

Glossary of Terms

1. **AAA**: Area Agency on Aging
2. **Authorized Agency**: Agencies authorized by the Department of Disabilities, Aging and Independent Living (DAIL) to provide adult family care to eligible participants. This includes oversight and management of Adult Family Care (AFC) services and payment to AFC Homes.
3. **Adult Family Care**: A 24 hour care and support option in CFC in which participants live in and receive services in an AFC Home which is contracted by an Authorized Agency.
4. **Adult Family Care Home**: A home established and operated for the purpose of providing individualized supports in an environment that is safe, family oriented, and designed to support autonomy and maximize independence and dignity for up to two individuals, unrelated to the operator, enrolled in Choices for Care. The home must be contracted with an Authorized Agency in order for the home provider to receive a “Difficulty of Care Payment” (tax-free stipend).
5. **Adult Family Care Coordinator (AFCC)**: Coordinates care for Adult Family Care participants throughout the continuum of care to ensure that care is timely, appropriate, of high quality and cost effective. The AFCC works closely with the Case Manager, primary care providers, other health care professionals and team members, clinics, internal or external services, and community agencies. The AFCC provides coordination and planning of multiple health care services; acts on behalf of the AFC participant to ensure that necessary clinical services are met and that communication with the Case Manager is timely and accurate.
6. **Activities of Daily Living (ADL)**: ADL’s means dressing and undressing, bathing, personal hygiene, bed mobility, toilet use, transferring, mobility in and around the home, and eating.
7. **Adult Protective Services (APS)**: The unit within the Division of Licensing and Protection (DLP) responsible for processing, investigating and prosecuting reports of abuse, neglect and exploitation against vulnerable adult Vermonters.
8. **Agency**: An entity that provides care or services to participants on the Choices for Care program.
9. **Agency of Human Services**: The Vermont state agency responsible for oversight of the Department of Disabilities, Aging and Independent Living (DAIL).
10. **Applicant**: An individual who has applied to the Choices for Care, VT Long-Term Care Medicaid program to receive services.
11. **Area Resource for Individualized Service (ARIS)**: A private non-profit organization currently under contract with the State acting as the Intermediary Service Organization (ISO) for consumer and surrogate directed services.
12. **Assessment**: The tool and process used to document an individual’s strengths, needs, and unmet needs as they relate to health, social and functional status. The assessment is used to determine clinical eligibility for Choices for Care, VT Long-Term Care Medicaid.
13. **Authorized Representative**: An individual who has been given legal authority to act on behalf of an applicant or participant.
14. **Caregiver**: A person who provides personal care (for reimbursement or as a volunteer).
15. **Centers for Medicare and Medicaid Services (CMS)**: The federal office responsible for approving and monitoring the Choices for Care program.
16. **Choices for Care (CFC)**: The program name used to identify the new Vermont Long-Term Care Medicaid, (1115 Waiver) program.
17. **Choices for Care Team**: Previously known as the “Medicaid Waiver Team”, the group of

local provider agencies and other relevant organizations which meets on a regular basis to collaborate in managing Choices for Care, VT Long-Term Care Medicaid services, in accordance with the local/regional protocol.

18. **Civil Union**: A legal partnership between people of the same gender, as recognized by Vermont state law.
19. **Consultant**: Consultants work at an agency called Transition II. Consultants work with individuals using the Flexible Choices Option to assist the individual in the development and management of their Flexible Choices budget.
20. **Consumer-Directed Service**: Services directed by the participant, functioning as an employer of paid caregivers.
21. **Critical Incident**: A critical incident is any actual or alleged event, incident or course of action involving the perceived or actual threat to a participant's health and welfare; or any actual or alleged event, incident or course of action involving the perceived or actual threat to his/her ability to remain in the community.
22. **Department for Children and Families (DCF)**: The state department within the Vermont Agency of Human Services (AHS) with primary authority for the state financial eligibility determination for Choices for Care, VT Long-Term Care Medicaid services. DCF is also responsible for administration of other state health care and financial benefits for Vermonters.
23. **Department of Disabilities, Aging and Independent Living (DAIL)**: The state department within the Vermont Agency of Human Services (AHS) with primary authority for the state management, approval, and oversight of Choices for Care, VT Long-Term Care Medicaid services.
24. **Department of Vermont Health Access**: The State agency responsible for the management of Medicaid and other publicly funded health insurance programs.
25. **Difficulty of Care Payment**: A tax-free stipend made by an Authorized Agency to an Adult Family Care Home in accordance with IRS rules.
26. **Division of Licensing and Protection (DLP)**: The division within the Department of Disabilities, Aging and Independent Living (DAIL) responsible for the licensing and regulation of skilled nursing facilities, residential care homes, assisted living residences, and Medicare certified home health agencies. Adult Protective Services (APS) is located in DLP.
27. **Employee**: A person who provides care or services and receives reimbursement from another individual or organization.
28. **Employer**: A consumer, surrogate, or organization that manages and supervises Choices for Care, VT Long-Term Care Medicaid services employees.
29. **Estate Recovery**: The process in which the Department of Vermont Health Access (DVHA) may recover the cost of Choices for Care, Long-Term Care Medicaid services that have been provided to an individual and paid for by the State of Vermont. The process of Estate Recovery occurs after the individual has passed away and is done through the probate court process.
30. **High Needs Group**: Individuals who have been found to meet the high needs group clinical eligibility criteria and have been authorized to receive services.
31. **Highest Needs Group**: Individuals who have been found to meet the highest needs group clinical eligibility criteria and have been authorized to receive services.
32. **Home Health Agency (HHA)**: A Medicare Certified home health care agency authorized to provide Choices for Care, VT Long-Term Care Medicaid services.
33. **Instrumental Activities of Daily Living (IADL)**: Means meal preparation, medication management, phone use, money management, household maintenance, housekeeping,

