

# SENIOR REFERENCE GUIDE

A glossary of terms

Navigating your way through health care, insurance, senior housing and estate planning can be a daunting experience. As a part of Watermark Retirement Communities, we're committed to making it a little easier. That's why we created this handy reference guide of terms commonly used in professions serving seniors.

Our goal is to simplify and clarify some of the vocabulary you'll encounter on your way to obtaining the information you need and the care you deserve. We realize this guide may not answer all your questions and we're here to help. Contact any of our communities and we'll be happy to answer any questions you have.

To our current and future residents, their families, our associates, fellow professionals and the greater communities we serve, with best wishes for your good health and a clearer understanding along the way!



[www.watermarkcommunities.com](http://www.watermarkcommunities.com)

# A

## **ACCREDITATION**

A process whereby a program of study or an institution is recognized by an external body as meeting certain predetermined standards. Accreditation is often carried out by organizations whose purpose is to assure the public of the quality of the accredited institution or program. Public or private payment programs often require accreditation as a condition of payment for covered services.

## **ACTIVITIES OF DAILY LIVING (ADLS)**

Basic personal activities, such as bathing, eating, dressing, mobility, transferring from bed to chair and using the bathroom. One's ability to perform ADLs without assistance is often a requirement to qualify for independent living. The need for assistance with one or more ADLs may qualify a person for assisted living. Also known as Instrumental Activities of Daily Living (IADLs).

## **ACUTE CARE**

Care that is generally provided for a short period of time to treat an illness or condition. This type of care can include short-term hospital stays, doctor's visits, surgery and X-rays.

## **ADAPTIVE/ASSISTIVE EQUIPMENT**

An appliance or device which assists an individual in caring for themselves, performing work or enjoying leisure activities

## **ADMINISTRATION ON AGING (AOA)**

The Administration on Aging (AOA), an agency in the U.S. Department of Health and Human Services is the official Federal agency dedicated to policy development, planning and the delivery of supportive home and community-based services to older persons and their caregivers.

## **ADULT CARE 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 and should be licensed as adult family home or adult group home. Also called board and care home, group home or residential care home.

## **ADULT DAY CARE (ADC)**

Adult Day Care is provided in settings that offer fee-for-service care and companionship for seniors who need assistance or supervision during the day. It offers relief to family members or caregivers and allows them the freedom to go to work, handle personal business or just relax while knowing their relative is well cared for and safe. While Adult Day Care is not usually covered by insurance or Medicare, some financial assistance may be available through a federal or state program such as Medicaid, Older Americans Act or Veterans Administration.

## **ADVANCE BENEFICIARY NOTICE (ABN)**

An ABN is a written notice from Medicare (standard government form CMS-R-131), given to you before receiving certain items or services, notifying you that Medicare may deny payment for that specific procedure or treatment and that you will be personally responsible for full payment if Medicare denies payment. An ABN gives you the opportunity to accept or refuse the items or services and protects you from unexpected financial liability in cases where Medicare denies payment. It also offers you the right to appeal Medicare's decision.

## **ADVANCE DIRECTIVE**

A legal document also referred to as a medical directive, that documents an individual's preferences regarding the manner in which they would like to receive health care, in the event they can no longer communicate such wishes directly. Living Wills, Health Care Powers of Attorney and Health Care Proxy are examples of Advanced Directives.

## **AGE RESTRICTED COMMUNITIES**

A housing area or development, often gated, that restricts ownership and residency to individuals who are over a set age. These communities are set up to accommodate older adults.

## **AGING AND DISABILITY RESOURCE CENTER (ADRC)**

The Aging and Disability Resource Center (ADRC) Grant Program, a cooperative effort of the Administration on Aging (AOA) and the Centers for Medicare & Medicaid Services (CMS), was developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long term support to minimize confusion, enhance individual choice and support informed decision-making.

## **AGING IN PLACE**

The ability to continue to reside in one's home safely, independently and comfortably, regardless of age, income or ability level. It means living in a familiar environment and being able to participate in family and other community activities.

## **ALZHEIMER'S DISEASE**

A progressive brain disorder that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. As Alzheimer's progresses, individuals may also experience changes in personality and behavior.

**AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)**

AARP, formerly the American Association of Retired Persons, is a United States-based, non-government, non-profit membership organization for people age 50 and over, which provides a wide range of benefits, special products and services for its members.

**AMBULATORY**

The ability to walk freely and independently.

**AMBULATORY AIDS**

Devices that help individuals move safely and independently. These include walkers, crutches, canes, scooters and wheelchairs.

**AMBULATORY CARE**

All types of health services which are provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients.

**ANNUITANT**

The person entitled to receive an annuity.

**ANNUITY**

A series of payments made periodically for a specific period of time. The payment amounts can be variable or fixed. Many insurance companies sell a wide variety of annuity policies with payments that begin immediately upon purchase of the contract or are deferred until some time in the future. Some annuity contracts waive their surrender charges (early withdrawal penalties) in the event of a lengthy hospital stay, nursing home confinement or terminal illness.

**AREA AGENCY ON AGING (AAA)**

A local (city or county) agency, funded under the federal Older Americans Act, that plans and coordinates various social and health service programs for persons 60 years of age or more.

**ASSIGNMENT OF BENEFITS**

Long-term care insurance policy benefits are usually paid directly to the insured person. This policy provision allows the insured person (or his/her legal representative) to make arrangements to have all or a portion of the benefits paid directly to their care provider or providers.

**ASSISTED LIVING (AL)**

Assisted living communities provide seniors with assistance in the activities of daily living such as bathing and dressing, so they may continue to live independently in their apartments. To be eligible for assisted living, residents must not require 24-hour nursing care.

**ASSISTED LIVING FACILITY (ALF)**

A residential living arrangement that provides meals, housekeeping, transportation, individualized personal care and health services for people who require assistance with activities of daily living.

