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# The Aging Care Journey

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How to get the best  
places to live and how  
to pay for them.

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Elder Law Office of David Wingate

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Elder Law Office of  
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WEALTH PLANNING STRATEGIES THAT WORK

# How to get the best places to live and how to pay for them.

Our goal is to have you or your loved one live well and be as independent as possible. We desire you to feel secure, enhance your quality of life and ultimately have peace of mind. You may need some guidance and support through this aging process, and we hope to help you with this book.

Also, we hope to encourage you to plan, strategize and manage your or your loved ones care, finances and legal issues utilizing all the services and resources available to you in your community.

We have seen the devastating effects of non planning can do to a family, be it a car accident to a young family, to your loved one entering into a nursing home. Consequently, we advise you to take action before a crisis hits you or your family. **Good care can be costly, but inadequate planning and care is catastrophic.**

Therefore, whether you are at home, at an independent or an assisted living facility or you may have to reside in a nursing home, we hope that we have helped you. Planning strategies, we hope, will increase the vitality of your loved ones and provide comfort and relief to you.

This book is designed to provide you with general information. I hope that after reading this book you can make appropriate choices for you and your loved ones. Clearly, no book can cover all senior living issues of but I hope this book offers some basic information that can help you with your individual needs.

The information provided in this book is for informational purposes only and is not offered for and does not constitute legal advice or legal opinion, tax and financial planning or any specific fact or issues.

## **About David Wingate**

David Wingate is the President of the Elder Law Office of David Wingate, LLC. Mr. Wingate's professional practice is devoted to representing his clients through the aging process. He has served on Boards for local and national organizations and charities. Additionally, he is a member of the National Academy of Elder Law Attorneys and the Maryland State Bar – Elder Law Section. Mr. Wingate has received the honor of being voted, by his peers, as the #1 Elder Law Attorney, in his community. Also, he has written a book called "As You Age" and the "ABC's of Elder Law and Estate Planning." Mr. Wingate has written numerous articles on a variety of aging topics, and is a frequent speaker on aging issues for the Alzheimer Association, AARP, radio and television.

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## **The Basics**

In the year 2000, almost 10 million people needed some form of care in the United States. Of this population, 3.6 million (37%) were under age 65 and 6 million (63%) were over age 65 (Roger & Komisar, 2003). Almost 70% of people turning age 65 will need long term care at some point in their lives. This section provides basic information so you can begin to think about how you will handle the need for long term care. Your path will be unique to you, and based on your preferences and circumstances. Let's look at the basic questions covered in this section:

- What is long-term care?
- Who needs care?
- How much care will you need?
- Who will provide your care?
- Where can you receive care?

### **What is Long-Term Care?**

Long-term care is a range of services and supports you may need to meet your personal care needs. Services that include medical and non-medical care for people with a chronic illness or disability. Most long-term care is not medical care, but rather assistance with the basic personal tasks of everyday life, sometimes called Activities of Daily Living (ADLs), such as:

- Bathing
- Dressing
- Using the toilet
- Transferring (to or from bed or chair)
- Caring for incontinence
- Eating

Long-term care can be provided at home, in the community, or in a facility. For purposes of Medicaid eligibility and payment, long-term care services are those provided to an individual who requires a level of care equivalent to that received in a nursing facility.

Other common long-term care services and supports are assistance with everyday tasks, sometimes called Instrumental Activities of Daily Living (IADLs) including:

- Housework
- Managing money
- Taking medication
- Preparing and cleaning up after meals
- Shopping for groceries or clothes
- Using the telephone or other communication devices

- Caring for pets
- Responding to emergency alerts such as fire alarms

### **Who Needs Care?**

Seventy 70% of people turning age 65 can expect to use some form of long-term care during their lives. There are a number of factors that affect the possibility that you will need care:

- Age
  - The older you are, the more likely you will need long-term care.
- Gender
  - Women outlive men by about five years on average, so they are more likely to live at home alone when they are older.
- Disability
  - Having an accident or chronic illness that causes a disability is another reason for needing long-term care.
  - Between ages 40 and 50, on average, eight percent of people have a disability that could require long-term care services.
  - 69 percent of people age 90 or more have a disability.
- Health Status
  - Chronic conditions such as diabetes and high blood pressure make you more likely to need care.
  - Your family history such as whether your parents or grandparents had chronic conditions, may increase your likelihood.
  - Poor diet and exercise habits increase your chances of needing long-term care.
- Living Arrangements
  - If you live alone, you're more likely to need paid care than if you're married, or single, and living with a partner.

### **How Much Care Will You Need?**

The duration and level of long-term care will vary from person to person and often change over time. Here are some statistics (all are "on average") you should consider:

- Someone turning age 65 today has almost a 70% chance of needing some type of long-term care services and supports in their remaining years
- Women need care longer (3.7 years) than men (2.2 years)
- One-third of today's 65 year-olds may never need long-term care support, but 20 percent will need it for longer than 5 years



## **Who Will Provide Your Care?**

Long-term care services and support typically come from:

- An unpaid caregiver who may be a family member or friend
- A nurse, home health or home care aide, and/or therapist who comes to the home
- Adult day services in the area
- A variety of long-term care facilities

A caregiver can be your family member, partner, friend or neighbor who helps care for you while you live at home. About 80 percent of care at home is provided by unpaid caregivers and may include an array of emotional, financial, nursing, social, homemaking, and other services. On average, caregivers spend 20 hours a week giving care. More than half (58 percent) have intensive caregiving responsibilities that may include assisting with a personal care activity, such as bathing or feeding.

Information on caregivers show that:

- About 65.7 million people in the US (one in four adults) were unpaid family caregivers to an adult or child in 2009
- About two-thirds are women
- Fourteen percent who care for older adults are themselves age 65 or more
- Most people can live at home for many years with help from unpaid family and friends, and from other paid community support

## **Where Can You Receive Care?**

The options for where you can receive:

- Staying in your home.
- Living in a facility
  - Other facility-based choices include assisted living, board and care homes, and continuing care retirement communities. With these providers, the level of choice over who delivers your care varies by the type of facility. You may not get to choose who will deliver services, and you may have limited say in when they arrive.
  - Nursing homes provide the most comprehensive range of services, including nursing care and 24-hour supervision

## **Staying in Your Home**

Most long-term care is provided at home. Most people prefer to stay in their own home for as long as possible. When planning to receive long-term care in your home there are many things to consider including:

- The condition of your home
- Whether it can be modified, if necessary, to accommodate a wheelchair or other devices/equipment
- If you cannot stay at home, another option is to move in with your family

## **Condition of Your Home**

Here are some examples:

- Steps - If you or someone who visits you often uses a walker, lengthen the run of your steps to a depth of at least 30 inches. This deeper run allows you to place your feet and your walker on each step before you begin to negotiate the next one. Mark the edges of your steps with reflective or bright, contrasting colored tape or paint to make them clearly visible.
- Fire Prevention –
  - To reduce the danger of fire, keep broiler ovens and ventilation ducts and hoods free of grease.
  - Wear close fitting or short sleeves when you cook, or roll and fasten your sleeves back. Loose sleeves can catch fire when they dangle near hot burners. For added safety, don't store things over the stove so that you must extend over hot burners to reach them.
  - Keep flammable objects clear of your stove. Pot holders, dish towels, blowing curtains - if any of these come too close to a burner, they could start a fire.

- Microwave -
  - Reaching into an oven is not only difficult but unsafe. A toaster-oven or broiler that sits on your counter can substitute for a stove which requires awkward bending. Consider, too, a microwave oven which will accelerate and ease meal preparation.
  - In selecting a microwave, keep stiff fingers in mind. Choose one with a digital read out rather than one with a knob which must be grasped and turned. On the other hand, consider a knob control if you have visual problems so you can gauge the time you set.
- Stove – Electric - If you are in the market for a new stove, look for models with range and oven controls located in front or to the side of the burners rather than behind them. If you have space, look for a stove with staggered burners. Front controls, side controls, or staggered burners will eliminate reaching across burners to turn your stove or oven on and off or to get to those at the back. Magic Chef® and KitchenAid® manufacture stoves with these features. Contact these manufacturers for a distributor near you.
- Tub – Take showers - To decrease the likelihood of tripping when getting in and out of the tub or shower, run a piece of tape in a contrasting color on the edge of the tub. The tape will help you distinguish the tub edge when stepping in and out. If you have decided to replace tub baths with showers, you may also consider removing the tub altogether, replacing it with a one-piece shower unit which has a fixed bench, grab bars and a base which rises only a few inches above floor level. As with a tub edge, affixing a piece of contrasting tape on the lip or the shower base will help you distinguish it from the floor. If you shower, secure your bathtub drain in the open position to eliminate having to bend from the hips or get down on your knees to reopen it, if it accidentally closes.
  - Water Temperature - Hot water heaters can heat water hot enough to give you a first-degree burn in just one second. To prevent burns, set your water heater at no more than 120 degrees.
- Door Locks - NEVER LOCK THE BATHROOM DOOR! In an emergency, valuable time will be lost in gaining entry.
- Door Swings In - If at all possible, your bathroom door should swing out. If your door swings into the bathroom and you fall, you may get trapped behind it, blocking it from opening and wasting precious rescue time. Change the hinges so the door swings out.
- Chair With Arms - Place Velcro™ tabs on the backs of often-used items such as the television remote control, and attach them to a Velcro™ strip on the wall, table or directly to the chair. This will keep them at your fingertips and prevent them from falling on the floor.

- Extension Cords –
  - If you have extension cords, NEVER place them under a runner or scatter rug where they may be walked on. Secure any loose cords against the base board with tape or clips designed for that purpose.
  - To avoid tripping over electrical or telephone cords, move them out of the way by routing them along the wall and fastening them down. Using tape or special clips to attach the cords to the wall or floor is safe and neat. You can find tape or cord clips at office supply stores. Do not run cords under carpet or rugs as they wear out rugs and may cause a bump you can trip over.
  - To eliminate running cords across pathways: Use an outlet closer to the lamp or appliance.
  - Move your phone closer to the jack.
  - Install a new outlet or additional jack in a better location.
  - Try a cordless or cellular telephone.
- Windows - After you have lubricated your window glides, for casement windows attach a cord to window to pull it down. Use a pole or a product which works like a ratchet to push the window up. You will find these methods require less force than pushing or pulling directly on the window.
- Lighting - Nightlight - If you ever groped your way to the bathroom in the middle of the night, you know how a footstool, wastebasket or errant pair of shoes can become a dangerous obstacle in the dark. Install night lights in every room for safety; particularly in bedrooms, bathrooms and hallways. When choosing night lights, consider the panel-type of light which is on constantly and does not have to be replaced. If night light installation is not possible, leave light on in the bathroom and the door slightly open.
- Smoke and Carbon Monoxide Detectors –
  - Locate your smoke detectors away from air vents. Fresh air from an air vent may prevent smoke-filled air from reaching the detector and the detector from sounding.
  - The chances of your survival in a home fire more than double when smoke detectors are well-maintained, according to the International Association of Fire Chiefs. An early warning of fire can give you a few extra minutes to get out of a building.
  - Install smoke detectors on every level of your home. (If you are building a new home, check local codes. In new construction, many states require smoke detectors in bedrooms rather than in the hallway adjacent to the bedrooms). Vacuum smoke detectors monthly. Use a brush attachment so you will not damage the detector.
  - Change batteries annually. A good way to remember: change the batteries on your birthday or when you turn your clocks back in the fall.
  - Consider detectors with flashing lights or sound amplification.

### **Fall Prevention Checklist**

Nearly one third of persons over the age of 65 fall each year, and that figure increases to 50% by age 80.

