

Glossary for Senior-Related Housing and Healthcare Terms in Massachusetts

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Purpose

This glossary is an outgrowth of the Aging in Community Collaborative that was convened by LeadingAge MA, JCHE and Enterprise in the spring of 2015 to bring together stakeholders in the housing and healthcare fields to create a framework for joint advocacy on an affordable senior housing agenda in the Commonwealth. This glossary is intended to provide a primer on housing and healthcare terms, so that professionals in both fields can work collaboratively to ensure that there is sufficient and high-quality housing and services for older adults. To make additions or corrections or to receive this in a Word version to adapt for a different state, please contact Elana Kieffer at ekieffer@tcbinc.org.

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Note: Acronyms marked with an asterisk (*) are those specific to the state of Massachusetts.

Disclaimer: Please note that the authors of this glossary cannot guarantee the accuracy, relevance, timeliness, or completeness of these definitions. In addition, the inclusion of specific organizations and agencies are not intended to endorse any views expressed, or products or services offered herein.

HOUSING ACRONYMS

202- Section 202 housing, HUD supported affordable elderly housing.

4%- 4% Low Income Housing Tax Credits

9%- 9% Low Income Housing Tax Credits

AAF- Annual adjustment factor (published by HUD in the Federal Register and used to compute annual rent adjustments)

ACC- Annual contributions contract between HUD and the local PHA

ADA- Americans with Disabilities Act of 1990

AMI- Area Median Income

BMIR- Below-Market Interest Rate

BR- Bedroom

CBH- Community Based Housing

CDBG- Community Development Block Grant (Program)

CEDAC*- Community Economic Development Assistance Corporation

CPD- (HUD Office of) Community Planning and Development

CPI- Consumer price index (published monthly by the Department of Labor as an inflation indicator)

CR- Contract rent

DHCD*- Department of Housing and Community Development

ELI-Extremely Low Income

EOHP- Equal Opportunity Housing Plan

FDIC- Federal Deposit Insurance Corporation

FHA- Federal Housing Administration

FMR- Fair market rent

FR- Federal Register

GAO- Government Accounting Office

GFC- Gross family contribution (has been replaced by the term total tenant payment [TTP])

HAP- Housing Assistance Payment

HCV- Housing choice voucher

HMO- Housing management officer (in a HUD field office)

HoDAG- Housing Development Action Grant

HOPE VI- Revitalization of Severely Distressed Public Housing Program

HOPEWA- Housing Opportunities for Persons with AIDS (Program)

HUD- Department of Housing and Urban Development

IG- (HUD Office of) Inspector General

IIP- Initial implementation Period (for rules requiring documentation of citizenship and/or eligible alien status)

IPS- Initial payment standard (applies to the Housing Choice Voucher Program)

IRA- Individual Retirement Account

IRS- Internal Revenue Service

LI- Low Income

LIHTC- Low Income Housing Tax Credit

LIS- Low income Subsidy

MHFA*- Former name for MassHousing

MHIC*- Massachusetts Housing Investment Corporation

MHP*- Massachusetts Housing Partnership

MSA- Metropolitan statistical area (established by the U.S. Census Bureau)

MRVP- Massachusetts Rental Voucher Program

NOFA- Notice of funding availability

OMB- Office of Management and Budget

PBA- Project Based Assistance – See Rental Assistance

PHA- Public housing agency/authority

PHDEP- Public Housing Drug Elimination Program

PIH- (HUD Office of) Public and Indian Housing

PRAC- Project Rental Assistance Contract

PS- Payment standard

QAP- Qualified Allocation Plan

RAP- Rental Assistance Payment

RFP- Request for proposals

RIGI- Regional inspector general for investigation (handles fraud and program abuse matters for HUD at the regional office level)

RRP- Rental Rehabilitation Program

RSC- Resident Service Coordinator (Service Coordinator Program)

Section 8- A mobile housing choice voucher

SRO- Single room occupancy

SSA- Social Security Administration

SSI- Supplemental security income

SSI-G- The assisted living room and board benefit (tied to Group Adult Foster Care)

TBA- Tenant Based Assistance- See Rental Assistance

TIC- Tenant Income Certification

UA- Utility allowance

HEALTHCARE ACRONYMS

ADL- Activities of Daily Living

ADRC*- Aging & Disability Resource Consortium

AIDS- Acquired Immune Deficiency Syndrome

ACO- Accountable Care Organization

ALCP-Assisted Living Conversion Program

ALR – Assisted Living Residence

ASAP*- Aging Service Access Point

ASC- Ambulatory Surgery Center

BH- Behavioral Health

CCW- Chronic Condition Warehouse

CCRC- Continuing Care Retirement Community

CMS- Centers for Medicare and Medicaid Services

DIB- Disability Insurance Benefits

DME- Durable Medical Equipment

DPH- Department of Public Health

ECOP*-Enhanced Community Options Program

ED- Emergency Department

EOEA*- Executive Office of Elder Affairs

EOHHS* - Executive Office of Health and Human Services

ER- Emergency Room

ESRD- End Stage Renal Disease

FIL- Functional Impairment Level

FPL- Federal Poverty Level

FFS- Fee-For-Service

GAFC*- Group Adult Foster Care

HCBS- Home and Community-Based Services

HH- Home Health

HHS- US Department of Health and Human Services
HIPAA- Health Insurance Portability and Accountability Act
HIV- Human Immunodeficiency Virus
HMO- Health Maintenance Organization
IADL- Instrumental Activity of Daily Living
ILC- Independent Living Center
ID/DD- Intellectual and Development Disabilities
IMG- Imaging Services
LTSS- Long Term Services and Supports
MDS – Minimum Data Set
MDS-HC – Minimum Data Set for Home Care
MCO – Managed Care Organization
MFP – Money Follows the Person
MME- Medicare and Medicaid Enrollee
MR/DD- Mental Retardation and Other Developmental Disabilities
MRC*- MA Rehabilitation Commission
MSP- Medicare Savings Program
NF- Nursing Facility
PACE – Program of All Inclusive Care for the Elderly
PCA- Personal Care Attendant
PHYS- Physician Office Services
PMPM- Per Member Per Month
QDWI- Qualified Disabled Working Individual
QMB- Qualified Medicare Beneficiary
SASH – Support and Services at Home
SCO*- Senior Care Option (see page X)
SHINE- Serving the Health Information Needs of Elders
SNF- Skilled Nursing Facility