Terminology varies from state to state, and a facility that is called an Assisted Living Facility in one state might be called other things in other states, such as a Residential Care Facility (RCF), Board and Care Home, a Domiciliary Care Facility, an Adult Care Home, Community-Based Care Facility or Extended Congregate Care Facility.

**ASSISTIVE TECHNOLOGY**

Assistive technology is any service or tool that helps the elderly or disabled do the activities they have always done but must now do differently. These tools are also sometimes called “adaptive devices.” Such technology may be something as simple as a walker to make moving around easier or an amplification device to make sounds easier to hear.

**AUTHORIZED REPRESENTATIVE**

Any person that the Social Security beneficiary or Supplemental Security Income (SSI) recipient requests to be given the right to represent him or her in any business with the Social Security Administration. The right to have an authorized representative exists for all claimants of Social Security and SSI benefits.

**B****BENEFIT TRIGGER**

A condition that must exist in order for an insurance company to pay benefits under a long-term care insurance policy.

**BOARD AND CARE HOME (B&CH)**

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 and should be licensed as adult family home or adult group home. Also called adult care home or group home.

**C****CARE PLAN (CP)**

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. Also called service plan or treatment plan.

**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.

**CARE/CASE MANAGEMENT**

Offers a single point of entry to the aging services network. Care/case management assesses clients' needs, create service plans and coordinates and monitors services. Typically case managers are nurses or social workers.

**CASH SURRENDER VALUE**

The amount of money you may be entitled to receive from the insurance company when you terminate a life insurance or annuity policy. The amount of cash value will be determined as stated in the policy.

**CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

The Centers for Medicare & Medicaid Services key lines of business include Medicare health plans, Medicare financial management, Medicare fee for service operations, Medicaid and children's health, survey certification and quality improvement.

**CERTIFICATE OF NEED (CON)**

A certificate issued by a government body to a health care provider who is proposing to construct, modify or expand facilities, or to offer new or different types of health services. The certificate signifies that the change has been approved.

**CERTIFIED**

A long-term care facility, home health agency or hospice agency that meets the requirements imposed by Medicare and Medicaid is said to be certified. Being certified is not the same as being accredited. Medicare, Medicaid and some long-term care insurance policies only cover care in a certified facility or provided by a certified agency.

**CERTIFIED HOME HEALTH AIDE (CHHA) OR HOME HEALTH AIDE (HHA)**

A person who, under the supervision of a home health or social service agency, assists elderly, ill or disabled person with household chores, personal care, and other daily living needs. Social service agency personnel are sometimes called personal care aides

**CERTIFIED NURSING ASSISTANT (CNA)**

CNAs are trained and certified to help nurses by providing non-medical assistance to patients, such as help with eating and dressing.

**CHRONIC CARE**

Care and treatment given to individuals whose health problems are of a long-term and continuing nature. Rehabilitation facilities, nursing homes and mental hospitals may be considered chronic care facilities.

**CHRONIC DISEASE**

A disease or condition that lasts over a long period of time which typically cannot be cured and is often associated with a disability.

**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. Also called co-payment.

**CO-PAYMENT**

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. Also called co-insurance.

**CODICIL**

A written amendment to a will.

**COGNITION**

The mental processes of recognizing, learning, understanding, remembering and evaluating relevant information and speaking.

**COGNITIVE IMPAIRMENT**

Deterioration or loss of intellectual capacity which requires continual supervision, as measured by clinical evidence and standardized tests that reliably measure impairment in the area of (1) short or long-term memory, (2) orientation as to person, place and time or (3) deductive or abstract reasoning. Such loss in intellectual capacity can result from Alzheimer's disease or similar forms of senility or irreversible dementia.

**COMPANIONSHIP SERVICES**

Services that offer homebound visitation to older adults for conversation, reading and light errands for the purpose of relieving loneliness and providing social contact.

**CONDITIONS OF PARTICIPATION (COP)**

Standards a facility or supplier of services, desiring to participate in the Medicare or Medicaid program, is required to meet. Surveys to determine whether facilities meet conditions of participation are made by the appropriate state health agency.

**CONGREGATE HOUSING**

Retirement communities, boarding homes and other similar residential facilities where older adults and/or people with disabilities can live independently, usually in one building, share common areas, social activities and amenities and eat most meals in a communal dining area.

**CONSERVATOR**

Someone appointed by a court to assume responsibility for a child or for an adult who is not capable of managing his or her own affairs.

**CONTINUOUS QUALITY IMPROVEMENT (CQI)**

The term Continuous Quality Improvement (CQI) is used in the health care field to describe a comprehensive management philosophy, emphasizing the continuous improvement of work processes for improved outcomes and customer service. This management approach is also referred to as Total Quality Management (TQM) or Business Process Reengineering (BPR).

**CONTINUING CARE RETIREMENT COMMUNITY (CCRC)**

Continuing Care Retirement Communities are age-restricted communities that offer services designed to support older adults age 62 and better in their quest to age well. Residences for independent living generally come with hospitality services like housekeeping, transportation, dining and activities. If and when residents need assistance with daily living tasks or a supervised health care setting, CCRCs provide those services on site. See also Life Care and Residency Agreements.

**CONTINUUM OF CARE (COC)**

The entire spectrum of specialized health, rehabilitative and residential services. The services focus on the social, residential, rehabilitative and supportive needs of individuals as well as needs that are essentially medical in nature.

**CONVALESCENT HOME**

State-licensed facilities that provide a safe, therapeutic environment for individuals who require rehabilitative care or can no longer live independently due to functional or cognitive impairment. Also known as skilled nursing facilities or nursing homes.

**COST OF LIVING ADJUSTMENT (COLA)**

Employment contracts, pension benefits and government entitlements (such as Social Security) can be tied to a cost-of-living index, typically to the consumer price index. A cost-of-living allowance (COLA) adjusts salaries based on changes in a cost-of-living index. The history of annual COLA increases as administered by Social Security is available to view at [www.ssa.gov](http://www.ssa.gov).

