

SOLUTIONS FOR AGING ON YOUR OWN TERMS



Capital Health Care Network's Practical Guide
To Understanding Senior Care Options

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WHY WE CREATED THIS GUIDE

By the year 2050 it's estimated that almost 25% of the U.S. population will be 65 or older. America faces a growing challenge in providing quality care for its elderly.

But the statistics, as revealing as they are, don't help prepare people for the very personal and often emotional experience that the elderly and their families will go through in selecting care solutions.

Helping seniors age on their own terms is part of our mission at Capital Health Care Network. Every day we talk with seniors, caregivers, family members, nurses, and other professionals involved with elderly care, about some of the most challenging issues related to aging. These conversations show us how difficult it can be for people to navigate through a confusing array of care options. So, we wanted to create an explanation of some of the more important factors involved in planning and providing for the care and well-being of elderly loved ones.



We created this guide for people who are either approaching a time in life when they need to make plans to care for themselves, or for family members and for caregivers who need to make arrangements. The goal is to educate people about care options so that senior care decisions can be made with more ease and confidence.

This paper presents an overview of the types of care options available, how care is paid for, and some of the cost considerations. We'll clarify some of the industry jargon, and lay out key questions that, when answered, should help make the challenge of senior care planning as smooth as possible.

The topic is too large and involved to answer all of your questions here, so we've also provided a list of additional resources at the end of this document to further help you and your family.

I hope you find it to be useful.

Kara Bernsen

Kara Bernsen
Chief of Network Development
Capital Health Care Network

A GROWING CHALLENGE FOR THE ELDERLY AND THEIR FAMILIES

“Nearly 25 million American workers provide informal care for an elderly family member or friend who needs help with basic personal needs and daily activities. This number will probably grow as the post-World War II baby boomers – all 76 million of them – continue to age.”

... Dept. of Labor Blog

Lauren and her husband, Rob, are busy parents of three kids in Toledo, Ohio. Both work full-time jobs to provide a good life for two active teenagers and their youngest child in grade school. On top of the challenges of raising a family, Lauren’s 86-year-old mom, who lives alone in the home that Lauren grew up in, has begun to have serious health problems that require increasing attention and care.

Lauren’s older brothers and sisters live on the east and west coasts of the country - a long way from Toledo. And though they offer moral and some financial support, it’s clear that very soon, Lauren and her family will need more help to make sure their mother is comfortable and well cared for.

It’s a difficult time for all involved. Lauren spends her time alternating between worry that something unfortunate might happen to her mom, and guilt because she can’t spend more time with her. The other worry is financial. How will they take care of her mother’s current and future needs without traveling down a path of financial stress for the entire family?

In addition, the numerous weekly trips to check on her mom often involve time away from the job. All of this has begun to affect Lauren’s work performance, and fray

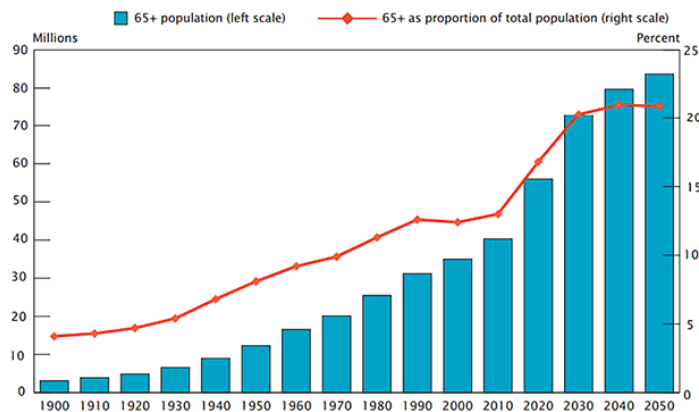
close personal relationships. She just doesn’t know what to do.

This document is a guide for the millions of Americans who face similar situations. It will present an overview of the care options and strategies for managing the situation of elderly loved ones who need care, and who themselves may be experiencing a range of emotions from feeling like a burden to worry and depression.

