providing all MCOs written notice no less than thirty (30) days before such later date. All MCOs shall have the same Effective Date.

1.1.69 **Effective Enrollment Date** means the date on which a Potential Enrollee becomes an Enrollee in Contractor's Plan.

1.1.70 **Emergency Medical Condition** means a medical condition manifesting itself in acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1.1.70.1 placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

1.1.70.2 serious impairment to bodily functions; or

1.1.70.3 serious dysfunction of any bodily organ or part.

1.1.71 **Emergency Services** means inpatient and outpatient healthcare services that are Covered Services, including transportation, needed to evaluate or stabilize

an Emergency Medical Condition, and which are furnished by a Provider qualified to furnish Emergency Services.

1.1.72 **Encounter** means an individual service or procedure provided to an Enrollee that would result in a claim if the service or procedure were to be reimbursed as FFS under the HFS Medical Program.

1.1.73 **Encounter Data** means the compiled data elements relating to the receipt of any item(s) or service(s) by an Enrollee under a contract between the Department and Contractor that is subject to the requirements of 42 CFR §438.242 and 42 CFR §438.818. Specific requirements for Encounter Data submissions are defined by the Department and include information similar to that required in a claim for FFS payment under the HFS Medical Program.

1.1.74 **Enrollee** means a Participant who is enrolled in a MCO. "Enrollee" shall include the guardian where the Enrollee is an adult for whom a guardian has been named, provided that Contractor is not obligated to cover services for any individual who is not enrolled as an Enrollee with Contractor.

1.1.75 **Enrollment Period** means the twelve (12)–month period an Enrollee will be enrolled with the Contractor, beginning with the Effective Enrollment Date.

1.1.76 **Execution** means the point at which all the Parties have signed the Contract between Contractor and the Department.

1.1.77 **External Quality Review Organization (EQRO)** means an organization contracted with the Department that meets the competence and independence requirements set forth in 42 CFR §438.354, and performs external quality review (EQR) and EQR-related activities as set forth in 42 CFR §438.358.

1.1.78 **Family Driven Care** means a service delivery approach driven by the belief that families should have a primary decision-making role in the care of their own children as well as in the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. This delivery approach includes choosing culturally and linguistically competent supports, services, and Providers; setting goals; designing, implementing and evaluating programs; monitoring outcomes; and partnering in funding decisions.

1.1.79 **Family-Planning** means a full spectrum of family-planning options (all FDA-approved birth control methods) and reproductive-health services appropriately provided within the Provider's scope of practice and competence. Family-Planning and reproductive-health services are defined as those services offered, arranged, or furnished for the purpose of preventing an unintended pregnancy, or to improve maternal health and birth outcomes.

1.1.80 **Families and Children Population** means a Participant whose eligibility has been determined on the basis of being a Child, a parent, a pregnant woman, or

other caretaker relative eligible for Covered Services under Title XIX or Title XXI.

1.1.81 **Family Training** means training for family members, including instruction about treatment regimens, cardiopulmonary resuscitation (CPR), and use of equipment or other services identified in the IPoC.

1.1.82 **Federally Qualified Health Center (FQHC)** means a health center that meets the requirements of 89 IL Admin Code 140.461(d).

1.1.83 **Fee-for-Service (FFS)** means the payment model in which Providers charge separately for each Encounter or service rendered.

1.1.84 **Fraud** means knowing and willful deception, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit. "Fraud" is generally used in conjunction with "Waste" and "Abuse".

1.1.85 **Grievance** means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Enrollee's rights regardless of whether remedial action is requested. Grievance includes an Enrollee's right to dispute an extension of time proposed by the Contractor to make an authorization decision.

1.1.86 **Habilitation** means an effort directed toward the alleviation of a disability or toward increasing an individual's level of physical, mental, social, or economic functioning. Habilitation may include diagnosis, evaluation, medical services, residential care, day care, special living arrangements, training, education, sheltered employment, protective services, and counseling.

1.1.87 **Head of Case** means the individual in whose name the Case is registered and to whom the HFS medical card is mailed.

1.1.88 **Health Insurance Portability and Accountability Act (HIPAA)** means the federal law that includes provisions that allow individuals to qualify immediately for comparable health insurance coverage when they change their employment relationships, and that authorizes DHHS to:

1.1.88.1 mandate standards for electronic exchange of healthcare data, including ADT;

1.1.88.2 specify what medical and administrative code sets should be used within those standards;

1.1.88.3 require the use of national identification systems for healthcare patients, Providers, payers (or plans), and employers (or sponsors); and

1.1.88.4 specify the types of measures required to protect the security and privacy of Protected Health Information.

1.1.89 **Health Maintenance Organization (HMO)** means a Health Maintenance Organization as defined in the Health Maintenance Organization Act (215 ILCS 125/1-1 et seq.).

1.1.90 **Health Plan** means a delivery system of coordinated services that an Enrollee or Potential Enrollee may select or be assigned to for healthcare, as implemented by the Department. A Health Plan may also be referred to as a "Managed Care Organization", "MCO" or "Contractor's Plan".

