



NYAHSA Consumer Guide to Continuing Care 2008



A user-friendly overview of New York's not-for-profit skilled nursing facilities, senior housing, assisted living facilities, home care community-based services and adult day health care continuing retirement communities



Introduction

Most people think of long term care as nursing homes. While nursing homes play an integral part in what long term care professionals refer to as “the continuum of care,” they are but one component of long term care services.

Many options have developed over recent years that are designed to meet the needs and preferences of older New Yorkers in housing, health care and supportive services. The result is that older New Yorkers now have more choices than ever. In fact, consumers needing long term care in New York state have a number of options available to them – either packaged in combination with one another or as stand-alone entities.

Whether a person is in good health and leaving a long-time home for the convenience of a senior housing complex or a continuing care retirement community, or a person is in ill health and needs high-level nursing care, investigating these various options can take quite some time.

This guide explains the wide range of possibilities for consumers who find it necessary to seek long term care for themselves, a relative or a friend. We have tried to cover as much as we can in this guide. However, personal visits are essential when trying to make these selections.

Like most professions, health care is full of terminology and acronyms that can contribute to confusion as consumers confront the system. We have tried to address as many as possible. Since this is an important life decision and can lead to major changes within the lives of a family, no question should be considered “too simple” when you are trying to form an opinion about your options. We urge you to ask as many questions as necessary to be sure you understand exactly what your options are.

We invite you to visit the “Consumer Guide” section of our Web site, www.nyahsa.org, for updates on information contained in this guide.

Carl Young

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

-Leo Buscaglia



Skilled Nursing Facilities or Nursing Homes

A nursing home, also known as a skilled nursing facility, provides 24-hour medical and social services to the frail elderly and chronically disabled. These facilities must be licensed by the New York state Department of Health. A nursing home offers a protective, therapeutic environment for those who need rehabilitative care or can no longer live independently because of chronic physical or mental conditions that require round-the-clock care.

Nursing homes represent the most complicated and, therefore, the most expensive level of care and are aimed at providing services to those who need high-intensity nursing care and supervision.

What is the PRI and why is it important?

Before being admitted into a nursing home, the prospective resident must undergo a screening process to determine if a lower level of care would be more suitable for them. The screening consists of a health care professional completing a patient review instrument (PRI). The PRI assesses the applicant's ability to complete "activities of daily living" such as walking, bathing, dressing, etc. This health assessment includes all physical and psychological problems the applicant faces.

After the PRI is completed, the screening process begins. If a person is in the hospital and is being transferred directly from the hospital to a nursing home, hospital social services or discharge planning staff will assist in obtaining a completed PRI and screening process.

If the person is at home or in a community-based program, a certified home health agency should be contacted to complete the PRI. Under these circumstances, a home visit is usually necessary. It's important that the evaluator is given honest and accurate information during this visit.

Once accepted for nursing home placement, the person will also undergo a much more intensive assessment process within the nursing home. The minimum data set (or MDS) is a comprehensive review of the resident's history and needs. It is an integral part of the overall assessment of the resident, and it forms the basis of the individual care plan.



SKILLED NURSING FACILITIES/ NURSING HOMES

AT A GLANCE

- The best option for people who need 24-hour care and assistance.
- The most intensive – and expensive – long term care option.
- Stays may be short-term (e.g., for rehabilitation after a surgery or illness) or long-term (for the most chronically- ill/frail individuals).
- Patients usually cover the cost of care themselves or rely on Medicaid or long term care insurance.

NY CONNECTS

In the future, New York state plans to revamp how consumers access long term care. The envisioned comprehensive long term care system will begin with a “Point of Entry” (POE) in every county of the state, providing easy access to information and assistance for consumers and their family members who are exploring available options or who are already receiving services through private payment, New York State Office for the Aging programs, Medicaid or Medicare. For more information about the local POE office coming to your area, contact either your county Office for Aging or Department of Social Services.

Services Available A nursing home offers a full array of personal, dietary, therapeutic, medical, rehabilitative, social, spiritual, recreational, housekeeping and nursing services.

Residents are involved in decisions about their care and receive services based on their individual needs. Some will return home after a brief rehabilitative stay. Others may need care for an extended period due to chronic health conditions.

Living Arrangements Living arrangements will vary depending upon the facility. Semi-private or private rooms are available with private or shared baths.

Payment Many people incorrectly assume that the federal Medicare program will finance their long term care needs, particularly in the more acute-care (highly medical) setting of a nursing home. In fact, Medicare pays for only a small number of people in any nursing home setting. In order to receive Medicare financing for long term care, a resident must meet very strict criteria. Eligibility for this option should be discussed with the admitting facility or local social services district for clarification.