A glance at the following census bureau chart shows that this societal challenge will only increase for families like Lauren and Rob’s:

America's Growing Elderly Population

Population Aged 65 and Over: 1900 to 2050



The chart indicates that in the near future, most people will likely be affected by issues related to the growing number of elderly who will need care. But if you, or your family, are facing the need for short-term or long-term care, it ceases being about numbers on a chart – it becomes very personal.

When that happens, all that matters to people is that they find the best possible care. It's often a stressful time, particularly if the family is unaware of available options. But there are solutions that could help everyone get through this experience in a better frame of mind. We'll devote the remainder of this paper to explaining options that are available for most Americans.

UNDERSTANDING THE CARE CONTINUUM

The first thing to understand is the continuum of care. The continuum is a framework of care options that begins with independent seniors who are mentally and physically able to live on their own, and ends with hospice. Specifically, it includes: home care agencies, assisted and independent living communities, skilled nursing centers, outpatient rehabilitation services and hospice care.

People progress between these different needs as they age and their health conditions change. It doesn't always proceed in a linear pattern. Understanding the care continuum will make those transitions and the planning associated with them as smooth as possible.

The summary chart below is followed by more detailed explanations:

Care Continuum Overview Chart

	Independent Living	Skilled Nursing Facility	Assisted Living	Skilled Home Care	Private Duty	Hospice
Common Names	Active adult community, retirement community	Nursing home, rehabilitation center, outpatient therapy	Nursing home, custodial care, residential care	Home health care, home care, private duty	Concierge care, home aides	End of life care, palliative care
Candidates	Seniors who are physically and mentally able to take care of themselves and who want social engagement with other seniors as well as fewer chores.	Seniors who don't need to be in a hospital but need medical supervision or rehabilitation and can't be cared for at home. The need can be post-hospitalization, injury, or short-term therapy.	Seniors who need long-term assistance with life's daily tasks but don't need full-time nursing care.	Seniors who need post-op injury or illness medical attention from visiting skilled nurses or therapists.	Seniors who need non-medical assistance at home with daily living tasks.	Terminally ill seniors whose remaining life prognosis is 6 months or less, as determined by a doctor.
Type of Care	Housing arrangements ranging from apartment-style communities to housing co-ops. Residents live in separate dwelling spaces and have a common area where they can gather with other members of the community. Medical care is an extra if needed.	Short-term residential accommodations with medical care. Includes general medical, rehabilitation therapy nursing, occupational, speech, or physical therapy. Long-term care is also provided in many facilities	Personal care support services provided by nursing aides or skilled nursing. Services include: bathing, dressing, meal preparation, transportation, and medication management. Medical care is provided when needed. Can include adult day care and respite care. Options such as memory care, dementia, and Alzheimer's care are available in many facilities.	Visiting health care professionals provide home health care, including professional medical and/or nursing care, occupational, speech, or physical therapy.	Non-medical assistance with everyday tasks in the home, such as meals, transportation, light duty housework, companionship, bill pay. Can be hourly or 24/7 care.	Helping terminally ill patients live comfortably. Special medications, doctor and nursing care, grief counseling, and short-term respite care. Care can be provided in home or in a hospice facility.
Payment Options	Social Security, pension income, retirement savings and other personal funds.	Private insurance, Medicare (if short term and medically necessary). Medicaid for longer term care.	Savings and personal funds, certain long-term care insurance policies, VA Aid and Attendance benefits, Medicaid, reverse mortgage funds, and annuities.	Private insurance or Medicare, if part of nursing care, or other physical therapy, occupational therapy, or speech-language pathology services.	Individuals pay privately or some insurance policies cover. Some areas have local Agency on Aging offices that provide services to qualified seniors at a discounted rate.	Medicare, Medicaid, private insurance.
Cost Range	\$2K - \$9K/mo. (Varies by amenities)	\$4K - \$8K/mo.	\$3K- \$5K/mo.	(varies)	\$15 - \$25 per hour	

Independent Living

Independent Living communities provide housing to seniors who are capable of living on their own or with minimal assistance, and who would like to be socially connected with other seniors. Independent living goes by a variety of names including retirement communities or active adult communities.

One of the big advantages of these communities is that the condos, apartments, villas, cottages, and single-family homes, relieve the burden of home maintenance, freeing up seniors for more leisure time. Residents also benefit from convenient services, senior-friendly surroundings, and increased social opportunities.



