



# Healthcare and Life Planning Guide for Seniors

# Sunday visits are a family tradition.

Every Sunday after church, Becky and Tony, their children and their grandchildren have lunch at our house.

This one particular Sunday, Becky and I (Betty) were in the kitchen, and Al (my husband), Tony and the grandkids were in the den watching football.

Suddenly, Tony yelled to call 911 because Al had collapsed.

## So many questions.

When we finally arrived at the hospital, the nurses were asking so many questions. What medications is he currently taking? What are the dosages? Does he have a history of high blood pressure? Is he diabetic? Do you have a DNR order or living will?

With all of these questions flying around - that I

couldn't answer - I just completely broke down. After a few days in the hospital, we found out that Al needed to be transferred somewhere other than home. He needed more care than I could give him. When the social worker came in, she handed me a list of long term facilities in the area and asked me to choose one for Al.

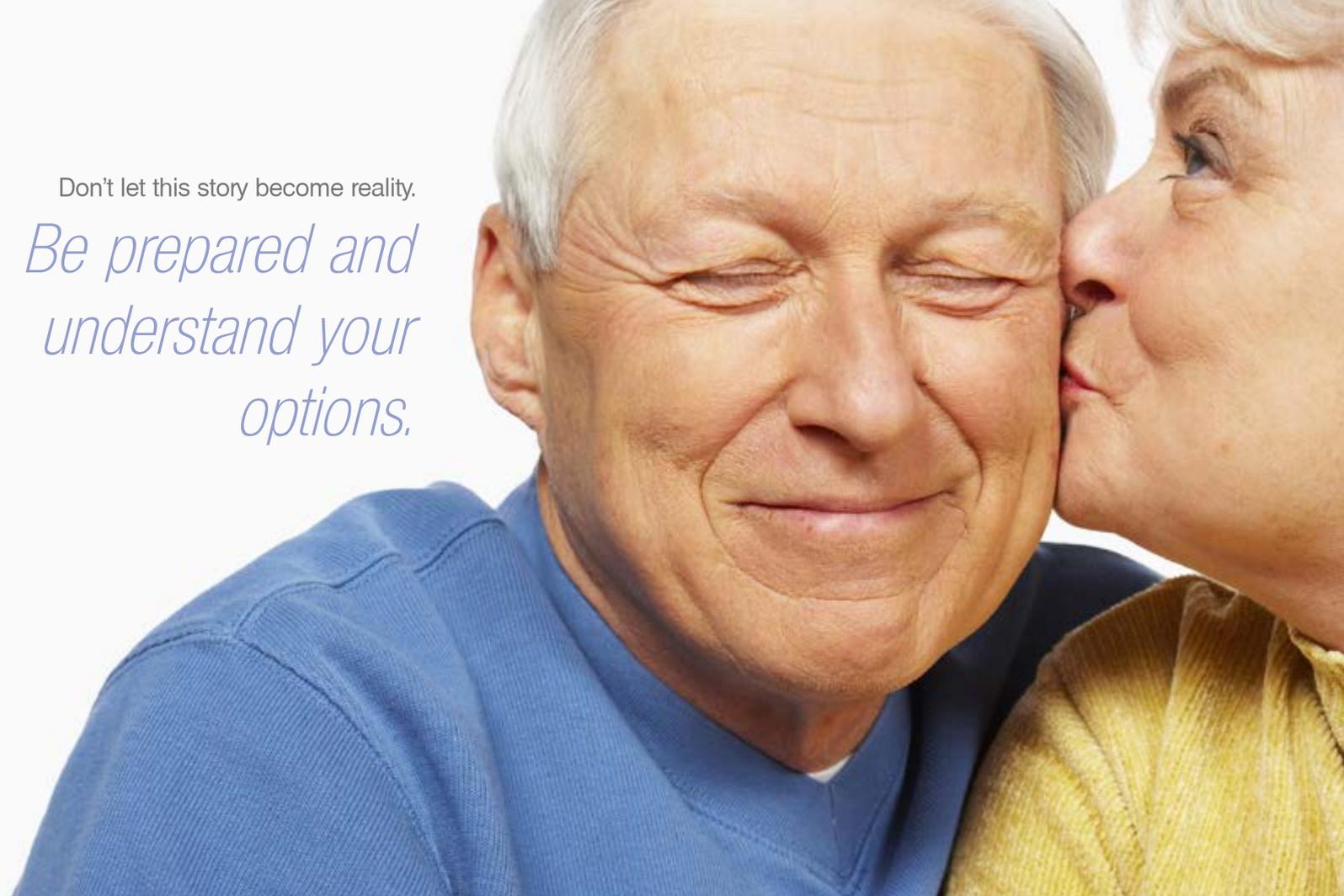
I had no idea which one to choose. **This wasn't something that Al and I had talked about.** How are we going to pay for this? Does insurance cover this? Could we have someone come to our house to take care of him? Unfortunately, there wasn't enough time to figure all of this out before Al was discharged.

