



SIXTY PLUS SERVICES

**PLANNING AHEAD,
BEING PROACTIVE:
A GUIDE TO
EXPLORING
YOUR OPTIONS**



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Older adults and their families are often faced with many questions about how to effectively plan for the future. Navigating through the complex world of long-term care can become a full-time job and many individuals are unaware of the services and resources available to them.

Sixty Plus Services has created this guide as a resource for effective long-term planning. We have included information on the different options available for aging adults and the best methods for pursuing those options. When older adults and their families understand what services and resources are available, they can make informed decisions that could potentially enhance quality of life and maximize independence.

Sixty Plus Services provides geriatric case management for Piedmont Healthcare patients and their families. Geriatric case managers help link people to the appropriate resources, provide expert guidance and recommendations, and offer assistance if any challenges arise. They also serve as the point of contact for any aging-related issues and help advocate for you in times of need. In addition to Sixty Plus geriatric case management, there are private geriatric care management companies available for hire. Sixty Plus can consult with you about individual needs and provide recommendations and referrals.

HOUSING

Where do you envision yourself in your older years? Do you picture yourself in your own home, in a supportive community with services or living with family members? Determining the right kind of housing for you is a big decision. It is important to choose a stable and supportive environment that meets your needs in various seasons of health and wellness. This could prevent having to relocate if your health condition changed in the future.

If you feel like your current home is the best place for you long term, some changes may be required to ensure you can age there effectively. You may want to consider the need for safety equipment, bath and shower accessibility, reducing fall risks or obtaining in-home assistance. Simple changes can make a big difference in your overall safety and ability to live independently. Structural changes in the home are called home modifications and range from small changes (such as installing a grab bar) to large changes (like incorporating a stair lift). There are many home modification companies that can evaluate your home and make specialized recommendations. Sixty Plus can help you locate companies like this if needed.

If you think that your home may not be the most ideal environment during your older years, it may be beneficial to pursue a housing alternative that provides more support. Here are several options:

Independent Senior Communities

Independent senior communities are similar to apartment complexes, but they are designed specifically for older adults or disabled individuals. This option provides minimal services in an independent setting meaning that all residents are expected to meet their own daily needs such as dressing, grooming, medication management and most meal preparations. If the resident cannot perform these functions, they must hire the appropriate in-home services to supplement their care. Each community is unique, but independent communities typically offer these services:

- Calendar of events and activities (grocery store trips, informational speakers, outings to city events and attractions, exercise classes, etc.).
- An active resident association with elected officials who represent the community.
- 24 hour security services and front desk courtesy officers.
- Service coordinators (staff members available for ongoing support and case management, locating resources and resolving conflicts).
- Emergency pull cord services located inside each apartment unit.
- Some have congregate meals (usually fee-based).
- Some have in-house hair salons, gym facilities, medical clinics, libraries and other amenities.

There are independent communities that offer apartments to individuals who qualify for income-based subsidized rent. This means that the amount of your rent payment is determined by your monthly income (typically 30 percent of your income). This program is managed by the Department of Housing and Urban Development (HUD) and can be beneficial for those on a fixed income. However, they are in high demand and you may be put on a waiting list for this type of unit. If you are interested in this option, make sure to plan well in advance and apply to have your name added to the waiting lists.

If you need assistance, Sixty Plus Older Adult Services is available to help you locate independent communities near you.

Assisted Living

Assisted living is similar to independent living, but offers more support services for those in need of additional assistance. Services traditionally include:

- Assistance with daily activities like dressing, bathing, medication management and other needs.
- A nurse or wellness coordinator on staff for oversight of daily health needs.

- 24 hour security with an emergency call system in each apartment.
- Three congregate-style (group) meals each day.
- Thorough activity calendar with outings, social events, and enrichment classes.
- Assistance with laundry, housekeeping and other household chores.

Additionally, many assisted living communities have specialized memory care neighborhoods that provide secured, 24 hour care for people who suffer from various dementias. Memory care units provide structured socialization activities in a safe and appropriate environment. Staff members are typically well trained in dementia care and can often customize services for each resident.