1.1.91 **Healthcare Effectiveness Data and Information Set (HEDIS®)** means the Healthcare Effectiveness Data and Information Set established by the NCQA.

1.1.92 **HFS** means the Illinois Department of Healthcare and Family Services and any successor agency. In this Contract, HFS may also be referred to as "Department."

1.1.93 **HFS Medical Program** means: (i) the Illinois Medicaid Program; and, the State Children's Health Insurance Program, as authorized under the Illinois Insurance Code (215 ILCS 106/1 et seq.) and Title XXI of the Social Security Act, the State Children's Health Insurance Program (SCHIP). For the purposes of this Contract, HFS Medical Program does not include any program or population excluded from coverage under this Contract as designated in Attachment II.

1.1.94 **High Fidelity Wraparound** means an evidence-based process of individualized care planning for Children with complex needs and their families that proceeds through four phases and is guided by the National Wraparound Initiative.

1.1.95 **High-Needs Child** means any Child who has been stratified as Level 3 (high-risk).

1.1.96 **Home and Community-Based Services (HCBS) Waivers** means waivers under Section 1915(c) of the Social Security Act that allow Illinois to cover home and community services and provide programs that are designed to meet the unique needs of individuals with disabilities and the elderly who qualify for the level of care provided in an institution but who, with special services, may remain in their homes and communities. In this Contract, references to HCBS Waivers relate only to those HCBS Waivers for which a service package under Appendix I section 5.2 is then in effect.

1.1.97 **Homecare Service** means general nonmedical support by supervised and trained homecare aides to assist Participants with their ADL and IADL.

1.1.98 **Hospital Age Limitations** means the rule that that children under eighteen

(18) years of age should not be admitted to an adult psychiatric unit, and that children eighteen (18) and over should not be admitted to a unit for children under eighteen (18) years of age.

1.1.99 **Hospitalist** means a Physician who works with a coordinated group of Physicians and whose entire professional focus is the general medical care of hospitalized Enrollees in an acute-care facility. A Hospitalist's activities include Enrollee care; communication with families, significant others, and PCPs; and hospital leadership related to hospital medicine.

1.1.100 **Illinois Compiled Statutes (ILCS)** means the State database of laws as maintained by the Legislative Reference Bureau, an unofficial version of which can be viewed at http://www.ilga.gov/legislation/ilcs/ilcs.asp.

1.1.101 **Illinois Client Enrollment Services (ICES)** means the entity contracted by the Department to conduct enrollment activities for Potential Enrollees, including providing impartial education on healthcare delivery choices, providing enrollment materials, assisting with the selection of a MCO and PCP, and processing requests to change MCOs.

1.1.102 **Illinois Department on Aging (IDoA)** means the agency that operates the HCBS Waiver for the elderly (Persons Who are Elderly HCBS Waiver).

1.1.103 **Illinois Healthy Kids** means a Department-administered program for children who need comprehensive, affordable health insurance, regardless of family income, immigration status or health condition.

1.1.104 **Illinois Medicaid Child and Adolescent Needs and Strengths (IM-CANS)** is the Illinois Medicaid version of a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

1.1.105 **Illinois Medicaid Program** means the program under the Illinois Public Aid Code (305 ILCS 5/5 et seq.) and Title XIX of the Social Security Act, Medicaid. May also be referred to as "Medicaid Program".

1.1.106 **Individual Plan of Care (IPoC)** means a written plan that identifies services and supports that an Enrollee requires. The IPoC is an enrollee-centered, goal-oriented, and culturally relevant plan, which reflects the full range of an Enrollee's physical and behavioral health service needs and include both Medicaid and non-Medicaid services, along with the informal supports necessary to address those needs..

1.1.107 **Individual Provider (IP)** means an individual co-employed by DHS and the DHS-DRS Home Services Program Enrollee who provides care to the Enrollee as provided in the HCBS Waiver service plan. Such individuals include: Personal Assistants, certified nursing assistants, licensed practical

nurses, registered nurses, physical therapists, occupational therapists, and speech therapists.

1.1.108 **Institutionalization** means residency in a Nursing Facility, ICF/DD, or State-operated facility, but does not include admission in an acute care or rehabilitation hospital setting.

1.1.109 **Instrumental Activities of Daily Living (IADL)** means managing money, meal preparation, telephoning, laundry, housework, being outside the home, routine health, special health, and being alone.

1.1.110 **Integrated Health Home (IHH)** means an integrated team of health care professionals who provide individualized care planning and Care Coordination resources, for physical health, Behavioral Health, and social care needs. IHH further supports Enrollees with the highest needs through the facilitation of high-intensity Care Coordination and identification of enhanced support to help both Enrollees and their families manage complex needs.

1.1.111 **Interdisciplinary Care Team (ICT)** means a diverse group of medical professionals (e.g., care coordinator Physicians, social workers, psychologists, occupational therapists, physical therapists) and non- clinical staff whose skills and professional experience will complement and support each other in the oversight of and Enrollees needs.

