



**Activities of Daily Living (ADL)**—The self-care tasks, which are used to measure the Functional Impairment Level of an applicant or a client for home care services, include the ability to bathe, dress and undress, eat, toilet, transfer in and out of a bed or chair, get around inside one's own home, and maintain continence. Also see Instrumental Activities of Daily Living. (IADL).

**Administration on Aging (AoA)**—The principal federal agency responsible for administering the provisions of the Older Americans Act, except Title V. It advocates for the needs, concerns, and interests of elders, nationwide, and is housed within the Department of Health and Human Services (DHHS).

**Adult Day Care**—A community-based group program designed to meet the needs of functionally impaired elders and other adults who can benefit from participating in group settings. Most programs include an individualized plan of care, group exercise, adult education classes and recreation, nutritious meals, and social work services. In addition, these programs make respite for caregivers possible and provide support groups for participants and caregivers.

**Adult Day Health Care**—A community-based program similar to adult day care but designed for elders and persons with disabilities who need a higher level of care, but can still benefit from receiving services in a group setting. In addition to the services of an Adult Day Care program, other services include physical, occupational, and speech therapies; nursing supervision; monitoring of vital signs, blood glucose, blood pressure, and medications; assistance with bathroom visits; dietary counseling and supervision; psychological counseling; and an Individualized Plan of Care. All services are supervised by trained geriatric specialists.

**Adult Foster Care**—See Group Adult Foster Care (GAFC).

**Adult Protective Services (APS)**—A federal program provided in every state to ensure the safety and well-being of elders (and adults with disabilities) who are in danger of being mistreated or neglected, are unable to take care of themselves or protect themselves from harm, and have no one to assist them.

**Advance Directive**—A document, such as a health care proxy or living will, which allows an individual to convey his or her wishes about end-of-life care ahead of time. Advance directives are not legally binding unless they comply with state law. For legal documents, also see Health Care Agent and Health Care Power of Attorney, or Proxy.

**AMI** —See Area Mean Income.

**Appeal**—A special kind of complaint made if you disagree with a Medicare coverage decision, including: a denial for a request for health care services, a billing for services you already received, or a dispute with a decision to stop services that you are receiving. There is a specific process used by your Medicare health plan for an appeal.

**Area Agency on Aging (AAA)**—Agencies established under federal law, the Older Americans Act (OAA), to respond to the needs of Americans age 60 and over in every local community, with the goal of keeping seniors living independently in their own homes. AAAs plan and provide social services and nutrition services for elders and support for caregivers.

**Area Mean Income (AMI)**—A statistical table of income levels by states, metropolitan areas and counties published by the Department of Housing and Urban Development (HUD) to determine eligibility for loans and housing support.

**Assignment**—A system under Medicare in which doctors and health care equipment and supplies companies agree to accept the Medicare-approved payment amount. When doctors and suppliers agree, they accept assignment. A patient’s co-payment still applies.

**Assisted Living Facility (ALF) or Assisted Living Residence (ALR)**—A facility that combines housing and supportive services for elders. Services include assistance with personal care, such as medication management, bathing, dressing, and ambulating, and may include laundry, housekeeping, transportation, and social activities.

**Assistive Technology**—Products, devices, or equipment used by individuals with disabilities to maintain, increase, or improve their functional capabilities. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies.

**Caregiver**—A person who helps care for someone who is ill, disabled, or aged. Caregivers can be paid or unpaid. See also Family Caregiver.

**Care Plan**—A “road map” to guide the team of professionals involved in a person’s care. Care plans start with an assessment, outline treatments or services needed, and list the expected outcomes or goals. Social workers develop care plans for home care services; nursing staff also develop care plans for patients in hospitals or skilled nursing facilities. See also Geriatric Care Manager.

**CARF Accredited**—A rehabilitation facility that has been chosen to be reviewed by the Commission on the Accreditation of Rehabilitation Facilities (CARF), an independent accreditation agency, and has been found to be in compliance with CARF quality standards.

**Case Management**—See Geriatric Care Manager.

**Certified Home Health Agency (CHHA)**—A home health agency that meets Medicaid and Medicare requirements and standards for the provision of nursing care, rehabilitation therapies, and the service of home health aides.

**Certified Nursing Assistant (CNA)**—A professional who is trained and certified to help nurses by providing nonmedical assistance to patients, such as help with bathing, dressing, and using the bathroom.