SSA- Social Security Administration

SSI- Supplemental Security Income

SSI-G* - Supplemental Security Income Assisted Living Benefit

SSN- Social Security Number

TME- Total Medical Expenditures

VA- Veterans Affairs

VASH- Veteran Affairs Supportive Housing

HOUSING TERMS

HOUSING DEVELOPMENT FINANCE SOURCES

202: Section 202 was a federally funded program which provided capital advances to finance the construction, rehabilitation or acquisition of structures that served as supportive housing for very-low-income elderly persons, and provided rent subsidies for the projects to help make them affordable. In 2012, the federal government abolished the capital portion of the program.

4% credits: The term “4% credit” refers to the 30% tax credit, which has a present value equal to 30% of the project’s qualified development costs, or approximately 4% per year over a 10-year period. The “4% credit” is available in two situations:

- 1) Development costs of new building or substantial rehabilitation developed with a federal subsidy, including tax- exempt financing;
- 2) Acquisition cost of an existing building, which must also be substantially rehabilitated (the greater of \$6,000 per low income unit or 20 % of the depreciable basis of the building) in order to qualify for the credit for the acquisition cost.

“4%” projects are attached to tax exempt bonds (private activity bonds) that are allocated by the state’s Administration and Finance department to MassHousing and MassDevelopment.

9% credits: The term “9% credit” refers to the 70% tax credit, which has a present value equal to 70% of the project’s qualified development costs, or approximately 9% per year over a 10-year period. The “9% credit” is available for the development costs of a new building or substantial rehabilitation of an existing building without a federal subsidy. The Department of Housing and Community Development (DHCD) allocates the “9%” credits to project sponsors according to its Qualified Allocation Plan (QAP); the annual volume of 9% credits available to states is controlled by a federal per capita formula.

Community Development Block Grant (CDBG): A flexible HUD program that provides communities with resources to address a wide range of unique community development needs. It provides annual grants on a formula basis to 1,209 local governments and States.

Community Based Housing (CBH): Provides funding for the development of integrated housing for people with disabilities, including elders, with priority for individuals who are in institutions or nursing facilities or at risk of institutionalization.

Historic tax credit: Available for the rehabilitation of buildings that meet criteria established by the Secretary of the Interior or, for the Massachusetts historic tax credit, set by the Mass Historical Commission

Low-Income Housing Tax Credit (LIHTC): A tax incentive intended to increase the availability of housing affordable to households earning 60% or less of area median income (AMI). The program provides an income tax credit to owners of newly constructed or substantially rehabilitated low-income rental housing projects.

Massachusetts Rental Voucher Program (MRVP)*: The MA version of the Section 8 program (see Rental Assistance/Section 8).

Project Rental Assistance Contract (PRAC): The amount that HUD agrees to pay a property to cover the difference between the operating cost of the project and the amount the residents pay--usually 30 percent of adjusted income.

Qualified Allocation Plan (QAP): The mechanism by which a state housing finance agency promulgates the criteria by which it will select to whom it will award tax credits. The QAP also lists all deadlines, application fees, restrictions, standards and requirements.

Qualified basis: The portion of eligible basis representing the qualified low-income portion of the building in either unit or square footage terms, whichever is lower.

Rental Assistance Demonstration Program (RAD): The Rental Assistance Demonstration was created by HUD in order to give PHAs a tool to preserve and improve public housing properties and address the \$26 billion dollar nationwide backlog of deferred maintenance.

Rental Assistance/Section 8: An operating cost subsidy to make up the difference between the allowable FMR rents and the tenant's contribution to monthly rent, which generally is restricted to between 30% and 40% of household income. The primary federal program is known, generally, as "Section 8". It has spawned various permutations (Housing Choice Vouchers, Tenant Protection Vouchers, Enhanced Vouchers). The state program is the Massachusetts Rental Voucher Program (MRVP). Both the Section 8 and MRVP programs are divided into the following:

- PBA – "Project Based Assistance" is offered by both the federal and state programs. PBA assistance is attached to the development through a contract with the owner and one of a variety of administering agencies (HUD, MassHousing, public housing authorities or DHCD through its regional housing agencies).
- TBA – "Tenant Based Assistance", also referred to as "mobile" vouchers, refers to rental assistance that is allocated directly to households to be used in housing of their choice (the assistance moves with the household). Both the federal and state programs offer TBA programs. Generally, TBA programs require that the selected housing unit meet defined housing standards and fall within the allowable FMR; some versions permit the tenant household to rent units at more than the FMR and require the tenant to pick up the difference

Service coordinator program: HUD provides some funding for the employment of Service Coordinators in insured and assisted apartment housing that is designed for the elderly and persons with disabilities. A service coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those nonelderly residents with disabilities are linked to the specific supportive services they need to continue living independently in that housing development.

Supplemental Security Income Assisted Living Benefit (SSI-G): This federal income supplement program is designed to help disabled people with little or no income obtain a minimum standard of living. SSI-G beneficiaries use the benefit to “buy” room and board in assisted living. Individuals must live in a state certified assisted living community, be clinically eligible for and participate in Group Adult Foster Care (GAFC), have qualified countable monthly income and have assets less than \$2,000 or \$3,000 for a couple.

