

# Medicaid Handbook: Interface with Behavioral Health Services

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# Medicaid Handbook: Interface with Behavioral Health Services

Table of Contents, Introduction  
and Glossary

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# Introduction

## ***Target Audience***

The target audience for this Medicaid handbook is composed of—

- State directors and administrators of mental or substance use disorder (M/SUD) services agencies
- Staff of state directors and administrators of M/SUD services agencies
- State network organizations for behavioral health services
- State Medicaid Authority staff involved with M/SUD services.

Generally, this handbook should prove useful to anyone wishing to learn the fundamental principles of Medicaid and apply them to their existing knowledge of behavioral health services.

## ***Purpose***

This handbook is intended to provide the reader with a basic understanding of the Medicaid program. There is a specific emphasis on the interplay between Medicaid principles and behavioral health services. The goal is for the reader to navigate his or her state Medicaid program so that he or she can contribute meaningfully to policy conversations related to provision of behavioral health services to individuals who are eligible for Medicaid.

Throughout this document, the term *behavioral health* encompasses both mental and substance use disorders. When a mental or substance use disorder is addressed singularly, the reference will be only to that disorder.

Because each state's Medicaid program is different from all others and because Medicaid laws and policies are ever changing, this handbook cannot contemplate every permutation of program construction. Rather, it is intended to provide enough structural framework and references to primary source documentation that someone wishing to gain a deeper understanding of his or her state's program will have the necessary tools.

## ***Layout of Handbook***

This handbook is arranged in a modular format so that portions that become irrelevant and/or outdated can be removed and updated material can be added.

At some point in the future, the handbook will also become available on the SAMHSA website for the Center for Financing Reform and Innovations (CFRI).

The hard copy handbook and website materials also may be used with webinars and learning collaboratives focused on Medicaid in general or specific Medicaid topics.

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## Glossary

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Accountable Care Organizations	ACO	Group of providers (e.g., hospitals, physicians, others involved in patient care) that works together to coordinate care for the patients it serves.
Affordable Care Act		Also known as the Patient Protection and Affordable Care Act of 2010. Federal health care reform legislation signed into law by President Obama on March 23, 2010.
Aged, Blind, and Disabled	ABD	A category of Medicaid-eligible individuals who are elderly, blind, and/or disabled.
Agency for Healthcare Research and Quality	AHRQ	
Aid to Families with Dependent Children	AFDC	
Arizona Acute Care Program	AACP	
Arizona Long-Term Care System	ALTCS	
Assertive Community Treatment	ACT	
Assistant Secretary for Planning and Evaluation	ASPE	
Behavioral Health Organization	BHO	
Best Practices in Schizophrenia Treatment	BeST	
Body Mass Index	BMI	

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Capitation		Reimbursement methodology whereby a managed care plan receives a set per-member, per-month (PMPM) fee for services it provides or arranges, regardless of each consumer's service utilization and related cost to the managed care organization (MCO).
Case Management		Care coordination of all services for which a Medicaid consumer is eligible, including physical and behavioral health and community supports. It includes development and maintenance of an individualized care plan.
Center for Medicare & Medicaid Innovation	CMMI	
Centers for Medicare & Medicaid Services	CMS	One of several operating divisions of the United States Department of Health and Human Services (HHS). Among other activities, it is responsible for administering Medicaid, the Children's Health Insurance Program (CHIP), and Medicare.
Central Office	CO	
Certified Public Expenditure	CPE	Funds certified by a contributing public agency or provider owned by a state, county, or city as representing expenditures for which federal matching payment is allowable.
Children's Health Insurance Program	CHIP	Health insurance block grant program for children that is administered and financed jointly by the federal and state governments. A state may administer its CHIP as a Medicaid expansion, a separate program, or a combination of the two.

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Children's Health Insurance Program Reauthorization Act of 2009	CHIPRA	
Code of Federal Regulations	CFRs	
Community Mental Health Center	CMHC	
Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Reevaluation	CEDARR	
Condition-Specific Case Rate	CCR	
Coordinated Care Organization	CCO	Community-based organization using patient-centered primary care homes, fixed global budgets, and efficiency and quality improvements to reduce costs.
Covered Families and Children	CFC	Medicaid-eligible children and parents.
Deficit Reduction Act	DRA	
Diagnosis-Related Group	DRG	
Diagnostic and Statistical Manual of Mental Disorders	DSM-IV-TR	
Disproportionate Share Hospital	DSH	Hospital that serves a disproportionately large number of uninsured and Medicaid consumers and is eligible for supplemental payments to defray the costs associated with providing care to this population.
Dually Eligible Person		Individual who is eligible for both the Medicaid and Medicare programs.

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Early and Periodic Screening, Diagnosis, and Treatment	EPSDT	Federal requirement for states to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines.
End-Stage Renal Disease	ESRD	
Enhanced Benefits Account	EBA	
Evidence-Informed Case Rate	ECR	
Federal Financial Participation	FFP	Medicaid share paid by the federal government.
Federal Medical Assistance Percentage	FMAP	Percentage of Medicaid reimbursement paid by the federal government.
Federally Qualified Health Center	FQHC	Safety-net providers of required primary and other optional services to Medicaid and uninsured individuals. Many FQHCs receive federal grant funding to help defray the cost of serving uninsured individuals.
Fee for Service	FFS	Reimbursement methodology whereby a provider renders a service to a Medicaid consumer, submits a bill to the state Medicaid agency, and is paid a fee by the Medicaid agency for the provision of that service.
Government Accountability Office	GAO	
Health Homes		Team of providers providing patient-centered, integrated physical and behavioral health care. Section 2703 of the Affordable Care Act includes specific provisions related to health homes for individuals with chronic conditions.

