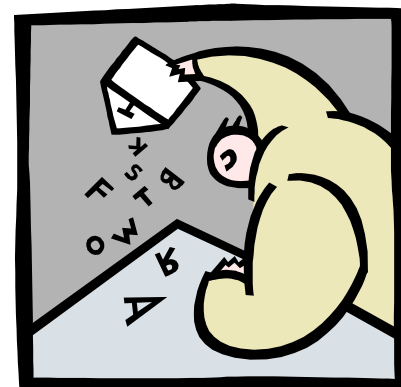


Appendixes

- A. *Acronyms***
- B. *Glossary***
- C. *Internet Resources***
- D. *Quick Links to Local Data***
- E. *State Team and Descriptions of State Units Involved in Long-term Care***

AAA	Area Agency on Aging
ABI	Acquired Brain Injury
ADA	Americans with Disabilities Act
ADC	Adult Day Care
ADD	Attention Deficit Disorder
ADH	Adult Day Health
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADVP	Adult Developmental Vocational Program
AHEC	Area Health Education Center
ALD	Assistive Listening Device
AOA	Administration on Aging
APS	Adult Protective Services
ASL	American Sign Language
AT	Assistive Technology
CAC	Community Advisory Committee
CAP	Community Alternatives Program
CAP-AIDS	Community Alternatives Program for Persons with AIDS
CAP-DA	Community Alternatives Program for Disabled Adults
CAP-MR/DD	Community Alternatives Program for Persons with Mental Retardation and other Developmental Disabilities
CARES	Center for Aging Research and Educational Services (UNC-Chapel Hill)
CC	Closed-captioned
CCF	Continuing Care Facility
CCRC	Continuing Care Retirement Community
CDC	Consumer-Directed Care
CIL	Center for Independent Living
CIP	Crisis Intervention Program
CNA	Certified Nursing Assistant
COA	Council on Aging
COG	Council of Governments
CON	Certificate of Need
DAAS	Division of Aging and Adult Services
DD	Developmental Disability
DFS	Division of Facility Services
DHHS	Department of Health and Human Services
DMA	Division of Medical Assistance
DME	Durable Medical Equipment
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
DNR	Do-Not-Resuscitate Order
DPH	Division of Public Health
DRGs	Diagnosis-Related Groups

Acronyms



DSB	Division of Services for the Blind
DSDHH	Division of Services for the Deaf and Hard of Hearing
DSS	Division (state-level) or Department (county-level) of Social Services
DVR	Division of Vocational Rehabilitation
EEOC	Equal Employment Opportunity Commission
EMT	Emergency Medical Technician
FCSP	Family Caregiver Support Program
FI	Fiscal Intermediary
FY	Fiscal Year
HCCBG	Home and Community Care Block Grant
HHA	Home Health Agency
HMO	Health Maintenance Organization
HUD	Housing and Urban Development
IADL	Instrumental Activities of Daily Living
I&A	Information and Assistance
I&R	Information and Referral
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility for the Mentally Retarded
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Services Plan
IHP	Individualized Habilitation Plan
ISO	Intermediary Service Organization
LD	Learning Disability
LIEAP	Low Income Energy Assistance Program
LPN	Licensed Practical Nurse
LRE	Least Restrictive Environment
LTC	Long-term Care
MD	Muscular Dystrophy
MH	Mental Health
MOU	Memorandum of Understanding
MR	Mental Retardation
MS	Multiple Sclerosis
NC GS	North Carolina General Statute
NCCDD	North Carolina Council on Developmental Disabilities
OAA	Older Americans Act
OT	Occupational Therapist or Occupational Therapy
PCS	Personal Care Services
PDD	Pervasive Developmental Disorder
PL	Public Law
POS	Point-of-Service
PPO	Preferred Provider Organization

PSO	Provider-sponsored Organization
PT	Physical Therapy
QA/QI	Quality Assurance/Quality Improvement
QMB	Qualified Medicare Beneficiary
RN	Registered Nurse
Rx	Prescription
S/CSA	State/County Special Assistance for Adults
SE	Supported Employment
SHIIP	Senior Health Insurance Information Program
SL	Supported Living
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSBG	Social Services Block Grant
SSDI	Social Security Disabilities Insurance
SSI	Supplemental Security Income
STS	Speech-to-Speech Service
SUA	State Unit on Aging
TBI	Traumatic Brain Injury
TDD	Telecommunication device for persons who are deaf or hard of hearing
TDP	Transportation Development Plan
VA	Veterans Administration
VR	Vocational Rehabilitation
VRS	Video Relay Service

Glossary

The terms in this glossary, relating to services for older or disabled adults, are derived from several sources, codes for which will appear in parentheses at the end of the entry. These sources are:

- (1) Mid-Florida Area Agency on Aging, www.mfaaa.org/glossary.html
- (2) NC Council on Developmental Disabilities, Guide to Understanding Developmental Disabilities, www.nc-ddc.org
- (3) NC DHHS, *Long Term Care in North Carolina*, Glossary, www.dhhs.state.nc.us/ltc/glossary.htm
- (4) Land-of-Sky Area Agency on Aging, www.landofsky.org/aaa/glossary.html
- (5) Promoting Consumer Direction in Aging Services, www.consumerdirection.org/glos.htm
- (6) Medicare website, www.medicare.gov/glossary
- (7) NC Ombudsman Manual, www.dhhs.state.nc.us/aging/manual/ombud/nhc.pdf

A

Access Services. Currently, one of the three priority areas designated in the Older Americans Act to help meet older adults' needs. This term refers to such services as transportation, outreach, and information and assistance, which enable older adults to use existing supportive services. (1)

Accessible. Buildings, structures, programs, transportation services, public services, etc., that are designed or modified to enable people with disabilities to use them without undue difficulty and that conform to the Americans with Disabilities Act requirements. Examples include ramps for entering and exiting buildings, TTY relay services for phone use, lifts on public transportation, personal assistance, and documents in Braille, large print. (2)

Activities of Daily Living (ADLs). A term used to describe basic self-care tasks that are a part of most people's regular day, such as bathing, dressing, grooming, moving around the house, and eating. ADLs are widely used to assess individual functional status. (3)

Acquired Brain Injury (ABI). A brain injury that occurs after birth. It can be a result of an internal injury (e.g., tumor, stroke, aneurysm), an external injury (e.g., motor vehicle accident, fall, sports injury; often called traumatic brain injury or TBI), or ingestion of a toxic substance. (2)

Administration on Aging (AOA). The principal agency in the federal government responsible for the administration of the provisions of the Older Americans Act. It advocates at the federal level for the needs, concerns, and interests of older citizens throughout the nation. (4)

Adult Basic Education. A program offered by community colleges for adults who have not completed an eighth-grade education in the public schools. The objectives of the program are increasing basic skills in reading, writing, and computation, with an emphasis on developing critical thinking skills. (2)

Adult Care Home (ACH). An assisted living residence (*see below*) in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments whose decisions, if made independently, might jeopardize their own safety or well-being or that of others, who therefore require supervision. In an adult care home medication must be administered by designated, trained staff members. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. Adult care homes and family care homes are subject to licensure by the Division of Facility Services. (3)

Adult Care Home Community Advisory Committee. Members are community citizens who are appointed by the local board of county commissioners to work to maintain the spirit of the Resident's Bill of Rights (*see below*) as well as to promote community education and awareness about the operation of adult care homes in that county and the needs of their residents. (3)

Adult Day Care (ADC). Group care and supervision for adults who may be physically or mentally disabled in a place other than their usual residence on a less than 24-hour basis. Services are designed to support the adult's personal independence, as well as their physical, social, and emotional well-being. Adult day care programs are subject to certification by the Division of Aging and Adult Services. (3)

Adult Day Health Care (ADHC). A community-based day care program that provides health, social, and recreational care, along with rehabilitative services. Adult Day Health centers are staffed by trained professionals and paraprofessionals under the supervision of a registered nurse. The program is ideal for adults with physical or mental impairments who needs assistance in a protective setting during the day. Adult day health programs are subject to certification by the Division of Aging and Adult Services. (3)

