

Long-Term Care Glossary

Following are definitions of some terms you're likely to encounter when considering placement of a loved one in a long-term care facility

Activities of daily living (ADLs): Physical functions that a person normally performs independently every day, including bathing, dressing, toileting, moving about, eating and grooming. Nursing home patients frequently need assistance with activities of daily living.

Activity coordinator: A trained nursing home staff member who is responsible for leisure activities in the facility. Activity coordinators develop programs for patients based on individual abilities and interests. Activity programs must be designed to help patients maintain their highest level of functioning.

Administrator: The staff member responsible for the overall management of the nursing home. Every Tennessee nursing home must have a full-time administrator who is licensed by the state.

Adult day care: A program that provides protective care for adults who stay at home at night but who need supervision and assistance during the day, generally because the family caretaker must go to work. A number of Tennessee nursing homes have adult day care programs and many are offered in conjunction with the Alzheimer's Association.

Assisted living facilities (or assisted-care living facilities): A type of facility that bridges the gap between homes for the aged and nursing homes. Assisted-care living facilities provide certain medical services, which typically can be self-administered, for people with no other health problems and who medically do not need the more intensive nursing services provided in nursing homes.

Certification: The process a nursing home undergoes to qualify for participation in the Medicaid and Medicare programs.

Certified nurse assistant: (Also called a certified nurse technician or nurse aide) A staff member who has completed at least 75 hours of classroom and clinical training and is responsible for assisting nursing home patients with their activities of daily living, such as bathing, toileting, eating and moving about.

Civil Monetary Penalties (CMPs): When a licensed nursing home has been cited with a deficiency by the state, the nursing home may have to pay a per-day fine until the deficiency has been corrected. The amount of the fine depends on the severity of the infraction.

Diagnostic Related Groups (DRGs): The system the Medicare program uses to determine payments to hospitals. Medicare pays a certain amount of money depending on the diagnosed illness.

Director of nursing: A nurse who supervises other nurses and certified nurse technicians. In Tennessee facilities, the director of nursing (DON) must be a registered nurse unless the facility has special permission to use a licensed practical nurse.

Durable power of attorney for health care (DPA): A legal document in which a competent person gives another person (called an attorney-in-fact) the power to make health care decisions for him or her if unable to make those decisions. A DPA can include guidelines for the attorney-in-fact to follow in making decisions on behalf of the incompetent person.

Health Care Financing Administration (HCFA): The federal agency, part of the Department of Health and Human Services, that administers health service programs including Medicare and Medicaid.

Home-and community-based services (HCBS): Services that are provided to people in their homes by various types of providers. HCBS may include services such as case management, minor home modifications, home delivered meals and personal emergency response systems.

Home for the aged: A residential facility that provides room, board and personal services to residents who can take care of themselves with little or no assistance. Although they are sometimes confused with nursing homes, homes for the aged do not provide nursing services and are not licensed to do so.

Home health care agency: An agency staffed and licensed to provide health services to patients in their own homes.

Informal Dispute Resolution (IDR): When a state inspector cites a licensed nursing facility as being deficient in some area and the facility believes the citation is inaccurate or unwarranted, the facility may ask the state for a hearing called an IDR. At the hearing, it is up to the facility to prove to state officials that it is in compliance with state regulations.

Intermediate care facility (ICF): A term formerly used by the Medicaid program to refer to a nursing home that provides the level of care needed by most nursing home patients. This level of care, now called Level I, is less intensive and less expensive, than what is called skilled nursing care, or Level II (see “Levels of care”).

Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level called Level II or skilled nursing care. The cost of Level II care is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program does not cover Level I care and covers skilled care only in certain circumstances and in certified facilities.

Licensed practical nurse (LPN): A nurse who graduated from an approved one-year nursing program and passed a state-administered test. LPNs frequently hold supervisory positions in nursing homes.

Living will: A legal document in which a competent person directs in advance that artificial life-prolonging treatment not be used if he or she has or develops a terminal and irreversible condition and becomes incompetent to make health care decisions.

Long-term care: Health or personal services required on a continuing basis by people who are chronically ill, aged, disabled or retarded. Long-term care generally refers to care provided in an institution such as a nursing home, but it may also refer to continuing care provided in the patient’s home.

Long-term care insurance: Insurance that will pay all or part of the cost of long-term care. Many private insurance companies have developed comprehensive long term care policies.

