



## Long-Term Care Glossary

<b>Adjudicated Claim</b>	A claim that has reached final disposition such that it is either paid or denied.
<b>Activities of Daily Living (ADL)</b>	Basic tasks individuals perform in the course of everyday life such as eating, bathing, dressing, toileting and transferring from a bed to a chair.
<b>Adult Day Services</b>	Health and social services, individual therapeutic and psychological activities furnished on a regularly scheduled basis in an adult day health center (ADHC). ADHC services are targeted to frail elders who would be eligible for a skilled nursing facility but who are living in the community.
<b>Adult Resources for Care and Help (ARCH, ADRC)</b>	ARCH is the name of Colorado's Aging and Disability Resource Center (ADRC). This is a resource center available to people age 60 and over, or age 18 and over with a disability, that need information about long-term support services options or assistance accessing those options. There are currently 4 ARCH sites in Colorado. The program's main goal is to streamline access to information and services that allow people to remain as independent as possible.
<b>Assisted Living</b>	A broad range of personal care and homemaker chore services that does not include skilled nursing care provided to people living in assisted living facilities (a.k.a., assisted living residences or alternative care facilities).
<b>Bundled Payment</b>	A single comprehensive payment for a group of related services.
<b>Capitation</b>	A contractual arrangement through which a health plan or other entity agrees to provide specified health care services to enrollees for a negotiated prospective payment per member per month (PMPM) as opposed to paying on a fee-for-service basis for individual services used. Under a fully capitated health plan, the plan is at financial risk for the cost of all the services utilized beyond the PMPM paid for each member. In most fully capitated health plans, a risk adjustment tool is used to set rates for members with known extraordinary health care needs.
<b>Case/care Management</b>	A process used by public and private health insurers and long-term care providers to efficiently manage the care of high-cost, high-need individuals. Care is coordinated by a case manager to ensure that needs identified by an accepted functional assessment are in alignment with authorized services.
<b>Case/care Manager</b>	An individual who coordinates, monitors, and ensures that appropriate and timely care is provided to individuals with complex health and social needs.
<b>Categorically Needy</b>	Classes of individuals eligible for the Medicaid program based on specific categories of eligibility including low-income families with children, pregnant women and low-income aged, blind and disabled individuals. People who do not fall into these categories do not qualify for Medicaid, no matter how low their income is, unless a state is granted a waiver from the Centers of Medicare and Medicaid Services.

<b>Centers for Medicare &amp; Medicaid (CMS)</b>	The agency within the U.S. Department of Health and Human Services that is responsible for the federal administration of Medicare, Medicaid and the State Children’s Health Insurance Program.
<b>Consumer-directed health care</b>	A payment system, either through insurance or direct payments to consumers, that allows enrollees to purchase a defined set of health care services to meet their personal needs and allows long-term care consumers to directly purchase and manage the services they need. In its most popular usage, a consumer-directed health plan is usually a combination of a high-deductible health insurance plan with a tax-preferred health savings account which enrollees may use to pay for routine health expenses.
<b>Consumer-Directed Attendant Support Program (CDAS)</b>	A Colorado Medicaid waiver program to provide consumer-directed attendant support to qualified clients.
<b>Durable Medical Equipment (DME)</b>	Medical equipment provided to individuals with functional limitations or recovering from a hospital event. Examples include modified shower equipment, walkers, wheelchairs and hospital beds.
<b>Dual Eligible</b>	A low-income aged, blind or disabled Medicare beneficiary who also qualifies for the Medicaid program.
<b>Federal Poverty Level (FPL)</b>	Annually updated guidelines established by the U.S. Department of Health and Human Services to determine eligibility for various federal and state programs. In 2009, the FPL for a family of four is \$22,050. For current FPL thresholds, please see <a href="http://aspe.hhs.gov/poverty/index.shtml">http://aspe.hhs.gov/poverty/index.shtml</a> .
<b>Functional Assessment</b>	An assessment that determines eligibility for Medicaid long-term care services based on functional limitations using ADL and IADL criteria.
<b>Group Residential Care Homes</b>	A residential housing option for four to eight individuals with developmental disabilities. Services available in this housing option include personal hygiene, money management, supervision services, cooking, shopping, community access, daily living activities and others.
<b>Home and Community-based Services (HCBS)</b>	An array of long-term care supportive services funded by Medicaid and provided in a community setting that is intended to meet the health, functional and behavioral health needs of low-income individuals with disabilities who otherwise would be eligible for placement in a facility such as a nursing home.
<b>Health Maintenance Organization (HMO)</b>	A health insurance plan that provides a coordinated array of preventive and treatment services for a fixed payment per month, also known as capitation. HMOs provide services through a fixed panel of health care providers. Enrollees receive medically necessary services regardless of whether the cost of those services exceeds the premium paid on the enrollees’ behalf.
<b>Home Care Allowance</b>	A special cash allowance in Colorado for the purpose of securing supportive services for low-income, functionally impaired individuals in their home. Eligible individuals may select any person over 18 to provide needed services. People living in an adult foster care residence also may use this program.