**COVERED BENEFIT OR SERVICE**

A health service or item that is included in an insurance plan or policy and that is paid for either partially or fully.

**COVERED CHARGE**

Services or benefits for which a health plan makes either partial or full payment.

**CUEING**

Directing or supervising the actions of someone with cognitive impairment, such as showing them how to eat, reminding them which medications to take at the appropriate times or giving visual or verbal reminders for dressing or using the bathroom.

**CUSTODIAL CARE (CC)**

Care to help individuals meet personal needs such as bathing, dressing, eating and other non-medical care that most people do themselves. Someone without professional training may provide this type of care. Medicare does not pay for custodial care and Medicaid pays very little. Also called Personal Care.

**D****DAILY BENEFIT**

The insurance benefit amount (in dollars) that a person selects as the basis for their long-term care insurance. However, the daily benefit may not be the actual amount paid for each day an insured person is eligible for a benefit. There are three different methods of computing benefits: Expense-Incurred Method, Indemnity Method and Disability Method. Consult your provider for more information.

**DEFICIT REDUCTION ACT OF 2005**

Signed by the President in February 2006, this Act is expected to generate \$39 billion in federal entitlement reductions over the 2006 to 2010 period and \$99 billion over the 2006 to 2015 period. This act makes several major changes to long-term services policies in Medicaid.

**DEINSTITUTIONALIZATION**

Policy that calls for the provision of supportive care and treatment for medically and socially dependent individuals in the community rather than in an institutional setting.

**DEMENTIA**

Deterioration of intellectual abilities such as vocabulary, abstract thinking, judgment, memory loss, physical coordination, the loss of which interferes with daily activities. Dementia can be caused by degenerative diseases such as Alzheimer's, Huntington's and Parkinson's diseases, vascular diseases or stroke, metabolic disorders, AIDS and other disorders. Some may respond to treatments, others do not.

**DEPARTMENT ON AGING (DOA)**

State agencies responsible for delivering a variety of services to seniors.

## **DEPRESSION**

This is one of the most undiagnosed conditions among seniors. With proper medical care, depression is a reversible psychiatric condition. Symptoms include a persistent sad, anxious or “empty” mood, loss of interest or pleasure in activities once enjoyed and difficulty sleeping.

## **DIAGNOSIS-RELATED GROUP (DRG)**

A classification system which uses diagnosis information to establish hospital payments under Medicare.

## **DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM)**

A tool used by the medical and psychological communities to identify and classify behavioral, cognitive and emotional problems according to a standard numerical coding system of mental disorders.

## **DIRECT COST**

A cost which is identifiable directly with a particular activity, service or product of the program experiencing the costs.

## **DISABILITY**

The limitation of normal physical, mental or social activity of an individual. There are varying types (functional, occupational, learning), degrees (partial, total), and durations (temporary, permanent) of disability. Social Security and Medicare benefits are often available only for specific disabilities, such as total and permanent.

## **DISABILITY INSURANCE**

A type of insurance coverage that compensates some percentage of a worker’s total wages should they become sick and/or injured and therefore unable to work.

## **DISCHARGE PLANNER**

A social worker or other health care professional who assists hospital patients and their families in transitioning from the hospital to another level of care such as rehabilitation in a skilled nursing facility, home health care in the patient’s home or long-term care in a nursing home.

## **DO NOT RESUSCITATE (DNR)**

A Do Not Resuscitate or DNR order is a written order from a doctor that resuscitation should not be attempted if a person suffers cardiac or respiratory arrest. Such an order may be instituted on the basis of an advance directive from a person, or from someone entitled to make decisions on their behalf.

## **DONEE**

A person or organization who receives a gift.

## **DONOR**

A person or organization who gives a gift.

## **DURABLE MEDICAL EQUIPMENT (DME)**

Medical equipment that is ordered by a doctor for use in the home. These items such as walkers, wheelchairs and hospital beds, must be reusable. Durable medical equipment is paid for under Medicare, subject to a 20% coinsurance of the Medicare-approved amount.

# **E**

## **ELDER CARE**

A wide range of services provided at home, in the community and in residential care facilities, including assisted living facilities and nursing homes. It includes health-related services such as rehabilitative therapies, skilled nursing and palliative care, as well as supervision and a wide range of supportive personal care and social services. Typically, elder care is provided over an extended period of time to people who need another person’s assistance to perform normal activities of daily living.

## **ELDER LAW**

The area of law pertaining to the rights and legal matters concerning older adults. This includes such subjects as estate planning, wills, guardianship, powers of attorney, Medicare and Medicaid.

## **ELDERCARE LOCATOR**

Developed by the U.S. Administration on Aging, the Eldercare Locator is a free service which can be found at [www.eldercare.gov](http://www.eldercare.gov). It helps older people and their caregivers find state and local support services to help them live independently and safely in their homes and communities for as long as possible.

## **ELECTRONIC HEALTH RECORD (EHR) OR ELECTRONIC MEDICAL RECORD (EMR)**

An Electronic Health Record (EHR) is an electronic version of a patient’s medical history that is maintained by the provider over time.

## **ELIMINATION PERIOD**

The length of time an insured person must pay for covered services before the insurance company will begin to pay benefits. Unless otherwise noted in the insurance policy, no benefits are payable for any days of an elimination period.

## **ENTRY FEE**

An upfront cost associated with entering some continuing care retirement communities. All or a portion of the entry fee may be refundable to the resident or their estate when the resident leaves the community for any reason. Entry fees may or may not entitle the resident to discounted care on site during residency. Entry fees typically vary depending on size of residence and refund option selected. Details are explained in the community residency agreement.

## **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. Also called transportation services.

## **ESTATE PLANNING**

Refers to the process of planning for what will happen to an individual's assets in the event of his/her death. This generally requires involvement of an attorney.