- Have a lamp or light switch that you can easily reach without getting out of bed.
- Use night-lights in the bedroom, bathroom, and hallway.
- Keep a flashlight handy.
- Have light switches at both ends of stairs and halls. Install hand-rails on both sides of stairs.
- Turn on the lights when you go into the house at night.
- Add grab bars in shower, tub and toilet areas.
- Use bath mats with suction cups.
- Use non-slip adhesive strips or a mat in shower or tub.
- Consider sitting on a bench or stool in the shower.
- Consider using an elevated toilet seat.
- Wear non-slip, low-heeled shoes or slippers that fit snugly. Don't walk around in stocking feet.
- Remove all extraneous clutter in your house.
- Keep telephone and electrical cords out of pathways.
- Tack rugs and glue vinyl flooring so they lie flat. Remove or replace rugs or runners that tend to slip, or attach non-slip backing.
- Ensure that carpets are firmly attached to the stairs.
- Use helping devices, such as canes, when necessary.
- Purchase a step stool with high and sturdy handrails. Repair or discard wobbly step stools. Do not stand on a chair to reach things. Store frequently used objects where you can reach them easily.
- Have a bed height that you can easily get into.
- Paint the edges of outdoor steps and any steps that are especially narrow or are higher or lower than the rest.
- Paint outside stairs with a mixture of sand and paint for better traction. Keep outdoor walkways clear and well-lit.
- Keep walkways in good repair—no cracks or loose concrete.
- Keep snow and ice off entrances and sidewalks.
- Review medications with your doctor or pharmacist. Some drugs, including over-the-counter drugs, can make you drowsy, dizzy and unsteady, so read the caution advice and heed the information.
- Watch your alcohol intake. More than two drinks per day can cause unsteadiness.
- Have your hearing and eyesight tested. Inner ear problems can affect balance. Vision problems make it difficult to see potential hazards.

- Exercise regularly to improve muscle flexibility and strength.
- If you feel dizzy or light-headed, sit down or stay seated until your head clears. Stand up slowly to avoid unsteadiness and maintain balance before moving, walking, etc.

### **Adapting the Home to Support the Person with Dementia**

When caring for a person with Alzheimer's disease, having a safe and supportive home is important. There are steps you can take to adapt the home to the person's changing needs.

#### **Limit Access to Dangerous Places**

- The person with dementia may be at risk if he or she can reach certain areas of the home or outdoors.
- Lock or disguise hazardous areas. Cover doors and locks with a painted mural or cloth. Use swinging or folding doors to hide entrances to the kitchen, stairwell or garage.
- Use child-proof locks and door knob covers to limit access to places where knives, appliances and poisonous cleaning fluids are stored.
- Use appliances that have an auto shut-off feature. Some brands of irons, toaster ovens and coffee makers have this feature.
- Install locks out of sight. Place deadbolts either high or low on exterior doors to make it difficult for the person to wander out of the house.
- Adapt to vision limitations - The person may not be able to distinguish colors and understand what is being seen because of changes in his or her vision.
- Create an even level of lighting by adding extra lighting in entries, outside landings, areas between rooms, stairways and bathrooms. Changes in levels of light can be disorienting to a person with dementia.
- Use contrasting colored rugs in front of doors or steps to help the individual anticipate staircases and room entrances. Avoid using a dark-colored rug because it may appear to be a "hole."
- Use night lights in hallways, bedrooms and bathrooms to prevent and reduce disorientation.
- Diffuse glare and bright light by removing mirrors and glass tops. Block bright sunlight by covering windows with blinds, shades or sheer draperies.

#### **Avoid Injury During Daily Activities**

- Most accidents in the home occur during daily activities such as eating, bathing and using the bathroom. Take special precautions at these times.
- Watch the temperature of water and food because the person may not know the difference between hot and cold.
- Install walk-in showers and grab bars in the shower or tub and at the edge of the vanity to allow the person to move around independently and safely.

- Add textured stickers to slippery surfaces. Apply adhesives to keep throw rugs and carpeting in place – or remove rugs completely.
- Supervise the person while taking medications. Use a locked pill dispenser that works on a self-timer if the person can understand its use. Install locks to limit access to cabinets containing prescription and over-the-counter drugs.

### **Beware of Dangerous Objects and Substances**

Even the most basic appliance or household object can become dangerous for the person with dementia:

- Remove electrical appliances from the bathroom, such as electric razors or hair dryers, to reduce the risk of electrical shock.
- Remove the knobs from stove burners. Install a hidden gas valve or circuit breaker so the person cannot turn on the stove.
- Clean out the refrigerator regularly, throwing out any old food. The person with dementia may be unable to tell the difference between fresh and rotten food.
- Keep walking areas clear by removing magazine racks, coffee tables and floor lamps.

### **Creating a Supportive Home**

Make sure your home supports the person's changing needs, which is just as important as safety:

- Enroll the person in the Alzheimer's Association Safe Return® program, a nationwide system designed to identify, locate and return to safety people who are memory impaired.
- Encourage independent movement by moving furniture or other obstructions to create more space for wheelchairs or walkers.
- Help the person reminisce. In key locations, place scrapbooks, photo albums or old magazines and encourage conversation about them.
- Play music to prompt dancing, clapping or other kinds of exercise. Keep noise level low – loud, distracting sounds could overwhelm the person.
- Keep a list of emergency phone numbers and addresses for Safe Return, local police and fire departments, hospitals and poison control help lines.
- If applicable, keep a locked, fenced courtyard area allowing access to go outside freely.

## **Home – Making a Move**

Sometimes, living in your home is not feasible, so you make consider moving. There are many things to consider including:

- Downsize to a more appropriate size
- Appropriate floor plan
- Eliminate maintenance responsibility
- Better proximity to family, friends & social outlets
- More appropriate surroundings – Assisted Living
- Accessible support services, activation & social opportunities
- Reduce clutter – eliminate belongings
- Ability to feel safe
- Access resources for assistance
- Can your spouse manage the house if you are incapacitated

## **Living With Your Family**

To varying degrees, multigenerational household have always been a fact of American life. Over the last couple of decades, however, the numbers have been creeping up. According to the Pew Research Center, in 2008 some 49 million Americans, or 16% of the total U.S. population, lived in a family household that contained at least two adult generations or a grandparent and at least one other generation. That's a significant increase from 1980 when the figure was about 28 million, or 12 percent of the population.

According to Pew, the number of multigenerational households rose by 2.6 million between 2007 and 2008 alone. In 2009 an AARP poll found that 11% of people age 50 and older live with their grandchildren or their parents, and 11% of those ages 35-44 report living with their parents or in-laws. And my hunch is that those numbers will continue to grow.

There's a lot to be said for different generations living under one roof. In addition to the financial aspect, both young and older people reap lots of benefits from sharing space. It's great for kids to get some extra-special attention from loving grandparents. And older people report feeling less isolated when they live around children and grandkids.



Consider the following before making a decision to move in with your family:

- Motivation
- Financial
- Relationship
- Beneficial to both parties
- Guilt
- Maintaining your outside friendships
- Staying active with age appropriate activities
- Maintaining a level of independence
- What will happen if you need additional care?
- Withstanding pressure of being in some else's home
- Can your child's marriage and relationship with you be maintained?
- Will you have your own room?
- Where will you bathe?
- Who will look after you if your family is on vacation or away on business?
- Will you have your own transportation?
- Will you contribute to the household expenses?
- Will you have assigned chores, dishes, babysitting, etc.?
- Do you have a written family agreement?
- Does this agreement have written expectations of each other and reasons for terminating the "live in" arrangement?
- In terms of health care, will an aide assist you with bathing, taking medication, companion arrangement, or even around the clock?
- What are your capabilities and limitations?

### **Put Caregiving Arrangements in Writing**

When one family member becomes a caregiver for another, it's important to put in writing the terms of the arrangement. AARP estimates that more than 20 million Americans currently care for ill parents, other relatives or friends. Problems can arise if the caregiving arrangement is not clear to all involved. For example, a caregiver may be providing care without compensation, counting on an inheritance that never materializes.

A formal caregiver contract can outline the responsibilities of a caregiver, and specify the payment he or she will receive for services rendered and expenses. A contract ensures that the cost of care is paid at the time it is received and is not left for family members to wrangle over as part of a later division of assets.

Such a contract can also help the person receiving the care transfer assets as a way of qualifying for Medicaid. Payments for contracted services are not viewed as gifts to the care-giving relative, but reimbursement checks without a contract to support them may be.

A good caregiver contract also should:

- Delineate the rights and obligations of both care-receiver and caregiver.
- Be written as soon as possible, when the care-receiver is unquestionably of sound mind.
- Specify what services are to be provided and at what cost. If the care-receiver is in the caregiver's home, expenses might well include a share of those utilities, laundry, food and housing costs.
- Fix the caregiver's compensation at a reasonable rate, comparable to what an outside party would receive for the same services, and specify reimbursement for the caregiver's out-of-pocket expenses.

## **Home Support Services**

In-home and community services can help you live at home longer. The following are some of the services and supports that may be available in your area:

- Convenient and affordable public transportation
- Someone to drive you on errands and to appointments
- Help with housing and yard chores
- Help with personal care
- Home Delivered Meals
- Senior Center where you can socialize and exercise
- Adult Day Care Centers

Community support services include:

- Home care agencies that provide services on a daily basis or as needed
- Adult day care service centers

Often these services supplement the care you receive at home or provide time off for your family caregivers.

### **Home Care Agencies**

#### **Home Health Agency**

Probably the oldest and most familiar provider of home care services is known as the home health agency. The home health agency is licensed, usually Medicare certified and accepts other 3rd party billing of health insurances. Medicare certification means that the agency has met specific federal guidelines and criteria regarding patient care.

The main and distinctive purpose of this type of agency is to provide skilled care for treatment or rehabilitation services to homebound patients. Home care professionals must strictly adhere to a physician approved plan of care that is deemed medically necessary and updated every 60 days in order for Medicare benefits to continue.

Home health agency (“HHA”) services include skilled nursing, physical and occupational therapy, social work, and home health aide while under professional supervision. Home health care agencies focus more on the skilled medical aspects of care and the home health care aide serves only as a supplement to this care. Regardless of reimbursement eligibility, Medicare will only pay for skilled care in the home for a limited period of time to treat an illness or injury. The HHAs can provide a pre-authorized amount of personal care while under professional supervision however must discontinue care when skilled care needs are no longer justified.

Individuals often may still have ongoing personal care needs even though skilled services are no longer required. As a result of this common need, some home health agencies offer a private pay, non-certified component within their agency for nursing assistants to continue providing personal and custodial care. Hiring a non-medical home care agency directly or a privately hiring a caregiver is another option when continued care through a home health agency is not feasible.

### **Non-Medical Home Care Agency**

A non-medical home care agency is generally an agency that provides home care services which are not considered to be skilled care. These agencies provide what is termed non-skilled supportive custodial care that is supplied by home health aides, certified nursing assistants (CNAs) and also non-certified nurse aides, homemakers, and companions.

These greatly needed services range from housekeeping and companion care to assistance with personal care such as bathing, dressing, toileting, and eating. Unskilled care is not reimbursable under Medicare and therefore is paid for privately, or in some cases by private long-term care insurance. A physician's order is not required as the need for care is not deemed medically necessary and patient homebound status not required. A professionally authorized and monitored care plan is unnecessary.

These private pay agencies are usually still licensed under authority of each state but licensure requirements and regulations vary widely from state to state unlike federally regulated Medicare certified home health agencies. Most agencies employ their workers, do background checks and manage payroll and taxes. Most of these agencies professionally supervise and monitor their staff with regards to patient care. Non-Medical home care agencies play an undeniably big role filling gaps in home care services not covered under skilled care. Un-skilled home care services such as personal care assistance or other cooking and cleaning help is often what may be needed most and by many in order to remain in their homes.

### **Registry or Staffing Agency**

A private duty registry or employee staffing agency simply acts primarily as an employment service for a variety of skilled and unskilled healthcare workers including nurses, nurse assistants (CNA) and rehab therapists. Many states do not require these types of agencies to be licensed or conform to specific regulatory requirements.

The management of staff is the key difference between these private duty registries and both the home care and home healthcare agencies previously addressed. Generally homecare and home healthcare agencies actually employ their workers that are sent into client's homes while registries do not. The registry matches an independent healthcare contractor with the patient needs, refers them to the client, and then collects a finder's fee. Consequently, the caregiver in the client's home does not work for the registry but instead the client acts as the employer. He or she becomes the supervisor, usually pays the worker directly, and is responsible for all payroll taxes including social security withholdings.

Registries and staffing agencies can be reimbursed for their services sometimes through long-term care insurance, Medicaid and private pay. These agencies refer various types of employees providing skilled care from licensed nurses to personal care and companion assistance from nursing assistants.

