

# Step by Step


*A guide to receiving long-term care*



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“Home is where you feel at  
home and are treated well.”

— Dalai Lama

One of the wisest things anyone can do to prepare for their financial future is learn about long-term care services long before they're needed. Knowing and understanding the choices puts you in a better position to make wise decisions and avoid stress if care is needed.

This guide to receiving care provides insights to help navigate long-term care before, during and after it is needed. We created this resource to help answer questions and ease concerns.

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# Your future and your care

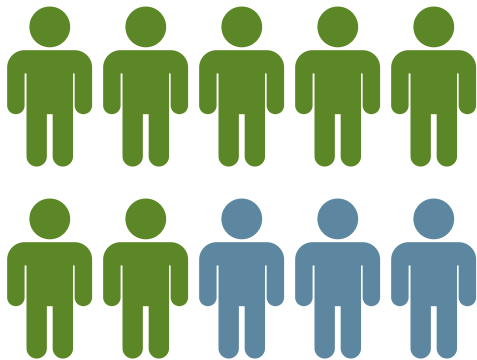
## Planning ahead

No one wants to think about the possibility of needing care. The topic can be awkward and uncomfortable to discuss. When people hear the words “long-term care,” they tend to think of only nursing homes. Yet Americans are living longer than ever today, and the likelihood of needing some type of care continues to rise.

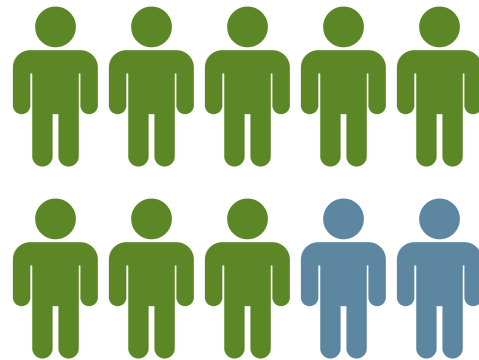
By looking to the future and preparing for what’s possible, more people can help ensure they’ll have options to get the kind of care they desire, whether at home, in an assisted living facility or in a nursing home. Preparing now can help provide protection from the financial and emotional stress when a loved one needs long-term care services.

Long-term care has evolved over the years to encompass a broad range of care situations. No longer are nursing homes the only option for aging adults.

### Did you know?



70 percent of adults age 65 will need long-term care (LTC) in their lifetime. 20 percent will require LTC for more than 5 years.<sup>1</sup>



About 80 percent of individuals who need LTC receive assistance at home from unpaid caregivers.<sup>2</sup>

1. *How Much Care Will You Need?* Longtermcare.gov. <http://longtermcare.gov/the-basics/how-much-care-will-you-need>. Web. Retrieved 25 November 2016.

2. *Who Will Provide Your Care?* Longtermcare.gov. <http://longtermcare.gov/the-basics/who-will-provide-your-care>. Web. Retrieved 25 November 2016.

## What is long-term care?

As we age, we naturally become unable to do some of the activities we're used to. Many older individuals may experience health concerns and require more frequent assistance from others. Common chronic conditions like arthritis, heart disease and diabetes can make it harder to accomplish once-simple tasks. To continue making the most of everyday life, long-term care services can help.

Also known as extended care, long-term care includes a range of services and support that help meet personal and medical needs. These services are intended to support common everyday tasks, called “activities of daily living.”

### Activities of daily living

Bathing

Continence

Dressing

Eating

Toileting

Transferring  
(to or from a bed, chair, etc.)



“Where thou art,  
that is home.”

— Emily Dickinson



# Preparing ahead of time

Often, those who need long-term care will struggle at first with feelings of loss. They may feel frustrated by losing their independence, or discouraged at not being able to do things on their own. A good plan is to take time before care is needed to understand the choices and take steps to maintain a high quality of life as long as possible.

Older adults can take steps now to prepare for the future, which can help their families and ensure they get the quality care they desire. Preparations should include completing or updating certain documents before care begins. These documents help guarantee that wishes are met and loved ones are protected from future difficulties.

