GLOSSARY

This is a list of abbreviations, acronyms, and definitions used in the Personal Care Services (PCS) Manual Chapter for long-term personal care services (LT)-PCS and Early and Periodic Screening Diagnosis and Treatment (EPSDT)-PCS.

Abuse - The infliction of physical and mental injury or actions which may reasonably be expected to inflict physical injury, on an adult by other parties, including, but not limited to, such means as sexual abuse, abandonment, isolation, exploitation, or extortion of funds, or other things of value. (La R.S. 15:1503)

Abuse of Medicaid Funds – Inappropriate use of public funds by either providers or recipients, including practices which are not criminal acts and which may even be technically legal, but which still represent the inappropriate use of public funds.

Activities of Daily Living (ADL) - The functions or basic self-care tasks which are performed by an individual in a typical day, either independently or with supervision/assistance. Activities of daily living include bathing, dressing, eating, grooming, walking, transferring and/or toileting. The extent to which a person requires assistance to perform one or more of these activities often is a level of care criterion.

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.

Adult Protective Services (APS) - the office within Office of Aging and Adult Services (OAAS) that handles reports of suspected cases of abuse, neglect, exploitation or extortion of adults ages 18-59 and emancipated minors.

Advocacy – The process of assuring that recipients receive appropriate high quality supports and services and locating additional services needed by recipients which are not readily available in the community.

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

Appeal – A request for a fair hearing concerning a proposed agency action, a completed agency action, or failure of the agency to make a timely determination; a legal proceeding in which the

applicant/enrollee and OAAS representative, or designee, presents the case being appealed in front of an impartial hearing officer. (See Fair Hearing.)

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

Applicant – An individual who is requesting Medicaid services (LT-PCS or EPSDT-PCS).

Assessment – One or more processes that are used to obtain information about a person, including his/her condition, personal goals and preferences, functional limitations, health status and other factors that are relevant to the authorization and provision of services. Assessment information supports the determination that a person meets nursing facility level of care and requirements of the LT-PCS program. The results are used to develop the Plan of Care (POC) and an Individualized Service Plan (ISP).

Bureau of Health Services Financing - The bureau within the Louisiana Department of Health (LDH) that is responsible for the administration of the Medicaid Program.

Centers for Medicare and Medicaid (CMS) – The agency in the Department of Health and Human Services (DHHS) responsible for federal administration of the Medicaid and Medicare programs.

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.

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.

Confidentiality – The process of protecting a recipient's or an employee's personal information, as required by the Health Insurance Portability and Accountability Act (HIPAA).

Corrective Action Plan – Written description of action a provider plans to take to correct identified deficiencies.

Department of Health and Human Services (DHHS) – The federal agency responsible for administering the Medicaid Program and public health programs.

Direct Care Staff – Unlicensed staff paid to provide personal care and other direct service and

support to persons qualified recipients to enhance their well-being, and who are involved in face-to-face direct contact with the recipient.

Elderly Protective Services (EPS) - The office within the Governor's Office of Elderly Affairs that handles reports of suspected cases of abuse, neglect, exploitation or extortion involving adults age 60 and older.

Electronic Visit Verification (EVV) – A web-based system that electronically records and documents the precise date, start and end times that services are provided to recipients. The EVV system will ensure that LT-PCS recipients are receiving services authorized in their POCs, reduce inappropriate billing/payment, safeguard against fraud and improve program oversight.

Eligibility – The determination of whether or not a recipient qualifies to receive services based on meeting established criteria as set by LDH.

Enrollment – A determination made by LDH that a provider meets the necessary requirements to participate as a Medicaid provider. This is also referred to as provider enrollment or certification.

Exploitation – The illegal or improper use or management of the funds, assets or property, of a person who is aged or an adult with a disability, or the use of power of attorney or guardianship of a person who is aged or an adult with a disability for one's own profit or advantage. (La. R.S. 15:1503)

Extortion – The acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (La. R.S. 15:1503)

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.

Fair Hearing – A legal proceeding in which the recipient and OAAS representative, or designee, presents the case being appealed in front of an impartial hearing officer.

Fiscal Intermediary – The contractor, managed by the Medicaid Management Information System, which processes claims, issues payments to providers, handles provider inquiries and complaints, andprovides training for providers.

Formal Services – Another term for professional and paid services.

Good Cause – An acceptable reason to change providers outside of the designated circumstances and timelines.

Health Standards Section (HSS) – A section of the LDH responsible for the licensure and enforcement of compliance of those health care providers licensed by the Health Standards Section

(HSS).

Hospice – An alternative treatment approach for a terminally ill patient that focuses on palliative care and support for his/her family.

Individualized Service Plan (ISP) – An individualized written plan of action to be completed and followed by providers to address the recipient's difficulties, health care needs, and services based upon his/her assessment. A comprehensive POC prepared in accordance with policies, procedures, and timelines established by Medicaid or by an LDH program office for reimbursement purposes may be substituted or used for the individual service plan for in-home providers.

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

Institutionalization – The placement of a recipient in an inpatient facility including, but not limited to a hospital, nursing facility, or psychiatric hospital.

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 LT-PCS screening process consisting of activities necessary to determine the need and qualifications for personal care services.

