



SENIOR RESIDENCE ISSUES: ROLES AND RESOURCES FOR PLANNERS

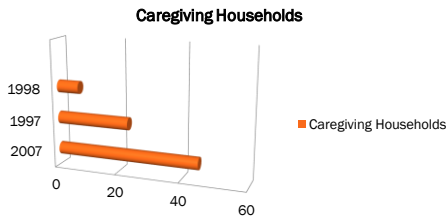
FPA, NCA 2012 WINTER EDUCATIONAL SYMPOSIUM

“GETTING OLD AIN’T WHAT IT USED TO BE”

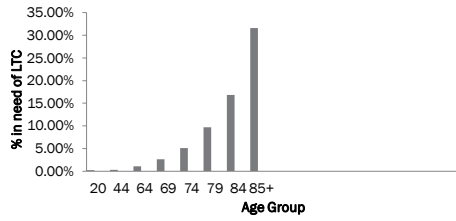
- **Aging is epidemic**
 - The 65+ population increasing 13% - 20% in next 25 years
 - 85+ population will grow 4X in the next 50 years. Fastest growing segment of the population
- 50% of adult children live 100+ miles away from their parents
 - The family has changed, and many are faced with caring for their children, and parents at the same time, a.k.a “sandwich generation”
 - 19-23% of all families are caring for older or dependent adults
 - Families want to do the “right” thing but typically time and distance are obstacles “Mom, I’ll never allow you to go into a nursing home.”



SOURCE: METLIFE CAREGIVER STUDY, NCOADC



EFFECT OF AGE ON NEED FOR LONG-TERM CARE



“THERE’S NO PLACE LIKE HOME”

86% of Americans want to age in place



GETTING OLD AIN'T WHAT IT USED TO BE

- We live longer
- Diverse populations: cultural, socio-economic, lifestyle preferences
- Many will face cognitive deficits
- Behavior may change
- Lacking social support
- Vulnerable to abuse and neglect
- Increased trust and dependence on legal professionals

THE GOOD NEWS: Several new options for services to enhance quality of life



DEMENTIA INCREASES WITH AGE

- **If you are ages**
 - 75+.....10%
 - 85+.....50%
 - 90+.....80%
- **Over 50 known causes of Dementia, only 20% being "treatable"**
 - Degenerative Neurological Disease: Alzheimer's Disease, Parkinson's Disease
 - Vascular Disorders: Such as Multi-infarct dementia caused by little strokes
 - Traumatic Brain Injury: Motor accidents, falls
 - Infections of the central nervous system: Meningitis, HIV
 - Chronic Alcohol and Drug Use: Wernicke-Korsakoff's
 - Depression



BECOMING A NATION OF CAREGIVERS

"There are only four kinds of people in the world—those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who need caregivers."

Roslyn Carter



LEVELS OF CARE AND COST

- **Informal Support System:** Family, friends, and neighbors, colleagues, religious/spiritual, fraternal connections. Remember the price of "caregiver burden." A Harvard Medical School Study in 1996 confirms that the risk of illness/death increases significantly for a caregiver spouse. In a study of 500 caregivers, more than 2/3 were hospitalized and more than 1/3 died
- **Formal Support Systems:** Paid providers and facilities
 - **Adult Day Care/Adult Day Health Care Services** – Program based, attend during day time hours, offers socialization, activities, supervision, meal(s), medication reminders, and may have skilled services available (PT, Nursing)



LEVELS OF CARE AND COST

- **Homecare/Homemaker Services**-Private caregiving services in your home (wherever you call home.) Able to assist with Activities of Daily Living (ADL's): bathing, dressing, eating, toileting, transferring, ambulating, and Instrumental Activities of Daily Living (IADL's): shopping, driving, medication reminders, meal preparation, laundry, light housekeeping, socialization
 - Privately Hired - Individuals who may be a "friend of a friend." Employer is the elder and typically pays for help under the table
 - Agency/Registry - Employment agency model with a pool of caregivers available who are dispatched. Same payment arrangement as those privately hired
 - Employer Model - Agency is directly employing caregivers, provides bonding, background checks, worker's compensation, benefits, pays payroll taxes, elder pays the employer