Requesting an employee referral through this type of service is similar to hiring an individual privately on your own. Managing your own employee offers more independence but at same time additional responsibility without the advantage of employee background screening and licensure verification that many registries undertake.

### **Private Hire or Independent Providers**

Private hire or independent caregivers include various types of nurses, therapists, nursing aides, homemakers, and companions. They are privately employed and managed by those who require their services. All responsibility for recruiting, hiring and supervising falls upon the client or family. Clients pay the caregiver directly; manage payroll taxes, and social security withholdings.

Agency rates are usually higher than private hire employees due to recruitment and management overhead costs incurred. Less dependence on agency staffing with the possibility of saving money may or may not be offset by the time-consuming responsibility of managing a private caregiver.

### **Tips for Choosing a Caregiver for an Elder**

For seniors, staying at home and living independently, for as long as possible, may enhance their quality of life. Providing home health care, can often delay or minimize the need for long term nursing home care. Home health care may include, speech or physical therapy, or skilled nursing care. Also, it may include help with activities of daily living, such as, bathing, dressing, cooking, monitoring prescription medication, and housekeeping jobs. Most people who need help with their daily activities rely on unpaid care provided by family members and friends. However, many seniors and their families are recognizing the benefits of hiring caregivers, to help keep their loved ones in their homes longer, providing for their comfort and safety, and thus give everyone peace of mind.

Here are some tips for choosing an in-home caregiver:

- It is not always clear when someone needs home health care or nursing home care, it is usually best to consult with a medical professional.
- Evaluate the needs for health, personal, and household care:
  - home health care - physical therapy or medication management
  - non-medical personal care - bathing, dressing, toileting, meal preparation, companion, house cleaning, shopping, home maintenance, running errands, or managing money

- Write out a plan of care, with input from senior, family and doctor:
  - Course of treatment
  - Specific tasks to be performed
  - When services are required
- For a health care agency review:
  - How long operating in the local community
  - Are they a Medicare provider?
  - License to practice
  - Patient's Bill of Rights
  - Plan of Care for the Senior
  - Supervision, Communication with family, Scheduling concerns
  - Caregivers Hiring and Training Procedures
  - Procedures for resolving problems, questions or complaints
  - References
  - Sliding Fee Schedule, Financial Assistance
- If using an individual provider, make sure that he/she is qualified for the job. Neighbors, friends etc. may be prospective caregivers. Remember that this is a business relationship. Can they commit to the care, time and attention that's required?
- Hire a professional caregiver if you can afford it.
- Prepare a list of questions to ask. Have a list for any applicant, caregiver agency, referral source, or reference you may call during your search.
- After screening telephone applicants, interview in person those who sound acceptable. Have all decision family members, and independent friends, interview to provide opinions. Always observe interactions between the health care provider and your loved one.
- If interviewing a caregiver agency, interview the in-home caregivers. Many employees look good on paper, but the caregiver may not be a good fit for you, for many reasons, cultural, religious, social, etc.
- Check references carefully. Talk to all references. Remember, your loved one has to be cared for by someone who is dependable, reliable and qualified to do the work.
- Caregivers must have experience in the specific areas in which you require help. There is a difference between home health care and home care services. Home care typically includes chore and housekeeping activities, home health usually involves helping seniors with an illness or injury.
- Costs will fluctuate depending on home care services provided. Sources for payment include Medicare, Medicaid, Veteran's Administration, private insurance. Medicare will pay

for home health care if senior is homebound, under doctor's supervision and requires skilled nursing care or certain types of therapy.

- Spend time with the health care provider and caregiver, before the job begins, to discuss routines, senior's likes/dislikes, medications, potential behavior or any other problems.
- Prepare a monitor schedule to review the caregiver care/services. Personal contact, regular home visits, and periodic reports from the caregiver/agency are important.
- Anticipate changing needs, and have a backup plan for special situations i.e. health care provider may require time off or may be not on call. Therefore, have part-time or on-call person available if primary caregiver cannot be there.
- Watch for signs of abuse, neglect, and exploitation and report any suspicious activity to the state authorities.

### **Adult Day Care Services**

#### **What Is An Adult Day Care?**

Normally, an adult day care is used to relieve the caregiver or his or her duties for the day while ensuring that the care recipient will still receive the proper care in a safe, friendly environment. These centers usually operate during normal business hours five days a week, and some centers also offer additional services during evenings and weekends. Currently, there are more than 4,000 of these programs operating in the United States.

In general, there are three main types of adult day care centers: those that focus primarily on social interaction, those that provide medical care, and those dedicated to Alzheimer's care. Many of these facilities are affiliated with other organizations, including home care agencies, skilled nursing facilities, medical centers, or other senior service providers. The average participant in this type of program is a 76-year-old female who lives with a spouse, adult children, or other family or friends. About 50 percent of these individuals have some form of cognitive impairment and more than half require assistance with at least two daily living activities.

Regulation of adult day care centers is at the discretion of each state, although the National Adult Day Services Association (NADSA) offers some overall guidelines in its Standards and Guidelines for Adult Day Care. The staff usually consists of a social worker, an activity director, and an activity aide, who often is a certified nursing aide (CNA). Many adult day care centers also rely on volunteers to run various activities.

## **Benefits & Services**

While adult day care can be a great resource for caregivers, many refuse to consider this option. Some worry that their loved ones will resent participating in such a program, while others feel guilty at the thought of leaving their loved ones in another person's care. When it works correctly, however, an adult day care can improve the care recipient's overall behavior and provide the caregiver with much-needed time off.

Generally, a care recipient can benefit from adult day care because:

- It allows him or her to stay in his or her community while the caregiver goes to work
- It gives him or her a break from the caregiver
- It provides needed social interaction
- It provides greater structure to his or her daily activities

Adult day care facilities can provide a variety of services and activities, including:

- Assistance with eating, taking medicines, toileting, and/or walking
- Counseling
- Educational programs or mental stimulation
- Exercise programs
- Health monitoring (e.g., blood pressure, food or liquid intake)
- Podiatry care
- Preparation of meals and snacks
- Social activities
- Therapy (occupational, physical, speech, etc.)
- Transportation services

Social activities in adult day care centers can include:

- Crafts
- Cooking
- Exercise
- Field trips
- Games
- Gardening
- Holiday parties
- Music therapy
- Pet therapy
- Relaxation techniques



## **Costs**

Individual facilities can vary significantly depending on the part of the country the center is in, as well as the services it offers. Centers may be less expensive if they are government funded or if the day care offers scholarships. On the other hand, programs that offer extensive care or additional specialized services often cost a bit more. Regardless, adult day care is often far less expensive than hiring a home health nurse or moving a loved one to a nursing facility. Medicare doesn't cover any of the costs associated with adult day care, but if the center is a licensed medical or Alzheimer's facility—and your care recipient meets state qualifications—some of the expenses may be covered by Medicaid. Additionally, long-term care insurance may cover some of the costs if medical personnel are involved.

## **Questions for the Adult Day Care**

1. What is the Adult Day Care's background and experience?
2. What levels of care are provided? Licensed or certified by the State of Maryland?
3. What is the cost for the services provided? Is it per hour, per day, per week or per month?
4. Is financial assistance available?
5. Do you provide transportation services? Is this an additional cost?
6. What are your hours of operation?
7. What holidays are you closed for?
8. What specialized training do you provide for your employees?
9. Are your employees drug tested and background checked?
10. What else can you tell me about this day care facility?

## **Living in a Facility**

If it becomes necessary, several types of housing come with support services. Primarily, these are:

- Assisted Living or “board and care” homes are group living settings that offer housing in addition to assistance with personal care and other services, such as meals. Generally, they do not provide medical care
- Continuing Care Retirement Communities (CCRCs) provide a range of housing options, including independent living units, assisted living and nursing homes, all on the same campus. Nursing facilities, or nursing homes, are the most service-intensive housing option, providing skilled nursing services and therapies as needed.

### **Assisted Living**

Assisted Living facilities come in many forms and variations. In 2011, there were 6,921 professionally managed assisted living facilities in the United States. In general, they provide room and board, social and recreational activities, and help with personal care and other activities of daily living. Residents pay for the cost of medical and nursing services separately. The following services are generally available:

- Some help with Activities of Daily Living (ADLs) such as eating, bathing, and using the bathroom, taking medicine, and getting to appointments as needed (varies by facility).
- Residents often live in their own room or apartment within a building or group of buildings and have some or all of their meals together.
- Social and recreational activities are usually provided. Some assisted living facilities have health services on site.
- Residents usually pay a monthly rent and then pay additional fees for extra services they receive.

Costs for assisted living facilities can vary widely depending on the size of the living areas, services provided, type of help needed, and geographic location.

The idea of an Assisted Living is tremendously appealing – an older individual receiving necessary care and services in a home-like environment, while retaining choice and autonomy.

Assisted Living is the fastest growing form of residential housing for older Americans and has filled the space between nursing homes and the residential home. With the assisted facility, many people enter their Assisted Living homes with the expectation that this will be their home for the rest of their lives. Also, they develop friendships and relationships with other residents. Therefore, the facility becomes their primary community.

Most Assisted Living facilities are licensed to care for residents only up to a particular need of care. A generic multi-level system might designate three levels: low, moderate and high

(excludes skilled nursing care - nursing home level). When a resident has low care needs, the resident may reside at any type of Assisted Living facility. When the resident's care needs reach the moderate level, the resident is allowed to reside only at a facility licensed for moderate or high care needs. When the care needs increase to the high level, the resident is allowed only to reside in a facility licensed for high care needs. Quality of care standards are set for each level to assure that residents receive care that is adequate to meet their needs.

Also, discharge from a Maryland Assisted Living facility is authorized for violation of the admission agreement. Therefore, the Assisted Living facility sets discharge justifications in an admission agreement. The facility may limit discharge to legitimate situations such as endangerment of other residents and nonpayment. Or, on the other hand, the facility may write an admission agreement with unfair discharge justifications; i.e., use of a wheelchair in the dining rooms. Consequently, the facility has extensive discretion to discharge a resident. With the State granting such discretion, we have two potential discharge problems: that a resident will be discharged too soon, or too late. In a too soon discharge, a facility may discharge a resident because their needs have become too expensive or inconvenient, even though the facility, if it wanted, could provide adequate care. The too late discharge is often the result of a facility retaining a resident for whom the facility is incapable of providing care.

All assisted facilities are not the same, and can vary within the State. Therefore, proper evaluation of the facility must be performed.