Adult Developmental Vocational Program (ADVP). Activities designed to prepare adults with developmental disabilities to live and work as independently as possible. (2)

Adult Home Specialist. The person(s) in the county department of social services given primary responsibility for assessing the need for adult care homes in the county, responding to all inquiries regarding licensure, and monitoring homes for compliance with licensure rules. (3)

Adult Placement Services. Adult Placement Services help older or disabled adults find appropriate living and health care arrangements when their health, safety, and well-being can no longer be maintained at home. Placement arrangements are made in adult care homes, nursing homes, other substitute homes, residential health care settings, or institutions. Adults and their families receive help in completing medical evaluations and financial applications and in locating and moving to new settings. They also may receive counseling to help them adjust to the change. Adult placement services also help older and disabled adults in the following situations:

- ◆ Those unable to maintain themselves in their own homes independently or with available community or family supports
- ◆ Those living in substitute homes, residential health care facilities, or institutions and need assistance in relocating due to changes in level of care need

- ◆ Those who need assistance in returning to more independent living arrangements
- ◆ Those who need assistance in adjusting to or maintaining their placements due to individual or family problems or a lack of resources.

All 100 county departments of social services provide Adult Placement Services. (3)

Adult Protective Services. County departments of social services' Adult Protective Services sections receive and evaluate reports to determine whether older and disabled adults are in need of protective services and what services are needed (as required by Article 6, Chapter 108A of the North Carolina General Statutes). Services include receiving reports of possible abuse; evaluating the circumstances and need for protective services; planning and counseling with the older or disabled adult, the family, or caregiver to identify, remedy, and prevent problems that result in abuse, neglect, or exploitation; reporting evidence of mistreatment to the District Attorney and various regulatory agencies when appropriate; initiating court action as necessary to protect the adult; and mobilizing essential services on behalf of older or disabled adult.

Advocacy. An instrument for social and policy change, advocacy is a process whereby the needs of older and disabled persons are brought to the attention of decision makers at all levels of government, and in the private and nonprofit sectors of society as well. It includes the identification of problems and the vigorous pursuit of possible solutions, the formulation of policy issues, policy development, recommendations concerning resource allocation, and analysis of various social trends as they are likely to affect the population in question. (1)

Aging Network. The aging network is a system of federal, state, and local agencies, organizations, and institutions that are responsible for serving and/or representing the needs of older people. The network is involved in service system development, advocacy, planning, research, coordination, policy development, training, education, administration, and provision of direct services. The core structures in the network include the federal Administration on Aging (AOA), State Units on Aging (in North Carolina, the Division of Aging and Adult Services), Area Agencies on Aging (AAAs), and local service provider agencies. The network also in-

volves other state divisions and their local counterparts, including health, mental health, and social services agencies. (1)

Alzheimer's Disease. A progressive, degenerative, dementing disease that attacks the brain and results in impaired memory, thinking, and behavior. (3)

Americans with Disabilities Act (ADA). Federal law that provides comprehensive civil rights protections for persons with disabilities. The Act defines *disability* as a physical or mental impairment that substantially limits one or more major life activities. The text of the act may be found at www.usdoj.gov/crt/ada/statute.html (3)

Area Agency on Aging (AAA). AAAs were established through the Older Americans Act amendments of 1973. They serve to facilitate and support the development of programs to address the needs of older adults in a defined geographic region and support investment in their talents and interests. In North Carolina, there are 17 AAAs located within regional Councils of Government. Their functions include (1) advocacy and information brokerage, (2) planning and coordination, (3) program and resource development, (4) funds administration and quality assurance, and (5) training and capacity building.

Area Plan on Aging. An area plan is the document submitted by an Area Agency on Aging to the state unit on aging (in NC, the Division of Aging and Adult Services) to receive subgrants under the Older Americans Act. The area plan contains provisions required by the law and commitments that the AAA will administer activities funded under the Older Americans Act in accordance with all federal requirements. The area plan also contains information about how the AAA is developing a comprehensive and coordinated system throughout its planning and service area for all services authorized under the Older Americans Act. (1)

Assessment. Activities performed by at least one professional (usually a social worker or a nurse) to determine a person's current functioning and resources in six areas, physical health, mental health, social support, activities of daily living, environmental conditions, and finances. Assessment includes a home visit. Once the assessment is completed, activities related to developing and implementing a service

plan for the client (and family) becomes part of case management. (3)

Assisted Living. Known by several different names, this is a program of group housing and services for two or more unrelated adults that makes available, at a minimum, one meal a day and housekeeping services, directly or through a formal written agreement with one or more licensed home care or hospice agencies. The NC Department of Health and Human Services may allow nursing service exceptions on a case-by-case basis. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. Assisted living residences are distinguished from nursing homes according to provisions of NC General Statute 131E-102. (3)

Assistive Listening Devices (ALDs). Devices that increase the loudness of specific sounds by bringing sound directly into the hearing aid or ear. ALDs help minimize background noise, reduce the effect of distance between people who are hard of hearing and the sound source, and minimize the effects of poor acoustics. (3)

Assistive Technology (AT). Any technology or device that enables an individual to be more independent or to accomplish a task. Examples of assistive technology include motorized wheelchairs, TTY communicators, print readers, computers with special software, and voice-activated devices. (3)

Assistive Technology for the Deaf and Hard of Hearing. The Division of Services for the Deaf and Hard of Hearing can provide consultation and training on the use of assistive listening devices and other technology for people who are deaf and hard of hearing. Through their Telecommunications Equipment Distribution Program (TEDP), people with hearing loss who have low incomes may be eligible to receive free telecommunications equipment. (3)

Attention Deficit Disorder (ADD). A diagnosis whose symptoms may include difficulty paying attention, being easily distracted, and inability to focus more than a few moments on a mental task. (2)

Attention Deficit Hyperactivity Disorder (ADHD). A diagnosis whose symptoms that may include difficulty focusing attention and effort to tasks, difficulty in impulse control or delay

of gratification, and increased activity unrelated to the current task or situation. Most people who have a diagnosis of ADHD alone are not eligible for publicly funded developmental disability services. (2)

Autism. A neurological disorder that affects normal development in the areas of social interaction and communication skills. This developmental disability typically appears during the first three years of life. (2)

B

Baby Boomer. A person born between 1946 and 1964, when birth rates rose to levels higher than before those years or since.

Barrier-free. Buildings or areas that are fully accessible to people with mobility limitations. The term may be used more generally to refer to activities that are readily accessed by persons with any level of disability. (2)

C

Captioning. A process for translating the audio portion of video programming into text that appears at the top or bottom of a screen. Open captioning is similar to subtitles (available for all to read on-screen). Closed captioning requires a decoder device or chip in order to make the captions visible on-screen. Required of television manufacturers by federal law since July 1994, closed captioning is most frequently used in TV programming. Other uses include videotapes, advertisements, and video paging systems. (3)

CARE-LINE. The North Carolina Department of Health and Human Service's information and referral service. Telephone 1-800-662-7030 (TTY/Voice/Spanish) or 919-733-4261 (Voice)/919-733-4851 (TTY). E-mail assistance is also available at care.line@ncmail.net (3)

Care Management or Case Management. This service provides professional assistance (typically from registered nurses and/or social workers) to older and disabled adults and their families by identifying, accessing, and coordinating services that are necessary to enable the adult to remain in the least restricted environment possible. (3)

Cerebral Palsy. A condition caused by damage to the brain before, during, or after birth that limits a person's ability to fully control his/her own muscles. This may result in spasms, involuntary movement, balance problems, disturbance in gait and mobility, and impairment of speech. People with cerebral palsy may also have disabilities that are not related to cerebral palsy. (2)

