

MI Health Link Glossary

Behavioral health care (mental health) – This benefit plan covers behavioral health services and supports for people eligible for Medicaid who have a need for mental health, intellectual/developmental disabilities services and supports, and or substance use disorder services. These Medicaid specialty services are specified under the 1915(b)(c) Waiver Program, consistent with the requirements of 42 C.F.R. Part 401.

Care coordination – A process used by a person or team to assist enrollees in accessing Medicare and Medicaid services.

Care coordinator – A person to help the enrollee with care coordination of Medicare and Medicaid services as well as social, educational, and other support services. The care coordinator will promote positive outcomes through enrollee advocacy, communication, and resource management.

Home and Community-Based Services (HCBS) – Supports and services provided to individuals in their own home or other community residential settings that promote their independence, inclusion, and productivity.

Integrated Care Organization (ICO) – A health insurance-based organization contractually responsible and accountable for providing integrated care to people eligible for both Medicare and Medicaid.

Integrated Care Team (ICT) – A care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. The care team will also help make a care plan and coordinate services and benefits to meet the goals identified in the plan.

MI Choice – This home and community based waiver program provides Medicaid-covered services and additional waiver services to allow eligible adults to stay in their own homes or other residential settings instead of living in a nursing home. To qualify you must meet Michigan's Nursing Facility Level of Care Determination (NFLOCD) requirements and need waiver services. To learn more about MI Choice, go to https://www.michigan.gov/mdch/0,4612,7-132-2943_4857_5045-16263--,00.html.

Passive Enrollment – A process by which a beneficiary is enrolled in MI Health Link without initiating the enrollment process. A minimum 60-day notice that includes the plan selection and the opportunity to select a different ICO, decline enrollment into an ICO, or opt out of the Demonstration prior to the effective date is available to those that are passively enrolled.

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Person-centered Planning – A process for planning and supporting a person receiving services that builds on the individual’s desire to engage in activities and that honor the person’s preferences, choices, and abilities. The process is led by the person and involves families, friends, legal representative, and professionals as he or she chooses.

Pre-paid Inpatient Health Plans (PIHP) – PIHPs manage the benefit plan which covers mental health and substance use services for people eligible for Medicaid and who have a need for behavioral health, intellectual/developmental disabilities services and supports, or substance use services. Medicaid specialty services under the 1915(b)(c) Waiver Program, consistent with the requirements of 42 C.F.R. Part 401. This

The Program of All-Inclusive Care for the Elderly (PACE) – Provides services to individuals (55 years of age and older) who meet Michigan’s Nursing Facility Level of Care Determination (NFLOCD) requirements. PACE allows members to live at home while receiving social and medical services in an adult day health center rather than living in a nursing home. A person must meet certain conditions in order to join PACE. To learn more about PACE, go to http://www.michigan.gov/mdch/0,4612,7-132-2945_42542_42543_42549-87437--,00.html.

Provider network – “Provider” is the general term used for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that provide medical equipment or health care services like mental health, substance use disorder, intellectual/developmental disability, and long term supports and services. When these care and service providers agree to work with health plans, accept the health plan payments, and not charge members any extra amount, they are called “network providers” or “plan providers”.

Voluntary Enrollment – A process by which a beneficiary can choose to participate (enroll) in MI Health Link.