## Making the decision.

We eventually were told that he needed a long-term care center and I had to pick one. I chose one that I had heard of before - but really out of blind faith - **and hoped that they would take good care of Al when I wasn't there.**

Don't let this story become reality.

*Be prepared and understand your options.*





Information compliments of:

## Angels Senior Home Solutions

156 A Sagamore Parkway West | West Lafayette, Indiana 47906

(765) 463-2100 | AngelsInHome.com

## Dear Friends,

**Life can change in the blink of an eye.** Being in the healthcare arena since I was 16 years old, if nothing, has shown me just that.

Working within the healthcare system from an aid to a nurse and as an administrator, I have seen most life changing, medical decisions made during a time of crisis. In my experience, this type of decision making leaves room for two things, uninformed decisions and regret.

**Crisis decisions happen** because, in an emergency, you don't have all information resources available to make an informed choice. There usually isn't time to discuss the options or weigh out the pros and cons, which triggers regret after making a decision.

## Preparation Is Key.

Life planning, from insurance paperwork to the development of a living will, is very important in helping to reduce decisions made during a crisis.

The following pages were designed to highlight the most common areas affected by crisis decision making. This is in no way a replacement for proper counsel on health-related issues.

As always, we work hard to ensure that seniors have a voice and are well informed in every decision that can be made. If you need assistance or guidance pertaining to care, insurance options or living arrangements, please let us know. We are happy to help.

God Bless,

Susan Jordan, RN, BSN, MA  
Owner, Angels Senior Home Solutions



# More than 90% of individuals prefer in-home care over comparable institutional care.

Everyone feels better when in the comfort of their own home, surrounded by people and things that they love. In-home care (private duty care) keeps loved ones in the comfort of their own home. Additionally, in-home care also affects the following:

## **Quality of Life**

Studies by nursing schools and government agencies have found that home care extends the quality of life of individuals receiving care. Visits by home care personnel often provide emotional, spiritual and medical support.

## **Less Expensive**

The cost of home care is always less expensive than hospitalization and almost always more

affordable than nursing home or assisted living care. This is because home care can be individualized to meet specific client needs.

## **Promotes Healing**

Medical evidence shows that people recover more quickly at home. Not only because of the individualized care that is received with in-home care, but also because it lowers the risk of contracting an infection or additional illness.

## **Customer Satisfaction**

People prefer to be at home; that is a fact. Providing personalized care and allowing a client to remain in their own home greatly reduces stress on the client and family members.

## In-home Care (Private Duty)

In-home care provides an alternative for those who need assistance outside of family and friends and have resources to independently pay for care.

**In-home care can be provided from two to 24 hours a day** and is available to anyone needing additional care in their home, assisted living community, long-term care facility or hospital.

Key elements of in-home care are to increase or maintain a person's independence, as well as to improve quality of life. In-home care can be covered by the following:

- Long-term care insurance
- Veteran's benefits that cover in-home care
- Self payment
- Family members

In-home care (private duty care) can be **utilized as a short-term or long-term solution** to a person's care needs. Services provided by in-home care agencies can include:

- Up to 24-hour nursing care, daily assistance, medication reminders and meal preparation
- Transportation and companionship
- Homemaker services such as housekeeping and laundry

### Selecting a Provider

Be sure to understand the licensures that your in-home care provider holds. Certain types of licenses either allow or prohibit certain levels of care.

Additionally, it is important to choose an in-home provider that can meet your growing care needs, and is certified, insured and bonded. We've provided a checklist of questions to ask on page 23.





## Short-term Inpatient (Rehabilitation) Care

Short-term care is delivered with the expectation of the person gaining strength, recovering and then returning home. Examples include:

- Joint replacement surgery (knee, hip, etc.)
- Surgical recovery (stroke, heart attack, etc.)
- Illness (pneumonia, etc.)

### Medicare Coverage

Medicare covers short-term care needs. However, certain rules apply. To qualify for Medicare coverage, a person must:

- Have been in the hospital for at least three consecutive days
- Need a skilled service such as nursing or therapy
- Be covered by Medicare Part A (normally those 65 and over)

If criteria is met, Medicare Part A could be estimated to cover the following:

- Day 1 – 20, 100% of the costs associated with a stay are covered
- Day 21 – 100, approximately 80% of costs associated with a stay are covered
- The remaining costs are the responsibility of the individual or secondary insurance.