**CHAMPUS** (Civilian Health and Medical Program of the Uniformed Services)—Auxiliary medical services for active military/veterans and their dependents.

**Chore Services**—A type of home care service to assist frail elders, including vacuuming, washing floors and walls, defrosting freezers, cleaning ovens, cleaning attics and basements, and removing fire and health hazards.

**COBRA** (Consolidated Omnibus Budget Reconciliation Act)—A federal law requiring employers to offer time-limited cash-premium health insurance to employees who will lose their insurance because of termination. If you were an active participant in your employer's health plan prior to your departure date, you can continue the health insurance that you and your family received for up to 18 months.

**Comfort Care Order**—See DNR/DNI Order.

**Companions**—People provided by home care agencies who regularly visit frail elders and provide socialization, medical escort, errand service, light meal preparation, as well as respite or temporary relief to family caregivers.

**Congregate Housing**—A shared living arrangement that allows elders to maintain their privacy and independence in a homelike setting with supportive services.

**Congregate Living Facility**—A noninstitutional, independent group living environment that integrates shelter and service needs of functionally impaired and/or socially isolated elders who do not need institutional supervision and/or intensive health care.

**Congregate Meals**—A program, funded under Title 111-C of the Older Americans Act, providing one meal a day (usually lunch) at senior centers, churches, and other community sites.

**Conservatorship**—Legal process in which a probate court appoints one or more persons to handle the financial affairs of a person the court determines to be incompetent or otherwise unable to handle her or his own finances.

**Continuing Care Retirement Communities (CCRCs)**—An alternative housing option designed to accommodate the needs of elders. CCRCs offer a full continuum of care, ranging from fully independent units to assistance with personal care in assisted living apartments to long-term care in a skilled nursing facility.

**Co-payment**—In some health care plans, the amount you pay for each medical service, like a doctor’s visit or a prescription. A co-payment is usually a set amount, such as \$10 or \$20. Co-payments are also used for some hospital outpatient services in the Original Medicare Plan.

**Council on Aging (COA)**—A municipally appointed agency that provides services to elders, families, and caregivers. While each is unique to its community, most COAs offer information and referral, transportation, outreach, meals (congregate and home delivered), health screening, and fitness and recreation programs.

**Custodial Care**—Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of bed, moving around, and using the bathroom. It may also include care that people do themselves, such as using eyedrops. Medicare does not pay for custodial care.

**Dementia**—A progressive decline of cognitive function, such as memory, concentration, and judgment, due to damage or disease of the brain beyond the natural process of aging. It is sometimes accompanied by emotional disturbance and personality changes.

**DNR/DNI Order** (Do Not Resuscitate/Do Not Intubate Order, also known as a “Comfort Care Order”)—An individual’s instructions that he or she does not wish cardiopulmonary resuscitation or a tube to provide mechanical breathing assistance. A DNR or DNI informs medical personnel, including EMTs and paramedics, to provide care without artificial means to maintain heart function and breathing.

**Durable Medical Equipment (DME)**—Medical equipment that is ordered by a doctor for use in the home. These items must be reusable, such as walkers, wheelchairs, or hospital beds. DME is paid for either under Medicare Part A or Part B for home health services.

**Durable Power of Attorney**—A document that grants a person(s) the legal powers to perform on behalf of the grantor certain specified acts and functions, related to real estate, banking and financial transactions, personal and family maintenance, and government benefits, among others. This power is effective immediately and continues to be effective once the grantor becomes disabled or incompetent.

**Elder Abuse Prevention Programs**—Programs, such as adult protection and guardianship/conservatorship, designed to alleviate situations of abuse, neglect, or self-neglect.

**Emergency Response Systems**—See Personal Emergency Response Systems.

**End-stage Renal Disease (ESRD)**—Permanent kidney failure that requires a regular course of dialysis or a kidney transplant.

**Enrollment Period**—A certain period of time when you can join a Medicare health plan, if it is open and accepting new Medicare members. There are four periods during which you can enroll in Medicare Part A: Initial Enrollment Period (IEP), which starts three months before you are age 65 and seven months afterward; General Enrollment Period (GEP), which is the first three months of each year; Special Enrollment Period (SEP) for people who did not sign up when they were 65; and Transfer Enrollment Period (TEP) for those who only have Part B and enrolled in a Medicare managed care plan.