## **Assisted Living Checklist**

	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>COMMENTS</u></b>
<b><u>RESIDENTS</u></b>			
Dressed and well cared for	<input type="checkbox"/>	<input type="checkbox"/>	
Involved in activities	<input type="checkbox"/>	<input type="checkbox"/>	
Clean-shaven, hair brushed	<input type="checkbox"/>	<input type="checkbox"/>	
Talking amongst themselves	<input type="checkbox"/>	<input type="checkbox"/>	
Up and moving	<input type="checkbox"/>	<input type="checkbox"/>	
Residents you are licensed to serve	<input type="checkbox"/>	<input type="checkbox"/>	
Level of care	<input type="checkbox"/>	<input type="checkbox"/>	
Help residents maintain abilities (toilet, dress, eat)	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule for staff to check on residents	<input type="checkbox"/>	<input type="checkbox"/>	
Written development plan produced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff training to deal with aggressive individuals	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>LIVING SPACES</u></b>			
Size of facility	<input type="checkbox"/>	<input type="checkbox"/>	
Is facility licensed to provide care	<input type="checkbox"/>	<input type="checkbox"/>	
Disclosure Statement	<input type="checkbox"/>	<input type="checkbox"/>	
Basic Fee/ Initial payment required	<input type="checkbox"/>	<input type="checkbox"/>	
Service & costs available for additional charge	<input type="checkbox"/>	<input type="checkbox"/>	
If my needs change, are services available?	<input type="checkbox"/>	<input type="checkbox"/>	
Clean, well-kept, free from unpleasant odors	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature comfortable	<input type="checkbox"/>	<input type="checkbox"/>	
Residents allowed to decorate own room	<input type="checkbox"/>	<input type="checkbox"/>	
Possessions kept secure	<input type="checkbox"/>	<input type="checkbox"/>	
Furnishings attractive	<input type="checkbox"/>	<input type="checkbox"/>	
Does the facility meet your requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Do the residents appear happy	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>STAFF</u></b>			
Staff relationship friendly with residents	<input type="checkbox"/>	<input type="checkbox"/>	
Staff members in sight	<input type="checkbox"/>	<input type="checkbox"/>	
Name tags on staff	<input type="checkbox"/>	<input type="checkbox"/>	
Staff friendly to you	<input type="checkbox"/>	<input type="checkbox"/>	
Full time RN in nursing home at all times	<input type="checkbox"/>	<input type="checkbox"/>	
Continuing education performed	<input type="checkbox"/>	<input type="checkbox"/>	
Licensed doctor on staff	<input type="checkbox"/>	<input type="checkbox"/>	
Administrator open to questions	<input type="checkbox"/>	<input type="checkbox"/>	
Health monitoring checks	<input type="checkbox"/>	<input type="checkbox"/>	
Safeguards in place so I receive my medications	<input type="checkbox"/>	<input type="checkbox"/>	
Am I allowed to self-medicate	<input type="checkbox"/>	<input type="checkbox"/>	
Observe staff at varying times	<input type="checkbox"/>	<input type="checkbox"/>	

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<b><u>SAFETY</u></b>			
Emergency exits, well-marked, unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
Lobby and hallway clean	<input type="checkbox"/>	<input type="checkbox"/>	
Non-slip surfaces / grab bars in restrooms	<input type="checkbox"/>	<input type="checkbox"/>	
Call button within easy access	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills	<input type="checkbox"/>	<input type="checkbox"/>	
Training for staff in case of emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
Type of emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
State inspected and when	<input type="checkbox"/>	<input type="checkbox"/>	
Any violations	<input type="checkbox"/>	<input type="checkbox"/>	
Submit plan of correction	<input type="checkbox"/>	<input type="checkbox"/>	
Review plan of correction	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>FOOD</u></b>			
Choice of food , menu available, special diets	<input type="checkbox"/>	<input type="checkbox"/>	
If I miss a meal, are other meals available	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>ACTIVITIES / SERVICES</u></b>			
Pharmacy deliver medications	<input type="checkbox"/>	<input type="checkbox"/>	
Can I continue to use my pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	
Physical therapy program	<input type="checkbox"/>	<input type="checkbox"/>	
Social worker on staff – what training	<input type="checkbox"/>	<input type="checkbox"/>	
Active volunteer program	<input type="checkbox"/>	<input type="checkbox"/>	
Outdoor areas	<input type="checkbox"/>	<input type="checkbox"/>	
Organized field trips / activities	<input type="checkbox"/>	<input type="checkbox"/>	
Private areas available to meet with family	<input type="checkbox"/>	<input type="checkbox"/>	
Provides policy on pets	<input type="checkbox"/>	<input type="checkbox"/>	
Provides policy on visitors	<input type="checkbox"/>	<input type="checkbox"/>	
How often will my room be cleaned	<input type="checkbox"/>	<input type="checkbox"/>	
How often will my linens be cleaned	<input type="checkbox"/>	<input type="checkbox"/>	
Provider does my personal laundry	<input type="checkbox"/>	<input type="checkbox"/>	
Are washing machines available	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>DISCHARGE</u></b>			
Reasons for discharge	<input type="checkbox"/>	<input type="checkbox"/>	
Internal appeal process	<input type="checkbox"/>	<input type="checkbox"/>	
Notice given & how many days notice is given	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance available, if proceeding with discharge	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>SPECIAL CARE / DEMENTIA</u></b>			
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	
Staff to resident ration	<input type="checkbox"/>	<input type="checkbox"/>	
Policy on restraints	<input type="checkbox"/>	<input type="checkbox"/>	
Difference between this unit and rest of facility	<input type="checkbox"/>	<input type="checkbox"/>	

## **Continuing Care Retirement Communities**

CCRCs offer the entire residential continuum—from independent housing to assisted living to round-the-clock nursing services—under one "roof". Residents pay an entry fee and an adjustable monthly rent in return for the guarantee of care for the rest of their life. Because CCRCs maintain an assortment of on-site medical and social services and facilities, residents can enter the community while still relatively healthy and then move on to more intensive care as it becomes necessary. Nursing care is often located within the CCRC or at a related facility nearby. In addition to health care services, CCRCs also typically provide meals, housekeeping, maintenance, transportation, social activities, and security.

CCRCs are diverse in their offerings and personality. The CCRCs run the gamut from urban high-rises to garden apartments, cottages cluster homes, or single-family homes. Some CCRCs provide units that are designed for people with special medical needs, such as Alzheimer's disease.

Most importantly, CCRCs guarantee a life-long place to live. Assisted living and even skilled nursing facilities make no such guarantees, and in fact they may ask you to leave if they believe they cannot provide the care you require. However, bear in mind that virtually no CCRC will guarantee an individual entry into the skilled nursing facility that is a part of the CCRC. If all the nursing units are filled (by either other residents or non-residents), the CCRC may place the ailing resident in another nursing home in the community. This can come as a rude shock to most elders, who believe precisely the opposite.

The downside of CCRCs is the cost, which can be more than those with low or moderate income and assets can afford. Prices depend on the amount of care provided, the type of contract, and the unit's size and geographic location. Entry fees can be more than \$500,000, with monthly charges in excess of \$3,000.

Generally a refund will no longer be available after a specified period of residency. Some refundable fees revert to your estate when your unit is sold, while others do not. Therefore, before you expend a large sum of money immediately and commit future monies, you need an assurance that the CCRC will be able to provide the promised services for the period of time stated in the contract. Consequently, review the annual CCRC disclosure statement.

### **CCRC Fee Arrangements**

Although the entry and monthly fee arrangement is the most common, some CCRCs offer rental or equity arrangements. Under a rental arrangement, residents pay only a monthly fee, which typically covers housing and designated services (sometimes including health care services). Under equity arrangements, residents purchase their residence in the same way they would a cooperative apartment or condominium, although the resale of the unit is usually limited to those who meet the community's eligibility criteria. Residents then may purchase service and health care packages for an additional fee.

CCRCs often allow you to choose from three different fee schedules:

- Extensive contracts, which include unlimited long-term nursing care at little or no increase in the monthly fee. This arrangement requires residents to pay a higher fee initially;
- Modified contracts, which include a specified duration of long-term nursing care, beyond which fees rise as care increases; and
- Fee-for-service contracts, in which residents pay a reduced monthly fee but pay full daily rates for long-term nursing care.

The Maryland Department of Aging ("MDA") issues certificates to CCRC's. However, this certification is not an endorsement or guarantee of the community. Also, the MDA maintains financial and other records on all CCRC,s, which are accessible to the public. Consumer packets may be obtained by calling 1-800-AGELINE.

### **CCRC Entry Requirements**

Most CCRCs require that a resident be in good health, be able to live independently when entering the facility, and be within minimum and maximum age limits. As a prerequisite to admission, facilities may also require both Medicare Part A and Part B, and perhaps Medigap coverage as well. A few are now even requiring long-term care coverage as a way of keeping fees down. Some CCRCs are affiliated with a specific religious, ethnic or fraternal order and membership in these groups may be a requirement. Of course, applicants will have to demonstrate that they have the means to meet the required fees. Also, you may be placed on a waiting list, since CCRCs are often sought after.

Many CCRC residents usually fund their care out of their own pockets. However, Medicare, and at times Medicaid, can be used to pay for certain services, and most CCRCs accept either Medicare or Medicaid. Although Medicare does not generally cover long-term nursing care, it often covers specific services that a CCRC resident might receive, such as physician services and hospitalization. Because the financial requirements for residence are fairly strict and the costs are relatively high, very few CCRC residents are eligible for Medicaid.

### **How to Evaluate a Facility and Contract**

Deciding on a CCRC is a once-in-a-lifetime choice, and it is a decision that should be made carefully. Many communities allow prospective residents to experience life at the facility. Each community has an agreement or contract that lays out the services provided. You should make sure you understand the contract before signing, and you would be well advised to seek legal or financial counsel before entering into any agreement.

### **Twenty Questions for a Continuing Care Residential Facility**

11. What is the CCRC's background and experience?
12. Review the facility's financial, actuarial, and operating statements.
13. What levels of care are provided? Licensed or certified by the State of Maryland?
14. How much is the entrance fee, processing fee, and any other fees?
15. Can you get a refund of all or part of it?
16. What is the monthly fee?
17. Can the monthly be increased?
18. What happens if you cannot afford the monthly fees?
19. Do the fees change when your level-of-care needs change?
20. What happens if your marital status changes?
21. What if spouses require different levels of care?
22. What services are included in my regular fees?
  - Meal services?
  - Special diets/tray service?
  - Utilities?
  - Cable television?
  - Furnishings?
  - Unit maintenance?
  - Linens/personal laundry?
  - Housekeeping?
  - Recreational/cultural activities?
  - Transportation?
  - Is an assessment plan prepared for meeting those needs? How is it reviewed?
  - Physician services?
  - Medications?
  - On site nursing care facility services: Are they on-site? Who pays?
  - Private duty nursing?
  - Dental and eye care?
  - Personal care services?
  - Homemaker/companion services?
  - Drugs, medication and medical equipment/supplies?
  - Emergency call system?
23. What happens if a nursing bed is not available when you need it?
24. Can the facility move you if you become too sick/impaired to be cared for by the facility?
25. Can you receive Medicare and Medicaid coverage in the facility?
26. Who is involved in making the change of level of care decisions?
27. What are the staffing levels and professional qualifications of the staff?
28. Is there a resident council? How are complaints and disputes handled?
29. What are the grounds for eviction? What conditions can the CRCC terminate the contract?
30. What happens if you are injured? Does the contract release the facility from liability for injury resulting from negligence? What are your rights under the law?



## **Nursing Homes**

The decision to move a family member or a loved one into a nursing home is one of the most difficult decisions you can make.

Perhaps the move is being made because the family member can no longer take care for him or herself...or perhaps the person has a progressive disease like Alzheimer's...or has had a stroke or heart attack.

No matter the reason, those involved are almost always under great stress. At times like these, it's important that you pause, take a deep breath and understand there are things you can do. Good information is available and you can make the right choices for you and your loved one.

### **Selecting a Nursing Facility**

When someone is faced with the overwhelming job of finding a nursing home for a loved one, the question often asked is, "Where do I begin?" Although this is a job that no one wants to do, it can be done with forethought and confidence that the best decision was made for everyone involved.

When nursing home placement is necessary, it is crucial that the family and/or potential resident decide what's most important to them in looking for a facility. It is important that the resident's needs and wants be included in the evaluation. Things such as location of the facility, if a special care unit is necessary and type of payer source should be considered when beginning this process.

The next step is to identify the facilities in your area which meet the criteria.

If placement is "down the road" and you have time, call the nursing facilities and ask them to send you their information packet including an activity calendar and a menu.

Get ready to tour the facilities you have chosen. Don't schedule your tours. Just show up during regular business hours. You will be able to meet with the administrative staff who will answer all your questions. Next, you will want to tour a second time in the evening or on the weekend just to see if there is a drastic difference in the atmosphere of the facility or the care being provided.

It is important to tour at least two facilities so you can see the difference in the physical plant and the staff.

When you are touring, pay attention to your gut feeling. Ask yourself the following questions...

- Did I feel welcome?
- How long did I have to wait to meet with someone?
- Did the admission director find out my family member's wants and needs?
- Was the facility clean?
- Were there any strong odors?
- Was the staff friendly?
- Did they seem to generally care for the resident?
- Did the staff seem to get along with each other?

Listen and observe. You can learn so much just by watching and paying attention.

When touring a facility, ask any questions that come to mind. There are no "dumb" questions.

Here are a few examples of questions you will want to ask to make sure that the administration of the facility is giving proactive care instead of reacting to crisis.