HOUSING FINANCE AND ELIGIBILITY TERMS

Annual household income: Gross income of all persons who intend to permanently live in a unit. The annual income is defined as income as of date of occupancy /recertification for the next 12 months.

Annual income: Total gross income anticipated to be received by a resident from all sources including assets for the next 12 months.

Area median income (AMI): A determination made by HUD for Metropolitan Statistical Areas which are defined by the Office of Management and Budget. Median is the amount that divides the distribution into two equal groups; one group having income above the median and one group having income below the median. AMI is generally expressed in relation to a household of 4 and adjustments are made for smaller and larger households

- Moderate Income-between 80-120% of AMI
- Low Income – below 80% of AMI
- Low Income for LIHTC purposes – below 60% of AMI
- Very Low Income – below 50% of AMI
- Extremely Low Income – higher of 30% of AMI or the Federal Poverty Level

Assets: Items of value, other than necessary personal items, which are considered in determining the eligibility of a household.

Asset income: The amount of money received annually by a household from assets.

Award or benefit letter: Form letter that is completed by an agency or company providing income benefits to residents. Such income would include Social Security, pension, Supplementary Security Income (SSI) or disability income.

Compliance: The act of meeting the requirements and conditions specified under the laws of Section 42 of the Internal Revenue Code.

Contract rent: The total rent that is specified in the rental contract as payable by the tenant to the owner for rental of a dwelling unit, including fees or charges for management and maintenance and those utilities included in the rental contract.

Effective term of tenant verification: Third party verifications are valid for 120 days from the date of receipt by the owner. If verifications are more than 120 days old from the date of receipt by the owner, the owner must obtain new verifications. Time limits do not apply to

information that does not need to be reverified, such as: age, disability status, family membership, or citizenship status.

Eligible basis: The total qualified construction of rehabilitation costs for purposes of calculating the exact amount of tax credits to be allocated to a building. Eligible basis includes depreciable assets including development costs, building, on-site improvements, roads, utilities, landscaping, architect, legal, approvals, accountant, appraisal, developer fee. Land and land related costs, tax credit fees, operating reserves, post construction operating cost, some financing fees and associated costs, non-residential costs (commercial), off-site improvements are excluded.

Employment income: Wages, salaries, tips, bonuses, overtime pay, or other compensation for personal services from a job.

Fair market rent (FMR): Gross rent estimates established by HUD that set the standard for the amount that HUD will pay under its rental assistance programs. HUD sets the FMRs at what it considers to be the 40% percentile of available rents in the market.

Fair market value: An amount that represents the true value at which the asset would be sold on the open market

Gross income: Total income an individual receives, before any allowable deductions.

Household: The individual, family, or group of individuals living together.

Imputed income: The estimated earning potential of assets held by a resident using the potential earning rate established by HUD.

Income limits: Provide the low income (80% of median), and very low income (50% of median) maximum income figure adjusted for family size of 1 through 8. These limits are updated annually by HUD.

Lease: The legal agreement between the resident and the owner which delineates the terms and conditions of the rental of a unit.

Market unit: A unit in a building that rents for the area's fair market rate value and is what the market will bear. There is no subsidy for this unit.

Personal property: Property held as an investment (gems, jewelry, coin collections, antique cars). Necessary items (such as clothing, furniture, cars, etc.) are not considered as assets.

Rent restricted: The maximum allowable rent according to the IRS formula including any utilities or services that must be paid by the resident.

Restrictive covenants: Additional special set-aside commitments made to rent to households that meet the set aside requirement. These commitments are identified in the Restricted Covenants Agreement.

Tenant Income Certification (TIC): The form signed by all adult residents and owner's representatives that summarizes household composition, projected income, and income from assets. This form is completed at move-in and within each 12-month period thereafter.

Utility allowance: Costs to be paid by the resident for utilities including heat, lights, air conditioners, water, sewer, oil or gas, where applicable. Utility Allowances do not include telephone or cable television unless the property has a gate access entry system that is activated by the resident's telephone; then the basic telephone charge is considered a utility.

MUNICIPAL HOUSING DEVELOPMENT FINANCE AGENCIES

Community Economic Development Assistance Corporation (CEDAC)*: CEDAC was created in 1978 as a public-private, community development finance institution that provides technical assistance, pre-development lending, and consulting services to non-profit organizations involved in housing development, workforce development, neighborhood economic development, and capital improvements to child care facilities. These organizations may include community or neighborhood development corporations, non-profit developers, and tenants' associations.

Department of Housing and Community Development (DHCD)*: The state agency charged with establishing and implementing housing policy for the Commonwealth as well as administering a broad array of federal and state programs that support the development and operation of both privately owned housing and state public housing.

Department of Housing and Urban Development (HUD): A Cabinet department in the Executive branch of the US federal government. It oversees the Federal Housing Administration, the Federal Housing Finance Agency and many different offices.

MassDevelopment*: MassDevelopment was formed in 1996 resulting from the merger of the MA Government Land Bank and the MA Industrial Finance Agency and serves as the state's economic development and finance agency, working with businesses, nonprofits, and local, state, and federal officials and agencies to stimulate economic growth across the Commonwealth. In connection with its economic development mission, MassDevelopment offers lending products for affordable housing development.

MassHousing*: MassHousing was created by an act of the Massachusetts Legislature in 1966 as an independent public authority charged with increasing affordable rental and for-sale housing in Massachusetts. MassHousing is self-sustaining, providing long-term financing for the construction and preservation of affordable rental housing, and for affordable first and second mortgages for homebuyers and homeowners. The agency oversees a rental housing portfolio of more than 500 developments representing over 100,000 apartments, and oversees the state and federal subsidies that support these apartments.

