

## A

**Activities of Daily Living (ADLs)** – Everyday functions and activities that people usually do without help. These include dressing, eating, bathing, toileting, transferring and continence. Many insurance policies use the inability to perform a certain number of ADLs (such as 2 of 6) to determine eligibility for benefits.

**Acute Care** – The care provided for a medical condition from which a patient is expected to recover and resume a “normal” lifestyle, even though it may not be the same as before onset of the condition. Recovered patients usually do not require the assistance of another person in performing their normal activities of daily living. Medicare covers most acute care for patients age 65 and older.

**Adult Day Care** – Community-based care designed to meet the needs of functionally and/or cognitively impaired adults who, for their own safety and well-being, can no longer be left at home alone during the day. Adult day care facilities such as senior or community centers offer protected settings that are normally open weekdays during business hours and include a mixture of health, social and support services. Specialized programs for individuals with Alzheimer’s disease or related disorders also exist. Some facilities offer a wide range of therapeutic and rehabilitative activities as well as social activities, meals, and transportation.

**Advance Directive for Health Care** – Prepared ahead of time, a health care advance directive is a written document that says how you want medical decisions to be made if you lose the ability to make decisions for yourself. A health care advance directive may include a Living Will, a Durable Power of Attorney for Health Care or both.

**Alzheimer’s Disease** – A progressive, degenerative form of dementia that affects brain functions causing loss of short-term memory, the ability to reason, the ability to care for oneself and deterioration of language skills. While Alzheimer’s is currently not curable, several new medications can slow the rate of degeneration for many people.

**Area Agency on Aging (AAA)** – A nationwide network of State and local programs that help older people plan and care for their life-long needs. Services include information and referral for in-home services, counseling, legal services, adult day care, skilled nursing care/therapy, transportation, personal care, respite care, nutrition and meals.

**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. The types and sizes of facilities vary from a small home to a large apartment-style complex; individual units range from single rooms to multi-bedroom apartments. They also vary in the levels of care and services that can be provided. Assisted living facilities offer a way to maintain a relatively independent lifestyle and more privacy for people who don’t need the level of care provided by nursing homes.

**Assistive Equipment** – A range of products and technology designed to help elders or people with disabilities lead more independent lives. Examples include special telephones for people with hearing impairments, walking aids, elevated toilet seats, communication devices, etc.

## C

**Caregiver** – An adult (typically a family member or friend) who provides unpaid assistance to another adult who can no longer independently attend to his or her personal needs and/or perform his or her normal activities of daily living.

**Care Manager** – A health care professional, typically a nurse or social worker, who arranges, monitors, or coordinates long-term care services (also referred to as a care coordinator or case manager). A care manager may also assess a patient’s needs and develop a plan of care, subject to approval by the patient’s physician.

# ***glossary of terms***

**CCP** - The Community Care Program (CCP) is a government funded program which offers services to people over 60 who need help with their daily activities to avoid nursing home placement. CCP services include homemaker services and adult day care services.

**CCRC** - See *Continuing Care Retirement Community (CCRC)*

**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 Nursing Assistant (CNA)** – CNAs are trained and certified to help nurses by providing non-medical assistance to patients, such as help with eating, cleaning and dressing.

**Circuit Breaker** - (See *Missouri Property Tax Credit*)

**Cognitive Impairment** – Deterioration of intellectual ability, such as disorientation as to people, places or time; impairment of short-term or long-term memory; and/or impairment of one's ability to reason; that has progressed to the extent that a person requires substantial supervision by another person. Cognitive impairment includes Alzheimer's disease and senile dementia. The existence of cognitive impairment is determined by clinical evidence and standardized tests that reliably measure the person's impairment.

**Community-Based Services** – Services designed to help older people live independently in their own homes, such as adult day care and senior centers.

**Companionship Services** – Companions visit isolated and homebound elders for conversation, reading, and light errands. May also be termed "friendly visitor" services.

**Congregate Meal Programs** – Nutritional programs that provide lunches for older adults Monday through Friday in senior centers, community centers and schools.

**Continuing Care Retirement Community (CCRC)**

– A retirement community that offers a broad range of services and levels of care based on what each resident needs over time. Sometimes called "life care," it can range from independent living in an apartment to assisted living to full-time care in a nursing home. Residents move from one setting to another based on their needs. Care in CCRCs can be expensive, with a large payment often required before moving in, and monthly fees thereafter.