## **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 such as nursing facility, home and community-based services, hospital and prescription costs.

## **EXCLUSION**

A health condition, situation, item, service or expense that an insurance policy does not cover. Medicare excludes coverage for most prescription drugs, long-term care and custodial care in a nursing or private home.

## **EXECUTOR**

The person or institution appointed in a will or by a court, to settle the estate of a deceased person.

# **F**

## **FEE SCHEDULE**

A list of physician services in which each item is associated with a specific monetary amount that represents the approved payment level for a given insurance plan.

## **FEE-FOR-SERVICE (FFS)**

The way traditional Medicare and health insurance works. 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.

## **FIDUCIARY**

Someone, such as a trustee or guardian, who holds the assets of another person, often with the legal authority and duty to make decisions regarding financial matters on behalf of the other party.

## **FOR-PROFIT**

Organization or company in which profits are distributed to shareholders or private owners.

## **FREE-LOOK PERIOD**

After an insurance policy is issued, a certain period of time (usually 30 days) exists during which the purchaser may cancel the policy for any reason whatsoever. This is often called a "free-look period." If the policy is cancelled during the free-look period, premiums will be refunded in full and no claims will be paid. This type of cancellation is treated as though the policy never took effect.

## **FUNCTIONAL IMPAIRMENT**

Reduced functional ability, which is often measured by limitations in activities of daily living. A person can also be functionally impaired if they have limitations in cognitive or social abilities.

# **G**

## **GERIATRIC CARE MANAGER**

Also known as a Case or Care Manager. A professional who provides an assessment of an older adult's capabilities to create a care plan to address housing, medical, social and other needs.

## **GERIATRIC NURSE PRACTITIONER (GNP)**

A Geriatric Nurse Practitioner (GNP) is a registered nurse who has completed specific advanced nursing education (generally a master's degree) and training in the diagnosis and management of common and complex medical conditions experienced by older adults. In the US, GNPs are licensed by the state in which they practice and have a national board certification.

## **GERIATRICIAN**

Physician who is certified in the care of older people.

## **GERIATRICS**

Medical specialty focusing on treatment of health problems of the elderly.

## **GERONTOLOGY**

Study of the biological, psychological and social processes of aging.

## **GIFT TAX EXCLUSION**

The maximum amount one person is allowed to give to another person without incurring Federal gift tax. The current annual exclusion is \$12,000 (2007 amount) per year per recipient. There is no limit on the number of these gifts that can be made to different people in a year. A husband and wife can give a total of \$24,000 (\$12,000 each) to the same person each year. To qualify for the exclusion, a gift must be of a “present interest,” meaning that the recipient can make use of the gift immediately and the donor must not have any control over the asset after it is given. There are no exclusion limits on gifts given to a spouse unless the spouse is not a U.S. citizen.

## **GRANTOR**

The person who creates a trust, also called a trustor.

## **GROUP HOMES (GH)**

Residential homes or facilities that offer personal care and individual attention for older adults, people with disabilities and others whose limitations prevent them from living alone. Also known as board and care homes, residential board and care homes, personal care homes or residential care facilities.

## **GUARANTEED RENEWABLE**

Most Medicare Supplement and long-term care insurance policies are guaranteed renewable. That is, the policy cannot be cancelled by

the insurance company unless: (1) fraud was committed on the application for the policy, (2) the policy has lapsed due to non-payment, or (3) benefits have been exhausted. A guaranteed renewable policy cannot be cancelled because of a change in health condition or marital or employment status. The insurance company may increase premiums, but only on an entire class of policies, not individual policies, and never because of any claims paid.

## **GUARDIANSHIP**

The legal power and duty given to one person (guardian) for the purpose of assuming responsibility for the care and rights of another person (ward), who has been deemed incapable of handling his/her own personal affairs. The powers and authority conferred upon a guardian depend on what type of guardianship is granted by the court.

*Guardian of the Estate* – Responsible for collecting, preserving and administering the property and income of the ward.

*Guardian of the Person* – entitled to custody of the ward and is responsible for the ward’s care, comfort and maintenance. The guardian makes decisions such as where the ward will reside and gives consent for the medical or professional treatment of the ward. The Guardian of the Person controls the basic physical care of the ward and his or her immediate personal effects.

*General Guardian* – Performs the duties of both the Guardian of the Estate and Guardian of the Person.

## **GERIATRIC NURSE PRACTITIONER**

A Nurse Practitioner who specializes in the treatment and care of older person.

# H

## **HANDICAPPED**

As defined by Section 504 of the Rehabilitation Act of 1973, any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment or is regarded as having such impairment.

## **HEALTH AND HUMAN SERVICES (HHS)**

This is the United States government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

## **HEALTH CARE FINANCING ADMINISTRATION (HCFA)**

This act was created in 1977 to maintain oversight of the Medicare program, the Federal portion of the Medicaid program and related quality assurance activities.

## **HEALTH CARE POWER OF ATTORNEY**

A person designated to make health care decisions for another person when the designator is not capable of making those decisions.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

HIPPA is federal health insurance legislation passed in 1996, which sets standards for access, portability, and renewability that apply to group coverage – both fully insured and self-funded – as well as to individual coverage.

## **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.



**HOME AND COMMUNITY BASED SERVICES (HCBS)**

Consumer-directed HCBS is an approach to service delivery that maximizes consumers' ability to assess their own needs, determine how and by whom they are met, and define what constitutes quality. Services provided often include Activities of Daily Living (ADLs).

**HOME AND COMMUNITY-BASED WAIVERS**

Section 2176 of the Omnibus Reconciliation Act permits states to offer, under a waiver, a wide array of home and community-based services that an individual may need. The following community and home-based services may be offered under the waiver program: case management, homemaker, home health aide, personal care, adult day health care, habilitation, respite care and other services.

**HOME HEALTH AGENCY (HHA)**

A public or private organization that provides home health services supervised by a licensed health professional in the patient's home either directly or through arrangements with other organizations.

