

Glossary of Elder and Disability Law Terms

AAA – *See Area Agency on Aging.*

Activities of Daily Living (ADLs) – The self-care tasks, including bathing, dressing/undressing, eating, toileting, getting in and out of bed or chair, getting around indoors and continence, that are used to measure the functional impairment level of an applicant or client.

Actual Charge – The amount that a health care provider actually bills a patient for medical services rendered to the patient.

Adjusted Average per Capita Cost (AAPCC) – The estimated average fee-for-service cost of Medicare benefits for an individual determined by the county of residence. It is based on such factors as age, sex, institutional status, Medicaid, disability, and end-stage renal disease (ESRD) status. The HCFA uses the AAPCC as a basis for making fixed monthly payments to Medicare managed care plans.

ADLs – *See Activities of Daily Living.*

Administration on Aging (AoA) – The principal agency in the federal government responsible for administering the provisions of the Older Americans Act, except for Title V. It advocates at the federal level for the needs, concerns, and interests of elder persons through the Department of Health and Human Services (DHHS).

ADRC – *See Aging and Disability Resource Consortium*

Adult Day Health (ADH) – Services provided by adult day health programs approved for operation by the Division of Medical Assistance (DMA). The general goal of these services is to provide an alternative to 24-hour long-term institutional care through an organized program of health care, supervision, restorative services, and socialization. The state home care program can also reimburse eligible elders for this service through ASAP/home care corporation case managers. A limited number of adult day health programs specialize in the care of people with dementia.

This glossary was created specifically for *Estate Planning for the Aging or Incapacitated Client in Massachusetts, MCLE 2004*. Terms were derived from the glossary included as an exhibit to the original version of Daniel O’Leary’s chapter on “Overview of Community Support Options” (chapter 19 in the 2004 edition) and from the exhibit included in S. Stephen Rosenfeld’s chapter 15 on managed care. Those glossaries have been expanded to include terms from each of the chapters in 2004 revised edition as well as from a comprehensive *Glossary of Health Care Terms* compiled by the Health Care Group at Goulston & Storrs, PC, Boston. Updated by MVES in 2010.

Adult Foster Care (AFC) –Adult Foster Care is a MassHealth program for frail elders, children over the age of 16, and adults with disabilities who cannot live alone safely. To be eligible, the individual must be on MassHealth, live in the home of the caregiver because of a medical, physical, cognitive, or mental condition that requires the caregiver to provide daily supervision or physical assistance with activities such as bathing, dressing, toileting, walking, or eating. The caregiver may be a family member (except spouses and legally responsible relatives) or a non-family caregiver. The caregiver will be paid to provide care to the individual.

Affordable Care Act – President Obama signed into law Pub. L. 111-148, the Patient Protection and Affordability Care Act of 2010 (PPACA), on March 23, 2010, and Pub. L. 111-152, the Health Care and Education Reconciliation Act of 2010 (HCERA), on March 30, 2010. These two laws will change both the availability of health insurance and how health care is delivered in the U.S. They include substantial changes for Medicare and Medicaid (known as MassHealth in Massachusetts).

Aging and Disability Resource Consortium (ADRC) – In Massachusetts the Aging and Disability Resource Consortium is not an official organization but rather a partnership of agencies designed to serve older people and individuals with disabilities who are often under age 60. The concept of the partnership is that there is “No Wrong Door” and participating consortium members offer information and referrals regardless of the age or disability of the consumer. Mystic Valley Elder Services is a partner agency in two ADRCs: Greater Boston ADRC and the ADRC of the Greater North Shore.

Aging Network – A differentiated system of federal, state, and local organizations and institutions responsible for serving or representing the needs of elders. In Massachusetts, the term generally refers to the independent but coordinated system of the Executive Office of Elder Affairs, home care corporations/ASAPs area agencies on aging, councils on aging, nutrition projects, and provider agencies.

Aging Service Access Points (ASAPs) – Generally home care corporations designated by the Commonwealth via the Executive Office of Elder Affairs to provide independent, coordinated care management and information and referral services to elders and caregivers throughout Massachusetts.

Allowable Charge – The maximum amount a provider of health care services may expect to receive for a particular service or product from a third-party payor (e.g., insurance company, Medicare program, Blue Cross). The allowable charge may not reflect the actual cost to the provider for providing the service.

Alzheimer’s Association, Massachusetts/NH Chapter – A private volunteer-based agency dedicated to serving people with Alzheimer’s disease and related neurological disorders and their families with information, counseling direction, education, and other supportive services throughout Massachusetts and New Hampshire. Part of a nationwide network, the organization can be reached at 617-868-6718, 1-800-548-2111, or at www.alz.org/manh

Ambulatory Care – Health care services rendered by a provider, such as a hospital or a clinic, on an outpatient basis.

Ancillary Service – A service, other than the provision of room and board, provided by a hospital or other health care facility, such as x-ray, laboratory, or professional services.

Annuity – A right to receive periodic payments, for life or for a term of years, in return for a single premium payment. Annuities can be immediate or deferred, at fixed or variable rates.

AOA – *See Administration on Aging.*

Area Agency on Aging (AAA) – An agency designed by the Executive Office of Elder Affairs charged with the responsibility to plan and support social services and nutrition services under the Older Americans Act, operating within a specific planning and service area (PSA).

ASAP – *See Aging Service Access Point.*

Assisted Living – The provision, in exchange for a fee, of room and board together with the provision of assistance with activities of daily living for three or more adults who are not related to one another. See M.G.L. c. 19D § 6; 651 C.M.R. & 12.02.

Assisted Living Facility (ALF) – A residential living setting that provides a range of services such as meals, on-site staff, care planning, activities, and access to other services. ALFs provide more service and support than traditional elder housing but less than nursing homes. The Executive Office of Elder Affairs regulates assisted living facilities. There is limited public funding for this service through the SSI-G program.

Attorney in Fact – A person who acting as agent is given written authorization by another person (the “principal”) to transact business for the principal out of court.

Beneficiary – A person who receives or is eligible to receive benefits from a private health insurance plan, a health maintenance organization, or another payor of services; also called an “insured” or “subscriber” for purposes of health insurance plans or “member” in the case of health maintenance organizations.

Bill-paying Services – A volunteer-based service managed by a number of state home care corporations to give elders who are low-income, frail, or have a disability assistance with basic money management and bill paying. Social Security representative payee volunteers can also be secured through this program. *See Representative Payee.*

Boards of Registration – State chartered agencies that regulate and license health care and other professionals, such as physicians, nurses, psychologists, and social workers. Typically, a board of registration has investigative and punitive powers to monitor and enforce compliance with its regulations.

The Cancer Law – A law (M.G.L. c. 94B) that establishes a presumption that any person covered by the law (e.g., uniformed members of a paid fire department, permanent crash crewmen, crash boatmen, fire controlmen, or assistant fire controlmen at Logan Airport) who suffer death or total disability as a result of any condition of cancer affecting the skin or the central nervous lymphatic, digestive, hematological, urinary, skeletal, oral or prostate systems or lung or respiratory tract incurred the injury or illness in the line of duty.

Capitation – A method of payment for health care services in which an individual or institutional provider is paid a fixed, per capita amount, without regard to the actual number of type of services rendered to each patient. This method of payment is most commonly followed by HMOs, but may also be used by physician-hospital organizations.