Independent living facilities give their residents options to easily create a circle of friends, avoiding some of the isolation and loneliness that some experience when living alone. Planned group activities, meal times, and the ability to drive, can all contribute to a more vibrant aging experience. Usually, living in these communities also reduces typical family worry because they're more confident that their aging relative will be happy living in a community with conveniences and enhanced security.

You'll find a lot of variability in floor plans and amenities offered in different communities. Typical amenities in high end independent living communities include pools, spas, alert systems, access to exercise equipment, internet and cable services, clubhouses, and on-site beauty and barber salons. Many retirement communities offer dining services, basic housekeeping and laundry services, planned activities, social programs, and community rooms.

Skilled Nursing Facilities

Skilled Nursing Facilities (SNF), also known as nursing homes, offer professional nursing care and physician supervision for both short- and long-term care. Typical services include:

- Pre- and post-op care
- 24-hour skilled nursing care
- Skilled nursing assessments
- Outpatient services
- Diabetic care

- Post-surgical care
- Wound care management
- Pain management
- Medication management and administration
- IV therapy including IV antibiotics
- Nutritional monitoring
- Orthopedic care
- Neurological, cardiac and stroke recovery
- Physical, speech, and occupational therapy
- Pulmonary services
- Aqua Therapy
- Driving Simulator
- Respite and hospice care
- Long-term care

It's important to choose a SNF that is certified by the state and approved by the CMS (Center for Medicare and Medicaid Services). It should meet federal criteria for Medicaid and Medicare reimbursement for nursing care, including the



“More than half of Americans will find themselves in a nursing home at some point in their lives. ...The use of nursing homes is considerably greater than previously thought.”

...RAND Center for the Study of Aging

supervision of the care of every patient by a physician and the full-time employment of at least one registered nurse. Most nursing homes have nursing aides and skilled nurses on hand 24-hours a day.

It's also important to choose a facility that has a broadly trusted reputation and a management staff that truly cares about its patients. Scheduling a visit to tour the facility, understand the organization's mission, observe the operation, and talk with the staff, are some of the best ways to determine the level of professional caring.

Quality and satisfaction ratings by certifying organizations, awards, consumer reviews, and the facility's own website, YouTube channel, and social media pages are other good indicators.

Short-term nursing care costs can be covered by Medicare or private insurance. Long-term nursing care is provided by the individual's personal financial or insurance resources, or by Medicaid.

Some states allow unlicensed nursing facilities to operate. These are not recommended.

Gaining timely admission to nursing homes is likely to become more challenging in the future. A new study by the RAND Center for Aging shows that more than half of Americans will find themselves in a nursing home at some point in their lives. “The use of nursing homes is considerably greater than previously thought,” said lead researcher Michael Hurd, director of the center.

Assisted Living

Assisted Living (AL), also called residential or custodial care, is for adults who need help with everyday tasks, but don't require full-time nursing care.

Basic assisted living services include:

- Dressing
- Bathing
- Bathroom use
- Nutrition and meals
- Medication management
- Lodging
- Transportation
- Resident activities
- Nursing care when needed

Some facilities will offer optional services such as special diets, health monitoring, skilled nursing, speech, and occupational therapy.



Nowhere in the continuum of care is it more important to research the quality of available facilities than it is with assisted living. Why? Because unlike nursing homes, AL facilities are not regulated nationally. Each state has its own regulations, licensing criteria, and enforcement standards.

As in the nursing home discussion, visit prospective facilities and ask to see the state certifications. Get information on staff training and get a feel for the level of caring professionalism. Again, quality and satisfaction ratings by certifying organizations, awards, consumer reviews, and the facility's own website, YouTube channel, and social media pages, are other good indicators.

Look for AL facilities that take the time to do a professional assessment of the senior's health and needs, and who also put together customized plans for care.

Some assisted living facilities are part of retirement communities or skilled nursing facilities, allowing for a smooth transition from one service to another if needs change.

Assisted living is less expensive than nursing home care but can still be expensive. Payment rates vary according to the type of care provided. The elderly or their families usually pay the total costs. Health and long-term care insurance policies may cover some of the costs. Medicare does not cover the costs of assisted living.