**HOME HEALTH AIDE (HHA) OR CERTIFIED HOME HEALTH AIDE (CHHA)**

A person who, under the supervision of a home health or social service agency, assists elderly, ill or disabled person with household chores, personal care, and other daily living needs. Social service agency personnel are sometimes called personal care aides.

**HOME HEALTH CARE (HHC)**

Home Health Care is recognized as an increasingly important alternative to hospitalization or care in a nursing home for patients who do not need 24-hour day professional supervision. A variety of health services are provided in a home health care program in the patient's home, under the direction of a physician, such as assistance with medications, wound care or intravenous (IV) therapy.

**HOME MEDICAL EQUIPMENT (HME)**

Equipment such as hospital beds, wheelchairs and prosthetics used at home. May be covered by Medicaid and in part by Medicare or private insurance. Also called durable medical equipment.

**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 such as for a medical appointment and requires much effort.

**HOMEMAKER SERVICES OR PERSONAL CARE SERVICES**

In-home help with meal preparation, shopping, light housekeeping, money management, personal care needs and laundry.

**HOSPICE CARE**

A program which provide care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician or another community agency. In addition to physical support there is psychological, spiritual and social support through the period of mourning. Hospice Services are covered by Medicare.

**HOSPITAL QUALITY ALLIANCE (HQA)**

A national public-private collaboration committed providing information about hospital performance to the public and to encouraging efforts to improve quality. Hospital performance is reported at [www.HospitalCompare.HHS.gov](http://www.HospitalCompare.HHS.gov).

**INDEMNITY BENEFIT**

In an insurance policy, a fixed payment made directly to the policyholder, rather than the provider of service.

**IMPAIRMENT**

Any loss or abnormality of psychological, physiological or anatomical function.

**INDEPENDENT LIVING FACILITY (ILF)**

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.

**INDIRECT COST**

Cost which cannot be identified directly with a particular activity, service or product of the program experiencing the cost. Indirect costs are usually distributed among the program's services in proportion to each service's share of direct costs.

**INPATIENT**

A person who has been admitted at least overnight to a hospital or other health facility (which is therefore responsible for his or her room and board) for the purpose of receiving diagnostic treatment or other health services.

## **INSTITUTIONAL HEALTH SERVICES**

Health services delivered on an inpatient basis in hospitals, nursing homes or other inpatient institutions. The term may also refer to services delivered on an outpatient basis by such institutions.

## **INSTRUMENTS OF DAILY LIVING (IDL)**

See *Activities of Daily Living*

## **INTER VIVOS TRUST**

A revocable trust created during someone's lifetime to hold assets during that person's lifetime, thereby removing those assets from probate at death. Also called a living trust.

## **INTERMEDIATE CARE**

Occasional nursing and rehabilitative care ordered by a doctor and performed or supervised by skilled medical personnel.

## **INTERMEDIATE CARE FACILITY (ICF)**

A level of nursing home services, recognized under the Medicaid program, which provides health-related care and services to individuals who do not require acute or skilled nursing care, but who, because of their mental or physical condition, require care and services above the level of room and board. Specific requirements for ICFs vary by state.

## **INTESTATE**

Dying without a legal will.

## **IRREVOCABLE TRUST**

A trust that, once executed, cannot be revoked or changed without the consent of the beneficiary.

# **J**

## **JOINT AND SURVIVOR ANNUITY**

An annuity issued on two individuals under which payments continue in whole or in part until both individuals die. Also called a joint life annuity.

# **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.

## **LICENSED PRACTICAL NURSE (LPN)**

A professional trained and certified to provide health services including technical nursing services, administration of medication and changing of dressings.

## **LIFE CARE**

Life Care is a type of contract offered by some continuing care retirement communities (CCRCs). While all Life Care communities are CCRCs, not all CCRCs offer Life Care. In the Life Care contract, known as "Extensive" or "Type A" contract, residents must qualify for admission into independent living. They pay a one-time entrance fee plus a monthly service fee for their independent living apartment. The contract provides them with life care insurance that will cover future costs of health care. They will receive any higher level of care (assisted living, memory care, skilled nursing, rehab, long term care) on site, if they need it and for as long as they may need it, at no extra charge. They simply continue to pay the monthly service fee. Ancillary costs, such as medications and supplies, are not included (generally covered by Medicare). Parts of the entrance fee and monthly service fee may be partially tax deductible to the extent that they are considered payment in advance for health care costs. See also Continuing Care Retirement Communities and Residency Agreements.

## **LIFE TENANCY**

After the owner sells a home, he or she leases it back and receives a written guarantee that he or she can continue to live in the home for the rest of his or her life. A life tenancy is often arranged with an annuity set up to pay the rent.

## **LIFELONG LEARNING**

Lifelong education is often accomplished through distance learning or e-learning, continuing education, homeschooling or correspondence courses. It also includes postgraduate programs for those who want to improve their qualifications, bring their skills up to date or retrain for a new line of work. In later life, especially in retirement, continued learning takes diverse forms, crossing traditional academic bounds and including recreational activities.

## **LIFETIME MAXIMUM**

The maximum amount of policy benefits available to an insured person during his or her lifetime.

## **LIMITED PAYMENT OPTION**

Premiums are paid for only a set period of time. After the last premium payment, the policy becomes paid-up for the remaining duration of the policy. After it becomes paid-up, the insurance company cannot cancel the policy and they cannot ask for more premiums.

## **LIVING TRUST**

A trust created during someone's lifetime to hold assets during that person's lifetime, thereby removing those assets from probate at death. A living trust can be either revocable or irrevocable. It avoids probate and therefore assets are distributed significantly faster than a will. Assets that a person wants to move to a living trust, such as real estate and bank or brokerage accounts, must be retitled so that the trust becomes the owner.

## **LIVING WILL**

A legal document in which a person specifies which life-prolonging medical measures he or she does and does not want to be taken if he or she becomes terminally ill or incapacitated.