Care Management – Activities related to a comprehensive person centered needs assessment that consists of identifying an applicant’s current unmet needs or problems that inhibit secure and independent living in a home environment; assisting the applicant or client to identify, accept and secure one or more home care services; providing support and assistance to the client to assume as much control and choice of care providers as desired, and developing and initiating a home care service plan for the applicant or client when requested.

Care Manager (Case Manager) – The professional staff member of an ASAP/home care corporation that, under the direction and guidance of a supervisor, provides care management services to applicants and clients.

Cash & Counseling – Following a traditional assessment and development of a care plan, a dollar value is assigned to that plan. Consumers are then provided with unbiased information to help them make a choice between managing their individualized budget or receiving traditional agency-delivered services. In the cash and counseling model the counselor and consumer develop a spending plan to meet the consumer’s needs. Financial oversight is provided by a supports brokerage or counseling service.

Certified Home Health Agency (CHHA) – A home health agency that has met the Medicaid and Medicare conditions of participation and standards for home health agencies in Massachusetts for providing nursing care, rehabilitation therapies, and home health aide service in the community. “Certified” indicates that the agency is approved by the Department of Public Health for reimbursement under Medicare, Medicaid, and other insurance policies. Sometimes referred to as a VNA or Visiting Nurse Association (see VNA)

Chapter 604 – The law mandating the reporting and investigation of elder abuse and neglect and the provision of services for elder abuse and neglect.

Chapter 766 – Referring to Chapter 766 of the Acts of 1972 (codified at M.G.L. c. 71B), chapter 766 is the Massachusetts legislation that provides that all children with special

needs are to be provided with special education services that address their individual needs.

CHHA – *See Certified Home Health Agency.*

Chore Services – Services designed to help an elder who is frail or has a disability make his or her home habitable and to correct or prevent any environmental defects that are hazardous to an elder’s health and safety. Chore services cannot be utilized to perform activities that are the responsibility of housing authorities or landlords. Light chores may include vacuuming, dusting, dry mopping, and cleaning bathrooms and kitchens. Heavy chores may include washing floors and walls, defrosting freezers, cleaning ovens, changing storm windows, removing fire and health hazards, doing heavy yard work, and shoveling snow. Service can be authorized to an eligible elder through the state home care program.

Client, also referred to as a consumer (**when referring to state funded home care services**) – An elder for whom an application for home care services has been made, for whom an intake assessment or CNAP has been completed, who has been determined eligible for services, for whom a service plan has been prepared and who is receiving home care services.

Client Needs Assessment Procedure – The procedure used by a care manager of a home care corporation to assess an applicant’s, client’s or consumer’s eligibility for home care services.

CNAP – *See Client Needs Assessment Procedure.*

COA – *See Council on Aging.*

Coinsurance – A type of cost sharing under a health insurance plan. Under some policies, the beneficiary is required to pay a percentage of the charge for the health services received, while the insurer will pay for the remaining amount.

Competitive Medical Plan (CMP) – A status, established by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and granted by the federal government to an organization that meets specific requirements enabling the organization to obtain a Medicare risk or cost-based contract.

Comprehensive and Coordinated Service System – A program of interrelated services, including health, social, and nutrition services, designed to meet the needs of elder persons within a particular planning and service area.

Congregate Dining Program – A program for providing meals to older people without regard to income at dining sites. These sites are often located in senior/community centers or other public locations accessible to area residents. The program is funded by a

combination of federal funds through Title III C of the Older Americans Act and participant donations. *See also Home Delivered Meals.*

Congregate Living Facility – An independent, non-institutional group-living environment also known as congregate care housing. This type of housing integrates shelter and service needs of the functionally impaired or socially isolated elder who does not require the constant supervision of intensive health care of an institution.

Conservator – An individual who has legal authority to manage and preserve another individual's assets. Appointed by a probate court, a conservator is needed when an individual, by reason of advanced age, mental weakness, or physical incapacity, is unable to properly care for his or her property. This individual (commonly referred to as the "ward") need not be legally incompetent. A conservator does not have custody of the person for whose benefit the conservatorship is established.

Consumer – *See Client*

Consumer Directed Care – The primary differences between consumer direction and the traditional care management is that consumer direction is designed to empower people to self-direct their own care and services. Care managers provide support to elders to help them identify their needs and potential solutions and will work with them, as needed to help them develop a care plan that meets their physical and financial need. Some consumers may choose to hire their own workers, others may opt for the more traditional agency provided services, and some may select a combination of vendor services and consumer directed services.

Continuing Care – The furnishing to an individual of board and lodging together with nursing, medical or other health-related services, regardless of whether the lodging and services are provided at the same location. See M.G.L. c. 93 § 76(a).

Continuing Care Retirement Community (CCRC) – A residential community designed to offer shelter, convenience, services and personal and medical care, including nursing facility services, to elderly persons who invest in the project. In principle, CCRCs (also called "life-care facilities") are designed to offer a continuum of care, ranging from independent living to assisted living and nursing home care, that reflects the changing needs of their residents. CCRCs are regulated by statute in Massachusetts.

Co-payment – A flat, usually nominal amount paid by the insured for a medical visit or for prescription drugs under either an indemnity or managed care plan.

Council on Aging (COA) – A unit of city or town government authorized under M.G.L. c. 40 § 8B that concerns itself with the needs of elders in the municipality.

Customary Charge – The uniform amount that the individual physician or other practitioner charges in the majority of cases for a specific medical procedure or service.

The customary charge is one factor used by Medicare carriers in determining the reasonable charge that a provider may bill to Medicare for a particular service.

Deductible – The amount a member must pay out-of-pocket in medical expenses before the insurance carrier begins to pay under an insurance policy.

Department of Health and Human Services (DHHS) – The federal agency responsible for a variety of health-related functions. One division of this agency, the Health Care Financing Administration (HCFA), is responsible for the operation of the Medicare Program.

Department of Public Health (DPH) – The Massachusetts agency, within the Executive Office of Health and Human Services, responsible for regulating the provision of health services in hospitals and nursing homes, and for maintaining the health of citizens by controlling disease through testing, immunization, analyzing health trends, and regulating food and drug processing. DPH is the state agency responsible for administering the Medicaid/Medicare certification programs for Massachusetts hospitals and nursing homes.

Department of Transitional Assistance (DTA) – Formerly the Department of Public Welfare, the DTA is the Massachusetts agency within the Executive Office of Health and Human Services responsible for administering the state’s public assistance programs.

Diagnostic-related Groups (DRGs) – 471 categories of medical and surgical procedures used by the federal government under Medicare Part A to pay hospitals for prospective care. Each DRG includes an average length of stay and a mathematical variable used to determine how much a hospital is paid for an individual’s care regardless of length of stay. Once a patient has reached the high cost of length-of-stay threshold, known as “outlier days,” a hospital is marginally reimbursed for care.

Division of Health Care Finance and Policy (DHCFP) – The Massachusetts agency, within the Executive Office of Health and Human Services, responsible for determining the rates of reimbursement to be allowed to providers of services to Medicaid and general relief recipients. The DHCFP establishes rates for and adopts regulations governing hospitals, clinics and long-term care facilities, among other providers.

Division of Medical Assistance (DMA) – The Massachusetts agency, within the Executive Office of Health and Human Services, responsible for administering the Commonwealth’s Medical Assistance program (MassHealth, formerly known as Medicaid).

Domestic Relations Order – Any judgment, decree or order (including approval of a property settlement) that (a) relates to the provision of child support, alimony payments, or marital property rights to a spouse, former spouse, child, or other dependent and (b) is made pursuant to a state domestic relations law. I.R.C. 414(p)(1)(B).

