

A-Abbreviations/Acronyms/Definitions

A-100 Abbreviations, Acronyms and Definitions

| Acronym/Abbreviation: | Definition: |
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| ADHC – Adult Day Health Care | Licensed provider that provides services in a center, which is available in both the ADHC Waiver and Community Choices Waiver (CCW) programs. |
| ADHC Waiver – Adult Day Health Care Waiver | A waiver that provides certain Home and Community-Based Services (HCBS), mainly care at an ADHC center during the day, to participants who are 65 years of age and older and ages 21 – 64 with physical disabilities who may otherwise require care in a nursing facility. |
| ADLs – Activities of Daily Living | Routine tasks that individuals must carry out every day to take care of themselves. These activities refer to physical tasks like bathing, walking, etc. |
| ADMS – Assistive Devices Medical Supplies | Available service option within the CCW that provides assistive devices and medical supplies. |
| APS – Adult Protective Services | Responsible for investigating reports, arranging services, and providing recommendations in order to protect vulnerable adults ages 18-59 and emancipated minors who are at risk of abuse, neglect, exploitation, or extortion. |
| CAPs – Clinical Assessment Protocols | The individual interRAI CAPs that are derived from the results of the interRAI Home Care (iHC) assessment coding. CAPs provide a structured, problem-oriented approach to care planning. |
| CAPS – Clinical Assessment Protocols Summary | OAAS Plan of Care (POC) section that includes goals and detailed strategies/interventions for each CAP (along with all other person-centered planning details for the participant). |
| CCW – Community Choices Waiver | A Waiver that provides certain Home and Community-Based Services (HCBS) to participants who are 65 years of age and older, and ages 22 - 64 with physical disabilities who may otherwise require care in a nursing facility. |
| CIR – Critical Incident Reports | To meet Centers for Medicare and Medicaid Services (CMS) waiver assurances, all CIRs must be reported, investigated and tracked. Examples of |

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| | critical incidents are abuse, neglect, major injury, falls, etc. |
| CMS – Centers for Medicare and Medicaid Services | The Federal agency in the United States Department of Health and Human Services (DHHS) responsible for administration of the Medicaid and Medicare programs. |
| CQI – Continuous Quality Improvement | An ongoing process to objectively and systematically monitor and evaluate the quality of services provided to individuals served by Medicaid, pursue opportunities to improve services, and correct identified problems. |
| DAL – Division of Administrative Law | The Division of Administrative Law (DAL) is Louisiana’s centralized administrative hearings panel. When disputes arise between government agencies and those they regulate, due process hearings should be fair and impartial, convenient to citizens, and conducted professionally. DAL is independent from the agencies served, preserving fairness and impartiality in the right to administrative review. All OAAS participants have the right to a fair hearing for any adverse decisions regarding their services. |
| DDQ – Degree of Difficulty Questions | Office of Aging and Adult Services (OAAS) provides an opportunity for individuals to meet Nursing Facility Level of Care (NFLOC) and be eligible for services when they need a significant level of assistance, but failed to receive assistance in the look-back period. This process is referred to as application of the “degree of difficulty” questions. |
| DMC – Data Management Contractor | Contractor responsible for waiver and Long Term-Personal Care Services (LT-PCS) Prior Authorizations (PAs), Request for Services Registry (RFSR), waiver offers, waiver Plans of Care (POCs), and Electronic Visit Verification (EVV). |
| Decision Notice (formerly 18-W) | Notice generated by Medicaid to individuals applying for or currently receiving Medicaid; detailing their Medicaid eligibility status. |
| DSP – Direct Service Provider | A Medicaid enrolled Home and Community-Based Services provider agency that employs Direct Service Workers to provide personal care type services. |
| DSW – Direct Service Worker | An unlicensed person who provides direct personal care services to individuals with disabilities or to the |