## **LONG-TERM CARE (LTC)**

A variety of services provided over an extended period of time to people who need help to perform normal activities of daily living because of cognitive impairment or loss of muscular strength or control. Care may include rehabilitative therapies, skilled nursing and palliative care, as well as supervision and a wide range of supportive personal care and social services. It may also include training to help older people adjust to or overcome many of the limitations that often come with aging. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. Regardless of where it is provided, most long-term care is custodial care, the type of care that is not paid for by Medicare.

## **LONG-TERM CARE INSURANCE (LTCI)**

Insurance policies which pay for long-term care services such as nursing home and home care that Medicare and Medigap policies do not cover. Some long-term care insurance policies offer potential tax benefits, these are called “Tax-Qualified Policies.”

## **LONG-TERM CARE OMBUDSMAN**

An individual designated by a state or a substate unit responsible for investigating and resolving complaints made by or for older people in long-term care facilities. The long-term care ombudsman program is authorized by Title III of the Older Americans Act.

# 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.

## **MANAGED CARE ORGANIZATION (MCO)**

A MCO is a health organization that finances and delivers health care using a specific provider network and specific services and products.

## **MEDICAID (TITLE XIX)**

Federal and state-funded program of medical assistance to low-income individuals of all ages. There are income eligibility requirements for Medicaid.

## **MEDICAL NECESSITY**

Services or supplies which are appropriate and consistent with the diagnosis in accord with accepted standards of community practice and are not considered experimental. They also can not be omitted without adversely affecting the individual’s condition or the quality of medical care.

## **MEDICARE (TITLE XVIII)**

Federal health insurance program for persons age 65 and over and certain disabled persons under age 65. Consists of 2 parts: Part A is hospital insurance and following an approved hospital stay – limited skilled nursing facility or home health care coverage and Part B is optional medical insurance which covers physicians’ services and outpatient care in part and which requires beneficiaries to pay a monthly premium.

## **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 such as 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 PART D**

Also known as the Medicare Prescription Drug Plan. Medicare beneficiaries can elect this higher coverage to receive discounts on certain prescription drugs.

## **MEDICARE QUALITY IMPROVEMENT ORGANIZATION (MQIO)**

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, responsible for each U.S. state, territory and the District of Columbia. QIOs work with consumers and physicians, hospitals and other caregivers to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations.

## **MEDICARE SUMMARY NOTICE (MSN)**

The Medicare Summary Notice is an easy-to-read statement that clearly lists health insurance claims information. The MSN lists the details of the services received and the amount which may be billed.

## **MEDICARE SUPPLEMENT INSURANCE**

A private insurance policy that covers many of the gaps in Medicare coverage. Medicare Supplement Insurance policies work only if you are enrolled in the Original Medicare Plan. But, they won't pay any benefits if you are enrolled in a Medicare HMO or another type of Medicare Plus plan. Medicare Supplement policies can minimize Medicare co-payments and deductibles for covered services, but generally do not offer expanded coverage such as long-term care services or prescription drugs. Also known as Medigap Insurance or Medicare Supplemental Insurance.

## **MEDICATION MANAGEMENT**

Identification and counseling regarding the medication regime that individuals are using including prescription and over the counter medications, vitamins and home remedies.

## **MENTAL ILLNESS/IMPAIRMENT**

A deficiency in the ability to think, perceive, reason or remember, resulting in loss of the ability to take care of one's daily living needs.

## **MINIMUM DISTRIBUTION**

The minimum annual required distribution amount for an IRA holder reaching age 70 1/2. Also called Required Minimum Distribution (RMD).

# **N**

## **NATIONAL INSTITUTE ON AGING (NIA)**

The Federal agency that coordinates and funds Alzheimer's and other aging related research.

## **NONFORFEITURE BENEFITS**

After a long-term care insurance policy has been in force for a sufficient period of time, the insured individual is entitled to a nonforfeiture benefit if he or she lets the policy lapse. Instead of cancelling the policy, the nonforfeiture benefit allows the individual to keep it in force as a paid-up policy. Nonforfeiture benefits vary from policy-to-policy. They usually include (1) keeping the same benefit amounts, but making the benefit period shorter, or (2) keeping the same benefit period, but with reduced benefit amounts.

## **NONPROFIT/NOT-FOR-PROFIT**

An organization that reinvests all profits back into the organization.

## **NURSE PRACTITIONER (NP)**

A registered nurse working in an expanded nursing role, usually with a focus on meeting primary health care needs. NPs conduct physical examinations, interpret laboratory results, select plans of treatment, identify medication requirements, and perform certain medical management activities for selected health conditions. Some NPs specialize in geriatric care.

## **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.

## **NURSING HOME ADMINISTRATOR (NHA)**

State licensure for operating a Skilled Nursing Facility or in some states, an Assisted Living Facility.

# **O**

## **OCCUPANCY RATE**

A measure of inpatient health facility use, determined by dividing available bed days by patient days. It measures the average percentage of a hospital's beds occupied and may be institution-wide or specific for one department or service.

## **OCCUPATIONAL THERAPY (OT)**

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.

## **OLDER ADULT PROTECTIVE SERVICES ACT (OAPSA)**

Requires criminal background checks for any person having care contact with an aged person in a licensed setting.

## **OLDER AMERICANS ACT (OAA)**

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 and employment programs. Creates the structure of federal, state and local agencies that oversee aging services programs.

## **OMBUDSMAN**

A representative of a public agency or a private nonprofit organization who investigates and resolves complaints made by or on behalf of older individuals who are residents of long-term care facilities.

## **OMNIBUS BUDGET RECONCILIATION ACT (OBRA) OF 1993**

Federal legislation that limits the amount of compensation that can be paid to employees covered by long-term disability plans funded through voluntary employees' beneficiary association trusts.