**Escort Services (Escorted Transportation)**—A service that provides either group transportation or individual escorts to take seniors to medical appointments, shopping, errands, banks, government offices, hospitals to visit friends and family, and on recreational or cultural outings.

**Executor**—A person appointed in a will to handle the probate of a deceased person's estate and the instructions stated in the will.

**Family Caregiver**—A relative or a friend who helps care directly for someone who is ill, disabled, or aged, or organizes and monitors the care others provide in the home or in institutions, such as hospitals or nursing homes. Family caregivers may live with or near the elder they are caring for, or live far away, and provide help intermittently, regularly, and/or on a 24/7 basis. Some family caregivers are compensated for their work; most are not.

**Family Caregiver Support Program**—A national program created by a 2000 amendment of the Older Americans Act. It provides information and referrals, training, counseling, support groups, respite care options, and other services to family caregivers.

**Family Medical Leave Act (FMLA)**—A federal law that provides caregivers up to 12 weeks of job-protected leave to care for a seriously ill parent, child, or spouse (also covers leave for one's own serious illness, a birth, or an adoption). Workers are eligible if they work for firms with 50 or more employees, have at least one year of continuous employment, and have worked at least 1,250 hours in the 12 months prior to leave. There is no wage replacement available with this leave.

**Friendly Visitor**—A volunteer who visits isolated elders in their homes up to one or two hours per week, usually arranged by a home care agency.

**Gateway Organization**—An agency or organization that provides eldercare information and programs and is a key way for elders and caregivers to access additional elder care resources and service providers. As used in this Handbook, key gateway organizations include the U.S. Agencies on Aging (AAAs), the State Units on Aging (SUAs), and local Councils on Aging (COAs).

**Geriatric Care Manager**—A professional case manager, usually a licensed social worker, who assesses an elder’s ability to live independently in a home environment, develops an appropriate care plan for services and equipment, and organizes needed home care services. This person may monitor and augment services on an ongoing basis, or troubleshoot as particular problems arise.

**Geriatric Medicine**—A subspecialty of internal medicine or family medicine focused on the clinical care of elders.

**Gerontologist**—A health care professional who specializes in eldercare, with a degree in nursing, psychology, sociology, or other social-related professions. An applied gerontologist works directly with elders, evaluating and assisting individuals, families, and groups. A research gerontologist is a scientist who conducts research on the biological, psychological, and sociological phenomena associated with old age and aging.

**Group Adult Foster Care (GAFC)**—A Medicaid waiver program adopted in several states that pays for personal care services for eligible seniors and adults with disabilities who live in GAFC-approved housing. Housing may be an assisted living residence or specially designated public or subsidized housing.

**Guardianship**—A legal process by which a probate court appoints one or more individuals to handle the personal and financial affairs of a minor or person of any age the court determines to be mentally incompetent.

**HCBS Waivers (Home and Community-based Services)**—Medicaid services offered by a state plan to support a person so that he or she can live independently at home, rather than in a nursing home. Sometimes called 1915(c) waivers.

**Health Care Agent or Proxy**—A person designated in a legal document to act in your place should you become unable to make or communicate decisions regarding health care treatment.

**Health Care Power of Attorney or Proxy**—A document legally authorized by a competent person designating another person to act as his or her health care agent with the authority to make all health care decisions (unless specifically limited) for the grantor should he or she become unable to make or communicate those decisions.

**Health Maintenance Organization (HMO)**—A group health insurance plan that entitles members to services of participating physicians, hospitals, and clinics. Coverage for services must be cleared by the HMO, and a primary care physician (PCP) within the HMO handles referrals. Members of the HMO pay a fee for coverage as well as small additional co-payments for outpatient visits and prescription drugs. There are HMO programs for Medicare-eligible patients. (See Medicare.)

**HIPAA (Health Insurance Portability and Accountability Act)**—A federal law that ensures privacy provisions for health information and sets rules and limits on who can see an individual's health information. The law must be followed by health care providers and institutions, and certain government programs that pay for health care, such as Medicare and Medicaid. Medical records, insurance records, and billing records are protected.

**Home Health Agency (HHA)**—A public or private agency that specializes in providing skilled nursing services, home health aides, and other therapeutic services, such as physical therapy, in the home.

**Home Health Care**—Health care services provided in the home on a part-time basis for the treatment of an illness or injury, and covered by Medicare only if skilled care is needed and required on an intermittent or part-time basis.