LEVELS OF CARE AND COST

- **Home Health Services** - Provided by licensed staff: Nursing, Social Work, Physical/Speech/Occupational Therapy, short-term, intermittent, post acute event or significant change of condition (>2 changes in ADL status)
- **Continuous Care Retirement Facilities (CCRC)** - Include on-site Independent or "Interdependent" apartments, Assisted Living, and Skilled Nursing. Pay entry fee upon approval plus monthly residence fee which guarantees a "contract of care for life"
- **Assisted Living:** Provides assistance with ADL's and IADL's, but does not provide skilled nursing care 24 hours per day. Many have specialized programs for resident's with dementia, such as the Eden Alternative
 - Board And Care - Small, residential home, licensed for 6-12 resident's in a neighborhood. Regulated by the state department of health. Flexibility to cater to specific populations and levels of care; less institutional, typically lower cost than nation-wide provider



LEVELS OF CARE AND COST

- **Assisted Living**
 - Facility Living - large complex with census of 50-200 residents, provide small studio apartments, common area, 3 meals per day, activities, socialization, medication reminders, transportation, caregiving support, may have nursing personnel, very structured routine. Resident may supplement care with outside caregiving support also to remain in their unit and reduce risk of moving to Skilled Nursing
- **Skilled Nursing** - Highly regulated facility providing skilled, medical professionals and care 24 hours a day.
 - **Short-term** - rehabilitation post hospitalization for PT, OT, Nursing
 - **Long-term** - for chronic illness requiring the care of a nurse 24 hours per day



LEVELS OF CARE AND COST

- **Sub-Acute Care:** Hospital facility offering intensive nursing or rehabilitation services for patients in need of care. Patient may be transferred to facility from home directly, or from skilled nursing, acute care hospital. **May see increased admissions at this level with new Transitions in Care CMS legislation
 - Transitions Of Care defines the process by which a patient flows from one level of care to another, typically from the hospital system down to skilled nursing, and then home with home health.
 - 1 in 5 Medicare beneficiaries is readmitted to the hospital within 30 days. An additional 34% were re-hospitalized within 90 days
 - Now there are financial penalties incurred for these re-admissions. To learn more visit www.NTOCC.com (National Transitions Of Care Coalition)

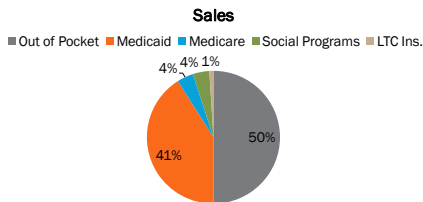


LEVELS OF CARE AND COST

- **Hospice** – Palliative care services which may be rendered in the home, or in Assisted Living if they hold a waiver (may be required by the state licensing agency), skilled nursing, or in a designated hospice care facility. Licensed staff provide care to support a patient with a terminal diagnosis who requires routine nursing support.



HOW IS LTC FINANCED CURRENTLY?



LEVELS OF CARE AND COST: METLIFE 2010

Provider	Average Cost	Who Pays?
Adult Day/Healthcare	\$60 - 85 per day	Private Pay
Homecare/Homemaker	Private \$10-\$15/hr	Private Pay
	Agency \$12-\$17/hr	Private Pay, LTC possibly
	Agency Employer \$20-28/hr, or	Private Pay & LTC
	Live-In \$250-\$300/day	
Home Health Services ** Requires physician orders	Insurance Co-payment determined by your policy	Medicare, Private Insurance, Part B
Continuous Care Retirement Communities	Entrance Fee: \$250k - \$1M (ranges on size of unit and location) Plus additional monthly service fee \$2000-\$4000	Private Pay