Massachusetts Housing Investment Corporation (MHIC)*: MHIC was founded in 1990 and initially focused on attracting investor capital for LIHTC tax credit properties and a loan pool for

construction and acquisition lending. Its product lines expanded in 2000 to include the New Markets Tax Credit program, and again in 2008 with the Neighborhood Stabilization Loan Fund to address the mortgage foreclosure crisis. MHIC has recently established the Healthy Neighborhood Equity Fund to provide long term private equity to projects in neighborhoods that are in the early to mid-stages of transformational change.

Massachusetts Housing Partnership (MHP)*: MHP was established in 1985 to promote the production of affordable housing in the state, focusing on providing technical assistance to communities interested in developing housing. In 1990, Massachusetts became the first and only state in the nation to pass an interstate banking act that requires companies that acquire Massachusetts banks to make funds available to MHP for affordable housing. Using this bank-funded loan pool as well as other facilities including Fannie Mae and the FHA, MHP provides long-term financing for the development and preservation of affordable rental housing. MHP also offers an affordable mortgage product for low- and moderate-income home buyers.

Public housing agency (PHA): Any state, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities that is authorized to engage or assist in the development or operation of low-income housing under the U.S. Housing Act of 1937.

HOUSING- LEGAL

Fair Housing Act: 1968 act (amended in 1974 and 1988) providing the HUD Secretary with fair housing enforcement and investigation responsibilities. A law that prohibits discrimination in all facets of the homebuying process on the basis of race, color, national origin, religion, sex, familial status, or disability.

Olmstead Act: The Supreme Court requires states to place qualified individuals with mental disabilities in community settings rather than institutions.

SENIOR HOUSING AND HEALTHCARE TERMS

GOVERNMENT FUNDING SOURCES AND SUPPORTS

Assisted Living Conversion Program (ALCP): A HUD grant to convert units into an Assisted Living Facility or a Service-Enriched Housing (SEH). Funding covers basic physical conversion of existing units. The funding for supportive services does not come from HUD but must be coordinated by the owners through the State, council on aging, Money Follows the Person, State Home Health Care programs, State Assisted Living Service funds, Congregate Housing Services, etc. services mostly funded through GAFC.

Community First Choice Option (CFC): A Medicaid state plan option that allows states to include in their plans to provide HCBS attendant care services to individuals who need the level of care offered in institutions and who have incomes at or below 150% of the federal poverty limit. This option is for seniors that require a greater level of care than that available under the Frail Elder Waiver. These program services must include ADLs and IADLs. They must be “person-centered” allowing the patient to choose which personal attendant to hire.

ElderCHOICE*: A MassHousing financing subsidy program for assisted living developments that requires at least 20% of the units to be reserved for low-income residents.

Frail Elder Waiver*: A program of the HCBS waiver, the resident who is certified by MassHealth and in need of nursing facility services can receive waiver services at home if s/he is 60+, would be institutionalized in a nursing facility without needed in home services, at least 1 ADL. The applicable eligibility requirements include meeting the level of required care, having an income equal to or below 300% FPL and meet the asset caps as set by MassHealth.

Group Adult Foster Care (GAFC)*: A program providing daily assistance with ADLs and IADLs and case management oversight by the provider in an Assisted Living Residence or some type of elderly/disabled housing complex. In MA, the EOEA provides approximately \$1,200 per month for personal care services for MassHealth (Medicaid) eligible residents. If applying for GAFC in Assisted Living, the SSI-G living arrangement through the Social Security Administration may be an option.

Health Safety Net (HSN)*: Pays MA acute hospitals and community health centers for certain health care services (not LTSS) provided to low-income patients at or below 400% of FPL.

Money Follows the Person (MFP): Administered by MassHealth; there are two types of waivers 1) Residential Supports for individuals who need 24/7 supervision 2) Community Living for individuals who can move to their own home and receive services in the community. To qualify, you must be living in a nursing home or long-stay hospital for at least 90 consecutive days, be 65+, qualify for MassHealth, be in a home-owned or leased residence or an apartment with an individual lease or a community-based residential setting with no more than four unrelated individuals or in assisted living with a lockable entrance.

Ombudsman: A state official who advocates on behalf of residents in assisted living and nursing home residences. S/he receives, investigates, and resolves complaints against a residence involving the safety, health, welfare, or the rights of the residents.

Section 1115 Research and Demonstration Projects: These waivers are used for demonstration projects that require greater flexibility in eligibility rules and services. They typically have a five year timeline and may receive three year extensions. The demonstration must be budget neutral. The demonstration waiver eliminates the need to provide comparable services state-wide. Ex New York State's Medicaid Redesign Team (MRT) used the waiver to fund the creation of supportive housing as well as the operating subsidies necessary for the homeless, older adults and HIV-positive individuals.

Section 1915b (Managed Care Waiver): States can apply for waivers to provide services through Managed Care delivery systems or otherwise limit people's choice of providers. States have four choices: 1) implement a managed care delivery system that restricts the types of providers 2) allow a local government to act as a choice counselor 3) use the savings that the state gets from a managed care delivery system to provide additional services 4) restrict the number or type of providers who can provide specific Medicaid services (such as disease management or transportation)

Section 1915c (Home and Community Based Services Waiver): Before 2005, Medicaid could only reimburse comprehensive long-term care in institutional settings. Today, this waiver allows states to offer medical and supportive services (such as case management, homemaker, nonmedical transportation, social day care and expansive personal care assistance) to Medicaid enrollees who require institutional-level/nursing home level care in their homes or a senior living community or location designated by the provider. The program must be budget neutral. States are allowed to limit geographies where services are available. MassHealth eligibility is determined without counting the income and assets of the other spouse.

Section 1915i (HCBS State Plan Option): This eliminated the requirements that 1) HCBS programs be cost neutral and that individuals require an institutional level of care creating more flexibility for states than HCBS waivers. States are allowed to target specific services to a particular population and offer HCBS services to individuals with incomes up to 300% of the federal poverty limit.

