

Acronyms

A

AAHSA	American Association of Homes and Services for the Aging
AARP	American Association of Retired Persons
ACA/PPACA	Affordable Care Act
ACO	Accountable Care Organization
ACP	Advance Care Plan
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
AHCA	American Health Care Association
AHA	American Hospital Association
AHIP	America's Health Insurance Plans (formerly HIAA)
ALFA	Assisted Living Federation of America
ALOS	Average Length of Stay
AMA	American Medical Association
ANA	American Nurses Association
AOD	Archdiocese of Detroit
AONE	American Organization of Nurse Executives
APM	Alternative Payment Model

C

CCRC	Continuing Care Retirement Community
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHAUS	Catholic Health Association of United States
CIA	Corporate Integrity Agreement
CIP	Capital Improvement Plan
CM	Case Manager
CME	Continuing Medical Education
CMI	Case Mix Index
CMP	Civil Monetary Penalty Grant Program
CMS	Centers for Medicare and Medicaid Services
CNA/CENA	Certified Nursing Assistant
CO	Certificate of Occupancy
CO	Change Order
COB	Coordination of Benefits
COBRA	Consolidated Omnibus Budget Reconciliation Act
CON	Certificate of Need
COPD	Chronic Obstructive Pulmonary Disease
CPA	Certified Public Accountant
CPI	Continuous Process Improvement
CPI	Consumer Price Index
CPR	Cardiopulmonary Resuscitation

CQI	Continuous Quality Improvement
CQM	Clinical Quality Measures
CRT	Charitable Remainder Trusts

D

DHHS	Department of Health and Human Services
DME	Durable Medical Equipment
DNR	Do Not Resuscitate
DO	Doctor of Osteopathy
DOA	Dead on Arrival
DRG	Diagnosis Related Group
Dx	Diagnosis

E

EBP	Evidence-based Practice
ECF	Extended Care Facility
EDP	Electronic Data Processing
EEO	Equal Employment Opportunity
EHR	Electronic Health Record
EIR	Environmental Impact Report
EJA	Elder Justice Act
EMR	Electronic Medical Record
ERISA	Employee Retirement Income Security Act
ESRD	End Stage Renal Disease

F

FASB	Financial Accounting Standards Board
FDA	Food and Drug Administration
FHA	Fair Housing Act
FEHB	Federal Employees Health Benefits Program
FEMP	Federal Energy Management Program
FERC	Federal Energy Regulatory Commission
FFS	Fee-for-service
FMLA	Family and Medical Leave Act
FMV	Fair Market Value
FM	Family Medicine (family practice)
FOIA	Freedom of Information Act
FPL	Federal Poverty Level
FSA	Flexible Spending Account
FQHC	Federally Qualified Health Center
FTC	Federal Trade Commission
FTE	Full-time Equivalent
FTEs	Full Time Employees
FY	Fiscal Year

G

GAAP	Generally Accepted Accounting Principles
GC	General Contractor
GC	General Conditions
GDP	Gross Domestic Product
GNP	Geriatric Nurse Practitioner
GNP	Gross National Product

H

HCI	Health Care Index
HDHP	High Deductible Health Plan
HFMA	Healthcare Financial Management Association
HHS	Health and Human Services
HIAA	See AHIP
HIM	Health Information Management
HIPAA	Health Insurance Portability & Accountability Act
HIT	Health Information Technology
HMO	Health Maintenance Organization
HMSF	Health Manpower Shortage Program
HPSAs	Health Professional Shortage Areas
HR	Human Resources
HRIS	Human Resource Information System
HSA	Health Savings Account
HSO	Health Service Organization
HVAC	Heating, Ventilation, and Air Conditioning

I

IADL	Instrumental Activities of Daily Living
IAHSS	International Assoc. Healthcare Security & Safety
IBC	International Building Code
ICD-10	International Classification of Diseases, 10 th Revision
ICF	Intermediate Care Facility
IDS	Integrated Delivery System
IRS	Internal Revenue Service
IS	Information Systems
IT	Information Technology