### Medicaid Coverage

Additionally, if a person qualifies, Medicaid will pay for room and board as well as other healthcare needs, such as physical therapy. However, certain rules and costs apply.

It is important to speak with a Medicaid representative for specific details.



## Long-term/Extended Care

This type of care is expected to last for an extended period of time. Usually longer than what would be considered short-term rehab.

- This type of care is typically utilized by individuals that do not have a full-time caregiver available and can no longer safely care for themselves in their home.
- Long-term care services can be covered by Medicaid, long-term care insurance or private payment (see page 14).

If a person qualifies for Medicaid, it will pay for room and board. However, certain rules and costs apply.

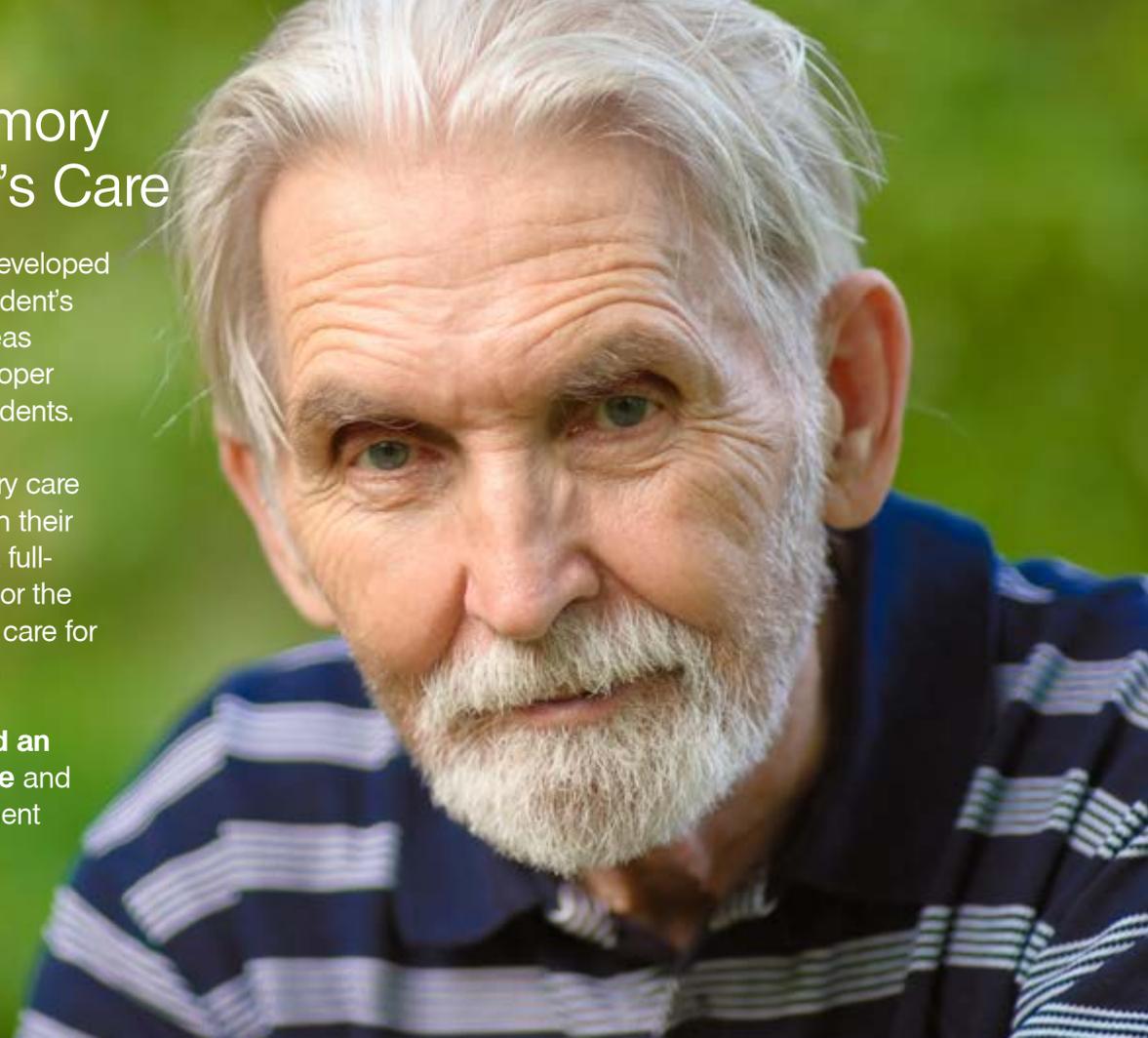
It is important to speak with a Medicaid representative for specific details.