Certificate of Need (CON). A competitive application process managed by the NC Division of Facility Services by which providers acquire new institutional health care services (i.e., nursing home beds, hospital beds, rehabilitative care beds, home health agencies, and hospices) in accordance with the State Medical Facilities Plan. CONs were developed to regulate health care, so that only those services that are needed, less costly, and effective are made available to the public. A certification declares that the facility or proposed facility has been reviewed and evaluated as to need, cost of service, accessibility, quality of care, and feasibility. (3)

Chore Services. See In-Home Aide Services. (3)

Circle of Support. A group of people selected by an individual with developmental disabilities or other types of disabilities that meets regularly with the individual to help plan, design, and support ways for that person to achieve his or her personal goals. Circles are based on the belief that a community is a place where everyone belongs. A circle can include friends, family, classmates, coworkers, professionals, and other community members. It can also be called a Circle of Friends. (2)

Closed Captioned. Written words appearing across the bottom of television screens that show what is being said on the television broadcast. The television must have a decoder to receive the closed-captioned transmission. See "Captioning." (2)

Cognitive Impairment. A term that refers to damage to or loss of intellectual or mental functioning. The act or process of "knowing," including awareness or judgment, is impaired. Alzheimer's Disease is the most common cause of cognitive impairment among older adults. (3)

Combination Facility. A facility licensed under NC General Statute 131E-102 to provide intermediate care and/or skilled nursing care

and adult home care. (See related definitions.) (3)

Community Alternatives Program (CAP). A Medicaid waiver program that provides community-based services to disabled adults (CAP-DA), adults with mental retardation or developmental disabilities (CAP-MR/DD), children (CAP-C), and persons with AIDS (CAP-AIDS) who meet the medical requirements for nursing-home-level care. CAP services may include traditional Medicaid home health services (nursing, physical therapy, home health aide, etc.) as well as services not generally available under Medicaid (home-delivered meals, respite care, in-home aide services, etc.). (3)

Community Inclusion. The full participation of an individual with a developmental disability in activities, organizations, and groups of his/her own choosing in the community. (2)

Community Rehabilitation Program. Supervised work and other activities such as vocational evaluation, basic education, and personal care training. The goals of the program are to assist people with developmental disabilities to become employed in the community and to employ people who are viewed as not capable of competitive employment in the near future. (2)

Congenital Disability. Disability existing at birth. (2)

Congregate Living. A living arrangement in which two or more unrelated individuals reside in a house or apartment. (3)

Congregate Meals. Congregate meals is a program authorized under Title III-C1 of the Older Americans Act that provides one hot or other appropriate meal per day, 5 or more days a week, in a group setting. Congregate nutrition programs also include nutrition education and other appropriate services. (1)

Consumer. A person who may use or need a service. (2)

Consumer Choice. Consumer choice is provided when there is a range of service options to meet the diverse needs of consumers. The degree to which consumers have choices must go beyond the range of service choices and include opportunities for consumers to decide when and where services will be provided, and how and by whom tasks will be performed. (5)

Consumer-Directed Choice (CDC) Programs. In these programs, consumers can decide which services to use, which workers to hire, and what time of day they will come. They can decide whether to hire family members and whether to spend the available funds on things other than services (e.g., appliances or home modifications). In these programs, consumers are given a budget to work with. In some programs, consumers pay their workers themselves out of their budgeted resources; in others, consumers choose to have an *intermediary service organization* handle payments. (5)

Consumer Direction. Consumer direction is a philosophy and orientation to the delivery of home and community-based services whereby informed consumers make individual choices about the services they receive. They can assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services received. Consumers are also responsible for selecting, managing, and dismissing their workers or for appointing a surrogate to make these decisions for them. (5)

Continuing Care Retirement Community (CCRC). CCRCs are facilities that offer a continuum of care on site, from independent living, to assisted living, to rest home care and/or nursing home care. Individuals are offered an independent living life-style with the security of knowing supportive and health care services are available if needed. Because CCRCs promise future care to those who buy into their programs, they are regulated by the NC Department of Insurance as an insurance product, rather than by the Division of Facility Services, which oversees the other congregate care alternatives. (3)

Cost-sharing. The concept of soliciting a portion of the cost of a service provided from the service recipient. (3)

Council on Aging (COA). A private, nonprofit organization or public agency that serves as a county focal point on aging and that traditionally provides supportive services to older adults. COAs are located in some, but not all, counties. Sometimes they serve as advisory boards to the County Board of Commissioners. *Department on Aging* is the term typically used for public agencies. (3)

Cystic Fibrosis. A genetic disease that causes the body to produce abnormally thick, sticky mucus that clogs the lungs, causing infections, and blocks the pancreas, which keeps enzymes from reaching the intestines to digest food. (2)

D

Deaf, Deafness. Hearing loss so severe that communications and learning are primarily by visual methods. Members of the deaf community who communicate primarily using American Sign Language refer to themselves as Deaf (with a capital D). (2)

Deaf-Blind. Significant combined loss/impairment of both hearing and vision. People who are deaf-blind may have unique problems with communication, mobility, and other daily living skills that make achieving independence more difficult. (2)

Decubitus Ulcer. A sore caused by inadequate circulation to an area on the body. This condition can result from lying in one position for too long. Common names are bed sore or pressure sore. (7)

Deductible. The amount one must pay for health care before Medicare or a private health insurance carrier begins to pay. (6)

Deinstitutionalization. The movement of people with disabilities from institutions and larger group homes into the community. (2)

Dementia. Any of a number of conditions that produce cognitive impairment. Some dementing processes may be reversed and others arrested or prevented, while others still are progressive, degenerative conditions.

Developmental Disability. NC General Statute 122C-3(12a) defines a developmental disability as:

a severe, chronic disability of a person which is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22 unless the disability is caused by a traumatic head injury after the age of 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activities - self-care, receptive understanding and expressive language, learning, mobility (ability to move), self-direction (motivation), the

capacity for independent living, and economic self-sufficiency; reflects the person's need for a combination or sequence of special interdisciplinary services which are of a lifelong or extended duration and are individually planned and coordinated; or when applied to children from birth through four years of age, may be evidenced as a developmental delay. (2)

Diabetes. A condition caused by failure of the pancreas to secrete enough insulin. Some of the consequences of the disease that severely affect functioning may be loss of limbs owing to poor circulation and impaired sight or blindness. (7)

Discharge Planning. A centralized, coordinated program developed by a hospital or nursing home to insure that patients have a plan for continuing and follow-up care once they leave the facility. (7)

Down Syndrome. A genetic condition caused by a the presence of 47 instead of the usual 46 chromosomes in the individual's cells (three rather than two copies of chromosome number 21). This condition produces some degree of cognitive disability and other developmental delays. Adults with Down syndrome are at greater risk for cardiovascular diseases, thyroid dysfunction, and for earlier onset of dementia of the Alzheimer's type. (2)

Dual Diagnosis. Co-occurrence of a mental health disorder(s) and a developmental disability or other disability such as substance abuse. (2)

Durable Medical Equipment (DME). Equipment (often prescribed by a doctor) to serve a medical purpose. Examples of DME include wheelchairs, bedside commodes, and hospital beds. Insurance will sometimes pay for the rental or purchase of DME. (3)

E

Early Intervention. Services for children with or at risk of developmental disabilities, delays, or atypical development. Services may address communication, motor, cognitive, self-help, and social-emotional development. Early intervention may also include assisting families in fully accessing community resources such as child service coordination, assistive technology, and speech, physical, and occupational therapy. (2)

Emergency Assistance Crisis Intervention Program (EACIP). Immediate financial help for fuel, food, utilities, medications, clothing, and rent provided for individuals and families in crisis situations. These services are often handled through local public agencies, churches, private organizations, or the Salvation Army. (4)

Empowerment. The act of enabling individuals with disabilities to exercise control in their lives by becoming the primary decision makers about the services and supports they are to receive, where they will work/live/go to school, etc. (2)

End-Stage Renal Disease. Kidney failure that is severe enough to need lifetime dialysis or a kidney transplant. (6)

Epilepsy. A physical condition that occurs when there is abnormal electrical activity in the brain. This sudden, brief change can cause a person's consciousness, movement, or actions to be altered for a short period of time, in what is called an epileptic seizure. Epilepsy is also called a seizure disorder. (2)

Equal Opportunity Commission (EEOC). The EEOC was created by the Civil Rights Act of 1964. The purpose of the EEOC is to eliminate discrimination on the basis of race, color, religion, sex, national origin, disability, or age in hiring, promoting, firing, wages, testing, training, apprenticeship, and all other terms and conditions of employment. (1)

Exploitation. The illegal or improper use of an older or disabled adult or his or her resources.