1.1.112 **Intermediate Care Facility (ICF)** means a facility that provides basic nursing care and other restorative services under periodic medical direction, including services that may require skill in administration, for Residents who have long-term illnesses or disabilities and who may have reached a relatively stable plateau.

1.1.113 **Intermediate Care Facility for the Developmentally Disabled (ICF/DD)** means a facility for Residents who have physical, intellectual, social, and emotional needs. An ICF/DD provides services primarily for ambulatory adults with Developmental Disabilities and focuses on the needs of individuals with mental disabilities or those with related conditions. Also known as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

1.1.114 **Key Oral Contact** means contact between Contractor and the Enrollee, Potential Enrollee, or Prospective Enrollee, including:

1.1.114.1 a contact with a Care Coordinator and other Contractor staff involved with direct Enrollee care;

1.1.114.2 a contact to explain benefits, initial choice or change of PCP and WHCP;

1.1.114.3 a telephone call to the Contractor's toll-free phone line(s); and

1.1.114.4 an Enrollee's face-to-face encounter with a Provider who is rendering care.

1.1.115 **Licensed Practitioner of the Healing Arts (LPHA)** means an individual who, within the scope of State law, has the ability and appropriate state licensure to independently make a clinical assessment, certify a diagnosis and recommend treatment for individuals with a mental illness.

1.1.116 **Local Area Network (LAN)** means identified geographic boundaries across the State of Illinois. The LAN map can be found on the HFS website.

1.1.117 **Locus of Control** means the extent to which individuals believe that they can control events that affect them.

1.1.118 **Long-Term Services and Supports (LTSS)** means Covered Services, provided in a Nursing Facility or under a HCBS Waiver, designed to help meet the daily needs of Enrollees who are elderly or have disabilities and to improve their quality of life.

1.1.119 **Long-Term Care (LTC) Facility or Nursing Facility (NF)** means:

1.1.119.1 a facility that provides Skilled Nursing or intermediate long-term care services, whether public or private and whether organized for profit or not for profit, that is subject to licensure by DPH under the Nursing Home Care Act (210 ILCS 45/1-101 *et seq*.), including a county nursing home directed and maintained under Section i 5-1005 of the Counties Code; and

1.1.119.2 a part of a hospital in which Skilled Nursing or intermediate Long-Term Care services within the meaning of Title XVIII or XIX of the Social Security Act are provided.

1.1.120 **Managed Care Community Network (MCCN)** means an entity other than a HMO that is owned, operated, or governed by Providers of healthcare services under contract with the Department exclusively to Persons participating in programs administered by the Department, as defined by 89 Ill. Admin. Code Part 143.100.

1.1.121 **Managed Care Organization (MCO)** means, for the purposes of this Contract, an entity that has, or is seeking to qualify for, a comprehensive risk contract with the Department to provide Covered Services under the HFS Medical Program, as provided in 42 CFR §438.2. MCOs include HMOs and MCCNs.

1.1.122 **Mandated Reporting** means the required, immediate reporting of suspected maltreatment when a mandated reporter has reasonable cause to believe that an individual known to the mandated reporter in a professional or official capacity may be subject to Abuse or Neglect.

1.1.123 **Marketing** means any written or oral communication from Contractor or its representative that can reasonably be interpreted as intended to influence a Participant to enroll, not to enroll, or to disenroll from a Health Plan. Marketing shall also include the meaning ascribed to it by HIPAA as defined by 45 CFR 164.501.

1.1.124 **Marketing Materials** means materials produced in any medium, by or on behalf of Contractor or its representative, that can reasonably be interpreted as intended to Market to Potential Enrollees. Marketing Materials includes written materials and oral presentations.

1.1.125 **Marketing Misconduct** means any activity by an employee or representative of Contractor that is in violation of any provisions related to Marketing.

1.1.126 **Medicaid Managed Care Program** means the Department's system of coordinated care for individuals under HFS Medical Programs.

1.1.127 **Medically Necessary** means a service, supply, or medicine that is appropriate and meets the standards of good medical practice in the medical community, as determined by the Provider in accordance with Contractor's guidelines, policies, or procedures, for the diagnosis or treatment of a covered illness or injury; for the prevention of future disease; to assist in the Enrollee's ability to attain, maintain, or regain functional capacity; including the opportunity for an enrollee receiving LTSS to have access to the benefits of community living, to achieve person centered goals, and live and work in the setting of their choice, or to achieve age-appropriate growth.

1.1.128 **Mental Illness** means a diagnosis of schizophrenia, delusional disorder, schizoaffective disorder, psychotic disorder not otherwise specified, bipolar disorder, or recurrent major depression resulting in substantial functional limitations.

1.1.129 **Mobile Crisis Response** means an urgent twenty-four (24) hour response Crisis intervention and stabilization services for Children and their families who are experiencing a Crisis related to psychiatric or behavioral problems.