- How do you ensure that call lights are answered promptly regardless of your staffing?
- If someone is not able to move or turn him or herself, how do you ensure that they are turned and do not develop bedsores?
- How do you make sure that someone is assisted with the activities of daily living like dressing, toileting and transferring?
- Can residents bring in their own supplies?
- Can residents use any pharmacy?
- How many direct care staff members do you have on each shift? Does this number exceed the minimal number that state regulations say you have to have or do you just meet the minimum standard?
- What payer sources do you accept?
- How long has the medical director been with your facility?
- How were your last state survey results? (Ask to see a copy)
- How did you correct these deficiencies and what process did you put in place to make sure you do not make these mistakes again?
- Has the state prohibited this facility from accepting new residents at any time during the last 2 years?
- What is your policy on family care planning conferences? Will you adjust your schedule to make sure that I can attend the meeting?
- Do you have references I can talk with?
- Can my loved one come in on for a meal to see if he/she fits in and likes the facility?

Attached is a form you can use when touring facilities. This will help you keep track of which facility you liked best and those you did not care for.

Once a facility has been chosen, there are some definite steps you can take to make the process less traumatic on the resident. First, plan the admission carefully. If you know the resident becomes very difficult to deal with in the late afternoon, plan the admission for midmorning. Next, complete the admission paperwork before your loved one actually moves into the facility. This will allow you to spend the first few hours that they are there with them getting them settled and making them feel secure in their new living environment.

Some practical things you want to be sure to do ... mark every piece of clothing with a permanent laundry marker. When a facility is washing the clothes for 120 people, it is common for things to occasionally end up in the wrong room, however you can help ensure getting the item back if it is properly marked. If you are going to do your loved one's laundry, post a sign on the closet door to notify staff and provide a laundry bag where dirty clothes can be placed.

Also, bring in familiar things for the resident so that there is a feeling of home. However, realize that space is limited especially in a semi-private room.

A very important thing for you to remember is that the staff of the facility is just meeting your loved one for the first time. They do not know his or her likes or dislikes, or those little nuances that make providing care go smoother. The best way you can help your loved one is to tell the staff, in writing, as much information as possible about your loved one ... his/her likes and dislikes, typical daily schedule, pet peeves, and so on.

It is important that you get to know the people who are caring for your loved one. Most importantly, stay involved. Let everyone know how much you care and how committed you are to your loved one's care. Also understand you will not help your loved one by becoming anxious or emotional. Assure them that although this is not an ideal situation, you will be there to assist them in making it as pleasurable as possible.

### **Nursing Home Evaluation**

As you visit nursing homes, use the form for each place you visit. Don't expect every nursing home to score well on every question. The presence or absence of any of these items does not automatically mean a facility is good or bad. Each has its own strengths and weaknesses. Simply consider what is most important to the resident and you.

Record your observations for each question by circling a number from one to five. (If a question is unimportant to you or doesn't apply to your loved one, leave the evaluation area for that question blank.) Then total all blanks you checked.

Your ratings will help you compare nursing homes and choose the best one for your situation. But, don't rely simply on the numbers. Ask to speak to family members of other residents. Also, contact the local or state ombudsman for information about the nursing home and get a copy of the facility's state inspection report from the nursing home, the agency that licenses (or certifies) nursing homes or the ombudsman.

## **How to Get Good Care in a Nursing Home**

Once you find a nursing home placement for your loved one, you can begin the process of easing the transition from one level of care to another.

The most important way you can help is to ensure that your loved one gets good care in the new environment.

If you have been providing some or all of your loved one's care, you'll notice a change in your role. Rather than functioning as a caregiver, you'll instead become a care advocate.

You will still be caring for your loved one, but in a new way.

Your key roles are to participate in planning for your loved one's care and in frequent communication with the nursing home staff.

### **Care Planning**

The care planning process begins with a baseline assessment. This assessment occurs soon after a resident moves into a nursing home, certainly within the first two weeks.

A team from the nursing home which may include a doctor, nurse, social worker, dietitian and physical, occupational or recreational therapist, uses information from both the resident and the family about the resident's medical and emotional needs.

This baseline assessment then becomes the yardstick against which the caregivers can measure the resident's progress.

The team asks family members about the resident's medical, psychological, spiritual and social needs. You can also contribute information about your loved one's preferences and usual routine. For example, you might tell the staff, "Dad likes to listen to the radio as he falls asleep. He's been doing this since I was a child."

During the assessment process, you can help by making your own list of your loved one's needs and giving the list to a member of the assessment team. For example, you may have noticed signs of depression along with symptoms of Alzheimer's. The assessment team may not notice these signs, so your input will be invaluable.

In the space below list your loved one's medical needs:

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In the space below list your loved one's psychological needs:

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In the space below list your loved one's spiritual needs:

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In the space below list your loved one's social needs:

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In the space below list your loved one's preferences and usual routines:

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Miscellaneous:

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The assessment team uses all the information they gather to develop an individualized formal care plan. The care plan defines specific care the resident needs and outlines strategies the staff will use to meet them. The assessment team meets during the first month of a new resident's placement at a care planning meeting. Family members, as well as the resident, may attend.

When you go to the care plan meeting, bring along a copy of the list of needs you gave the assessment team earlier. Together, you can discuss your loved one's needs and the care plan the team has developed. And, if some need has been overlooked, you can ensure that the assessment team addresses it during this meeting.

Federal law requires that nursing home care result in improvement, if improvement is possible. In cases where improvement is not possible, the care must maintain abilities or slow the loss of function.

For example, if your mother has a problem with language when she moves into the nursing home, the care plan should include activities that encourage her use of language unless or until the disease's progression changes this ability.

The care plan becomes part of the nursing home contract. It should detail the resident's medical, emotional and social needs and spell out what will be done to improve (when possible) or maintain the resident's health.

According to federal law, nursing homes must review the resident's care plan every three months and whenever the resident's condition changes. It must also reassess the resident annually. At these times additional care planning meetings are held to update the resident's care plan.

For example, if your father had bladder control when he entered the nursing home, but has become incontinent, this significant change in his status means the nursing home staff must develop a new care plan that addresses his new need.

As a care advocate, you'll want to monitor your loved one's care to be sure the nursing home is providing the care outlined in the care plan. You may also attend all care planning meetings, whether regularly scheduled or when held because of a change in your loved one's health. This is the best way to ensure that your loved one gets personal and appropriate care in the nursing home.

## Nursing Home Evaluation Form

Name of Nursing Home:

Date Visited:

Poor === Excellent  
1===== 5

### **The Building and Surroundings**

What is your first impression of the facility? 1 2 3 4 5

What is the condition of the facility's exterior paint, gutters and trim? 1 2 3 4 5

Are the grounds pleasant and well-kept? 1 2 3 4 5

Do you like the view from residents' rooms and other windows? 1 2 3 4 5

Do residents with Alzheimer's disease live separate Alzheimer's unit? 1 2 3 4 5

Does the nursing home provide a secure outdoor area? 1 2 3 4 5

Is there a secure area where a resident with Alzheimer's disease can safely wander on walking paths? 1 2 3 4 5

Are there appropriate areas for physical therapy and occupational therapy? 1 2 3 4 5

Are facilities for barber or beauty salon services available? 1 2 3 4 5

Is there a well-ventilated room for smokers? 1 2 3 4 5

What is your impression of general cleanliness throughout the facility? 1 2 3 4 5

Does the facility smell clean? 1 2 3 4 5

Is there enough space in resident rooms and common areas for the number of residents? 1 2 3 4 5

How noisy are hallways and common areas? 1 2 3 4 5



Is the dining area clean and pleasant? 1 2 3 4 5

Is there room at and between tables for both residents and aides for those who need assistance with meals? 1 2 3 4 5

Are common areas like lounges and activity rooms in use? 1 2 3 4 5

Are residents allowed to bring pieces of furniture and other personal items to decorate their rooms? 1 2 3 4 5

### **The Staff, Policies and Practices**

Does the administrator know residents by name and speak to them in a pleasant, friendly way? 1 2 3 4 5

Do staff and residents communicate with cheerful, respectful attitudes? 1 2 3 4 5

Do staff and administration seem to work well with each other in a spirit of cooperation? 1 2 3 4 5

Do residents get permanent assignment of staff? 1 2 3 4 5

Do nursing assistants participate in the resident's care planning process? 1 2 3 4 5

How good is the nursing home's record for employee retention? 1 2 3 4 5

Does a state ombudsman visit the nursing home on a regular basis? 1 2 3 4 5

How likely is an increase in private pay rates? 1 2 3 4 5

Are there any additional charges not included in the daily or monthly rate? 1 2 3 4 5

### **Residents' Concerns**

What method is used in selecting roommates? 1 2 3 4 5

What is a typical day like? 1 2 3 4 5

Can residents choose what time to go to bed and wake up? 1 2 3 4 5

Are meaningful activities available that are appropriate for residents?	1 2 3 4 5
If activities are in progress, what is the level of resident participation?	1 2 3 4 5
Can residents continue to participate in interests like gardening or contact with pets?	1 2 3 4 5
Does the nursing home provide transportation for community outings and activities?	1 2 3 4 5
Is a van or bus with wheel chair access available?	1 2 3 4 5
Do residents on Medicaid get mental health services or occupational, speech or physical therapies if needed?	1 2 3 4 5
What is your impression of the general cleanliness and grooming of residents?	1 2 3 4 5
How are decisions about method and frequency of bathing made?	1 2 3 4 5
How do residents get their clothes laundered?	1 2 3 4 5
What happens when clothing or other items are missing?	1 2 3 4 5
Are meals appetizing and served promptly at mealtime?	1 2 3 4 5
Are snacks available between meals?	1 2 3 4 5
If residents call out for help or use a call light, do they get prompt, appropriate responses?	1 2 3 4 5
Does each resident have the same nursing assistant(s) most of the time?	1 2 3 4 5
How does a resident with problems voice a complaint?	1 2 3 4 5
Do residents who are able to participate in care plan meetings?	1 2 3 4 5
Does the nursing home have an effective resident council?	1 2 3 4 5

## Family Considerations

How convenient is the nursing home's location to family members who may want to visit the resident?	1 2 3 4 5
Are there areas other than the resident's room where family members can visit?	1 2 3 4 5
Does the facility have safe, well-lighted, convenient parking?	1 2 3 4 5
Are hotels/motels nearby for out-of-town family members?	1 2 3 4 5
Are area restaurants suitable for taking residents out for a meal with family members?	1 2 3 4 5
How convenient will care planning conferences be for interested family members?	1 2 3 4 5
Is an effective family council in place?	1 2 3 4 5
Can family/staff meetings be scheduled to discuss and work out any problems that may arise?	1 2 3 4 5
Can residents choose what time to go to bed and wake up?	1 2 3 4 5
Are meaningful activities available that are appropriate for residents?	1 2 3 4 5

Total Score: \_\_\_\_\_

## **Hospice**

You've probably heard of hospice. But you may be unfamiliar with the details concerning this philosophy of medical care. If your physician has recommended hospice for you or a family member, you likely have lots of questions. What is hospice? How does one enroll? How much does it cost?

### **What Is Hospice, Anyway?**

Rather than a **place** to receive medical care, hospice is an approach to medical care for patients nearing the end of life. Its goal is to enhance the quality of life for patients with terminal illness. Hospice focuses on pain management and symptom relief, while addressing the patient's emotional, social and spiritual needs—as well as those of family members. Hospice lets patients and families share the end-of-life experience with dignity and, in most cases, in the comfort of their own homes.

Each person entering a hospice program gets an individualized care plan. This plan is developed by a team of professionals and volunteers working with the patient and family members. Depending on the patient's needs, the team may consist of the patient's primary care physician, a hospice physician (or medical director), nurses, home health aides, social workers, clergy, trained volunteers and speech, physical and occupational therapists.