F

Family Caregiver Support Program (FCSP). The Older Americans Act Amendments of 2000 established the National Family Caregiver Support Program to assist the aging network in developing a multifaceted system of supports for caregivers. The Division of Aging and Adult Services and the Area Agencies on Aging are administering the program in North Carolina. (3)

Family Care Home. An adult care home with two to six residents. The structure of a family care home may be no more than two stories high and none of the older or physically disabled persons served there may be housed in the upper story without provision for two direct

exterior ground-level accesses to the upper story. Family care homes are licensed by the NC Division of Facility Services. (3)

Family-Supported Services. Services, supports, and other assistance provided to families of individuals with disabilities. Such services are designed to strengthen the family's role as primary caregiver, prevent inappropriate out-of-home placement, maintain family unity, and reunite families with members who have been placed out of the home. (2)

Fetal Alcohol Syndrome. A combination of physical and mental disabilities that develops in babies before birth when the mother drinks substantial amounts of alcoholic beverages during pregnancy. (3)

Fiscal Intermediary (FI). See Intermediary Service Organization. (5)

FL-2. Prior approval form for long-term services that gives a summary of the patient's medical requirements and reflects the attending physician's recommendation for the level of care needed in an institutional setting. An approved FL-2 is required for any Medicaid recipient in a skilled nursing facility (SNF) or an intermediate care facility (ICF). An FL-2 must also be completed by the attending physician prior to admission to an adult care home and at least annually thereafter. (3)

Food Stamps. A federal program that provides a monthly allotment of funds for the purchase of food, issued via Electronic Benefit Transfer cards (ATM cards). The Food Stamp Program is an entitlement program, so all eligible individuals and households can receive assistance. Food Stamp benefits may be used to purchase most foods at participating stores. They may not be used to purchase tobacco, pet food, paper products, soap products, or alcoholic beverages. Administration costs are 50% federal and 50% county. The stamps are 100% federal funds. (3)

Foster Care Services for Adults. A service that involves recruiting, developing, and evaluating adult care homes to determine if they meet the needs of residents and to help them improve upon their services. All county DSSs that have an adult care home in their county provide this service. (3)

G

Gatekeeper. In a managed care plan, this is another name for the primary care doctor. This doctor provides basic medical services and coordinates proper medical care and referrals. (6)

Generic Services. Services, businesses, organizations, or agencies that serve the general population rather than a select group with a particular disability. The use of generic services by people with disabilities may encourage community inclusion better than reliance on specialized services. Examples of generic services include transportation, health care, and higher education. (2)

Geriatrician. A physician who specializes in the diagnosis and treatment of diseases of aging. (7)

Group Home for Developmentally Disabled

Adults. A home that is licensed to provide 24-hour residential supports for people who have disabilities in exchange for compensation from state or private funds. Group homes differ in the number of people served and in the level of support provided to the persons receiving services. State law dictates how services will be provided and methods of accountability for service provision. (2)

Group Respite. Group respite uses trained volunteers to offer temporary, part-time relief to family caregivers of older and disabled adults in a group setting outside the home. (3)

Guardianship. The legal authority and duty given by a court to a person (guardian) for the purpose of assuming responsibility for the care and maintenance of another person (ward) who has been determined incapable of handling his/her own affairs. The powers and authority conferred upon a guardian depend on what type of guardianship is granted by the court.

- A *Guardian of the Estate* is responsible for collecting, preserving, and administering the property and income of the ward.
- A *Guardian of the Person* is entitled to custody of the ward and is responsible for the ward's care, comfort, and maintenance. The guardian makes decisions such as where the ward will live and gives consent for medical or professional treatment. The Guardian of the Person is responsible for

the basic physical care of the ward and his/her immediate personal effects.

A *General Guardian* performs the duties of both the Guardian of the Estate and Guardian of the Person. (3)

H

Habilitation. Training, care, and specialized therapies that assist a person with a developmental disability achieve or maintain progress in a developmental skill area. (2)

Handicap. Physical and social barriers that put people with disabilities at a disadvantage and hinder their ability to participate fully in the community. A person with a disability is not "handicapped" but may be limited by attitudinal, physical, or other barriers that society fails to remove. (2)

Hard of Hearing. A hearing loss that interferes with, but does not totally preclude, auditory and vocal communication. Hearing aides and other amplification or assistive listening devices often significantly assist individuals with hearing loss. (3)

Health and Human Services, Department of (DHHS). The umbrella agency for all North Carolina's state human resource programs. See the descriptions of the DHHS divisions and other state agencies involved in long-term care in Appendix E. (4)

Hearing Impaired. Refers to all people with hearing loss, regardless of the severity of loss, age of onset, communication methods, use of assistive technology, or sociocultural factors. (2)

Hearing Impairment. Loss of auditory functioning, ranging from hardness of hearing to deafness. (2)

High-Risk Older Adults. Those who experience multiple functional impairments in activities of daily living (ADLs) that jeopardize their independence and control over the quality of their lives. Individuals at high risk often need multiple health and social service interventions to substitute for lost functions and to maintain and rehabilitate other areas of functioning. (4)

Home and Community Care Block Grant (HCCBG). Federal and state funds administered by the NC Division of Aging and Adult Services. The HCCBG is made up of funds

from the Older Americans Act (OAA), the Social Services Block Grant (SSBG), and the NC General Assembly. It is used to fund in-home and community-based services for older adults. (3)

Home-Delivered Meals. A nutrition program that uses volunteers to deliver at least one hot nutritious meal per day (usually 5 days per week) to homebound adults. The meal offers one-third of the Recommended Daily Dietary Allowance. (3)

Home Health Services. Home care prescribed by a physician and given in the home to a person in need of medical care. Services may include skilled nursing services, therapy services (physical therapy, occupational therapy, and speech therapy), medical social services, health promotion services, and home health aide services. This is a service covered under Medicaid. (3)

Homebound. Designation of a person who is normally unable to leave where they live without considerable and taxing effort or assistance. A person may leave home for medical treatment or short, infrequent absences for nonmedical reasons, such as a trip to the barber or to attend religious services. (6)

Hospice. A service provided for terminally ill patients and their families. A hospice agency provides medical, nursing, spiritual, and supportive services to meet the needs of patients and their families in the last six months of the patient's life. Hospice focuses on palliative care and symptom management rather than curative care. Hospice care is a service covered under Medicare Part A. (3)

I

In-Home Aide Services. Services previously known as Chore, Homemaker, Homemaker-Home Health Aide, Respite, and Personal Care have been incorporated into a single service under this title. These are paraprofessional services that assist children and adults, their families, or both, with essential home management tasks, personal care, supervision, or all of the above. Their purpose is to allow recipients to function effectively in their own homes and communities for as long as possible. There are four levels of care.

• **Level I - Home Management.** In-home aide services at this level are intended to provide

support to those needing assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying. Personal care tasks may not be performed at this level.

• **Level II – Personal Care.** In-home aide services at this level are intended to provide support to persons/families who predominantly require assistance with basic personal care (bathing, shaving, toileting, and personal hygiene) and associated home management tasks.

• **Level III – Level III In-home aide services** includes both home management and personal care services. **Home Management.** In-home aide services at this level are intended to provide intensive education and support to persons/families in carrying out home management tasks and improving family functioning skills. **Personal Care.** In-home aide services at this level are intended to provide substantial support for the activities of daily living (ADLs) to individuals/families who require assistance with health and personal care tasks. Provision of these tasks involves extensive “hands-on” care and potential assistance with a wide range of health-related concerns.

