

Appendix - Glossary

Activities of Daily Living (ADL):

Basic personal activities that include eating, bathing, dressing, toileting, transferring from a bed or chair, and continence. ADLs often are used to measure how much assistance people need and whether they qualify for assistance from a public program or private long-term care insurance.

Adult Day Services:

Daytime community-based programs for adults with long-term services and supports (LTSS) needs. Such programs provide a variety of health, social, and related support services in a protective setting.

Aging and Disability Resource Centers (ADRCs):

Publicly sponsored entities that are designed to help consumers and their families find information about the full range of long-term services and supports available in their community. ADRCs are for people of all incomes and all types of disability. By providing objective information, advice, counseling, and assistance, their purpose is to empower people to make informed decisions and more easily access available programs and services. Similar entities are sometimes referred to as “single entry point” or “no wrong door” systems.

Assisted Living and Residential Care Settings:

An umbrella term that refers to many types of housing options that include services that are provided to residents. These assisted living and residential care settings are licensed, registered, listed, certified, or otherwise regulated by the state to provide room and board with at least two meals a day, have around-the-clock on-site supervision, and provide help with personal care such as bathing and dressing or health-related services such as medication management.

Antipsychotic Drug Use in Nursing Homes:

Some nursing home residents receive antipsychotic medications to treat schizophrenia, Tourette’s syndrome, or Huntington’s disease. However, many nursing home residents still receive antipsychotic medications without a diagnosis for one of the three conditions listed. These “off-label” prescriptions are a potentially inappropriate use of such medication, and potentially life threatening to people with dementia.

Assisted Living:

Residences that provide a “home with services” and that emphasize residents’ privacy and choice. In many states, residents typically have private rooms or apartment-style units (shared only by choice) with bathrooms and lockable doors. Personal care services are available on a 24-hour-a-day basis.

Balancing:

The proportion (percentage) of Medicaid LTSS funding going toward home- and community-based care.

Burdensome Transition:

For the purposes of the *Scorecard*, we considered a burdensome transition to be any of the following: (a) any transfer in the last three days of life; (b) a lack of continuity of a nursing home before and after a hospitalization in the last 120 days of life; (c) three or more hospitalizations in the last 90 days of life; or (d) two or more hospitalizations for dehydration, pneumonia, or septicemia in the last 120 days of life.

Care Management:	A process for assessing the needs of an older person or adult with disabilities, creating a service plan, and coordinating and monitoring the delivery of services. A care manager may operate privately or may be employed by social service agencies or public programs. Typically, care managers are nurses or social workers.
Centers for Medicare & Medicaid Services (CMS):	A federal agency within the Department of Health and Human Services. CMS is responsible for administering the Medicare program and works with state governments to administer Medicaid and other health insurance programs.
Chronic Care:	Care and treatment given to individuals who have health problems of a long-term and continuing nature. Chronic illnesses generally are not curable, require ongoing treatment, and affect a person's daily life.
Dementia:	A serious loss of cognitive ability, affecting one's ability to learn, reason, and retain information, as well as causing other mental and behavioral problems. Alzheimer's disease, vascular dementia, and dementia with Lewy bodies are common varieties.
Disability:	A limitation in physical, mental, cognitive, emotional, or social activity that results in difficulty performing daily activities or life tasks. Disability may involve not just individual characteristics but the relationship between the individual and his or her environment.
Family and Medical Leave Act (FMLA):	Allows 12 work weeks of leave in a 12-month period for specified family and medical reasons, including to care for the employee's spouse or parent who has a serious health condition. Leave is job protected, is unpaid, and guarantees a continuation of group health insurance coverage.
Family Caregiver:	Any relative, partner, friend, or neighbor who has a significant personal relationship with and provides a broad range of assistance to an older person or adult with a chronic or disabling condition. These individuals may live with or separately from the person receiving services. Caregivers may provide emotional or financial support, as well as hands-on help with different tasks, including complex care.
Group Home:	Residence that offers housing and personal care services for a small number of residents (often three to eight). Services such as meals, personal care, supervision, and transportation are usually provided to residents by the owner or manager. Residences are usually homelike and may be single-family homes.
Home- and Community-Based Services (HCBS):	Services that are designed to support community living and delay or prevent admission to an institution for persons with various disabilities. HCBS can be paid for out of pocket or by private long-term care insurance, or may be funded by Medicaid, state general revenues, the Older Americans Act, or other programs. Medicaid is the primary source of public funding. HCBS can include personal care (help with ADLs), transportation, shopping and meal preparation, home health aides, adult day services, and homemaker services. Assistance with managing medications or money also may be provided.

