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From ADL to V.A. : a glossary of
long-term care terms

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From ADL to V.A.: A Glossary of Long-Term Care Terms

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Having adequate information about programs and services is important when trying to make decisions about long-term care. The first step along the path toward an informed decision is understanding the language being used by those in the field. The field of long-term care is complex, with many different terms and acronyms that can be confusing to outsiders - and insiders, for that matter!

This glossary attempts to help you navigate the field by enabling you to familiarize yourself with some of the words that you may encounter. As with any dictionary however, this glossary is by no means complete. The field of long-term care is changing rapidly, adding new terms all the time. But this glossary will serve as a good starting point for making care decisions.

Another source of help is Ohio's Care Choice Ohio program, which is a free long-term care consultation service sponsored by the Ohio Department of Aging. Contact your local Area Agency on Aging for more information. Good luck!

A

activities of daily living (ADLs) - basic personal activities which include bathing, eating, dressing, mobility, transferring from bed to chair, and using the toilet.

acute illness - illness that is usually short-term and that often comes on quickly (e.g. flu, pneumonia).

Administration on Aging (AoA) - federal agency that oversees Older Americans Act programs. Part of the U.S. Department of Health and Human Services.

adult care home - see ***board and care home***, p. 3.

adult day care - see ***adult day services***, p. 2.

adult day health services - see ***adult day services***, p. 2.

adult day services - programs offering social and recreational activities, supervision, health services, and meals in a single setting to older adults with physical or cognitive disabilities. Typically open weekdays during business hours.

adult protective services - service which seeks to protect the rights of frail older adults by investigating cases of abuse, neglect, and exploitation as mandated by law. Contact your local PASSPORT Administrative Agency, Area Agency on Aging, or County Department of Human Services for more information.

advance directive - legal document in which people give others instructions about their preferences with regard to health care decisions in case they become incapacitated in

some way. Types of advance directives are: living will and durable power-of-attorney for health care.

Area Agency on Aging (AAA) - regional organizations which oversee programs serving elders (12 total in the state of Ohio). Provide information and referral services and also typically serve as PASSPORT Administrative Agencies (PAAS) - with the exception of Champaign, Darke, Logan, Preble, Miami, and Shelby counties for whom Catholic Social Services is the PAA.

assisted living - residences that provide a “home with services” and that emphasize residents’ privacy and choice. Residents typically have private locking rooms (only shared by choice) and bathrooms. Personal care services are available on a 24-hour-a-day basis. (Licensed as *residential care facilities* or as *rest homes*)

B

Benefits Eligibility Screening Service (BESS) - free screening service sponsored by the Ohio Department of Aging which provides consumers with information about their eligibility for public programs such as Medicare and Medicaid. Available on-line or through Area Agencies on Aging.

board and care home (also called ***adult care homes or group home***) - residence which offers housing and personal care services for 3 to 16 residents. Services (such as meals, supervision, and transportation) are usually provided by the owner or manager. May be single family home. (Licensed as *adult family home* or *adult group home*.)

C

Care Choice Ohio - free long-term care consultation service provided by Ohio PASSPORT Administrative Agencies. Includes professional assessments of present or future long-term care needs, as well as information about establishing eligibility for government-funded programs.

care/case management - offers a single point of entry to the aging services network. Care/case managers assess clients' needs, create service plans, and coordinate and monitor services; they may operate privately or may be employed by social service agencies or public programs. Typically case managers are nurses or social workers.

care plan (also called ***service plan*** or ***treatment plan***) - written document which outlines the types and frequency of the long-term care services that a consumer receives. It may include treatment goals for him or her for a specified time period.

caregiver - person who provides support and assistance with various activities to a family member, friend, or neighbor. May provide emotional or financial support, as well as hands-on help with different tasks. Caregiving may also be done from long distance.

chore services - help with chores such as home repairs, yard work, and heavy housecleaning.

chronic illness - long-term or permanent illness (e.g. diabetes, arthritis) which often results in some type of disability and which may require a person to seek help with various activities.

comprehensive assessment - an organized process for gathering information to determine diagnosis and the types of services and/or medical care needed and to develop recommendations for services. Depending on the reason for assessment, it may include: a medical and neurological examination and questions about physical, emotional and mental health, family support system, living situation, and the types of assistance that someone may need. May be conducted at home, in the hospital, in an assessment center or clinic, or in a long-term care facility.