More than 80 percent of the residents in NYAHSAs member nursing homes and other nursing homes throughout New York receive funding through Medicaid. Medicaid is a federal-state-local partnership to help pay for medical care for those who cannot afford to do so on their own.

Frequently, a resident enters a nursing home and initially pays with his or her own money. When that revenue source runs out (also known as “spending down”), they turn to Medicaid for funding. Spend-down laws protect the spouse of a nursing home resident. They are very specific and very complicated. They should be discussed in detail with the admitting facility. Spend-down laws allow the spouse to keep a house, a car and a reasonable amount of assets. Spouses no longer need to “impoverish” themselves by spending down all their money in order to obtain Medicaid funding. Since these laws are subject to change, NYAHSAs suggests discussing them with the admitting facility or the local social services district.

Factors to Consider

- ✓ Is the facility well-maintained, pleasing, cheerful? Does the staff seem friendly, caring and accommodating to residents and visitors?
- ✓ Do the residents appear comfortable, well-groomed and involved in meaningful activities?
- ✓ Are amenities such as private rooms, individual televisions and private telephones available? At what cost?
- ✓ What activity programs and special events are held at the facility? What excursions are planned for those able to take advantage of them? What religious activities are offered?
- ✓ Have your questions about financial options been answered? Were the options explained clearly and to your satisfaction?

Managed Long Term Care: PACE and Medicaid Managed Long Term Care

Managed Long Term Care provides the opportunity for individuals whose continuing health care needs would qualify them for admission to a nursing home to remain in their home while receiving a comprehensive array of customized services and supports. While the majority of managed long term care enrollees are eligible for both Medicaid and Medicare, self-payers may enroll and some long term care insurance coverage may be available.

The two primary types of managed long term care in the state are the Programs of All Inclusive Care for the Elderly (PACE) and Medicaid Managed Long Term Care, which are also called Medicaid Advantage Plus plans. Enrollees are assigned a care coordinator, and both models use an interdisciplinary team that may include physicians, therapists, nurses, social workers and home health aides to plan, provide and coordinate all needed services. Transportation to necessary medical services is part of the service package. Most organizations encourage enrollee and family participation in care planning.

For each Medicaid and/or Medicare enrollee, the plans receive a fixed monthly premium which is used to provide a package of services tailored to an individual's needs, including services that traditional Medicaid and Medicare do not provide. Compared to traditional Medicaid and Medicare, services are more coordinated and more customized, while out-of-pocket expenses are usually lower.

FACTS ABOUT NURSING HOMES

- There are 17,000 nursing homes in the United States.
- 1.6 million people live in nursing homes.
- The average number of beds per home is 107, with an occupancy rate of 88 percent.
- More than 90 percent of current residents are 65 years of age and over; almost half are 85 years or over.
- The average age upon admission to a nursing home is 79.
- Women are almost three times as likely to live in nursing homes than men.
- In 2000, 4.5 percent of Americans 65 years and older lived in nursing homes, a decline from 5.1 percent in 1990.

A primary difference between the two models is that PACE fully and seamlessly integrates Medicaid and Medicare services. Medicaid Advantage Plus (MAP) plans integrate Medicaid and Medicare in a bit more complicated manner. There are several plans (Medicaid-only Managed Long Term Care plans) that provide only Medicaid long term care services and coordinate Medicare services, so it is important to review and understand the services each plan offers. All PACE plans have a day center and fully licensed clinic that participants use as needed while some Medicaid Advantage Plus plans rely more on home care. Overall, PACE provides a more standardized, comprehensive service package with participants having more contact with members of the interdisciplinary team, while models of care vary across MAP plans. PACE participants must be at least 55 years old, while most MAP plans enroll individuals as young as 21.

Covered long term care services include:

- Care Management
- Home care, including nursing, home health aide, occupational, physical and speech therapies
- Optometry/eyeglasses
- Dental services
- Rehabilitation therapies
- Audiology/hearing aids
- Respiratory therapy
- Nutrition
- Medical Social Services
- Personal care (such as assistance with bathing, eating, dressing, etc.)
- Podiatry (foot care)
- Non-emergency transportation to receive medically necessary services
- Home delivered and/or meals in a group setting (such as a day center)
- Medical equipment
- Social day care
- Prostheses and orthotics
- Social/environmental supports (such as chore services or home modifications)
- Personal emergency response system

- Adult Day Health Care
- Nursing home care

PACE and MAP plans include services covered by traditional Medicare, such as physician visits and hospital services, and may offer additional benefits. A complete list of services is available from each plan.

