

APPENDIX N

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Acronyms

For the purpose of this RFP, the acronyms set forth below shall apply:

AAA	Area Agency on Aging
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
APD	Automated Provider Directory
APS	Adult Protective Services
BDISBO	DGS Bureau of Diversity, Inclusion and Small Business Opportunities
BHA	DHS Bureau of Hearings and Appeals
BH-MCO	Behavioral Health Managed Care Organization
CAO	County Assistance Office
CHC	Community HealthChoices
CHC-MCO	Community HealthChoices Managed Care Organization
CIS	Client Information System
CMS	Centers for Medicare and Medicaid Services
DGS	Pennsylvania Department of General Services
DHS	Pennsylvania Department of Human Services
DOH	Pennsylvania Department of Health
D-SNP	Dual Eligible Special Needs Plan
EQR	External Quality Review
EQRO	External Quality Review Organization
FFS	Fee for Service
HC	HealthChoices
HCBS	Home and Community-based Services
HC-MCO	HealthChoices Physical Health Managed Care Organization
HCSIS	Home and Community-Based Services Information System
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
IADL	Instrumental Activities of Daily Living
IAE	Independent Assessment Entity
ICF/ORC	Intermediate Care Facility for Individuals with Other Related Conditions
LIFE	Living Independence for the Elderly
LTSS	Long Terms Services and Supports
MA	Medical Assistance
MAAC	Medical Assistance Advisory Committee
MATP	Medical Assistance Transportation Program
MIS	Management Information System
NFCE	Nursing Facility Clinically Eligible
NFI	Nursing Facility Ineligible

NPI	National Provider Index
OAPS	Older Adults Protective Services
OLTL	DHS Office of Long Term Living
PAHP	Pre-paid Ambulatory Health Program
PCC	Person Centered Counseling
PCCM	Primary Care Case Manager
PCP	Primary Care Practitioner
PIHP	Pre-paid Inpatient Health Program
PPO	Preferred Provider Organization
PCSP	Person Centered Service Plan
QMS	Quality Management Strategy
SAMS	Social Assistance Management System
SB	Small Business
SDB	Small Diverse Business
TTY	Text Telephone Typewriter

Definitions

When used in this RFP, the terms set forth below have the following meanings:

Abuse. Any practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary costs to the MA Program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or agreement obligations and the requirements of state or federal law and regulations for healthcare.

Area Agency on Aging. A community-based organization which serves as the aging network under the Pennsylvania Department of Aging, and provides Older American Act Services, Pennsylvania Lottery-funded HCBS, and advocacy to older adults and their families. AAAs are the primary referral source for older adults seeking LTSS.

APPRISE. A free, unbiased health insurance counseling service administered by the Pennsylvania Department of Aging that assists Medicare beneficiaries in understanding their Medicare insurance benefits and coverage, comparing health insurance and prescription drug plans, and assisting with eligibility and enrollment for government programs that help pay Medicare expenses, including the MA Program.

Behavioral Health Managed Care Organization. An entity operated by county government or licensed by the Commonwealth as a risk-bearing HMO or PPO, which manages the purchase and provision of behavioral health services under an agreement with DHS.

Behavioral Health Services. Mental health and substance use disorder services.

Business Day. Monday through Friday except for those days recognized as Federal holidays or Pennsylvania state holidays.

Centers for Medicare and Medicaid Services. The federal agency within the Department of Health and Human Services responsible for oversight of Medicare and Medicaid Programs.

CHC Zone. A Zone where CHC is operational.

CHC Zone Start Date. The first date on which CHC-MCOs operating in a Zone are operationally responsible and financially liable for the provision of covered services to CHC Participants.

Choice Counseling. The provision of unbiased information and services designed to assist IEB Consumers in making informed enrollment decisions; including enrolling in CHC or LIFE, in selecting a CHC-MCO and PCP, and a Service Coordination Entity for FFS HCBS.

Client Information System. The Department's database which contains MA Consumers' demographic and eligibility information.

Clinical Eligibility Determination. A determination that an LTSS Applicant is NFCE, NFI or needs the level of care provided in an ICF/ORC.

Community HealthChoices. The name of Pennsylvania's 1915(b)/(c) waiver program which provides mandatory managed physical health services and LTSS to MA consumers, age 21 or older, who: (i) require MA LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility; or (ii) are Full Dual Eligible, whether or not they need or receive LTSS.