Supplemental Security Income Assisted Living Benefit (SSI-G): This federal income supplement program is designed to help disabled people with little or no income obtain a minimum standard of living. SSI-G beneficiaries use the benefit to "buy" room and board in assisted living. Individuals must live in a state certified assisted living community, be clinically eligible for and participate in Group Adult Foster Care (GAFC), have qualified countable monthly income and have assets less than \$2,000 or \$3,000 for a couple.

HEALTHCARE

Accountable Care Organizations (ACO): An organization of coordinated health care providers that agrees to be accountable for the quality, cost, and overall care for an assigned population of patients. This type of delivery and payment model seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care.

- *Shared Savings ACO:* Created by Congress to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee for Service beneficiaries. The Shared Savings Program will reward voluntarily created ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first.

Activities of Daily Living (ADL): A set of basic, routine self-care tasks, including: eating, bathing, dressing, toileting, transferring (walking) and continence.

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act (PPACA) – also known as the Affordable Care Act or ACA, and generally referred to as Obamacare – passed in March 2010 and includes a long list of health-related provisions that are intended to extend coverage to millions of uninsured Americans, to implement measures that will lower health care costs and improve system efficiency, and to eliminate industry practices that include rescission and denial of coverage due to pre-existing conditions.

Community Health Needs Assessment (CHNA): Nonprofit hospitals must provide a community benefit to maintain their non-profit status. The ACA now requires that these hospitals complete a community health needs assessment every three years. In the past, these hospitals would count their spending on health care services for underinsured and uninsured to satisfy their community benefit requirement.

Dual-eligible beneficiaries (Duals): Those qualifying for both Medicare and Medicaid benefits—accounted for under one-fifth of each program’s population but over one-third of each program’s spending. These dual eligible beneficiaries have complex and often costly health care needs, and have been the focus of many recent initiatives and proposals to improve the coordination of their care aimed at both raising the quality of their care while reducing its costs. An example is the One Care pilot program in MassHealth for adult “dual-eligible” disabled population.

Functional impairment levels (FILs):

- Level 1: 2-3 ADL impairments
- Level 2: 4-7 ADL impairments
- Level 3: 6-10 ADL/IADL impairments

Health Insurance Portability and Accountability Act (HIPAA): A US law designed to provide privacy standards to protect patients’ medical records and other health information provided to health plan, doctors, hospitals, and other health care providers.

Health Maintenance Organization (HMO): A health care plan that assumes both the financial risks associated with providing comprehensive medical services (insurance and service risk) and the responsibility for health care delivery in a particular geographic area to HMO members, usually in return for a fixed, prepaid fee.

Instrumental Activities of Daily Living (IADL): Activities that help a person live independently in the community, including using the telephone, managing medications, preparing meals, housekeeping, managing finances, shopping, using transportation.

Long Term Services and Supports (LTSS): Typically associated with ADLs/IADLs and administered in community-based settings. Medicaid is the largest payer of LTSS, which includes home and community-based services (HCBS), such as personal care, Section 1915(c) waiver services, and rehabilitative services, as well as institutional services such as nursing homes, intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and mental health facilities.

Managed Care: Managed care plans provide comprehensive health services to their members, and offer financial incentives for patients to use the providers offered by the plan (in-network providers). Examples of managed care plans include Health Maintenance Organizations (HMO's), Managed Care Organizations (MCO's) and Preferred Provider Organizations (PPO's).

MassHealth*: MassHealth is the name for the Medicaid program in Massachusetts. It is a public health insurance program for low- to medium-income residents of Massachusetts, including a program for individuals who are HIV positive. Because of the Affordable Care Act, more Massachusetts residents qualify for MassHealth.

Medical Home/Patient Centered Medical Home: A team based health care delivery model led by a physician that provides comprehensive and continuous medical care to patients with the goal of maximizing health outcomes. Care coordination is the essential component. Core functions: accessible, comprehensive, longitudinal and coordinated care in the context of family and community.

Self-Administered Medication Management (SAMM): Certified assisted living residences are required to assist residents to self-administer medications by an individual who has completed Personal Care Service Training, a practitioner or a licensed or registered nurse. They must remind residents to take medication, check the package to insure the name on the package is that of the resident, observe the residents while they take the medication and document in writing the observation of the residents' actions regarding the medication.

Skilled nursing: Utilization of skilled nursing by residents may range from short-term rehabilitative care that follows a medical event to long-term non-recuperative care.

Telehealth: The delivery of health-related services and information via telecommunications technologies. It ranges from the use of phone to off-site robotic surgery. It encompasses preventative, promotive and curative care. Other uses are real-time synchronous telemedicine, remote patient monitoring and remote training.

SENIOR HOUSING TYPES

Assisted living (AL): The MA Executive Office of Elder Affairs licenses assisted living facilities. AL facilities usually offer private apartments in larger, corporately owned facilities with different fee options depending on the level of care needed. They have more restrictions on administration of medications. For example, under the Self-Administered Medication Management regulations, personal care staff may only assist residents with taking medication using reminders or helping to open bottles or other containers. Some AL facilities offer “Limited Medication Administration” which permits a nurse to administer eye drops, apply medicated cream, place pills in a resident’s mouth.

Congregate housing program: A shared living environment designed to integrate housing and supportive service needs of elders and younger disabled individuals. It is neither a nursing home nor a medical care facility. It does not offer 24 hour care. Assistance with ADLs are made available in a supportive, not custodial environment. Each resident has a private bedroom but shared kitchen, dining and/or bathing facilities. A service coordinator is employed and spends time on-site.