Do Not Resuscitate (DNR) Order – A physician’s order entered into a patient’s medical record to indicate that, in the event of cardiac arrest or other life-threatening event, the patient is not to be resuscitated by the use of cardiopulmonary measures.

Donut Hole (Doughnut Hole) – Also known as The Coverage Gap or the Medicare Part D prescription drug plan coverage gap. Most Medicare prescription plans include a coverage gap. After a beneficiary and the prescription plan have spent a certain amount of money for covered drugs, the beneficiary has to pay all out-of-pocket costs for prescriptions up to a yearly limit. The beneficiary’s yearly deductible, coinsurance or copayments, and what the beneficiary pays in the coverage gap all count toward this out-of-pocket limit. The Donut Hole will be eliminated in 2020 as a result of the Affordable Care Act of 2010.

DRG – *See Diagnostic Related Groups.*

Dual Eligible – An individual who is eligible for both Medicare and MassHealth.

Durable Medical Equipment (DME) – For purposes of Medicare coverage, durable medical equipment is defined as equipment that is able to withstand repeated use, is primarily and customarily designed for medical purposes, is generally not useful in the absence of illness or injury and is appropriate for home use. 42 U.S.C. § 1395x(s)(6).

Durable Power of Attorney (DPA) – A power of attorney that continues to remain in effect if the principal becomes disabled or that comes into existence after the principal becomes disabled. In Massachusetts, durable powers of attorney are authorized by the Uniform Durable Power of Attorney Act, M.G.L. c. 201B.

ECOP – *See Enhanced Community Options Program.*

Elder Abuse – Defined by M.G.L. c. 19A §14 as “an act or omission which results in serious physical or emotional injury to an elderly person or financial exploitation of an elderly person. See 651 C.M.R. 5.02. See Massachusetts General Laws, Chapter 19A, 14 for the full statutory definition.

Elder Affairs – *See Executive Office of Elder Affairs.*

Elder at Risk – An elder who fails to or is unable to provide him or herself with one or more of the necessities essential for physical and emotional wellbeing (food, clothing, shelter, personal care, and medical care) so that he or she is not able to safely remain in the community without the intervention of an elder-at-risk agency, usually an ASAP/home care corporation. Risk may be due to a variety of factors such as alcoholism, cognitive impairment, mental health problems, or cultural and linguistic barriers.

Elder Choice – A program run by the Massachusetts Housing Finance Agency that provides construction and permanent financing to developers of assisted living residences.

Elder Protective Services Program – Established in 1983 by the Elder Abuse Prevention Act (M.G.L. c. 19A §14-26), this program attempts a systematic response to the problem of elder abuse. The statute and governing regulations (651 C.M.R. 5.00-5.26) may be viewed as both a system of mandated programs and services for the investigation, prevention, and abatement of elder abuse and the legal action and remedies that may be used. *See Protective Services.*

Elder Service Plan (ESP) – An innovative long-term program that offers a range of health services and is designed to keep frail elders living in their homes and community. ESP is part of a nationwide model of comprehensive service and financing for long-term care called PACE (Program of All-Inclusive Care for the Elderly). *See PACE*

Elderly Nutrition Program -- A program that enables local agencies to serve and deliver nutritious meals to senior citizens as either a home delivered meal or at one of the congregate dining sites. Younger adults with disabilities who reside in buildings that host a congregate dining site may also attend that dining program. The program is administered by the Executive Office of Elder Affairs with both state and federal funds.

Employee Retirement Income Security Act of 1974 (ERISA) – ERISA regulates benefit plans, including pension and health care benefits, offered by employers to employees and their dependents. With some limited exceptions, ERISA supersedes many state laws governing pension and health care coverage.

Enhanced Community Options Program (ECOP) – A state funded program managed by ASAPs through the Executive Office of Elder Affairs (EOEA) that utilizes a broad range of services to maintain in the community for as long as possible elders determined to be nursing home eligible and not eligible for MassHealth coverage. The program is based on a managed care model with a predetermined payment (usually made on a monthly basis) made to the ASAP for each enrolled participant.

EOEA – *See Executive Office of Elder Affairs.*

ESC – *See Elder Services Corps.*

Executive Office of Elder Affairs (EOEA) – The Massachusetts state agency on aging mandated to implement and administer services designed to ensure the dignity and independence of elders.

Extra Help – Also known as Low Income Subsidy (LIS). If someone has limited income and assets, the individual may qualify for full or partial assistance to help pay for prescription drug costs including the cost of the premium, coinsurance, copayments, and deductibles.

Fair Market Value – An estimate of a resource is sold at the prevailing price. For transferred resources, the fair market value is based on the prevailing price at the time of transfer.

Federal Poverty Level – Income standards issued annually in the *Federal Register* to account for the last calendar year’s increase in prices as measured by the Consumer Price Index.

Fee-for-Service – A payment system, in contrast to capitation, by which doctors, hospitals, and other providers are paid a specific amount for each service performed as it is rendered and identified by a claim for payment.

FIL – See *Functional Impairment Level*.

Financial Exploitation of the Elderly – Defined by M.G.L. c. 19A § 14 as “an act or omission by another person, which causes a substantial monetary or property loss to an elderly person, or causes a substantial monetary or property gain to the other person, which gain would otherwise benefit the elderly person but for the act or omission of such other person. See M.G.L. c. 19A § 14 for the full statutory definition.

Food Stamps – An Electronic Benefits Transfer (EBT) debit-like card that can be used to purchase food at most grocery stores, supermarkets and co-ops distributed following an application process to low-income households that qualify through the Department of Transitional Assistance (DTA). The federal food stamp program is now referred to as Supplemental Nutrition Assistance Program (SNAP)

Free and Appropriate Public Education (FAPE) – The standard under the federal Individuals with Disabilities Education Act (IDEA) that a state must satisfy in order to qualify its special education programs for federal financial assistance. A state must demonstrate that it has a policy that “assures all handicapped children the right to a free and appropriate public education.” 20 U.S.C. § 1412 (1). See *Board of Educ. of the Hendrick Hudson Cent. Sch. Dist. Bd. of Ed. V. Rowley*, 458 U.S. 176 (1982).

Functional Impairment Level (FIL) – A term used to define a person’s need for services in the state home care program based on ADL and/or IADL impairments/ FIL and financial criteria are used to determine overall home care program eligibility.

Grantor – A person or administrative body with legal authority who creates a trust (also known as a settler).

Group Adult Foster Care (GAFC) – Group Adult Foster Care (GAFC) is a MassHealth program 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. To qualify, residents must be eligible for MassHealth and need help with at least one daily personal care task such as bathing or dressing.

Group Insurance – An insurance plan under which a number of employees or members of a group, having similar characteristics, receive health insurance benefits under a single policy that covers all members of the group.

HCC – *See Home Care Corporation or ASAP.*

Health Care Financing Administration (HCFA) – The federal agency, within the U.S. Department of Health and Human Services, that is responsible for the management of the Medicare and Medicaid programs. See www.hcfa.gov.

Health Care Proxy – Under Massachusetts law, an individual may indicate by written proxy a person who may make health care decisions for the individual if he or she should lack the capacity to make or communicate such decisions. See M.G.L. c. 201D.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Health reform legislation signed by President Clinton on August 21, 1996. Commonly referred to as “Kennedy-Kassebaum,” HIPAA addresses numerous aspects of the health care industry, including health care insurance benefits and portability, sweeping changes to health care fraud prevention and prosecution programs and new standards for electronic data exchange applicable to health care claims and other data.