J

JAMA	Journal of the American Medical Association
JCAHO	Joint Commission on Accreditation of Healthcare (see TJC)
JD	Attorney
JV	Joint Venture

L

LCSW	Licensed Clinical Social Worker
LIP	Licensed Independent Professional
LOA	Leave of Absence
LOI	Letter of Intent
LOS	Length of Stay
LPN	License Practical Nurse
LSC	Life Safety Code
LTC	Long-term Care
LTCI	Long-term Care Insurance
LTSS	Long-term Support and Services

M

MA	Medicare Advantage or Medicare Part C
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MAHSA	Michigan Association of Homes and Services for the Aging
MALA	Michigan Assisted Living Association
MCO	Managed Care Organization
MD	Doctor of Medicine
MDS	Minimum Data Set
Medicaid	Title XIX of Social Security Act
Medicare	Title XVIII of Social Security Act
MedPAC	Medicare Payment Advisory Commission
MEJI	Michigan Elder Justice Initiative
MLTSS	Managed Long-term Support and Services
MOB	Medical Office Building
MOU	Memorandum of Understanding
MR	Medical Record
MSA	Medical Savings Account
MUA	Medically Underserved Area

N

NA	Nursing Assistant
NASMD	National Association of State Medicaid Directors
NBME	National Board of Medical Examiners
NCHS	National Center for Health Statistics
NDC	National Drug Code
NEC	National Electric Code
NFPA	National Fire Protection Association
NHA	Nursing Home Administrator
NHQI	Nursing Home Quality Initiative
NHSC	National Health Service Corps
NIH	National Institute of Health
NIMH	National Institute of Mental Health

NIOSH	National Institute of Occupational Safety & Health
NLM	National Library of Medicine
NLRB	National Labor Relations Board
NOI	Net Operating Income
NP	Nurse Practitioner
NPSG	National Patient Safety Goals
NPV	Net Present Value

O

OAA	Old Age Assistance (precursor to Medicaid)
OAC	Owner/Architect/Contractor
OASDI	Old Age, Survivors, and Disability Insurance
OBRA	Omnibus Budget Reconciliation Act 1990
ODS	Organized Delivery System
OFCI	Owner-Furnished, Contractor Installed
OFOI	Owner-Furnished, Owner Installed
OI	Operating Income
OIG	Office of Inspector General
OMB	Office of Management & Budget
OSHA	Occupational Safety and Health Administration
OT	Occupational Therapy

P

P & L	Profit and Loss
P4P	Pay for Performance
PA	Physician Assistant
PAC	Political Action Committee
PACE	Program of All-inclusive Care for the Elderly
PC	Personal Computer
PCP	Primary Care Physician
PHPartners	Partners in Information Access for the Public Health Workforce
PHS	Public Health Service
PM	Preventative Maintenance
POS	Point of Service
PPA	Preferred Provider Arrangement
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPRC	Physician Payment Review Commission
PPS	Prospective Payment System
PRN	As Often As or If Necessary
ProPAC	Prospective Payment Assessment Commission
PRRB	Provider Reimbursement Review Board
PSA	Professional Services Agreement
PSRO	Professional Standards Review Organization
PT	Physical Therapy

PT	Part Time
PTO	Paid Time Off (equivalent to vacation)

Q

QA	Quality Assurance
QC	Quality Control
QMB	Qualified Medicare Beneficiary
QR	Quality Review

R

RFI	Request for Information
RFP	Request for Proposal
RFQ	Request for Qualifications
RNs	Registered Nurses
ROA	Return on Assets
ROE	Return on Equity
ROFR	Right of First Refusal
ROI	Return on Investment
RUG	Resource Utilization Group
Rx	Prescription