Adult Day Care, Private Duty, and Respite Care

Somewhere between assisted living and independent living are services like adult day care and respite care. These services generally fall in the category of Private Duty on the continuum chart and they can be part of an overall solution for many families. Caregivers in this category are often called Personal Care Assistants and they include homemakers, home health aides, Certified Nursing Assistants, and companions

Adult day care provides companionship for the elderly and allows a family caregiver to go to work during the day. Basic activities include:

- Exercise
- Meals
- Transportation
- Medication management
- Companionship
- Social activities
- Supervision
- Day trips

Respite care is temporary care that allows the family caregiver to take a vacation or have a short break from caregiving activities.

Most residential care facilities do not provide respite or adult day care services. The cost of these services is paid for by the family.

In-Home Care

Home health services help seniors avoid unnecessary hospitalization and to recover in the comfort of their own home after a hospital or facility stay. They're also an option in instances where the individual needs help while remaining safely at home.

In-home care is divided into two broad categories: skilled home health care, which requires nursing or medical professional assistance, as prescribed by a doctor; and non-medical (private duty home care).

Included in in-home medical care are a wide range of health care services that can be administered in the home for an illness or injury. And they can be just as effective as the care given at skilled nursing or assisted living facilities. Medicare covers many costs required by a doctor in this area.

Examples of skilled home health services include:

- Wound care
- Cardiac rehabilitation
- Diabetic education
- Medication Information
- Disease management
- IV therapy
- Post-operative care
- Nutritional counseling
- Orthopedic rehabilitation
- Balance training
- Fall prevention
- Occupational therapy
- Physical therapy
- Speech therapy



Examples of non-medical (private duty) care includes:

- Companionship
- Bill payment
- Personal assistant
- Personal care / hygiene
- Light housekeeping
- Meal preparation
- Medication reminders
- Home safety assessments
- Exercise programs
- Personal emergency response services

Home health care providers treat illness and injury and help seniors regain their independence. Excellent in-home care is provided by registered nurses (RN's), licensed practical nurses (LPN's), therapists, social workers, and nurse aides. These services are paid for primarily through Medicare home health benefits.

Make sure you choose a Medicare-certified home health care agency. If you get Medicare benefits through a health plan, check to find out how it handles Medicare-covered home health benefits.

Some states also offer a Medicaid program called PACE (Program of All Inclusive Care for the Elderly), which covers all of the senior's care and medical needs through one contracting agency. The goal is to allow people who would traditionally go to nursing homes to stay at home with support.

Low-income seniors and people whose financial resources have been drained by illness or misfortune, often struggle financially to stay in their homes. In these cases, there are other federal programs that can help - such as: the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamps program, Supplemental Security Income (SSI) cash benefit payments, and the Home Energy Assistance program.

Many state, church, and local community senior care organizations provide assistance to seniors as well. For example, every state has an Aging Services division dedicated to providing seniors with home and community-based services so they can continue living in their own homes instead of having to enter a nursing home. Google your state's Aging Services division to discover additional resources in your area. Churches also offer a varying amount of senior services.

Hospice and Palliative Care



Hospice care is end-of-life care for seniors who have six months or less to live as determined by their doctor. A team of health care professionals and volunteers provide medical, psychological, and spiritual support services.

The goal of hospice is to help terminally ill people die in peace and with comfort and dignity. Hospice programs also provide services to support a patient's family.

Both palliative care and hospice care provide comfort. Palliative care is end of life care that can include treatment of the illness. Hospice care begins after the treatment of the disease is stopped and when it's clear that the person won't survive the illness.

Hospice services can be in the home or in a Medicare certified hospice facility. Services include, but are not limited to the following: nursing, medications, grief and family counseling, respite care, physical therapy, medical care, and dietary consulting.

Hospice care costs are paid for through Medicare Hospice Benefit, Medicaid Hospice Benefit, the VA, and some private insurers. Hospice organizations will work with the individual and his or her family to ensure needed services can be paid for.