Continuing Care Retirement Community (CCRC): Housing, personal services and health care all provided at one location which allows residents to “age in place.” They typically have a variety of housing on one campus from townhouses to skilled nursing. Amenities available include: nursing, meals, housekeeping, emergency assistance, personal care assistance, social activities, 24 hour security and building maintenance. Most CCRCs require a sizable declining-refundable entrance fee and a monthly fee. CCRCs often offer one or more of the following contracts:

- Type A (Extensive) Agreement: Includes housing, services and amenities, and a specific amount of health care with no significant increase in monthly fees.
- Type B (Modified) Agreement: Includes housing, services and amenities, and a specific amount of health care with no significant increase in monthly fees. After the specified amount of health care is used, recipients pay either a discounted rate or the full per diem rates for required health care services.
- Type C (Fee-for-Service) Agreement: Includes housing, services and amenities. Access to health care is guaranteed but it may require full fee-for-service rates.
- Type D (Rental Contract): Usually requires no entrance fee but guarantees access to CCRC services on an "as needed" basis.
- Type E (Equity Contract): This agreement may afford individuals ownership in shares of the community or association (typical co-operative arrangement) by transferring actual ownership of the home, condominium or townhome within the CCRC. Healthcare and services may be purchased for additional daily or monthly fees.

Independent living (IL): Commonly provide apartments, but sometimes cottages, condos or townhomes. The residents are seniors who do not require assistance with daily activities of

24/7 skilled nursing but may benefit from convenient services, senior-friendly surroundings and increased social opportunities. Many communities offer dining services, basic housekeeping and laundry services, transportation, emergency alert systems, live-in managers and amenities like pools, spas and onsite beauty salons. They do not provide assistance with ADLs or health care. Residents are permitted to use third-party home health care services to meet additional needs.

Memory Care/Special Care Units (SCUs): A distinct form of long-term skilled nursing that specifically caters to patients with Alzheimer’s disease, dementia, etc. Usually provide care within a separate wing or floor of a residential facility. Higher level of state licensing by special care unit disclosure laws requiring care providers to disclose the special services they offer.

Nursing home/Long term care facility/Skilled nursing: Provides 24 hour nursing care in addition to providing personal care, recreational activities, physical and occupational therapy, and all meals. Many nursing facilities also provide short-term rehabilitation. Some residents or their families pay out of pocket or with long-term care insurance. Others, with limited finances or who “spend-down” their finances become eligible for MassHealth. Medicare and some private insurance covers some nursing care for short-term stays.

Rest Home/Nursing Home Level IV/Residential Care Facility (RCF): Regulated, licensed and inspected by the MA Department of Public Health generally provide room, board, housekeeping, 24 hours per day supervision and personal care assistance with ADLs. They have a nursing staff that provides basic nursing services. They store and distribute medications to their residents in the same manner as nursing homes do. Have between 12 and 64 beds and are locally owned home-like facilities with shared or private rooms. Typically have an all-inclusive pricing model.

Supportive Housing: A program that creates an “assisted living like” environment in state funded public elderly/disabled housing. Services are offered on an as needed basis 24 hours per day, such as medication reminders and personal care.

Veteran Affairs Supportive Housing (VASH): A joint program of HUD Section 8 “Housing Choice” rental assistance vouchers and the VA Boston Healthcare system with case management and clinical services by the VA. The program is administered through Boston and VA BHS’s Healthcare for Homeless Veterans Program.

NONRESIDENTIAL SUPPORT

Adult day health: Programs that offer a safe secure, stimulating environment for people whose family circumstances allow them to remain in their homes in the evenings (and possibly on weekends) but who need some sort of supervision during the day time. In addition to providing meals, transportation to the center, social and recreational activities and support, most adult day health programs also provide ongoing health care monitoring and coordination through medication assessment and management, management of chronic conditions, personal care, and physical, occupational and speech therapy. In Massachusetts, adult day health centers are

licensed by the Department of Public Health and may be covered by MassHealth for eligible individuals.

Aging and Disability Resource Consortium (ADRC)*: A partnership between a MA county's ASAPs serving older adults and an area's ILC serving people with disabilities. The ADRC enhances collaborations between elder and disability service providers, and is designed to assist individuals in need of long-term services and supports in making informed choices.

Aging Services Access Points (ASAPs)*: Established under MA General Laws, there are 26 ASAPs state-wide. They are private, non-profit agencies with governing boards appointed by the local Councils on Aging. Direct services/case management services include contracting with a variety of service providers for a homemaker, personal care assistant, transportation, home-delivered meals, laundry, groceries, adult day care, companionship, emergency response, shelter, adaptive house needs.

Area Agencies on Aging (AAAs): Established under the federal Older Americans Act (OAA) in 1973 to respond to the needs of American aged 60 and over in every local community. AAAs make it possible for older adults to remain in their homes and communities as long as possible by providing a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best. For a list of AAAs and ASAPs, go to http://www.seniorconnection.org/aaa_asap.htm

Day habilitation program: A program for a person with intellectual or developmental disabilities who needs assistance to develop skills to remain independent. The need for daily personal care is not required for this program.

Independent Living Center (ILC): A consumer controlled, community based, cross disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities.

Programs of All Inclusive Care for the Elderly (PACE): PACE is a jointly-funded Medicare and Medicaid program that helps people ages 55 and older meet their health care needs in the community instead of going to a nursing home or other care facility. All participants must be certified to need nursing home care to enroll in a PACE. PACE provides the entire continuum of care. You receive services at a PACE center but do not have to attend every day. The PACE center has healthcare, recreational activities and provides meals. The goal is to keep the resident in the community and prevent/delay nursing home admission. You do not need to be on MassHealth to enroll in PACE but you must be located in a geographic area that a particular PACE center covers. You must agree to receive health services exclusively through the PACE organization. Covered services include meal delivery, transportation, adult day health, social services, prescriptions, hospitalizations and if necessary nursing facility placement. Your countable income must not be greater than 300% of the federal benefit rate which in 2014 was \$2,163 per month. Countable assets must not be greater than \$2,000. If you qualify for Medicaid, there is no fee for PACE. You can private pay for PACE. If you are married, your spouse's income and assets are not counted. Note: this is NOT a waiver program. In Massachusetts, PACE programs are referred to as the Elder Service Plan

- PACE Centers in MA: Elder Service Plan of Cambridge Health Alliance, Elder Service Plan of East Boston, Element Care, Fallon Health-Summit ElderCare, Elder Service Plan of Harbor Health Services, and Upham’s Elder Service Plan

Villages, Intentional, or At-Home Programs: Developed around MA in recent years and modeled after Beacon Hill Village in Boston. Such communities were designed to allow older members in a given community to remain in their homes by providing information and access to a range of supportive services at reduced fees, transportation, volunteers, social and recreational activities and other services to individuals who pay an annual membership fee.