congregate housing - individual apartments in which residents may receive some services, such as a daily meal with other tenants, (Other services may be included as well.) Buildings usually have some common areas such as a dining room and lounge as well as additional safety measures such as emergency call buttons. May be rent-subsidized (known as Section 8 housing).

conservatorship - a legal arrangement granted by the court in which a person chooses an individual to make personal decisions on his/her behalf. The person must be mentally competent, but physically unable to manage his or her own affairs. Consult an attorney for more details.

co-insurance - see *co-payment*, p. 6.

continuing care retirement community (CCRC) - communities which offer multiple levels of care (independent living, assisted living, skilled nursing care) housed in different areas of the same community or campus and which give residents the opportunity to remain in the same community if their needs change. Provide residential services (meals, housekeeping, laundry), social and recreational services,

health care services, personal care, and nursing care. Require payment of a monthly fee and possibly a large lump-sum entrance fee. (Licensed as *nursing homes/residential care facilities* or as *homes for the aging*)

co-payment (also called ***co-insurance***) - the specified portion (dollar amount or percentage) that Medicare, health insurance, or a service program may require a person to pay toward his or her medical bills or services.

custodial care - care that does not require specialized training or services. (See also ***personal care***, p. 18.)

D

deductible - the initial share of a medical or long-term care expense that consumers must pay before their insurance or the program will cover the expense.

dementia - term which describes a group of diseases (including Alzheimer's Disease) which are characterized by memory loss and other declines in mental functioning.

durable medical equipment (also called ***home medical equipment***) - equipment such as hospital beds, wheelchairs, and prosthetics used at home. May be covered by Medicaid and in part by Medicare or private insurance.

durable medical power of attorney - see ***durable power of attorney for health care***, p . 7 .

durable power of attorney - a document which names a person (called an "attorney-in-fact") who will act as someone's agent and who will make decisions on their behalf, if they are

incapacitated, The power of the attorney-in-fact can be restricted to specific areas (such as health care) or can cover broad decision-making responsibilities. Consult an attorney for more details.

durable power of attorney for health care (also called ***durable medical power of attorney*** or ***health care proxy***) - document in which someone names another person who will make medical decisions for them in the event that they are not able to make them for themselves. Consult an attorney for more details.

E

Eldercare Locator - information and referral service sponsored by the Administration on Aging. Call (toll-free) 1-800-677-1116 Monday through Friday from 9 a.m. to 11 p.m. E.S.T. to obtain information about services in your community.

emergency response systems (ERS) (also called ***lifelines*** or ***personal emergency response systems***) - a call button - usually worn by the older individual - which can be pushed to get help from family, friends, or emergency assistance in case of emergency. Can be purchased or rented.

energy assistance programs - include:

Ohio Energy Credit Program - program which offers older consumers a 30 percent credit toward winter utility bills or a one-time payment of winter utility bills. Check with the Ohio Department of Taxation (1-614-446-2166) for more details.

Home Energy Assistance (HEAP) - federal program that offers consumers credit or vouchers to help pay for winter utility bills. Check with your local Area Agency on Aging for more details.

escort services - see ***transportation services***, p. 24.

estate recovery - by law states are required to recover funds from certain deceased Medicaid recipients' estates up to the amount spent by the state for all Medicaid services (e.g. nursing facility, home and community-based services, hospital, and prescription costs).

F

fee-for-service - the way traditional Medicare and health insurance work. Medical providers bill for whatever service they provide. Medicare and/or traditional insurance pay their share, and the patient pays the balance through co-payments and deductibles.

for-profit - organization or company in which profits are distributed to shareholders or private owners.

friendly visitor/Senior Companions - programs in which volunteers regularly visit homebound or institutionalized elders to provide socialization, run errands, and generally “check in” with them. Senior Companions receive a modest stipend for their time from the sponsoring agency.