## Dementia, Memory and Alzheimer's Care

Dementia care is specially developed to improve or maintain a resident's mental functionality. Care areas are specially designed for proper stimulation and safety of residents.

Residents who utilize memory care services are no longer safe in their environment due to lack of a full-time caregiver in their home or the excessive care necessary to care for and keep the individual safe.

**Memory care is considered an extension of long-term care** and follows admission and payment requirements.



## Common Payment Options for Long-term Care

### Private Pay

Residents are financially responsible for 100% of their stay.

### Medicaid

A program designed for those with limited income. In some cases, Medicaid will cover 100% of your stay after meeting a spend down.

### Medicare Part A

After a three day qualifying stay in the hospital, Part A will provide 100% coverage for your stay up to 20 days. If further care is needed, Part A will provide up to an additional 80 days of stay at approximately 80% of coverage.

### Medicare Part B

A benefit that covers physician office visits and can cover therapies, especially rendered in an outpatient setting.

### Long-term Care Insurance

Specialty insurance that can cover rehabilitation and/or long-term care needs.

### Secondary or Supplement Insurance

Insurance coverage that is available in addition to any primary policy (such as individual insurance or Medicare) that an insured individual may carry. It is often used to supplement existing policies or to cover any gaps in insurance coverage. A common secondary insurance is AARP.

*Example:* Your current policy will only cover 80% of the cost of a wheelchair. Secondary or supplement insurance could pay for the remainder of the charges.

Each plan is different and it is advised that you speak to your insurance agent for further details concerning specific coverage.



## Assisted Living

This type of care is a good choice for someone who still is somewhat independent but does require some daily assistance.

Care services are provided in an individual's apartment on a healthcare campus or assisted living community.

Individuals living in assisted living live independently. However, in order to qualify for assisted living, a person must need some type of assistance, such as:

- Safety needs
- Medication reminders

Additionally, they must be able to perform most daily activities by themselves to qualify for this type of care. However, additional care services, such as private duty care, can also help meet daily care needs.

### Types of Communities

A person may have the opportunity to purchase or rent living space in an assisted living community.

Community members have the option of choosing what level of care they receive from light housekeeping to daily assistance. Most communities have costs associated with the level of needs a person may have.

### Payment Options

Medicare, Indiana Medicaid and most private insurance companies do not cover assisted living housing expenses.

However, some long-term care insurance policies may cover some costs associated with assisted living. It is important to check the long-term care policy for details.





## Home Health Care

Home health care is care that is provided in a person's home, which includes an assisted living community and is covered by Medicare, Medicaid and most private insurance companies.

**The length and type of care is determined by a person's diagnosis, and a doctor must refer a patient for care.**

### Qualifications

For Medicare or Medicaid to cover services, the home health agency must be a certified Medicare/Medicaid agency and the patient must be homebound, meaning he or she cannot leave home without extensive effort.

Usually a skilled service, such as nursing or physical therapy, is needed in order for insurance, including Medicare and Medicaid, to cover home health care services.

Home health care usually provides the following types of services:

- Nursing care
- Medication education
- Wound care
- Injections
- IVs
- Physical and occupational therapy
- Personal assistance

## Hospice Care

Hospice care is a unique type of care that is directed towards individuals with a life-limiting illness. Care can be provided anywhere a patient resides (his or her home, assisted living, long-term care facility or a hospital).

### Qualifications

In order to qualify for hospice care, a person must meet specific criteria based on a diagnosis. Each diagnosis has different criteria that must be met in order to receive hospice care. Additionally, a person can only be admitted to hospice care by an order from a physician.

### Payment Options

Medicare, Medicaid and most private insurance companies provide coverage for hospice care. Hospice care cannot be received if a person is receiving other healthcare services provided in the home by Medicare, Medicaid and private insurance companies.