When a family commits to a hospice program, the focus of care changes from helping the individual to get well to helping the individual be comfortable in their final days. Medicare coverage for curative procedures and medications then cease, and coverage changes to match the specific care needs of the terminally ill person and the family.

PAYING FOR CONTINUUM SERVICES



Now that there's a clear understanding of the care options, it's time to address, in a little more detail, one of the biggest questions on everyone's mind: How does an individual or family pay for any of these expensive options? The answer lies in understanding and using the two workhorses of senior care finance – Medicare and Medicaid.

Only about 11% of people over 65 have private long-term care insurance, and that means that the majority of seniors will depend on Medicare and Medicaid for the health and well-being costs of aging.

Many people are surprised that Medicare does not cover costs for most types of long-term care including Alzheimer's and dementia care. So it's vital to understand the basic workings of Medicare and Medicaid.

A short primer on Medicare and Medicaid

Medicare is a federal health insurance program for the elderly, aged 65 and over, and for the disabled under 65. Individuals are automatically enrolled in Medicare when they start receiving Social Security benefits. They can also enroll in Medicare separately at age 65 if they choose to delay enrolling in Social Security.

There are 4 parts to Medicare:

- Part A – Hospital insurance
- Part B – Medical insurance
- Part C – Medicare Advantage programs
- Part D – Prescription drug plan

Part A pays for inpatient hospital care, some skilled nursing, hospice, and home care (if prescribed). Part A is premium-free for 99% of beneficiaries because their past employment wage deductions have paid for it.

Medicare-covered services include, but aren't limited to:

- Semi-private room (a room shared with another patient)
- Meals
- Skilled nursing care
- Physical and occupational therapy
- Speech-language pathology services
- Medical social services

Medicare is not a long-term care solution. But Medicaid will cover long-term care in all states. State Medicaid rules and coverages vary.

- Medications
- Medical supplies and equipment used in the facility
- Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available at the skilled nursing facility
- Dietary counseling

Part B covers outpatient physician and hospital services, some home health services, and durable medical equipment. For most seniors, Part B costs about \$134.00 / month in 2017, which seniors can opt out of.

Part C allows private companies like HMOs and PPOs to offer health insurance. These companies usually provide at least the same benefits as, and are an alternative to, parts A and B. Most also cover prescription drugs. But to manage costs, they offer a limited choice of providers. Some of these plans are premium-free.

Part D covers prescription drug benefits through private insurance companies. There is an additional monthly premium for this benefit. As of 2017, monthly premiums range between \$10 and \$100.

Although Medicare covers short-term costs in the continuum of care, it doesn't pay for:

- Assisted living
- Long-term nursing home stays
- Residential care homes
- Long-term care of any kind

Long-term care costs are covered by a combination of the individual's resources, including private insurance, savings, Social Security income, pensions, reverse mortgage programs, VA benefits, and other personal resources.

Medicaid

Unlike Medicare, Medicaid can be used to pay for long-term nursing home care in all states. It's a safety net for seniors who need care but can't afford it. Many states also allow their residents to use Medicaid to pay for residency in assisted living communities or other alternatives to nursing homes such as in-home care.

Medicaid benefits include medical, hospitalization, prescription, nursing home, and home health care benefits to people who can't afford it on their own. While the majority of its funding comes from the federal government, each state has some discretion in its individual rules, regulations and eligibility requirements. You should expect the application for Medicaid benefits to include some fairly strict requirements. It is often advisable to consult an elder attorney.

Eligibility for Medicaid

1. A senior has to put almost all of his or her existing personal assets towards care.

2. An individual has to have a low income or at least have medical or care expenses that are higher than her or his income.
3. A married couple does not have to exhaust all financial resources. The healthy spouse can usually keep the home he or she lives in, but may still have to make significant sacrifices.

CREATING A CARE PLAN

Having a personal or family plan for the long-term care of its senior members is always a good idea. Why? Because no one wants the legal, financial, health, and well-being complexities to suddenly appear without some preparation. A well thought-out, long-term plan will make for better decisions along the way.

But many families struggle with the senior care planning process. Discussions between a senior who wants to hang on to their independence long after it's safe to do, and family members who want to provide the best care possible for an aging parent, are often difficult.