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| | elderly. Functions performed may include, but are not limited to, assistance with ADLs and/or IADLs. |
| 148W –148-Waiver Form | Medicaid electronic form submitted by providers and nursing facilities into Louisiana Medicaid Eligibility Determination System (LaMEDS) to alert Medicaid of cases needing action or updates. |
| EAA – Environmental Accessibility Adaptation | Waiver service available through CCW which provides necessary adaptations to a participant’s residence. |
| EPS – Elderly Protective Services | EPS, an agency within the Governor’s Office of Elderly Affairs (GOEA) that is responsible for investigating reports of elders aged 60 and above who are at risk due to abuse, neglect, exploitation, and extortion. |
| EVV - Electronic Visit Verification | A system under which service visits are electronically verified with respect to (i) the type of service performed; (ii) the individual receiving the service; (iii) the date of the service; (iv) the location of service delivery; (v) the individual providing the service; and (vi) the time the service begins and ends. |
| FEA – Fiscal Employer Agency | The Medicaid provider responsible for providing financial management services to participants enrolled in an approved Medicaid self-direction option/program. The FEA will operate as a Fiscal Employer Agent in accordance with Section 3504 of the Internal Revenue Code, IRS Revenue Procedure 2013-39, and IRS Notice 2003-70. |
| FOC – Freedom of Choice | The process that allows a participant the choice between institutional or HCBS and to review all available support coordination and DSPs in order to freely select agencies of their choice. FOC is verified by the FOC form. |
| HCBS – Home and Community-Based Services | Home and Community-Based Services (HCBS) provide opportunities for Medicaid participants who meet Nursing Facility Level of Care (NFLOC) to receive services in their own home or community rather than institutions or other isolated settings. |
| HHA – Home Health Agency | An organization that delivers skilled nursing and other therapeutic services to a patient’s personal residence, rather than in a more traditional healthcare facility setting. |

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| HSS – Health Standards Section | LDH section which licenses and certifies providers for participation in the Medicare and Medicaid programs. |
| IADLs – Instrumental Activities of Daily Living | Instrumental activities of daily living that require more complex thinking skills, including organizational skills; such as, cleaning, transportation and managing finances. |
| iHC - interRAI Home Care assessment | The iHC assessment tool is an internationally recognized assessment tool that is scientifically-validated and reliability-tested. This face-to-face assessment tool evaluates the needs, strengths and preferences of individuals in home and community care settings. It is also used to determine OAAS program medical/functional eligibility and resource allocation for LT-PCS and waiver programs. |
| IR – Institutional Risk | Individuals’ risk to be placed in a facility for care. |
| IRA – Individual Responsibility Agreement | A written and signed agreement between the participant and care team, when the participant chooses to take responsibility for certain risks that could pose a threat to their health and welfare, while receiving HCBS. An IRA acknowledges the dignity of risk assumed by the participant. It documents that the participant freely chooses to assume the responsibility and understands the consequences if the risk goes unaddressed. |
| LaMEDS - Louisiana Medicaid Eligibility Determination System | Louisiana Medicaid’s comprehensive system for Medicaid case findings, documentation and processes. |
| LASCA – Louisiana Support Coordination Application | The system that is used by OCDD and OAAS to input SCA monitoring findings. OCDD created this system and is responsible for the maintenance and oversight for this system. |
| LaSRS® - Louisiana Service Reporting System | The Data Management Contractor’s (DMC) system that administers and tracks the RFSR, LT-PCS participants, waiver participants, EVV, POCs and PAs. |
| LDH – Louisiana Department of Health | 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. OAAS is one of the agencies under LDH’s umbrella. |

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| LTC – Long Term Care | A variety of services designed to meet an individual's health or personal care needs when they can no longer perform everyday activities on their own. |
| LT-PCS – Long Term-Personal Care Services | Long Term-Personal Care Services (LT-PCS) is a Medicaid State Plan service that is administered by OAAS. Participants must meet Medicaid financial eligibility, medical eligibility, and specified program requirements (NFLOC, age 21 or older, etc.) are eligible for these services. This program provides assistance with Activities of Daily Living and Instrumental Activities of Daily Living only to qualified individuals. Since this is a Medicaid State Plan service, there is no waitlist for this service. The Long Term Care (LTC) Access contractor manages the day to day operations of LT-PCS. |
| LOC – Level of Care | A measure of care needs that must be met for Medicaid nursing home admission and also used as a criteria for an individual to receive LTC services and supports from a HCBS Medicaid waiver. |
| MCL – My Choice Louisiana | MCL provides transition planning and support, as well as screening and evaluations to all Medicaid eligible individuals with serious mental illness (SMI) who are currently in a nursing facility. |
| MDS-HC – Minimum Data Set-Home Care | Prior assessment tool replaced by the iHC—see definition above for iHC. |
| MDS-3.0 – Minimum Data Set assessment | Health status screening and assessment tool used for all residents of long term care nursing facilities certified to participate in Medicare or Medicaid, regardless of payer. |
| MFP – Money Follows the Person | The MFP Rebalancing Demonstration is a CMS grant designed to help states try new ways of delivering Medicaid services. |
| MPL – My Place Louisiana | Louisiana's MFP which helps people move, or "transition", from qualified institutions into a family home or community-based living setting; such as, a house or an apartment. |
| MPSW – Medicaid Program Supports and Waivers | This is the division in LDH Medicaid that OAAS works closely with to manage our waiver programs. Medicaid Program Supports and Waivers (MPSW) is a section within LDH Medicaid which bears primary responsibility to ensure Medicaid Home and Community-Based Services programs meet |