To enroll in a PACE or MAP plan, contact a plan in your area. Staff from the plan will schedule a visit to explain the plan, ensure that you are eligible and assist you in completing the application. The entity responsible for determining Medicaid eligibility in your county or borough will verify your eligibility to enroll. Enrollment is voluntary, so you may disenroll and return to traditional Medicaid and/or Medicare if you wish. However, if you meet the conditions of enrollment, the plan may not deny you enrollment even if you require nursing home admission.

Factors to Consider

- ✓ While managed long term care is growing, it is not yet available in all parts of the state. New York City and other larger metropolitan areas currently offer this option.
- ✓ Learn about the organization that operates the plan. All PACE and the majority of MAP plans are operated by not-for-profit organizations with a strong history of providing services to frail seniors and people with special needs.
- ✓ PACE requires participants to be 55 years or older. Some MAPs enroll only those 65+.
- ✓ Do you need services that conventional Medicaid/Medicare do not cover? PACE and MAP plans may be able to meet such needs.
- ✓ Some family support.
- ✓ This model of care is not well known in some areas, so make the effort to contact a plan or plans to learn more fully about their benefits.
- ✓ When contacting a plan be sure to ask for a member handbook. If managing your own care plan is important to you, ask what level of participation in care planning enrollees are offered.

“Home is where the heart is and hence a movable feast.”

-Angela Carter



Assisted Living Services

Assisted living offers a variety of services for those who need daily assistance in a facility but generally do not require constant nursing care. Different categories of assisted living allow facilities to serve residents with specialized needs and some skilled nursing needs. Assisted living facilities emphasize the resident's autonomy and independence in selecting the services they desire. In general terms, there are two categories of licensure for assisted living in New York state – the Assisted Living Residence and the Assisted Living Program.

Assisted Living Residence

A law passed in 2004 that created a common meaning for the term assisted living and required those providers to become licensed by the New York state Department of Health (DOH) as Assisted Living Residences (ALRs). To be an ALR, an operator must also be licensed as an adult care facility (see below). ALRs must follow additional regulations above and beyond what is required of ACFs, such as developing an individualized service plan (ISP) for each resident and providing consumers with specific disclosure statements.

The law requires specific standards and services for facilities marketing themselves as serving special needs populations, such as individuals with dementia. In addition, the law supports the philosophy of “aging in place,” allowing facilities to provide additional services and skilled nursing care as a resident's needs increase. The popularity of assisted living is not surprising, since it is a residential alternative that is probably the least disruptive to a resident's life, and it is also generally the most cost-effective option.



ASSISTED LIVING

AT A GLANCE

- A good option for seniors who can still live independently but need some assistance.
- “Enhanced” Assisted Living Residences allow seniors to “age in place” in these facilities by providing them with additional services as their needs change. But readers should note that not every Assisted Living Residence is certified to provide enhanced services, and they should ask the facility if this level of service is of interest.
- Generally less expensive than a nursing home. Patients usually cover the cost of care themselves or rely on long term care insurance.
- A new state law requires facilities to disclose information about services provided, the availability of enhanced services and fees associated with those services.

FACTS ABOUT ASSISTED LIVING

- There are approximately 40,000 to 65,000 assisted living residences in the United States, housing up to 1 million people.
- 26 percent of all residents need no help taking care of their activities of daily living (ADLs), while others do in varying degrees.
- 58 percent of residents move from their home to an assisted living facility, where they stay for about 3.3 years. Due to the need for a higher level of medical care, 43 percent of assisted living residents move to nursing facilities.
- Costs for assisted living vary greatly and depend on the size of units, services provided and location.

Services Available in all Assisted Living Residences

Core services provided by all Assisted Living Residences, including the Enhanced and Special Needs models, include the following:

- A room in a facility that houses primarily elderly people;
- Congregate meals and dining services;
- Hospitality services including housekeeping, laundry and sometimes transportation;
- Activities and recreational opportunities;
- Personal care services, including help with grooming, dressing, bathing and eating;
- Medication assistance and medication supervision; and
- An Individualized Service Plan (ISP), which is developed by the resident, the resident's representative, a home care provider (if involved) the facility and a physician. The ISP identifies the resident's needs and abilities.

ALRs can be certified to provide enhanced or special needs services or simply provide the basic ALR services. Below is a description of the Enhanced ALR and the Special Needs ALR.