1.1.130 **National Committee for Quality Assurance (NCQA)** means a private 501(c)(3) not-for-profit organization that is dedicated to improving healthcare quality and that has a process for providing accreditation, certification, and recognition, such as Health Plan accreditation.

1.1.131 **National Council for Prescription Drug Program** means the not-for-profit, multi-stakeholder forum for developing and promoting industry standards and business solutions that improve patient safety and health outcomes, while also decreasing costs. The work of the organization is accomplished through its members who bring high-level expertise and diverse perspectives to the forum. For more information, visit https://www.ncpdp.org/.

1.1.132 **Natural Supports** means social services such as respite, mentoring, and tutoring that may be provided by family members, neighbors, or other family-approved sources that can assist families in stabilizing potential adverse events or outcomes and avoid Behavioral Health Crisis.

1.1.133 **Neglect** may be either passive (nonmalicious) or willful and means a failure:

1.1.133.1 to notify the appropriate healthcare professional;

1.1.133.2 to provide or arrange necessary services to avoid physical or psychological harm to an Enrollee; or

1.1.133.3 to terminate the residency of a Participant whose needs can no longer be met, causing an avoidable decline in function.

1.1.134 **Negotiated Risk** means the process by which an Enrollee, or the Enrollee's representative, may negotiate and document with Providers what risks each is willing to assume in the provision of Medically Necessary Covered Services and in the Enrollee's living environment, and by which the Enrollee is informed of the risks of these decisions and of the potential consequences of assuming these risks.

1.1.135 **Network Provider** means any Provider, group of Providers or entity that has an agreement with Contractor, or a Subcontractor, who receives HFS Medical Program funding directly or indirectly to order, refer or render Covered Services as a result of this Contract. A Network Provider is not a Subcontractor by virtue of the Network Provider agreement. A group of Network Providers for a MCO may be referred to as a "Provider Network."

1.1.136 **Nursing Facility (NF)**—See Long-Term Care Facility, section 1.1.119.

1.1.137 **Occupational Therapy** means a medically-prescribed service identified in the IPoC that is designed to increase independent functioning through adaptation of a patient's tasks and environment, and that is provided by a licensed occupational therapist who meets Illinois licensure standards.

1.1.138 **Office of Inspector General (OIG)** means the Office of Inspector General for the Department as set forth in 305 ILCS 5/12-13.1.

1.1.139 **Open Enrollment Period** means the specific period each year in which an Enrollee shall have the opportunity to change from one MCO to another MCO.

1.1.140 **Out-of-Home Placements** means arrangements for Children who have significant behavioral health challenges or co-occurring disorders, and who are at risk of becoming homeless or being placed in: 1) detention, 2) secure care facilities, 3) psychiatric hospitals, 4) residential treatment facilities, 5) developmental disabilities facilities, 6) addiction facilities, 7) alternative schools, or 8) foster care.

1.1.141 **Participant** means any individual determined to be eligible for a HFS Medical Program.

1.1.142 **Party(ies)** means the State, through the Department, and Contractor.

1.1.143 **Performance Improvement Project (PIP)** means an ongoing program for improvement that focuses on clinical and nonclinical areas, and that involves:

1.1.143.1 measurement of performance using objective quality indicators;

1.1.143.2 implementation of system interventions to achieve improvement in quality;

1.1.143.3 evaluation of the effectiveness of the interventions; and

1.1.143.4 planning and initiation of activities for increasing or sustaining improvement.

1.1.144 **Performance Measure(ment)** means a quantifiable measure to assess how well an organization carries out a specific function or process.

1.1.145 **Person** means any individual, corporation, proprietorship, firm, partnership, trust, association, governmental authority, contractor, or other legal entity whatsoever, whether acting in an individual, fiduciary, or other capacity.

1.1.146 **Person with a Disability** means an individual who meets the definition of blind or disabled under Section 1614(a) of the Social Security Act (42 USC 1382), and who are eligible for Medicaid.

1.1.147 **Person with Ownership or a Controlling Interest** means a Person who:

1.1.147.1 has a direct or indirect, singly or in combination, ownership interest equal to five percent (5%) or more in Contractor;

1.1.147.2 owns an interest of five percent (5%) or more in any mortgage, deed of trust, note, or other obligations secured by Contractor if that interest equals at least five percent (5%) of the value of the property or assets of Contractor;

1.1.147.3 is an officer or director of Contractor if Contractor is organized as a corporation;

1.1.147.4 is a member of Contractor if Contractor is organized as a limited liability company; or

1.1.147.5 is a partner in Contractor if Contractor is organized as a partnership.

1.1.148 **Personal Assistant** means an individual who provides Personal Care to an Enrollee when it has been determined by the Care Manager that the Participant has the ability to supervise the Personal Assistant.

1.1.149 **Personal Care** means assistance with meals, dressing, movement, bathing, or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of a Participant.

