



Alternatives to Nursing Home Care

Devise creative solutions to care puzzles



Alternatives to Nursing Home Care

Devise creative solutions to care puzzles

Copyright 2018 ElderLaw Answers

The information in this guide should not be considered legal advice. While we strive to provide as detailed, reliable and understandable legal information as possible in our Elder Law Guides, they cannot substitute for an attorney applying the law and years of experience to a particular client situation. We urge readers to use the Guides as background material and to consult with one of our members before taking action.

Staying home

One of the greatest fears of older Americans is that they may end up in a nursing home. This not only means a significant loss of personal autonomy, but also a tremendous financial price. Depending on location and level of care, nursing homes cost between \$60,000 and \$300,000 a year. In 2017, the median cost of a private room in a nursing home was \$97,455 a year, according to Genworth's annual Cost of Care survey.

Studies show that older Americans prefer to stay in their own homes if they possibly can – not a surprise. As a result, most care is provided at home, whether by family or by hired help. This has many consequences, some of which may be quite unexpected.

An important consideration when one family member has the sole responsibility of caring for a parent is the question of equity.

To begin with, family members shoulder most of the burden of caring for the elderly at home. Being the primary caretaker for someone who requires assistance with activities of daily living, such as walking, eating and toileting, can be

a consuming and exhausting task. One important consideration when one family member has the sole responsibility of caring for a parent or other older relative is the question of equity with other family members. For example, is the child being fairly compensated for her work? If the older person is living with a child, does the elder help pay for the house? If the care is taking place in the elder's home, should the child have an ownership interest in the house?

For parents with only one child, such arrangements may not be so complicated, but if the parent has more than one child, it can be difficult to know what's fair. An arrangement that seems equitable today may not seem that way after a child has devoted, say, five years to the care of the parent. And if a plan is set up that is fair for five years of care, what happens if the parent suddenly moves into a nursing home during the first year? With no planning for such eventualities, the care of an older person can foster resentment and guilt among family members.

Fortunately, most elder law attorneys are skilled in helping families devise creative solutions to such problems.

To find a qualified elder law attorney, go to elderlawanswers.com.

Getting outside help

State and federal government officials are slowly recognizing that home care is more cost-effective than institutional care. This means that, depending on the state, financial or other assistance may be available for those who choose to remain in their homes despite declining capabilities.

Public and private agencies offer a variety of home care services that may be available:

- Home health care, either part-time or 24-hour care
- Personal care and homemaking services, such as shopping, cooking and cleaning
- Services delivered to the home, such as meals programs, transportation and home repair
- Adult day care centers that offer more intensive services than senior centers. There are more than 5,600 such centers around the nation, according to the National Adult Day Services Association (nadsa.org), and they are often affiliated with churches or non-profit community agencies
- Money management
- Respite services. These programs provide caretakers a periodic break. A home care professional or aide substitutes for the caretaker for a specified period of time

Medicare and Medicaid provide some coverage of the medical portion of home health care. Although the coverage is often inadequate, when combined with other resources available to the client and his family, it

may be enough to keep a fragile older person at home for a longer period of time.

Medicare-covered home health benefits

If the beneficiary qualifies, Medicare will cover home health benefits entirely and with no limit on the duration of coverage. Beneficiaries are entitled to Medicare coverage of their home health care if they meet the following requirements:

- They are confined to their home (meaning that leaving it to receive services would be a “considerable and taxing effort”).
- Their doctor has ordered home health services for them.
- At least some element of the services they receive is “skilled” (intermittent skilled nursing care, physical therapy or speech therapy).

Congress severely cut back these benefits as part of the Balanced Budget Act of 1997. Some of what was available before then has been restored, but Visiting Nurse Associations are still playing a zero sum game. The more they provide one beneficiary, the less they can provide others. That said, for an individual beneficiary, zealous advocacy can often mean more benefits.

Medicaid-covered home health benefits

Medicaid offers very little in the way of home care except in New York State, which provides home care to all Medicaid recipients who need it. Recognizing that home care costs far less than nursing home care, a growing number of states are providing services to those who remain in their homes.

Home health care providers

There are thousands of private home care agencies around the nation. About half of these are Medicare or Medicaid Certified Home Care Agencies, meaning that these two federal programs will reimburse for services provided by the agency if the services are covered. Such certification also means that the agency has met certain minimum federal standards regarding patient care and finances. Home care agencies can also gain accreditation from private accrediting organizations.