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| | federally mandated Medicaid Waiver assurances and other federal and state requirements. MPSW performs administrative oversight of HCBS programs operated by OAAS, OCDD, and OBH including the 1915c, 1915b, and 1115 waiver programs. The section has oversight of other programs including LDH's Electronic Visit Verification (EVV) system, American Rescue Plan Act (ARPA) HCBS Spending Plan, Preadmission Screening and Resident Review (PASRR), Money Follows the Person (MFP), and fiscal oversight and monitoring of several Medicaid contracts, Memorandums of Understanding (MOUs), etc. |
| NF – Nursing Facility | Medical facilities which provide 24-hour nursing assistance to residents. |
| NFLOC – Nursing Facility Level of Care | Nursing Facility Level of Care (NFLOC) is the level of care required for Medicaid nursing home admissions, OAAS Waiver programs and OAAS State Plan Services (LT-PCS and PACE). Individuals who are approved by OAAS and/or its designee as having met NFLOC must continue to meet NFLOC eligibility criteria on an ongoing basis. |
| OPTS – OAAS Participant Tracking System | A system developed by the University of Louisiana at Lafayette (ULL) used by Office of Aging and Adult Services (OAAS) to manage and track applicant's/participant's information for some of the OAAS programs/services. OPTS contains the following modules: Participant, Inquiry Call, LOCET, NFA, iHC, Plan of Care (LT-PCS) and My Choice Louisiana. |
| OT – Occupational Therapy | Therapy designed to assist individuals struggling with ADLs by teaching them the skills needed to live independently and perform everyday tasks. |
| PA – Prior Authorization | A process whereby requested services are approved for medical necessity or program criteria before services are delivered or billed on behalf of a participant. |
| PACE – Program of All-Inclusive Care for the Elderly | Program administered by OAAS which coordinates and provides all needed preventive, primary health, acute and LTC services for individuals fifty-five (55) years of age or older who may otherwise require care in a nursing facility. Currently available in Regions 1, 2, 4, and 6. |

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| PAS – Personal Assistance Services | Services provided in the home or community that assist individuals with their ADLs and IADLs. |
| PERS – Personal Emergency Response System | Service available within the ADHC Waiver and CCW which provides a participant with an electronic device that enables them to secure help in an emergency. |
| PCP – 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 participant to plan their life by gathering and integrating formal and informal supports relevant to the development of an individualized POC. |
| PI – Program Integrity | LDH agency that assures the Programmatic and Fiscal Integrity of the Louisiana Medical Assistance Program. |
| PLI – Patient Liability Income | When a waiver participant’s income is over the LTC Special Income Level (SIL), Medicaid may be able to determine a spend-down amount and the participant can pay a liability amount towards their paid services monthly, directly to the provider. |
| PLT – Provider Locator Tool | Medicaid’s online list of all enrolled providers for Medicaid services; used by waiver for a participant’s FOC of providers. |
| POC – Plan of Care | A document that specifies participant’s preferences for services, short and long-term goals, concerns, and assistance/interventions needed. |
| PT – Physical Therapy | PT, also known as physiotherapy, is a healthcare profession. It is also identified as care provided by physical therapists who promote, maintain, or restore health through patient education, physical intervention, disease prevention, and health promotion. |
| PW - Pathway | Seven (7) potential avenues of functional/medical eligibility that are reviewed by OAAS to determine if an individual meets NFLOC. |
| RFSR – Request for Services Registry | A waiting list for the OAAS waiver programs (Community Choices Waiver and Adult Day Health Care Waiver) which contains the names and dates of requests of individuals applying for an OAAS waiver opportunity. These RFSRs are maintained by the Data Management Contractor. |

