

A-Abbreviations/Acronyms/Definitions

A-100 Abbreviations and Acronyms

ADHC – Adult Day Health Care

ADLs – Activities of Daily Living

ADMS – Assistive Devices Medical Supplies

ATP – Assistive Technology Professional

APS – Adult Protective Services

CAPs – Clinical Assessment Protocols

CAPS – Clinical Assessment Protocols Summary

CCW – Community Choices Waiver

CIR – Critical Incident Reports

CMS – Centers for Medicare and Medicaid Services

CQI – Continuous Quality Improvement

DAL – Division of Administrative Law

DDQ – Degree of Difficulty Questions

DMC – Data Management Contractor

DSP – Direct Service Provider

DSW – Direct Service Worker

148W –148-Waiver Form

EAA – Environmental Accessibility Adaptation

EPS – Elderly Protective Services

EVV -- Electronic Visit Verification

FEA – Fiscal Employer Agency

FOC – Freedom of Choice

HCBS – Home and Community-Based Services

HHA – Home Health Agency

HSS – Health Standards Section

IADLs – Instrumental Activities of Daily Living

iHC -- interRAI Home Care

IR – Institutional Risk

IRA – Individual Responsibility Agreement

LaMEDS -- Louisiana Medicaid Eligibility Determination System

LASCA – Louisiana Support Coordination Application

LaSRS® -- Louisiana Service Reporting System

LDH – Louisiana Department of Health

LTC – Long Term Care

LT-PCS – Long Term-Personal Care Services

LOC – Level of Care

MCL – My Choice Louisiana

MDS-HC –Minimum Data Set-Home Care

MDS-NF – Minimum Data Set-Nursing Facility

MFP – Money Follows the Person

MPL – My Place Louisiana

MPSW – Medicaid Program Supports and Waivers

NF – Nursing Facility

NF LOC – Nursing Facility Level of Care

OPTS – OAAS Participant Tracking System

OT – Occupational Therapy

PA – Prior Authorization

PACE – Program for All-Inclusive Care for the Elderly

PAS – Personal Assistance Services

PERS – Personal Emergency Response System

PCP – Person Centered Planning

PI – Program Integrity

PLI – Patient Liability Income

PLT – Provider Locator Tool

POC – Plan of Care

PT – Physical Therapy

PW - Pathway

RFSR – Request for Services Registry

RO – Office of Aging and Adult Services Regional Office

RR – Responsible Representative

RUGs – Resource Utilization Groups

SC – Support Coordinator

SCA - Support Coordination Agency

SCD – Support Coordination Contact Documentation

SCM – Support Coordination Monitoring

SCS – Support Coordinator Supervisor

SHARe – Service Hour Allocation of Resources

SIMS – Statewide Incident Management System

SMT – Skilled Maintenance Therapy

SO – Office of Aging and Adult Services State Office

SOE – Summary of Evidence

SPOE – Single Point of Entry

SRI – Statistical Resources, Inc.

SRP – Service Review Panel

SSI – Supplemental Security Income

TC – Transition Coordinator

TISC – Transition Intensive Support Coordination

TS- Transition Services

TSF – Transition Services Form

VA – Veteran’s Administration

A-200 Definitions

This is a list of definitions used in this manual.

Appeal Rights - A due process system of procedures ensuring an individual will be notified of, and have an opportunity to contest certain decisions.

Applicant/Individual - A person whose written application for Medicaid or LDH funded services has been submitted to LDH but whose eligibility has not yet been determined.

Assessments/Reassessments -The process of assessing the individual by completing the interRAI Home Care Assessment (iHC) for all initial, annual, status change and follow-up assessments/re-assessments. It provides the opportunity to gather information for reevaluating and revising the overall service plan.

Centers for Medicare and Medicaid Services (CMS) - The Federal agency in the United States Department of Health and Human Services (DHHS) responsible for administering the Medicaid Program and overseeing and monitoring the State's Medicaid Program.

Continuous Quality Improvement - An ongoing process to objectively and systematically monitor and evaluate the quality of services provided to individuals served by Medicaid, to pursue opportunities to improve services, and to correct identified problems.

Direct Service Provider- A provider agency that delivers State Plan or Waiver services under a provider agreement with LDH.

Eligibility - The determination of whether or not an individual meets established criteria for waiver services.

Fiscal Intermediary - This is the fiscal agent with which LDH contracts to operate the Medicaid Management Information System (MMIS). It processes Title XIX claims for Medicaid services, issues appropriate payment and provides assistance to providers on claims.

Formal services - Another term for paid services.

Home and Community-Based Services - A collection of services available in the home or in a community setting to enable participants who meet Nursing Facility Level of Care to remain in their own home setting or in the community. These are provided under a special Medicaid program.

Informal Services - Another term for non-paid services provided by family, friends and community/social network.

interRAI Home Care Assessment-- An assessment tool that evaluates the needs, strengths, and preferences of persons in home and community care settings. It focuses on the person's functioning and quality of life and facilitates referrals. The interRAI HC can be used to assess eligibility criteria.

Linkage - Assignment of the participant by OAAS or designee to the chosen Support Coordination Agency as identified on the Freedom of Choice (FOC) form.

Louisiana Department of Health (LDH) -The state agency responsible for administering the Medicaid Program and health and related services including public health, mental health, developmental disabilities, and alcohol and substance abuse services.

Medicaid - A federal-state financed entitlement program that provides medical services primarily to low-income individuals under a State Plan approved under Title XIX of the Social Security Act.

Office of Aging and Adult Services (OAAS) - Functions in the Louisiana Department of Health (LDH). OAAS is responsible for oversight of the nine (9) Regional Offices. OAAS ensures that Home and Community-Based Services (HCBS) are delivered to individuals according to Centers for Medicare and Medicaid Services (CMS) guidelines.

Person Centered Planning- The process of ensuring individuals are at the center of planning and meeting their specified needs is at the forefront. Person centered planning supports the individual to plan their life by gathering and integrating formal and informal supports relevant to the development of an individualized Plan of Care (POC).

Plan of Care (POC) - A document that specifies participant's preferences for services, short and long-term goals, concerns, and assistance/interventions needed.

Participant - The individual who is receiving services.

Regional Office (RO) - Functions in the Louisiana Department of Health (LDH) under the supervision of OAAS. OAAS operates nine (9) Regional Offices throughout the state. OAAS RO is responsible for monitoring the support coordination agencies, as well as providing training and technical assistance to these agencies.

Responsible Representative- This individual is designated by a waiver participant to act on his/her behalf when dealing with DHH and/or its designee (i.e. support coordination agency and/or provider agency). In the case of an interdicted individual, the representative must be the curator appointed by the court of competent jurisdiction.

Patient Liability Income - A term used to describe when a waiver participant's income is over the Long Term Care Special Income Level (SIL) and he/she is able to spend down and pay a liability amount toward his/her paid services.

Support Coordination - Services provided to eligible participants to assist participants in gaining access to needed waiver and State Plan services, as well as needed medical, social, educational, housing and other services. They are responsible for ongoing monitoring of the provision of services included in the participant's Plan of Care (POC).

Support Coordinator - An individual meeting qualifications required by LDH employed by a qualified provider agency who provides support coordination services. Support Coordinators will provide information and assistance to waiver participants in directing and managing their services. Support coordinators will be available to participants for on-going support and assistance.

Waiver - An optional Medicaid program established under Section 1915(c) of the Social Security Act designed to provide services in the community as an alternative to institutional services to persons who meet Nursing Facility (NF) level of care criteria.