

APPENDIX B. GLOSSARY

The following definitions apply to the terms, abbreviations and acronyms used in this manual.

Access – where and how someone makes initial contact with the MH/DD/SAS system.

AFL- For the purposes of the CAP-MR/DD waiver, an Alternative Family Living Home or Adult Foster Home for one person is provided as an out of home placement for a person who chooses this setting or whose family cannot provide care for that person.

The

individual receives 24-hour care from and lives in a private home with a family in a home

environment where the services are for the care and/or habilitation of the individual.

The

home does not require a license because it serves only one adult with a developmental disability. The LME and CAP-MR/DD case manager jointly monitor the health and safety of the person. CAP-MR/DD services may not be utilized as payment for room and board costs.

CAP effective date - The date that the individual's coverage for CAP services begins.

It

is the latest of three dates:

- * the date of Medicaid application;
- * the date of the MR-2 approval; or
- * the date of de-institutionalization.

CAP-MR/DD - The acronym for the Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities- provides home and community-based care as an alternative to care in an intermediate care facility for persons with Mental Retardation/Developmental Disabilities (ICF-MR).

CM Indicator – The initials in the CAP block on the Medicaid ID card that identifies the individual as a participant in the Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities.

CMS - The acronym for the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare and Medicaid for the federal government.

Continued Needs Review Year- The 12 month period for the Continued Needs Review

(CNR) Plan of Care year that runs from the first day of the month following the birth month to the last day of the month of the birth month.

Co-payment - The amount that a Medicaid recipient is responsible for paying for certain services, such as prescriptions and physician visits. CAP recipients do not pay co-payments.

County DSS - The county Department of Social Services: the local agency that determines Medicaid eligibility, eligibility for other assistance programs, and provides a variety of services in the county.

Deeming - A Medicaid eligibility term that refers to considering the income and/or resources of a Medicaid applicant's parent(s) or spouse as available to the applicant. The income or resources are "deemed" to be available to help meet the applicant's needs.

DFS - The acronym for the North Carolina Division of Facility Services located in the Department of Health and Human Services. This is the agency that licenses home care agencies, certifies home health agencies, and performs a variety of licensure, service monitoring, and health planning activities.

DHHS – The acronym for the North Carolina Department of Health and Human Services
Diagnostic Assessment – An intensive clinical and functional evaluation of a recipient's developmental disability that results in the issuance of a Diagnostic/Assessment report with a recommendation regarding whether the recipient meets target population criteria, and includes recommendations for service delivery that provides the basis for a person centered plan.

DMA - The acronym for the North Carolina Division of Medical Assistance located in the Department of Health and Human Services. This is the agency that operates the Medicaid program for North Carolina.

DME - The acronym for durable medical equipment.

DMH/DD/SAS – The acronym for the Division of Mental Health/Developmental Disabilities/Substance Abuse Services. DMH/DD/SAS is the Lead Agency for statewide operations of this waiver.

DSS - An acronym used in two ways. Depending on the context, it may refer to the North Carolina Division of Social Services in the Department of Health and Human Services. This is the agency that administers public assistance programs (other than Medicaid) and service programs for children and adults. It may also refer to the county department of social services located in each county in the State.

EDS - The acronym for EDS (Electronic Data Systems) Corporation - the firm that handles claims processing

Enrollment -The term used for a provider becoming eligible for Medicaid payment. The provider enrolls with DMA to get a provider number that allows the provider to bill for Medicaid services.

HCBS - The acronym for home or community-based services. HCBS means services not otherwise furnished under the State's Medicaid Plan that are furnished under a waiver granted by CMS under Section 1915(c) of the Social Security Act.

Home Care Agency - An agency that is licensed by DFS to provide home care services and directly related medical supplies and appliances to an individual at his home. Home care services include nursing care; physical, occupational, or speech therapy; medical social services; "hands-on" in-home aide services; infusion nursing services; and assistance with pulmonary care, pulmonary rehabilitation, or ventilation.

ICF-MR -The acronym for Intermediate Care Facility for Persons with Mental Retardation; a licensed facility that provides care and treatment for individuals with mental retardation and certain developmental disabilities.

IDEA - The acronym for the Individuals with Disabilities Education Act.

IEP - The acronym for Individualized Education Program which is developed in a meeting that includes the child's parent(s), the child (when appropriate), one regular education teacher, one special education teacher, a representative of the local education agency, an individual who can interpret evaluation results, and others with special expertise about the child.

Initial Plan of Care Year - Describes the 12-month period used for planning services on the Initial Plan of Care. It begins the month of the CAP effective date and ends 12 months later. For example, if the CAP effective date is in November, the individual's Plan of Care year is November through the following October.

LEA – The acronym for the local education agency (i.e. school system).

LPN - The acronym for licensed practical nurse. In this manual it refers to a practical nurse licensed to practice in North Carolina.

IFSP - The acronym for Individualized Family Service Plan.

LME – The acronym for the Local Management Entity. LME is the local lead agency for the day to day operations of the waiver in the counties it serves. For the purpose of this waiver, LME also is inclusive of Area Authorities and County Programs.

Local Approval Process – The process by which Plans of Care are reviewed, resulting in a denial or approval, by the designated local approval staff at the local lead agency.

Medicaid Deductible ("Deductible") - The amount of medical expenses for which the individual is responsible before Medicaid will pay for a covered service.

Medicaid ID Card - The card issued monthly to identify individuals eligible for Medicaid coverage. The cards are blue, pink or buff. Each color denotes a certain type of coverage. See Chapter 5 for details.

MID - The acronym for Medicaid Identification Number; the individual identification number assigned to each Medicaid recipient. It consists of nine digits and an alpha suffix.

NCAC - The acronym for the North Carolina Administrative Code; the state regulations.

OT - The acronym for occupational therapy or occupational therapist, depending upon its use in the sentence. When used in this manual to designate an occupational therapist, it refers to one licensed to practice in North Carolina.

Person-Centered Planning – An approach in which the individual directs his/her own planning process with the focus being on the expressed preferences, needs and plans for his/her future.

Provider - The term used for the entity enrolled with Medicaid to provide a service.

Provider Participation Agreement - A legal agreement between the Division of Medical Assistance and a Medicaid provider stating that the provider understands and will follow Medicaid policies and procedures as well as applicable laws and regulations.

PT - The acronym for physical therapy or physical therapist, depending upon its use in the sentence. When used in this manual to designate a physical therapist, it refers to one licensed to practice in North Carolina.

Recipient -A person authorized for Medicaid coverage.

RN - The acronym for Registered Nurse. In this manual it refers to a registered nurse licensed to practice in North Carolina.

Screening and Triage – Screening involves a brief interview designed to first determine if there is a MH/DD/SA need and if the need is emergent, urgent, or routine. Secondly, screening will offer an initial determination as to whether or not the caller appears to be a member of a target population.

Social Security Income – Also referred to as SSI. It is direct, monthly cash payments to provide minimum income for individuals who meet a financial needs test and are elderly, blind, or have a disability.

Waiver - The home and community-based services waiver granted by the Centers for Medicare and Medicaid Services that allows North Carolina to operate the Community Alternatives Programs.

Waiver Year - The 12-month period that CMS uses to authorize, monitor, and control waiver programs and expenditures. The waiver year begins on the effective date of the waiver approval and includes the 12 months following that date. If a subsequent waiver renewal is approved with a different effective date, the waiver year changes to coincide with the renewal effective date.

Virtual Allocation – Allocation of funds provided by DMH/DD/SAS with the expectation that a minimum number of individuals be enrolled in the waiver each year.

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