G

geriatric care manager - health care professionals (usually

social workers or nurses) who have aging-related expertise and are familiar with the services available to assist with care. Fees for these services range from \$30 to \$150 per hour to conduct assessments, arrange for services, and monitor the provision of those services. Their services can meet a one-time need, or provide ongoing assistance.

geriatric assessment center - organization that uses a variety of health care professionals such as physicians, nurses, social workers, dietitians, physical and occupational therapists, and others to conduct comprehensive assessments and to develop recommendations for care. Usually has a geriatrician on staff, and is often affiliated with a hospital or a university medical school. Has access to a wide variety of health and social services.

geriatrician - physician who is certified in the care of older people.

group home - see ***board and care home***, p. 3.

guardianship - legal arrangement in which the court appoints a surrogate decision-maker to act on someone's behalf because they are declared incompetent. May include guardianship of the person, estate (finances), or both. The guardian may or may not know this person, depending on the situation at the time of the appointment. Consult an attorney for more details.

H

Health Care Financing Administration (HCF) - federal organization which oversees the Medicare and Medicaid programs.

health care proxy - see *durable power of attorney for health care*, p. 7.

health maintenance organization (HMO) - managed care organization that offers a range of health services to its members for a set rate, but which requires its members to use health care professionals who are part of its network of providers. (See also *Medicare HMOs* - p. 14)

home health care - includes a wide range of health-related services such as assistance with medications, wound care, intravenous (IV) therapy, and help with basic needs such as bathing, dressing, mobility, etc., which are delivered at a person's home.

home medical equipment - see *durable medical equipment*, p. 6.

home sharing/shared housing programs - usually involve unrelated individuals sharing a home and the chores and expenses included in home ownership. Those sharing the home typically have their own rooms, but share common areas (such as the kitchen). The home may be owned by the people living there or by a nonprofit organization.

homebound - one of the requirements to qualify for Medicare home health care. Means that someone is generally unable to leave the house, and if they do leave home, it is only for a short time (e.g. for a medical appointment) and requires much effort.

homemaker services - help with meal preparation, shopping, light housekeeping, and laundry.

hospice - services for the terminally ill provided in the home, a hospital, or a long-term care facility. Includes home health services, volunteer support, grief counseling, and pain management.

I

independent living facility - rental units in which services are not included as part of the rent, although services may be available on site and may be purchased by residents for an additional fee.

instrumental activities of daily living (IADLs) - household/independent living tasks which include using the telephone, taking medications, money management, housework, meal preparation, laundry, and grocery shopping.

irrevocable burial account - when determining eligibility for Medicaid, the state allows consumers to set aside money in a trust or with a funeral director for burial expenses as part of a pre-paid burial plan. Consult your County Department of Human Services or an attorney for more information.

L

level of care (LOC) - amount of assistance required by consumers which may determine their eligibility for programs and services. Levels include: protective, intermediate, and skilled.

levy-funded programs - home care service programs for older

adults that are funded by special property tax levies. Services and fees vary by program. Contact your local Area Agency on Aging to find out if such a program exists in your county.

lifelines - see *emergency response system*, p. 7.

limited guardianship - legal arrangement whereby the court appoints a surrogate decision-maker, but limits his or her authority to specific decisions or limits the length of time the guardianship is to be in place.

living trust - a trust that is set up while someone (called the *grantor* or *trustor*) is still alive. Assets are transferred to the trust, and the grantor names a “trustee” who controls the assets in the trust and “beneficiaries” who will inherit the trust after the grantor has died. May be *revocable* (meaning that the grantor may change the terms of the trust or take back assets) or *irrevocable* (meaning that the trust may not be touched by the grantor). May also be considered when determining the grantor’s eligibility for Medicaid.

living will - a document which states a person’s preferences for future medical decisions including the withholding or withdrawing of life-sustaining treatments such as artificial nutrition and hydration or the use of equipment such as ventilators and respirators. (See also *advance directive*, p. 2)

long-term care - range of medical and/or social services designed to help people who have disabilities or chronic care needs. Services may be short- or long-term and may be provided in a person’s home, in the community, or in residential facilities (e.g. nursing homes or assisted living facilities).

long-term care insurance - insurance policies which pay for long-term care services (such as nursing home and home care) that Medicare and Medigap policies do not cover. Policies vary in terms of what they will cover, and may be expensive. Coverage may be denied based on health status or age.

Long-term care ombudsman - trained professional or volunteer who advocates for the rights of older people receiving long-term care services (both facility-based care and home care) and who investigates their problems with or concerns about their care.