1.1.150 **Personal Emergency Response System (PERS)** means an electronic device that enables a Participant who is at high risk of Institutionalization to secure help in an emergency.

1.1.151 **Physical Therapy** means a medically prescribed service that is provided by a licensed physical therapist and identified in the IPoC that utilizes a variety of methods to enhance an Enrollee's physical strength, agility, and physical capacity for ADL.

1.1.152 **Physician** means an individual licensed to practice medicine in all its branches in Illinois under the Medical Practice Act of 1987 (225 ILCS 60/1, *et seq*.) or any such similar statute of the state in which the individual practices medicine.

1.1.153 **Post-Stabilization Services** means Medically Necessary non-Emergency Services furnished to an Enrollee after the Enrollee is Stabilized following an Emergency Medical Condition, in order to improve or resolve the Enrollee's condition.

1.1.154 **Potential Enrollee** means a Participant who is subject to mandatory enrollment, or is eligible to voluntarily enroll, but is not yet an Enrollee of a Health Plan. Participants who are Potential Enrollees covered by this Contract are set forth in Attachment II. Potential Enrollee includes Participants within the Contracting Area who, pursuant to federal law or waiver, have the option to enroll with a MCO.

1.1.155 **Primary Care Provider (PCP)** means a Provider, including a WHCP, who, within the Provider's scope of practice and in accordance with State certification requirements or State licensure requirements, is responsible for providing all preventive and primary care services to the PCP's assigned Enrollees to the Contractor. A PCP may also be or be part of an Integrated Health Home.

1.1.156 **Prior Approval** means review and written approval by the Department of any Contractor materials or actions, as set forth in the Contract, including subcontracts, intended courses of conduct, or procedures or protocols that Contractor must obtain before such materials are used or such actions are executed, implemented, or followed.

1.1.157 **Prospective Enrollee** means a Potential Enrollee who has begun the process

of enrollment with Contractor but whose coverage with Contractor has not yet begun.

1.1.158 **Protected Health Information (PHI)** shall have the same meaning as provided in HIPAA, 45 CFR 160.103, and for the purpose of this Contract shall be limited to the information received from the Department, or created, maintained, or received by Contractor on behalf of the Department, in connection with this Contract.

1.1.159 **Provider** means a Person or organization enrolled with the Department to provide Covered Services to a Participant.

1.1.160 **Provider Network** means a network of Providers and agencies that have entered into a contract or agreement with Contractor to provide Enrollees with a broad array of community based supports and resources.

1.1.161 **Quality Assessment and Performance Improvement (QAPI)** means the program required by 42 CFR §438.330, which requires MCOs to have an ongoing quality-assessment and performance-improvement program for the services provided to Enrollees, that includes, at a minimum**:**

1.1.161.1 Performance Improvement Projects;

1.1.161.2 the collection and submission of Performance Measurement data;

1.1.161.3 mechanisms to detect both underutilization and overutilization of services;

1.1.161.4 mechanisms to assess the quality and appropriateness of care furnished to Enrollees who have special health care needs;

1.1.161.5 when long-term services and supports are provided, mechanisms to assess the quality and appropriateness of care, including between care settings and comparison of authorized to delivered services; and

1.1.161.6 when long-term services and supports are provided, participation in Department efforts to prevent, detect and remediate Critical Incidents.

1.1.162 **Quality Assurance (QA)** means a formal set of activities to review, monitor, and improve the quality of services by a Provider or MCO, including quality assessment, ongoing quality improvement, and corrective actions to remedy any deficiencies identified in the quality of services provided directly to Enrollees as well as administrative and support services.

1.1.163 **Quality Assurance Plan (QAP)** means a written document developed by Contractor in consultation with its QAP Committee and medical director that

details annual program goals and measurable objectives, UR activities, access, and other Performance Measures that are to be monitored with ongoing Physician profiling and focus on quality improvement.

1.1.164 **Quality Assurance Plan (QAP) Committee** means a committee established by Contractor, with the approval of the Department, that consists of a cross representation of all types of Providers, but shall, at a minimum, include PCPs, specialists, dentists, and Long-Term Care representatives from Contractor's network and throughout the entire Contracting Area. At the request of the Department, the QAP Committee shall also include Department staff in an advisory capacity.

1.1.165 **Quality Assurance Program** means Contractor's overarching mission, vision, and values, which, through its goals, objectives, and processes committed in writing in the QAP, are demonstrated through continuous improvement and monitoring of medical care, Enrollee safety, behavioral-health services, and the delivery of services to Enrollees, including ongoing assessment of program standards to determine the quality and appropriateness of care, Care Management, and coordination. It is implemented through the integration, coordination of services, and resource allocation throughout Contractor's organization, its partners, Providers, other entities delegated to provide services to Enrollees, and the extended community involved with Enrollees. The QAP is overseen by the QAP Committee.

1.1.166 **Quality Improvement Organization (QIO)** means an organization designated by Federal CMS, as set forth in Section 1152 of the Social Security Act and 42 CFR §476, that provides QA, quality studies, and inpatient UR for the Department in the FFS Medical Program, and QA and quality studies for the Department in the HCBS setting.