Health Maintenance Organization (HMO) – A state-licensed entity that contracts to provide comprehensive health services to subscribers and their dependents, in exchange for enrollment of individuals on a capitated basis.

The Heart Law – A law (M.G.L. c. 32, § 94) that establishes a presumption that an employee covered under the law (e.g., most public safety employees, including permanent employees of any state or local police department) who becomes disabled due to a heart disease or hypertension incurred the injury in the performance of his or her duties..

Home and Community Based Waiver – A program within MassHealth that allows enrollees who are determined clinically eligible for nursing home care to access a wide range of home and community-based services in a home setting.

Home Care Corporation (HCC) – An independent corporation under contract with the Executive Office of Elder Affairs to provide home care services to elder persons within a designated geographic area is referred to as an Aging Service Access Point or ASAP.

Home Care Program – A system of services for elders in Massachusetts to assist them in securing and maintaining maximum independence in the home environment. In order to be eligible for the home care program, a person must be 60 or older, meet financial eligibility guidelines as provided by 651 C.M.R. § 3.03, meet functional impairment guidelines as provided by 651 C.M.R. § 3.03, and meet service priority needs as set forth in 651 C.M.R. § 3.03. Generally speaking, elders residing in acute or long-term care

facilities are not eligible for home care services, nor are elders enrolled in all inclusive community based long-term care programs such as group adult foster care, adult foster care, SCO, and PACE

Home Care Services – Services provided under the home care program that include but are not limited to case management, chores, companionship, emergency shelter, homemaker, home delivered meals, information and referral, protective services, respite care, adult day care, transportation, laundry services, and some home health services.

Home Delivered Meals – A program authorized under Title III-C of the Older Americans Act that provides, five or more days per week, at least one home delivered hot or other appropriate meal per day to elder persons who are homebound or for whom congregate meal facilities are not accessible. The program is often referred to as Meals on Wheels.

Home Equity Conversion – The process of converting home equity into cash without relinquishing occupancy rights, including the following types of home equity conversion plans:

- Reverse mortgages providing a series of mortgage loan advances to a homeowner with repayment of all interest and principal deferred until an agreed time; and
- Sale plans involving selling some equity while retaining occupancy rights, such as the following:
 - leaseback – the homeowner sells the home to an investor who then leases it back to the seller for life; and
 - life estate (remainder interest) – the homeowner sells a “remainder interest” in his or her home to a person who will become owner of the property when the seller dies.

Home Health Aide Services – Services provided in the home under the supervision of a registered nurse or, if appropriate, a physical, speech, or occupational therapist that are performed by trained personnel who assist patients in following physicians’ instructions and established plans of care. Services include, but are not limited to, assisting the patient with activities of daily living, with exercising, and with taking medications ordered by a physician that are ordinarily self-administered; assisting the patient with necessary self-help skills; and reporting any changes in the patient’s condition or family situation to the professional supervisor.

Homemaker Service – A service designed to help maintain household functioning when a family’s or an individual’s life is threatened with disruption by short- or long-term illness, disability, social maladjustment, or other problems that indicate a need for assistance in the home is required to sustain independent living. Homemaker service is concerned primarily with home management and activities of daily living and instrumental activities of daily living for a person who has many needs. Activities are limited to shopping, menu planning and meal preparation, including special diets; light housekeeping, including but not limited to vacuuming, laundry, dusting, dry mopping, dishwashing, cleaning the kitchen and bathroom, and changing beds; training in home-

management skills; socialization; and personal care services. *See also Personal Care Services.*

Hospice Care – A comprehensive service package of palliative care for terminally ill people funded through the Medicare program. Care is provided by certified home health agencies under a physician’s supervision.

IADLs – *See Instrumental Activities of Daily Living.*

I & R – *See Information and Referral.*

Impairment – As used in the home care program, an inability to perform certain self-care tasks (see activities of daily living) or basic tasks around the house (see instrumental activities of daily living) without assistance or direction from another person.

Incapacitated – Pursuant to the Massachusetts Uniform Custodial Trust Act (M.G.L. c.203B), the term incapacitated refers to a person who is “lacking the ability to manage property and business affairs effectively by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, disappearance, minority, or other disabling cause.”

Indemnity Plan – A plan that reimburses physicians for services performed, or beneficiaries for medical expenses incurred (retroactive payment). Such plans are different from group health plans which receive a specific amount in advance to cover all or certain health care services for a specific population (prospective payment).

Individual Service Plan (ISP) – An individualized service plan developed and maintained by an assisted living residence for each resident. The ISP lists the services that will be provided, who will provide them, how often, and for how long the services will be provided, the payment and reimbursements source for the services, the manner in which the residence will provide for the presence of 24-hour on-site staff capability, and information on how self-administering medication management will be provided

Individualized Educational Plan (IPA) – A managed care organization that contracts with individual practitioners, or an association of individual practices, to provide health care services in return for a negotiated fee. The IPA, in turn, compensates its physicians on a per capita, fee schedule or other agreed upon basis.

Individuals with Disabilities Education Act (IDEA) – The federal act governing special education. 20 U.S.C. § 1400 et seq. Under this act, state and local schools cannot obtain federal funds for special education unless the state education agency has submitted a plan covering all education agencies in the state. Originally called the Education for All Handicapped Children Act (EAHCA) and later renamed the Education of Handicapped Act (EHA), it is now known as IDEA.

Information and Referral – Maintenance of current information regarding services for elders, including assessment of the type of assistance needed by an elder, referral to appropriate services, and a follow-up to determine if the necessary services were received. Information and referral can be conducted by telephone, mail, or in person.

In-home Services – A category of services under the federal Older American’s Act that must be provided by all area agencies on aging. In-home services include homemaker, home health aides, visiting and telephone reassurance, chore maintenance, in-home respite care, and minor home modifications.

Instrumental Activities of Daily Living (IADLs) – Environmental tasks, including the ability to prepare meals, do housework, do laundry, go shopping, take medicine, get around outside the home, use transportation, manage money, and use the telephone. A case manager assesses these tasks in determining a person’s functional impairment level and need for home care services. If an elder or person with a disability needs help or direction due to a cognitive impairment with one of these tasks, he or she is considered to have an IADL impairment in that area.

Irrevocable Trust – In general, a trust whose terms prohibit the grantor from taking action to regain any of the property or funds in the trust.

Legal Services – A category of services provided under the federal Older Americans Act that must be offered by all area agencies on aging, customarily through sub-grants to legal services providers. The areas of legal service assistance may include public benefits (such as Medicare, Medicaid, and SSI), nursing home rights, landlord/tenant issues, and competency protection for elders-at-risk.

Licensed Practical Nurse (LPN) – A nurse who has received a certificate from an approved school of practical nursing. In general, a licensed practical nurse does not have the degree of expertise and is not granted the level of responsibility as a registered nurse.

Lifeline – *See Personal Emergency Response System.*

Living Will – An instrument that sets forth an individual’s views regarding life-sustaining treatment and heroic measures in the event of impending death. By drafting a living will, an individual may specify the types of care he or she wants during the process of dying. Currently, living wills are not legally enforceable under Massachusetts law.

Long-Term Care – One or more services provided on an ongoing basis to enable chronically impaired individuals to be maintained at their maximum levels of psychological, physical, and social wellbeing. The recipients of services can reside anywhere along a continuum from their own homes to any type of institutional facility.