M

managed care - method of organizing and financing health care services which emphasizes cost-effectiveness and coordination of care. Managed care organizations (including HMOs, PPOs, and PSOs) receive a fixed amount of money per client/member per month (called a capitation), no matter how much care a member needs during that month.

Meals-on-Wheels - see ***nutrition services/home-delivered meals***, p. 16.

Medicaid - federal- and state-funded program of medical assistance to low-income individuals of all ages. There are income eligibility requirements for Medicaid. Check with your local PASSPORT Administrative Agency or County Department of Human Services for more information.

medical savings account (MSA) - test program under Medicare+Choice for 390,000 Medicare beneficiaries. They pay their regular Medicare Part B premium, and choose a

health insurance policy with a high deductible - up to \$6000. Medicare determines the amount of money it would spend on their medical care in a given year and pays a monthly premium to the plan. The difference between the premium and the yearly allocation is deposited into a medical savings account which is used to pay for medical expenses. Once their MSAs are used up, consumers are liable for any medical expenses until they reach their deductible.

Medicare - federal health insurance program for persons age 65 and over (and certain disabled persons under age 65). Consists of 2 parts: Part A (hospital insurance) and Part B (optional medical insurance which covers physicians' services and outpatient care in part and which requires beneficiaries to pay a monthly premium).

Medicare+Choice - new options under Medicare which gives consumers a choice of plans including managed care and fee-for-service plans. Options consist of: traditional fee-for-service, HMOs, HMOs with POS, PPOs, PSOs, private fee-for-service, religious/fraternal benefit society plans, and medical savings accounts. Current Medicare beneficiaries are not required to change plans unless they so desire.

Medicare HMOs - under Medicare HMOs (health maintenance organizations), members pay their regular monthly premiums to Medicare, and Medicare pays the HMO a fixed sum of money each month to provide Medicare benefits (e.g. hospitalization, doctor's visits, and more). Medicare HMOs may provide extra benefits over and above regular Medicare benefits (such as prescription drug coverage, eyeglasses, and more). Members do not pay Medicare deductibles and co-payments; however, the HMO may require them to pay an additional monthly premium and co-payments

for some services. If members use providers outside the HMO's network, they pay the entire bill themselves unless the plan has a point of service option.

Medicare HMOs with Point of Service (POS) - operates similarly to a regular Medicare HMO except that the plan covers part of the expense if members use providers from outside the network,

Medicare Select (also called MedSelect) - a type of supplemental insurance plan (***Medigap/Medisup*** - see p. 15) that combines managed care with a standard Medigap plan. Plans may require members to use the doctors and hospitals within its network, but premiums are likely to be lower than regular Medigap/Medisup plans.

Medigap - insurance supplement to Medicare that is designed to fill in the "gaps" left by Medicare (such as co-payments). May pay for some limited long-term care expenses, depending on the benefits package purchased.

MedSelect - see ***Medicare Select***, p. 15.

mental health services - variety of services provided to people of all ages, including counseling, psychotherapy, psychiatric services, crisis intervention, and support groups. Issues addressed include depression, grief, anxiety, stress, as well as severe mental illnesses.

N

nonprofit/not-for-profit - an organization that reinvests all profits back into that organization.

nursing home - facility licensed by the state to offer residents personal care as well as skilled nursing care on a 24 hour a day basis. Provides nursing care, personal care, room and board, supervision, medication, therapies and rehabilitation. Rooms are often shared, and communal dining is common. (Licensed as *nursing homes, county homes, or nursing homes/residential care facilities*)

nutrition services - include the following:

home-delivered meals (also called *Meals-on-Wheels*) - hot, nutritious meals delivered to homebound older people on weekdays. Can accommodate special diets.

congregate meals - hot, nutritious lunches served to older adults in group settings such as churches or synagogues, senior centers, schools, etc. Donations are requested, although not required.

O

occupational therapy - designed to help patients improve their independence with activities of daily living through rehabilitation, exercises, and the use of assistive devices. May be covered in part by Medicare.

Ohio Department of Aging (ODA) - state agency that oversees aging services programs (including PASSPORT and RSS) within the state of Ohio.

Ohio Department of Health (ODH) - state agency that inspects and licenses all long-term care facilities within the state of Ohio.

Ohio Department of Human Services (ODHS) - state agency that oversees Medicaid programs within the state of Ohio.