## Advanced directives

The advanced healthcare directive, one of the most important planning documents, gives loved ones clear instructions about the individual's end-of-life preferences. Every adult should have a healthcare directive to spare others the distress of making difficult decisions. This form can stipulate the individual's medical preferences in the event of a serious illness.

An extra measure is to choose someone trustworthy to carry out these wishes. Though a spouse may promise to follow the stated requests, he or she may resist out of fear and grief when the time comes.

## Power of attorney

A power of attorney is another crucial document that should be completed ahead of time. It can help eliminate confusion and tension when difficult decisions must be made. This form appoints a designated person to act on an individual's behalf in private affairs, such as signing checks or making financial decisions.

Appointing a power of attorney eliminates the need for a court to name a guardian to oversee a person's care and finances when he or she is not able to do so.

As with the healthcare directive, the power of attorney should be handled carefully. Some people choose their spouse or eldest child, depending on their wishes and preferences. Another option is to appoint a trusted business partner.

## POST form

When applicable, a Physician's Orders for Scope of Treatment (POST) also should be completed. The POST, a new advance care planning tool, helps ensure treatment preferences are honored in end-of-life situations. This document informs medical providers whether to perform lifesaving procedures during serious illnesses. Preferences for lifesaving treatments — such as CPR, artificial nutrition and intubation — are some decisions that can be made in a POST document.

## Items to prepare and gather

- Birth certificate
- Living will/last will and testament
- Power of attorney
- Physician's Orders for Scope of Treatment (POST)
- Trust agreements
- Bank statements, passwords and passbooks
- Deeds and titles
- Marriage certificate/domestic partner or civil union certificate
- Names and contact information of financial professionals
- Insurance policies
  - Employee benefits statement
  - Health insurance
  - Life insurance
  - Long-term care insurance
  - Medicare information
- Medical and disability insurance
- Investment accounts
  - 401(k)
  - IRA (Traditional/Roth)
  - 529 Plan
- Online account IDs and passwords

### **What's the difference between a living will and a POST directive?**

The POST form may seem redundant if you have a living will and/or a healthcare power of attorney. While both outline wishes in end-of-life care, they are created at different life stages.

#### *A living will*

A living will is a legal document that expresses the individual's wishes for life-sustaining medical treatment. This document is completed by the individual before any illnesses occur, yet after consulting a primary care doctor. The living will is accepted in every state; this "portability" feature is helpful for people who have homes in more than one state or travel frequently.

#### *A POST directive*

The POST form is designed for individuals who already have advanced chronic illnesses or other serious medical issues. The form should be completed by the physician, who will specify whether the individual wishes to proceed with treatment in the event of rapid deterioration. The POST form should transfer with the individual through the healthcare system (e.g., from doctor to hospital to rehabilitation), but it may not transfer between states. While it transfers between institutions within a state, it is not valid if the individual transfers to a facility out of state. A snowbird or frequent traveler should talk to his or her doctor to determine the best way to ensure that wishes are met elsewhere.

### **Helpful tip**

A sturdy fireproof file box or accordion file is an excellent way to store these items. Label each folder or section with this information: **Medical Information, Legal Papers, Financial Documents, etc.** Simple organization makes it easier and more efficient to find important information in a hurry.

## Funding your care

Today, 70 percent of all adults age 65 and older will require extended care at some point.<sup>3</sup> With these odds, the solution is to have a plan to pay for care.

Long-term care services are both expensive and misunderstood. Paying for care yourself — or “self-funding” — can be extremely costly, even with private health insurance. Health insurance plans and Medicare may pay for some expenses, but not on a long-term basis. Most programs cover certain types of skilled care (i.e., services performed by medical professionals), such as hospital stays, prescription drugs and doctor visits. But they may not pay for “custodial care,” which is assistance with activities of daily living.

Traditional long-term care insurance (LTCi) can help offset the cost of care, but these policies fall into the “use it or lose it” category. Someone who doesn’t end up needing long-term care services won’t fully benefit from LTCi. Plus, qualification for the insurance policies can be difficult.

However, combination or “hybrid” long-term care insurance policies are gaining attention and for good reason. The most popular hybrid policy combines a life insurance policy and long-term care insurance.

This type of insurance is called asset-based long-term care insurance (ABLTCi). By paying a premium, an individual purchases a life insurance policy that can be used for qualifying long-term care expenses.