Long-Term Care Facility (LTCF) – Any skilled nursing home as defined in the Social Security Act, or any nursing home or similar adult care home. *See also Skilled Nursing Home.*

Long-Term Care Insurance – An insurance policy designed to provide coverage for nursing home and home health care for persons who become unable to care for themselves independently. Most policies use activities of daily living to determine when benefits begin; usually an eligible individual must be unable to perform two or three ADLs before being eligible for benefits. Policies may cover two to six years' worth of benefits or may offer lifetime coverage. Policies range from \$500 to \$2,000 and pricing is similar to life insurance with the purchase price at younger ages being less expensive than the purchase price at older ages. In Massachusetts, individual policies must meet certain standards of coverage. However, the Division of Insurance as of 2009 does not regulate group issue policies.

LTC – *See Long-Term Care.*

LTCF – *See Long-Term Care Facility.*

The Lung Law – A law (M.G.L.c.32 § 94A) that establishes a presumption that an individual covered under the law (e.g., uniformed members of a fire department, permanent crash crewman, crash boatmen, fire controlmen, and assistant fire controlmen at Logan Airport) who suffers death or total disability as a result of a lung or respiratory tract disease incurred the injury or illness in the line of duty.

Managed Care Organization (MCO) – An entity that integrates financing and management with the delivery of health care services to an enrolled population. An MCO provides, offers, or arranges for coverage of designated health services needed by members for a fixed, prepaid amount. The most common type of MCO is the HMO.

MAOA – *See Massachusetts Association of Older Americans.*

Massachusetts Association of Home-Care Corporations/Area Agencies on Aging – *See Massachusetts Home Care.*

Massachusetts Association of Older Americans (MAOA) – A private, nonprofit elder advocacy group.

Massachusetts Councils on Aging (MCOA) – A statewide association of councils on aging.

Massachusetts Home Care – An association of 27 private, nonprofit ASAP/home care corporations and 23 area agencies on aging in Massachusetts.

Massachusetts Housing Finance Agency (MHFA) – The entity in Massachusetts that runs the state project based multifamily subsidized housing programs. It finances the construction, purchase, and rehabilitation of housing through low-interest loans. Its website is www.mhfa.com.

MassHealth – MassHealth is a public health insurance program for low- and medium-income residents of Massachusetts. MassHealth is the name used in Massachusetts for Medicaid and the State Children's Health Insurance Plan (SCHIP), combined in one program. MassHealth pays for all or some of a member's health insurance and health care services.

MassHealth Basic – This MassHealth coverage type offers basic medical care to long-term unemployed adults under the age of 65 who do not have access to other health insurance. Services covered include inpatient hospital care, several types of outpatient services (hospitals, clinics, dentists, family planning, and limited home health care), medical services (lab tests, x-rays, therapies, pharmacy services, limited dental services, eyeglasses, hearing aids, medical equipment, and supplies), mental health and substance abuse services, and emergency ambulance services. The types and levels of service can change based on current rules and funding.

MassHealth Buy-In Program (also known as Medicare Savings Program) – A person must be entitled to Medicare to be eligible for this program which pays the premium for Medicare Part B.

MassHealth CommonHealth – This MassHealth type offers health care benefits similar to MassHealth Standard to children and adults with disabilities who cannot get MassHealth Standard. Coverage services include inpatient hospital services, several types of outpatient services, medical services, mental health and substance abuse services, well-child screenings, and transportation services.

MassHealth Family Assistance – This MassHealth coverage type offers coverage to children under the age of 19 who cannot get MassHealth Standard or MassHealth CommonHealth. It pays part of a family's health insurance premiums if the family has or can obtain qualified health insurance from an employer. For eligible children that have no health insurance and whose families do not have access to qualified employer-sponsored health insurance, this coverage type provides a comprehensive set of benefits through the Division of Medical Assistance's managed care plans.

MassHealth Limited – This MassHealth coverage type provides emergency health services to people who, under federal law, have an immigration status that prevents them from getting more services. Covered services include inpatient hospital emergency services (including labor and delivery) outpatient hospital emergency services and emergency visits to emergency rooms, certain services provided by doctors and clinics outside of a hospital, pharmacy services used to treat an emergency medical condition and ambulance transportation for an emergency medical condition.

MassHealth Prenatal – This MassHealth coverage type offers health care benefits immediately to pregnant women for up to 60 days. During the 60 days, the Division of Medical Assistance will decide if the pregnant woman can obtain another MassHealth coverage type. Monthly income before taxes and deductions can be no more than 200 percent of the federal poverty level. Pregnant women do not have to provide proof of

income for MassHealth Prenatal for the first 60 days. However, proof of income must be provided for the Division of Medical Assistance to make a final decision about MassHealth coverage; otherwise, benefits will end after 60 days. MassHealth Prenatal covers routine prenatal office visits and tests, but not labor and delivery services.

MassHealth Standard – This MassHealth coverage type offers a full range of health care benefits for pregnant women, children under the age of 19, parents living with children under the age of 19 and adults with disabilities. These benefits are also available for parents and caretaker relatives who are aged 65 or older. Eligibility is limited to a fixed income standard and therefore proof of monthly income is required. Covered services include inpatient hospital services, outpatient services (hospitals, clinics, doctors dentists, family planning, and home health care), medical services (lab tests, X rays, therapies, pharmacy services, dental services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care), mental health and substance abuse services, well-child screenings, transportation services, and payment of Medicare premium and coinsurance and deductibles for adults with disabilities who also get Medicare Part B.

MassHealth Waiver Program – The Home and Community Based Waiver Program (HCBW), or Frail Elder Waiver, allows MassHealth to provide home and community based services for members who otherwise might require nursing home care. The financial guidelines for the Community Choices Waiver Program may be different than MassHealth guidelines.

MCOA – *See Massachusetts Councils on Aging.*

Meals on Wheels – A program for providing home delivered meals to elderly and individuals with disabilities without regard to income, funded by a combination of federal funds through Title III C of the Older Americans Act and state funding. *See also Home Delivered Meals.*

Means Test – Criterion used to determine an applicant's eligibility for services or benefits based on income level.

Medex – Brand name for one type of Medigap insurance offered by Blue Cross/Blue Shield of Massachusetts. *See Medigap.*

Medicaid – A health insurance program funded by the federal and state governments that pays medical bills for low-income individuals, including close to 13 percent of the personal health care expenditures for the elderly. It is the primary means of payment for nursing home services in the U.S. The program also pays for community-based services for low-income people who are determined eligible for nursing home placement but can be maintained in the community with a package of in-home services. Medicaid funded community care programs include group adult foster care (GAFC), personal care attendant (PCA) and the Community Choices Program. (The Medicaid program was

enacted as Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., on the basis of each state's Medicaid plan.) In Massachusetts, this program is called MassHealth.

Medicare – A federal health insurance program for people 65 and older and certain individuals with disabilities who have benefits under the Social Security system. Part A of Medicare covers hospital costs while Part B includes benefits for doctor's fees for care received both in and out of hospitals. Participation in Part A of Medicare is guaranteed to all citizens who are eligible for Social Security. Part B is optional and an additional fee is required to participate. (See Medicare Part B) Both Parts A and B (as part of the 1997 Balanced Budget Act) also provide for home health care benefits as long as the person meets program requirements including the need for skilled nursing care or skilled supervision of the care plan as ordered by a physician, leaving the residence requires considerable and taxing effort, and the absences from the residence are of short duration and primarily for medical treatment. Medicare home health benefits have no co-payments or deductibles at this time. Certain types of durable medical equipment are covered under Part B and a 20 percent co-payment is required. For information on home health benefits under Medicare, contact the Medicare beneficiary's physician, a certified home health agency or the Medicare Advocacy Project at 1-800-323-3205.