LEVELS OF CARE AND COST: METLIFE 2010

Provider	Average Cost	Who Pays?
Assisted Living	One-Time Residential Fee: \$2000 - \$5000	Private Pay & LTC Insurance
	Monthly: \$2500 - \$7500	
	Additional Fee for Service Charges: \$30-\$100/day	
Skilled Nursing	Days 1-20: \$0	Medicare
**must have 3 day qualifying stay in order for Medicare to pay	Days 21-100: \$144.50/day co-payment	Part B Supplemental or Private
	Semi-Private Long-term: \$185/day	Private, LTC
	Private Long-term: Up to \$450/day	Private, LTC
Sub-Acute Care **May admit from home, skilled or acute	Starting \$475 per day	Medicare Part A, Part B for Co-payment, or Private



LEVELS OF CARE AND COST

Provider	Cost	Who Pays
Hospice	In-home:	Medicare Part A or Part B
	Facility Inpatient - May be in Skilled Nursing or Hospice Facility: \$185 - \$450 per day	



COST CONSIDERATIONS

- When evaluating the price you must consider the hard and "soft," i.e. If we move dad to a facility how will mom be able to visit? Does she drive? Is dad going to decline because we are pulling him out of a known environment and is this a risk we are willing to take? Consider the impact to the client system in total
- Find out the requirements to live in Independent Living, vs. Assisted Living or Skilled Nursing. What triggers a move from one level to the next? How is this determined?
- Be sure to investigate additional charges in Assisted Living and Skilled Nursing, they are not "all inclusive." Many have "levels of care" and will determine which level will fit your needs at the current moment. How often is this assessed? Who assess's? Do I have any say in this? What about the cost of medication, incontinence supplies, wound care treatments?
- What is their performance? Ask to review survey results of any licensed entity. In assisted living or skilled nursing these should be easily found and made available for consumer review
- Bring in an expert for a professional opinion, such as a Geriatric Care Manager to identify an options, and above all reduce risk, enhance quality of life. Visit: www.Caremanager.org to learn more about the National Association of Geriatric Care Managers



ROLE AND RESOURCES

"It pays to plan ahead. It wasn't raining when Noah built his ark!"

Richard Cushing



ROLE AND RESOURCES

- **Know Your Client:**
 - What are their needs, wants and preferences? Have they expressed this clearly in writing?
 - Balance with safety first
 - Identify the possible array of care choices: 5 days per week at Day Care vs. 40 hours of homecare vs. Assisted Living
 - Who are the decision makers? Are there any competency issues?
- **Be Pro-active**
 - Time is a precious commodity, and will work against you if you aren't prepared
 - Working in crisis mode will limit your ability to exercise options and choices
 - Will typically drive up the cost



ROLES AND RESOURCES - KNOW THE RED FLAGS



KNOW THE RED FLAGS

If you observe.....	Ask yourself and report....
Significant change in weight/ appetite/affect/sleep patterns/increased anxiety or tearfulness	Could it be Depression
Increased isolation, giving away possessions, spending down, talks about a plan "to end it all"	Could they be Suicidal
Fearfulness, bruising, unexplained fractures	Could they be Physically Abused
Reliance on "kind strangers," paranoia/mistrust of long-term relationships or family	Could it be Undue Influence or Fiduciary Abuse



KNOW THE RED FLAGS

If you observe.....	Ask yourself and report....
Repetition, missed appointments, disconnected, change in vision, frequently calling	Could this be Cognitive Impairment? Consider capacity and competency issues
Talk of multiple medications	Drug Interactions
Change in behavior, appearance, grooming, incontinence, personality or attitude	Medical or Psychological condition?
Difficulty standing up from a chair, unsteady gait	Fall Risk
Social Isolation, loneliness, helplessness, boredom, feeling overwhelmed	Caregiver Burnout



THE VALUE OF COLLABORATION



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- Call upon experts – We're in this together!
- National Association of Professional Geriatric Care Managers
- Certified experts in the field of Geriatrics with specialties ranging from mental health, nursing, social work, counseling, therapy,
- Help to navigate the healthcare system and provide assessment, planning, recommendations, resources, monitoring and support



ROLES AND RESOURCES

- National Association of Professional Geriatric Care Managers: www.caremanager.org
- National Academy of Elder Law Attorneys: www.naela.org
- National Transitions Of Care Coalition: www.ntocc.com



Planning + Knowledge

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Peace of Mind