**Home Monitoring System**—An electronic system designed to alert a caregiver when an elder, wearing a transmitting device, enters the zone near a monitored door or goes beyond a designated footage outside the home. These systems can be rented or purchased and are useful for conditions, such as Alzheimer's disease, that cause disorientation or restlessness.

**Homemaker Services**—Assistance in home management, including light housekeeping, laundry, grocery shopping, and meal preparation, provided by trained personnel working under home care agency supervision.

**Hospice**—A public or private organization that provides pain relief, symptom management, and supportive services to terminally ill people and their families in the home or in a separate hospice facility.

**Hospitalist**—Physicians trained and board certified in internal medicine who specialize in the care of hospitalized patients. Hospitalists serve as the “physicians of record” for patients while they are being treated in the hospital. The hospitalist returns the patient to the care of his or her primary care physician at the time of hospital discharge.

**Independent Living Units**—Housing units that include some basic services such as meals and housekeeping, usually for a fee. These units may exist in a Continuous Care Retirement Community (CCRC) that also has assisted living units and a skilled nursing facility.

**In-home Services**—Services provided under the federal Older Americans Act by all Area Agencies on Aging (AAA). They include homemaker and home health aide services, in-person and telephone reassurance, chore maintenance, in-home respite care (including adult day care) and minor home modifications.

**Initial Enrollment Period**—See Enrollment Periods.

**Instrumental Activities of Daily Living (IADL)**—The six daily tasks (light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money) that enable the patient to live independently in the community. (See also ADL, Activities of Daily Living.)

**Intermediate Care Facility (ICF)**—A nursing home which provides health-related services to individuals who do not require the degree of care or treatment given in a hospital or skilled nursing facility, but who (because of their mental or physical condition) require care and services which are greater than custodial care and can only be provided in an institutional setting.

**JCAHO Accreditation**—Indicates that a facility, like a hospital, has voluntarily chosen to be reviewed by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), a private accreditation agency, and has been found to be in compliance with JCAHO quality standards.

**Legal Services Programs for the Elderly**—Programs providing free legal assistance, counseling, and representation in civil matters by an attorney, or other person under the supervision of an attorney, to people age 60 and older, prioritizing those elders in the greatest economic and social need.

**Levels of Care in Nursing Facilities**—Although the federal government has eliminated all references to and makes no distinction regarding levels of care, some states still utilize level of care classifications for the sole purpose of licensing long-term care facilities. Multilevel facilities may maintain graduated levels-of-care up to or including skilled nursing services.

Level I and Level II, financed by Medicaid or private payment, provide 24-hour skilled nursing services as well as restorative and other therapeutic services. Many specialize in areas such as rehabilitation.

Levels III and IV include nursing homes and retirement homes. Services range from routine nursing care to assistance with activities of daily living or supervised care for persons who do not require nursing or medical services. Most retirement homes (Level IV) provide residential rather than nursing care.

**Life Line**—A personal emergency alert system or alarm; also a trademarked name for the company that provides them.

**Limited Medication Administration**—An optional service in assisted living residences that allows a family member or licensed practitioner to administer medication to a resident.

**Living Will**—A set of instructions documenting a person’s wishes about medical care intended to sustain life. It is used if a patient becomes terminally ill, incapacitated, or unable to communicate or make decisions. Some states do not recognize a Living Will as binding on medical personnel. However, documents used to prepare a living will provide information that can convey the individual’s intent, and facilitate instructions to the designated agent in a health care agent or proxy. (See Health Care Agent.)

**Local Match**—The funds that a program must raise in order to qualify for and receive funding from various federal or state programs.

**Long-term Care Insurance**—An insurance policy designed to alleviate some of the costs associated with nursing home and/or home health care for persons who become unable to care for themselves independently. Most policies provide coverage for a specified number of years or may offer lifetime coverage. The cost of policies varies in relation to the age of the individuals at purchase, the conditions and services covered, and the amount and length of coverage.

**Long-term Care Ombudsman**—An independent advocate (supporter) for residents of nursing homes and assisted living facilities who works to solve problems between residents and management regarding health, safety, welfare, and human rights. They may also be able to provide information about home health agencies in their area.

**Meals on Wheels (MOW)**—A service that provides home-delivered meals to elder and disabled citizens without regard to income. It is funded through a combination of federal funds through Title III C of the Older Americans Act and state funds. There are also private-pay programs that deliver meals at home to offer more variety or meals on days not covered by benefit programs, such as weekends, in some cases.