This type of policy guarantees a benefit one way or another. If the individual needs care, the life insurance death benefit can be used to pay for qualifying care expenses. If care is never needed, then the benefit is passed to their beneficiary.

Everyone’s path to long-term care is different, and the right insurance company will recognize that.

Care should be taken to find a reputable insurance company that delivers on its promises. Researching the options thoroughly and carefully is the key to finding a specific plan. The company should offer a variety of benefits, coverage lengths and funding options. A trusted financial professional can offer guidance in selecting long-term care protection.

**3.** *Who Needs Care?* Longtermcare.gov. <http://longtermcare.gov/the-basics/who-needs-care>. Web. Retrieved 25 November 2016.

### Cost of care

In planning for future expenses, it’s helpful to know the national average costs<sup>4</sup> for extended care, which vary by state and are increasing steadily. Inflation also factors into the decision-making process.

Type of care	Average annual cost
Adult daycare	\$17,680
Assisted living facility	\$43,539
Homemaker services	\$45,760
Home health aide	\$46,332
Semiprivate room in a nursing home	\$82,125
Private room in a nursing home	\$92,378

**4.** *The information in this example comes from a leading long-term care insurance company, and is current as of January 2017.*



# Managing your choices

Each person’s long-term care experience is different. While 77 percent of Americans prefer to receive care in their own home, others would rather live with a family member or in some type of supportive housing.<sup>5</sup> Many options are available other than nursing homes.

## Choosing your care

A variety of long-term support services are available to meet each individual’s needs. When services are required, the first step is to consult with a primary physician to determine a plan of care. This plan will recommend care solutions based on specific health assessments and diagnoses. Before making any decisions, individuals should research and understand the options. The network of long-term care services can be complex and overwhelming, but quality services add up to a greater quality of life.

When researching options, keep in mind that choices may vary by state. Each state has its own terminology, licensing requirements and regulations. Some cities and states offer a wider variety of support than others.

5. *Long-Term Care in America: Expectations and Preferences for Care and Caregiving.* NORC at the University of Chicago. <http://www.longtermcarepoll.org/pages/polls/long-term-care-in-america-expectations-and-preferences-for-care-and-caregiving.aspx>. Web. Retrieved 25 November 2016.

## Care settings: pros and cons

Type of care	Pros	Cons
<b>At-home care</b>	The care recipient can remain in a comfortable, familiar environment and maintain some independence. Various services can help provide the needed care.	Depending on the level of care needed, support services can be costly, especially during nights and weekends. At-home care personnel typically are paid by the hour.
<b>Living with a family member</b>	Moving in with a loved one to receive care can be a comfortable, familiar option. Freed up from responsibilities, the individual can enjoy time with family and feel happier and more satisfied.	Family members who provide care may become emotionally and financially burned out, especially if they also work full time.
<b>Adult daycare</b>	This type of care allows the older adult to live at home or with a family member, but also remain engaged, active and safe 8 hours a day while the primary caregiver works.	The individual will need transportation to and from the adult daycare center. A full day of activities may prove exhausting.
<b>Assisted living facility</b>	In this type of facility, the older adult can receive tailored care, with services ranging from assistance with chores to hands-on care. Living near and socializing with others is known to improve well-being and happiness.	Individuals may feel sadness or depression at being separated from their home and loved ones, along with the loss of independence.
<b>Nursing home</b>	Living in a full-time facility ensures immediate access to medical-grade nursing care.	Moving into a nursing home can be a difficult transition. The transition can lead to loneliness, frustration and even depression.
<b>Hospice care</b>	Full-time, supervised care provides much-needed comfort in the final stages of life.	Hospice settings are for individuals who are terminally ill. Some may prefer to spend their final days at home surrounded by loved ones.





# When care is needed

If the time comes when long-term care is needed, selecting a provider can be overwhelming and challenging. But with proper research and diligence, it can be rewarding and worthwhile when you find the right provider.

## Initiating benefits

Many options are available in quality at-home care and residential facilities. Individuals with long-term care insurance protection should contact their provider immediately to begin a claim and understand what is covered.