Level of Care Eligibility Tool (LOCET) – An algorithm-based screening tool that is used by OAAS and/or its designee during the initial intake screening process to determine whether an applicant "presumptively" meets Nursing Facility Level of Care (NFLOC) eligibility criteria.

Licensure – A determination by the HSS that a provider meets the requirements of State law to provide health care and services.

Linkage – Act of connecting a recipient to a specific provider.

Long Term Care (LTC) Access Contractor – The contractor who is responsible for managing the authorization of services for recipients in the LT-PCS program.

Long Term-Personal Care Services (LT-PCS) – An optional Medicaid State Plan service which provides assistance with the ADL and IADL as an alternative to institutional care to qualified Medicaid recipients who are age 21 or older and meet specific program requirements.

Louisiana Department of Health (LDH) – The state agency responsible for administering the state's Medicaid Program and other health and related services including aging and adult services,

public health, mental health, developmental disabilities, and behavioral health services.

Louisiana Service Reporting System (LaSRS) – A secure modular web application developed by an LDH contractor to issue prior authorizations (Pas) for LT-PCS and confirm post authorizations through EVV.

Medicaid – A federal-state financed medical assistance program that is provided under approved State Plan under Title XIX of the Social Security Act.

Medicaid Fraud – An act of any person with the intent to defraud the state through any medical assistance program created under the federal Social Security Act and administered by LDH or any other state agency. (LA RS 14:70.1)

Medicaid Management Information System (MMIS) – The computerized claims processing and information retrieval system for the Medicaid Program. This system is an organized method of payment for claims for all Medicaid covered services. It includes all Medicaid providers and eligible recipients.

Medicare – The health insurance program for the aged and disabled under Title XVIII of the Social Security Act.

Neglect – The failure by a care giver responsible for an adult's care or by other parties to provide the proper or necessary support or medical, surgical, or any other care necessary for his/her well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (La. R.S. 15:1503)

Non-allowable costs – Costs that are not based on the reasonable cost of services covered under Medicare/Medicaid and are not related to the care of recipients.

Nursing Facility (NF) – A facility which meets the requirements of sections 1819 or 1919 (a) (b) (c) and (d) of the Social Security Act. A nursing facility provides intermediate, skilled nursing, and/or long term care for those individuals who meet the eligibility requirements.

Office of Aging and Adult Services (OAAS) – The office within the LDH that is responsible for the management and oversight of certain Medicaid home and community-based services waiver programs, state plan programs, including LT-PCS, adult protective services for adults ages 18 through 59, and other programs that offer services and supports to the elderly and adults with disabilities.

OAAS Regional Office – One of nine administrative offices within the Office of Aging and Adult Services.

Office for Citizens with Developmental Disabilities (OCDD) – The office in LDH responsible for services to individuals with developmental disabilities.

Program of All-Inclusive Care for the Elderly (PACE) – A program under the Medicaid State Plan that is a capitated, managed care program that coordinates and provides all needed preventative, primary health, acute and long term care services for enrolled recipients.

Person-Centered – An approach used in the assessment and planning processes that considers a recipient's personal experiences and preferences.

Personal Outcome – Result achieved by or for the recipient through the provision of services and supports that make a meaningful difference in the quality of the individual's life.

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 (POC)– A written person-centered plan developed by the recipient, his/her authorized representative and based on assessment results. This document identifies each service area and outlines how services will be delivered to a recipient based on his/her preferences.

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

Progress Notes – Documentation of the delivery of services, activities, observations, and/or deviations from the POC of a recipient.

Provider – A licensed provider that delivers Medicaid personal care services under a provider agreement with the LDH.

Provider Agreement – A contract between the provider of services and the Medicaid program or other LDH office. The agreement specifies responsibilities with respect to the provision of services and payment under Medicaid or other LDH office.

Provider Enrollment – See "Enrollment".

Re-assessment – See "Assessment". The re-assessment is completed at least once every 18 months for LT-PCS recipients and when status changes occurs in order to update the POC and/or ISP.

Recipient – An individual who has been certified for PCS through the Medicaid Program. A recipient may also be referred to as a participant.

Responsible/Personal Representative – An adult who has been designated by the recipient to act on his/her behalf with respect to his/her services. The written designation of a responsible representative does not give legal authority for that individual to independently handle the recipient's business without the recipient's involvement. In the case of an interdicted individual, the responsible party must be the curator appointed by the court of competent jurisdiction.

Self-neglect – The failure, either by the adult's action or inaction, to provide the proper or necessary support or medical, surgical, or any other care necessary for his own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected. (La. R.S. 15:1503)

Service Area – A designated region where services are provided.

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

Sexual Abuse – Any non-consensual sexual activity between a recipient and another individual. Sexual activity includes, but is not limited to kissing, hugging, stroking, or fondling with sexual intent; oral sex or sexual intercourse; insertion of objects with sexual intent; request, suggestion, or encouragement by another person for the recipient to perform sex with any other person when recipient is not capable of or competent to refuse.

Supports Waiver - A 1915(c) waiver designed to create options and provide meaningful opportunities for those individuals, 18 years of age and older who have a developmental disability, through vocational and community inclusion.

Transition – A shift from a recipient's current services to another appropriate level of services, including discharge from all services.

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 individuals who meet the requirements for these programs.