1.1.167 **Quality Improvement System for Managed Care (QISMC)** means a quality assessment and improvement strategy to strengthen a MCO's efforts to protect and improve the health and satisfaction of Enrollees.

1.1.168 **Readiness Review** means the process by which the Department or its designee assesses Contractor's ability to fulfill Contractor's duties and obligations under the Contract, including reviewing Contractor's model Provider agreements, Provider Network, QA program, staffing for operations, and information systems.

1.1.169 **Recipient Identification Number (RIN)** means a unique nine (9)-digit number assigned to each individual who receives medical benefits from the State. The number is utilized by the Department to identify and pay medical bills to Providers.

1.1.170 **Referral** means an authorization provided by a PCP to enable an Enrollee to seek medical care from another Provider.

1.1.171 **Rehabilitation** means the process of restoration of skills to an individual who has had an illness or injury to regain maximum self-sufficiency and function in a normal or near-normal manner in therapeutic, social, physical, behavioral, and vocational areas.

1.1.172 **Resident** means an Enrollee who is living in a facility, including NFs and ICFs, and whose facility services are eligible for Medicaid payment.

1.1.173 **Respite** means services that provide the needed level of care and supportive services to enable the Enrollee to remain in the community or in a home-like environment, while periodically relieving a nonpaid family member or other caretaker of care-giving responsibilities.

1.1.174 **Rule 132** refers to Title 59 of the Illinois Administrative Code, Part 132 – Medicaid Community Mental Health Services or its successor Rules.

1.1.175 **Rural Area** refers to an Illinois county not part of a metropolitan statistical area (MSA), as defined by the U.S. Census Bureau; or a county that is part of a MSA but has a population less than 60,000 residents (see details in Attachment II).

1.1.176 **Rural Health Clinic (RHC)** means a Provider that has been designated by the Public Health Service, DHHS, or the governor of the State of Illinois, and approved by the Public Health Service, in accordance with the Rural Health Clinics Act (Public Law 95-210) as a Rural Health Center.

1.1.177 **Screening, Assessment and Support Services (SASS)** means the state's historical program of intensive mental health services provided by an agency, including pre-admission inpatient psychiatric screening, Crisis stabilization, and follow-up services to children with a mental illness or emotional disorder who are at risk for psychiatric hospitalization.

1.1.178 **Senior** means an individual who is eligible for services through Title XIX and is aged 65 or older.

1.1.179 **Senior or Person with a Disability (SPD) population** means an individual categorized as a Senior or as a Person with a Disability. SPD population does not include Dual-Eligible Adults.

1.1.180 **Serious Mental Illness** refers to emotional or behavioral functioning so impaired as to interfere with the individual's capacity to remain in the community without supportive treatment.

1.1.181 **Service Authorization Request** means a request by an Enrollee, or by a Provider on behalf of an Enrollee, for the provision of a Covered Service.

1.1.182 **Skilled Nursing** means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 *et seq*.) by registered nurses, licensed practical nurses, or vocational nurses licensed to practice in the

State.

1.1.183 **Skilled Nursing Facility (SNF)** means a group care facility that provides Skilled Nursing care, continuous Skilled Nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision, during the post-acute phase of illness or during recurrences of symptoms in long-term illness.

1.1.184 **Special Needs Children** means children under the age of nineteen (19) who are eligible under the Medicaid Program pursuant to either Article III of the Public Aid Code (305 ILCS 5/3-1 et seq.), Title XVI of the Social Security Act or the Specialized Care for Children Act (110 ILCS 345/0.01 *et seq*.) via the Division of Specialized Care for Children (DSCC).

1.1.185 **Speech Therapy** means a medically prescribed speech or language-based service that is provided by a licensed speech therapist and identified in the IPoC, and that is used to evaluate or improve an Enrollee's ability to communicate.

1.1.186 **Spend-Down** means the policy that allows an individual to qualify for the Medicaid Program by incurring medical expenses at least equal to the amount by which his or her income or assets exceed eligibility limits. It operates similarly to deductibles in private insurance in that the Spend-Down amount represents medical expenses the individual is responsible for paying.

1.1.187 **Stabilization or Stabilized** means a determination with respect to an Emergency Medical Condition made by an attending emergency room Physician or other treating Provider that, within reasonable medical probability, no material deterioration of the condition is likely to result upon discharge or transfer to another facility.

1.1.188 **State** means the State of Illinois, as represented through any State agency, department, board, or commission.

1.1.189 **State-Operated Hospital (SOH)** means a hospital operated, owned, and managed by the Department of Human Services Division of Mental Health that serves adults with Serious Mental Illness who require inpatient treatment.

1.1.190 **State Fiscal Year** means the State's Fiscal Year, which begins on the first day of July of each calendar year and ends on the last day of June of the following calendar year. For example, State Fiscal Year 2015 began on July 1, 2014, and ended on June 30, 2015.