## **OUTPATIENT**

A patient who is receiving ambulatory care at a hospital or other facility without being admitted to the facility.

# P

## **PALLIATIVE CARE (PC)**

Assistance with activities of daily living as well as with self-administration of medications and preparing special diets. Also called custodial care.

## **PERSONAL CARE**

The functions a caregiver provides when assisting with activities of daily living, taking medications, grooming, ambulation, changing positions and other tasks. Also called Custodial Care.

## **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)**

In case of a fall or other medical emergency, this electronic device enables the user to contact help 24-hours-a-day simply by pressing a button. A number of private companies offer these systems.

## **PERSONAL HEALTH RECORD (PHR)**

A Personal Health Record (PHR) is a confidential and easy-to-use tool for managing information about your health. A PHR is usually an electronic file or record of your health information and recent services, such as allergies, medications, personal medical facts, and doctor or hospital visits that can be stored in one place, and then shared with others, as you see fit. You control how the information in your Personal Health Record (PHR) is used and who can access it. Personal Health Records are usually used on the Internet so that you can look up your information wherever you are.

A PHR is not the same thing as an Electronic Health Record (EHR) or Electronic Medical Record (EMR). The main difference between a PHR and an EHR is that you control the information in the PHR, while the doctor (or hospital) controls the information in the EHR.

## **PERSONAL NEEDS FUND**

A sum of money which residents who are Medicaid eligible, living in long-term care facilities are allowed to retain from their income to purchase personal items and/or services.

## **PHYSICAL THERAPY (PT)**

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

## **PHYSICIAN ASSISTANT (PA)**

A specially trained and licensed or otherwise credentialed individual who performs tasks which might otherwise be performed by a physician, under the direction of a supervising physician. Also known as a physician extender.

## **POINT OF SERVICE (POS)**

A health insurance benefits program in which subscribers can select between different delivery systems such as HMO, PPO and fee-for-service when in need of medical services, rather than making the selection between delivery systems at time of open enrollment at their place of employment.

## **POST-ACUTE CARE (PAC)**

Type of short-term care provided by many long-term care facilities and hospitals which may include rehabilitation services, specialized care for certain conditions and/or post-surgical care and other services associated with the transition between the hospital and home. The goal of subacute care is to discharge residents to their homes or to a lower level of care. Also called subacute care or transitional care.

## **POWER OF ATTORNEY (POA)**

The simplest and least expensive legal device for authorizing one person to manage the affairs of another. In essence, it is a written agreement usually with a close relative, an attorney/or financial advisor, authorizing that person to sign documents and conduct transactions on the individual's behalf. The individual may delegate as much or as little power as desired and end the arrangement at any time.

## **PRIMARY CARE**

Basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system.

## **PROVIDER**

Individual or organization that provides health care or long-term care services such as 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.

## **PUBLIC HEALTH**

The science dealing with the protection and improvement of community health by organized community effort.

# Q

## **QUALIFIED LONG-TERM CARE INSURANCE POLICY**

A policy that conforms to federal law and, as a result, offers potential federal tax advantages for some people. Sometimes referred to as a Tax-Qualified Long-Term Care Insurance Policy.

### **QUALITY IMPROVEMENT ORGANIZATION (QIO)**

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, responsible for each U.S. state, territory and the District of Columbia. QIOs work with consumers, physicians, hospitals and other caregivers to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations.

### **QUALIFIED INDEPENDENT CONTRACTOR (QIC)**

The Centers for Medicare & Medicaid Services (CMS) designates private companies as Qualified Independent Contractors (QIC). A QIC is eligible to competitively bid on Medicare claim reconsideration review work.

# R

### **REGISTERED NURSE (RN)**

A nurse who has graduated from a formal program of nursing education and has been licensed by an appropriate state authority. RNs have the widest scope of responsibility, including all aspects of nursing care. RNs can be graduated from one of three educational programs: two-year associate degree program, three-year hospital diploma program, or four-year baccalaureate program.

### **REHABILITATION**

The combined and coordinated use of medical, social, educational and vocational measures for training or retaining individuals disabled by disease or injury to the highest possible level of functional ability. Several different types of rehabilitation are distinguished: vocational, social, psychological, medical and educational.

### **REHABILITATION SERVICES (RS)**

Services designed to improve or 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.

### **REIMBURSEMENT**

The process by which health care providers receive payment for their services. Because of the nature of the health care environment, providers are often reimbursed by third parties who insure and represent patients.

### **REPRESENTATIVE PAYEE**

An individual who is chosen by the Social Security Administration and agrees to receive a social security or Supplemental Security Income (SSI) recipient's check and to handle the funds in the best interest of the recipient.

### **RESCIND**

When the insurance company voids (cancels) a policy retroactive to its effective date. Legally, it is though the policy was never issued.

### **RESIDENCY AGREEMENTS**

Residency Agreements can vary widely from one community to the next. For example, at certain CCRCs, some portion of the entrance fee may be refundable and several different refund options may be offered. Be sure to review contract details carefully with the help of a financial advisor and/or attorney, prior to entering into any agreement. Contracts are sometimes differentiated by the letters A, B, and C. The following definitions are for general guidance only.

*Extensive contracts (Type A)* offer life care insurance to residents in exchange for the payment of an entrance fee and monthly service fee. Portions of the entrance fee and monthly maintenance fee may be partially tax deductible (up to 30-40%). The monthly fee remains consistent across every level of care. That is, if the resident transfers to assisted living or skilled nursing care, their monthly service fee does not increase.

*Modified contracts (Type B)* also typically require some type of an entrance fee and a monthly maintenance fee. Lifetime access to assisted living and skilled care is usually available on site on a fee-for-service basis. Unlike Type A life care, the monthly service fee usually increases as levels of care increase. In some communities, residents may receive a discounted rate for the care they need and/or a specified number of days of long term nursing care at no additional cost.

