A-Abbreviations/Acronyms/Definitions

A-100 Abbreviations and Acronyms

ADHC – Adult Day Health Care
ADLs – Activities of Daily Living
ATP – Assistive Technology Professional
APS – Adult Protective Services
CAPs – Client Assessment Protocols
CAPS – Client Assessment Protocols Summary
CCW – Community Choices Waiver
CIR – Critical Incident Reports
CMIS – Case Management Information System
CMS – Centers for Medicare and Medicaid Services
CQI – Continuous Quality Improvement
DAL – Division of Administrative Law
DDQ – Degree of Difficulty Questions
DHH – Department of Health and Hospitals
DMC – Data Management Contractor
DSP – Direct Service Provider
DSW – Direct Service Worker/Direct Support Worker
e148W – Electronic 148W
EAA – Environmental Accessibility Adaptation
EPS – Elderly Protective Services
FOC – Freedom of Choice
HCBS – Home and Community-Based Services
HHA – Home Health Agency
HSS – Health Standards Section
IADLs – Instrumental Activities of Daily Living
IR – Institutional Risk
IRA – Individual Responsibility Agreement
LAWRRIS – Louisiana Waiver Registry and Recipient Information System
LT-PCS – Long Term-Personal Care Services
LOC – Level of Care
MDS-HC – Minimum Data Set-Home Care
MDS-NF – Minimum Data Set-Nursing Facility
MFP – Money Follows the Person
MPL – My Place Louisiana
NF – Nursing Facility
OT – Occupational Therapy
OTIS- Online Tracking Incident System
PA – Prior Authorization
PAS – Personal Assistance Services
PERS – Personal Emergency Response System
PCP – Person Centered Planning
PLI – Patient Liability Income
PLT – Provider Locator Tool
POC – Plan of Care
PT – Physical Therapy
PW - Pathway
RAI MDS-HC – Resident Assessment Instrument Minimum Data Set-Home Care
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 Documentation
SCM – Support Coordination Monitoring
SCS – Support Coordinator supervisor
SHARe – Service Hour Allocation of Resources
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
TISC – Transition Intensive Support Coordination
TS- Transition Services

TSF – Transition Services Form

VA – Veteran’s Administration

W-OTIS – Waiver Online Tracking Incident System

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 DHH funded services has been submitted to DHH but whose eligibility has not yet been determined.

**Assessments/Reassessments** - The process of assessing the individual by completing the Resident Assessment Instrument (RAI) Minimum Data Set-Home Care (MDS-HC) for all initial, annual, status change and follow-up assessments/reassessments. 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 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.

**Department of Health and Hospitals (DHH)** - 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.
Direct Service Provider - A provider agency that delivers State Plan or Waiver services under a provider agreement with DHH.

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

Fiscal Intermediary - This is the fiscal agent with which DHH contracts to operate the Medicaid Management Information System. 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 Waiver - 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.

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

Medicaid - A federal-state financed entitlement program which 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 State Office (OAAS SO) - Functions in the Department of Health and Hospitals (DHH). OAAS is responsible for oversight of the nine (9) Regional Offices. OAAS SO 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 - This is the process of assisting individuals 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 Department of Health and Hospitals (DHH) under the supervision of OAAS State Office. OAAS consists of 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.

Resident Assessment Instrument (RAI) Minimum Data Set-Home Care (MDS-HC) - The tool used to assess the participant for all initial, annual, status change and follow-up assessments/reassessments.

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 responsible 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 DHH 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.