STATE INSURANCE OPTIONS AND RESOURCES

Health Connector*: A state insurance program that provides access to health and dental insurance plans for individuals, families and small businesses. MA residents can buy a health coverage plan through the Health Connector if 65+. Residents may be eligible for cost sharing reductions (meaning you pay less money for out of pocket health care costs) if your income is at or below 400% of the FPL provided you: do not have or are not eligible for Medicare; do not have access to an affordable health plan; are not eligible for MassHealth; file Federal income taxes. There are tiers: Platinum, Gold, Silver and Bronze.

Health Home: The ACA created this new Medicaid state plan option which consists of a single health care provider, a team of health care providers or a managed care organization that coordinates and integrates an individual’s health care and referrals to social services. They are designed to serve children and adults with at least two chronic conditions. The Centers for Medicare and Medicaid increased the state’s FMAP to incentivize the creation of Health Homes. Health Home funds cannot be used for housing but housing providers could partner with health care providers to offer some of these services. Ex. New York State has created many health homes

Managed Long Term Support Services (MLTSS): An arrangement between state Medicaid programs and managed care organizations through which the MCO receives a capitated payment for providing long-term services and supports.

Medicaid/MassHealth: The Medicaid program is a partnership between the federal government and states to provide health care to low-income individuals. States submit a plan to the Centers for Medicare and Medicaid (CMS). The waiver “demonstration” programs were created in order to pilot smaller projects since Medicaid services must be available to individuals state wide. Each state receives a federal match but some states with high incomes (like MA) receive lower federal matches (Federal Medical Assistance Percentage). There are three payment systems: Fee For Service; Managed Care- 70% of Medicaid population (capitated payment); Integrated Care (capitated through one system) i.e. Health Homes and Accountable Care Organizations.

- The income eligibility for MassHealth is benchmarked according to a percentage (%) of the Federal Poverty Limit. Income is calculated based on the amount of social security, pension and other non-work income. If your income is too high to get MassHealth standard, Family Assistance or Limited, you will have a deductible which is the total amount of your monthly income that is greater than MassHealth's income limits over a six month period.
- Countable Assets: value of bank accounts, certificates of deposit, mutual funds, stocks and bonds, value of real property except for your home. MassHealth reviews all transfers, including transfers into and out of trusts that were made during the period of time up to 60 months before the date you applied for MassHealth.
- Noncountable assets: the home you live in if it is located in MA, unless you are getting long term care in a long term care facility, one vehicle per household, life insurance policies with a total value or \$1,500 or less, burial plots, up to \$1,500 for funeral expenses, an irrevocable burial trust.

Medicare: Eligible after age 65; to qualify for the home health benefit that has no durational limit you must be "homebound." You can still be considered homebound even if you can go to medical appointments. It does not end after three months or six months. There are no deductibles or other cost sharing. You can get skilled nursing and home health aide care for up to 28 hours per week of services. It must be provided by a certified home health agency and include a care plan. MCOs typically don't include behavioral health or substance abuse so those are paid for separately through fee for service.

Medicare has four parts:

- Part A (Hospital Insurance): helps pay for inpatient hospital stays, skilled nursing care, home health care, and hospice.
- Part B (Medical Insurance): helps cover medically-necessary services like outpatient doctor visits, as well as preventive services, some therapy services and durable medical equipment like wheelchairs and walkers. Together with Part A, this is called "Original Medicare".
- Part C (Medicare Advantage): are plans are offered by a private company, typically a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) that contracts with Medicare to provide all of Parts A and B benefits to its members. They also typically provide Part D- prescription drug coverage.
- Part D (Prescription Drug Coverage): helps pay for prescription drug coverage.

Medicare Shared Savings Program: Medicare's Accountable Care Organization Plan

OneCare*: Launched in October 2013, the program targets "dual-eligible" who are enrolled in both Medicare and Medicaid and are between the ages of 18 and 65. The program is permitted

to serve people who turn 65 and stay in the plan. This is staffed by “conflict-free care coordinators/independent agents”.

Senior Care Options (SCO)*: A combined MassHealth and Medicare program that includes healthcare and social services to help low-income seniors stay healthy and able to live in the community. SCO covers all of the services normally paid for through Medicare and MassHealth through the SCO’s network of providers. These services include, for example: meal delivery, transportation, adult day health, social services, prescriptions, hospitalizations and, if necessary, nursing home placement. A team of health professionals develops a plan of total individualized care for each member. Launched in 2004, as of July 2015, SCOs have a population of 38,000. Enrollees are allowed to have an independent Long Term Care Support coordinator to assess their needs. This is staffed by “conflict-free care coordinators/independent agents.” There are no copayments for members enrolled in SCO. SCO members have 24 hour access to care and a primary care physician (PCP) affiliated with the SCO.

SHINE* (Serving the Health Information Needs of Everyone): Administered by the MA Executive Office of Elder Affairs; a state health insurance assistance program that provides free health insurance information to MA residents with Medicare and their caregivers. It is partially funded by CMS.