Home Health Agency:	An organization that provides home health services supervised by a licensed health professional in the individual's home. Home health agencies may be for-profit or nonprofit entities. Most home health agencies also provide unskilled home care and personal care services.
Home Health Aide (also Called Home Care Aide or Personal Care Aide):	A person who provides personal care and assistance with household chores and other daily living needs, enabling people with functional and activity limitations to live independently in their homes. These individuals may be hired privately or through a home health agency.
Home Health Care:	A wide range of health-related services delivered in a person's home, such as assistance with medications, wound care, and intravenous therapy provided by a nurse, as well as therapies such as physical and occupational therapy. Such care also may include help with basic needs such as bathing and dressing.
HOME Investment Partnerships Program (HOME):	A US Housing and Urban Development (HUD) program that provides grants to states and localities that communities use to fund building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. Grants are based on a formula and projects are often undertaken in partnership with local nonprofit groups. HOME is the largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households.
Housing and Urban Development Program (HUD):	A cabinet department in the United States' executive branch that is tasked with developing and executing policies around housing and metropolises.
Instrumental Activities of Daily Living (IADLs):	Routine household tasks needed for independent living, which includes using the telephone, taking medications, money management, housework, meal preparation, laundry, and grocery shopping.
Long-Term Care Insurance (LTCI):	Private LTCI is designed to help purchasers pay for the cost of LTSS, the majority of which is not covered by public or private health insurance. Hybrid insurance products combine life insurance and LTCI or LTCI and an annuity. Purchasers must pass medical underwriting and continue to pay premiums until they develop a disability. The cost of the insurance is based on the purchaser's age and the amount of coverage selected. Once purchasers qualify for benefits, the policy may pay anywhere from \$50 to \$500 per day, and purchasers may pay for a policy ranging from one year of coverage to lifetime benefits. Most policies sold today cover services delivered in a range of settings, including the home, assisted living, or a nursing home.
Long-Term Services and Supports (LTSS) (also Called Long-Term Care):	A diverse set of services designed to help people who have disabilities or chronic care needs. Services often include personal care and help with money or medication management, transportation, meal preparation, and health maintenance tasks. The need for services may be of varying duration, but is generally expected to last for at least 90 days. Services can be provided in a person's home, in a community setting such as an adult day center, or in a group residential facility (e.g., small group home, assisted living, or nursing home).

Medicaid:	A federal-state program that provides health care and LTSS to people with low incomes and few assets. Within broad federal rules, states have considerable flexibility in determining who may qualify for Medicaid and what services they will receive.
Medicare:	A federal program that provides health care for people ages 65 and older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease. While Medicare covers post-acute home health care and skilled nursing facility stays, Medicare does not pay for LTSS.
No Wrong Door:	The concept of “no wrong door” pertains to a state’s system by which individuals access public programs that provide LTSS. Even though various programs may be administered by different agencies within the state, a no wrong door system facilitates access by developing a single, coordinated system of information, referral, and access to aging and disability LTSS. (See also single entry point.)
Nurse Delegation:	The extent to which registered nurses can teach and provide assistance with a broad range of health maintenance tasks. State nurse practice acts usually determine how broad or narrow the range of allowable tasks is in the state.
Nurse Practitioner Scope of Practice:	The extent that a state’s and licensure law and board of nursing provide nurse practitioners with authority to evaluate patients, diagnose, prescribe medications, and initiate and manage treatments.
Nursing Home (or Nursing Facility):	Facility licensed by the state to offer residents personal care as well as medical care on a 24-hour-a-day basis. These facilities provide the resident’s room and board, as well as nursing care, personal care, supervision, medication, therapies, and rehabilitation. Rooms may be shared, and communal dining is common.
Participant Direction:	A growing movement to allow individuals in public programs to manage and direct their own services, as opposed to having an agency provide and manage services. Variously called “consumer direction,” “self-direction,” or “participant direction,” this model allows the individual with disabilities to hire and fire a direct care worker. In some cases the participant has control over wages, services delivered, and the schedule for delivering services.
Person with Disabilities:	Any person who has a physical or mental impairment that substantially limits one or more activities of daily living. Examples of impairment include hearing, mobility, and visual impairments. Examples of activities of daily living include eating, bathing, and dressing.
Person- and Family-Centered Care:	Person- and family-centered practice requires an interactive process directed by individuals and family members to support decision making about LTSS. An individual trained in person- and family-centered practices and support options facilitates the development of a plan that accounts for a person’s and family’s strengths, preferences, needs, and values.

