

**Sec. 17b-262-652. Definitions**

For the purposes of sections 17b-262-651 through 17b-262-660, inclusive, of the Regulations of Connecticut State Agencies the following definitions shall apply:

(1) **“Border Hospital”** means an out-of-state general hospital which has a common medical delivery area with the State of Connecticut and is deemed a border hospital by the department on a hospital by hospital basis.

(2) **“Client”** means a person eligible for goods or services under the department’s Medicaid Program.

(3) **“Commissioner”** means the Commissioner of Social Services appointed pursuant to section 17b-1(a) of the Connecticut General Statutes.

(4) **“Department”** means the Department of Social Services or its agent.

(5) **“Dialysis”** means dialysis as defined in 42 CFR 405.2102.

(6) **“Freestanding Dialysis Clinic”** means those centers licensed by the Department of Public Health (DPH) and certified, pursuant to section 19-13-D55a of the Regulations of Connecticut State Agencies, to provide dialysis services.

(7) **“General Hospital”** means a short-term acute care hospital having facilities, medical staff, and all necessary personnel to provide diagnosis, care, and treatment of a wide range of acute conditions, including injuries. This includes a children’s general hospital. It shall also include a border hospital.

(8) **“HealthTrack Services”** means the services described in section 1905(r) of the Social Security Act.

(9) **“HealthTrack Special Services”** means medically necessary and medically appropriate health care, diagnostic services, treatment, or other measures necessary to correct or ameliorate disabilities and physical and mental illnesses and conditions discovered as a result of a periodic comprehensive health screening or interperiodic encounter. Such services are provided in accordance with section 1905(r)(5) of the Social Security Act, and are:

(A) services not covered under the State Plan or contained in a fee schedule published by the department; or

(B) services covered under the State Plan and contained in a fee schedule published by the department which exceed the limit on the amount of services established by the department that are contained in regulation.

(10) **“Home”** means the client’s place of residence which includes a boarding home or residential care home. Home does not include a hospital, chronic disease hospital, nursing facility or intermediate care facility for the mentally retarded (ICF/MR).

(11) **“Interperiodic Encounter”** means any medically necessary visit to a Connecticut Medicaid provider, other than for the purpose of performing a periodic comprehensive health screening. Such encounters include, but are not limited to, physician’s office visits, clinic visits, and other primary care visits.

(12) **“Licensed Practitioner of the Healing Arts”** means a professional person providing health care pursuant to a license issued by the Department of Public Health (DPH).

(13) **“Medical Appropriateness or Medically Appropriate”** means 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.

(14) **“Medicaid”** means the program operated by the department pursuant to section 17b-260 of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act.

(15) **“Medical Necessity or Medically Necessary”** means 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 prevent a medical condition from occurring.

(16) **“Medical Record”** means medical record as defined in section 19a-14-40 of the Regulations of Connecticut State Agencies, which is part of the Public Health Code.

(17) **“Physician”** means a physician licensed pursuant to section 20-1 of the Connecticut General Statutes or a doctor of osteopathy licensed pursuant to section 20-17 of the Connecticut General Statutes.

(18) **“Prior Authorization”** means approval for the provision of a service or the delivery of goods from the department before the provider actually provides the service or delivers the goods.

(19) **“Provider”** means:

(A) a physician;

(B) a general hospital—inpatient or outpatient; or

(C) a freestanding dialysis clinic licensed by the Department of Public Health (DPH) and certified, pursuant to section 19-13-D55a of the Regulations of Connecticut State Agencies, to provide dialysis services.

(20) **“Provider Agreement”** means the signed, written, contractual agreement between the department and the provider of services or goods.

(21) **“State Plan”** means the document which contains the services covered by the Connecticut Medicaid Program in compliance with 42 CFR(430)(B).

(Adopted effective May 10, 2000)