It is important to note that assisted living communities operate on a private pay basis and do not bill Medicare or other insurance plans. If you are eligible for veteran's benefits or have long-term care insurance, this may cover some of your monthly costs. Monthly rental costs vary due to customized level of care, however, most people require additional funding beyond their monthly social security income to cover the costs. Typically, assisted living communities aim to accommodate each resident's needs.

When deciding on a quality assisted living community, it is important to ask many questions, visit at different times of the day (especially meal times), get to know the staff and trust your intuition.

Sixty Plus is available to help navigate through this process and provide individualized recommendations.

Nursing Home Facilities for Long-term Care and Short-term Rehabilitation

Nursing homes are facilities that offer 24 hour skilled care delivered by a dedicated healthcare team of nurses, certified nursing assistants, therapists, doctors and social workers. Skilled care is designed for individuals who need medical treatments, physical therapy, medication

administration and direct nursing supervision. Staff is trained in caring for those who may need assistance with transferring, toileting, bathing, dressing and feeding. Nursing home placement may be the best option for families struggling to keep their loved one as safe and healthy as possible. When placement is necessary, it is important for the family and the potential resident to prioritize their needs and wants (i.e. location of the facility, specialized care units and payer source options). Nursing home admission requires documentation from a physician (the Level-1 form and the DMA-6 form), as well as a negative TB test and all available medical records.

Nursing homes have a multidisciplinary team of nurses, doctors and social workers who provide assistance with all activities of daily living including meals. They also have rehab services with physical, occupational and speech therapists on staff.

The most common way nursing home admission occurs is direct transfer from a hospital after a qualifying three-night stay. Short-term rehabilitation (sub-acute) services include nursing, physical, occupational and speech therapy. If a physician believes that a patient requires sub-acute rehabilitation services to improve their functioning (such as physical therapy, occupational therapy, speech therapy or wound care), the patient may have the option to transfer to a nursing home facility for a short-term visit during their rehabilitation.

Medicare and most other insurance plans will cover a portion of this stay, which is determined by a person's rehabilitation progress and subject to strict Medicare guidelines. If Medicare coverage ends and the person's safety might be at risk if they return to an independent setting, the family members will most likely need to advocate for that person to remain in a long-term care environment. Depending on the financial situation of the patient, this may mean transferring to a different nursing home that has a long-term bed available, sometimes called a "custodial" bed. If this

individual needs Medicaid assistance (government funded health insurance for low-income individuals) to help pay for their care, it can be helpful to consult with an elder law attorney.

Medicare does not pay for long term placement in nursing homes. Nursing homes either require out-of-pocket costs or Medicaid assistance for those who qualify. They also have considerable costs associated with them due to the level of skilled care provided on a 24 hour basis. If an individual needs long-term care in a nursing home, he/she is expected to pay privately for care.

Long-term care insurance provides financial support for long-term healthcare assistance and usually covers some portion of the nursing home expenses. It is important to gain clarity about what a long-term care policy will or will not cover, the frequency and duration of care and what the limitations are. Additionally, veterans may be eligible for veteran's benefits, which could help offset nursing home costs. This is discussed further on page 7.

If an individual does not have the financial means to pay for long-term care, he/she can apply for Medicaid coverage. If the application is approved, Medicaid will pay for nursing home care. However, Medicaid provides the nursing home with the lowest reimbursement rate. This can be challenging for families because nursing homes can choose which residents they accept, meaning that it may be difficult to find a nursing home willing to accept a Medicaid resident. In most cases, nursing home residents will pay privately for their care for as long as possible and then apply for Medicaid once their assets are depleted. This can make it easier for individuals to initially obtain a long-term bed.

Medicare compiles periodic ratings of nursing homes throughout the nation, which can be accessed at www.medicare.gov. These ratings are based on a four-point scale and can provide insight and information for families.

Another great resource for long-term care is the Ombudsman Resource Center, which has a



comprehensive list of facilities by geographic area. They also act as advocates for patients and families if issues or concerns arise.

National Long-Term Care Ombudsman Resource Center 202.332.2275 | www.ltombudsman.org

Selecting a nursing home can be overwhelming, but the more questions you ask and information you gather, the better off your decision making process will be. It is important to ask detailed questions about staff turnover, allocation of staff duties in relation to resident care needs, recent state survey results and available references that can shed light on a facility's mission and standards of care. It is also important to visit several times at different times of the day, get to know as many staff members as possible, ask extensive questions and talk with their references.