Enhanced Assisted Living Residences

The Enhanced Assisted Living Residence (EALR) allows a resident to age in place by providing increased services when his/her needs change. The facility can provide these additional services directly, or arrange for a home care agency or other provider to do so. Additional fees charged for these services must be disclosed to the resident ahead of time. These enhanced services can include things like help walking up and down stairs, extra personal care, incontinence plans and nursing services. Although people who need 24-hour skilled nursing care or medical care cannot be admitted to an EALR, people who already live in these facilities can receive these services if all parties agree that the plan is appropriate, the facility is able to provide or arrange for the services needed and the resident is able to pay for the level of services required. EALRs must meet specific safety requirements in order to become licensed. In addition to those specialized services, EALRs must also provide the basic services outlined above under Services Available in All Assisted Living Residences.

Special Needs Assisted Living Residences

Special Needs Assisted Living Residences (SNALRs) are ALRs with specialized programming, services, staffing and environmental modifications designed for people with special needs. At present, people with Alzheimer's disease or other cognitive impairments are the only special needs group that has been identified, but other categories may be developed in the future. Facilities with the SNALR designation have to meet specific staffing, programming and safety requirements in order to become licensed. In addition to those specialized services, SNALRs must also provide the basic services outlined above under Services Available in All Assisted Living Residences.

Assisted Living Program (ALP)

The Assisted Living Program (ALP) is another model of assisted living in New York that was developed in 1991. The ALP differs from the ALR because it was designed mainly for people who are eligible for Medicaid, whereas ALRs do not accept Medicaid as payment. The ALP combines the services of an adult care facility and a home care agency. It allows a person living in an adult care facility to remain in that setting even if the person becomes frailer and needs extra medical or personal care services. The ALP program has its own regulations separate from the ALR, however the package of services is quite similar to the EALR.

Clearly, **home care** is an important component of either model of assisted living. Home care consists of medical or personal care services provided in an individual's home, which may be an assisted living facility. Home care agencies are certified by the state as Long Term Home Health Care Programs, certified home health agencies or licensed home care services agencies. Services provided may be fairly simple (ranging from monitoring blood pressure to coordinating medications) to the highly complex (such as intravenous infusion therapy or care for AIDS patients).

Adult Care Facilities

Adult care facilities (ACFs) are capable of serving residents who do not require continuing medical care. The regulations allow only medically stable residents to be admitted and retained in an ACF. There are two ACF models that typically serve seniors: adult homes and enriched housing programs.

Adult homes provide personal care, medication supervision, activities, housekeeping and transportation. Adult homes are required to provide 24-hour on-site supervision and three congregate meals per day per resident. Resident rooms cannot have kitchens, and there may be two residents to a room.

Enriched housing has traditionally been considered a more independent setting than an adult home. The housing units are more apartment-like and include a kitchen. While the enriched housing program provides a level of independence and autonomy that makes it a popular alternative to more institutional settings, the minimum requirement of only 12 hours of supervision per day may not be appropriate for everyone.

Payment Medicare, the federal health insurance program for older individuals, does not cover assisted living or adult care facilities. Generally, residents and their families pay these costs.

Many facilities employ a dual-rate system – a basic charge for a uniform package of services and a separate charge for specialized services.

In New York, only the Assisted Living Program (ALP) is covered by Medicaid. Adult care facilities are paid for through private resources. Some accept Supplemental Security Income (SSI), but these facilities are dwindling in number since the SSI payment is well below what it actually costs a facility to care for residents.

Factors to Consider

- ✓ Make an accurate and honest assessment of physical, financial, mental and lifestyle needs when determining if assisted living or an adult care facility is the appropriate level of care. If needed, professional help is available to assist with this process. Ask your health care provider for information.
- ✓ What are the criteria for admission to the facility you are considering? How is the need for services determined? What are the responsibilities of the resident? Family? Facility?
- ✓ Does the administrator seem to know the residents and interact with them?
- ✓ What staff work in the facility and what are their responsibilities? What are the training/certifications of the people who care for residents?
- ✓ Can the facility meet the health needs if the individual requires more care after admission? At what cost?
- ✓ When and how often are meals provided? Does the unit have cooking privileges? Does the facility provide special diets? Is there a separate charge for meals delivered to the room?
- ✓ What religious/spiritual programs are offered?
- ✓ Under what circumstances is it necessary to leave? Does the facility assist in relocation?



ASSISTED LIVING

CHECK LIST

- Who is in charge of the management of the facility after hours and on weekends?
- What services are included in the basic plan and what services are available for an additional fee?
- How are ongoing health needs determined? What is the procedure for monitoring care needs and administering medication?



SENIOR HOUSING

AT A GLANCE

- Ideal for seniors able to live on their own or with minimal support.
- May offer or arrange for supplementary support services such as emergency call systems, meals and transportation.
- Subsidized housing requires applicants to meet a certain income level to be eligible for an apartment. Market-rate housing is open to applicants who can pay the going market price.