• **Level IV – Home Management.** Services at this level are intended to provide a wide range of educational and supportive services to persons/families who are in crisis or who require long-term assistance with complex home management tasks and family functioning skills. Provision of the service involves quick and creative response to individual/family crisis situations identified by the case manager. It also may focus on conducting appropriate learning sessions with small groups of persons from different families who have similar needs. (3)

In-Home Services. Currently, one of the three priority areas designated by the Older Americans Act to help meet the needs of older persons. This term refers to such services as in-home aide, respite, and telephone reassurance, which allow older adults to remain in their homes for as long as possible. (1)

In-Kind Resources. Human or other nonmonetary resources (e.g., volunteer labor, space, utilities, computers, mileage). (1)

Inclusion. Full participation by people with disabilities in settings and activities with people who do not have disabilities. This term includes the

provision of services and supports necessary to achieve this outcome. (2)

Independence. The extent to which persons with developmental disabilities exert control and choice over their own lives (defined by federal law). (2)

Independent Living. This is the ability to live in the home of one's choice in the community with some level of support that may or may not be reduced over time. It also refers to learning skills that enable one to participate in activities of choice in one's community, to manage one's affairs, to have relationships, and to maintain employment. (2)

Individualized Habilitation Plan (IHP). A plan that addresses the full range of needs of a person with a disability through establishment of short- and long-term objectives and the coordination of a variety of service options to achieve those objectives. Usually those who participate in the development of such a plan are the person whom the plan addresses and any professionals associated with the plan. This model of planning has been replaced by "person-centered planning." (2)

Informal Caregiver. A family member, neighbor, friend, or significant other who accepts responsibility for providing care and support to a functionally impaired adult. This caregiving is distinct from "formal" caregiving provided by public or private agencies. (3)

Information and Assistance (I&A). The provision of I&A is designed to assess and evaluate an individual's needs; inform and educate about programs and services available across the long-term care continuum; refer and/or directly connect the individual to appropriate resources; provide assistance to negotiate the service delivery system; work with long distance caregivers in identifying and locating needed services; and advocate on behalf of individuals or groups to obtain change in the delivery or availability of services. (3)

Institutional Respite. Temporary placement in a facility to give needed relief to primary caregivers of people who cannot be left alone safely because of mental or physical disabilities. (3)

Instrumental Activities of Daily Life (IADLs).

Basic tasks that are essential to living independently, such as cooking meals, housekeeping, laundry, paying bills, shopping, and using the telephone. (See also ADLs, which are self-care tasks.) (3)

Integration. As defined by federal law: (a) the use by persons with developmental disabilities of the same community resources that are used by and available to other citizens; (b) the participation by persons with developmental disabilities in the same community activities and integrated employment in which citizens without disabilities participate, together with regular contact with citizens without disabilities; (c) the use of the same community resources by persons with developmental disabilities living, learning, working, and enjoying life in regular contact with citizens without disabilities; (d) the development of friendships and relationships with citizens without disabilities; and (e) the residence by persons with developmental disabilities in homes which are in proximity to community resources, together with regular contact with citizens without disabilities in their communities. (2)

Intermediary Service Organization (ISO). Intermediary Service Organizations may provide assistance to consumers who choose to participate in consumer direction programs. An ISO may also be called a "fiscal intermediary" or "employer agent." ISOs may perform one or more of the following tasks to support consumers, provide training on managing workers, assist consumers with managing their workers, and assist with paperwork required when consumers use vouchers or cash to pay their workers (such as filling out time sheets, completing tax forms, paying Social Security taxes). (5)

Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR). Certified private group homes and public mental retardation centers that provide 24-hour personal care, habilitation, and developmental and support services to people with developmental disabilities who have intermittent, recurring needs for nursing skills but do not require continuous skilled nursing care. (2)

Intermediate-Level Care. A level of care in a nursing facility that provides 24-hour assistance, with a minimum of eight hours of coverage daily by

a licensed nurse, but without a requirement for 24-hour skilled nursing services. Medicaid pays for skilled and intermediate care. Medicare pays only for skilled care, and then only for a limited time, usually for rehabilitation after hospitalization. (3)

Interpreters. Professionals who are trained to facilitate communications between deaf and hard-of-hearing people and others not familiar with sign language or alternative communication methods. Interpreters are employed in a variety of situations, including one-on-one and group interactions. Because there are several types of interpreters, one must check with the person regarding the best choice(s) for a given situation.

American Sign Language (ASL) is a manual language with its own vocabulary, syntax, and grammar, distinct from spoken English and from sign language in other countries.

Manually Coded English (MCE) was formerly known as Pidgin Signed English (PSE) and Signed Exact English (SEE). These are different “hybrid” methods of using sign language communication that combine elements of ASL and spoken language.

Oral/Aural. Some people who are deaf or hard of hearing rely primarily or solely on speech-reading. Interpreters choose words, phrases, and enunciations that are more easily visible on the lips.

Tactile interpretation is for people who are visually impaired as well as deaf or hard of hearing. Typically these interpreters work one-on-one, because signing is done directly in or on the hands of the individual. (3)

J

Job Coach. A person who provides one-to-one supports to a person with a developmental disability to assist in securing and maintaining competitive employment. Responsibilities include training the individual to do the job; staying on the job with the employee to monitor and evaluate performance; and decreasing his/her presence to periodic checking, once the employee's work is satisfactory to the employer. (2)

L

Late Deafened. Individuals who have lost their hearing post-lingually (after spoken language development) and who often require the use of assistive listening devices and visually oriented communication strategies. Onset of this type of hearing loss can be gradual or sudden. (3)

Learning Disability. A lifelong disorder that affects a person's ability either to interpret what he/she sees and hears or to link information from different parts of the brain. These limitations can show up in many ways—as specific difficulties with spoken and written language, coordination, self-control, or attention. A person with a learning disability may have normal intelligence; however, there is a significant discrepancy in intelligence level and his/her ability to learn and perform certain tasks. Most people with learning disabilities alone are not eligible for developmental disabilities services, but they may be eligible for vocational rehabilitation services. (2)

Least Restrictive Environment. This term refers to the act of providing services to a person with a disability in a manner that results in the greatest amount of freedom to make choices and act autonomously, to participate in the community and interact with people who do not have disabilities, to experience meaningful relationships, and to be free of restrictions imposed by environments or the method of service provision. The concept encompasses the notion that providing enabling supports, including assistive technology, can reduce or eliminate the need to provide services in a more limiting environment. (2)

Legal Blindness. Corrected visual acuity of 20/200 or less in the better eye or visual field contraction of 20 degrees or less. (2)

Long-term Care (LTC). The comprehensive range of medical, personal, and social services developed and coordinated to meet the physical, social, and emotional needs of people of all ages with chronic illnesses or disabilities. These services are designed to meet needs over a period of time, and may be delivered in an institution, in the community, or in a person's residence. (1)

Long-term Care Insurance. A type of insurance designed to pay some or all of the costs of nursing home, community, or home health care. The Seniors' Health Insurance Information Program (SHIIP) provides useful information on this form of insurance, including a fact sheet. SHIIP and the Division of Aging and Adult Services have developed a Consumers Bill of Rights for Buyers of Long-Term Care Insurance. (3)

Long-term Care Ombudsman. A representative of a public agency or a nonprofit organization who investigates and resolves complaints made by or on behalf of older individuals who are residents of long-term care facilities. In North Carolina, the State Long-Term Care Ombudsman is located in the Division of Aging and Adult Services of the Department of Health and Human Services. There are regional ombudsmen across the state, located within the Area Agencies on Aging, which are parts of the regional Councils of Government. Ombudsmen are available to:

- ♦ serve as a resource for anyone who has questions about long-term care regulations
- ♦ be involved in the care planning process or family meetings
- ♦ provide training to staff, resident councils, or family councils
- ♦ provide information and referral
- ♦ provide state survey results on local facilities
- ♦ talk about any situation that may arise from being a resident, family member, or staff person of a facility. (3)