Our advice is to plan it with the best, most accurate information you can gather, with as much input as possible from your loved one - always with a sense of love.



Families that plan ahead have the time to develop strategies and review options for care with minimal stress. Otherwise, the onset of sudden illness or other disability can force choices that aren't well-informed and don't serve your loved one's needs effectively. Before you create a senior care plan, it helps to think through nine broad questions based on those we address with the families we serve every day.

Nine Important Senior Care Plan Questions

1. **What are the wishes of the elderly person for his or her future?** Many people in their 80's and 90's can still think very clearly. Decisions about their future should be based on their values, beliefs, preferences, and priorities whenever possible.
2. **What is the mental, physical, and emotional state of the senior?** Has she or he had a professional health assessment? Does he or she feel a sense of positivity and independence? Can he or she perform daily living tasks without assistance and with reasonable safety? The answer to these questions will determine the degree to which the person can live independently.
3. **Do you need long or short-term care?** The need for short – term, professional care sometimes is caused by an illness or injury recovery. Longer term care is needed when there's little hope that the person will recover to live on her or his own.

4. **Can the required care be provided in the home?** Many times, short or long-term care can be provided effectively in the home, avoiding more expensive hospital or nursing home costs.
5. **What kind of financial resources does the person have, including Medicare and Medicaid?** Medicare doesn't cover long-term care. An individual who has financial resources such as savings, pensions, and/or investments, may need to use these to pay for long-term care. Have you consulted financial and tax planning advisors? Does the person need low income assistance?
6. **What kind of senior care resources exist in your community?** Do a search for (and visit) assisted living facilities, skilled nursing facilities, hospice, and independent living communities in your area. Always look for certified facilities with high care standards. Get an idea of admission lead times. Are there local church or community-based services that can lend a hand? Support group meet-ups for family members may also be valuable.
7. **What kind of resources can you tap into online?** Facebook and websites devoted to senior care issues can be helpful to join. Typically, people in similar senior care situations as yours are keen to share valuable information and tips as well as emotional support. See the Additional Resources section below for some helpful websites.
8. **How much care can a spouse, family member or friends provide?** If you prepare meals, provide transportation, or assistance in the home for a senior, you are a caregiver. How long will the caregivers be able to provide that help? Are there federal, state, or local compensation programs for caregivers?
9. **Have you sought advice from all the professionals?** Successfully navigating through senior care options requires specialized knowledge. Legal and financial experts, senior care facility staff, and medical providers, can all provide perspective on important care decisions. Their advice, and counsel is essential.

The care plan should be centered around the senior's particular health needs and the answers to the above questions. We recommend creating a folder during this process to capture notes and discoveries from the nine broad questions above. Include specific names, locations, phone numbers, and plenty of detail on what you've learned. Armed with this information, it will be easier to contact the right people later for additional questions, or when you need assistance.

Be sure to have discussions with the senior involved, his or her spouse, and other family members, so that all concerned have an opportunity to contribute ideas and support, and to coalesce around a broad plan of care.

We hope this guide has answered some of your questions, but we know you'll have more. If you'd like to discuss any aspect of senior care, please contact us. One of our professionals would be happy to help.

ADDITIONAL RESOURCES:

Medicare: <http://www.medicare.gov>.

Medicaid: <https://www.medicaid.gov>

Center for Medicare and Medicaid Services: <https://www.cms.gov/>

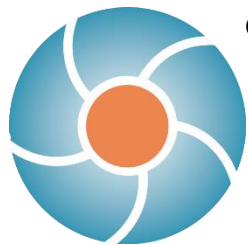
Assisted living: <https://www.assistedliving.com/>

Hospice: <https://www.nhpco.org/>

Administration for Community Living: <https://www.acl.gov/>

Elder Care Directory <https://www.eldercaredirectory.org/>

SNAP: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>



Capital Health Care Network is a family owned and operated senior care organization serving people in Ohio and West Virginia. They offer multiple options for innovative senior care including private-duty homecare, home health care, assisted and independent living, skilled nursing & rehabilitative care, outpatient therapy and hospice.

For a no obligation consultation with one of our knowledgeable professionals call (937) 277 0505 or visit www.capitalhealthcarenetwork.com