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Health Maintenance Organization	HMO	
Health Resources and Services Administration	HRSA	The primary federal agency within HHS that is responsible for improving access to health care services for people who are uninsured, isolated, or medically vulnerable.
Home and Community-Based Services	HCBS	Services and other supports to help people with disabilities of all ages live in the community.
Institute of Medicine	IOM	
Institution for Mental Diseases	IMD	Hospital, nursing facility, or other institution that is primarily engaged in providing diagnosis, treatment, or care of persons with mental illness, including medical attention, nursing care, and related services.
Intergovernmental Transfer	IGT	Funds transferred from other state or local agencies to the administrative control of the state Medicaid agency in order to draw down federal matching dollars.
Intermediate Care Facility for the Developmentally Disabled	ICF-DD	
Joint Commission on Accreditation of Healthcare Organizations	JCAHO	
Local Management Entity	LME	
Managed Care		Medicaid program structure whereby a state contracts with an organization to provide services to Medicaid consumers through its own network of providers.
Managed Care Organization	MCO	

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Medicaid		Health insurance program for individuals who are poor, elderly, or disabled, jointly administered by the federal government and each state government that operates a Medicaid program.
Medicaid and Children’s Health Insurance Program	MACPro	
Medicaid State Plan		Also called the State Plan. A state's contract with the federal government that delineates the Medicaid services it provides, the populations eligible for Medicaid, its reimbursement methodologies, and its program structure.
Medicare		Health insurance program for elderly and nonelderly disabled individuals financed and administered by the federal government.
Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000	BIPA	
Medicare-Medicaid Enrollee		Individual who is simultaneously enrolled in both the Medicare and Medicaid programs
Medication Assisted Treatment	MAT	
Mental or Substance Use Disorder	M/SUD	
Mental Health Parity Act of 1996	MHPA	
Mental Health Parity and Addiction Equity Act of 2008	MHPAEA	Federal legislation passed in 2008 intended to align insured health care benefits for M/SUDs with those for medical/surgical procedures.
Mental Health Plan	MHP	
Money Follows the Person	MFP	

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
National Institutional Reimbursement Team	NIRT	
National Non-Institutional Provider Team	NIPT	
Omnibus Budget Reconciliation Act of 1990	OBRA '90	
Preferred Provider Organization	PPO	
Prepaid Ambulatory Health Plan	PAHP	
Prepaid Health Plan	PHP	
Prepaid Inpatient Health Plan	PIHP	
Primary Care Case Management	PCCM	
Primary Care Provider	PCP	
Program of All-Inclusive Care for the Elderly	PACE	
Provider Tax		Any mandatory payment, including licensing fees or assessments, for which at least 85 percent of the burden falls on health care providers. The tax can apply to health care items or services, or to the provision of or payment for such services.
Psychiatric Residential Treatment Facility	PRTF	Nonhospital setting where an individual younger than 21 years can receive inpatient psychiatric care.
Public Health Service	PHS	
Regional Behavioral Health Authority	RBHA	
Regional Office	RO	

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Rehab Option		Service specified in a state's Medicaid State Plan that includes any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.
Request for Additional Information	RAI	
Screening, Brief Intervention, and Referral to Treatment	SBIRT	
Serious and Persistent Mental Illness	SPMI	A mental illness with complex symptoms that significantly impairs functioning, has a lengthy duration, and requires ongoing treatment and management, most often with varying types and dosages of medication and therapy.
Serious Emotional Disturbance	SED	
Serious Mental Illness	SMI	
Social Security Act		Federal legislation signed into law by President Franklin Delano Roosevelt in 1935 that initially provided financial support for retired workers aged 65 years and older (Social Security). The Act has been amended many times, including the addition of Medicare and Medicaid in 1965 and the CHIP in 1997.
Special Terms and Conditions	STCs	

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
State Plan		Also called the Medicaid State Plan. A state's contract with the federal government that delineates the Medicaid services it provides, the populations eligible for Medicaid, its reimbursement methodologies, and its program structure.
State Plan Amendment	SPA	An amendment to the State Plan. It must be submitted by the state to the federal government for CMS approval in order to change certain portions of the Medicaid program.
Substance Abuse and Mental Health Services Administration	SAMHSA	Federal agency that represents state M/SUD agencies.
Substance Use Disorder	SUD	Dependence on or abuse of a drug or alcohol.
Targeted Case Management	TCM	Case management that is restricted to specific beneficiary groups. Targeted beneficiary groups may be defined by disease or medical condition or by geographic regions.
Upper Payment Limit	UPL	Federal prohibition against states paying certain classifications of facilities more than Medicare would pay for the same services.
U.S. Department of Health and Human Services	HHS	
U.S. Preventive Services Task Force	USPSTF	

<b>Term</b>	<b>Acronym</b>	<b>Definition</b>
Waiver		<p>Contractual agreement between the federal and state government that allows a state to not comply with certain federal Medicaid requirements codified in the Social Security Act. The following are types of waivers a state may seek (all refer to sections of the Social Security Act being waived): §1115 waiver, §1915(a) waiver, §1915(b) waiver, §1915(c) waiver, and §1915(b)/(c) waiver.</p>



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities

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