S

S & P	Standard & Poor
SCM	Supply Chain Management
SD	Schematic Design or Drawings
SEC	Securities Exchange Commission
SEIU	Service Employees International Union
SIM	State Innovation Model
SLMB	Specified Low-Income Medicare Beneficiary
SMDA	Safe Medical Device Act
SNF	Skilled Nursing Facility
SNP	Special Needs Plan
SOP	Standard Operating Procedures
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
ST	Speech Therapy

T

Title XIX	Medicaid
Title XVIII	Medicare
TJC	The Joint Commission (also known as JCAHO)
TPA	Third Party Administrator
TQI	Total Quality Improvement

TQM Total Quality Management

U

UBI Unrelated Business Income
 UCR Usual, Customary, & Reasonable (charges)
 UCR Usual, Customary, & Reasonable (fees)
 UM Utilization Management
 UPC Uniform Building Code
 UR Utilization Review

V

VA Veterans Administration
 VBP Value-based Purchasing
 VE Value Engineering
 VNA Visiting Nurses Association

W

WHO World Health Organization

Y

YTD Year-to-Date

#

501(c)(3) Refers to public charities and private foundations as defined by the IRS
 501(c)(4) Refers to social welfare and advocacy organizations as defined by the IRS
 501(c)(6) Refers to trade associations and business leagues as defined by the IRS

Healthcare Terms

Accountable Care Organization: A group of healthcare providers who give coordinated care, chronic disease management, and thereby improve the quality of care patients get. The organization's payment is tied to achieving healthcare quality goals and outcomes that result in cost savings.

Activities of Daily Living (ADLs): ADLs refer to the basic tasks of everyday life, such as eating, bathing, dressing, toileting, taking medications, and moving.

Acute Care: Care for illness or injury that has developed rapidly, has pronounced symptoms, and is finite in length.

Adult Day Care: A weekday, daytime community-based program of activities designed to promote well-being through social and health-related services in a safe, supportive, cheerful environment. A social adult day care setting differs from adult day health care (ADHC), which usually requires health assessment by a physician

before someone is admitted into the program. ADHCs often provide physical, occupational, and speech therapy, and are usually staffed with an RN and other health professionals.

Aging in Place: The concept of allowing older persons to remain in the same place as their care needs change, rather than requiring a move to another type of facility.

Amortization: The process of retiring a debt, usually by equal payments at regular intervals over a specific period of time.

Area Agencies on Aging (AAAs): Local organizations in communities across the country that plan, coordinate, and support a wide range of home- and community- based services. Including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care, and long-term care ombudsman programs.

Assisted Living: A broad range of residential care services that includes some assistance with activities of daily living and instrumental activities of daily living, but does not include nursing services such as administration of medication. Assisted living facilities and in-home assisted living care stress independence and generally provide less intensive care than that delivered in nursing homes.

Assisted Living Facility: A facility for people needing assistance with activities of daily living (ADLs) but wishing to live as independently as possible for as long as possible. Assisted Living exists to bridge the gap between independent living and nursing homes. Residents in assisted living centers are not able to live by themselves but do not require constant care either. Assisted living facilities offer help with ADLs, and many also have centers for medical care; however, the care offered may not be as intensive or available to Residents as the care offered at a nursing home. Assisted living is not an alternative to a nursing home, but an immediate level of long-term care appropriate for many seniors.

Most assisted living facilities create a service plan for each individual Resident upon admission that details the personalized services required by the Resident and guaranteed by the facility. The plan is updated regularly to assure that the Resident receives the appropriate care as his or her condition changes.

The term used for assisted living facilities differs across the country. Other common terms for these facilities include: adult congregate living care, adult foster care, adult homes, adult living facilities, board and care, community-based retirement facilities, domiciliary care, enhanced care, personal care, residential care, retirement residences, sheltered housing, and supported care.

Board Designated Funds: Term applied to cash and investments shown on a balance sheet that the board has set aside for specific purposes. What a board designates, a board can “un-designate,” meaning that unlike **restricted funds**, designated funds are available for the discretionary use of the senior living provider.