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

## **D**

**Dementia** – Deterioration of intellectual abilities (e.g., vocabulary, abstract thinking, judgment, memory loss, physical coordination), the loss of which interferes with daily activities. Dementia can be caused by degenerative diseases (e.g., Alzheimer's, Huntington's and Parkinson's diseases), vascular diseases or stroke, metabolic disorders (thyroid, liver kidney dysfunction and certain vitamin deficiencies), AIDS, drugs and alcohol, and psychiatric disorders. Some dementias may respond to treatments, others do not.

**Depression** – This is one of the most undiagnosed conditions among seniors. But, 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.

**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.

**Durable Medical Equipment** – 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 because of cognitive impairment or loss of muscular strength or control. Regardless of where it is provided, most elder care is custodial care, the type of care that is not paid for by Medicare.

**Eldercare Locator (1-800-677-1116)** – Developed by the U.S. Administration on Aging, the Eldercare Locator is a free service. 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. Look for the resources you need by following the directions on their website.

## **G**

**Geriatrician** – A physician who specializes in the care of the elderly, primarily those who are frail and have complex medical and social problems.

## **H**

**Health Maintenance Organization (HMO)** – For most people age 65 and older, a type of Medicare managed care plan where a group of doctors, hospitals and other health care providers agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. In an HMO, you usually must get all of your care from the providers that are part of the plan; if you use providers that are outside your HMO plan, you will pay for their services out of your own pocket.

**Home Health Care (Home Care)** – Supportive services in the home ranging from skilled nursing care and occupational, physical, respiratory and speech therapy, to assistance with activities of daily living and housekeeping. This support allows many older people to remain in their own homes.

**Home Health Aides** – Individuals who provide non-medical health care to people at home. Training or certification requirements vary from state-to-state, but typical services include assistance with activities of daily living, managing medications and some household tasks. In some states, only licensed home health aides can provide hands-on assistance.

**Homemaker Services** – Household services done by someone other than yourself because you are unable to do them. These services can include shopping, laundry, light cleaning, meal preparation and transportation assistance. Homemakers cannot provide hands-on care in most states.

**Hospice Care** – Continuous care provided for a terminally-ill person, and his or her family, during the final stages of life. (A terminally-ill person has a life expectancy of six months or less.) Hospice care can be provided at home, in a facility with a homelike setting, a hospital or a nursing home. The care includes physical care, counseling and support services, but does not attempt to cure any illness.

# ***glossary of terms***

## **L**

**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 gets assets 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** – 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** – An insurance policy that helps pay for some long-term medical and non-medical care, like help with activities of daily living. Because Medicare generally does not pay for long-term care, this type of insurance policy may help pay for long-term care that you may need in the future.

**Long-Term Care Ombudsman Programs** – Independent, nationwide, federally-funded services that work to resolve problems between residents and assisted living facilities, nursing homes and other residential care facilities.

## **M**

**Meals on Wheels** – Local agencies provide low cost, hot, nourishing meals to the elderly and disabled, allowing frail, homebound people to remain in their own homes.

**Medicaid** – A joint federal/state program that pays for health care for individuals and families with low incomes or very high medical bills relative to their income and assets. Coverage and eligibility requirements vary from state-to-state. Medicaid is the primary payer of nursing home care. Some states also offer some home and community-based long-term care services for eligible individuals through their Medicaid programs. These additional services are at the option of the state and are not mandated by federal law.

**Medicare** – The federal program that provides hospital and medical care to people age 65 or older, and to some younger people who are very ill or disabled. Benefits for nursing home and short-term home health services are limited and are generally available only to people while they are recovering from an acute illness. Coverage is restricted to medical care, and does not include custodial care at home or in nursing homes.

**Medicare Supplement Insurance** – A private insurance policy that covers many of the gaps in Medicare coverage (also known as Medigap Insurance or Medicare Supplemental Insurance). 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 copayments and deductibles for covered services, but generally do not offer expanded coverage such as long-term care services or prescription drugs.

**Missouri Property Tax Credit** - Missouri Property Tax Credit Claim, also known as Circuit Breaker, gives credit to certain senior citizens and 100 percent disabled individuals for a portion of the real estate taxes or rent they have paid for the year. The credit is for a maximum of \$750 and can only be claimed on the home they occupied during the period being claimed. The actual credit is based on the amount of real estate taxes or rent paid and total household income.

## **N**

**Nursing Home** – A state-licensed residential facility that provides a room, meals, help with activities of daily living, recreation, and general nursing care to people who are chronically ill or unable to take care of their daily living needs. It may also be called a Long Term Care Facility. If it has been certified as such by Medicare, it is also referred to as a Skilled Nursing Facility.