IN-HOME CARE

If you would like to remain in your home, there are some resources that can accommodate your

needs in an independent setting. As people age, certain tasks and activities may become difficult to complete. It can be helpful to explore private duty options, supportive safety measures or possible community programs that you may be eligible for.

Private Duty Care

Private duty companies provide in-home assistance that can range from just a few hours a week to 24 hour care. Companies typically hire Certified Nursing Assistants (CNAs) who can assist with bathing needs, meal preparation, transportation, medication assistance and housekeeping. Private duty agencies operate on a private pay basis and do not bill insurance. However, if you have long-term care insurance, your policy may cover a certain amount of private duty assistance. Typically, average costs range from \$18–24 per hour. There are many private duty agencies in the Atlanta area. If you are

considering this option, make sure you gather recommendations, interview the agencies and make an informed decision. It may take a little time to find a CNA that is a good match for you and the agency should do their best to respond to your needs. It may be a good decision to consider hiring an agency versus an individual, due to liability risks. Legitimate companies should be fully licensed, insured and bonded. Private duty aides can make all the difference in someone's ability to manage effectively at home. If this is something you'd like to pursue, ask questions about staff turnover, references, staff hiring practices (including background checks) and whether they have state licensure.

Emergency Response Systems

An emergency response system can be helpful for individuals who desire an additional safety measure in their home to access emergency help when needed. These systems are most helpful for people who live alone and may have an elevated fall risk. Emergency response systems consist of a discreet necklace, bracelet or watch device that someone wears on their body that is connected to an installed unit in the home, similar to an answering machine. In cases of a fall or emergency situation, the person could push the button on their device to access immediate assistance. Emergency response systems usually require a monthly subscription (around \$30-50 a month).

Remote Monitoring

Remote monitoring encompasses many different products that can monitor you in your home, while maintaining your privacy. This includes cameras that scan the floor to monitor fall risks, video communication with family and friends, telehealth products that monitor health vitals and many other innovations. This option may be a good fit for someone who would like additional oversight and assurance, but does not want to move. Remote monitoring may not be appropriate for individuals with cognitive dysfunction since it cannot prevent wandering or safety risks.

Home Health

Home health is a temporary service covered under Medicare and other insurance. It provides health services for a temporary amount of time based on each individual's health needs. Many times, a person will receive home health care when they have returned home from the hospital or a rehabilitation facility. Home health is comprised of a healthcare team that assists with your transition back home and works to improve your strength, balance needs and prevent hospital admissions. Nurses, social workers, and physical, occupational and speech therapists work together to address outstanding needs and help improve health measures. Typically, health professionals will come out several times a week for a specified number of weeks, based on insurance authorization. Home health has to be ordered by a physician and certain health criteria needs to be met in order to be eligible. It is important to remember that home health is temporary and not intended for long-term care.

COMMUNITY PROGRAMS

If you are unable to afford private duty care, there are several programs that you may be eligible for. Please keep in mind that these programs are usually need based and income based and often have waiting lists associated with them.

Area Agency on Aging (AAA)

The Atlanta Regional Commission (ARC) operates the Area Agency on Aging (AAA) for the 10-county Atlanta region. AAAs were established under the Older Americans Act in 1973 to respond to the needs of adults 60 years of age and older. AAA specialists connect Georgia residents to a wide range of services through their information and referral database. They act as the initial intake department for most of the community programs listed below. They typically serve as the first stop when gathering appropriate information and resources.

For more information, contact the Atlanta Area

**Agency on Aging at 404.463.3333
or www.agewiseconnection.com**

If you are searching for resources in another state, the Administration on Aging can help you locate your appropriate Area Agency on Aging.

