



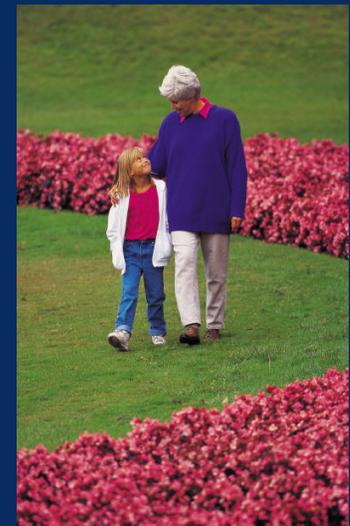
***“Navigating Community-Based  
Resources for Michiana’s Aging  
Population”***

# LIFESTYLE OPTIONS FOR SENIORS

Lifestyle options range from assistance in the home to locating the appropriate health care facility... with numerous options in between.

**We will explore the most common options...**

**Home Care**  
**Adult Day Services/Respite Care**  
**Independent Living**  
**Assisted Living**  
**Skilled Nursing Facilities**  
**Memory Care Options**  
**Continuing Care Retirement Communities**  
**(CCRC)**  
**Hospice Care**



# “Navigating the Continuum of Care”



# RESIDING AT HOME

- **Personal Care Services (non-medical)**
  - These services are often referred to as private duty, personal services, attendant care, or a similar name.
    - Provide services that do not require a licensed professional (nursing or therapy) or a physician's orders.
    - Indiana providers of personal services are required to be licensed by the State.
  - Assist clients with activities of daily living and/or to maintain client's independence.
    - Assistance with bathing, feeding, dressing, toileting, getting around, homemaking, and even companionship.
    - Services may include reminders to take medicine or assistance in administering pre-dosed medicine.
      - **Key word is assistance.** Once the care moves from "assistance with bathing" to "bathing," for example, a licensed home health agency should be involved.
  - Payment options can be private pay or long-term insurance (depending on individual policy).

# RESIDING AT HOME

- **Home Healthcare (medical)**

- A home health care agency provides services that require a licensed professional under the direction of the patient's doctor
  - Individualized treatment plan
  - Licensed Professionals may include: Nurses, Speech Pathologists, Home Health Aides, Medical Social Workers and Physical, Occupational & Respiratory Therapists
  - Medical services can involve care for chronic health conditions or temporary care, as in the case of someone recovering from surgery or an injury.
  - By working in the patient's own home environment, the health care provider can gain valuable insights to improve treatment and help the patient live a healthier, more independent life at home.
  - Patient and family education are an important part of home health care. The involvement of the patient and family members in the treatment plan often improves the effectiveness of the plan.
  - In Indiana, Home Health Agencies are required to have a State license. *<http://www.iahhc.org>*
- Payment options are Medicare, Private Medical Insurance or Private Pay.

# ADULT DAY SERVICES & RESPITE CARE

- **Family caregivers face many challenges.**
  - Caregiving is a demanding task, and it is easy to neglect one's own health and well-being when involved with a loved one's needs. Caregivers need time off from their responsibilities to relieve stress and to prevent burnout.
- **Respite Care** provides time off for family members who care for someone who is ill, injured, or frail. It can take place in an adult day center or in a residential setting, such as an Assisted Living Community or Skilled Nursing Facility. Although there are different approaches to respite care, all have the same objective: To supply caregivers with planned, temporary, intermittent, substitute care while allowing for relief from the daily responsibilities required of a loved one. Respite Care is often essential for all family caregivers.
- Payment option is private pay.

# INDEPENDENT LIVING

- **Independent Living** refers to a residence for seniors (usually 62+) that offer private apartments or homes within a community setting.
  - Great for active seniors who are able to live on their own but want relief from the upkeep of a home or apartment.
  - Many larger apartment-style communities have a “hotel” feel.
  - Apartments vary in size from studio to two-bedroom.
  - Residents customarily have a community dining room with a wait staff.
  - Many offer amenities like: beauty salon, vans or buses for transportation, and community areas such as a library, TV room, gym, etc.
  - Keep in mind, there is no administration of medications or medical care in Independent Living — *that is the responsibility of the resident or family.*

As the name implies, independent living is just that: the ability to maintain one’s independence without medical or custodial assistance. If assistance with Activities of Daily Living (ADL’s) or medical assistance becomes necessary, supportive services can be added.

# WHAT IS ASSISTED LIVING?

- **Assisted Living Communities** help to bridge the gap between independent living and skilled nursing.
  - Residents are not able to live completely independently, but do not require round-the-clock nursing care traditionally provided in a nursing home environment.
  - Most offer assistance with Activities of Daily Living (ADL's) such as bathing and dressing, as well as assistance with medications, housekeeping, laundry and meals.
    - Many offer medical care and have a nurse available; however, the care provided is not as extensive as that offered in a nursing home.
- **Important:** The extent of services provided and/or available in an Assisted Living Community may be influenced by whether it is licensed or not. Not all states require that an assisted living facility be licensed.