The insurance provider can:

1. Initiate and process the claim for long-term care benefits.
2. Make sure the available monthly benefits are sufficient.
3. Determine what services are covered, how much is covered and for how long.

## Choosing a care setting

After a claim is initiated, the next step is to choose where care will be received. Based on the level of care required, the individual will need to determine if he or she will remain at home or move to a new place.

Regardless of the care setting, the provider must be compatible with the long-term care insurance policy. If a care provider is not approved by the insurance carrier, it can be difficult to be reimbursed for expenses paid.

As the population ages, the demand for long-term care will continue to increase. This demand may result in many care facilities placing prospective residents on a waiting list. If extended care is anticipated within six to twelve months, adding your name to multiple waiting lists can increase the placement opportunities when care is needed the most.

### At-home care

#### Area Agencies on Aging (AAA)

**1-800-401-4634**

[www.n4a.gov](http://www.n4a.gov)

AAA, a nonprofit organization, coordinates a range of community services to assist older adults. AAA is designed to help people live as independently as possible by connecting them with information and services tailored to their needs.

#### Aging Life Care (ALC)

**1-502-881-8008**

[www.aginglifecare.org](http://www.aginglifecare.org)

ALC is a client-focused approach to geriatric care management. The organization helps older persons and their loved ones navigate extended care. ALC can help clients evaluate care providers and facilities, resolve financial and legal issues, and provide crisis management services.

#### Long-term care ombudsman

**1-202-332-2275**

[lcombudsman.org/home](http://lcombudsman.org/home)

Each state appoints an official to help protect the public's interest by resolving complaints and investigating substandard care services. The state ombudsman advocates for quality care and can help individuals and families locate services.

#### Eldercare Locator

**1-800-677-1116**

[www.eldercare.gov](http://www.eldercare.gov)

Eldercare Locator, an arm of the U.S. Administration on Aging, helps older adults connect with services in their community. For support with light housekeeping all the way up to significant ongoing medical care, Eldercare Locator can point to qualified providers.

## Selecting a care provider

After the type of care is selected, the next step is to look for a good, reputable provider that offers the appropriate support and services.

A number of resources can be helpful in this search, including friends and family. People tend to remember experiences they had with a loved one's care and are willing to make recommendations. If they liked a particular provider, their advice is particularly valuable. If they were dissatisfied with a parent's nursing home, find out why and use this information in your research. People have different preferences and tastes in services and facilities, and what doesn't work for one person may in fact work well for another.

The internet is always a good source of information, including key contacts, available services, provider locations, events and reviews. The valuable resources listed on these pages are good starting points for finding care.

Another valuable resource is the questionnaire included in the back of this guide. This checklist can be used to compare facilities and help make decisions on long-term care facilities.

It is important to remember that the care provider must be approved by the insurance carrier. Confirm with the insurance company if the policy covers the ideal care provider.

**Waiting lists do not require acceptance if a space is offered, but it does provide a peace of mind.**

### Researching facility care

#### Better Business Bureau (BBB)

**1-703-276-0100**

[www.bbb.org](http://www.bbb.org)

The BBB can provide information about complaints against service providers and details about any resolution. BBB ratings are provided for facilities that have been evaluated.

#### Long-term care ombudsman

**1-202-332-2275**

[lombudsman.org/home](http://lombudsman.org/home)

Each state appoints an official to help protect the public's interest by resolving complaints and investigating substandard care services. The state ombudsman advocates for quality care and can help individuals and families locate services.

#### Nursing Home Compare

[www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare)

Nursing Home Compare is a reputable rating system based on three areas: health inspections, staffing and quality measures. The website lets users compare the ratings of different facilities located within the same ZIP code.