**Medicaid**—The government health insurance program for low-income people of all ages. It is financed by the federal and state governments and is the primary means of payment for nursing home services in the United States and, increasingly, in-home care services.

**Medicare**—Title XVIII of the Social Security Act provides for a federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant).

**Medicare Advantage Plan**—A Medicare program that gives you more choices among health plans. With few exceptions, everyone with Medicare Plans A and B is eligible. Medicare Advantage Plans used to be called Medicare + Choice Plans. They include Medicare Managed Care Plans, Medicare Preferred Provider Organizations, and Medicare Private Fee-for-Service Plans.

**Medicare-approved Amount**—The fee Medicare sets for a covered medical service. This is the amount a doctor or supplier is paid by you and Medicare for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the “Approved Charge.”

**Medicare Health Plan**—A Medicare Advantage Plan (such as an HMO, PPO, or private fee-for-service plan) or other plan such as a Medicare Cost Plan. Everyone who has Medicare Part A and Part B is eligible for a plan in their area, except those who have end-stage renal disease (unless certain exceptions apply).

**Medicare Managed Care Plan**—These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan’s list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

**Medicare Part A**—Hospital insurance for those 65 and older, primarily provides coverage for inpatient hospital care, skilled nursing home, home health, and hospice care.

**Medicare Part B**—Medical insurance for those 65 and older, provides limited coverage for outpatient physician services, ambulance use, durable medical equipment, and home health care services.

**Medicare Part C**—See Medicare Advantage Plan.

**Medicare Part D**—See Medicare Prescription Advantage Program.

**Medicare Preferred Provider Organization (PPO)**—A type of Medicare Advantage Plan in which you use doctors, hospitals, and providers that belong to the plan’s list (network). You can use doctors, hospitals, and providers outside of the network for additional cost.

**Medicare Prescription Advantage Program**—Coverage available to people with Medicare that began January 1, 2006. Medicare provides prescription drug coverage through insurance companies and other private companies who offer different plans, with different covered prescriptions and co-payments. Medicare prescription drug plans require you to pay a regular monthly premium, a yearly deductible, and a share of the cost of your prescriptions.

**Medicare Private Fee-for-Service Plan**—A private insurance plan that accepts people with Medicare. You may go to any Medicare-approved doctor or hospital that accepts the plan’s payment. The insurance plan, rather than the Medicare program, decides how much it will pay for the services you get. You may pay more for Medicare-covered benefits, or you may have extra benefits the Original Medicare Plan doesn’t cover.

**Medigap**—A type of health insurance elders can purchase to supplement their health benefits under Medicare and bridge the gap between what Medicare pays and what clinical care and prescription drugs actually cost.

**NORC (Naturally Occurring Retirement Communities)**—A building, group of buildings, or geographic area where there is a high concentration of people 65 and over because the residents have remained in their homes over multiple decades. Also refers to an initiative for connecting elders who are clustered together to community-based eldercare services and health programs while remaining in their own homes.

**Nursing Facility**—A Medicaid-certified nursing facility.

**Nursing Home**—A term used to cover a wide range of institutions providing 24/7 personal care and skilled nursing care, also called Skilled Nursing Facilities, Intermediate Care Facilities and Custodial Care Facilities. Not all nursing homes are Medicare- approved/certified facilities.

**Nursing Home Screening**—A procedure to determine if a person entering a Skilled Nursing Facility or participating in an Adult Day Health Program meets Medicaid guidelines.

**Occupational Therapy**—A form of therapy that helps people improve basic motor functions and reasoning and their ability to perform tasks in their daily living and working environments. Services are often given to help people return to usual activities (such as bathing, preparing meals, and housekeeping) after illness.

**Ombudsman (ombudsperson)**—A person who advocates on behalf of others. In this context, a long-term care ombudsman advocates for residents in an assisted living facility or health care institution. This person receives, investigates, and resolves complaints against the residential facility or health care institution involving the safety, health, welfare, and rights of the elderly residents and patients.

**Original Medicare Plan**—A fee-for-service health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (co-insurance). The Original Medicare Plan has two parts: Part A (hospital insurance) and Part B (medical insurance).