<b>Home Health Care</b>	A range of services provided in an individual's residence, including skilled nursing care; medical social work; personal care; physical, occupational, and speech therapies; and homemaker chore services. Medicare reimburses the full range of services, whereas Medicaid in Colorado only provides reimbursement for skilled nursing care.
<b>Instrumental Activities of Daily Living (IADL)</b>	Household activities a healthy individual can perform independently. Patients are assessed by a scale based on their level of dependence on others to perform these activities. Criteria include use of the telephone, traveling via car or public transportation, food or clothes shopping (regardless of transport), meal preparation, housework, medication use, and money management.
<b>Intermediate Care Facility (ICF)</b>	These facilities provide medical care and supervision, nursing services, occupational and physical therapies, activity programs, educational and recreational services, and psychological services for those with mental retardation. They also provide assistance with ADLs and IADLs, including meal preparation, housekeeping, personal care and medication management.
<b>Individual Residential Services and Supports (IRSS)</b>	These are residences for people with developmental disabilities. These homes are for fewer than four people and provide habilitative services and supports as needed for living in the community, such as personal hygiene, money management, supervision services, cooking, shopping, community access, daily living activities and others.
<b>Long-term Care</b>	Health care, personal assistance and other supportive services provided to individuals with significant functional limitations that are unable to care for themselves without the assistance of others. Long-term care services are provided in institutional, home and community-based settings. These services are generally paid for privately or, in the case of eligible low-income elders and people with disabilities, are covered under the Medicaid program.
<b>Managed Care</b>	Insurance coverage that integrates service delivery and financing through an identified panel of providers that manages care techniques to coordinate the appropriate health care utilization of plan members. Managed care organizations are reimbursed through a negotiated fixed monthly payment or capitation for services provided.
<b>Medicaid</b>	Title 19 of the Social Security Act, passed in 1965, which established a state-federal partnership to provide health care coverage to low-income children, parents, pregnant women, elders and individuals with disabilities.
<b>Medicaid Buy-in</b>	A component of the Medicaid program in which the state pays a monthly premium to the federal government on behalf of eligible low-income Medicare beneficiaries for their Medicare Parts A and B premiums and cost-sharing obligations.
<b>Medicaid Certification</b>	A review by the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services that establishes eligibility for reimbursement under the Medicaid program.

<b>Medicaid Management Information System (MMIS)</b>	This is a standardized state data reporting system of Medicaid eligible populations, claims and expenditures required by the Centers for Medicare and Medicaid Services.
<b>Medicare</b>	Title 18 of the Social Security Act, passed in 1965, which created an entitlement to health care coverage for individuals age 65 and older and certain eligible individuals with disabilities. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays, laboratory tests and durable medical equipment. Part C, originally Medicare + Choice and now Medicare Advantage, allows private insurers to offer a Medicare plan. Part D, the most recent addition to the Medicare program, offers a subsidized prescription drug benefit to Medicare beneficiaries.
<b>Olmstead Decision</b>	The <i>Olmstead vs. L.C.</i> decision is a 1999 U.S. Supreme Court ruling that interpreted Title II of the Americans with Disabilities Act and its implementing regulations. <i>Olmstead</i> encourages states to administer long-term care programs "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." (Americans with Disabilities Act/ <i>Olmstead</i> Decision: <a href="http://www.cms.hhs.gov/olmstead/default.asp">http://www.cms.hhs.gov/olmstead/default.asp</a> accessed 8/3/05)
<b>Program of All-Inclusive Care for the Elderly(PACE)</b>	A fully capitated (including a blend of Medicare and Medicaid funds) program that provides a comprehensive array of primary, acute, and long-term care services for frail elders who are eligible for a skilled nursing facility level of care. PACE was authorized as a state plan service by the Balanced Budget Act of 1997 and existed as a waiver service before 1997.
<b>Per diem</b>	A form of payment for services in which the provider is paid a daily fee for specific services.
<b>Personal Care</b>	Personal care services include physical care such as bathing, grooming, hygiene and assistance with ambulation.
<b>Single Entry Point (SEP)</b>	The Colorado SEP system is composed of 25 strategically located community agencies that provide information and referral, assessments for long-term care services, care management and a wide variety of community supports for eligible individuals. An SEP allows the availability of a single access or entry point within a local area where a current or potential long-term care client can obtain long-term care information, screening, assessment of need, and referral to appropriate long-term care programs and case management services.
<b>Supplemental Security Income (SSI)</b>	This program is a cash assistance program authorized under the U.S. Social Security Act that provides monthly cash payments to low-income adults aged 65 and older, as well as individuals with a permanent and significant disability. ( <a href="http://www.ssa.gov/pubs/11000.html#partI">http://www.ssa.gov/pubs/11000.html#partI</a> accessed 5/7/09)

<b>Systems Change Grants</b>	<p>Since 2001, CMS has issued over \$302.2 million in grants to all 50 states, the District of Columbia, and two territories to “design and construct systems infrastructure that will result in effective and enduring improvements in community long-term support systems.” These system change grants are designed to enable children and adults of any age who have a disability or long-term illness to live in the most integrated community setting appropriate to their individual support requirements and preferences, exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided, and obtain quality services in a manner as consistent as possible with their community living preferences and priorities. (<a href="http://www.cms.hhs.gov/RealChoice/">http://www.cms.hhs.gov/RealChoice/</a> accessed 5/7/09)</p>
<b>ULTC 100.2</b>	<p>An assessment tool that uses ADLs and IADLS to determine level of functional limitation and therefore eligibility for long-term care services in Colorado.</p>