Medicare Part A – Medicare Part A, hospital insurance benefits, provides some protection against the medically necessary costs of hospital and related health care and is financed through Social Security payroll tax deductions. It covers "institutional" care in hospitals and skilled nursing facilities (not custodial or long-term care), as well as some care given by home health agencies and care given by hospices. No premium is required from persons entitled to retirement or disability benefits from Social Security or Railroad Retirement. Most people do not pay a monthly premium for Part A coverage if they or their spouse paid Medicare taxes while working.

Medicare Part B – Medicare Part B helps cover medically-necessary services such as doctors' visits, outpatient care, home health services, and other medical services. Part B also covers some preventive services. There is a standard premium amount for Part B. However, if someone's modified adjusted gross income as reported to the IRS two years back is above a certain amount, a higher premium may be charged. Although Part B coverage is optional, there is a penalty for late enrollment.

Medicare Part C – Also known as Medicare Advantage Plans. A Medicare Advantage Plan (like an HMO or PPO) is another health coverage choice as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If someone joins a Medicare Advantage Plan, the plan will provide all of Part A (hospital insurance) and Part B (medical insurance) coverage. Medicare Advantage Plans are not considered supplemental coverage. Some Medicare Advantage Plans may offer extra coverage such as vision, hearing, dental, and/or health and wellness programs. Most also include Medicare prescription drug coverage. In addition to the premium for Part B, there is a monthly premium for the services provided.

Medicare Part D – Medicare prescription drug program. Medicare offers prescription drug coverage to everyone with Medicare. There are two ways to obtain Medicare prescription coverage: 1) Medicare Prescription Drug Plans which add drug coverage to Original Medicare (Part A & B), or 2) through Medicare Advantage Plans. Joining a Part D plan is voluntary; however, there is a penalty for late enrollment.

Medigap – Insurance policies that supplement the federal Medicare program. Medigap insurance covers deductibles and co-payments that beneficiaries have to pay under the Medicare program but generally does not provide expanded services such as long-term care protection. It is also known as Medicare Supplement Insurance. In Massachusetts, all Medicare plans are mandated to be designed exactly the same, but companies are allowed to charge different premium costs. These plans do not include drug coverage. A separate Part D plan must be purchased for drug coverage.

Member – For purposes of MassHealth, a person determined by the Division of Medical Assistance to be eligible for MassHealth. Also, “member” is a commonly used term to refer to a person who receives or is eligible to receive benefits from a health maintenance organization.

Memorandum of Instruction – A tool used by parents of children with disabilities to shape the actions of a designated guardian in the event of the parent’s death. These memoranda of suggestions or instructions, although probably lacking any legal authority, reflect the parent’s thinking on a range of issues related to their children with disabilities.

National Committee for Quality Assurance (NCQA) – A nonprofit organization that evaluates and accredits managed care plans.

Nurse Practitioner – A registered nurse who has special training and qualifications for assessing the physical, psychological, and social needs of a patient. In Massachusetts, nurse practitioners are required to have at least one year of advanced education as well as certification and licensure.

Nursing Home Ombudsman Program – A program authorized under the Older Americans Act. Local nursing home or long-term care ombudsmen investigate and resolve complaints made by or on behalf of elders who are residents of nursing homes and long-term facilities that may affect the health, safety, welfare, or rights of such residents.

OAA – *See Older Americans Act.*

Older Americans Act (OAA) – The 1965 federal legislation authorizing and funding services such as support services including but not limited to (Title III B), nutritional services (Title III C), health promotion (Title III D) and family caregiver support services (Title III E) and the senior aide employment program (Title V).

Ombudsman – Generally speaking, a term referring to a person who helps investigate and resolves conflicts between parties. See also nursing home ombudsman program.

PACE – *See Program for All Inclusive Care for the Elderly*

Patient Abuse Statute (M.G.L.c.111, § 72F-L) – Requires specific types of professionals to report to the Department of Public Health cases of abuse of any resident of a convalescent or nursing home, rest home, charitable home for the aged, or intermediate care facility for persons with intellectual and developmental disabilities..

Patient-Paid Amount – The amount that a person in a long-term care facility must contribute to the cost of care under the laws of the Commonwealth of Massachusetts.

Peer-Review Organization (PRO) – A nonprofit professional association established for the purpose of reviewing health services provided to patients under Medicare, Medicaid, and other governmental health programs. PROs contract with the Health Care Financing Administration and the state Medicaid programs to conduct reviews of providers and suppliers.

Per Diem Cost – The cost per day usually used when discussing inpatient medical care.

Personal Care Attendant (PCA) – The Personal Care Attendant Program (PCA) is a program that helps people with long-term disabilities live independently at home. The PCA program gives each eligible MassHealth member funds to hire a personal care attendant to help with activities of daily living (ADLs) such as bathing, dressing, eating, toileting, exercising, taking medications, and moving about inside the home. The MassHealth member, with the support of the PCA agency, becomes the employer and is in charge of hiring, firing, training, and supervising the PCA.

Personal Care Services – Activities designed to allow functionally impaired elders to remain at home. The activities performed to assist a client of the state home care program may include bathing, dressing and grooming (hair care, shampoo and combing); foot care, excluding nail cutting; shaving (limited to shaving with an electric razor) and assistance with dentures, with bedpan routines, with eating, with ambulating and with transfers (excluding transfers if the elder is totally dependent). All personal care tasks must be reviewed and approved by the home care corporation's registered nurse.

Personal Emergency Response System (“Lifeline”) – A communication system that provides immediate assistance in the event of an emergency.

Personal Needs Allowance (PNA) – The designated portion of monthly income that a person in long-term care is allowed to retain for personal expenses.

Planning and Service Area (PSA) – A defined geographic area of cities and towns served by an area agency on aging; each agency has its own designated PSA.

Pooled Trust – For purposes of MassHealth, a pooled trust is one that meets all the following criteria as determined by the Division of Medical Assistance (see 130 C.M.R. 515.001):

- The trust was created by a nonprofit organization;
- A separate account is maintained for each beneficiary of the trust, but the assets of the trust are pooled for investment and management purposes;
- The account in a pooled trust was created by the individual, the individual’s parents or grandparents, or by a legal guardian or court acting on behalf of the individual;
- The trust provides that the Commonwealth of Massachusetts will receive amounts remaining in the account upon the death of the individual up to the amount paid by the Division of Medical Assistance for services to the individual;
- The individual had a disability at the time his or her account in the pool was created.

Power of Attorney (POA) – A document that authorizes another person (an “agent” or “attorney in fact”) to act on someone’s (the principal’s) behalf. If the attorney in fact is authorized to act in all matters, he or she has a “general power of appointment.” If authorized to act only in limited matters, he or she has a “special power of attorney.” A power of attorney terminates at the death of the principal and, unless it is a “durable power of attorney” will also terminate upon disability. A power of attorney may also become effective only upon the occurrence of a specific event (e.g., disability) in which case it is known as a “springing power.”

Preexisting Condition – A physical condition of an insured person that existed prior to the issuance of an insurance policy or enrollment in a managed care plan.