**PACE** (Program of All-inclusive Care for the Elderly)—A program that provides low-income frail elders with all of their health, medical, rehabilitation, social, and support services and health insurance for one monthly fee. It enables them to remain independent in their community and in their own homes. PACE programs are available in some, but not all, states.

**Palliative Care**—Any form of medical care or treatment that concentrates on reducing pain and/or the severity of the symptoms of a disease, or slowing the disease’s progress, rather than providing a cure.

**Paratransit**—A type of transportation for people whose physical condition restricts their use of regular public transit systems. Services are provided by lift-equipped vans and shuttles that can be scheduled as needed for pick-ups and drop-offs. This is also known as “demand responsive transportation.”

**PDF** (Portable Document Format)—A file format used to create copies of documents that can be read, copied, or printed by any computer with Adobe Reader software installed (available free on the Internet.) PDFs allow you to share and/or download pages containing text, graphics, and photos, but the document cannot be modified.

**Primary Care Physician** (PCP)—A doctor who provides continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. A PCP generally does not specialize in the treatment of specific organ systems, such as cardiology, nor perform surgery. The term is often used by Health Maintenance Organizations (HMOs) to describe the physician who manages treatment for HMO members and provides referrals to specialized care and services.

**Personal Care Attendant** (PCA)—A person trained to provide assistance with the personal care activities of daily living, such as bathing, shampooing, personal hygiene, and medication reminders, usually arranged by a home care agency and paid by the hour.

**Personal Care Services**—Services that provide assistance with one or more activities of daily living either through physical support or supervision. These services are not routinely paid for by either Medicare or Medicaid.

**Personal Emergency Response Systems** (PERS)—A medical communications alerting system that allows an elder experiencing a medical emergency at home to access medical service via an electronic transmitter to a central monitoring station.

**Physical Therapy**—A form of therapy that helps restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. Treatments of the patient’s illness or injury are made using mechanical means, such as heat, light, exercise, and massage.

**Prescription Advantage**—A Medicare program that provides insurance to cover prescription costs. Premiums, deductibles, and co-payments are required and vary by income and marital status.

**Probate**—A legal proceeding defined by state law in which the court determines the validity of a decedent’s will and the correctness with which the provisions of the will are carried out.

**Provider**—A health care professional or health care facility that provides care to patients, including those in hospitals, rehabilitation facilities, and outpatient settings

**Qualified Medicare Beneficiary Program (QMBs)**—A federally required medical assistance program administered by Medicaid which pays the Medicare premiums, deductibles, and co-payments for certain Medicare recipients whose assets are limited and whose income falls at or below the federal poverty level.

**Quality Improvement Organization**—Groups of practicing doctors and other health care experts that are paid by the federal government to check and improve the care given to Medicare patients. They must review complaints about the quality of care given by inpatient hospitals, hospital outpatient departments, hospital emergency rooms, skilled nursing facilities, home health agencies, private fee-for-service plans, and ambulatory surgical centers.

**Rehabilitation**—Services and therapies needed by people who have sustained severe injury, often as a result of trauma, stroke, infection, tumor, surgery, or a progressive disease.

**Regional Home Health Intermediary**—A private company that Medicare contracts to review the billing, pay providers, and check on the quality of home health care.

**Respite Care**—Temporary care service to relieve an in-home caregiver of responsibility for an individual with long-term care needs. Relief care can be provided in the home, in day programs, nursing facilities, rest homes, or an Adult Foster Care program.

**Rest Home**—A facility providing custodial care. Services provided in these facilities are more residential than medically oriented. They include protective supervision for the residents, as well as room, board, social activities and limited social services.

**Restraints**—Restraints can be physical or chemical. Physical restraints are any manual method, device, material, or equipment attached to or adjacent to an individual which restricts freedom of movement or normal access to one’s body, and can’t be easily removed. Chemical restraints are any drugs used for discipline or convenience and not required to treat medical symptoms. A term used in elder abuse cases.

**Reverse Mortgage**—A special type of home loan that allows homeowners to convert a portion of their home equity into cash. The U.S. Department of Housing and Urban Development (HUD) offers a federally insured reverse mortgage loan plan that enhances financial security and allows elders to stay in their own homes and pay for needed home modifications and/or home care services.

**Section 8 Housing**—An affordable housing assistance program offered by the U.S. Department of Housing and Urban Development (HUD), either as rental vouchers or as a “project-based Section 8,” which pertains to a specific building. In some cases, vouchers may apply to assisted living facilities.