The three major accrediting groups for home care agencies are the Community Health Accreditation Program (chapinc.org); the Joint Commission on Accreditation of Healthcare Organizations (jcaho.org); and the National Association for Home Care & Hospice (nahc.org).

Other services

Non-medical services are also available to help older persons remain independent. The Older Americans Act funds more than 10,000 senior centers and makes grants to State and Area Agencies on Aging to provide services to seniors that include Meals-on-Wheels, transportation, respite care, housekeeping and personal care, money management, and shopping. Services are usually free but staffing may be limited.

To find Area Agencies on Aging programs across the country, visit the Eldercare Locator Web site at (www.eldercare.gov) or call the nationwide, toll-free Eldercare Locator at 1-800-677-1116. In many cases, these agencies offer case management and coordination services.

Private geriatric care managers

The profession of “private geriatric care manager” has evolved to help coordinate services for seniors. Private geriatric care managers usually have a background in either social work, nursing, or psychology and they are experts in helping older persons and their families assess what the best care and living arrangement is for a senior needing assistance and in carrying out that plan. These care managers evaluate an older person’s needs, review the options available, and monitor care once it is being delivered. Their services can be invaluable.

Finding the right care for an aging parent may be a once-in-a-lifetime burden for the children, but it’s what geriatric care managers do every day. They have the experience and knowledge of local resources that cannot be duplicated.

Geriatric care managers can be especially important when children live far from their parents. The geriatric care manager can act as a surrogate parent, making visits to home or to a nursing facility, and reporting back to family members.

To find a qualified geriatric care manager in your area, visit the Web site of the Aging Lifecare Association at aginglifecare.org.

Alternative living arrangements

The reality is that it’s sometimes impossible or too expensive for an elderly person in poor health to remain at home. Other seniors may simply wish to live with others rather than be isolated. Fortunately, over the last two decades there has been an explosion of supportive housing alternatives for seniors, and the options are no longer limited to an agonizing choice between staying at home or moving to a nursing home. If a loved one does not require round-the-clock skilled nursing care, one of these supportive housing alternatives may be just right.

Board and care facilities

These are group residences that can range in size from as few as two residents to more than 200. They may also be referred to as residential care facilities, homes for the aged, or community-based residential facilities. Such facilities provide room, board, and 24-hour supervision, as well as help with some of the six activities of daily living, often referred to as ADLs (eating, dressing, bathing, using a toilet, transferring from one position to another, continence), and the instrumental activities of daily living or IADLs (preparing meals, walking outdoors, taking medications, shopping, housekeeping, using the telephone, handling money).

Such facilities generally do not provide any medical services. These homes may be unlicensed, and even licensed homes may rarely be monitored by the state. Costs can range from \$350 to \$3,500 a month. For those with very limited incomes, Supplemental Security Income (SSI) may help pay the cost of these homes. Medicaid may also reimburse the monthly fee, depending on the state and the resident's Medicaid eligibility.



Assisted living facilities

The assisted living industry has experienced tremendous growth in recent years. There are now as many as 38,000 assisted living residences in the United States (the precise number depends on the definition).

These facilities offer basically the same services as board and care homes, but in a more “upscale” and private environment.

Housing is often in small apartments and there is generally more space, more privacy and more recreational options. A premium is placed on

retaining as much independence in living as possible, and care is more individualized. Despite the emphasis on independence, twenty-four hours a day supportive services are available to meet residents' needs. There also may be more medical supervision than in a board and care home, depending on the facility.

While costlier than board and care homes, assisted living facilities nevertheless are usually less expensive than a nursing home. Assisted living facility residents agree to pay a monthly rent, which averaged \$3,750 a month in 2017, according to Genworth's annual Cost of Care survey. This rent may cover all services or there may be charges for services above the monthly fee on a per-use basis. Residents generally pay the cost of medical care from their own financial resources, although some costs may be reimbursed by an individual's health insurance program or long-term care insurance policy. Many state Medicaid programs now provide some type of funding for elderly residents who qualify for the Medicaid program.

However, assisted living facilities are an emerging industry and not all states regulate such centers to protect residents from substandard care or questionable business practices. Even when these facilities are regulated, there are no common standards for assisted living across the United States. "Assisted living" can mean different things in different states. In addition, most states authorize facilities to evict residents when the facility's services do not meet a resident's needs. Asking specific questions can help you gauge the quality of a facility, what sort of medical care is provided (if any), and under what circumstances a resident may be discharged. A national non-profit organization, the Assisted Living Consumer Alliance (ALCA), has been formed to advocate for stronger consumer protections for assisted living residents. Visit assistedlivingconsumers.org.

