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CHAPTER 24: HOSPICE

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**ACRONYMS/DEFINITIONS/TERMS**

**Activities of Daily Living (ADLs)** – The functions or basic self-care tasks which an individual performs in a typical day, either independently or with supervision/assistance. Activities of daily living include bathing, dressing, eating, grooming, walking, transferring and/or toileting.

**Adult Day Health Care (ADHC) Waiver** – An optional Medicaid program under section 1915 (c) of the Social Security Act that provides services in the community as an alternative to institutional care to individuals who: are age 65 or older, or aged 22-64 and have a physical disability, and meet nursing facility level of care requirements.

**Attending/Primary Physician** - A doctor of medicine or osteopathy, fully licensed to practice medicine in the State of Louisiana, who is designated by the beneficiary as the physician responsible for their medical care. The attending physician is the physician identified within the Medicaid system as the provider to which claims have been paid for services prior to the time of the election of hospice.

**Bereavement Counseling** - Organized counseling provided under the supervision of a qualified professional to help the family cope with death related grief and loss issues. This is to be provided for at least one year following the death of the beneficiary.

**BHSF FORM HOSPICE-NOE (Notice of Election/Revocation/Discharge/Transfer)** - This is the required form used to notify the hospice Prior Authorization Unit (PAU) of a beneficiary's election or cancellation of the hospice program as provided by Louisiana Medicaid. This form is also used to update changes in the Medicaid hospice beneficiary's condition and status.

**BHSF FORM HOSPICE-CTI (Certification of Terminal Illness)** - This is the required form to be used by the hospice agency for documentation of written and verbal certification of terminal illness for Medicaid beneficiaries. **This form is not to be altered by the Hospice provider. In addition, this form may be utilized for dually eligible (Medicare/Medicaid) beneficiaries.**

**Clinical Condition** – A diagnosis or beneficiary state that may be associated with more than one diagnosis, or may be as yet undiagnosed.

**Concurrent Care** – Beneficiaries who are under 21 years of age and elect hospice are entitled to receive a hospice benefit while continuing to receive all necessary disease-directed and life-prolonging therapies with the goal of providing access to comprehensive care, in order to live as long and as well as possible.

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**Community Choices Waiver (CCW)** – An optional Medicaid program under section 1915 (c) of the Social Security Act that provides services in the community as an alternative to institutional care to individuals who: are age 65 or older, or aged 21- 64 and have a physical disability, and meet the nursing facility level of care requirements.

**Core Services** - Nursing services, physician services, medical social services and counseling services, including bereavement counseling, dietary counseling, spiritual counseling and any other counseling services provided to meet the needs of the individual and family.

**Curative Treatments** – Medical treatment and therapies provided to a beneficiary with the intent to improve symptoms and cure the patient’s medical problem.

**Department/LDH** - Louisiana Department of Health.

**Discharge** - The point at which the beneficiary’s active involvement with the hospice services is ended and the hospice provider no longer has active responsibility for the care of the beneficiary.

**Geographic Area** - Area around location of licensed agency which is within a 50-mile radius of the agency premises.

**Hospice Employee** - An individual whom the hospice provider pays directly for services performed on an hourly or per visit basis and the hospice provider is required to issue a form W-2 on their behalf. If a contracting service or another agency pays the individual, and is required to issue a form W-2 on the individual's behalf, or if the individual is self-employed, the individual is not considered a hospice employee. An individual is also considered a hospice employee if the individual is a volunteer under the jurisdiction of the hospice.

**Instrumental Activities of Daily Living (IADLs)** – Those routine household tasks that are considered essential for sustaining the individual’s health and safety, but may not require performance on a daily basis. IADLs may include laundry, meal preparation and storage for the beneficiary, shopping, light housekeeping, assistance with scheduling and/or accompanying the beneficiary to medical appointments, etc.

**Interdisciplinary Group (IDG)** - An interdisciplinary group or groups designated by the hospice provider, composed of representatives from all the core services. The IDG must include at least a doctor of medicine or osteopathy, a registered nurse, a social worker and a pastoral or other counselor. The interdisciplinary group is responsible for: participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care; and establishment of policies governing the day-to-day provision of hospice care and services.

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**Level of Care (LOC)** - Hospice care is divided into four categories of care rendered to the hospice beneficiary: (1) routine home care; (2) continuous home care; (3) inpatient respite care; and (4) general inpatient care.

**Life-Prolonging Therapies** - Any aspects of the beneficiary's medical plan of care that are focused on treating, modifying, or curing a medical condition so that the beneficiary may live as long as possible, even if that medical condition is also the hospice qualifying diagnosis. Beneficiaries under age 21 are entitled to receive life-prolonging therapies in the concurrent care model of hospice.

**Long Term-Personal Care Services (LT-PCS)** – A Medicaid state plan service which provides assistance with ADLs and IADLs as an alternative to institutional care to qualified Medicaid beneficiaries who are age 21 or older and meet specific program requirements.

**Non-Core Services** - Services provided directly by hospice employees or under arrangement. These services include, but are not limited to home health aide and homemaker, physical therapy services, occupational therapy services, speech-language pathology services, inpatient care for pain control and symptom management and respite purposes, and medical supplies and appliances, including drugs and biologicals.

**Office of Aging and Adult Services (OAAS)** – The office within the Louisiana Department of Health that is responsible for the management and oversight of certain Medicaid home and community-based services waiver programs (Community Choices Waiver and Adult Day Health Care Waiver), state plan programs, adult protective services for adults ages 18 through 59, and other programs that offer services and supports to the elderly and adults with disabilities.

**Office for Citizens with Developmental Disabilities (OCDD)** – The office within the Louisiana Department of Health that is responsible for management and oversight of 1915 (c) Medicaid home and community-based waiver programs (New Opportunities Waiver (NOW), Residential Options Waiver (ROW), Supports Waiver (SW), and Children's Choice Waiver (ChCW)) that services individuals of all ages with intellectual and/or developmental disabilities.

**Plan of Care (POC)** - A written document established and maintained for each individual admitted to a hospice program. Care provided to an individual must be in accordance with the plan. The plan includes an assessment of the individual's needs and identification of the services, including the management of discomfort and symptom relief.

**Program of All-Inclusive Care for the Elderly (PACE)** – Program which coordinates and provides all needed preventive, primary health, acute and long-term care services to qualified beneficiaries age 55 and older in order to enhance their quality of life and allow them to continue to live in the community.

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**Relative** - For the purpose of legal representation, a relative is all persons related to the beneficiary by virtue of blood, marriage, adoption or legal guardianship as court appointed.

**Service Intensity Add-On Rate (SIA)** – A rate for registered nurse and social worker visits provided to a patient within the last seven days of life.

**Support Coordination Agency** – For OAAS, this is an entity which delivers Medicaid support coordination services under an agreement with LDH/OAAS.

**Terminal Illness** - A medical prognosis of limited expected survival, of approximately six months or less at the time of referral to a hospice program, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone are no longer appropriate.