Low Income Emergency Assistance Program (LIEAP). This program provides funds to help families with low income cope with cost increases in heating as well as emergency assistance to families experiencing a heating-related crisis. LIEAP funding is 100% federal. (4)

M

Mainstreaming. Purposeful, planned efforts to integrate persons with disabilities into the "mainstream" of society. (2)

Medicaid. Title XIX of the federal Social Security Act. Medicaid is a federal- and state-funded health care program for qualified recipients. To be eligible, a person must meet income and asset limits and be a member of an eligible category (aged, blind, disabled,

children under 21, a member of a family with dependent children, or a pregnant woman). Some people are covered by both Medicare and Medicaid. In North Carolina, Medicaid is administered by the Division of Medical Assistance in the North Carolina Department of Health and Human Services. Applications for Medicaid are made through county Departments of Social Services. Medicaid covers services such as inpatient and outpatient hospital care, physician and professional services, clinic services, prescription drugs (limited to six prescriptions a month), laboratory and X-ray services, mental health care (limited to 24 visits a year), transportation for medical services, nursing home care, hospice care, durable medical equipment, and some home and community-based services. (3)

Medically Necessary. Services or supplies that are proper and needed for the diagnosis or treatment of a medical condition; are provided for the diagnosis, direct care, and treatment of a medical condition; meet the standards of good medical practice in the local area; and are not mainly for the convenience of the patient or doctor. (6)

Medicare. A federal health insurance program for people age 65 and over who are eligible for Social Security or Railroad Retirement Benefits, and for some people who are disabled, regardless of age. There are two parts.

Medicare Part A. This hospital insurance is automatic for those eligible for Medicare. Part A covers some hospital and long-term care services and is financed through Medicare payroll tax deductions. Almost everyone over the age of 65 and certain younger disabled people are eligible for Part A without the payment of any additional premiums.

Medicare Part B is a voluntary program that requires a monthly premium. It pays for the costs of professional medical services, outpatient care, and some medical equipment. Anyone who is eligible for Medicare Part A is eligible for Part B, but some choose not to purchase it. (3)

Medicare + Choice. A part of Medicare (Part C) created in the Balanced Budget Act of 1997, this program creates health care options beyond the original fee-for-service Medicare plan. Medicare + Choice plans are provided by private companies that are under contract to and approved by Medicare. They

may provide benefits like coordination of care or reducing out-of-pocket expenses. Some plans may offer additional benefits, such as prescription drugs. There are two types of Medicare + Choice plans (Medicare Managed Care Plans and Medicare Private Fee-for-Service Plans). They are available in many parts of the country. In addition, some Medicare beneficiaries are in a test program for use of Medical Savings Accounts. (6)

Medigap Policies. A Medicare supplement insurance policy sold by private insurance companies to fill “gaps” in original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are 10 standardized plans labeled Plan A through Plan J. Medigap policies only work with the original Medicare Plan. (2)

Mental Retardation. Mental retardation is characterized by significant limitations in both intellectual functioning and conceptual, social, and practical adaptive skills. This disability originates before age 18. (2)

Muscular Dystrophy (MD). A group of over 40 neuromuscular disorders characterized by progressive weakness and degeneration of the muscles that control movement. The muscles of the heart and some other involuntary muscles are also affected in some forms of muscular dystrophy, and a few forms involve other organs as well. While all muscular dystrophy disorders are genetic, they are not always inherited. Onset of muscular dystrophy can be from birth to middle age, depending on the type of neuromuscular disease. (2)

Multiple Sclerosis (MS). A disorder of the central nervous system (brain and spinal cord) involving decreased nerve functioning because of scars that form on the covering of nerve cells. Onset usually occurs from age 20 to 40, resulting in difficulties in walking, talking, sensing, seeing, and grasping. (2)

N

Neglect. Failure by a caretaker to provide the care recipient with the goods or services needed to avoid harm or illness. Under North Carolina law, suspected self-neglect is also included in the conditions that may trigger an adult protective services evaluation. (6)

North Carolina Council on Developmental Disabilities. The North Carolina Council on Developmental Disabilities (DD Council) is part of a national network of organizations that assist people with developmental disabilities. Like all DD Councils and their partners, this one is funded through the US Administration on Developmental Disabilities (ADD). The council’s 34 members, appointed by the governor, decide how the funding will be used, based on a five-year state plan. The DD Council’s role in NC’s ADD network is to promote a community service delivery system that is personalized to meet the unique needs of each individual with a developmental disability. The council does this by funding community partners to conduct activities, across the state, that advance innovative, cost-effective ways of providing services. It also shares information about the best of what is happening across the nation and advocates for changes to make NC communities more welcoming to and supportive of people with disabilities.

Nursing Home Community Advisory Committee. Members of the community are appointed by the local board of county commissioners to work to maintain the spirit of the Residents’ Bill of Rights as well as promote community education and awareness of the operation of nursing homes in the county and the needs of the persons residing in these homes. The Ombudsman Program supports the work of these advisory committees. (3)

Nursing Homes. (See also skilled and intermediate-care facilities.) Nursing homes are facilities that provide nursing or convalescent care for three or more people unrelated to the licensee. Nursing homes provide long-term care for chronic conditions or short-term convalescent or rehabilitative care for conditions for which medical and nursing care are indicated. Nursing homes must be licensed according to law by the NC Division of Facility Services’s licensure section. Home that wish to receive reimbursement through Medicare or Medicaid must be licensed under federal standards. Patients living in nursing homes have a Bill of Rights that homes must honor. (7)

O

Occupational Therapist (OT). Occupational therapists assist in rehabilitation through the design and implementation of individualized programs to improve or restore functions impaired by illness or injury. (3)

Occupational Therapy. Therapeutic use of self-care, work, and recreational activities to increase independence, enhance development, and prevent disability. Occupational therapy may include adaptation of tasks or environments to achieve maximum independence and optimum quality of life. (2)

Older Americans Act (OAA). Federal legislation established in 1965 providing broad policy objectives designed to meet the needs of older persons. The key philosophy of the legislation has been to help maintain and support older persons in their homes and communities and to avoid unnecessary or premature institutionalization. (3)

Ombudsman. See Long-term Care Ombudsman.

Out-of-Pocket Costs. Health care costs that a patient must pay on his or her own because Medicare or another insurance carrier does not cover them. (6)

Outpatient Care. Medical or surgical care that does not include an overnight hospital stay. (5)

Outpatient Hospital Services (Medicare). Medicare or surgical care that Medicare Part B helps pay for and does not include an overnight hospital stay, including blood transfusions; certain drugs; hospital-billed laboratory tests; mental health care; medical supplies such as splints and casts; emergency room or outpatient clinic, including same day surgery; and X-rays and other radiation services. (6)

Outreach. Activities of organizations to increase public awareness, provide information on available services, and attract consumers. (3)

P

Personal Assistance. One or more persons assisting another person with tasks the person would typically do if he/she did not have a disability. This includes assistance with bathing, dressing, getting in and out of bed or a wheelchair, toileting, eating, cooking, cleaning house, on-the-job personal sup-

port, handling money, and planning one's day. (2)

Personal Care. See In-home aide services. (3)

Personal Care Services (PCS). Paraprofessional care (comparable to in-home aide services Level II and III Personal Care) covered by Medicaid for eligible persons. (3)

Personal Needs Fund. A sum of money that residents of long-term care facilities who are eligible for Medicaid are allowed to retain from their income to purchase personal items and services. (7)

Personal Emergency Alarm Response. A service that uses telephone lines to alert a central monitoring facility (often a hospital emergency room) of an emergency in the household. This service is predominately used by older adults who live alone and are at risk of medical emergencies (e.g., Lifeline). (3)

Person-Centered Planning. Approach to planning services and supports for an individual with disabilities that supports the person in identifying choices, making decisions based on those choices, and then honoring those decisions. The plan should focus on whole-life planning, reflect what the person wants his/her life to be, and outline how the person with the developmental disability will achieve and maintain the desired outcomes. (2)