Preferred Provider Organization (PPO) – A healthcare arrangement between purchasers of care (e.g., employers or insurance companies) and healthcare providers that delivers benefits at a reasonable cost by providing members incentives (e.g., lower deductibles and co-payments) to use providers within the network. PPO providers typically agree to a fixed fee schedule in exchange for preferred “in-network” status and are required to comply with certain utilization review guidelines. Members may seek care from nonparticipating providers but generally are penalized for doing so by the loss of the discount and subjection to higher co-payments and deductibles.

Premiums – Amounts paid periodically (usually on a monthly or quarterly basis) that represent the amounts paid or agreed to be paid in exchange for coverage under an insurance policy.

Prescription Advantage – Commonwealth of Massachusetts prescription drug assistance plan. Prescription Advantage (PA) provides assistance to eligible Massachusetts residents. The amount of assistance is determined by the applicant’s gross household income and is available to Massachusetts Medicare beneficiaries who are 65 or older and younger people with qualified disabilities.

Prevailing Charge – A charge for a medical service that falls within the range of charges most often used in a particular locality for that particular service.

Primary Care Physician (PCP) – The physician that serves as the initial contact between the member and the medical care system. He or she is usually a physician, selected by the member upon enrollment, who is trained in one of the primary care specialties, and who treats and is responsible for coordinating the treatment of members assigned to his or her panel.

Program for All-Inclusive Care for the Elderly (PACE) or Elder Service Plan (ESP) – PACE provides community-based care and services to persons age 55 and older who might otherwise need nursing home care. A team of professionals coordinate the care needed and covered by Medicare and Medicaid, as well as additional medically-necessary care and services not covered by Medicare or Medicaid. PACE programs provide social and medical services primarily in an adult day health center, which also includes in-home and referral services.

Program Operations Manual System (POMS) – Documents issued by the Social Security Administration to interpret the broad mandates of the Social Security Act. Although POMS do not carry the force of law and may even contain incorrect interpretations of the law, they may provide good guidance for practitioners.

Protective Services – Services that are necessary to prevent, eliminate or remedy the effects of abuse to an elderly person or self-neglecting elders. Subject to appropriation, these services include the capacity to respond to an emergency, protective services casework (including counseling), nutrition services, guardianship, conservatorship, protective orders through the court, home-care services, and legal assistance.

Provider – A person or entity that provides health services to individuals under a system of third-party reimbursement. Providers include physicians, dentists, nurses, nursing homes, hospitals, home health agencies, clinics, and other types of health care organizations.

Provider Agency – An agency with which a home care corporation or area agency on aging contracts to provide services to elders once the home care corporation/ASAP or AAA has authorized those services. Homemaker agencies in a home care program are an example of provider agencies.

PSA – *See Planning and Service Area.*

Public Employee Retirement Administration Commission (PERAC) – The regulatory agency responsible for monitoring the operations of all retirement systems within the Commonwealth of Massachusetts on a post-audit and oversight basis.

Purchased Services – Services offered by an ASAP/home care corporation or area agency on aging purchased from other agencies. Homemaker, personal care, transportation, home delivered meals and adult day care services, for example, are purchased from provider agencies and from the largest account in the home care budget.

Qualified Domestic Relations Order (QDRO) – A state domestic relations order (e.g., a property-settlement agreement) usually entered in divorce proceedings by a Probate and Family Court judge, that has been determined to be “qualified”, i.e., found by the retirement plan administrator to satisfy the requirements of I.R.C. § 414(p) And ERISA § 206(d)(3). It is a statutory creation that permits an assignment or attachment of all or a portion of a participant’s retirement benefits in a qualified plan.

Reasonable Charge – A term used in connection with the Medicare program to refer to the lower of the customary charge by a physician for a particular type of medical service and the prevailing charge by physicians in the area for the service.

Registered Nurse (RN) – A nurse who has graduated from a formal nursing education program and has received a license (in Massachusetts, from the Board of Registration in Nursing). A registered nurse has greater responsibility than a licensed practical nurse for patient assessment, planning and implementation of nursing care, coordination of health professionals, and patient advocacy.

Representative Payee – A term used by the Social Security Administration for the person designated to receive and manage Social Security payments made to a recipient who is physically or cognitively impaired. No legal powers are granted to the representative payee beyond control of the Social Security checks. The program is voluntary and the local Social Security Administration office or selected state home care corporations can assist with securing representative payees, if needed. *See also Bill-paying service.*

Resources – All income and assets owned by an individual or spouse. For the purpose of determining MassHealth eligibility, resources include income and assets to which the individual or the spouse is or would be entitled whether or not they are actually received. This term has the same meaning as “assets” as defined in 42 U.S.C. § 1396p(e)(1). 130 C.M.R. § 515.001.

Respite Care – The provision of temporary relief services to caregivers of an individual who requires long-term care. The intent of respite care is to increase or maintain the capacity of the elder to remain in the community and to avoid the need for institutionalization by strengthening his or her social and personal support system. A caregiver is defined as a family member, regardless of place of residence, or a non-family member living in the same unit as the eligible elder who is 18 or older and who is the provider of daily care for the eligible elder and his or her caregiver. Daily care is defined as assistance with activities of daily living (ADLs and IADLs), including supervision and emotional support as needed by the elder on a daily basis. People with a confirmed diagnosis of Alzheimer’s disease who are under 60 may also be eligible for respite care

service. The program is managed by ASAPs/state home care corporations under contract to the Executive Office of Elder Affairs.

Rest Home – A retirement home that provides custodial care. Services provided in these facilities are, for the most part, residential rather than medical. The rest home provides protective supervision for the residents, as well as room, board, social activities, and limited social services. Payment is either private or through the SSI program. No Medicaid or Medicare reimbursement is available for the cost of board and care services. In some ways, a rest home is akin to a regulated assisted living facility.

Reverse Mortgage – A loan on the equity value of a house paid in installments by a lender to the homeowner who is aged 60 or older.

Revocable Trust – Generally, a trust whose term allows the grantor to take action to regain any of the property or funds in the trust.

Risk Adjustment – A system of adjusting rates paid to managed care provider to account for differences in beneficiary demographics, such as age, gender, race, ethnicity, medical condition, geographic location, at-risk populations (e.g., homeless), etc. *See* 42 U.S.C. § 1395w-23(a)(3).

Rogers Hearing – A proceeding before a court, usually a probate court, prior to permitting the administration of antipsychotic drugs to an incompetent patient. *See Rogers v. Commissioner of Department of Mental Health*, 390 Mass. 489, 458 N.E.2nd 308 (1983).

SCO – *See Senior Care Options*

Senior Aides – A program providing part-time employment for elder persons who meet specified income criteria. Funded under Title V of the Older Americans Act, the program is administered on a national level by the Department of Labor and on the local level by the Executive Office of Elder Affairs, the National Council of Senior Citizens and the National Council on Aging.

Senior Care Options (SCO) – SCO is a comprehensive health plan that covers all of the services that can be paid for under Medicare and MassHealth through a senior care organization. Enrollment in SCO is voluntary. Members who join SCO will have a primary care physician who is connected with the senior care organization. The primary care physician and a team of nurses, specialists, and a caseworker, will work with the individual to develop a plan of care to address the needs of the individual. Members enrolled in SCO will have 24-hour access to the team, support services, and active involvement in decisions about their health care.