### **Why Choose Hospice?**

A patient with a life-limiting illness may reach a point where he or she no longer responds to treatments aimed at curing the disease. At that time, the physician may recommend a shift in focus from curing the disease to making the patient as comfortable as possible. This shift toward palliative care is “comfort-oriented” rather than “cure-oriented.” It is medical treatment that seeks to control symptoms and manage pain. When the physician's estimation of the patient's life expectancy is six months or less, hospice care often is the best option. Although some hospice care is administered in assisted living facilities, nursing homes, hospice centers, and inpatient settings, approximately 80 to 90 percent of hospice services occur in the patient's own home. That's partly because advances in technology have made it possible to operate much medical equipment in a home setting. It's also because hospice team members and volunteers are available to provide services, as needed, including:

- Pain and symptom management
- Assistance with the emotional, psychological, social and spiritual needs
- Drugs, medical supplies and equipment
- Training for family caregivers
- Speech, physical and occupational therapy
- Arrangements for respite care
- Bereavement counseling for surviving family members and friends
- Help with day-to-day chores and activities of daily living
- Experienced counsel for end-of-life decisions
- 24-hour on-call availability

## **Living Well**

Patients and families who face a terminal illness may at first focus on the impending loss of life. However, hospice programs encourage them to make the most of living and enjoying what may be the patient's last months. Staying in the home lets patients reunite with friends and family members. It gives everyone a chance to reminisce and laugh together, despite the sadness, anger and pain that often accompany death. Hospice lets patients *live* until they die—enjoying life to its fullest potential.

## **Levels of Care And Medicare**

### **Eligibility Requirements**

Medicare pays a great deal of the services provided by Hospice throughout the country. In order to be eligible, a patient must be covered under Medicare Part A and must also have certification from a physician that the patient's life expectancy is six months or less, assuming the illness runs its normal course. There is a great deal of confusion about the six month standard. It does not mean that the patient will lose his or her Hospice benefits after six months. Instead, it simply means that in order to be eligible, there must be a six-month life expectancy. After the initial period of certification, however, the patient can have an unlimited number of additional sixty-day periods. So long as the individual continues to have a life expectancy of six months or less, Hospice can go on indefinitely.

To enroll in Hospice, the patient must sign a statement electing the Hospice benefit. This is perhaps the most difficult step for many families to take, since this election shifts the course of treatment from curative (i.e. intending to help the patient get better) to palliative (i.e. treating the pain, but not trying to cure the illness). Many patients worry that by electing the palliative (pain reducing) course of treatment, they are locking themselves into something that cannot be changed. That is not correct. The election from Hospice to non-Hospice to Hospice care can be made as frequently as the patient desires.

A great benefit of Hospice care is that medication related to the terminal illness is usually covered with a co-pay. In this day and age of spiraling medication costs, this benefit alone can save families a tremendous amount of money. In addition, Medicare has another valuable Hospice benefit. Under the law, patients can have a one-time educational consultation by a Hospice physician to the terminally ill patient, even when that patient is not yet in Hospice. The consultation could occur in a care facility or at home, and should also include a pain assessment, along with counseling on care options and advance planning.

The question frequently arises...does Hospice pay for nursing home care? If the patient is a nursing home resident, there will be Hospice benefits available, much like if the resident were at home. The Medicare Hospice benefit will not cover the costs of room and board at the nursing facility. It will, however, continue to cover the types of services mentioned earlier.

What if the patient is not eligible for Medicare Part A? Are there other ways to pay?

In addition to Medicare, there are many ways that Hospice care may be paid for. Often, Health Maintenance Organizations (HMOs) and managed care organizations cover the cost of Hospice care. In addition to Medicare, for military patients as well as those covered by CHAMPUS (the health benefits program for retired military personnel and dependents) will frequently cover the cost of Hospice. Additional funding for Hospice also comes from community contributions, memorial donations and foundation gifts. Many Hospice programs also use a sliding-fee scale, based on a patient's ability to pay for services when insurance and other benefit programs are not available.

## **Who Pays for Long-Term Care?**

Consumer surveys reveal common misunderstandings about which public programs pay for long-term care services. It is important to clearly understand what is and isn't covered.

### **Medicare**

- Medicare pays for long-term care if you require skilled services or rehabilitative care:
  - In a nursing home for a maximum of 100 days, however, the average Medicare covered stay is much shorter (22 days).
  - At home if you are also receiving skilled home health or other skilled in-home services. Generally, long-term care services are provided only for a short period of time.
- Does not pay for non-skilled assistance with Activities of Daily Living (ADL), which make up the majority of long-term care services
- You will have to pay for long-term care services that are not covered by a public or private insurance program

### **Medicaid**

- Does pay for the largest share of long-term care services, but to qualify, your income must be below a certain level and you must meet minimum state eligibility requirements
- Such requirements are based on the amount of assistance you need with ADL
- Other federal programs such as the Older Americans Act and the Department of Veterans Affairs pay for long-term care services, but only for specific populations and in certain circumstances

Many people think the phrase “long-term care” refers to an insurance policy. While insurance may be part of your strategy, long-term care encompasses everything from long-term services, finances, to where you will live and how you will navigate the myriad of legal, family, and social dynamics along the way.

### **Costs & How to Pay**

Just as there are many kinds of long-term care services and supports, so is there a wide range of costs for them. And while some people may qualify for a public program to help pay for these expenses, most people use a variety of options, including long-term care insurance, personal income and savings, life insurance, annuities and reverse mortgages to ensure they can pay for the care they require. As our population ages, new financial products are offering yet more options.

Important questions answered in this section:

- What are the costs of care?
- Does disability or health insurance cover long-term care?
- What is long-term care insurance?
  - What it covers
  - When your coverage begins
  - How to buy it
  - Where to look for it
  - What the costs are
- How can I use life insurance to pay for long-term care?
- What are other ways to pay privately?
  - Reverse mortgages
  - Annuities
  - Trusts

### **What Are the Costs of Care?**

Some average costs for long-term care in the United States:

- Over \$10,000 per month for a semi-private room in a nursing home
- \$3,500 to over \$8,000 per month for care in an assisted living facility
- \$30 per hour for a home health aide
- \$22 per hour for homemaker services
- \$80 per day for services in an adult day health care center

The cost of long-term care depends on the type and duration of care you need, the provider you use, and where you live. Costs can be affected by certain factors, such as:

- Time of day. Home health and home care services, provided in two-to-four-hour blocks of time referred to as “visits,” are generally more expensive in the evening, on weekends, and on holidays
- Extra charges for services provided beyond the basic room, food and housekeeping charges at facilities, although some may have “all inclusive” fees.
- Variable rates in some community programs, such as adult day service, are provided at a per-day rate, but can be more based on extra events and activities

### **What is Covered by Health & Disability Insurance?**

Many people believe that the medical insurance they currently have will pay for all or much of their long-term care. In general, health insurance covers only very limited and specific types of long-term care, and disability policies don't cover any at all.



## **Health Insurance**

Most forms of insurance, such as the private health insurance or HMO you may have on your own or through your employer, follow the same general rules as Medicare with regard to paying for long-term care services. If they do cover long-term care services, it is typically only for skilled, short-term, medically necessary care.

- Like Medicare, the skilled nursing stay must follow a recent hospitalization for the same or related condition and is limited to 100 days
- Coverage of home care is also limited to medically necessary skilled care
- Most forms of private insurance do not cover custodial or personal care services at all
- Your plan may help you pay for some of the copayments or deductibles that Medicare imposes. For example, your plan may help cover the \$161 (2016) per day for Medicare covered nursing home care for days 21 through 100. Over 100 days no coverage.

## **Medigap**

Medicare Supplemental Insurance, also known as “Medigap,” are private policies designed to fill in some of the gaps in Medicare coverage. Specifically, these policies help to:

- Cover Medicare copayments and deductibles
- Enhance your hospital and doctor coverage, but does not extend to long-term care coverage
- Cover the daily Medicare copayment of \$161 per day for days 21 through 100 for the small portion of nursing home stays that qualify for Medicare coverage
- Medigap insurance is not intended to meet long-term care needs and provides no coverage for the vast majority of long-term care expenses like care in a nursing home, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

There are many standardized Medigap plans defined by federal law. Find out more about Medigap and see what is covered at the official government website for Medicare.

## **Disability Insurance**

Disability insurance is intended to replace some of a working person’s income when a disability prevents them from working. It does not:

- Cover medical care or long-term care services
- Provide benefits once you are over age 65—when you are most likely to need long-term care services

## **Long-Term Care Insurance**

Unlike traditional health insurance, long-term care insurance is designed to cover long-term services and supports, including personal and custodial care in a variety of settings such as your home, a community organization, or other facility.

Long-term care insurance policies reimburse policyholders a daily amount (up to a pre-selected limit) for services to assist them with activities of daily living such as bathing, dressing, or eating. You can select a range of care options and benefits that allow you to get the services you need, where you need them.

The cost of your long-term care policy is based on:

- How old you are when you buy the policy
- The maximum amount that a policy will pay per day
- The maximum number of days (years) that a policy will pay
- The maximum amount per day times the number of days determines the lifetime maximum amount that the policy will pay.
- Any optional benefits you choose, such as benefits that increase with inflation

If you are in poor health or already receiving long-term care services, you may not qualify for long-term care insurance as most individual policies require medical underwriting. In some cases, you may be able to buy a limited amount of coverage, or coverage at a higher “non-standard” rate. Some group policies do not require underwriting.

### **What Does Long-Term Care Insurance Cover?**

Most policies sold today are comprehensive. They typically allow you to use your daily benefit in a variety of settings, including:

- Your home
- Adult day service centers
- Hospice care
- Respite care
- Assisted living facilities (also called residential care facilities or alternate care facilities)
- Alzheimer’s special care facilities
- Nursing homes

In the home setting, comprehensive policies generally cover these services:

- Skilled nursing care
- Occupational, speech, physical, and rehabilitation therapy
- Help with personal care, such as bathing and dressing

## **Receiving Long-Term Care Insurance Benefits**

In order to receive benefits from your long-term care insurance policy you meet two criteria: the Benefit Trigger and the Elimination Period.

Benefit triggers are the criteria that an insurance company will use to determine if you are eligible for benefits. Most companies use a specific assessment form that will be filled out by a nurse/social worker team. Benefit triggers:

- Are determined through a company sponsored nurse/social worker assessment of your condition.
- Usually are defined in terms of Activities of Daily Living (ADLs) or cognitive impairments
- Most policies pay benefits when you need help with two or more of six ADLs or when you have a cognitive impairment
- Once you have been assessed, your care manager from the insurance company will approve a Plan of Care that outlines the benefits for which you are eligible.

The “elimination period” is the amount of time that must pass after a benefit trigger occurs but before you start receiving payment for services. An elimination period:

- Is like the deductible you have on car insurance, except it is measured in time rather than by dollar amount
- Most policies allow you to choose an elimination period of 30, 60, or 90 days at the time you purchased your policy
- During the elimination period, you must cover the cost of any services you receive
- Some policies specify that in order to satisfy an elimination period, you must receive paid care or pay for services during that time

Once your benefits begin:

- Most policies pay your costs up to a pre-set daily limit until the lifetime maximum is reached
- Other policies pay a pre-set cash amount for each day that you meet the benefit trigger, whether you receive paid long-term care services on those days or not
- These “cash disability” policies offer more flexibility but are potentially more expensive

## **Buying Long-Term Care Insurance**

People with certain conditions may not qualify for long-term care insurance. Since standards vary between different insurance companies, if one company denies you, it is possible that another company will accept you. Common reasons why you might not be able to buy long-term care insurance include:

- You currently use long-term care services
- You already need help with Activities of Daily Living (ADL)

- You have AIDS or AIDS-Related Complex (ARC)
- You have Alzheimer's Disease or any form of dementia or cognitive dysfunction
- You have a progressive neurological condition such as multiple sclerosis or Parkinson's Disease
- You had a stroke within the past year to two years or a history of strokes
- You have metastatic cancer (cancer that has spread beyond its original site)

Insurance companies also consider other health conditions when determining your eligibility. If you buy your long-term care insurance before you develop one of the health conditions listed above, then your policy will cover the care you need for that condition.