Physical Therapy (PT). The treatment or management of physical disability, malfunction, or pain by a number of noninvasive methods such as exercise, massage, and hydrotherapy. For persons with developmental disabilities, PT may assist in enhancing body function and prevent secondary disability. (2)

Positive Behavioral Support. An approach to understanding why challenging behavior occurs, including what function or purpose the behavior has for the individual. Unlike earlier behavior management techniques that emphasize the use of consequences to affect behavior, positive behavior support considers such things as pain or medical conditions, environmental conditions, actions of others, lack of choice and autonomy, and lack of skills as potential sources of challenging behavior. (2)

Poverty Level. A federal income guideline established to define economic disadvantage. In North Carolina, this income level also is used to establish eligibility for Medicaid. (3)

Prader-Willi Syndrome. Complex genetic disorder that typically causes low muscle tone, short stature, incomplete sexual development, cognitive disabilities, behavioral problems, and a chronic feeling of hunger that can lead to excessive eating and life-threatening obesity. (2)

Premium. A periodic payment to Medicare, an insurance company, or a health care plan for health care coverage. (6)

Primary Adjustment Services. These services are provided to enable eligible people who are blind or visually impaired to attain and/or maintain the highest level of functioning possible, promote their well-being, and prevent or reduce dependency. This is achieved through a focused regimen of counseling and casework assistance to individuals and their families. (3)

Primary Care. A basic level of care usually provided by physicians who work with general and family medicine, internal medicine (internists), pregnant women (obstetricians), and children (pediatricians). Nurse practitioners (NPs), state-licensed registered nurses with special training, can also provide this basic level of health care. (6)

Productivity. As defined by federal law, (a) engagement in income-producing work by a person with a developmental disability that is measured through improvements in income level, employment status, or job advancement, or (b) engagement by a person with a developmental disability in work that contributes to a household or community. (2)

Protective Services for Adults. Disabled adults are vulnerable to abuse, neglect, and exploitation. County departments of social services receive and evaluate reports to determine whether disabled adults are being abused, neglected, or exploited; are in need of protective services; and what services are needed (as required by Article 6, Chapter 108A of the North Carolina General Statutes). Disabled adults or disabled emancipated minors present in North Carolina who are reported to be abused, neglected, or exploited and in need of protective services are eligible to receive this services without regard to income. (3)

Provider-Sponsored Organization (PSO). A group of doctors, hospitals, and other health care providers may agree to give health care to

Medicare beneficiaries for a set amount of money from Medicare every month. This type of managed care plan is run by the doctors and providers themselves and not by an insurance company. (6)

Q

Qualified Medicare Beneficiary/Medicare-AID (QMB). QMB is a Medicaid program for beneficiaries who need help in paying for Medicare services. The beneficiary must have Medicare Part A and limited income and resources. For those who qualify, the Medicaid program pays Medicare Part A premiums, Part B premiums, and Medicare deductibles and coinsurance amounts for Medicare services. (6)

R

Referral. A primary care physician may send or refer patients to a specialist or to obtain certain health care services. In many Medicare managed care plans, beneficiaries must obtain a referral before they can get care from anyone except their primary care physician and have it reimbursed by the care plan. (6)

Relay NC. Relay NC is a dual-party relay system that provides 24-hour access to public telecommunications services for people who are deaf, hard of hearing, deaf-blind, and/or speech impaired. Trained specialists receive calls and then relay messages through teletypewriters or orally, according to the needs of the person sending or receiving the call. Relay NC's customer service office can be reached at 1-800-735-0341 (voice) or 1-800-735-0533 (TTY). (2)

Residents' Bill of Rights. The rights of residents of nursing homes and adult care homes are protected by state law. Nursing homes and adult care homes are required to make these policies available to any resident who requests them. The Bill of Rights includes the right to

- ◆ be treated with respect and dignity
- ◆ associate and communicate privately and without restriction
- ◆ be informed about billing and charges
- ◆ be informed about medical conditions and treatments

- ♦ participate in care planning
- ♦ choose a physician
- ♦ manage personal finances
- ♦ privacy, dignity, and respect
- ♦ personal possessions
- ♦ be free from abuse and restraints
- ♦ voice grievance without retaliation
- ♦ be discharged or transferred only for medical reasons
- ♦ access.

The full list of residents' rights can be viewed at www.dhhs.state.nc.us/aging/rights.htm.

Respite. This is needed relief to primary caregivers of individuals who cannot be left alone because of mental or physical disabilities. Respite services can be provided in the home, in a group setting, or in an institution. (3)

Restraint. Any physical or chemical means of stopping a patient from being free to move. Restraints are used to prevent self-injury and are not used for treating medical symptoms. (6)

Retirement Community. A housing complex designed for older adults. Many of the retirement communities allow monthly rental, while others require purchase of the unit. Persons living in retirement communities are generally able to care for themselves; however, assistance from home care agencies is allowed by some communities. Activities and opportunities to socialize are provided. (3)

Reverse Mortgages. A type of loan that enables people age 62 and over to convert the equity in their homes into cash or monthly income for any purpose. Repayment is not required until the last surviving borrower dies, sells, or moves. The heirs may repay the loan balance (payments made to the borrower plus accrued interest) by selling the home or by paying off the loan so that they may keep the home. North Carolina legislation requires that potential borrowers of all reverse mortgages in the state must receive counseling by a third party who is certified in reverse mortgage counseling.

S

Secondary Conditions. The direct or indirect consequences of a primary disability. (2)

Section 8 Vouchers. A rental assistance program of the US Department of Housing and Urban Development. These vouchers enable people with low incomes to rent a dwelling of their choice in the community, as long as it meets HUD standards.

Seizure. Sudden, uncontrollable spasm of muscles caused by excessive electrical activity in the brain. (2)

Self-Determination. Freedom to live the life of one's choosing, including authority over how public funds allocated for services and supports are spent. Because self-determination is based on the principles of freedom, authority, support, and responsibility, it also means things like setting and pursuing goals, living in a place of one's choosing, holding a job, and taking responsibility for making a contribution to the community. (2)

Senior Care Program. This program is designed specifically to provide assistance to North Carolina seniors diagnosed with one of three diseases—cardiovascular disease, chronic obstructive pulmonary disease, and diabetes—who meet the income guidelines and who are coping with the rising costs of prescription medicine. At the Senior Care website (www.ncseniorcare.com), information is provided concerning benefits and eligibility. (3)

Senior Companion Program. Provides a stipend to older adults with low income to volunteer to provide in-home services to other older adults. Senior companion programs are available in a limited number of counties. (3)

Senior Health Insurance Information Program (SHIIP). SHIIP is sponsored by the North Carolina Insurance Commissioner's Office. Volunteers assist older adults with information about all types of insurance issues, including long-term care insurance. (3)

Service Coordination. Assistance provided to persons in gaining access to needed social, medical, vocational, and educational services and supports. *Also called* case management. (2)

Shared Group Residences. None of the residents in the household own the dwelling, but they pay rent for private space (e.g., a room and bath) and shared common areas. Usually sponsored by nonprofit organizations, these residences sometimes offer support services such as transportation.