**<http://eldercare.gov/Eldercare.NET/Public/Index.aspx>
1.800.677.1116**

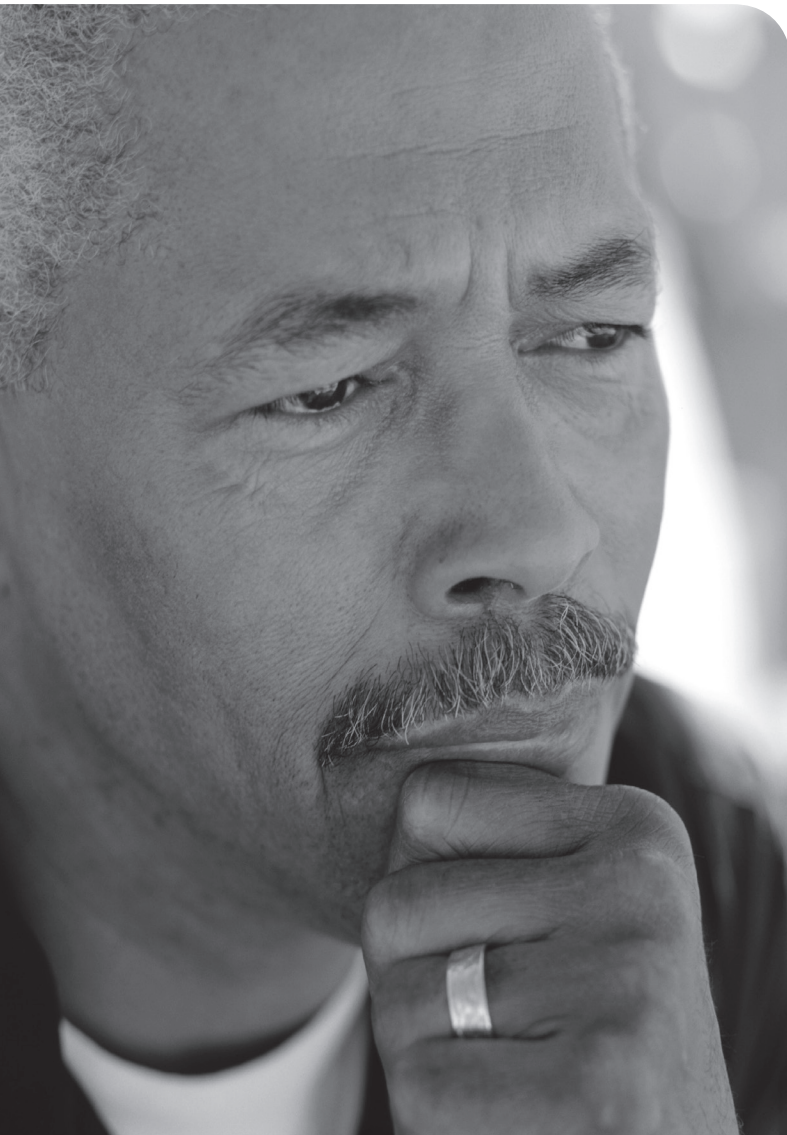
Community Care Services Program (CCSP)

The Community Care Services Program (CCSP) is a state Medicaid waiver program that aims to keep people in independent settings versus having to move to a nursing home. The program offers extensive in-home services such as private duty aides, home delivered meals, adult day health and emergency response systems. CCSP is based on income level and most people are responsible for a monthly cost-share amount.

Additionally, CCSP clients have access to personal care homes, which are usually smaller residential style homes that act similarly to assisted living communities. Personal care home staff provides daily care and supervision, medication assistance, meals and offers daily activities for a group of residents. These homes are meant for individuals who require more care than typical in-home services can provide, but still may not be in need of nursing home assistance. Personal care homes may not be sufficient for individuals suffering from dementia due to minimal 24 hour supervision.

Medicaid is not required to access this program; however, you do have to meet certain income limits and criteria for "nursing home level of care." This means that some of an individual's physical health needs are dependent on assistance. Additionally, CCSP usually carries need-based waiting lists, which may be problematic for those who need care immediately.

The Atlanta Regional Commission manages the CCSP intake and waiting lists. For more information and to complete an application, please contact **Ageing Gateway Services at 404.463.3333 | www.agewiseconnection.com**.





waiting list. There are several SOURCE programs that operate throughout the state.