**Self-administered Medication Management**—A program in certified assisted living residences that enables frail elders to take their own medications. Trained practitioners remind patients to take medication, check the medication package, verify the resident’s name on the package, observe the resident while they take the medication, and document their observations.

**Senior Companions**—Senior Corps volunteers who are assigned to provide company and supervision to handicapped or socially isolated elder people, and to provide relief to family members with dependent elders. Senior Corps is a division of the Corporation for National and Community Service.

**Skilled Nursing Care**—Services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse). Examples of skilled nursing facility care include intravenous injections and physical therapy. The need for custodial care does not, in itself, qualify for Medicare. If you qualify for coverage based on a need for skilled nursing, however, Medicare will cover short-term skilled nursing care, including personal care assistance with activities of daily living.

**Skilled Nursing Facility (SNF)**—A nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services. SNFs are often used in short-term rehabilitation after hospital discharge, which is covered by Medicare. Long-term care in an SNF must be covered by private payment or Medicaid, if the elder meets eligibility requirements.

**Sliding Fee**—A fee that fluctuates according to the income of the person receiving the service. This term is applied to certain home care services and may be applied to other eldercare services.

**Social Day Care (SDC)**—See Adult Day Care.

**Social Security Disability Income** (SSDI or SSI, Supplemental Security Income)—A monetary benefit paid through Social Security to persons under age 65 with disabilities. SSI provides funds for eligible residents to help pay for certified assisted living. It can be combined with Medicaid subsidy for those financially and clinically eligible.

**Special Care**—A unit on a special floor or wing of a long-term care facility designed for those with Alzheimer’s disease, dementia, and other related brain disorders.

**Speech-Language Therapy**—Treatment to regain and strengthen speech skills from stroke, dementia, Parkinson’s disease or multiple sclerosis; cognitive and memory problems with speaking and listening, voice disorders, speech disorders, and swallowing disorders (dysphasia).

**Spousal Impoverishment Law**—A federal law providing that if one member of a married couple becomes a nursing home resident, the property and assets of the married couple will be combined, regardless of who owns the asset, and divided in half, according to Health Care Financing Administration (HCFA) standards. This process protects the spouse who still lives in the community from becoming impoverished. The spouse who still lives in the community can appeal the division of marital assets under certain conditions.

**SSI**—See Social Security Disability Income.

**State Health Insurance Assistance Program** (SHIP)—A state program that gets money from the federal government to give free health insurance counseling to people with Medicare. SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions. Information is provided about Medicare, Medigap insurance, Medicaid, HMOs, public benefits, retiree health plans, individual insurance, prescription drug charge coverage, health insurance counseling, and other health insurance options.

**State Medical Assistance Office**—A state agency that is in charge of the state’s Medicaid program and can give information about programs to help pay medical bills for people with low incomes.

**State Survey Agency**—A state agency that oversees health care providers that participate in the Medicare and/or Medicaid programs. The State Survey Agency inspects health care providers and investigates complaints to ensure that health and safety standards are met.

**Supplemental Security Income**—See Social Security Disability Income.

**Supportive Housing**—An “assisted living-like” environment in state-funded, public elderly/disabled housing. Services are provided on an as-needed basis 24 hours a day.

**Telephone Reassurance**—Regular, pre-scheduled calls to homebound older adults to reduce isolation and provide a routine safety check.

**Third-party Liability**—A party other than a beneficiary who is responsible for payment of part or all of a specific Medicare claim. Medicare supplemental insurance (Medigap) coverage is one example.

**TTY** (Text Telephone) or **TTD** (Telecommunication Device for the Deaf)—Special telephones and telephone numbers for the deaf and those who are hard of hearing or speech impaired that allow people to communicate by typing messages back and forth rather than talking and listening.

**Veterans' Benefits**—Medical services and other benefits provided by the Veterans' Administration to honorably discharged ex-service members and sometimes to their dependents. For those without service-connected disabilities, income and asset restrictions may apply.

**Visiting Nurses** (Visiting Nurse Association/VNA)—Registered nurses who provide skilled nursing, rehabilitation, and hospice services at home. The VNA is a membership association of home health care providers in the region, connected by a network of partnerships with regional insurers, hospitals and clinics, and health care providers.

**Wander Locator**—tracking equipment used for wander prevention and location for those who are prone to wander, such as Alzheimer's patients.