Community HealthChoices Managed Care Organization. A risk-bearing HMO that manages the purchase and provision of physical health services and LTSS for CHC Participants, under an agreement with DHS.

COMPASS. DHS's online application that can be used to apply for benefit programs and services administered by DHS, including LTSS.

Complaint. Any issue brought to the attention of the selected Offeror(s) by an IEB Consumer or his or her authorized representative, or a guardian, advocate or agency for the purpose of assistance or resolution. A Complaint does not include a decision by DHS regarding eligibility coverage or medical need for a service.

County Assistance Offices)/District Offices. The DHS county offices that administer benefit programs, including the MA Program, at the local level.

Deliverables. Documents, records and reports required to be furnished to the Department.

Dual Eligible. An individual who is enrolled in both Medicare and Medicaid.

Dual Eligible Special Needs Plan. A Medicare Advantage Plan that primarily or exclusively enrolls Dual Eligibles.

External Quality Review. An annual independent, external review by an EQRO of the quality of services furnished by a CHC-MCO, including the evaluation of quality outcomes, timeliness and access to services.

External Quality Review Organization. An independent organization that meets the competence and independence requirements set forth in 42 CFR § 438.354, and performs an EQR as well as other EQR-related activities, as set forth in 42 CFR § 438.358.

Fee-for-Service. A delivery system in which DHS pays Providers for services provided to Participants on a per-service basis.

Fraud. Any type of intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity, him/herself, or some other person, including any act that constitutes fraud under applicable federal or state law.

Full Dual Eligible. An individual who is: (i) entitled to Medicare Part A, enrolled in or eligible for Medicare Part B, and enrolled in or eligible to enroll in Medicare Part D; and (ii) full Medicaid eligible.

HealthChoices. Pennsylvania's mandatory managed care program which provides physical health care coverage to MA Consumers who are not eligible to participate in CHC and behavioral health services to MA Consumers, including CHC Participants.

Health Choices Managed Care Organization. A risk-bearing HMO which manages the purchase and provision of physical health care services under an agreement with DHS.

Home and Community-Based Services. A range of services and supports, including assistance with ADLs and IADLs, which are provided to Participants in their homes and communities to promote their ability to live independently to the greatest degree and remain in their homes for as long as possible.

Home and Community-Based Services Information System. The information system used to maintain Participant records centrally for several OLTL HCBS Waiver programs.

IEB Consumer. An individual who contacts or is referred to the selected Offeror(s) for choice counseling or enrollment assistance. The term includes LTSS Applicants and Potential LTSS Applicants, Participants and Potential Participants and their authorized representatives.

Independent Assessment Entity. An independent and conflict-free entity that conducts Level of Care Determinations under an agreement with the Commonwealth.

Level of Care Determination. A functional assessment of an LTSS Applicant which is made by the IAE using a tool designated by DHS.

Living Independence for the Elderly. A comprehensive service delivery and financing program model in Pennsylvania (which is known nationally as the Program of All-Inclusive Care for the Elderly) that provides comprehensive healthcare and LTSS under dual capitation agreements with Medicare and the MA Program to individuals age 55 and over who are NFCE and reside in a LIFE service area.

Long Term Services and Supports. Services and supports covered under an OLTL Program that are provided to Participants who have functional limitations, chronic illnesses or both for the primary purpose of supporting the ability of the Participant to live or work in the setting of his or her choice, including a Participant's home or worksite, a provider owned or controlled residential setting, a nursing facility or other institutional setting.

LTSS Applicant. (i) An individual, or his or her authorized representative, who signs a hard-copy LTSS Application and submits it to the selected Offeror(s) or to a CAO; (ii) an individual who submits an LTSS Application through COMPASS; or (iii) an MA Consumer, or his or her authorized representative, who makes a request to the IEB to receive LTSS under an OLTL Program.

LTSS Application. The PA 600L or such other form as may be designated by DHS as the application for LTSS; or a request to receive LTSS made to the selected Offeror(s) by a MA Consumer, including a CHC Participant.

LTSS Application Date. The earliest date on which the following occurs: (i) the date on which an LTSS Application is submitted via COMPASS; (ii) the date on which a signed LTSS Application is received by the IEB; (iii) the date on which a signed LTSS Application is received by the CAO; or (iv) the date on which a current MA Consumer, including a CHC Participant, makes a request to receive LTSS to the IEB.