Capital Costs: Expenditures for land, facilities, and major equipment. They are distinguished from operating costs, which include such items as labor, supplies, and administrative expenses.

Capital Depreciation: The decline in value of capital assets (assets of a permanent or fixed nature, such as goods and plant) with use over time. The rate and amount of depreciation is calculated by a variety of different methods (e.g., straight line, sum of the digits, declining balance), which often give quite different results.

Third-party reimbursement for health services usually includes an amount intended to be equivalent to the capital depreciation in any given period experienced by the provider of a service.

Capital Expenditure: An expenditure for the acquisition, replacement, modernization, or expansion of facilities or equipment which, under generally accepted accounting principles, is not properly chargeable as an expense of operation and maintenance.

Care/Case Management: Assessment and coordination of the overall care needs of a person, including both medical and social needs.

Caregiver: A person, either paid or voluntary, who helps a person with the activities of daily living, health care, and financial matters and provides guidance and social interaction.

Catholic Health Association: The trade association of the Catholic health ministry of the United States.

Centers for Disease Control and Prevention (CDC): The Centers for Disease Control and Prevention, based in Atlanta, Georgia, is charged with protecting the nation's public health by providing direction in the prevention and control of communicable and other diseases and responding to public health emergencies. Within the U.S. Public Health Service, CDC is the agency that led efforts to prevent such diseases as malaria, polio, smallpox, toxic shock syndrome, Legionnaire's disease and, more recently, acquired immunodeficiency syndrome (AIDS), and tuberculosis. CDC's responsibilities evolve as the agency addresses contemporary threats to health, such as injury, environmental and occupational and occupational hazards, behavioral risks, and chronic diseases.

Centers for Medicare and Medicaid Services (CMS): The government agency within the Department of Health and Human Services that directs the Medicare and Medicaid programs (Titles XVIII and XIX of the Social Security Act) and conducts research to support those programs. Formerly the Health Care Financing Administration (HCFA).

Certified Nurse Aide (CNA): A nurse aide that has completed required State training and competency testing in the skills required to work as a nurse aide.

Charity Care: Generally refers to services provided to persons who are unable to pay for the cost of services, especially those who are low-income, uninsured, and underinsured.

Chronic Care: Care and treatment rendered to individuals whose health problems are of a long-term and continuing nature. Rehabilitation facilities, nursing homes, and mental hospitals may be considered chronic care facilities.

Coinsurance: A cost-sharing requirement under a health insurance policy. It provides that the insured party will assume a portion or percentage of the costs of covered services. The health insurance policy provides that the insurer will reimburse a specified percentage of all, or certain specified, covered medical expenses in excess of any deductible amounts payable by the insured. The insured is then liable for the remainder of the costs until their maximum liability is reached.

Defined Benefit: Funding mechanisms for pension plans that can also be applied to health benefits. Typical pension approaches include: (1) pegging benefits to a percentage of an employee's average compensation over his/her entire service or over a particular number of years; (2) calculation of a flat monthly payment; (3) setting benefits based upon a definite amount for each year of service, either as a percentage of compensation for each year of service or as a flat dollar amount for each year of service.

Grandfathered Health Plan: A group health plan that was created – or an individual health insurance policy that was purchased – on or before March 23, 2010. Grandfathered plans are exempted from many changes required under the ACA. Plans or policies may lose their “grandfathered” status if they make certain significant changes that reduce benefits or increase costs to consumers.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Sometimes referred to as the Kennedy-Kassebaum bill, this legislation sets a precedent for Federal involvement in insurance regulation. It sets minimum standards for regulation of the small group insurance market and for a set group in the individual insurance market in the area of portability and availability of health insurance. The Act includes a section, Title II, entitled Administrative Simplification, requiring improved efficiency in healthcare delivery by standardizing electronic data interchange, and protection of confidentiality and security of health data through setting and enforcing standards.