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| RO or OAAS RO – Office of Aging and Adult Services Regional Office | Functions in LDH under the supervision of OAAS. OAAS operates nine (9) ROs throughout the state. OAAS RO is responsible for monitoring the support coordination agencies, as well as providing training and technical assistance to these agencies. |
| RR – Responsible Representative | This individual is designated by a waiver participant to act on their behalf when dealing with LDH and/or its designee (i.e. support coordination agency (SCA) and/or DSP). In the case of an interdicted individual, the representative must be the curator appointed by the court of competent jurisdiction. |
| RUGs – Resource Utilization Groups | The iHC generates a score that assigns an individual to a specific RUG. Based on the RUG score, the applicant/participant is assigned to a level of support category and is eligible for a set annual services budget associated with that level. |
| SC – Support Coordinator | An individual meeting qualifications required by LDH and is employed by a qualified provider agency who provides support coordination services. SCs will provide information and assistance to waiver participants in directing and managing their services. SCs will be available to participants for on-going support and assistance. |
| SCA - Support Coordination Agency | Medicaid enrolled agency that provides OAAS waiver support coordination services to waiver participants through an OAAS provider agreement. |
| SCD – Support Coordination Contact Documentation | Documentation completed by the SCs which details participant contacts, service delivery of waiver participants, and documents any needs or services addressed with the participant. |
| SCM – Support Coordination Monitoring | A quality improvement monitoring designed by OAAS Research and Quality section implemented by the ROs which monitors SCAs delivery of services. |
| SCS – Support Coordinator Supervisor | Supervises a SC, see SC definition above. |
| SHARe – Service Hour Allocation of Resources | The allocation of waiver resources (budget) based upon an individual’s iHC RUG classification. |
| SIMS – Statewide Incident Management System | System used by OAAS, OCDD, HSS, EPS and APS to document participants’ critical incidents, the resolution and follow-up. |

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| SO or OAAS SO – Office of Aging and Adult Services State Office | State Office section at OAAS. |
| SOA — Statement of Approval | Issued by OCDD Human Services Authority or District indicating that the individual meets eligibility for OCDD services. |
| SOD — Statement of Denial | Issued by OCDD Human Services Authority or District indicating that the individual does not meet eligibility for OCDD services. |
| SOE – Summary of Evidence | Document completed by OAAS, or their designee, for participant appeal hearings, provided to the DAL, in which the department’s evidence/documentation for adverse action is detailed. |
| SPOE – Single Point of Entry | Contractor responsible, through call center operations, for an individual’s entry/eligibility screening into the OAAS service delivery programs of LT-PCS, PACE, nursing facility and waiver. |
| SRI – Statistical Resources, Inc. | Current DMC for LT-PCS and waiver programs, contract held by Medicaid MPSW. |
| SRP – Service Review Panel | An interdisciplinary team (IDT) that reviews complex cases needing additional recommendations or a higher level of service to maintain community living. The SRP is comprised of members from divisions across OAAS. Other OAAS team members and LDH program offices participate as requested by SRP. |
| SSI – Supplemental Security Income | A means-tested program that provides cash payments to disabled children, disabled adults, and individuals aged 65 or older who are citizens or nationals of the United States. |
| TC – Transition Coordinator | My Choice Louisiana (MCL) and Money Follows the Person (MFP) employees who work to transition residents, who qualify, from nursing facilities to the community. |
| TISC – Transition Intensive Support Coordination | Intensive SC services delivered at a higher rate to waiver participants residing in a NF. |
| TS - Transition Services | Waiver service available for NF residents providing items necessary for transition from a NF to permanent residence (furniture, deposits, houseware, etc.) |
| TSF – Transition Services Form | Form completed to access/complete the transition services process. |

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| VA – Veteran’s Affairs | Federal agency which provides health, education, disability, funerary, and financial benefits earned to Veterans of the United States Armed Forces. |
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