Personal Care:	Assistance with activities of daily living (e.g., eating, bathing, dressing, toileting, transferring, and continence) that an individual cannot perform without help.
Pressure Sores (Pressure Ulcers):	Typically occurring over a bony prominence, pressure sores are localized injuries to the skin as a result of pressure to the skin, obstructing blood flow. Pressure sores are most commonly found in a person unable to move about, but with proper care are preventable and treatable if detected early.
Rehabilitation:	Services designed to improve or restore a person's functioning, including physical therapy, occupational therapy, and speech therapy. These services may be provided at home or in long-term care facilities. Some people use rehabilitation of short duration, whereas others require an extended period of rehabilitation services.
Residential Care:	The provision of room, board, personal care, and other services delivered in the person's place of residence other than a private home or apartment. Residential care falls between the nursing care delivered in skilled- and intermediate-care nursing facilities and the assistance provided to individuals in private homes, although residents often receive services similar to those that are provided in a nursing home. Residential care can be broadly defined as the provision of 24-hour supervision of individuals who, because of age or impairments, need assistance with the activities of daily living.
Respite Care:	Services designed to allow family caregivers to have time away from their caregiving role. Trained professionals or volunteers may come into the home to provide short-term care (ranging from a few hours to a few days). Alternatively, the person who needs LTSS may spend time in an adult day center or even, in some cases, temporarily in a nursing facility.
Revised Baseline:	When developing the third edition of the <i>Scorecard</i> , the methodology had changed for several publicly available data sources. Consequently, when making a comparison of change in performance across time, we revised the 2014 results to reflect this new methodology, creating a new revised baseline for performance.
Section 8 Housing Choice Vouchers Program:	The housing choice voucher program is the federal government's major program for assisting very low-income families, older people, and people with disabilities to afford decent, safe, and sanitary housing in the private market. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from HUD to administer the voucher program. A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program.
Section 236 Preservation Program:	A HUD program tasked with preserving the affordability of rental housing units originally developed through the section 236 mortgage program.

Single Entry Point (SEP):

A statewide system to enable consumers to access all LTSS through an agency, organization, coordinated network, or portal that provides information regarding the availability of such services, how to apply for services, referrals to service providers, and determinations of financial and functional eligibility. These systems also may authorize services from one or more funding sources and perform other care management/care coordination functions. ADRCs may function as, or provide access to, single entry point systems. (See also no wrong door.)

Subsidized Housing:

Affordable housing made available through federal, state, and local administration, which includes assistance from a broad spectrum of housing subsidy types. HUD restricts housing cost burden for occupants to be no more than 30 percent of their total gross housing costs, including utilities.

Supportive Housing for the Elderly Program (Section 202):

Section 202 is a HUD program that helps expand the supply of affordable housing with supportive services for the elderly. It provides very low-income older people with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, and so forth.

Transitions:

Changes in the setting in which people receive services—between a hospital, a nursing facility, or their place of residence. Transitions are important because people are vulnerable to breakdowns in care and poor communication among service providers at these times. Some systems and providers are attempting to improve transitions between settings in order to improve health outcomes for people with chronic conditions or LTSS needs.

Transportation Services:

Adequate public transportation services that are not only well-coordinated with LTSS but also accessible are crucial for ensuring that older adults, those with disabilities, and family caregivers can safely navigate their communities, while also accessing vital nonmedical and medical-related services.