1.1.191 **State Plan** means the Illinois State Plan approved by Federal CMS, in compliance with Title XIX of the Social Security Act.

1.1.192 **Subcontractor** means an entity, other than a Network Provider, with which Contractor has entered into a written agreement for the purpose of delegating responsibilities applicable to Contractor under this Contract, as provided in 42 CFR §438.2. When not used as a defined term, "subcontractor" means any subcontractor of Contractor, including Network Providers and Subcontractors.

1.1.193 **Supportive Living Facility (SLF)** means a residential apartment–style (assisted living) setting in Illinois that:

1.1.193.1 is certified by the Department to provide or coordinate flexible Personal Care services, twenty-four (24)–hour supervision and assistance (scheduled and unscheduled), activities, and health-related services with a service program and physical environment designed to minimize the need for Residents to move within or from the setting to accommodate changing needs and preferences;

1.1.193.2 has an organizational mission, service programs, and physical environment designed to maximize Residents' dignity, autonomy, privacy, and independence;

1.1.193.3 encourages family and community involvement; and

1.1.193.4 is administered by the Department under the Supportive Living Program HCBS Waiver (*see* 305 ILCS 5/5-5.01a).

1.1.194 **Systems of Care (SOC)** means a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of Children and their families, and that are family-driven, youth-guided, individualized, culturally and linguistically competent, and community-based.

1.1.195 **Third Party** means any Person other than the Department, Contractor, or any of Contractor's Affiliates.

1.1.196 **Transition of Care** means the management and continuation of care as Enrollees transition between different Providers within the same Health Plan.

1.1.197 **Urban Area** refers to an Illinois county that is part of a metropolitan statistical area (MSA), as defined by the U.S. Census Bureau and has a population equal to or greater than 60,000 residents (see details in Attachment II).

1.1.198 **Utilization Management Program** means a comprehensive approach and planned activities for evaluating the appropriateness, need, and efficiency of services, procedures, and facilities according to established criteria or

guidelines. Utilization management typically includes new activities or decisions based upon the analysis of care, and describes proactive procedures, including discharge planning, concurrent planning, precertification, and clinical case Appeals. It also covers proactive processes, such as concurrent clinical reviews and Peer Reviews, as well as Appeals introduced by the Provider, payer, or Enrollee.

1.1.199 **Waste** means the overutilization or misuse of services, resources, or materials that results in unnecessary costs to the health care system and, as a result, to the Medicaid program. "Waste" is generally used in conjunction with "Fraud" and "Abuse."

1.1.200 **Wellness Program** means comprehensive services designed to promote and maintain the good health of an Enrollee.

1.1.201 **Williams Provider** means a mental health Provider contracted with the Mental Health Division of DHS to implement the consent decree entered in *Williams v. Quinn*, No. 05 C 4673 (N.D. Ill.) (Williams consent decree).

1.1.202 **Women's Healthcare Provider (WHCP)** means a Physician or other healthcare Provider who, within the Provider's scope of practice and in accordance with State certification requirements or State licensure requirements, specializes by certification or training in obstetrics, gynecology, or family practice.

1.1.203 **Wraparound Fidelity Assessment System (WFAS)** means a multi-method approach to assessing fidelity to the wraparound process and the quality of individualized care planning and management for children and youth with complex needs and their families, as specified by the National Wraparound Initiative by the National Wraparound Implementation Center (NWIC) (http://www.nwic.org/)

1.1.204 **Written Materials** means materials regarding choice of MCO, selecting a PCP or WHCP, Enrollee handbooks, basic information as set forth in Appendix I section 5.21.1, and any information or notices distributed by Contractor or required to be distributed to Potential Enrollees, Prospective Enrollees or Enrollees by the Department, or regulations promulgated under 42 CFR §438 and in format specified under 42 CFR §438.10.

1.1.205 **Youth At Risk** means a Child who is a part of DCFS's Intact Family Services, which is a relatively intense short-term in-home community based intervention program (6-9 months) that works with families who have come been identified by the Illinois Department of Children and Family Services (DCFS) as at risk for foster care placement.

