

Aging with a Plan

Living arrangements as we age

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It's important to remember that
aging and growing old are not
necessarily the same thing.

Senora Roy

OBJECTIVES

- Consider approaches to improve graceful aging
- List living options
- Describe differences between living options

Glossary

- Adult Foster Care - AFC
- Assisted Living Facility – ALF
- Centers for Medicare and Medicaid Services – CMS
- Continuing Care Retirement Community - CCRC
- Home for the Aged – HFA
- Michigan Assisted Living Association - MALA
- Skilled Nursing Facility – SNF

Making Choices That Matter

- Health and well-being will dictate choices
- Factors include:
 - Physical health
 - Mental health
 - Social activities
 - Financial status

Aging Gracefully

- Physical Exercise
 - Balance
 - Weight training
 - Cardio
- Mental “Exercise”
 - Current events, news
 - Remaining interested in the world

Aging Gracefully

- Sleep hygiene
- Pain Management
- Healthy diet & hydration
- Spiritual/Religious involvement
- Social activities
- Financial resources

WHERE TO BEGIN?

- Independent living – various options, tenant-landlord contract/lease
- Assisted living – licensed, unlicensed, small and large, various payer sources
- Skilled Nursing – various payer sources
- Continuing Care Retirement Communities

INDEPENDENT LIVING

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- Independence – at the home you've lived in for years
- Independence – downsized
- Independence – with services
 - Apartments
 - Cottages, homes
 - Condominiums

INDEPENDENT LIVING “WITH SERVICES”

- Also occurs in some assisted living –
- May be onsite home health aides and assistance – for fee services
- Home maker services – for fee
- Meal services – for fee
- Grocery services – for fee
- You get the idea – make sure you know what’s included in the lease agreement

HOME HEALTH

HOME HEALTH CARE

- Some accept insurance and Medicare
- Fee based services

HOME HEALTH CARE

- Home Health licensed and certified receiving Medicare funds are eligible for the CMS star rating system as of July 2015
- <https://www.medicare.gov/homehealthcompare/search.html>

HOME HEALTH CARE – 5-Star Rating Quality Reporting Program

- **Process measures**
 - Timely Initiation of Care
 - Drug Education on all Medications Provided to Patient/Caregiver
 - Influenza Immunization Received for Current Flu Season

HOME HEALTH CARE – 5-Star Rating Quality Reporting Program

- **Outcome Measures**

- Improvement in Ambulation
- Improvement in Bed Transferring
- Improvement in Bathing
- Improvement in Pain Interfering With Activity
- Improvement in Shortness of Breath
- Acute Care Hospitalization

Quality of patient care star ratings

The **quality of patient care star rating** summarizes 9 of the 29 quality measures reported on Home Health Compare. It provides a single indicator of an agency's performance compared to other agencies.

- ◆ A 4- or 5-star rating means that the agency performed better than other agencies on the 9 measured care practices and outcomes.
- ◆ A 1- or 2-star rating means that the agency's average performance on the 9 measured care practices and outcomes was below the averages of other agencies.
- ◆ **Across the country, most agencies fall "in the middle" with 3 or 3½ stars.**

While the quality of patient care star rating provides a summary of agency performance, you may prefer to compare agencies on the individual measures that are related to the types of services you'll need, based on your own condition.

[Learn more about star ratings](#)

[See which measures are included in the star ratings](#)

[Learn more about all the quality measures](#)

Show Graphs

	x	x	x		
	AMERICARE HOME HEALTH SERVICES (517) 393-5200 Add to my Favorites	CARING & COMPASSIONATE HEALTH CARE AGENCY (517) 580-7619 Add to my Favorites	HOME HEALTH CARE OF SPARROW (517) 364-8600 Add to my Favorites	MICHIGAN AVERAGE	NATIONAL AVERAGE
Quality of patient care star ratings	★★★★★	★●●●●	★★★★●●	★★★★●	★★★★●●

DO STAR RATINGS MATTER?

- Yes and no
- Home Health star-rating system is not fully operationalized (yet) –
- You're the expert regarding what you like
- The rating system can be helpful in making decisions
- Bottom line – look around and compare

HOME HEALTH CONSIDERATIONS

- Ask for verification of background checks
- Home Health services can be used in Assisted Living – in fact – may be NECESSARY for certain treatments and care that are not within scope of Assisted Living

ASSISTED LIVING

ASSISTED LIVING

- Assisted Living can be licensed or unlicensed
- A lot gray areas – make sure you ask for costs for services
- Mostly private pay in Michigan but some Medicaid waivers

WHAT is ASSISTED LIVING?

