



FLORIDA'S **5-STEP** GUIDE TO SENIOR CARE

Everything you need to know when caring for your aging loved one

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As the United States population ages, more and more people are facing the challenge of accommodating the changing needs of their elderly parents or other loved ones. **According to the U.S. Bureau of Labor Statistics, nearly 40 million Americans are currently providing senior care.**

It often takes a while for friends and family members to realize that an aging loved one is in need of additional care. The changes are usually slow, and the assumption is usually that everything is “still okay.” But, many times that is not the case. For example, a daughter calls her mother and notices that her mother is stumbling over the names of her grandchildren, or a son pays a visit and sees a pile of unopened mail and unpaid bills on the dining room table, or a friend drops by and finds the house in disarray and the person wearing the same clothes they wore yesterday.

All of these can be signs that your aging loved one is no longer able to properly care for themselves. Unfortunately, most of us haven’t given these issues much thought and don’t know where to turn for the information needed to make the right decisions. That’s why we have launched SeniorSource.com, an online resource guide for people to find the information and senior resources they need from local senior service providers. By using the following five-step guidelines in conjunction with the information available on SeniorSource.com, family members can find the help they need and make the decisions that will best support their loved ones needs—from elder law attorneys to senior housing, bingo halls and more, SeniorSource.com has all of the information you need to find local senior resources.



STEP 1: BE PROACTIVE ABOUT RAISING THE ISSUES

If you wait for your loved one to ask for help, it's already too late! Don't wait until it's an emergency before you start thinking about your loved one's changing needs and how they can be met. **Stella Henry, R.N., author of *The Eldercare Handbook*, has said that 95 percent of her clients come to her when they're already in a crisis situation.** This creates problems that could have been avoided. Therefore, it is important to be proactive when talking to your loved ones.

As your loved one ages, they may become less capable of making decisions for themselves and understanding the choices available to them. It's important to engage them in the process of planning for the future. Ask them what plans they already have in place. Encourage them to be part of the planning and decision-making process. Elders often put on a brave or competent face for their family, leading others to believe they're perfectly fine when they're really not. For example, a son might visit his mother who sounds fine on the phone, only to find her refrigerator full of expired food, medications mixed up, and a stack of unpaid bills. These are key indications that your loved one may need some additional help.

Having an open discussion about their needs is important so that your loved ones know this is not something being done **to them**, but instead, something that's being done **for them** so that they can enjoy the highest quality of life for as long as possible.

It's important to identify and assign various roles in the process. Are there family members or trustworthy friends who live close to your loved one and can check in from time to time? If the responsibilities are being divided up among sib-

lings, it's best to do so on the basis of each person's skills, rather than simply letting it fall to the oldest or the closest person, as so often happens.

Potential signs your loved one may need assistance

- Low food supply
- Spoiled and expired food
- Unopened mail
- Unpaid bills
- Medications mixed up
- Unfilled prescriptions
- Piles of dirty laundry
- Urine odor in the carpet
- House in disarray
- Fingerprints on hallway walls
- Failure to maintain lawn
- Unexplained dents/scratches on car

Other issues that should be discussed include:

- **Transportation:** Are your loved ones still able to get to the doctor and wherever else they need to go?
- **Shopping:** Are they able to shop for food and/or pick up medications they need?
- **Safety:** Is their living space set up to avoid accidents, given that their balance and eyesight are probably not as good as they once were, or that they may be taking medications that affect their balance? Common safety measures include canes, walkers, grab bars, shower seats, an emergency call button, improved lighting, etc.

It can be helpful to have a third party involved in these conversations to reduce their emotional charge and mitigate the effects of any negative family dynamics. This person could be their doctor, a close friend, a family mediator, a faith counselor, or other professional.

Dementia vs. Alzheimer's Disease. Dealing with an aging loved one is often complicated by a decrease in cognitive ability, ranging from simple forgetfulness to full-fledged Alzheimer's Disease (AD). The difference between dementia and Alzheimer's Disease is that dementia is not a disease itself, but a symptom, and Alzheimer's Disease is one of the causes of that symptom. Another cause of dementia, multi-infarct dementia or MID, is also common and often confused with Alzheimer's. It occurs when blood clots block small blood vessels in the brain and destroys brain tissue.