Factors to Consider

- ✓ What are the credentials of staff providing the services? Sometimes people hire people informally to help take care of some of their daily needs. Bear in mind that hiring through a licensed or certified agency provides some consumer protections such as training and criminal history record checks.
- ✓ What specific services are provided and at what cost? Are there more appropriate and less costly alternatives available?
- ✓ What circumstances govern the discontinuance of services? Does the provider help the individual in securing other services if warranted? Is the community service provider accredited by a national organization or formally connected to an existing health care provider such as a hospital or retirement community?

Senior Housing

Senior housing facilities contain apartments for independent, congregate living for adults between the minimum ages of 55 and 62. Some senior facilities are required to admit disabled individuals younger than that age group. They provide a secure, residential environment, but do not routinely provide the type of extensive health care associated with nursing homes or assisted living. Those services may be available on a fee-for-service basis.

Senior housing offers privacy and independent living in buildings that are safe and well maintained. Many are architecturally designed to address some of the physical limitations that growing older may bring. For example, bathrooms may be equipped with handrails and grab bars or electrical outlets placed within easier reach. Many are equipped with 24-hour emergency call systems.

Services Available The housing component of long term care includes apartments or homes, either as “stand alone” separate facilities or as part of a retirement community. Many senior housing facilities also offer or can arrange for a variety of supportive services such as meals, transportation, social activities, counseling, recreational programs, daily visits or telephone reassurances.

Payment Monthly rents vary depending on the size of the housing unit, the services offered and the income group the building is designed to serve.

Subsidized housing is a type of senior housing alternative that requires applicants to meet certain income specifications in order to be considered for an apartment. Subsidized senior housing is overseen by the U.S. Department of Housing and Urban Development and the New York state Division of Housing and Community Renewal.

Market-rate housing is not subsidized and is open to individuals whose incomes enable them to pay the monthly rents that are typical for that geographic region.

Factors to Consider

- ✓ Is the facility located close to family, doctors, pharmacy, grocery, shopping, houses of worship and public transportation?
- ✓ Are there entrance fees and/or monthly rent?
- ✓ Are there other charges for services or meals?
- ✓ Does the facility provide or arrange for service coordination in health services?
- ✓ Does the facility offer transportation services or coordinate such services for residents?
- ✓ What type of floor plan does the facility offer? Is it or can it be adapted as residents “age in place”?
- ✓ What is the facility’s policy when a higher level of care is needed?

FACTS ABOUT SENIOR HOUSING

- More than 1.4 million elderly households spent at least half of their income on housing in 1999.
- For each federally-subsidized apartment that existed in 1999, there were nine seniors on waiting lists.



CONTINUING CARE RETIREMENT COMMUNITIES

AT A GLANCE

- A good option for financially secure seniors who want guaranteed stability.
- Allow residents to “age in place” by offering a full spectrum of residential and health services within one community.
- Residents pay an entrance fee and monthly charges using out-of-pocket monies and/or insurance benefits.
- Since the monthly fee does not rise significantly when a resident needs more complex care, residents can budget for the cost over time.

Continuing Care Retirement Communities

Continuing care retirement communities (CCRCs) have provided quality housing and services to New Yorkers since 1989. CCRCs are unique in that they offer a full range of services for their residents – independent living, adult care facilities and nursing home care – within one community.

This allows a person to enter at the independent living level of care and, as their care needs escalate, the services provided by the CCRC increase to match those needs.

This same-site approach allows the client to receive the services they need without having to relocate. It also allows couples to remain in close proximity to one another.

Payment Residents pay an entrance fee and monthly charges using out-of-pocket monies and/or insurance benefits. In exchange, they have guaranteed access to the entire range of services provided in the community.

By guaranteeing access to services for a person’s remaining lifetime in exchange for payment, CCRCs are also providing an insurance product that makes them subject to the laws and regulations of the New York state Department of Insurance and Department of Health.

CCRCs are a particularly attractive financial alternative to care, since the monthly fee does not rise significantly when a resident needs more complex care. This allows a resident to budget for the cost over time.

In 2004, the New York state Legislature approved the development of up to eight fee-for-service CCRCs, and the Department of Health is currently accepting applications for these facilities.