- laundry, shopping, transportation, and care of adaptive equipment.
34. **Independent Living Assessment (ILA)**: An assessment tool used to document an individual's strengths and needs as they relate to health, social and functional status in the home-based setting.
 35. **Intermediary Service Organization (ISO)**: A private non-profit organization or corporation which provides payroll management services for employers (including direct payments to employees; federal and state income tax withholding, reporting, and payments; workers compensation insurance; federal unemployment taxes; state unemployment taxes; submission of Medicaid claims; and receipt of Medicaid payments).
 36. **Legal Representative**: An individual who has the legal authority, via a power of attorney document or court appointed guardianship, to make decisions or perform certain activities on behalf of another person.
 37. **Long-Term Care**: Care and services provided to an individual on an ongoing basis for the purpose of accomplishing Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's). Long-term care is "non-acute" in nature.
 38. **Minimum Data Set (MDS)**: An assessment tool used by licensed nursing facilities to document an individual's strengths and needs as they relate to health, social and functional status in a nursing facility setting.
 39. **OASIS**: An assessment tool used by Medicare certified home health agencies to document an individual's strengths and needs as they relate to health, social and functional status while receiving Medicare/Medicaid funded home care services.
 40. **Participant**: A person who has been found eligible and receives Choices for Care, VT Long-Term Care Medicaid services.
 41. **PASRR**: "Pre-Admission Screening and Resident Review", used to identify a need for active treatment due to a mental illness or developmental disability.
 42. **Patient Share**: An individual's monthly share of the cost of Choices for Care, Long-Term Care Medicaid services as determined by the Department for Children and Families (DCF). The amount of an individual's patient share (if any) is based on the individual or couples monthly income.
 43. **Personal Care Attendant (PCA)**: A person who is employed to provide personal care services.
 44. **Personal Care Worksheet**: The tool used together with the Independent Living Assessment (ILA), to estimate the amount of personal care services that may be provided in the home-based setting.
 45. **Person Centered Planning**: Person centered planning is a process of continual listening and learning; focused on the strengths of the individual, their goals now, and for the future; and acting upon this in alliance with their family and friends toward the objective of community inclusion and power in sharing the decision-making.
 46. **Primary Caregiver**: A person who provides personal care and/or supervision on an ongoing basis, without pay.
 47. **Provider**: An individual, organization, or agency that has been authorized by the Department to provide Choices for Care, Long-Term Care Medicaid services.
 48. **Reimbursement**: Payment for services which have been provided by a person or organization.
 49. **Residential Assessment (RA)**: An assessment tool used by licensed residential care homes and assisted living residences to document an individual's strengths and needs as they relate to health, social and functional status in a residential care setting.
 50. **Room and Board**: Payment made to a homeowner or Licensed Residential Care

Home/Assisted Living Residence for lodging and meals, which includes the cost of rent, all common utilities and telephone, home maintenance and repair, and food. Medicaid only pays for room and board in a nursing facility.

51. **Service Plan**: A form which identifies the Choices for Care Long-Term Care Medicaid services which may be provided to a participant within a specified time period, and which when approved by DAIL gives provider organizations authority to provide services and submit claims for reimbursement.
52. **Spouse**: A legally husband, wife, or (pursuant to Vermont statute) a civil union partner.
53. **Supervision**: Training, instructing, and giving performance feedback (positive or negative) to a worker.
54. **Surrogate**: A person who acts as an employer and manages employees on the behalf of the participant.
55. **Surrogate-Directed Services**: Services which a surrogate directs on behalf of a participant, functioning as the employer of paid caregivers (employees).
56. **Utilization Review (UR)**: A Department of Disabilities, Aging and Independent Living (DAIL) review process intended to assure that the Choices for Care, VT Long-Term Care Medicaid service type and volume are appropriate to meet the needs of eligible individuals, while remaining as efficient as possible.
57. **Volunteer**: A person who provides unpaid care or services in a formal volunteer relationship, and who is neither a family member nor a paid employee.