Problems can go unrecognized for a long time if the person dealing with them does not receive regular visits from family or friends. On the phone, people with dementia often make up answers to questions, concealing their true situation. Going back to the example from before with the son visiting his mother. You may have noticed on the phone his mother made it seem like everything was fine and that she was cooking regularly, managing all of her medications, and paying all the bills with no problems. However, the son's visit revealed that his mother was concealing some

Signs of Possible Dementia

- Withdrawal from social activities
- Loss of interest in meeting friends
- Unusual purchases at the store
- Increased agitation
- Difficulty recalling family names
- Forgetting doctors appointments
- Poor hygiene and nutrition
- Jumbling words and mixing up stories
- Unable to recall daily tasks

serious problems, which might be an indication that his mother is suffering from some form of dementia. In most cases, dementia means that someone may have significant memory problems as well as other cognitive difficulties, which can be severe enough to get in the way of daily living. A visit and investigation of their true situation is definitely the first step in recognizing whether your loved one suffers from some form of dementia or the early onset of Alzheimer's Disease.

Dementia can be caused by many other factors as well, some of which are even reversible, such as certain thyroid conditions or vitamin deficiencies. Reactions to medications, brain tumors, **urinary tract infections (UTI)** and metabolic imbalances can all lead to cognitive impairment. If these causes are identified and treated, the person could return to a normal functioning state. For all these reasons, an accurate diagnosis of Alzheimer's Disease or other forms of dementia can be tricky to confirm and may require observation for some period of time. Not all physicians are experts in dementia or understand Alzheimer's Disease, and since so much depends on an accurate assessment, it is important to consult with a geriatric specialist.



STEP 2: ORGANIZE LEGAL AFFAIRS

You and your loved ones need to get their legal affairs in order. **This means making sure that important documents exist and are up to date, that certain plans have been made, and that those who are in charge of carrying out the plans have the authority they need.** This is an overview of the issues and options you should consider, but in all cases you should work with a professional to determine what the best options are for your family.

Last Will and Testament. A Last Will and Testament (“Will”) is an instruction to a probate judge on the distribution of assets. Does your loved one have a will? Have they reviewed it with a trust officer or elder law attorney recently to make sure that all the provisions are current and reflect their financial status and wishes?

Trusts. They may also want to look at setting up a trust, which offers probate avoidance if properly funded, financial protection during incapacity, and a way of designating some of their assets to be held for a beneficiary. A revocable living trust functions similarly to a will in distributing assets but lets your loved ones keep control of their assets for as long as that’s feasible. Qualified Income and Pooled Income trusts are ways that Medicaid candidates can shield some of their monthly income from being counted against the Medicaid eligibility limit. Seek an elder law certified attorney for guidance with these types of trusts.

Living Wills. Do they have living wills—also known as Advanced Healthcare Directives—that describe what should be done in case of a health crisis or if they can’t make their own decisions? Such a document might include a Declaration Concerning Life Sustaining Procedures, specifying

what should and should not be done to artificially prolong a person’s life.

Life Sustaining Procedures vs. Do Not Resuscitate Orders. These two documents cover similar topics, but they’re completely different and are often confused. The Declaration Concerning Life Sustaining Procedures found in a living will describes your loved one’s choice to be kept alive if diagnosed with a terminal disease or in a vegetative state by using artificial life support or life prolonging procedures, while the Do Not Resuscitate Order is used to decline the option of cardiopulmonary resuscitation (CPR—artificial ventilation, cardiac compression, endotracheal intubation, and defibrillation) should they stop breathing or their heart stop beating. It is extremely important to understand the difference between these two documents and to know whether or not your loved one needs each document.

DID YOU KNOW?

Attorneys create Living Wills, Doctor's create Do Not Resuscitate Orders (DNRO's)

Decision-Making Authority

Another task is establishing who has the authority to make legal, financial, and medical decisions on behalf of the loved one. This authority can take any of the following forms:

Durable (Financial) Power of Attorney. A durable (financial) power of attorney is the person in charge of making financial and legal decisions on behalf of your loved one. A family member, relative, friend, or trust company should be appointed as the Durable (Financial) Power of Attorney while your loved one is cognizant and before they become incapacitated.

Healthcare Power of Attorney. A healthcare surrogate, healthcare power of attorney, or healthcare proxy is the person in charge of making healthcare-related decisions when their loved one is no longer able to. A family member, relative, or friend should be appointed as the Healthcare

Surrogate while your loved one is cognizant and before they become incapacitated. These powers should be discussed among family members or friends.

Guardianship. Should no one be able or willing to take on these tasks, it might be necessary to ask a court to appoint a legal guardian. A legal guardian can be granted any or all of the powers discussed here.

Funeral Arrangements. Making funeral arrangements in advance can take a huge burden off family during this difficult time. It also ensures that your loved one receives the final resting place they desire (location, whether they'd prefer cremation or burial, and so on). As difficult as it may be to contemplate, they should be encouraged to make these plans themselves and meet with a funeral director to finalize the arrangements.