Skilled Nursing Facility (SNF). A nursing home that provides 24-hour-a-day nursing services for people who have serious health care needs but do not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are federally certified, which means they may participate in Medicaid or Medicare programs. (3)

Social Security Disability Insurance (SSDI). Funds available to individuals who have worked and paid into the Social Security system and whose disabilities prevent them from working, according to Social Security guidelines. This differs from Supplemental Security Income (SSI) generally in that SSI recipients have not worked previously. (2)

Social Services Block Grant (SSBG). Federal funds (Title XX of the Social Security Act, with state and county match) provide a variety of services for children and adults. Examples are adult protective services, placement, guardianship, in-home aide services, and transportation. (3)

Special Assistance for Adults (SA). Special Assistance is a program that provides an income supplement to assist older and disabled adults pay for their cost of care (room and board) in an adult care home, including family care homes, group homes for the developmentally disabled, group homes for the mentally ill, facilities that are a combination of these types, and some participating hospice residential facilities. The two major recipient categories are Special Assistance for the Aged (SAA), for recipients 65 and older, and Special Assistance for the Disabled (SAD), for recipients between the ages of 18 and 64 and who are determined to be disabled based on Social Security guidelines. Recipients in both categories must reside in a licensed adult care home facility and meet all other eligibility criteria. Special Assistance for Certain Disabled (SCD) is also available in some counties. These recipients are between ages 18 and 64, live in their own homes, are unemployable because of a disability, yet have not been able to meet the Social Security disability requirements. (3) More recently, the state legislature has authorized funds for the Special Assistance In-home program (SAIH), which provides case management and direct payment to clients of funds that may be used to assist them in

remaining in their homes. In 2003–2004, 61 counties participated in this program.

Special Assistance for the Blind. Special Assistance for the Blind (SAB) is available in all 100 counties to persons who are legally blind and whose financial resources are not sufficient to meet their daily living demands. SAB is a joint program of state and county agencies, with 50% of the funding coming from the state and 50% from the county. Cash payments may be made to eligible blind individuals residing in adult care homes or private living arrangements.

An application for SAB can be obtained by contacting the Social Worker for the Blind in any county DSS or by contacting the SAB Eligibility Specialist in the State Office of the Division of Services for the Blind. The application should then be completed and an eye report should be attached. If the applicant is a resident of an adult care home or a specialized community residential center, or is planning to enter one of these facilities, an FL-2 form completed by a physician must be provided. The application is processed by the SAB Eligibility Specialist in the State Office and the applicant is notified by mail of the eligibility decision. (3)

Specialist. Physicians who treat only certain parts of the body (e.g., cardiologist), certain health problems (e.g., allergist), or certain age groups (e.g., geriatrician) are known as specialists. (6)

Specified Low-Income Medicare Beneficiaries (SLMB). This program pays Medicare Part B premiums for persons entitled to Medicare Part A and whose incomes are slightly higher (up to 20% higher) than the federal poverty level. These beneficiaries are still responsible for their own Medicare deductibles, coinsurance, and other related charges. (6)

Speech Impairment. Any of several speech problems that include articulation impairment (omissions, substitutions, or distortions of sound), voice impairment (inappropriate pitch, loudness, or voice quality), and fluency impairment (abnormal rate of speaking, speech interruptions and repletion of sounds, words, phrases, or sentences). (2)

Speech-to-Speech (STS) Service. STS enables a person with a speech impairment to use his/her own voice or voice synthesizer to call

another person through Relay NC. STS provides trained operators who function as live voices for users who have trouble being understood on the telephone. The operator will repeat the words of the person with the speech impairment to whomever that person is calling. The service also works in reverse so that anyone may initiate a call to a person with a speech impairment using STS. STS users may also make Relay NC calls to TTY users through STS. (2)

Spina Bifida. A condition caused by the incomplete closure of the spine during fetal development. Characteristics include muscle weakness or paralysis below the area of the spine where the incomplete closure occurs, loss of bowel and bladder control, and/or accumulation of fluid in the brain (which is controlled by a surgical procedure called shunting). (2)

Subsidized Housing. Housing programs for people with low income. In many programs, residents pay 30 percent of their adjusted income for rent. Others charge the same rent for all units of the same size, but rents are lower than in comparable private housing.

Supplemental Security Income (SSI). A federal program that pays monthly checks to people who meet a financial needs test and who are older, blind, or have a disability. SSI is administered nationally and locally by the Social Security Administration. (2, 3) The purpose of the program is to provide sufficient resources to eligible persons to have basic monthly income. (7)

Support Groups. These groups are formed to provide information and social support to sufferers of such chronic or acute conditions as cancer, diabetes, or Parkinson's disease. They may also be formed to assist caregivers, family members, and friends of people with these conditions. Participants are brought together by a common concern, situation, or experience. A professional often facilitates group discussions and sharing of experiences and feelings. Educational programs are also common among support groups. (3)

Support Services Provider. Among services provided to the blind, these are people who assist with a range of tasks such as being a visual guide, a driver (transportation), and tactile or up-close interpreter. (3)

More generally, this might be an organization that provides services to anyone with a

disability that replace or supplement the missing ability.

Supported Employment. Long-term training and ongoing support to help people with developmental disabilities stay employed. (2)

Supported Living. Services and supports designed to assist individuals with developmental disabilities in activities of daily living, allowing them to live in their own home, family home, or rental unit. (2)

T

TDD (Telecommunications Device for Persons who are Deaf or Hard of Hearing). See TTY.

Therapeutic Recreation. Therapy that uses recreational activities to improve functioning and enhance the health and well-being of people whose functional abilities are limited due to illness, disability, or other conditions. (2)

Title III of the Older Americans Act. Funds made available under this title support a wide array of community-based and in-home services that enable adults age 60 and older to remain in their homes and avoid premature institutionalization. The Act is targeted to older persons with greatest economic or social needs, and it gives particular attention to minority populations with low income. Funding under Title III supports in-home meals to older adults at medical risk, in-home aide or health care services, congregate nutrition programs, housing and home improvement services, adult day care, information and case assistance, senior companion programs, health screening, care management, senior center operations, mental health counseling, institutional respite care, transportation, and volunteer program development. (4)

Title XIX Medical Transportation. Funding under this title provides transportation for medical services to authorized Medicaid recipients. Some 33.48% of the funds come from the county and 66.52% from the federal government. (4)

Tourette Syndrome. Neurological disorder characterized by tics—involuntary, rapid, sudden movements or vocalizations. (2)

Transportation Development Plan (TDP). A required 5-year county plan for a coordinated system of transportation, submitted to

the North Carolina Department of Transportation in order to receive federal funds. (4)

Traumatic Brain Injury (TBI). An injury from externally inflicted trauma to the brain. Primary causes include accidents involving motor vehicles, falls, acts of violence, and sports injuries. TBI can range from mild (concussions) to severe, with outcomes ranging from a few minor symptoms to lifelong impairment. (2)

TTY. A device similar to a computer keyboard, either with a cradle to rest a telephone handset on or connected directly to a telephone. A TTY allows the user to communicate by typing messages on the keyboard and receiving messages on the screen above the keyboard. This teletext device typewriter, also called a TDD, is usually referred to as a TTY by members of the deaf and hard of hearing community. (3)

Tuberous Sclerosis. Genetic condition that produces abnormal growths in the body from birth throughout life. Symptoms may include seizure disorder, intellectual impairment, behavioral problems, white skin patches, and facial rash. (2)

U

Universal Design. An approach to accessibility that concentrates on making all aspects of an environment accessible to all people, regardless of their level of ability. Examples of universal design include lever handles rather than round door knobs for doors, lower light switches, water controls located toward the outside of the tub, adjustable closet rods and shelves, dual-height water fountains, and household items (e.g., microwave ovens, televisions, radios) with touch-sensitive controls. (2)

V

Video Relay Service (VRS). A videoconferencing application for computers with a video system. The American Sign Language user can dial Relay NC and have a certified interpreter appear on his/her own computer. The ASL user communicates to the interpreter through the video while the interpreter telephones the hearing party and relays the call. (2)

Vocational Rehabilitation. People are eligible for vocational rehabilitation services if they have an emotional impairment or a physical, mental, or learning disability that interferes with their ability to find or maintain employment. The services of the Division of Vocational Rehabilitation (DVR) include diagnostic procedures, surgery and treatment, prosthetic devices, hospital convalescence, training materials, maintenance, occupational expenses, interpreter services, and transportation. The Independent Living program under DVR also provides personal assistant services.

Vocational rehabilitation services are provided to persons who are severely visually impaired or blind by the Division of Services for the Blind. All services provided by this program are aimed toward employment. However, there are Independent Living Rehabilitation Counselors who serve people who do not plan to go to work but need to improve their independent living skills. (3)