Ohio Senior Health Insurance Information Program (OSHIIP) - program sponsored by the Ohio Department of Insurance which provides free information and advice about health insurance, including Medicare, Medicaid, Medigap, long-term care and other health insurance. Check the phone book for the OSHIIP center in your area, or call (toll-free): 1-800-686-1578.

Older Americans Act - federal legislation that specifically addresses the needs of older adults in the United States. Provides some funding for aging services (such as home-delivered meals, congregate meals, senior center, employment programs). Creates the structure of federal, state, and local agencies that oversee aging services programs. (See also ***Title III services***, p. 23.)

P

PASSPORT - Ohio's home and community-based long-term care service program for low-income persons 60 and over. (PASSPORT stands for Pre-Admission Screening and Services Providing Options and Resources Today.)

PASSPORT Administrative Agencies (PAAs) - organizations which handle the eligibility determination, assessment and case management for the PASSPORT program. Generally housed at Area Agencies on Aging in Ohio. The exception to this is Catholic Social Services in Sidney which serves as the PAA for Champaign, Duke, Logan, Preble, Miami, and Shelby counties.

personal care (also called ***custodial care***) - assistance with activities of daily living as well as with self-administration of medications and preparing special diets.

personal emergency response system - see ***emergency response system***, p. 7.

physical therapy - designed to restore/improve movement and strength in people whose mobility has been impaired by injury or disease. May include exercise, massage, water therapy, and assistive devices. May be covered in part by Medicare.

Planning and Service Areas (PSAs) - multi-county regions of the state whose aging services are coordinated by Area Agencies on Aging.

point of service (POS) - a health maintenance organization (HMO) with this option will cover part of the expense if a member decides to use a provider outside the plan's network.

pre-admission review - required of all people living independently in the community who wish to enter a nursing home. Ensures that community and home-based long-term care options are presented to all older people who are able to take advantage of them.

pre-admission screen - older Ohioans requesting admission to a Medicaid-certified nursing facility must receive approval from their PASSPORT Administrative Agency before they may be admitted. This approval (the Pre-Admission Screen) is a federal requirement to ensure that nursing home residents who need mental health services or specialized services for the mentally retarded or developmentally disabled are identified at admission.

preferred provider organization (PPO) - managed care organization that operates in a similar manner to an HMO or Medicare HMO except that this type of plan has a larger provider network and does not require members to receive approval from their primary care physician before seeing a specialist. It is also possible to use doctors outside the network, although there may be a higher co-payment.

private fee-for-service - in this plan, Medicare beneficiaries pay their regular Medicare Part B premium, and choose a private health insurance plan that takes Medicare beneficiaries. They may go to almost any provider they wish. Medicare determines the amount of money it would spend on their medical care in a year and pays the plan a lump sum to provide that care. These plans must provide standard Medicare services and may offer extra benefits. The plan (rather than Medicare) determines how much to reimburse providers for the services that beneficiaries receive. Providers may bill at a higher rate than the plan covers, and beneficiaries are responsible for any costs over and above the plan's reimbursement rate. The plan may also require beneficiaries to pay other premiums, deductibles, and/or co-payments. Complete details are not definite as of 2/99.

provider - individual or organization that provides health care or long-term care services (e.g. doctors, hospital, physical therapists, home health aides, and more).

provider sponsored organization (PSO) - managed care organization that is similar to an HMO or Medicare HMO except that the organization is owned by the providers in that plan and these providers share the financial risk assumed by the organization.

Q

Qualified Medicare Beneficiary (QMB) - Medicaid program which pays for Medicare consumer cost-share expenses (deductibles, co-payments, and part B premiums) for low-income elders and persons with disabilities who qualify for Medicare Part A. There are income eligibility requirements for this program. Contact your local PASSPORT Administrative Agency or County Department of Human Services for more information.

Qualifying Individual (QI) - Medicaid program which pays for all or part of Medicare Part B monthly premiums for low-income elders and persons with disabilities who qualify for Medicare Part A. There are income eligibility requirements for this program. Contact your local PASSPORT Administrative Agency or County Department of Human Services for more information.