The Atlanta Regional Commission manages the SOURCE intake and waiting lists. For more information and to complete an application, please contact:

Aging Gateway Services
404.463.3333 | www.agewiseconnection.com

County Based Aging Programs

Each county has allocated funding under the Older Americans Act to provide services for older adults. Many of these services include home delivered meals, weekly aide services for housekeeping and bathing assistance, and case management. These programs are meant to help independent seniors maintain their care at home and provide only very limited assistance on a weekly basis. Someone who is not considered independent in daily activities may not benefit from this program, as it would not meet their level of need. Some county programs are free to eligible seniors and others operate on a cost-share basis.

Due to the affordability and eligibility of these programs, there are often long waiting lists. To apply, contact the senior services department in your county.

VA Aid and Attendance Benefit

The VA Aid and Attendance benefit is available for veterans 65 years of age and older who have served at least 90 consecutive days in the service and at least one day during wartime. This benefit offers supplemental income for long-term care needs, such as assisted living costs, in-home care costs and nursing home costs. This benefit is also available to surviving spouses of veterans. To determine eligibility and complete an application, it is recommended that you consult with an individual or agency accredited by the VA such as the American Legion or a licensed attorney.

Applying for this benefit takes time and effort and it is important to have the correct documentation. Traditionally, it takes several months to receive

a response from the Veteran's Administration and an incorrect application can set someone back even longer. While individuals can apply on their own, it may be helpful to consult an elder law attorney or your local veteran service organization for help completing the paperwork and advocating on your behalf.

Sixty Plus can provide specialized referrals for VA Assistance. For more information, visit www.veteranaid.org

Transportation

Finding transportation can be challenging if you no longer drive. However, there are programs available to assist with your transportation needs. Most counties operate free non-emergency transportation programs for older adults to get to and from their medical appointments. There are also some free county programs that offer transportation to senior centers, grocery stores and other recreational areas. Marta Mobility offers transportation to disabled individuals who are unable to use the traditional Marta system. Marta is a fee-for-service program, but is less expensive than taxis or private drivers. There are private companies that you can hire for transportation needs as well. Sixty Plus is available to connect you with up to date transportation recommendations.

ADVANCED HEALTH PLANNING

Advance Directives

The advance directive is a combined document that consists of a living will and a durable power of attorney for healthcare. This form is crucial because it allows you to have a voice in your own healthcare decisions even if you are unable to speak for yourself. Most people have some idea about how they would like to be treated if they were in an end-of-life situation. If advanced directives are not in place, someone else may be appointed to make crucial decisions about your care, which could vastly differ from your own desires.

The durable power of attorney for healthcare appoints one person of your choosing to act as your advocate. This person is responsible for enacting your living will preferences and speaking for you on your behalf. Many people choose to designate a family member as their healthcare proxy, but it does not necessarily have to be someone close to you. It is best to choose a person who you think could accurately reflect your wishes.

Each state has laws about advance directives. Most forms will be honored in other states, unless there are specific provisions in conflict with the state's laws (such as the agent being able to make decisions about organ donation in some states and not in others).

When completing the advance directive, the designated proxy will need to sign as well as two non-family member witnesses. A notary is not required. It is best to keep the original copies for yourself and make several copies to give to your proxy, close family members, friends and your doctor. The advanced directive can be changed at any time by completing a new form.

Along with advance directives, it is important to consider end-of-life care for yourself. Although this topic may be difficult to think about, it can serve you well later in life and prevent undue stress on your family members. Advancements in healthcare now offer more effective medications, treatments and interventions that allow people to live longer. Many diseases, which may previously have been considered terminal, are now much less threatening. This raises complex questions about your healthcare decisions and long-term planning goals:

- What type of care and treatments do I want if I am in poor health?
- How do I want to live out my life?
- How do I plan to pay for 24 hour care should I need it?
- Where would I like to live out my life?
- Who might act as my caregiver if my partner passes away or there isn't an obvious choice?

SERVICE OPTIONS USING RESOURCES IN A COMMUNITY ENVIRONMENT (SOURCE)

SOURCE is another Medicaid waiver program that aims to keep people in the community versus institutionalization. SOURCE connects participants with a SOURCE healthcare team comprised of a physician, social worker and nurses to ensure effective medical compliance and treatment. SOURCE offers similar services to CCSP, such as extensive in-home services like private duty aides, home delivered meals, medical transportation, personal care homes and adult day health.