#### Senior Homes

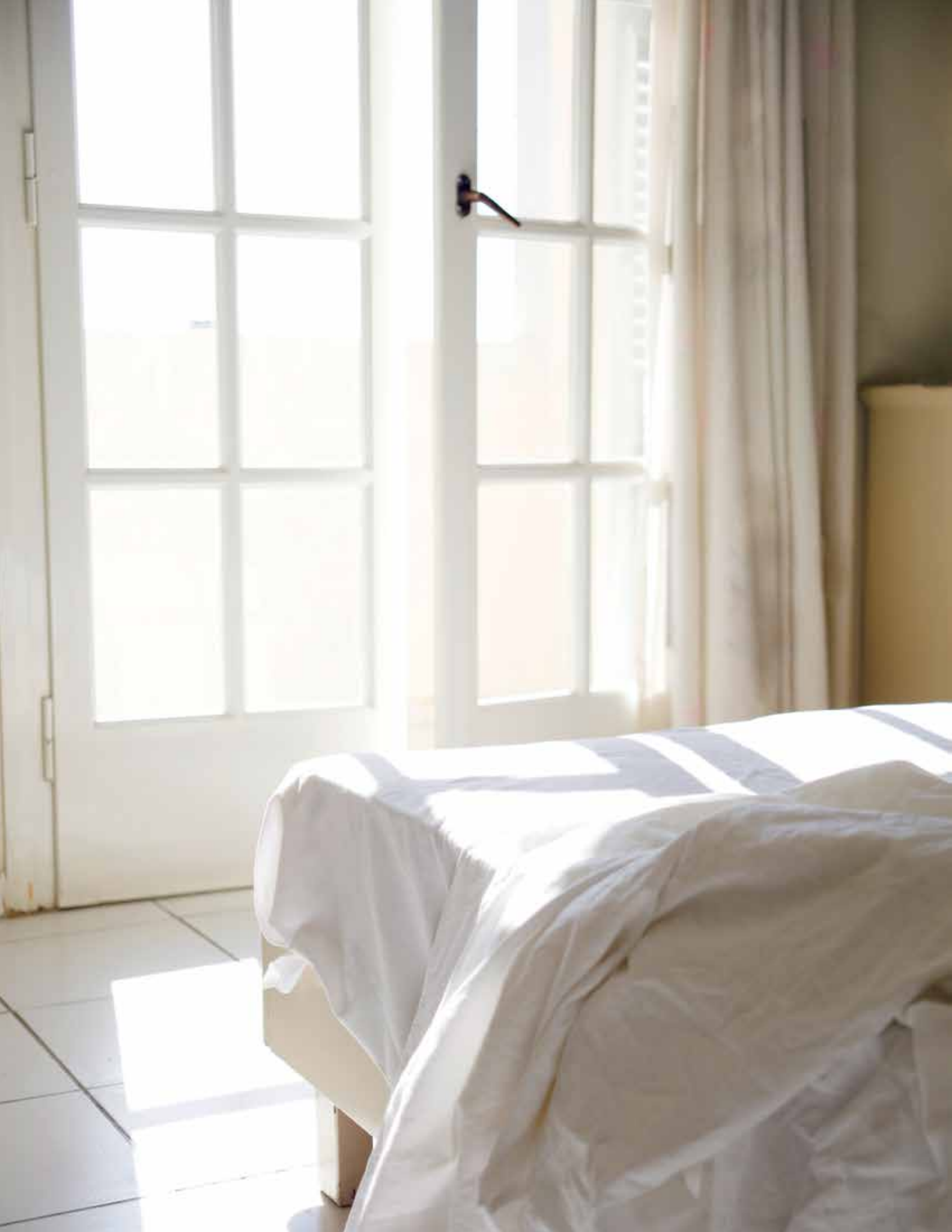
**1-800-696-0216**

[www.seniorhomes.com](http://www.seniorhomes.com)

Senior Homes offers advice and resources to help older adults find the right long-term care facility. Professionals are available to help navigate the search. The site provides information on different care settings, from assisted living to specialized nursing homes.

“Caring — about people,  
about things, about life  
— is an act of maturity.”

— Tracy McMillan



# What to expect

Transitioning to extended care may require a big adjustment as new residents feel a loss of independence and get used to sharing personal space. On the upside, extended care encourages self-sufficiency and freedom.

The first 24 hours in the new residence — when everything is new and different — tend to be the hardest. Social workers and counselors can be helpful in managing emotions and alleviating concerns. Feeling sad, scared and depressed is completely normal. Soon, those feelings may be replaced by happiness, peace and confidence.