- MALA states: There are numerous definitions used throughout the country to define assisted living. Because of the great diversity... it is most difficult to articulate one definition which is an accurate portrayal of all assisted living facilities.
- <http://www.miassistedliving.org/faq.html>

DEFINING ASSISTED LIVING

- Combination of housing, supportive services, personalized assistance and health care for those who need help with activities of daily living and instrumental activities of daily living
- Supportive services available 24 hours-a-day

ASSISTED LIVING OPTIONS

- Not always licensed
- Find out why the home is not licensed
- May be related to age and type of structure
 - If due to structure verify sprinkler or fire suppression system

WHAT ASSISTED LIVING CANNOT PROVIDE

- Assisted living is not intended for a person requiring 24-hour nursing care
- Assisted living can provide health care services not medical care
- Many assisted living help coordinate visiting nurse (home health) to provide visits for such things as: PICC lines, IV antibiotics, specialty wound care, etc.

ADMISSION TO ASSISTED LIVING

- Generally facility will require physician certification or a reference
- Can come directly from home
- Licensed facilities are required to obtain health appraisal AND TB Test verification

ASSISTED LIVING with ADULT FOSTER CARE LICENSE

- Licensed for 6 – 20 and 21- more
- No requirement for a licensed nurse on site
- Requirement for 8-hours monthly of RN oversight/supervision
- Usually using Medication Technicians who have had up to 40 hours training on Medication Administration
- Intended to provide care in a manner consistent with “what a person could do at home”

ASSISTED LIVING with HOME FOR THE AGED LICENSE

- Required to have a nurse on duty at least 8-hours daily
- Not required to have a nurse pass medication and many use Medication Technicians
- Intended to provide care in a manner consistent with “what a person could do at home”

SIMILARITIES AND DIFFERENCES BETWEEN ADULT FOSTER CARE AND HOME FOR THE AGED

- AFC – usually smaller, set up in cottages or homes with no more than 20 residents each
- HFA – usually larger than 20 can be large or small, institutional buildings or home-like
- HFA - usually slightly more organized in the “medical model” model than AFC

ASSISTED LIVING CONSIDERATIONS

- What are the fees for services?
- What happens when you exhaust your funds?
- Do they order your medications? How are medications administered and kept?
- Is there a house physician you are encouraged to use? Or will your physician work with the facility?
- How will they communicate with your physician?

SKILLED NURSING FACILITY

WHAT IS SKILLED NURSING?

- Intended for a person requiring 24-hour nursing supervision and/or oversight
- Can be short- or long-stay
- Cannot be for “custodial care”

ADMISSION TO SKILLED NURSING

- Must have physician certification
- Must meet Level of Care Determination if receiving Medicaid or Medicare funds
- Must have a valid TB Test within previous year
- Must meet mental health screening to ensure home can care for person
- (Usually but not always follows a qualified 3-day hospital stay.)

WHO PAYS?

When and how long does Medicare cover care in a SNF?

Medicare covers care in a SNF up to 100 days if you continue to meet Medicare's requirements (see page 17.)

How much is covered by **Original Medicare** (see page 23)?

For days	Medicare pays for covered services	You pay for covered services
1-20	Full cost	Nothing
21-100	All but a daily coinsurance*	
Beyond 100	Nothing	Full cost

MEDICAID

- Basic federal eligibility requirements that each state program must comply include, but are not limited to :
 - Must be 21 years or older, and a US citizen or resident alien
 - Must have a medical need for nursing facility services
 - Monthly income and countable assets must not exceed the eligibility limits set by the state. (Patient may retain residence and may still qualify for Medicaid if returning to the residence, or spouse/dependent person is residing there.)
 - Medicaid coverage will continue as long as the patient continues to meet all the eligibility requirements, including those identified above

PRIVATE PAY/INSURANCE

- Some people pay privately for SNF stay – such as medically fragile people not qualifying for Medicaid
- Long-term care insurance can pay for some parts of stay
- Private insurance may offset some costs – primarily after a hospitalization

NURSING HOME COMPARE – 5-STAR RATING SYSTEM

- Provides consumers with Overall Quality Rating of one to five stars based on performance for three types of measures, each with its own five-star rating:
 - Health Inspections
 - Staffing
 - Quality Measures

NURSING HOME COMPARE – 5-STAR RATING SYSTEM

- In addition to the overall staffing, a five-star rating is separately displayed for RN staffing

NURSING HOME SURVEYS & THE 5-STAR RATING

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points (75 points)	K 100 points (125 points)	L 150 points (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices; 42 CFR 483.15 quality of life; 42 CFR 483.25 quality of

LONG-STAY QUALITY MEASURES FOR STAR RATING

- Percent of residents:
 - Whose need for help with activities of daily living has increased
 - With pressure ulcers (sores) (high risk residents)
 - Who have/had a catheter inserted and left in their bladder
 - Who were physically restrained
 - With a urinary tract infection
 - Who self-report moderate to severe pain
 - Experiencing one or more falls with major injury
 - Who received an antipsychotic medication