Hospice: A program of palliative and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones. Hospice services are available in home and inpatient settings.

Instrumental Activities of Daily Living (IADLs): IADLs refer to activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy household work, and using a telephone.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO): A national private, nonprofit organization whose purpose is to encourage the attainment of uniformly high standards of institutional medical care. Establishes guidelines for the operation of hospitals and other health facilities and conducts survey and accreditation programs.

Long-Term Care: A set of health care, personal care, and social services required by persons who have lost, or never acquired, some degree of functional capacity (e.g., the chronically ill, aged, disabled, or retarded) in an institution or at home, on a long-term basis. The term is often used more narrowly to refer only to long-term institutional care such as that provided in nursing homes, homes for the retarded and mental hospitals. Ambulatory services such as home health care and assisted living, which can also be provided on a long-term basis, are seen as alternatives to long-term institutional care.

Long-Term-Care Ombudsman: People who work cooperatively with nursing homes and board and care facilities to improve the quality of life for the residents. They serve as residents' rights advocates, investigating and negotiating resolutions to concerns voiced by residents in matters of resident services and care.

Mandatory Reporting: A system under which physicians or other health professionals are required by law to inform health authorities when a specified event occurs (e.g. a medical error or the diagnosis of a certain disease).

Medicaid (Title XIX): A Federally aided, State-operated and administered program that provides medical benefits for certain indigent or low-income persons in need of health and medical care. The program, authorized by Title XIX of the Social Security Act, is basically for the poor. It does not cover all of the poor, however, but only persons who meet specified eligibility criteria. Subject to broad Federal guidelines, States determine the benefits covered, program eligibility, rates of payment for providers, and methods of administering the program.

Medical Audit: Detailed retrospective review and evaluation of selected medical records by qualified professional staff. Medical audits are used in some hospitals, group practices, and occasionally in private, independent practices for evaluating professional performance by comparing it with accepted criteria, standards, and current professional judgment. A medical audit is usually concerned with the care of a given illness and is undertaken to identify deficiencies in that care in anticipation of educational programs to improve it.

Medical Error: An error or omission in the medical care provided to a patient. Medical errors can occur in diagnosis, treatment, preventative monitoring, or in the failure of a piece of medical equipment or another component of the medical system. Often, but not always, medical errors result in adverse events such as injury or death.

Medically Necessary: A treatment or service that is appropriate and consistent with a patient's diagnosis and that, in accordance with locally accepted standards of practice, cannot be omitted without adversely affecting the patient's condition or the quality of care.

Medicare (Title XVIII): A U.S. health insurance program for people aged 65 and over, for persons eligible for Social Security disability payments for two years or longer, and for certain workers and their dependants who need kidney transplantation or dialysis. Monies from payroll taxes and premiums from beneficiaries are deposited in special trust funds for use in meeting the expenses incurred by the insured. It consists of four separate but coordinated programs:

Part A – covers inpatient hospital care, some skilled nursing facility care, home health care, and hospice care

Part B – covers physician care, diagnostic x-rays, laboratory tests, and durable medical equipment

Part C – Medicare Advantage; allows private insurers to offer a Medicare plan

Part D – offers subsidized prescription drug benefits to Medicare beneficiaries

Nursing Home: A state-licensed health care facility that is staffed with nurses around the clock and a physician on call and that has approved procedures for maintaining medical records and administering medications. Includes a wide range of institutions that provide various levels of maintenance and personal or nursing care to people who are unable to care for themselves and who have health problems, which range from minimal to very serious. The term includes free-standing institutions, or identifiable components of other health facilities that provide nursing care and related services, personal care, and residential care. Nursing homes include skilled nursing facilities and extended care facilities but not boarding homes.

Nursing Home Compare (5-Star Quality Rating System): The Nursing Home Compare website was created by CMS and features a quality rating system that gives each nursing home a rating between 1 and 5 stars. There is one overall 5-star rating and a separate rating for each of the following sources of information: Health Inspections, Staffing, and Quality Measures (QMs).