To utilize SOURCE, one must have Supplemental Security Income (SSI), which means they already have SSI Medicaid. They must also be considered "nursing home level of care," requiring significant daily assistance to manage their healthcare needs. Participants are required to see a SOURCE physician regularly, which may mean having to switch doctors. SOURCE also has a needs-based

Hospice Care

One thing to consider if you develop a life threatening illness is the option of hospice care or palliative care. Hospice care focuses on pain management and comfort care of individuals who have a terminal illness or chronic health problems. It values the quality of life rather than the length of life. Hospice care provides all medications and equipment for the patient, as well as an inter-disciplinary health team. Hospice care aims to support the whole family unit, not just the patient. Most hospice care is provided in a person's own home, even if they are living in a long-term care community. Medicare and other insurance plans have hospice benefits, so there are typically no out of pocket costs.

Palliative Care

Palliative Care may be a good fit for someone who may not be responding well to medical interventions. Palliative care specializes in relieving a patient's suffering, while treating the chronic disease non-invasively. Sometimes palliative care will transition into hospice care depending on the wishes of the individual.

WHAT ABOUT MEDICARE?

Medicare is the federal health insurance program for people 65 years of age or older, people under 65 with certain disabilities and people of any age with end stage renal disease (ESRD).

There are two primary Medicare options:

Original Medicare (sometimes called traditional Medicare) covers certain hospital and medical services. It includes Medicare Parts A and B explained below:

- Part A (hospital insurance) helps pay for care in hospitals, skilled nursing facilities, hospice care and home health care when certain criteria are met. Part A is premium-free for most people; therefore, the majority of people enroll in Part A upon turning 65.

- Part B (medical insurance) helps pay for medical services like doctors and other healthcare provider visits, outpatient care, durable medical equipment and some home health care not covered by Part A (when medically necessary). Part B monthly premiums are based on income and are usually paid for from your Social Security benefit before you receive it. In 2014, the Part B monthly premium starts at \$104.90 and can go up to \$335.70. People who do not enroll during the open enrollment period may be penalized later. Some people may be eligible for a special enrollment period.

In addition to Original Medicare, Medicare Part D Plans are available to help pay for prescription drug coverage. These plans are available to everyone on Medicare and are sold by private insurance companies approved by Medicare. These plan rates and benefits vary, so it is important to choose a plan based on your specific needs. This year, Part D monthly premiums start at \$15 and go up depending on your income. You may pay the monthly premium from your Social Security benefit. Open enrollment is Oct. 15 through Dec. 7 each year. People who do not enroll during the initial enrollment period may be penalized later. Special enrollment may be available to some people.

Some people with Original Medicare, Parts A and B, also enroll in a Medigap or Supplement Plan to help pay for the "gaps" in Original Medicare. This includes co pays, coinsurance and deductibles. Medicare pays 80 percent of the costs for Medicare-approved services and Medigap plans typically cover the other 20 percent. These plans are sold by private insurance companies approved by Medicare. There are currently 10 standardized policies offered. Each standardized policy must offer the same basic benefits. While plan benefits must remain the same, rates may vary by company. The best time to purchase a plan is during your Medigap open enrollment period. This period begins when you are 65 years of age or older and enrolled in Medicare Part B.



Medicare Advantage Plans (sometimes called "Part C" or "MA Plans") combine your Medicare Part A, Part B and usually Part D (prescription drugs). Some of these plans include extra benefits that Medicare does not cover at an additional cost. The cost for a Medicare Advantage Plan may be lower than the cost of Original Medicare as plans may offer no premiums or low premiums. You will still have to pay your Part B premium. These types of plans are sold by private insurance companies approved by Medicare. Open enrollment is Oct. 15 through Dec. 7 each year. Special enrollment may be available to some people.

NOTE: People in a higher income bracket may pay higher premiums for Medicare Part B and Part D. This is based on the Income Related Monthly Adjustment Amounts (IRMAA).

The Next Steps

This publication was designed to help you determine what type of long term plan you would like for yourself by providing you with options and resources within the aging arena. Exploring these topics now can alleviate stress for you and your family members down the road. By effectively planning ahead, your later years can prove to be the rich and rewarding experience most people envision for themselves. Sixty Plus is available to meet with you and your family to provide guidance and support as you navigate through this process. Please feel free to consult with us as needed.

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