R

rehabilitation services - services designed to improve/restore a person's functioning; includes physical therapy, occupational therapy, and/or speech therapy. May be provided at home or in long-term care facilities. May be covered in part by Medicare.

religious/fraternal benefit society plans - option under Medicare+Choice in which the plans are offered by religious or fraternal organizations (which meet Internal Revenue Service and Medicare requirements for such organizations) and are only available to members of that particular organization. No further details are available as of 2/99.

Residential State Supplement (RSS) - state-funded program which gives cash assistance to older persons and to blind and disabled persons of all ages who are Supplemental Security Income (S.S.I.) recipients and who do not medically qualify for nursing home placement, but who live in other approved group living settings such as board and care homes and adult foster homes. There is an income eligibility requirement for receiving RSS. Contact your local PASSPORT Administrative Agency for more information.

respite care - service in which trained professionals or volunteers come into the home to provide short-term care (from a few hours to a few days) for an older person to allow caregivers some time away from their caregiving role.

S

senior center - provides a variety of on-site programs for older adults including recreation, socialization, congregate meals, and some health services. Usually a good source of information about area programs and services.

service plan - see ***care plan***, p. 4.

skilled care - “higher level” of care (such as injections, catheterizations, and dressing changes) provided by trained medical professionals, including nurses, doctors, and physical therapists.

skilled nursing facility (SNF) - facility that is certified by Medicare to provide 24-hour nursing care and rehabilitation services in addition to other medical services. (See also ***nursing home***, p. 16.)

Social Services Block Grant services (formerly known as ***Title XX services***) - grants given to states under the Social Security Act which fund limited amounts of social services for people of all ages (including some in-home services, abuse prevention services, and more). Contact your local Area Agency on Aging or County Department of Human Services to find out what services may be available in your area.

special care units - long-term care facility units with services specifically for persons with Alzheimer's Disease, dementia, head injuries, or other disorders.

Specified Low Income Medicare Beneficiary (SLMB) - Medicaid program which pays for Medicare Part B monthly premiums for low-income elders and persons with disabilities who qualify for Medicare Part A. There are income eligibility requirements for this program. Contact your local PASSPORT Administrative Agency or County Department of Human Services for more information.

speech therapy - designed to help restore speech through exercises. May be covered by Medicare.

spend-down - Medicaid financial eligibility requirements are strict, and may require beneficiaries to spend down / use up assets or income until they reach the eligibility level. Contact your local PASSPORT Administrative Agency or County Department of Human Services for more information.

spousal impoverishment - federal regulations preserve some income and assets for the spouse of a nursing home resident whose stay is covered by Medicaid. Contact your local PASSPORT Administrative Agency or County Department of Human Services for more information.

subacute care (also called **post-acute care** or **transitional care**) - type of short-term care provided by many long-term care facilities and hospitals which may include rehabilitation services, specialized care for certain conditions (such as stroke and diabetes) and/or post-surgical care and other services associated with the transition between the hospital and home. Residents on these units often have been hospitalized recently and typically have more complicated medical needs. The goal of subacute care is to discharge residents to their homes or to a lower level of care.

support groups - groups of people who share a common bond (e.g. caregivers) who come together on a regular basis to share problems and experiences. May be sponsored by social service agencies, senior centers, religious organizations, as well as organizations such as the Alzheimer's Association.

T

telephone reassurance - program in which volunteers or paid staff call homebound elders on a regular basis to provide contact, support, and companionship.

Title III services - services provided to individuals age 60 and older which are funded under Title III of the Older Americans Act. Include: congregate and home-delivered meals, supportive services (e.g. transportation, information and referral, legal assistance, and more), in-home services (e.g. homemaker services, personal care, chore services, and more), and health promotion/disease prevention services (e.g. health screenings, exercise programs, and more). Contact your local Area Agency on Aging to see what services may be available in your area. (See also **Older Americans Act**, p. 17 .)

Title XX services - see *Social Services Block Grant services*, p. 22.

transitional care - see *subacute care*, p. 23.

transportation services (also called *escort services*) - provides transportation for older adults to services and appointments. May use bus, taxi, volunteer drivers, or van services that can accommodate wheelchairs and persons with other special needs.

treatment plan - see *care plan*, p.4.

V

veterans' affairs (V.A.) - offers acute and long-term care benefits (nursing home care and home care) benefits to veterans of the United States Armed Forces, and in some cases, their families. Services are provided by V.A. medical centers around the country. Contact your local or state V.A. for more information.

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