*Fee-for-service contracts (Type C or rental)* typically offer lower monthly service fees than other types of contracts, and many times do not require large entry fees; however, residents are responsible for all costs of future health care, which may or may not be provided on site.

### **RESIDENT CARE DIRECTOR (RCD)**

Program director in Assisted Living or Residential Care Program.

### **RESIDENTS' COUNCIL**

An organization of community residents. Its goal usually is to improve the quality of life, care and communication within an institution by providing some measure of control or self-determination by the residents.

**RESIDENTIAL CARE FACILITY (RCF)**

The provision of room, board and personal care. Residential care falls between the nursing care delivered in skilled and intermediate care facilities and the assistance provided through social services. It can be broadly defined as the provision of 24-hour supervision of individuals who, because of old age or impairments need assistance with the activities of daily living.

**RESPIRATORY THERAPY (RT)**

The diagnostic evaluation, management and treatment of the care of patients with deficiencies and abnormalities in the cardiopulmonary (heart-lung) system.

**RESPIRE 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.

**RESPITE VISIT**

Many independent living, assisted living and memory care communities offer short-term or respite stays.

**RETIREMENT COMMUNITIES**

Communities that provide a range of accommodations and support services to older adults. Services may include housekeeping, meal preparation, recreational and social activities and transportation.

**REVERSE MORTGAGE**

A reverse mortgage enables homeowners 62 and older to convert a portion of the equity from their homes into tax-free income without having to sell the home, give up title or take on a new monthly payment.

# S

**SERVICE PLAN (SP)**

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. Also called care plan or treatment plan.

**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 CARE**

Daily nursing and rehabilitative care that can be performed only by or under the supervision of skilled medical personnel.

**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.

**SOCIAL HEALTH MAINTENANCE ORGANIZATION (SHMO)**

A managed system of health and long-term care services geared toward an elderly client population. Under this model, a single provider entity assumes responsibility for a full range of acute inpatient, ambulatory, rehabilitative, extended home health and personal care services. Elderly people who reside in the target service area are voluntarily enrolled. Once enrolled, individuals are obligated to receive all SHMO covered services through SHMO providers, similar to the operation of a medical model health maintenance organization (HMO).

**SOCIAL SECURITY OR SOCIAL SECURITY ADMINISTRATION (SSA)**

A federally-administered program that provides monthly benefits to eligible workers who are either disabled or age 62 and over, and certain family members.

**SOCIAL SECURITY DISABILITY INSURANCE (SSDI)**

A system of federally provided payments to eligible workers and, in some cases, their families when they are unable to continue working because of a disability. Benefits begin with the sixth full month of disability and continue until the individual is capable of substantial gainful activity.

**SOCIAL SECURITY INCOME (SSI)**

Income received from Social Security benefits.

**SPECIAL CARE UNITS**

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

**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.

**STATE HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAMS (SHIP)**

This program is comprised of 53 state programs and nearly 15,000 trained volunteers who offer unbiased, one-on-one counseling to help Medicare beneficiaries understand their health insurance benefits and options.

## STATE OFFICE ON AGING

An agency of state government designated by the governor and the legislature as the focal point for all matters related to the needs of older persons within the state.

## STATE PHARMACY ASSISTANCE PROGRAM (SPAP)

State-sponsored programs that provides senior citizens and individuals with disabilities increased access to prescription drugs. These programs operate outside the state/federal Medicaid program and are usually funded exclusively with state dollars.

## SUBACUTE 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 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. Also called post-acute care or transitional care.

## SUPPORT GROUP

Facilitated group of individuals affected by a certain disease or situation that meets regularly to discuss related issues and personal feelings.

# T

## TELEPHONE REASSURANCE

Calls made by agencies or volunteers to an elderly person to check up on them and offer reassurance, contact and socialization. The calls are typically made at a predetermined time each day.

## THIRD PARTY NOTICE

A provision that lets you name someone for the insurance company to notify if your coverage is about to end because the premium hasn't been paid. This can be a relative, friend or professional such as a lawyer or accountant.

## TITLE III SERVICES

Services provided to individuals age 60 and older which are funded under Title III of the Older Americans Act. These include congregate and home-delivered meals, supportive services, in-home services and health promotion/disease prevention services. See also *Older Americans Act*.

## TITLE XIX (MEDICAID)

Federal and state-funded program of medical assistance to low-income individuals of all ages. There are income eligibility requirements for Medicaid.

## TITLE XVIII (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).

## 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 and/or post-surgical care and other services associated with the transition between the hospital and home. The goal of subacute care is to discharge residents to their homes or to a lower level of care. Also called subacute care or post-acute care.

## TRANSPORTATION 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

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. Also called care plan or service plan.

# U

## UNCOMPENSATED CARE

Service provided by physicians and hospitals for which no payment is received from the patient or from third party payers.

## UNDERWRITING

The process of examining, accepting or rejecting insurance applications and classifying those people who are accepted, in order to charge the proper premium for each person.

## UNITED STATES DEPARTMENT OF VETERANS AFFAIRS (VA)

The VA, formerly known as the Veterans Administration, is a government-run military veteran benefit system. It is responsible for administering programs of benefits for veterans, their families and survivors. The benefits provided include disability compensation, pension, education, home loans, life insurance, vocational rehabilitation, survivors' benefits, medical benefits and burial benefits.



# V

## **VISITING NURSE ASSOCIATION (VNA)**

A voluntary health agency that provides nursing and other services in the home. Basic services include health supervision, education and counseling, beside care, and the carrying out of physicians' orders. Personnel include nurses and home health aides who are trained for specific tasks of personal bedside care.

# W

## **WELLNESS**

A dynamic state of physical, mental and social well-being. A way of life which equips the individual to realize the full potential of his or her capabilities and to overcome and compensate for weaknesses. A lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction and self-responsibility.

## **WHOLE LIFE INSURANCE**

Policies that build cash value and cover a person for as long as he or she lives if premiums continue to be paid.