Factors to Consider

- ✓ Freedom to choose and enjoy expanded lifestyle without concerns of home maintenance and housekeeping.
- ✓ What are your current living expenses versus the costs of the retirement community?
- ✓ Is there a policy that allows a refund of the entrance fee in the event that you leave the community?
- ✓ The longevity and history of the retirement community and/or its sponsor.
- ✓ Security in knowing that your future health care and other needs will be met by the same organization for a predetermined monthly payment.
- ✓ What services are included in the monthly fee? What services are offered for an additional charge?
- ✓ What kind of health care is available on-site (physicians, dentists, clinic, etc.)?
- ✓ What activity programs, educational opportunities and transportation services are available?
- ✓ What opportunities are there for involvement through resident councils and grievance procedures in determining management practices?

Residential Programs for Older Men and Women

There are a variety of residential programs in New York designed to care for seniors who, for many different reasons, are no longer able to live safely in private residences in the community. All of these programs offer varying degrees of assistance with activities of daily living, meals and sometimes health-related services. Common to all of these programs are the following basic components:



CONTINUING CARE RETIREMENT COMMUNITIES

CHECK LIST

- How long has the parent organization been in operation?
- Can you meet with current residents?
- Is the CCRC near family and friends?
- Is transportation available to community events?



COMMUNITY SERVICES

AT A GLANCE

- A workable option for people who need some assistance but are able to live independently or with family.
- Programs help older adults remain at home and/or assist family in coping with their relative's chronic illness/disabilities.
- Community services include adult day care, home care, "meals-on-wheels," hospice care, respite care, and senior centers.
- The cost of services varies depending on the type of service and level of care. Some are covered by Medicaid, Medicare, or local social services agencies.

- ✓ Congregate residential facilities housing primarily elderly people.
- ✓ Congregate meals and dining services.
- ✓ Personal care provided, including assistance with grooming, dressing, bathing and eating.
- ✓ Medication assistance and supervision.
- ✓ Hospitality services including housekeeping, laundry and sometimes transportation.
- ✓ Activities and recreational opportunities.

Community Services

A variety of providers offer programs designed to help older adults remain in their own homes and/or assist family members in coping with their relative's chronic illness or disabilities.

While many types of community services exist for older adults, not all are available in every community.

Services Available Community services encompasses adult day care, home care, "meals on wheels," hospice care, respite care, and senior centers.

Home care consists of medical or personal care services provided in an individual's home. Home care agencies are certified by the state as either part of the Long Term Home Health Care Program or as a certified home health agency. The most common services are assistance with daily activities (such as laundry, shopping, housekeeping, personal hygiene and meal preparation), skilled nursing services, and physical, occupational and speech therapy.

Home care is often an integral part of the assisted living programs and senior housing. The service is discussed in detail in those sections of this guide.

Home care is overseen by the New York state Department of Health.

Home-delivered meals, often called "meals-on-wheels," provide nutritionally balanced meals to those who are unable to prepare their own meals.

Hospice care provides medical, spiritual and emotional care to the terminally-ill and their families. Hospice care can be given in the home, a special hospice facility or a nursing facility.

Respite service provides temporary overnight care for ill or disabled older adults for a few days or weeks. It gives caregivers a short break from their duties, whether for personal or medical reasons.

Respite services are generally in short supply and should be reserved as early as possible.

Respite services are overseen by the New York state Department of Health.

Senior centers offer a broad spectrum of services and activities such as social and education services, health, nutrition, and a community resource for information and recreational activities.

Transportation services help older adults keep appointments and enjoy recreational opportunities.

Payment The cost of services varies depending on the type of service and level of care. Medicare and Medicaid are payment sources for some home health and hospice services. Local programs and agencies can help with the cost of other services. For further information, check with your local social services departments.

Factors to Consider

- ✓ What are the credentials of staff providing the services? Are they bonded?
- ✓ What specific services are provided and at what cost? Are there more appropriate and less costly alternatives available?
- ✓ What circumstances govern the discontinuance of services? Does the provider help the individual in securing other services if warranted? Is the community service provider accredited by a national organization or formally connected to an existing health care provider such as a hospital or retirement community?



COMMUNITY SERVICES

CHECK LIST

- Home and community-based services are some of the fastest growing sectors of the long term care continuum in the United States.
- What specific services are provided and at what cost?
- Does the provider help the individual in securing other services if warranted?

FACTS ABOUT AGING IN THE UNITED STATES

- In 2000, 35 million people 65 years of age and older were counted in the United States, a 12 percent increase since 1990.
- Among the older population, those 85 and older showed the highest percentage increase.
- In 2000, there were 50,454 centenarians living in the United States.
- The West experienced the highest increase of the older population (20 percent), followed by the South (16 percent).

Adult Day Services

In New York state, adult day services come in two forms: a medical model called adult day health care (ADHC) and a social model called social adult day care.