### **Before You Buy Long-Term Care Insurance**

You should consider a number of things before purchasing LTC insurance:

- Don't buy more insurance than you think you may need. You may have enough income to pay a portion of your care costs and you may only need a small policy for the remainder. You also may have family members willing and able to supplement your care needs
- Don't buy too little insurance. That will only delay the use of your own assets or income to pay for care. Think about how you feel about having care costs that are not covered. While you can usually decrease your coverage, it is more difficult to increase coverage, especially if your health has declined
- Look carefully at each policy. There is no "one-size-fits-all" policy
- If you choose a policy that only pays for room and board in a facility, plan for other expenses, such as supplies, medications, linens, and other items and services that your policy may not cover
- It costs less to buy coverage when you are younger. The average age of people buying long-term care insurance today is about 60. The average age of those purchasing policies offered at work is about 50
- Make sure that you can afford the long-term care insurance policy over time, as your monthly income may change
- Research and consider different options and talk with a professional before finalizing your decision
- Don't feel pressured into making a decision

### **Where to Look for Long-Term Care Insurance**

#### **Insurance Specialist**

Most people buy long-term care insurance directly from an insurance agent, a financial planner, or a broker. Some important points:

- States regulate which companies can sell long-term care insurance
- States regulate the products that companies can sell

- There are more than 100 companies offering long-term care insurance nationally, but 15 to 20 insurers sell most policies
- The best way to find out which insurance companies offer long-term care coverage in your state is to contact your state's Department of Insurance

### **State Partnership Programs**

Residents of some states may be able to find long-term care coverage through a State Partnership Program that links special Partnership-qualified (PQ) long-term policies provided by private insurance companies with Medicaid. These PQ policies:

- Help people purchase shorter term, more complete long-term care insurance
- Include inflation protection, so the dollar amount of benefits you receive can be higher than the amount of insurance coverage you purchased
- Apply for Medicaid under modified eligibility rules if you continue to need long-term care and your policy maximum is reached
- Include a special "asset disregard" feature that allows you to keep assets like personal savings above the usual \$2,500 Maryland Medicaid limit.

The following example shows how a Partnership-qualified policy works:

1. John, a single man, purchases a Partnership policy with a value of \$100,000.
2. Some years later he receives benefits under that policy up to the policy's lifetime maximum coverage (adjusted for inflation) equaling \$150,000.
3. John eventually requires more long-term care services, and applies for Medicaid. If John's policy was not a Partnership-qualified policy, in order to qualify for Medicaid, he would be entitled to keep only \$2,500 in assets. He would have to spend down any assets over and above this amount.
4. But because John bought a Partnership-qualified policy, he can keep \$152,500 in assets and the state will not recover those funds after his death. John would only have to spend down his assets over and above the \$152,500 in order to be eligible for Medicaid.

Since Partnership-qualified policies must include inflation protection, the amount of the benefits you receive can be higher than the amount of insurance protection you purchased. For example, if you have a Partnership-qualified long-term care insurance policy and receive \$100,000 in benefits from it, you can apply for Medicaid and, if eligible, retain \$100,000 worth of assets over and above the state's Medicaid asset threshold. In Maryland the asset limit is \$2,500 for a single person.

States must certify that partnership policies meet the specific requirements for their partnership program, including that those who sell partnership policies are trained and understand how these policies relate to public and private coverage options. To find out more about your state's program, including which insurance agents are selling partnership policies, or to find out if your state offers a partnership program, contact your state's Department of Insurance.

## **Employer**

Many private and public employers, including the federal government and a growing number of state governments, offer group long-term care programs as a voluntary benefit, and generally:

- Employers do not typically contribute to the premium cost (as they do with health insurance), but they often negotiate a favorable group rate
- If you are currently employed, it may be easier to qualify for long-term care insurance through your employer than it is to purchase a policy on your own
- You should check with your benefit or pensions office to see if your employer offers long-term care insurance.

The U.S. Office of Personnel Management has additional information about the Federal Long Term Care Insurance Program for employees of the federal government.

## **Long-Term Care Insurance Costs**

If you have a long-term care insurance policy, the buyer pays a pre-set premium. The policy then pays for the services you need, when you need them (up to its coverage limits). On occasion, if the assumptions used to price the policy prove wrong, the insurance company can increase your premiums beyond the pre-set amount. Typically, you are not expected to pay premiums while you receive long-term care.

The cost of a long-term care policy varies greatly based on:

- Your age at the time of purchase
- The policy type
- The coverage you select

In 2007, the average long-term care insurance policy:

- Cost about \$2,207/year
- Covered 4.8 years of benefits, excluding the 20 percent of people who elected lifetime coverage
- Had a daily benefit amount of \$160
- Was a comprehensive policy covering both facility and at-home care
- Included some form of automatic inflation protection

## **Using Life Insurance to Pay for Long-Term Care**

You can use your life insurance policy to help pay for long-term care services through the following options:

- Combination (Life/Long-Term Care) Products
- Accelerated Death Benefits (ADB)

### **Combination Products**

Many consumers are reluctant to buy long-term care insurance because they fear that their investment will be wasted if they do not use it. Some insurance companies have attempted to solve this problem by combining life insurance with long-term care insurance. The idea is that policy benefits will always be paid, in one form or another. These products are relatively new and the features are changing as the product evolves. The amount of the long-term care benefit is often expressed in terms of a percentage of the life insurance benefit.

### **Accelerated Death Benefits (ADB)**

A feature included in some life insurance policies that allow you to receive a tax-free advance on your life insurance death benefit while you are still alive. Sometimes you must pay an extra premium to add this feature to your life insurance policy. Sometimes the insurance company includes it in the policy for little or no cost.

There are different types of ADBs each of which serves a different purpose. Depending on the type of policy you have, you may be able to receive a cash advance on your life insurance policy's death benefit if:

- You are terminally ill
- You have a life-threatening diagnosis, such as AIDS
- You need long-term care services for an extended amount of time
- You are permanently confined to a nursing home and incapable of performing Activities of Daily Living (ADL), such as bathing or dressing

## **Paying Privately**

If you have enough income and savings, you will need to pay for long-term care services on your own, from your incomes, savings, and possibly the equity in your home. In this section we will explore a few of the growing number of ways you can pay for your long-term care privately. These methods include:

- Reverse mortgages
- Annuities
- Trusts

### **Reverse Mortgages**

A reverse mortgage is a special type of home equity loan that allows you to receive cash against the value of your home without selling it.

For most reverse mortgages:

- You can choose to receive a lump-sum payment, a monthly payment, or a line of credit
- There are no restrictions on how you use the remainder of the money
- You continue to live in the home and you retain title and ownership of it
- You are also still responsible for taxes, hazard insurance, and home repairs
- However, you do not have to repay the loan as long as you continue to live in the home.
  - Instead, the amount you owe, based on loan payouts and interest on the loan, becomes due when you or the last borrower, usually the last remaining spouse, dies, sells, or permanently moves out of the home

To qualify for a reverse mortgage:

- You must be age 62 and older
- Unlike a traditional mortgage, you do not have to provide an income or credit history to get the loan
- The home must be your primary residence

How to apply:

- You must meet with an approved reverse mortgage counselor before you can start the loan process. These counselors can help you decide whether a reverse mortgage is right for you.



### Important considerations:

- You must use the funds you receive to pay off any existing mortgages or other debt against your home and to make required home repairs
- As long as you spend the payments you receive in the month that you receive them, the money is not taxable and does not count towards income or affect Social Security or Medicare benefits
- Once you have a reverse mortgage, it is very difficult to borrow any more against your home. But you can refinance a reverse mortgage if the house increases significantly in value.
- If your heirs want to keep your home, they can pay off the reverse mortgage. They can also keep the difference if the home's sale price is greater than the reverse mortgage loan balance when they repay the loan.

### **Annuities**

You may choose to enter into an annuity contract with an insurance company to help pay for long-term care services. In exchange for a single payment or a series of payments, the insurance company will send you an annuity, which is a series of regular payments over a specified and defined period of time. There are two types of annuities:

- Immediate annuity
- Deferred long-term care annuity

### **Immediate Annuity**

If you have an immediate long-term care annuity, the insurance company will send you a specified monthly income in return for a single premium payment.

This option is available regardless of your current health status. If you do not qualify for long-term care insurance because of age or poor health or if you are already receiving long-term care, you can still purchase an annuity.

The insurance company converts your single premium payment into a guaranteed monthly income stream for a specified period of time or for the rest of your life. How much you receive in income each month depends on the amount of your initial premium, and your age.

Key things to consider before purchasing an annuity:

- The annuity amount you receive may not be enough to pay for your long-term care expenses.
- Inflation may reduce the value of the monthly income you receive from the annuity.
- The effect that annuities can have on your taxes is complicated. Consult your tax professional before purchasing one.

## **Deferred Long-Term Care Annuity**

These plans are available to people up to age 85. Similar to other annuities, in exchange for a single premium payment, you receive a stream of monthly income for a specified period of time.

The annuity creates two funds: one for long-term care expenses and another separate fund that you can use however you desire.

You can access the long-term care fund immediately, but you must wait until a specified day in the future to access the separate cash portion. The rules of the annuity define how much you can access on a monthly basis from the long-term care fund and how much you can access on an annual basis from the cash fund. To qualify for a deferred long-term care annuity, you must satisfy some health criteria.

Key things to consider before purchasing a deferred long-term care annuity:

- If you do not use the long-term care fund, you can pass it on to your heirs
- The annuity may not be enough to pay for your long-term care expenses
- The long-term care portion of the annuity may satisfy the requirements for a tax-qualified long-term care policy.
- The effect that annuities can have on your taxes is complicated. Consult your tax professional before purchasing one
- An annuity can affect your eligibility for Medicaid, and whether Medicaid will pay for your long-term care services.

## **Trusts**

A trust is a legal entity that allows a person (the trustor) to transfer assets to another person (the trustee). Once the trustor establishes the trust, the trustee manages and controls the assets for the trustor or for another beneficiary.

You may choose to use a trust to provide flexible control of assets for the benefit of minor children. Another common use of a trust is to provide flexible control of assets for an older adult or a person with a disability, which could include yourself or your spouse. Two types of trusts can help pay for long-term care services:

- Charitable Remainder Trusts
- Use of Trusts in Medicaid Planning

### **Charitable Remainder Trusts**

This trust allows you to use your own assets to pay for long-term care services while contributing to a charity of your choice and reducing your tax burden at the same time. You can set up the trust so that you receive payments from the trust to use for long-term care services while you are alive.

When you die, the balance of the funds in the trust goes to the charity that you selected. Since you are making a charitable donation, you can receive tax deductions for the fair market value of the assets that go to your chosen charity.

Key things to consider before setting up a charitable remainder trust:

- The amount of money available to you to use for long-term care services is based on the amount of your donation. These payments are only likely to be large enough to help pay for long-term care expenses if you donate a substantial amount of money to the charity
- The donation may affect your Medicaid eligibility

### **Use of Trusts in Medicaid Planning**

The regulations on self-settled trusts are such that a trust created by the individual and funded with the individual's own assets (other than one of the trusts exempt under OBRA '93) will prevent the individual from qualifying for Medicaid in the future, unless none of the assets or income in the trust can possibly be distributed to the individual or for the individual's benefit.

However, the individual may be able to create an irrevocable trust for the benefit of his or her children or grandchildren and fund that trust directly with his or her own assets. The children's or grandchildren's trust shares will be funded with all trust income and principal. None of the trust income or principal may be distributed to the individual or for the individual's benefit during his or her lifetime.

Since none of the principal or income in that trust could be paid to or for the benefit of the individual, that principal and income would not be available to the individual for Medicaid eligibility purposes. Further, the trust can provide for distribution of the assets accumulated in the trust share after the grantor's death according to the grantor's instructions. The funding of such a trust would result in a transfer penalty, but no more so than if the assets used to fund the trust were transferred outright as part of a gifting plan.

Many individuals planning for future Medicaid eligibility may not wish to deprive themselves completely of the benefit of excess resources, as would be the case if these resources were transferred outright as gifts to others. Using excess resources to fund a self-settled, non-exempt trust for the individual's own benefit is not a good option if the individual ever wishes to qualify for Medicaid. However, any trust that is funded by a third party, with the individual as the sole beneficiary, would be exempt from the rules regarding self-settled trusts, so long as the trust is not created or funded at the individual's direction or request.

## **How to Decide**

As you age, you can feel better knowing there are steps you can take to ensure that your wishes, both medical and financial, are carried out the way that you want them. Advance care planning entails discussing your wishes, completing legal documents, and appointing a health care decision maker.