## **P**

**Personal Emergency Response System** – 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.

**Plan of Care** – The written plan that describes the services and care you need for your health problem. Your plan of care must be prepared or approved by your doctor.

**Point-of-Service Plan (POS)** – A type of managed care plan that combines aspects of health maintenance organizations and preferred provider organizations. POS offers the option of going to a network healthcare provider and paying a flat fee, or to an out-of-network provider and paying a deductible and/or a coinsurance charge. POS Plans are not currently available to Medicare beneficiaries.

**Power of Attorney** – A written legal document in which one person (the principal) appoints another person to manage the principal's financial affairs. Even though the intent is that the power of attorney will not take effect until the principle becomes unable to handle his or her own affairs, it actually takes effect on the date it is signed, unless otherwise specified. And, unless otherwise specified, the durable financial power of attorney applies only to assets owned directly by the principal, and not to any assets transferred into a trust by the principal. Unlike an ordinary power of attorney, a durable power of attorney remains in effect even after the principal can no longer manage his or her own affairs.

**Power of Attorney for Health Care** – A written legal document in which one person (the principal) appoints another person to make health care decisions on behalf of the principal in the event the principal becomes incapacitated (the document defines incapacitation). This instrument can contain instructions about specific medical treatment that should be applied or withheld.

**Preferred Provider Organization (PPO)** – Another type of managed care plan. Members have a choice of utilizing healthcare providers in the PPO network, or hospitals, doctors and other healthcare professionals outside the plan for an additional cost. Beginning in 2003, PPO plans are available to Medicare beneficiaries in 23 states.

**Primary Care Physician** – A doctor trained to give you basic care. Your primary care doctor is the one you see first for most health problems. He or she makes sure you get the care you need to stay healthy. He or she also may talk with other more specialized doctors and healthcare providers and refer you to them. In many Medicare managed care plans, you must see your primary care doctor before you see other healthcare providers.

**Primary Caregiver** – The person, usually the spouse or adult child, who takes on the primary day-to-day responsibility of caring for the physical, psychological and social needs of another person.

**Probate** – The process by which an executor (if there is a will), or a court-appointed administrator (if there is no will), manages and distributes a decedent's property to heirs or beneficiaries.

## **Q**

**Qualified Long-Term Care Services** – Defined by federal law, these are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, that are required by a chronically ill individual, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner. Maintenance or personal care services means any care the primary purpose of which is to provide needed assistance with any of the disabilities as a result of which the individual is a chronically ill individual (including the protection from threats to health and safety due to severe cognitive impairment).

# ***glossary of terms***

## **R**

**Residential Care Facility** – A generic term for a group home, specialized apartment complex or other institution that provides care services where individuals live. The term is used to refer to a range of residential care options including assisted living facilities, board and care homes and skilled nursing facilities.

**Respite Care** – Temporary or periodic care provided by a third party for people with disabilities, illnesses, dementia or other health problems while their usual caregivers take an occasional break from their caregiving responsibilities. Respite care can be provided at home, in the community (e.g., adult day care centers or special respite programs) or overnight in a facility such as a nursing home or assisted living residence.

## **S**

**Senior Center** – Community-based programs that provide a variety of services that can include social activities, nutrition, and educational and recreational opportunities for older adults.

**Skilled Care** – Daily nursing and rehabilitative care that can be performed only by, or under the supervision of, skilled medical personnel. This care is usually needed 24 hours a day, must be ordered by a physician, and must follow a plan of care. Individuals usually get skilled care in a nursing home but may also receive it in other places.

**Skilled Nursing Care** – Skilled care that must be given or supervised by Registered Nurses. Examples of skilled nursing care are intravenous injections, tube feeding, and changing sterile dressings on a wound. Any service that could be safely done by an average non-medical person without the supervision of a Registered Nurse is not considered skilled care.

**Skilled Nursing Facility (SNF)** – A nursing facility

(in most cases, a nursing home; sometimes a special unit inside a hospital) that has been certified by Medicare, with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.

**Spend Down** – A requirement that an individual use up most of his or her income and assets to meet Medicaid eligibility requirements.

## **State Health Insurance Assistance Program**

**(SHIP)** – Federally funded program to provide counseling to seniors regarding their insurance needs.

## **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.

**Trust** – A legal arrangement in which an individual (the trustor) gives fiduciary control of property to a person or institution (the trustee) for the benefit of one or more beneficiaries.

**Trustee** – An individual or organization designated in a trust document to manage the assets held in the trust for the benefit of the trust's beneficiary or beneficiaries.

**Trustor** – The person who creates a trust; also called a **grantor**.

## **W**

**Will** – A written document through which a person disposes of property after death.