SHORT-STAY QUALITY MEASURES FOR STAR RATING

- Percent of:
 - Residents with pressure ulcers that are new or worsened
 - Residents who self-report moderate to severe pain
 - Residents who newly received an antipsychotic medication

NURSING HOME COMPARE

- All licensed and certified Skilled Nursing Facilities have a star rating
- <https://www.medicare.gov/nursinghomecompare/results.html>
- Rated 1-5 Star Overall and each category is also star rated
- Want the health rating to be high (4-5); QMs at least 3-4; and staffing 3-5. This would most likely give the home a 4-star rating overall.
- Definitely a good idea to research the homes – look for Administrator and Director of Nursing retention, how does the home “feel”, do people greet you and make eye contact?

	x	x	x
	<p>DIMONDALE NURSING CARE CENTER ⚠</p> <p>4000 N MICHIGAN ROAD DIMONDALE, MI 48821 (517) 646-6258</p> <p>Distance ⓘ: 13.0 miles</p> <p>Add to my Favorites Map and Directions</p>	<p>NORTHWIND REHABILITATION AND HEALTH CARE CENTER</p> <p>2815 NORTHWIND DR EAST LANSING, MI 48823 (517) 332-0817</p> <p>Distance ⓘ: 2.1 miles</p> <p>Add to my Favorites Map and Directions</p>	<p>INGHAM COUNTY MEDICAL CARE FAC</p> <p>3860 DOBIE RD OKEMOS, MI 48864 (517) 381-6100</p> <p>Distance ⓘ: 6.2 miles</p> <p>Add to my Favorites Map and Directions</p>
Overall rating ⓘ	<p>★●●●●</p> <p>Much Below Average</p>	<p>★★●●●●</p> <p>Below Average</p>	<p>★★★★★</p> <p>Much Above Average</p>
Health inspection ⓘ	<p>★●●●●</p> <p>Much Below Average</p>	<p>★●●●●</p> <p>Much Below Average</p>	<p>★★★★★●</p> <p>Above Average</p>
Staffing ⓘ	<p>★★★★★●</p> <p>Above Average</p>	<p>★★★★★★</p> <p>Much Above Average</p>	<p>★★★★★★</p> <p>Much Above Average</p>
Quality measures ⓘ	<p>★●●●●</p> <p>Much Below Average</p>	<p>★★★★●●</p> <p>Average</p>	<p>★★★★★●</p> <p>Above Average</p>

WHAT ABOUT MEMORY CARE AND “SPECIAL CARE” UNITS?

- Refer to the Frontline expose listed in the references before you make any decisions; Both ALFs and SNFs market memory/dementia care
- Research the amount of training staff receive and the evidence/research base
- VISIT the unit/neighborhood
- Is there access to outdoors and natural light (sunlight)
- Are there finger foods, snacks and hydration options accessible?
- Are there identifiers to resident rooms? Curio boxes or photos?

WHAT ABOUT MEMORY CARE AND “SPECIAL CARE” UNITS?

- Are there ELOPEMENT DRILLS?
- Are people moaning and crying out?
- Are people looking for home and/or children and being told, “You live here now” or “Your kids are grown up”?
- Are ACTIVE and involved activities occurring – NOT residents being read to or having the TV playing...EXERCISE, process activities, movement, cooking, sorting, etc....
- Does the facility flag for high use of anti-psychotic medications (if a SNF; if an ALF ask what your physician thinks about off-label use of antipsychotic medication for treatment of dementia)
- And so forth.....

A FEW WORDS OF ADVICE

- Beautiful decorating sometimes covers for less than beautiful care and services
- Not-for-profit homes have historically provided better care BUT this is not consistently the case – so do your research!

Questions or Comments?

- In summary:
 - Know your priorities – social or medical model?
 - Have a vision with what you want
 - Know your financial limits and resources – be realistic about what you are willing to spend
 - Advocate for yourself

REFERENCES

- <http://www.cdc.gov/steady/>
- Home Health Compare.
<https://www.medicare.gov/homehealthcompare/search.html>
- Life and Death in Assisted Living.
<http://www.pbs.org/wgbh/pages/frontline/life-and-death-in-assisted-living/>
- Medicare Coverage of Skilled Nursing Facility Care.
<https://www.medicare.gov/Pubs/pdf/10153.pdf>
- Michigan Assisted Living Association (MALA).
<http://www.miassistedliving.org/faq.html>
- Nursing Home Compare.
<https://www.medicare.gov/nursinghomecompare/results.html>
- Reynolds, G. *Does Exercise Slow the Aging Process?*
<http://well.blogs.nytimes.com/2015/10/28/does-exercise-slow-the-aging-process/>