A number of Web sites list assisted living facilities; here are four:

Seniorly: seniorly.com

Senior Housing Net: seniorhousingnet.com

AssistedLivingINFO: assistedlivinginfo.com

Assisted Senior Living: assistedseniorliving.net

The National Center for Assisted Living periodically reviews state regulations. To find the assisted living regulations and regulators in your state, visit ahcancal.org.

Continuing Care Retirement Communities (CCRCs): “Aging in Place”

Continuing Care Retirement Communities, “CCRCs,” guarantee a life-long place to live. Assisted living and even skilled nursing facilities make no such guarantees, and in fact they may ask a resident to leave if they believe they cannot provide the care the person requires.

CCRCs offer the entire residential continuum – from independent housing to assisted living to round-the-clock nursing services – under one “roof.” Such settings allow seniors to “age in place.” Residents pay an entry fee and an adjustable monthly rent in return for the guarantee of care for the rest of their life.

Because CCRCs maintain an assortment of on-site medical and social services and facilities, residents can enter the community while still relatively healthy and then move to more intensive care as it becomes necessary. Nursing care is often located within the CCRC or at a related facility nearby. In addition to health care services, CCRCs also typically provide meals, housekeeping, maintenance, transportation, social activities, and security. Communities range in size from about 100 to 500 living units. CCRCs are so diverse in their offerings and personality that the saying in the industry is that “if you’ve seen one CCRC, you’ve seen one CCRC.” The physical plants of CCRCs run the gamut from urban high-rises to garden apartments, cottages cluster homes, or single-family homes. Some CCRCs offer units that are designed for people with special medical needs, such as Alzheimer’s disease.

The downside of CCRCs is the cost, which can be more than those with low or moderate income and assets can afford. Prices depend on the amount of care provided, the type of contract, and the unit's size and geographic location. Entry fees run from \$40,000 to more than \$750,000, with monthly charges ranging from \$500 to more than \$4,000. (A number of different fee arrangements are available, depending on the facility.) Often seniors use the proceeds from the sale of their home to make the initial investment in the retirement community.

As with assisted living facilities, the regulation of CCRCs is spotty. These institutions are strictly regulated in some states, while not at all in others, and there is no overarching federal agency that watchdogs retirement communities. A private non-profit organization, the Continuing Care Accreditation Commission (CCAC), accredits CCRCs. The CCAC accreditation process is voluntary, and its high cost and the length of time it takes to complete means that accreditation is a good indicator of a facility's quality.

The [CCAC's website](#) lists all CCRCs that have been accredited.

Nevertheless, a CCRC's lack of accreditation should not necessarily be taken as a bad sign. One of the most important considerations is the financial strength of the facility, particularly in a weak economy. In selecting a community, experts recommend choosing a "mature" facility, one that has been in business a number of years. Also, know who the CCRC's sponsor is. Most CCRCs are operated by non-profit groups. The Religious Society of Friends (Quakers), for example, has been in the CCRC business for quite a while and its facilities are reputed to be excellent.

CCRC entry requirements

Most CCRCs require that a resident be in good health, be able to live independently when entering the facility, and be within a certain age

range. As a prerequisite to admission, facilities may also require both Medicare Part A and Part B, and perhaps Medigap coverage as well. A few are now even making long-term care coverage a prerequisite. Of course, applicants will have to demonstrate that they have the means to meet the required fees.

CCRC residents usually fund their care out of their own pockets. However, Medicare, and at times Medicaid, can be used to pay for certain services, and most CCRCs accept either Medicare or Medicaid. Although Medicare does not generally cover long-term nursing care, it often covers specific services that a CCRC resident might receive, such as physician services and hospitalization. Very few CCRC residents are eligible for Medicaid.

For a checklist of questions to ask assisted living facilities and CCRCs, see [Choosing an Assisted Living or Continuing Care Facility](#) on ElderLawAnswers.com

How to evaluate a facility and contract

Deciding on a CCRC is a once-in-a-lifetime choice, and it is a decision that should be made carefully. Many communities allow prospective residents to spend some time in residence on a temporary basis to experience life at the facility. Each community has an agreement or contract that lays out the services provided. Potential residents should make sure they understand the contract before signing, and they are well advised to seek legal or financial counsel before entering into any agreement.

LeadingAge is the national association for the non-profit CCRCs. Go to leadingage.org.

To find a qualified elder law attorney, go to elderlawanswers.com.