PERSONAL CARE OPTIONS

Adult Foster Care: A state program that provides daily assistance with personal care and case management oversight by the provider in a caregiver’s home. ASAPs and other private entities provide this service. This can also be considered a housing type because a caregiver can take up to four people in their home for care.

Enhanced Community Options Program (ECOP)*: A program administered by ASAPs for frail elders who are clinically eligible for Nursing Facility services under MassHealth and meet certain criteria set forth by EOEA. ECOP provides a broad range of community services for these elders to remain in the community that includes services available under the Home Care Program. These participants receive at least twice the number of services as the Home Care program. The applicant must require at least one skilled nursing or therapist daily or require a nursing service at least three times per week plus two other services for ADLs. Seniors do not need to be eligible for MassHealth in order to be eligible for ECOP.

Home care: The EOEA provides home care services to 45,000 elders each month. Residents must be 60+ and/or have a diagnosis of Alzheimer’s disease and they must also be in need of respite services. MassHealth members are financially eligible, Income guidelines require Annual Gross Income less than \$26,561 (single) and \$37,581 (couple). Monthly co-payments range from \$9-\$130. ASAPs provide interdisciplinary case management and contract with agencies to provide the following services: homemaker, supportive day care, adult day health, supportive home care aide, laundry service, personal emergency response, adaptive housing, adaptive equipment, companion care, medication dispensing, personal care, dementia day care, home

health services, home delivered meals, emergency shelter, transportation, grocery shopping, chores, wanderer locator, vision, and rehabilitation.

Home health aide: A “hands-on” aide. Private pay is not state regulated. Medicare and Medicaid certification are not a requirement for conducting a home health service. Agency employees must provide skilled nursing and at least one qualifying service (physical therapy, occupational therapy, speech pathology, medical social services, home health aides) and all other services can be contracted by a third-party. Includes personal care, some associated light housekeeping- like preparing meals and doing laundry- and medical equipment, like walkers, tub seats and medical devices like a catheter. This help is provided through MassHealth’s “home care and community based waiver program”

Homemaker services: Non-medical services to assist someone with ADLs and IADLs which includes shopping, meal preparation including special diets, laundry and light housekeeping. These services comply with the homemaker standards issued by EOE.

Hospice: Programs that are well known for their care and service that they offer to people who have a terminal illness (with a life expectancy of 6 months or less) and their families. Hospice care is provided in the home, a senior living residence, or in a residential hospice facility. Medicare Part A will typically cover hospice services.

Personal Care Attendant (PCA): Hired by public or private health care to assist with ADLs; they typically live in-home; licensure is typically required. In order to get PCA services, you must: have a permanent or long-lasting disability; need someone to physically help you with your ADLs; have a doctor’s written authorization that you need PCA services; get prior authorization from MassHealth.

FINANCIAL

Community Spouse Resource Allowance: If a married couple has \$100,000 in countable assets, for example, the applicant will be eligible for Medicaid once the couple's assets have been reduced to a combined figure of \$52,000 -- \$2,000 for the applicant and \$50,000 for the community spouse. In general, the community spouse may keep one-half of the couple's total "countable" assets up to a maximum in 2014 of \$117,240. This asset amount is called the "community spouse resource allowance."

Capitated payment: An arrangement for health care service providers such as physicians or nurse practitioners. It pays a physician or group of physicians a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care. These providers generally are contracted with a type of Health Maintenance Organization (HMO). The amount of remuneration is based on the average expected health care utilization of that patient. Under pure capitation, physicians have an incentive to avoid serving the sickest patients. The usual unit is Per Member Per Month (PMPM). There are three types: Primary, Secondary and Global.

Entrance fee: A fee paid by a CCRC resident prior to move-in to cover capital costs and/or future health care benefits. Amount is normally based on size of resident's living unit and refund policy. Entrance fees are amortized as non-cash revenue on the income statement over the expected life of the resident associated with that fee.

Federal Poverty Level: A measure of income level issued annually by the Department of Health and Human Services. It is used to determine eligibility for health programs.

Fee for Service (FFS): A payment model where services are paid for as itemized in the hospitals invoice. It gives an incentive for physicians to provide more treatments because payment is dependent on quantity, not quality of care. Similarly, when patients are shielded from payment (cost-sharing) by health insurance coverage, they are incentivized to welcome any medical service that might do some good. FFS is a barrier to integrated care.

Life Care: A term often used interchangeable with "continuing care" as in a life care community. Sometimes refers to a contract type, namely the Extensive Contract (Part A) in order to distinguish the care it provides (for life, without additional fees by level of care) from that of the other contract types that require additional fees for living at higher levels of care.

Reverse mortgage: Home equity is the difference between the appraised value of your home and what you owe on any mortgage. A reverse mortgage allows you to convert that home equity into cash which can be used to pay for home care. There are two types: 1) a HUD home equity conversion mortgage which is insured by FHA (95%) and 2) proprietary reverse mortgage offered by banks and credit unions.

MODELS OF HOUSING AND SERVICES

Green House model: A national model for skilled nursing care where residents receive care in small, self-contained homes organized to deliver individualized care, meaningful relationships, and better direct care jobs through self-managed team of direct care staff working in cross-trained roles. Green House homes meet all state and federal regulatory and reimbursement criteria for skilled nursing facilities.

H.E.A.R.T. Homes: Developed by Elder Home Options, H.E.A.R.T. Homes is based in Beverly MA, and houses four to six frail older adults who need assistance with routine care.

Naturally Occurring Retirement Community (NORC): A term used to describe a community that has a large proportion of residents over 60 year of age, but was not specifically built to meet the needs of seniors living independently in their homes.

Support and Services at Home (SASH): The SASH model is designed to provide personalized coordinated care with a wellness nurse and care coordinator to help adult participants stay safely at home. The SASH model is part of the Blueprint for Health, Vermont's statewide health care reform initiative. It is part of a Medicare demonstration.