Having your decisions squared away and clear, so that there are no misunderstandings or second-guessing, can be the greatest gift you can give to your loved ones, and yourself. In this section we will answer the following questions:

- What considerations should I make when building my advance care plan?
- Will I need a lawyer?
- What legal steps should I take for my medical well-being?
- What legal steps should I take for my financial well-being?

### **Advance Care Plan Considerations**

You should consider these questions as you plan:

- What are your values and beliefs? When developing an advance care plan, consider your concerns, values, spiritual beliefs, or your ideas about what makes life worth living.
- What do you want for yourself? Most people think about the way they wish to face death or disability but may be uncomfortable discussing these topics. Sometimes sharing your own ideas, if you are helping someone, or reviewing the situations of other family members or friends who have been in similar situations, can help
- Who do you want as your decision maker? Decide who should make decisions for you if you cannot. Choose someone who will understand and be able to carry out your wishes even if they include stopping life-sustaining treatment. You should also name a back-up agent to make decisions, in case the first person is not able to do so.

### **Will I Need a Lawyer?**

Most people are unable to handle the complexity of planning their medical and financial futures on their own. Consulting an elder law attorney, who deals daily with the issues surrounding old age, can be the first step in the advance care planning process. Elder law attorneys can help you create a legal framework to ensure that your medical and financial wishes are fulfilled. Some general functions they perform are:

- Preparing Advance Medical Directives or “living wills” that clearly state what medical treatments you wish, or do not wish to receive if you can’t answer for yourself
- Preparing power of attorney documents, identifying the person you trust to make your decisions when you cannot

- Estate planning in the form of last wills and testaments and/ or “living trusts” that direct where your assets will go after your death
- Exploring your qualifications for Medicaid, and if appropriate, applying on your behalf
- Advocating, on your behalf, on disputes from insurance companies either for health insurance, long-term care insurance, or life insurance
- Help your loved ones seek legal guardianship or conservatorship, if prior planning proves insufficient and you have lost capacity
- General advice and counsel on issues surrounding aging

### **Legal Steps for Medical Well-being**

“Advance directive” is a general term used to describe these two types of documents:

- Living wills (sometimes called “advance health care directives”) are written instructions for care you want or do not want in the event that you are not able to make medical decisions for yourself. State laws vary, so it is important to check on your state’s requirements when completing these documents
- Appointment of a health care surrogate or Medical power of attorney (also called a durable power of attorney for health care) is a document that names someone to make health care decisions for you when you cannot.

### **Legal Steps for Financial Well-being**

The following legal documents can help you protect the assets you’ve earned through your lifetime, and keep you in control of how they are used for your care:

- A Durable Power of Attorney gives the person you choose the power to manage your financial estate. A Durable Power of Attorney is effective when signed, unless the document says otherwise. A Power of Attorney must satisfy state requirements for “durability” to be used when you are no longer able act on your own. Each state has its own laws enumerating the specific powers a grantee can hold and can be found online, typically on a state government website, or through a legal professional
- In a Living Trust, your assets are put into a trust that is administered for your benefit during your lifetime, and then transferred to your beneficiaries when you die. This type of trust can avoid or minimize the need for probate. You can maintain control of the trust through your lifetime. The trust should name a successor trustee to control the assets if you become incapacitated and after your death.

## **Alzheimer's**

In general, planning for long-term care is like planning for dementias like Alzheimer's disease. While many of the same planning steps apply, certain steps take on added importance. The loss of executive function associated with dementia can create hardships for caregivers in arranging or paying for care. The ability to comprehend finances and care choices is often among the first signs of dementia. To avoid problems in planning, the following steps can be taken:

- Advanced Care Directive — to make sure care choices reflect preferences
- Medical Power of Attorney — to make sure decisions can be made for persons no longer able to communicate their wishes
- Power of Attorney — to make sure financial and estate decisions can be made to pay for care, apply for assistance (i.e. Medicaid, state based programs) or for the ongoing management of an estate.

Once symptoms appear, dementia makes the long-term care planning process more complex. It causes a specific set of challenges that also must be considered when deciding what your next steps will be. Among these are:

- Safety issues specific to people with Alzheimer's
- Working with caregivers that understand the symptoms of dementia and how to respond effectively
- Medical specialists and products that may add to the cost of care, especially in regards to drugs specifically tailored to your loved one's needs
- Adult day services that provide socialization and activities in a safe environment to both provide a break to the caregiver as well as giving the people with Alzheimer's positive stimulus

While people with dementia can stay in the home for some time, for most there will come a time when professional help, or living in a facility, becomes necessary. Today's options for facility care may include assisted-living arrangements that specialize in care for people with dementia. Here are just a few of the possibilities commonly available:

- To learn more about general assisted-living facilities – see previous Assisted Living section
- Specialized dementia care facilities, also known as “memory care” assisted living, generally offer supports and protections that go beyond traditional assisted living communities. For example, having specialized staff training, secured exits, and enhanced visual cues to help residents feel more at ease in unfamiliar surroundings can be part of one of these facilities

Nursing homes include all the services of an assisted living facility with the added service of full-time nursing care, 24-hours a day. Some are designed specifically for people with Alzheimer's.

## **What Steps Should You Take Now?**

As you can tell from reading this material, planning for someone who is aging can be complicated. You may be torn by the emotional component...thinking that if you put your wishes down in the form of a last will and testament or a trust, you are somehow surrendering your fight and giving in to the aging process.

Actually, my experience as an attorney who helps families with this type of planning is that the opposite occurs. I find that my clients experience a great peace of mind once they have done their planning so that they can concentrate on the other issues they are facing.

As we age or if a life-threatening illness strikes, it's the responsibility of the spouse or family leader to become fully informed – to get smart – about these things. I have personally reviewed dozens of books, and I've given and attended the public workshops and lectures. And I've found that these leave out most of the **critical financial and legal information** you need to know.

That's why I wrote this booklet. And that's why I've been on a legal crusade of sorts, to make sure that families who have a loved one facing the aging process become smart about these things.

The time to act is now. With proper planning, you will insure that things are handled according to your wishes and that you've taken the best steps possible to protect your loved ones and to protect your family's financial security.

If you would like the guidance of a law firm which has helped hundreds of Maryland families successfully deal with these issues, then call The Elder Law Office of David Wingate at 301 663 9230 or visit our website for more information at [www.davidwingate.com](http://www.davidwingate.com).

Imagine the peace of mind you'll have when you stop reacting to your situation and start putting into place a positive action plan which will allow you to protect yourself and your loved ones.

My best wishes to you.

David Wingate  
Attorney at Law

## What Are Your Fears as You Age?

Please check the appropriate box below for each item on a scale of 1 to 3.

	1 Somewhat Important	2 Important	3 Extremely Important
<b>1. Access to Quality Health Care</b> I want to make sure that my illness is effectively treated, that I have access to a good doctor and hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Live Independently – Age in Place</b> As I age, I want to live independently in my home as long as possible. I fear going into a nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Maintain Mobility and Control of Life</b> As I age, I want to be active and mobile. I fear being home-bound. I fear losing control of my decision-making and finances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Fear of Going Broke Due to a Nursing Home Admission</b> I fear losing my assets and/or home if I enter a Nursing Home. I prefer giving away assets to loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If married, I especially want to protect my spouse from impoverishment if I go into a nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Fear of Being a Burden on Children/ Loved Ones</b> I do not want my illness or incapacity to be a burden on my children or loved ones. I want to have professional care at home or in a Nursing Home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Medicaid Access Means Poor Care in a Nursing Home</b> I fear that if I go on Medicaid for Nursing Home costs I will receive poor care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	1 Somewhat Important	2 Important	3 Extremely Important
<b>7. Fear of Isolation from Family and Friends</b> As I age, I want to maintain close contact with my family and friends. I fear isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Need for Help in Making Decisions when Capacity Declines</b> When my capacity declines, I want trusted loved ones to help me pay bills and handle medical problems and decisions. I do not want a probate guardianship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Fear of Dementia</b> I fear losing my mind through a dementia disease like Alzheimer's or Parkinson's.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Fear of Pain from Illness</b> I fear suffering from pain from a serious illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Avoid Probate and Taxes Upon Death</b> When I die, I want my estate to avoid probate and unnecessary taxes. I want to maximize the legacy my loved ones will receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Fear of Outliving Assets</b> I fear that my assets and income will not be enough if I live a long time. Therefore, I only want to spend money for essentials and I fear risky involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Fear of Unwanted Life Support</b> The Schiavo case really disturbed me. I do not want to be kept alive artificially if I am in a coma, terminally ill or have end-stage Alzheimer's.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Memory Checklist**

Answering the questions below may help reveal memory issues. However, your answers do not necessarily imply that dementia such as Alzheimer's is prevalent. But 5 or more "Yes" answers suggests memory issues that may interfere with daily life.

	<b>Does the Person You Care For?</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
1.	Often repeat himself / herself or ask the same questions over and over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Seem more forgetful, that is, have trouble with short-term memory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Need reminders to do things like chores, shopping, or taking medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Forget appointments, family occasions, or holidays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Seem sad, down in the dumps, or cry more than in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have trouble doing calculations, managing finances, or balancing the checkbook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Seem to have lost interest in his/her activities such as hobbies, reading, attending church?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Need help eating, dressing, bathing, or using the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Seems irritable, agitated, suspicious, or started seeing, hearing, or believing things that are not real?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Gets lost driving or driving unsafely, or has the person had to stop driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have trouble finding the words he/she wants to say, finishing sentences, or naming people or things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Client Check-Up Form

This check list covers the essential items which should be included in all senior's plans. This check list may alert you to certain defects in your current plan; or defects that could cost your client and their loved ones dearly in the future.

[illegible]

### 1. Does your Attorney Practice in Elder Care Law?

1.1 Does the attorney practice exclusively in Elder Care Law?

1.2 Does the elder care attorney regularly attend educational conferences?

## 2. Elder Care Planning

## 2.1 Does the Client have a plan to ensure their quality of life?

## 2.2 Has the Client received an analysis of their long-term care needs?

2.3 Did the attorney prepare a plan that anticipates many situations involving income, assets, investments, long-term care strategies and funding?

2.4 Does the Client utilize all available legal, financial, insurance and other planning tools to ensure their quality of life?

## 2.5 Does the Client have an Elder Care Plan?

### 3. Asset Protection In Case of Nursing Home Admission

### 3.1 Has the Client purchased Long Term Care (LTC) Insurance?

### 3.2 Does Client's Financial Power of Attorney have Medicaid planning powers?

### 3.3 Does Client have an Asset Protection Plan?

### 3.4 Has Client transferred any investments to an Irrevocable Trust?

## 4. Probate Avoidance Strategies

#### 4.1 Has Client set up a Revocable Living Trust?

4.2 If yes, is the Trust funded?

4.3 If no, has Client set up a comprehensive plan using deeds, joint property and beneficiary forms to avoid probate?



## 10. Is Client prepared for a Health Care Crisis

10.1 Has your Client discussed end-of-life care wishes?

10.2 Are the advance directives with Client's doctor and local hospital?

### 11. Does Client Have Detailed Instructions on What To Do Upon Death

### 11.1 Did Client state funeral preferences?

### 11.2 Did Client state organ donation wishes?

## 12. Availability of Local Investment Representative

Does Client have an experienced local investment representative with whom Client consults on a regular basis?

### 13. Estate Tax Prevention (For Estates Over \$2.0 million)

13.1 Does Client have a Trust that has been updated within the past 2 years?

13.2 Does Client have a plan to make annual gifts to loved ones?

13.3 Has Client considered buying life insurance to be owned by a Life Insurance Trust?

### 13.4 Did Client consider charitable giving strategies?

#### 14. Client's Plan to Maintain and Organize Estate Plan

14.1 Has the Client an organized estate planning binder for the estate?

14.2 Does Client have a plan to review the estate plan with the attorney?

14.3 Does Client receive updates from the attorney about changes in the law?

### **DISCLAIMER**

The materials presented in this handbook are for **INFORMATIONAL PURPOSES ONLY** and are not offered for and do not constitute financial advice, tax planning or legal advice or legal opinion on any specific fact or issue. Additionally, both federal and state law change. Therefore, use this handbook for information only. Consequently, you should research original sources of authority.