Adult day services programs offer a safe, secure, stimulating environment for people whose family circumstances allow them to remain in their homes in the evenings (and possibly on weekends), but who need some sort of supervision during the daytime. Adult day services are particularly appropriate for a person whose needs are ordinarily met by their own family members, especially when those family members may work outside the home during the day but are generally at home in the evenings and on weekends.

Social adult day care is oriented toward the social aspects of life and may include games, memory orientation exercises, music, dancing and reading in a supervised atmosphere. These programs also provide a meal, may provide some assistance with personal care (such as grooming) and engage their clients in supervised field trips and special events.

Adult day health care (ADHC) has a strong medical component. ADHC programs are staffed by a number of professionals including a registered professional nurse able to conduct assessments, administer medicine and perform medical tasks.

Adult day health care programs must be sponsored by a nursing home or a hospital and provide social activities in addition to medical services. They are required to provide physical, occupational, and speech therapy to individuals who require these services. In addition, they provide a full range of personal care services (bathing, grooming, and toileting), social services, case management and at least one meal per visit. ADHC programs must provide or arrange transportation to the program.

Adult day health care programs are overseen by the New York state Department of Health.

Social day care programs are overseen by the New York state Office for the Aging (SOFA).

For a complete listing of members of the Adult Day Health Care Council, see page D1.

How will I know what level of care is appropriate for my needs?

Why do I need a health care proxy?



Frequently Asked Questions

For all levels of care other than independent housing, it's important to follow a number of steps that help determine which level of care is most suitable:

If the person is in a hospital, the social services department or a discharge planner will recommend a level of care at discharge. If it is a nursing home, a patient review instrument (PRI) will be completed. The PRI is discussed in detail in the skilled nursing home section of this guide.

Speak with your medical professional and be honest about how much help is needed with the activities of daily living. Using these activities as a guide, the medical professional will be able to recommend a level of care.

Few New Yorkers realize that if they become unable to make their own health care decisions, family members or loved ones have no authority to step in and speak on their behalf unless they have filed a health care proxy.

When a person enters a hospital, generally they are asked to complete a health care proxy. However, if there is no hospital stay involved, an attorney should have the necessary forms.

Make sure the person you appoint understands your wishes regarding extended health care measures that should be used on your behalf. Those measures include the use of ventilators, artificial nutrition, hydration or cardiopulmonary resuscitation.

Also connected with a health care proxy is a “do not resuscitate” order. This means you do not want any medical personnel to attempt to use medical technology or techniques to revive you in the event that a medical emergency occurs.

New York's not-for-profit long term care providers have one objective: To provide the highest quality and most compassionate care to the people they serve.

At a time when long term care is under intense scrutiny, not-for-profit facilities are consistently providing more hands-on care and developing new, more creative ways to meet the needs of their residents.

The New York Times has praised members of NYAHS A's national association, the American Association of Homes and Services for the Aging, in an editorial that stated not-for-profit providers are shaping daily life "around the needs and preferences of the residents, rather than the institutions." It's not surprising, *The New York Times* continued, that in a profession "increasingly dominated by corporate chain ownership, these changes are occurring in non-profit... homes."

NYAHS A members emphasize that nothing substitutes for a personal visit. During such visits, you can observe factors that may influence your choice. For example, you will be able to view on a first-hand basis the interaction between staff and residents as well as familiarize yourself with the amenities and routines of that particular place.

We encourage you to take notes during or immediately following your visit and review them prior to narrowing down your choices. Ask to meet the administrator, director of nursing, director of social work, director of physical therapy, director of dietary, and anyone else you think might make a difference in your life.

Under each section of care defined earlier in this guide, we have provided a helpful checklist of factors to consider when making your choice.

Keep it Personal Personal preferences are critical when selecting a long term care organization. Make sure the kinds of services, activities and environment are suitable to your needs. Discuss your hobbies and interests, and ask if there will be activities or events available that tie in well with what you like to do.

Look Around Look at the people living in the facility. Are they well-groomed and occupied with different activities? Observe a mealtime to see how the food is presented. Unless you are on a restricted diet, ask to taste some of the food. Look at the living space. Are the common areas clean, comfortable and attractively decorated? Does the staff seem friendly and interested in the services being provided?

Ask Questions Don't think that your concern is "silly" or "minor." It's better to clarify any questions you have before making a major life decision such as this. Now is not the time to be timid about asking questions!

What is the difference between for-profit and not-for-profit facilities?

What should I look for when I look at homes or programs?

If you are looking at a nursing home, adult home, enriched housing program or assisted living, ask to see the most recent inspection report or survey. These should be readily available. Ask questions about any “deficiencies” that may have been cited by the inspecting team. You have a right to know the results of those inspections.