LTSS FFS Zone. A Zone where CHC is not yet operational.

LTSS Participant. An individual who is enrolled in and receives LTSS under an OLTL Program.

Medical Assistance Consumer. A person eligible to receive health-related services under the Pennsylvania MA Program.

Medical Assistance Transportation Program. A non-emergency medical transportation service provided to MA Consumers who need to make trips to or from an MA reimbursable service for the purpose of receiving treatment, medical evaluation, or purchasing prescription drugs or medical equipment.

Medical Assistance Program. Pennsylvania's Medicaid program, authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 *et seq.*, and the Human Services Code, 62 P.S. §§ 101, *et seq.*

Network. All contracted or employed Providers with a CHC-MCO who provide covered services to CHC Participants enrolled with the CHC-MCO.

Network Provider. A Provider who has a written provider agreement with and is credentialed by a CHC-MCO and participates in the CHC-MCO's Network.

Nursing Facility. A general, county or hospital-based nursing facility, which is licensed by DOH and is a Provider.

Nursing Facility Clinically Eligible. Having clinical needs that require the level of care provided in a Nursing Facility.

Nursing Facility Ineligible. Having clinical needs that do not require the level of care provided in a Nursing Facility.

Office of Long Term Living. An Office within the Department responsible for administration of OLTL Programs.

OLTL HCBS Programs. The Act 150 Attendant Care Program and the OLTL HCBS Waiver Programs.

OLTL HCBS Waiver Programs. The following 1915(c) HCBS Waiver programs administered by OLTL: the Aging Waiver, the Attendant Care Waiver, the Independence Waiver and the OBRA Waiver.

OLTL Programs. CHC, LIFE, and the OLTL HCBS Programs.

OPTIONS Program. A Pennsylvania Department of Aging Program that provides HCBS to individuals age 60 and older.

PA Link. The Aging and Disability Resource Centers in Pennsylvania that assist older adults and adults with disabilities who need help with ADLs. The PA Link connects consumers to local services and supports through any Link-partner agency, explores existing options with consumers to ensure a secure plan for independence, assists consumers with applications to determine eligibility for services and supports; and helps consumers who have a disability, an illness or accident, remain or return to their community or to transition from an institution back to the community.

Participant. An individual who is enrolled in an OLTL Program.

Person-Centered Counseling: A service that connects Pennsylvanians to public benefits and private resources. PCC will identify LTSS options that are available in the community, guide individuals in making decisions and securing services that work best for their needs and preferences, and follow-up on the process.

Person-Centered Service Plan. A written description of Participant-specific healthcare, LTSS, and wellness goals to be achieved, and the amount, duration, frequency and scope of the covered services to be provided to a Participant in order to achieve such goals, which is based on the comprehensive needs assessment of the Participant's healthcare, LTSS and wellness needs.

Person-Centered Service Planning. The process of developing an individualized PCSP based on an assessment of needs and preferences of the Participant.

Plan Transfer. The processes by which a Participant changes CHC-MCOs.

Potential LTSS Applicant. An individual who has not submitted an LTSS Application but who self-refers or is referred to the selected Offeror(s) because the individual is, or may be, interested in receiving LTSS under an OLTL Program.

Potential Participant. An individual who is eligible to participate, but not yet enrolled in an OLTL Program.

Program Transfer. The processes by which a Participant disenrolls from an OLTL Program and enrolls in another OLTL Program.

Primary Care Practitioner. A specific physician, physician group or a Certified Registered Nurse Practitioner operating under the scope of his or her licensure, who is responsible for supervising, prescribing, and providing primary care services; locating, coordinating and

monitoring other medical care and rehabilitative other medical care and rehabilitative services on behalf of a CHC Participant.

Provider. A person, firm, or corporation enrolled to participate in the MA Program who provides services or supplies to MA Consumers.

Social Assistance Management System. The information system used to maintain Participant records centrally for the Aging Waiver.

Vital Documents. Documents which contain information that is critical for understanding the enrollment, eligibility and choice counseling processes for OLTL Programs, including CHC pre- and post -enrollment packets, LTSS Application packets, IEB Consumer notices and letters relating to the eligibility and enrollment process, and the Master APD.