Occupancy Rate: A measure of inpatient health facility use, determined by dividing available bed days by patient days. It measures the average percentage of a facility's beds occupied and may be institution-wide or specific for one department or service.

Operating Costs: These costs normally include costs of personnel, materials, overhead, depreciation, and interest.

Operating Income: Earnings realized from an organization's core operations.

Out-of-Pocket Cost: The amount of a medical bill that is not covered by Medicare, Medicaid, insurance, or other third-party payers.

Post-acute care (also called subacute care or transitional care): Type of short-term care provided by many long-term care facilities and hospitals that may include rehabilitation services, specialized care for certain conditions (such as stroke and diabetes), and/or post-surgical care and other services associated with the transition between the hospital and home. Residents on these units often have been hospitalized recently and typically have more complicated medical needs. The goal of subacute care is to discharge residents to their homes or to a lower level of care.

Quality of Care: The degree to which delivered health services meet established professional standards and judgments of value to the consumer. Quality may also be seen as the degree to which actions taken or not taken maximize the probability of beneficial health outcomes, given the existing state of medical science and art. Quality is frequently described as having three dimensions: quality of input resources (certification and/or training or providers), quality of the process of services delivery (the use of appropriate procedures for a given condition), and quality of outcome of service use (actual improvement in condition or reduction of harmful effects).

Rehabilitation: The combined and coordinated use of medical, social, educational, and vocational measures for training or retraining individuals disabled by disease or injury to the highest possible level of functional ability. Several different types of rehabilitation are distinguished; vocational, social, psychological, medical, and educational.

Reimbursement: The process by which health care providers receive payment for their services. Because of the nature of the health care environment, providers are often reimbursed by third parties who insure and represent patients.

Respite Care: Care given to a person by another caregiver so that the usual caregiver can rest.

Restricted Funds: Describes reserves that cannot be used to pay operating expenses at the discretion of the board. In senior living, the two most common types of restricted funds are donor-restricted funds and trustee-held funds. Trustee-held funds relate to reserves funded by a tax-exempt bond financing; these reserves are held by a trustee and are only available for use by the borrower under certain circumstances. Donor-restricted funds are funds restricted by the donor's stipulation as to the purpose(s) for which the contribution may be used.

Retrospective Reimbursement: Payment made after-the-fact for services rendered on the basis of costs incurred by the facility.

Revenue: The gross amount of earning received by an entity for the operation of a specific activity. It does not include any deductions for such items as expenses, bad debts, or contractual allowances.

Skilled Care: A level of care that is prescribed by a doctor and requires the training, skills, and twenty-four-hour-a-day supervision of a registered nurse.

Skilled Nursing Facility (SNF): A nursing care facility participating in the Medicaid and Medicare programs that meets specified requirements for services, staffing, and safety.

Spend Down: The amount of expenditures for health care services, relative to income, that qualifies an individual for Medicaid in States that cover categorically eligible, medically indigent individuals. Eligibility is determined on a case-by-case basis.

Third-Party Payer: Any organization, public or private, that pays or insures health or medical expenses on behalf of beneficiaries or recipients. An individual pays a premium for such coverage in all private and in some public programs; the payer organization then pays bills on the individual's behalf. Such payments are called third-party payments and are distinguished by the separation among the individual receiving the service (the first party), the individual or institution providing it (the second party), and the organization paying for it (third party).

Resources used to develop this glossary include

- "The ABCs of CHW, A Handy Primer Defining Healthcare terms and Acronyms."
- "Glossary of Terms Commonly Used in Health Care." Academy Health January 2004
- "Public Housing and Supportive Services for Frail Elderly: A Guide for Housing Authority."
- "Senior Living Finance + Strategy Terminology." Ziegler 2014
- "Glossary -- HealthCare.gov 2016
- cms.gov 2016