Senior Centers – The Older Americans Act calls on local area agencies on aging to establish “a focal point for comprehensive service delivery” with an emphasis on locating such focal points at senior centers that offer a variety of community-based services under

one roof. These centers are often the building(s) and programs operated by municipal governments.

Senior Companions – Elder Service Corps enrollees and senior aides who are assigned to provide company and supervision to lonely, disabled, or socially isolated elder people and to provide relief to family members with dependent elderly relatives.

Service Priority Matrix – A method of prioritizing applicants to the home care program based on an assessment of their unmet critical and non-critical needs.

Service Provider – An agency or organization that is awarded a subcontract by an area agency on aging or a home care corporation.

Serving the Health Information Needs of Elders (SHINE) – A program of the Executive Office of Elder Affairs that trains health benefits counselors to provide information to Medicare beneficiaries about Medicare, MassHealth, Medex, HMOs, long-term care insurance, and other health insurance problems.

SHINE Program – *See Serving the Health Information Needs of Elders.*

Skilled Nursing Facility (SNF) – A nursing home in which the residents' general condition tends to be unstable and where residents require close observation and care given by a professional staff 24 hours a day. Medicare finances some skilled care; however, private funds or Medicaid must cover the majority. Some SNFs have rehabilitation programs that help people maintain their ability to function (as with arthritis) or to readjust to limitations (as with a stroke).

Sliding Fee – A fee for services that fluctuates according to the income of the person receiving the service and how many services he or she receives.

SNF – *See Skilled Nursing Facility.*

Social Day Care Service – A service that provides an individualized program of social activity for elders who require daytime supervision because of physical impairment or social or emotional problems that impair their capacity to care for themselves. Activities include assistance with walking, mealtime activities, and grooming; and nutrition services, including a minimum of one meal per day. This differs from adult day health care in that it does not focus on health-related services.

Social Security – Also known as Old Age, Survivors and Disability Insurance, a federal social insurance program that provides monthly cash benefits to eligible individuals and is administered by the Social Security Administration. See 42 U.S.C. § 401 et seq. (Title II of the Social Security Act). Social Security benefits are funded by the contributions of both employers and workers, collected by a Social Security tax deduction from gross wages and held in a Social Security Trust Fund. Entitlement to benefits is established by contributing to the Social Security Trust Fund for a statutorily prescribed amount of time.

Social Security Administration (SSA) – The federal agency responsible for administering the Social Security program.

Special-Needs Trust – A trust that meets all the following criteria as determined by the Division of Medical Assistance (130 C.M.R. § 515.001):

- The trust was created for an individual with disabilities under the age of 65;
- The trust was created for the individual by the individual’s parent, grandparent, legal guardian, or a court;
- The trust provides that the Commonwealth of Massachusetts will receive amounts remaining in the account up on the death of the individual up to the amount paid by the Division of Medical Assistance for services to the individual;
- Where the member has resided in more than one state, the trust must provide that the funds remaining upon the death of the member are distributed to each state in which the member received Medicaid based on each state’s proportionate share in the total amount of Medicaid benefits paid by all states on the member’s behalf.

SSA – *See Social Security Administration.*

SSI – *See Supplemental Security Income.*

Substantial Gainful Activity – Generally, employment that provides a set amount of gross earnings determined by the Social Security Administration under Title XVI of the Social Security Act.

Substituted Judgment – A term, used in the context of cases involving terminally ill, incompetent patients, to refer to the process by which a court, hospital, or other decision maker makes care decisions on behalf of a patient, based on the patient’s previously express wishes. The court must determine what the incompetent person would have decided if he or she were competent.

Supplemental Health Insurance – A health insurance policy that provides coverage for medical expenses that are not covered by another health insurance plan the insured may already have in effect. For example, some private commercial insurers provided Medigap insurance for services not covered by the Medicare program.

Supplemental Nutrition Assistance Program (SNAP) – *See Food Stamps*

Supplemental Security Income (SSI) – Monthly payments made by the Social Security Administration to an aged, blind or individual with disabilities who meets the requirements for such aid under Title XVI of the Social Security Act. SSI also includes state supplementary payments made by the Commonwealth on a regular basis.

Supportive Housing – An initiative of the Executive Office of Elder Affairs (EOEA) and the Department of Housing and Community Development (DHCH) to create an “assisted living” like environment in state funded public elderly housing or housing for individuals with disabilities. A Mystic Valley Elder Services care manager works on site to provide services as needed to building residents including those who may not qualify for state funded home care services. The goal of the program is to promote independence and aging in place.

Targeting – A term implying that the kinds of services, the concentration of programs and the distribution of funds provided under public funding should be directed to an identified population.

Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 – the federal law that created the current risk and cost contract provisions under which health plans contract with HCFA.

Testamentary Capacity – Refers to a person’s ability to execute a valid will.

Third-Party Payor – An organization that pays, in whole or in part, for an individual’s medical care.

Title – A subdivision of a piece of legislation containing multiple programs or policies. The Older Americans Act, for example, has eight titles. Grants for state and community programs on aging are authorized under Title III.

Title III-A – Funds awarded to an area agency on aging under the Older Americans Act for administering the annual area plan.

Title III-B – Funds awarded to an area agency on aging under the Older Americans Act for awarding sub-grants for services or for paying the wages, fringe benefits, and administrative costs of personnel employed in direct services positions.

Title III-C – Funds awarded to an area agency on aging under the Older Americans Act for operating a nutrition program for elder persons. Title III-C1 provides funding for congregate meals; Title III-C2 funds home delivered meals.

Title III-D – Funds awarded to an area agency on aging under the Older Americans Act for in-home services for frail older Americans.

Title III-E – Funds awarded to an area agency on aging under the Older Americans Act for caregiver services.

Title III-F – Funds awarded to an agency on aging under the Older Americans Act for disease prevention and health promotion services.

Title V – A federally funded program under the Older Americans Act designed to provide employment and training to low-income individual 55 and older, also referred to as the Senior Aide Employment Program.

Transportation – Services designed to transport eligible elders of the state home care program to and from community facilities (such as senior centers, nutrition sites, day care programs, councils on aging, healthcare facilities and nursing homes) for the purpose of socialization, applying for and receiving services, shopping, and responding to non-medical emergencies. Provides public, private, paratransit, or other forms of transportation not otherwise available pursuant to Title VIII (Medicare) or Title XIX (Medicaid) programs.

Trust – A legal device satisfying the requirements of state law that places the legal control of property or funds within a trustee.

Uniform Intake – A process for determining eligibility for the home care program whereby all home care corporations/ASAPs use the service priority matrix to provide home care services to the same categories as specified by the Executive Office of Elder Affairs. Essentially, the system is used to distribute and ration funds equitably across the Commonwealth when demand for service exceeds the Commonwealth’s ability to purchase it.

Utilization Review (UR) – The review and evaluation of the medical care given to patients at a health care facility. The review is based on a sampling of patients and focuses on the necessity, appropriateness, and efficiency of use of the facility’s resources by reviewing admissions, length of stay and discharge data, treatment practices and professional services rendered.

Visiting Nurse Association (VNA) – A certified home health agency with a community board of directors that provides nursing care, rehabilitation therapies, and home health aide service in the community. “Certified” means approved by the Department of Public Health for reimbursement under Medicare, Medicaid and other insurance policies. VNAs are always nonprofit corporations.

VNA – *See Visiting Nurse Association.*

Vendor Agency – An independent organization that contracts with a home care corporation or AAA for the provision of services specified within the contract.