STEP 3: MAKE A FINANCIAL PLAN

In making a financial plan, your goal is to balance creating the largest possible monthly income with maintaining it for the longest period of time. This step is an overview of the issues and options you should consider, but in all cases you should work with a professional to make the best choices for your loved ones.

Asset Evaluation. Start with a frank assessment of your loved ones' total assets. Discuss their financial investments—the types and rates of return. Often, people create an investment portfolio that's appropriate for the stage of life when they set it up, which may be less appropriate for supporting them in later years. For example, relatively risky investments that are focused on increasing principal can make sense for someone still working and generating income, but transitioning to a more conservative portfolio aimed at producing an income might be better as they age. It's a good idea to have their portfolio reviewed by a professional with that goal in mind.

Property. Your loved one may own their own home, and if they move into a senior residential community, you will have to decide whether to sell it or rent it out. Renting can help generate monthly income, but the asset itself can limit some of the benefits they're entitled to, such as Veteran's benefits or Medicaid programs that have asset qualifications. In that case, it may make more sense to sell it. Another possible option is to take out a reverse mortgage.

Reverse Mortgage. A reverse mortgage is a loan available to people over 62 years of age that enables a borrower to convert part of the equity in their home into cash. The loan is called

a reverse mortgage because the traditional mortgage payback stream is reversed. Instead of making monthly payments to a lender (as with a traditional mortgage), the lender makes payments to the borrower.

Long-term Care Insurance. It's possible to purchase long-term care insurance that can help them pay for assisted living or nursing home expenses. Find out if your loved ones already have such insurance and, if not, if they're still eligible. Other factors to consider are:

- **Benefit Period:** The length of time benefits cover (some companies offer plans that cover three years of care, five years, or an unlimited period).
- **Coverage:** What they will pay for: this can include housekeeping and meal preparation in the person's home, extra services in assisted living facilities, transportation, etc.
- **Disbursements:** How payments are disbursed: do they go to the beneficiary or directly to the chosen facility?

There are long-term care insurance plans for couples, too. These often have provisions for adjusting or waiving premiums should one of the beneficiaries pass away.



Financial Assistance. It's never too early to investigate benefits, grants, and other sources of financial assistance for seniors. Florida offers the Long-Term Care Diversion Program and Assisted Living for the Elderly (ALE) Medicaid Waiver programs, administered through contracts with Area Agencies on Aging, local service providers, and managed care organizations. They provide less restrictive long-term care options for elders who would otherwise qualify for a nursing home. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center. The Medicaid Diversion program does not pay for the cost of these services entirely, but it can help offset the total cost of an assisted living facility.

The Long-term Care Community Diversion Program is designed to provide community-based services to people who would otherwise qualify for Medicaid nursing home placement. The objective of the Diversion Program is to provide frail elders with safe, appropriate community-based care alternatives in lieu of nursing home placement, at a cost less than Medicaid nursing home care. The ALE Waiver is a home and community-based services program for recipients who reside in qualified assisted living facilities (ALFs). The ALE program covers three services: case management, assisted living, and (if needed) incontinence supplies.

As of September 1, 2013, these two programs will be combined into the Statewide Medicaid Managed Care (SMMC) program. This change will not reduce the state's Medicaid budget or change eligibility requirements. The SMMC will have two components, the Long-term Care Managed Care program and the Managed Medical Assistance program. The former is expected to be available by October 1, 2013, and the latter will be rolled out across the state between late 2013 and October 1, 2014. For more information, email FLMedicaidManagedCare@ahca.myflorida.com or write to

Statewide Medicaid Managed Care program
Office of the Deputy Secretary for Medicaid
(Agency for Health Care Administration)
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

Veterans Benefits. The Veterans Administration has an Aid and Attendance program that can help pay for care in the home, assisted living community, or nursing home. A veteran, a married couple (one person being a veteran), or the surviving spouse of a veteran can receive Aid and Attendance benefits. The rules for what benefits are available and how someone can qualify can be complicated. It's best to contact Social Services at a VA facility or an accredited VA specialist for guidance.

Medicare vs. Medicaid

Medicare. Medicare is federally funded and administered health insurance program for the elderly and disabled. It is available to most people older than 65 and those with other specific conditions. Medicare is a complex program with several “parts” that cover different health care needs, from the hospital, skilled nursing rehabilitation, hospice, and home health care (part A) through prescription drug benefits (part D). Part B is optional and provides medical insurance, with premiums deducted from Social Security benefits. **Medicare does not cover costs in assisted living facilities.**

Some parts of the country—including Florida—also offer Medicare Advantage plans, which function similarly to HMOs. Sorting through all the options can be a daunting task, so it’s important to work with a knowledgeable Medicare specialist to learn the details of each program and how to choose the best plan for your loved one. It’s important to know that the services covered in Medicare Part A are only covered for a limited period of time and the time period depends on each individual’s progress, lack of progress, or specific need.

