ACRONYMS/DEFINITIONS

Abuse - The infliction of physical and mental injury on a recipient by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered.

Access Contractor – The contractor of a geographical area who is responsible for managing the authorization of services for recipients in the Long Term-Personal Care Services program.

Activities of Daily Living (ADL) - Those activities that are required by an individual for continued well-being, health and safety.

Agreement to Provide Services - An agreement between the provider of long term-personal care services and the recipient. The agreement specifies responsibilities with respect to the provision of services.

Appeal – A due process system ensuring a recipient an opportunity to contest certain decisions.

Approval Date – The date the plan of care is approved.

Assessment – The process of gathering and integrating formal and informal information relevant to the development of an individualized plan of care.

Bureau of Health Services Financing (hereafter referred to as the Bureau) - The office within the DHH that is responsible for the administration of the Medicaid Program.

Certification Period – The time period that a Long Term-Personal Care Service recipient is qualified to receive services.

Chronic Needs Case – A designation granted to some EPSDT – Personal Care Service recipients by the Prior Authorization Unit when the recipient's medical condition is such that services are expected to be continuous and remain at the level currently approved.

Complaint – An allegation that an event has occurred or is occurring and has the potential for causing more than minimal harm to a recipient.

Department of Health and Hospitals (DHH) – The single state Medicaid agency for the state of Louisiana.

Early and Periodic Screening Diagnosis and Treatment (EPSDT) – Medicaid's comprehensive and preventive child health program for individuals who are under the age of 21.

Fiscal Intermediary – The private fiscal agent contracted to operate the Medicaid Management Information System, which includes claims processing, issuing payments for services rendered and providing assistance to providers.

Good Cause – The failure of the long term-personal care service provider to furnish services in compliance with the plan of care. Good cause is determined by the Bureau or its designee.

Instrumental Activities of Daily Living (IADL) – 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.

Intake – The Long Term-Personal Care Service screening process consisting of activities necessary to determine the need and qualifications for personal care services.

Long Term-Personal Care Services (LT-PCS) – An optional service offered under the Louisiana Medicaid State Plan to provide assistance with the activities of daily living and instrumental activities of daily living to qualified Medicaid recipients.

Medicaid – A federal-state financed entitlement program operated under Title XIX of the Social Security Act which provides payment for medically necessary services rendered to eligible individuals.

Medicaid Management Information System (MMIS) – The computerized claims processing and information retrieval system for the Medicaid Program.

Office of Aging and Adult Services (OAAS) – The office within the DHH responsible for the determination of level of care and review of plans of care for the Long Term-Personal Care Services Program.

Prior Authorization Liaison (PAL) – Facilitates the prior authorization approval process for EPSDT-PCS recipients who are part of the Request for Services Registry.

Personal Representative – An individual designated by a Medicaid recipient to act on his/her behalf when applying for and/or receiving Medicaid services.

Plan of Care – The written document that outlines how service will be delivered to a recipient. It should identify each service area and specify how and the recipient's preference as to when the services will be executed by the personal care worker.

Provider – A licensed agency or individual furnishing personal care service under a provider agreement with the DHH.

Reassessment – The process utilized to review a recipient's ongoing need and qualification for services. It provides the opportunity to gather information for reevaluating and revising the plan of care.

Recipient – An individual who has been determined to be eligible and receives Medicaid services.

Service Area – A designated region where services are provided.

Service Period Authorization – The period that a provider is authorized to provide services.

Task List/Provider Agreement - An agreement between the long term-personal care service provider and the recipient. The document specifies the recipient's preferences and the provider's responsibilities with respect to the provision of services.

Waiver – An optional Medicaid program established under Section 1915 of the Social Security Act designed to provide services in the community as an alternative to institutional services to persons who meet the requirements for an institutional level of care.