Some specific questions for nursing homes:

- How many physicians are on staff? May you continue with your personal physician or must you choose from their staff physicians?
- Should hospitalization become necessary, which hospital does the facility use?
- Does the nursing staff group residents based on their individual nursing needs? How many residents are under the care of one nurse aide on the day shift? What staff coverage is available on evenings, nights and weekends?
- Who coordinates admissions? How are the rooms assigned? Is there an orientation for new residents?
- Is there a family council to provide input into the kinds of programs and problems the facility may have?
- Does the facility have staff that provide occupational, physical, and speech therapy?
- How often does the residents’ council meet? Is it possible to speak with someone who is in a leadership position on the council?
- What may residents bring with them? Is there room for a favorite chair, photographs, and wall hangings?

The New York Association of Homes & Services for the Aging wishes you success in finding the perfect provider to meet your needs. For updates and further information, visit www.nyahsa.org.



Medicare Part D – Prescription Drug Coverage

In January 2006, the federal Medicare program began offering prescription drug coverage. Generally referred to as Medicare Part D (“Part D”), the program is an optional benefit. Anyone eligible for Medicare coverage, regardless of income or health status, may enroll. Medicare eligible individuals must make a choice to enroll in Part D by selecting a Part D-approved prescription drug plan (PDP) offered in New York.

Some special circumstances to consider include:

- Enrollment in the Part D program is automatic and mandatory for Medicaid recipients who are also Medicare eligible;
- Medicare eligible individuals enrolled in the New York state pharmacy assistance program, EPIC, are encouraged to enroll in Part D as a supplement to their EPIC coverage;
- Individuals enrolled in Medicare managed care or HMO plans are likely required to participate in the PDP offered by their HMO; and
- Individuals who already have prescription drug coverage as part of an employer/union sponsored retirement benefit should confer with their benefit plan manager regarding enrollment in Part D and its potential impact on their private insurance coverage.

Individuals deciding to enroll in Part D will need to carefully weigh options among a wide variety of PDPs, offering varying levels of benefits, cost-sharing (premiums, deductibles and co-payments) and formularies. The formulary consideration is especially critical, as the individual wants to make certain they are selecting a PDP that covers their medical needs. There are also additional benefits available through the Low Income Subsidy (LIS), which provides low-income seniors with assistance in meeting cost-sharing requirements.

Individuals are generally eligible to enroll in Part D when they first become Medicare eligible or during the annual open enrollment period of November 15 through December 31. Individuals may incur a premium penalty if they fail to enroll when they first become Medicare eligible. Other special enrollment periods may also apply.

For more details on enrolling in Medicare Part D individuals should refer to the Centers for Medicare and Medicaid Services at: www.medicare.gov.

More details on the Low Income Subsidy are available from the Social Security Administration at www.socialsecurity.gov.

Details on EPIC and Part D are available on the NYS Department of Health Web site at www.health.state.ny.us/health_care/epic/.

The Part D enrollment process can prove complicated. Seniors and those assisting them in the process should carefully research all the options. Two additional resources that can provide free counseling and assistance to seniors regarding Part D are:

- The Medicare Rights Center at www.medicarights.org/; and
- The New York State Office for the Aging's Health Insurance Information, Counseling and Assistance program at <http://hiicap.state.ny.us/>.

Quality First is for Consumers



The members of NYAHSA take great pride in the care and services they provide to the people of New York. They are always looking for new ways to improve the quality of care and earn the trust of consumers.

For that reason, many of NYAHSA's members are adopting a new philosophy called Quality First. Launched in 2002 by the American Association of Homes and Services for the Aging, Quality First is a philosophy of quality and a framework for earning the public trust by all aging services providers: nursing homes, continuing care retirement communities, assisted living and senior housing facilities and community services organizations.

Quality First consists of seven principles intended to cultivate and nourish an environment of continuous quality improvement, openness and leadership among aging service providers. By signing the AAHSA Quality First Covenant, our members demonstrate their special stewardship responsibility to maintain those principles of:

- continuous quality assurance and quality improvement;
- public disclosure and accountability;
- patient/resident and family rights;
- workforce excellence;
- public input and community involvement;
- ethical practices; and
- financial stewardship.

Through Quality First, aging services providers join in partnership with all stakeholders including government, the people we serve and their families to create a quality of care and a quality of life in aging services. Consumers can feel confident that they are receiving the high quality care and services they deserve.

Look for the Quality First logo in the pages of this Consumer Guide or ask the facility you are considering if they are participants in Quality First. It's the difference that distinguishes them.