Medicare also covers medical equipment, but only if a doctor certifies its medical necessity by writing a prescription for it. The equipment covered includes wheelchairs, prosthetics and orthotics, glucose monitors for diabetics, and some catheters. It does not include hearing aids or safety equipment, however, the Medicare website (www.medicare.gov) maintains a searchable directory of equipment suppliers.

To Contact Medicare: 1-800-MEDICARE
(1-800-633-4227)
or visit www.medicare.gov



Medicaid. Medicaid, on the other hand, is health insurance for low-income people of all ages, not just the elderly. It is funded and administered jointly by state and federal governments, and covers some home health care services and long-term care in a skilled nursing facility (but not an assisted living facility). There are income and asset limitations that individuals must meet in order to qualify and receive Medicaid so it’s important to meet with your local social worker or Medicaid representative to see if your loved one qualifies.

What are my Medicare coverage choices?

There are 2 main ways to get your Medicare coverage—Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.

Medicare is Insurance for:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

STEP 1: DECIDE HOW YOU WANT TO GET YOUR COVERAGE

ORIGINAL MEDICARE

OR

MEDICARE ADVANTAGE PLAN

PART A

Hospital Insurance

PART B

Medical Insurance

PART C

(Like an HMO or PPO)

Combines Part A, Part B, and **usually** Part D

STEP 2: DECIDE IF YOU NEED TO ADD DRUG COVERAGE

PART D

Prescription Drug Coverage

PART D

Prescription Drug Coverage
(Most Medicare Advantage Plans cover prescription drugs. You may be able to add drug coverage in some plan types if not already included)

STEP 3: DECIDE IF YOU NEED TO ADD SUPPLEMENTAL COVERAGE

MEDICARE SUPPLEMENT INSURANCE

(Medigap) policy

END

END

If you join a Medicare Advantage Plan, you can't use and can't be sold a Medicare Supplement Insurance (Medigap) policy.



STEP 4: FIND THE RIGHT CARE

Once you and your loved one have made a financial plan, you can see what care options are affordable for them. **However, you need to remember that the cost of care will depend on your loved one's level of care, which can change at any time.** It is also important to find the appropriate care for your loved one, whether you hire a private caregiver or look into senior housing, make sure you understand the different options available and what level of care is being provided.

Private Caregiver. One option is to hire a private caregiver who can provide companionship, take them shopping, help them manage their medications, cook meals, clean, etc. Depending on the amount of assistance required (which can change with time), such a caregiver might visit a few times a week, for a limited period every day, or actually move in to be available round the clock.

Private Duty Home Health. If you don't want to deal with finding, hiring, and scheduling a private caregiver yourself, you can turn the task over to a private duty home health care company. These companies work with you and your loved ones to develop an appropriate care plan and schedule and then take care of finding the people who can provide that care. These services can range from companionship to a skilled nursing level of care and vary among different home health companies.

Medicare Home Health. Medicare will cover some home health care but only for a limited period of time. Therefore, this is not a long-term solution but it may be a great way to help someone transition from the hospital or rehabilitation back to their home or other residence. With an or-

der from a physician, it will pay for personal care services (such as meal preparation, assistance with bathing, dressing, and general hygiene), physical and occupational therapy, skilled nursing services (such as wound care), and much more. These services are only covered for a certain number of visits per week, for a limited period of time, and the length of coverage will depend on the patient's progress.

You and your loved one may decide that moving to a form of senior housing is the best choice. If this is the case, remember that moving is stressful, so plan for the long term: consider the care and assistance they'll need in coming years as well as what they need right now. Some facilities provide different levels of care within the same location, so that a resident can "age in place."

Independent Living. These communities don't provide personal care services, so residents must be able to look after themselves independently. They do help in other ways that make it easier than living at home, such as group shopping trips. They also provide a good social environment with regular activities, and some even provide meals.

Adult Family Care Home. These residences typically care for five or less people. They provide personal care services and medication management, in addition to meals, housekeeping, and laundry. Rooms are often shared, which can mean a loss of privacy and independence. Some forms of financial assistance may be available to help with this option.