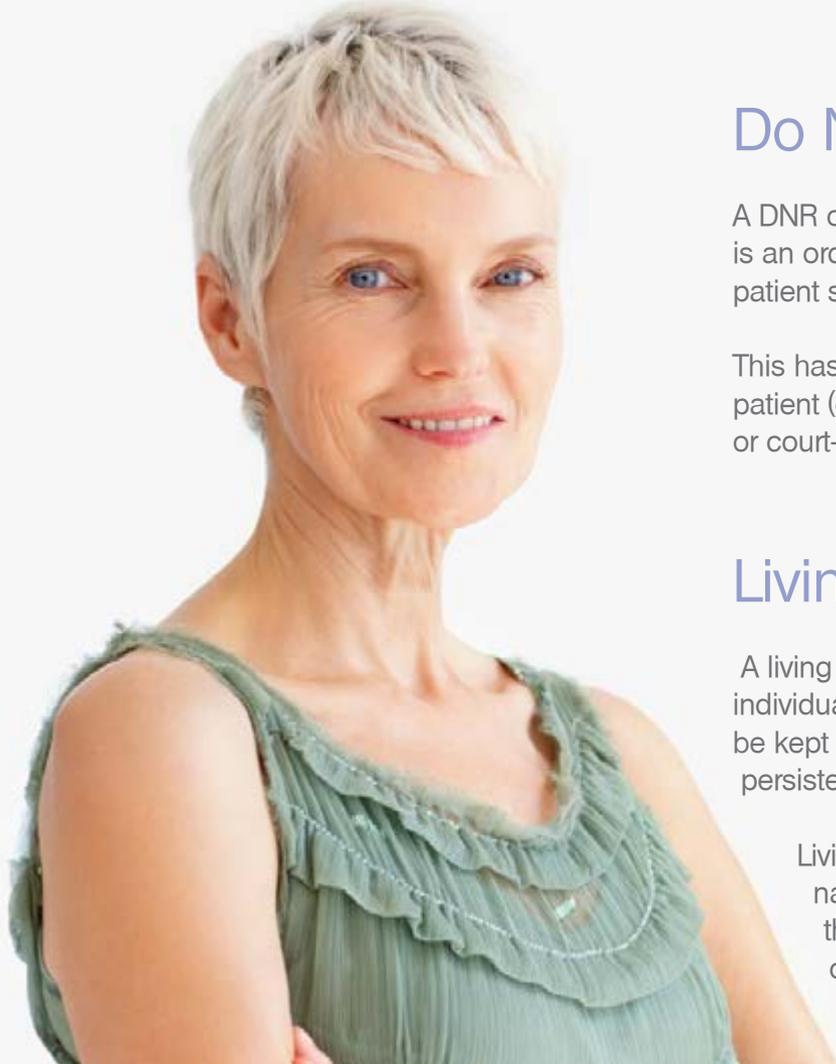
Medicare and Medicaid provide 100% coverage for the following:

- Medications associated with a qualifying illness
- Supplies associated with illness, such as oxygen and nutrition supplements
- Equipment, including wheelchair, hospital bed and walkers
- Nursing, social work, physician and volunteer care

**Private insurance coverage may vary.**

People receiving hospice care can benefit greatly from additional services provided by a private duty care agency. Together, private duty care and hospice can assist families in taking care of a loved one in their home.





## Do Not Resuscitate (DNR)

A DNR order is not the same as a living will. A DNR is an order signed by a doctor that indicates that the patient should not be resuscitated.

This has to be signed by both the doctor and the patient (or their healthcare surrogate, healthcare proxy or court-appointed guardian).

## Living Wills

A living will is a legal document that allows an individual to state whether or not she/he wishes to be kept alive by artificial means if terminally ill, in a persistent vegetative state or in an end-state condition.

Living wills can also list who he/she wishes to name as a healthcare surrogate or the person that can make healthcare decisions on behalf of the patient when he/she cannot.

## In-home Care Questions

We've outlined a few of the top questions you should ask when interviewing a private duty care agency.

1. How long has the company been in business?
2. Is the agency a licensed home health or personal services agency?
3. Is the agency owned and operated by an RN or does anyone in management have a Masters Degree in Gerontology and Management?
4. Does the agency provide 24-hour nursing consultation?
5. Is agency management available by phone 24-hours a day?
6. Is the agency able to accept long-term care insurance?
7. Is the agency an approved veteran's care (VA) provider?
8. Are the caregivers bonded and insured?
9. Are reference, criminal background and driving record checks conducted on all employees?
10. Are the caregivers supervised and directed by a licensed nurse?
11. Are caregivers available 24 hours per day including holidays and weekends?
12. Does the agency provide caregivers with continued skills and competency training after hire - including dementia, fall prevention and safety?
13. Does the agency offer specialized dementia care?
14. Will the agency help access insurance policies, assist with selecting living options, end of life care and other issues?
15. Does the agency provide skilled nursing care, not just caregiver or companion services?



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