# WHO IS A GOOD CANDIDATE FOR ASSISTED LIVING?

**Assisted living is ideal for seniors who:**

- are fairly independent but require some daily supervision for their personal care (assist with bathing and dressing)
- need assistance with management of medication
- benefit from having meals, housekeeping, laundry services and transportation provided
- need someone around for the “What If.....” situations – a “Safety Net”



# WHAT SERVICES ARE AVAILABLE IN AN ASSISTED LIVING COMMUNITY?

- Rates vary in cost and are **private pay**.
  - Medicare does not pay for any portion of the monthly rental fee.
  - May be covered by some long-term insurance plans depending on policy and type.
  - Medicaid Waiver?
- All-inclusive rates typically include:
  - Apartment / room, all three meals and snacks, personal care assistance, medication management, and some utilities such as water, gas and electricity.
- A-la-carte or tiered fees typically have a base rate that covers room and board and meals. Additional charges and fees vary upon the types of services, number of medications given, and level of assistance that is provided.
- When comparing rates, ask about which services, utilities and type or level of care will be provided.
- Monthly fees for Assisted Living can range from \$2000 to \$5,000 per month (Not including levels of care)

# MEMORY CARE OPTIONS

Memory Care facilities are designed specifically to care for individuals who are experiencing memory deficits due to Alzheimer's Disease or other types of dementia.

When seeking a community for someone needing memory support, consider the following:

- Are dementia residents co-mingled with other residents ?
- Is there a separate and secured area / unit?
- Are there specialized programs and activities?
- Do the staff members have specialized training?
- How are behaviors managed?
- Are there higher staffing ratios?
- What stages of memory loss are they able to accommodate?

# SKILLED NURSING FACILITY

- In order to provide “Skilled” nursing care a facility must be certified by the federal government to offer care with reimbursement from Medicare Part A.
- Registered nurses provide 24-hour care to people who can no longer care for themselves due to physical, emotional, or mental conditions.
- Licensed physician supervises each patient’s plan of care, and a nurse or other medical professional is always on the premises.
- Provide medical care such as wound care, IV medication administration and management, injections, IV hydration, tube feedings, rehab following an accident or surgery, etc.
  - Also care for patients who are bed bound.

# WHAT ARE CONTINUING CARE RETIREMENT COMMUNITIES?

- Combine all three levels of care – Independent Living, Assisted Living and Nursing all on one campus.
  - The resident can take advantage of the full range of services available and the ease of transferring to the different levels of care. As a resident's needs change, they can move from one level of care to another without having to look for a new community, relocate, or adapt to an unfamiliar setting.
- Residents entering a CCRC typically sign a long-term contract that provides for Independent, Assisted and Nursing Care.
  - Most CCRCs require a one-time entrance fee and a monthly service fee thereafter.
  - In some cases, the entrance fee may be refundable at a varied percentage, depending on the terms of the agreement.
  - The monthly fees vary depending on the community and type of services offered.
    - Operate on a rental basis, in which residents make monthly payments but do not pay an entrance fee.
    - Residents actually own their apartment or units in arrangements similar to a condo or co-op.

# HOSPICE

- Hospice represents a compassionate approach to end-of-life care.
  - Concept of care and not a specific place.
  - Option for people whose life expectancy is limited and involves palliative (pain and symptom relief) rather than on-going, curative measures.
  - Enables patients to live end-days to the fullest with purpose, dignity, and grace.
- Hospice care can be provided in a Skilled Nursing Facility or Assisted Living Community.
- How are Hospice services paid?
  - 100% covered by Medicare for all patients with the Medicare Part A benefit for any services related to the hospice diagnosis.
  - Most private insurance plans offered by employers offer a hospice benefit.
  - Hospice pays for all medications and equipment.
  - Hospice staff will file all insurance claims, evaluate your eligibility for financial aid and answer any questions about insurance coverage and payment.

# HOSPICE

- **Common Admitting Diagnoses of Hospice Patients**
  - Today more and more people with non-cancer diagnoses are being admitted for hospice care.
    - ALS (Lou Gehrig's disease)
    - Alzheimer's
    - Cancer
    - Cerebrovascular Accident (CVA – Stroke)
    - Coronary Artery Disease
    - Congestive Heart Failure
    - Chronic Obstructive Pulmonary Disease (COPD)
    - End Stage Dementia
    - End Stage Degenerative Neurological Diseases (Parkinson's, Huntington's, etc.)
    - End Stage Renal Disease
    - General Debility/Failure to Thrive
    - Liver Disease
    - HIV/AIDs
    - Renal Failure
  - Most elderly hospice patients demonstrate more than one chronic debilitating condition.

**THANK YOU!**

**FOR MORE INFORMATION,  
PLEASE VISIT OUR WEBSITE:**

**[WWW.AGINGCONNECTIONS.ORG](http://WWW.AGINGCONNECTIONS.ORG)**