Assisted Living Facility. Assisted Living is the fastest-growing senior residence option. These facilities are not intended for residents who require 24-hour nursing supervision, but for those who may need assistance with various activities of daily living. They provide meals, personal care, and medication management, and usually offer private rooms. Other common examples of activities and services offered include:

- 24-hour staff presence,
- social recreational activities,
- laundry services,
- exercise programs, and
- transportation

Florida has four types of assisted living facility licenses, which offer different levels of care:

- **Standard** facilities are as described above.
- **An Extended Congregate Care (ECC)** license enables the facility to provide some nursing services and additional personal care.
- **Facilities with a Limited Nursing Services (LNS)** license can provide additional nursing services for residents that need them but are still limited and held within state assisted living regulations.
- **Facilities with Limited Mental Health (LMH)** licenses provide residences for individuals with mental illness and work closely with community mental health agencies.

Most assisted living arrangements are privately paid, though some assistance may be available to help offset the cost. Veteran's benefits and the Medicaid diversion and waiver programs can all be drawn on for this. Even if they employ a nurse, however, assisted living facilities are not licensed by Medicare or Medicaid to provide skilled nursing care.

Skilled Nursing Facility. Offers long-term care for seniors who need a high level of care and don't meet the various requirements and standards for assisted living facilities. These facilities offer 24-hour nursing staffs, and as such can be very expensive. But once personal funds and long-term insurance are depleted, and as long as monthly income does not exceed established limits, Medicaid will cover the cost of long-term care in a skilled nursing facility (but not in an assisted living facility).

In addition to long-term residential care, these facilities offer rehabilitation and convalescent care after a hospital stay. They provide physical and occupational therapies in addition to other therapies. Medicare usually covers the majority of the costs associated with rehabilitation or convalescent care, though there are time maximums (100 days per year) and evaluations based on patient progress.

Continuing Care Retirement Communities (CCRC). Continuing Care Retirement Communities (CCRC) incorporate all the senior residential housing options in one large campus. They enable a senior to "age in place" even when it's not their own home, by moving from independent living to assisted living to a skilled nursing facility as their needs change. They may ask for a buy-in agreement from the resident, plus an ongoing monthly fee. Whether such a community is a good option depends on the person, their financial status, their location and availability.

Hospice. Hospice care is intended for people at the end of life—to keep them comfortable through their final days. It can be provided in an elder’s home, other senior housing, or in a dedicated hospice facility. It’s a good complement to other healthcare plans, and it’s usually fully covered by Medicare.

Respite Care. This term refers to a short-term stay, usually a few days or weeks, in a licensed Adult Family Care Home, Assisted Living Facility,

or Skilled Nursing Facility. Instead of charging a monthly rate, most facilities will charge a daily rate and may require a minimum number of days stay. Respite care is the perfect solution for any family member or caregiver who is emotionally and physically exhausted from the 24-hour care of a loved one. This will give caretakers the ability to finally get some rest, visit with friends, or even take a vacation. Another option is to pay for a caregiver or private duty home health company to care for your loved one when you need a break.





STEP 5: CHOOSE THE RIGHT PROVIDERS

Once you've decided on the right form of care and support for your loved one, you need to know how to choose the right providers. **SeniorSource.com** has **directories of health care and other professional service providers in most categories, including home health care, residential options, elder law attorneys, and veteran's benefits specialists.** These directories are a good starting point for researching the services your loved one needs.

When evaluating home care providers, it's important to ask questions to make sure the provider and the agency are a good fit for your family. Do they have a representative available 24/7? Will the home care provider always be the same person? It's often challenging for an older person to work with a new person every time, especially if their memory is failing. How many years of experience does the provider or agency have and can they provide references? Try and have your loved ones be part of the screening process, if only to get familiar with the new person in their lives.

If you've decided on residential care, do research to find the best place. Find out how well the staff is trained and whether the facility is approved by the state. Look into costs. Find out what the meals are like and whether the staff can accommodate any special dietary needs. Are transportation services available for attending church or visiting the doctor?

Get your loved ones involved in the decision too, if possible. Plan advance visits to the community and try to talk with some of the residents. See if the living areas and bedrooms are comfortable and offer enough space. Try to observe some of the recreational activities to see if they're agreeable.

Take a similar approach when choosing a legal or financial services provider. Find out how long they have been practicing and what proportion of their work deals with issues of concern to the elderly? Elder law, for example, touches on a wide variety of topics, such as estate planning issues and Medicare appeals. You may not need your lawyer to know about all these issues—for example, you may work with a financial planner about estate issues—but make sure they're familiar with the issues you are concerned with.

Armed with the right questions and the information on SeniorSource.com, you can be confident that you're prepared to make the right decisions for you and your loved one.

Let's Review

- Be proactive and plan early
- Organize legal affairs
- Make a financial plan
- Find the right care
- Choose the right providers