Medicaid: A program that provides medical benefits to medically needy low-income individuals. Medicaid is operated and administered by the state government and subsidized by the federal government. While it was never designed to answer the financial burdens of long-term care for the elderly, it is the only program currently in place to pay for nursing home care for people who cannot afford it and who do not have private insurance or qualify for Medicare or Veterans Administration benefits. Medicaid currently pays for the care of 73 percent of Tennessee’s nursing home patients.

Medical director: A physician who oversees the medical services provided to nursing home patients. Patients may choose the medical director to be their personal physician or they may use any other physician who makes visits to the facility.

Medicare: A nationwide health insurance program for people who are 65 or older or who are eligible for Social Security disability payments. The Medicare program has two separate parts: Part A, which covers inpatient hospitalization and skilled nursing care; and Part B, which covers physician services and certain medical equipment and services. Medicare pays for only a small percentage of nursing home care in Tennessee.

Medigap insurance: A term commonly used to describe Medicare supplemental insurance policies available from various companies. Medigap is private insurance that may be purchased by Medicare-eligible individuals to help pay the deductibles and co-payments required under Medicare. Medigap policies generally do not pay for services not covered by Medicare, such as Level I nursing home care.

Nursing home: A health care facility in which chronically ill people, usually elderly, can receive skilled 24-hour nursing care.

Patient assessment: (Also called resident assessment) A standardized tool that enables nursing homes to determine a patient's abilities, what assistance the patient needs and ways to help the patient improve or regain abilities. Patient assessment forms are completed using information gathered from medical records, discussions with the patient and family members, and direct observation.

Plan of care: A written plan for treating the medical, social and emotional needs of each nursing home patient. The plan is written by the patient's attending physician, a registered nurse and other staff members. The plan of care is updated at least once every three months and more often if the patient's condition changes.

Pre-admission evaluation (PAE): The screening process used by the Medicaid program to determine whether an individual meets the medical guidelines to be eligible for Medicaid.

Pre-admission screening and annual resident review (PASARR): A process for determining whether a person being considered for admission has any mental illness or mental retardation. Federal law requires nursing homes that participate in Medicare or Medicaid to screen all patients. If an initial evaluation reveals mental illness or mental retardation, a more in-depth evaluation is performed to determine whether the patient needs special services that cannot be provided in a nursing home. Patients whose mental conditions change during their stay in the facility will be retested.

Private pay patients: Patients who pay for their own care or whose care is paid for by their family or another private third party, such as an insurance company. The term is used to distinguish patients from those whose care is paid for by governmental programs (Medicaid, Medicare and Veterans Administration).

Prospective Payment System (PPS): The federal Medicare program bases its per day payment rates to skilled nursing facilities (SNFs) on this payment system, that was mandated by the Balanced Budget Act of 1997. The rates are adjusted according to the patients' conditions and needs and geographic variation in wages. The purpose of the system is to account for the costs of essential services to patients. (SEE also **Resource Utilization Groups**)

Registered nurse (RN): Nurses who have graduated from a formal program of nursing education (two-year associate degree, three-year hospital diploma, or four-year baccalaureate) and passed a state-administered exam. RNs have completed more formal training than licensed practical nurses and have a wide scope of responsibility including all aspects of nursing care.

Resource Utilization Groups (RUGs): These 44 categories make up the patient classification system used by the Medicare program to adjust its payment rates to skilled nursing facilities. (SEE also **Prospective Payment System**)

Respite care: A program that offers overnight accommodations and medical care for individuals who cannot take care of themselves and normally are cared for at home by family members. Respite care gives the routine caregivers a temporary respite from their caregiving responsibilities.

Skilled nursing facility (SNF): A term used by the Medicare program to describe nursing homes that are certified to provide a fairly intensive level of care, called skilled nursing, to Medicare patients. The term skilled nursing was formerly used by the Medicaid program as well, but has now been replaced with the term "Level II" (see "Levels of care").

Survey: A detailed, unannounced inspection of each licensed nursing home conducted at least once a year by the Quality Assurance division of the Tennessee Department of Health.

Tennessee Health Care Association: THCA is an association of some 320 nursing homes of all types – privately owned, governmental, nonprofit and for-profit. The organization has expanded its membership to include assisted care living facilities. THCA is an affiliate of the American Health Care Association and is dedicated to helping nursing homes maintain the highest standards of care and professionalism.