



Activities of Daily Living (ADLs): Everyday actions performed by individuals such as dressing, eating, bathing, toileting, continence and transferring. Most insurance policies covering long-term care services base your qualification for benefits on your inability to perform a certain number of ADLs.

Acute Care: Medical care for health problems that are new, quickly get worse, or result from a recent accident. Acute care has recovery as its primary goal and is usually short-term.

Advance Directive: Legal documents that allow you to plan and make your own end-of-life wishes about health care and treatment known in the event that you are unable to communicate. Advance directives consist of a living will and a medical (health care) power of attorney.

Assisted Living/Personal Care Homes/Residential Care Facilities: A supportive housing facility designed for those who need extra help in their day-to-day lives but who do not require the 24-hour skilled nursing care found in traditional nursing homes.

Care Plan: A detailed written plan that describes what is needed for an individual's care. Creating the care plan should involve an interdisciplinary team of the individual, medical team, nursing staff, therapists, as well as the family as appropriate.

Centers for Medicare & Medicaid Services (CMS): With regard to long-term care, CMS is responsible for regulating and paying nursing homes, home health agencies, and hospices for the care of Medicare and Medicaid (in conjunction with the states) beneficiaries.

Certified Nursing Assistant (CNA): A person trained and certified to assist individuals with non-clinical tasks such as eating, walking, and personal care.

Continuing Care Retirement Community (CCRC): A housing option that offers a range of services and levels of care. Residents may move first into an independent living option and then progress to assisted living and a nursing home as their needs change.

Direct Care Staff or Direct Care Worker (DCW): An individual working in a nursing home or assisted living community that provides "hands on" help with activities of daily living (ADLs) to residents.

Discharge Planner: A nurse, social worker, or other professional who coordinates a patient's transition from one care setting to the next, such as from hospital to nursing home or to one's own home with home health care and other services.

Geriatrician: A medical doctor with special training in the diagnosis, treatment, and prevention of illness and disabilities in older adults.

Geriatrics: The branch of medicine that focuses on providing comprehensive health care for older adults and the treatment of diseases associated with the aging process.

Gerontology: The study of the aging process and individuals as they grow from midlife through later life including the study of physical, mental and social changes.

Hospice: A program of medical and social services for people diagnosed with terminal (end-stage) illnesses that focuses on comfort, not curing an illness. Medicare will pay for hospice if a doctor states that a person probably has six months or less to live. Hospice care can last longer than six months in some cases.

Licensed Practical Nurses (LPN): LPNs have one to two years of technical training. They assist Registered Nurses with data collection, care planning and monitoring residents' conditions. They are licensed to administer medications and treatments, transcribe physician orders, etc.

Living Will: An advance directive that guides your family and health care team through the medical treatment you wish to receive if you are unable to communicate your wishes. A living will goes into effect only when you are no longer able to make your own decisions.

Long-Term Care (LTC): A term used to describe the care needed by someone who must depend on others for help with daily needs. LTC is designed to help people with chronic health problems or dementia live as independently as possible.

Long-Term Care Insurance: Private insurance designed to pay for long-term care services provided at home, adult day care, assisted living or a nursing home.

Long-Term Care Services: A variety of services and supports to meet health or personal care needs over an extended period of time. This includes medical and non-medical care to people with a chronic illness or disability. Long-term care helps meet health or personal needs.

Medicaid: The federally and state-supported public assistance program that pays for healthcare services to low-income people, including older adults or disabled persons who qualify. Medicaid pays for long-term nursing home care and some limited home health services.

Medical Director: A physician who oversees the medical care and other designated care in a healthcare organization or care setting. The medical director is responsible for coordinating medical care and helping to develop, implement, and evaluate resident care policies and procedures that reflect current standards of practice.

Medical (Healthcare) Power of Attorney: The advance directive that allows you to select a person you trust to make decisions about your medical care if you are temporarily or permanently unable to communicate and make decisions for yourself.

Medicare: The federal program that provides medical insurance for people aged 65 and older, some disabled persons and those with end-stage renal disease. It provides physician, hospital, and medical benefits for individuals over age 65, or those meeting specific disability standards. Benefits for nursing home and home health services are limited to short-term rehabilitative care.

Nurse Practitioner (NP): A registered nurse with advanced education and training to diagnose and manage most common, and many chronic, illnesses. NPs can prescribe medications and provide some services that were formerly permitted only to doctors.

Nursing Home or Skilled Nursing Facility (SNF): A residential care setting that provides 24-hour care to individuals who are chronically ill or disabled. Individuals must be unable to care for themselves in other settings or need extensive medical and/or skilled nursing care.

Palliative Care: Care that focuses on the relief of the pain, symptoms, and stress of serious illness. The goal is to improve quality of life for patients and families.

Personal Care: Non-skilled nursing service or care, such as help with bathing, dressing, eating, getting in and out of bed or chair, moving around, using the bathroom, or any other activity of daily living (ADL) required or desired by the individual needing care.

Primary Care Provider (PCP): This term almost always refers to doctors, nurse practitioners or physician assistants who provide routine care and preventive care.

Provider: A provider is typically a professional healthcare worker, agency, or organization that delivers health care or social services.

Registered Nurse (RN): A graduate from a formal nursing education program (three to four years) who has passed a national examination and is licensed to practice by the state board. RNs assess, plan, implement, teach, and evaluate a person's nursing care needs, along with the rest of the healthcare team.

Rehabilitation ("Rehab"): Services to help restore mental and physical (bodily) functions lost due to injury or illness. The types of services offered generally include physical therapy, occupational therapy, speech therapy, social services, and nursing.

Resident: A person who lives in a residential long-term care setting, such as a nursing home or assisted living community.

Respite Care: Respite care can be scheduled regularly (for example, two hours a week) or provided only when needed. This service can be particularly valuable for family members taking care of persons with dementia.

Skilled Care/Nursing Care: This level of care includes help with more complex nursing tasks, such as monitoring medications, giving injections, caring for wounds, and providing nourishment by tube feedings (enteral feeding). It also includes therapies, such as occupational, speech, respiratory and physical therapy.

Transition: A move from one care setting (hospital, home, assisted living, nursing home) to another. Care during transitions involves coordination and communication among patients, providers, and family caregivers.