1.2 ABBREVIATIONS AND ACRONYMS

1.2.1 ADL: Activities of Daily Living

1.2.2 ADT: Admission, Discharge, and Transfer

1.2.3 AES: Advanced Encryption Standard

1.2.4 APN: Advanced Practice Nurse

1.2.5 ASOP: Actuarial Standards of Practice

1.2.6 BEP: Business Enterprise Program Act for Minorities, Females, and Persons with Disabilities

1.2.7 BH: Behavioral Health

1.2.8 CAHPS: Consumer Assessment of Healthcare Providers and Systems

1.2.9 CAP: Corrective Action Plan

1.2.10 CARES: Crisis and Referral Entry Service

1.2.11 CART: Computer-Aided, Real-Time Translation

1.2.12 CCCD: Care Coordination Claims Data (CCCD)

1.2.13 CFR: Code of Federal Regulations

1.2.14 (S)CHIP: (State) Children's Health Insurance Program

1.2.15 CLIA: Clinical Laboratory Improvement Amendments

1.2.16 CMHC: Community Mental Health Center

1.2.17 CSPI: Childhood Severity of Psychiatric Illness

1.2.18 DARTS: DHS's Automated Reporting and Tracking System

1.2.19 DCFS: Illinois Department of Children and Family Services

1.2.20 DCMS: Illinois Department of Central Management Services

1.2.21 DD: Developmental Disability

1.2.22 DHHS: US Department of Health and Human Services

1.2.23 DHS: Illinois Department of Human Services

1.2.24 DHS-DMH: Division of Mental Health with the Department of Human Services

1.2.25 DHS-DRS: Division of Rehabilitation Services within DHS

1.2.26 DHS-OIG: Department of Human Services Office of Inspector General

1.2.27 DON: Determination of Need

1.2.28 DPH: Illinois Department of Public Health

1.2.29 DRG: Diagnostic-Related Grouping

1.2.30 DSCC: Division of Specialized Care for Children

1.2.31 EPDST: Early and Periodic Screening, Diagnosis and Treatment

1.2.32 EQRO: External Quality Review Organization

1.2.33 EUM: Encounter Utilization Monitoring

1.2.34 Federal CMS: Centers for Medicare & Medicaid Services

1.2.35 FFP: Federal Financial Participation

1.2.36 FFS: Fee-for-Service

1.2.37 FQHC: Federally Qualified Health Center

1.2.38 HCBS Waivers: Home and Community-Based Services Waivers

1.2.39 HEDIS®: Healthcare Effectiveness Data and Information Set

1.2.40 HFS: Illinois Department of Healthcare and Family Services

1.2.41 HIPAA: Health Insurance Portability and Accountability Act

1.2.42 HMO: Health Maintenance Organization

1.2.43 HSP: Home Services Program

1.2.44 IADL: Instrumental Activities of Daily Living

1.2.45 IBNP: Incurred but Not Paid

1.2.46 ICD-9-CM Codes: International Classification of Diseases, 9th Revision, Clinical Modification

1.2.47 ICES: Illinois Client Enrollment Services

1.2.48 ICF: Intermediate Care Facility

1.2.49 ICF/DD: Intermediate Care Facility for the Developmentally Disabled

1.2.50 ICF/MR: Intermediate Care Facility for the Mentally Retarded

1.2.51 ICT: Interdisciplinary Care Team

1.2.52	IDoA:	Illinois Department on Aging
1.2.53	IHCP	Indian Health Care Provider
1.2.54	IHH:	Integrated Health Home
1.2.55	ILCS:	Illinois Compiled Statutes
1.2.56	IM-CANS:	Illinois Medicaid Child and Adolescent Needs and Strengths
1.2.57	IP:	Individual Provider
1.2.58	IPoC:	Individualized Plan of Care
1.2.59	IPSEC:	Internet Protocol Security
1.2.60	LAN:	Local Area Network
1.2.61	LTSS:	Long-Term Supports and Services
1.2.62	LTC:	Long-Term Care
1.2.63	MCO:	Managed Care Organization
1.2.64	MCCN:	Managed Care Community Network
1.2.65	MFTD:	Medically Fragile/Technology-Dependent
1.2.66	MFP:	Money Follows the Person
1.2.67	MIS:	Management Information System
1.2.68	NCQA:	National Committee for Quality Assurance
1.2.69	NF:	Nursing Facility
1.2.70	OIG:	Office of Inspector General
1.2.71	PCP:	Primary Care Provider
1.2.72	PERS:	Personal Emergency Response System
1.2.73	PHI:	Protected Health Information
1.2.74	PIP:	Performance Improvement Project
1.2.75	PFRT:	Psychiatric Residential Treatment Facility
1.2.76	QA:	Quality Assurance
1.2.77	QAP:	Quality Assurance Plan
1.2.78	QAPI:	Quality Assessment and Performance Improvement

1.2.79 QIO: Quality Improvement Organization

1.2.80 QISMC: Quality Improvement System for Managed Care

1.2.81 RHC: Rural Health Clinic

1.2.82 SED: Serious Emotional Disturbance

1.2.83 SLF: Supportive Living Facility

1.2.84 SMI: Serious Mental Illness

1.2.85 SNF: Skilled Nursing Facility

1.2.86 SOC: Systems of Care

1.2.87 SOH: State-Operated Hospital

1.2.88 SPD: Senior or Person with a Disability

1.2.89 TDD: Telecommunications Device for the Deaf

1.2.90 TPL: Third Party Liability

1.2.91 TTY: Teletypewriter

1.2.92 USC: United States Code

1.2.93 USPS: United States Postal Service

1.2.94 UR: Utilization Review

1.2.95 VPN: Virtual Private Network

1.2.96 WFAS: Wraparound Fidelity Assessment Form

1.2.97 WHCP: Women's Healthcare Provider