Long-term care historically is associated with end-of-life care, but that's not the case anymore. It just may take some time to adjust to a new normal. When people begin receiving care, they may feel compelled to defend the ability to remain independent.

Whether driving alone to appointments or cooking large meals, they naturally want to continue doing things they've always done. Anyone in this situation should ask: "Am I willing to risk injuring others or myself in a car accident or starting a house fire to prove myself?"

When care begins in a new facility or with visits from a health home aide, a few things will happen:

1. Contracts and paperwork are processed.
2. Doctors and administrators meet with the individual.
3. The person's health is assessed.
4. He or she is introduced to new healthcare providers.
5. Safety, security and comfort are addressed.

Depending on the care required, the following also might happen:

1. Dietary restrictions may be added to the plan of care.
2. The individual and family members will set up a new living space, install new equipment and unpack belongings or rearrange the home to ensure safety.
3. The person will get acquainted with other residents in the assisted living facility.
4. Travel will be arranged to and from doctors' appointments.
5. Administration of medication may be transferred to facility staff.

The highest risk of accidental injury comes in the first full day of receiving care — as the result of stubbornness. Individuals should allow themselves to be cared for initially as they adjust. A gradual transition allows residents to safely settle in while maintaining their individuality.

## Staying at home

When care is needed, older adults can adapt their home to suit their needs as they age. This practice has become known as “aging in place.”

Thanks to new technology and caregiver roles, more people are able to remain in their own home for as long as possible. There are steps to take that can make the home a safer and easier place to maintain.

Rearrange spaces to reduce the risk of injury and increase access.

- If stairs are difficult, turn a main-floor office or den into a bedroom.
- Move hard-to-reach items to lower cabinets.
- Consider installing a walk-in tub.
- Add fixtures to increase lighting.
- Remove throw rugs and install nonskid flooring.

Pay a neighbor to help with chores or seek support from a nonprofit center. Use online resources to find local services.

- Volunteers can help with yard work and minor house repairs.
- Chore-service programs can help safeguard the home with features such as a wheelchair ramp and safety grab bars in the bathroom.

A number of businesses offer senior citizen discounts and services to make life a little easier. Call ahead to ask about these and other discounts and services:

- Clinics and hospitals (free screenings and flu shots)
- Dentists, hair stylists, veterinarians (house calls)
- Fire station (visual smoke detectors for the hard of hearing)
- Insurance (bundled policies, bill-pay options)
- Meal programs (free delivery)
- Pharmacies and grocery stores (free delivery)
- Phone and utility companies (large-print bills, amplified phones with large buttons)
- Travel (free pickup, assistance)

Staying active and engaged with others can do wonders for health and morale. Community programs, much like the ones listed below, can help connect older adults with new interests and enjoyable activities.

- Senior centers: These organizations offer social events, activities and services.
- Companions: Local agencies can pair up senior citizens who want companionship.
- Travel agencies: Tour companies tailor trips of all kinds for older adults.
- Fitness centers: Age-friendly gyms offer senior fitness classes.

## Making the move

Full-time care facilities, such as nursing homes, can provide guidance about the items new residents can bring with them. New residents should know that they likely won't be able to take all of their belongings with them.

When making the move, it may be helpful to have a family member or friend help prioritize packing. Items that are no longer needed can be donated to a local shelter, charity or consignment shop. Loved ones may appreciate receiving old photographs and family heirlooms. Knowing these items are with people who will use them can provide a measure of peace.

Unfortunately, items can be misplaced or stolen in care facilities. Valuable items — such as expensive jewelry, computers and luxurious clothing — should be kept in a safe place elsewhere.

Framed photographs, favorite quilts, personal belongings and other reminders of home can provide comfort and solace. Most facilities will have adequate space for an armoire and bed, which may help the new place feel like home.

### Items to bring

- Hearing aids, eyeglasses, dentures, cane, walker
- Supply of regular medication, along with a full list of medicines, doses, allergies and medical history
- Copies of pertinent legal documents
- Slippers with rubber soles and a robe
- A quilt or fleece pullover for warmth
- Toiletry items, such as lip balm, lotion, razors and nail files
- A clock and a calendar (talking clocks are helpful for the visually impaired)
- Magazines, books, puzzles, hobby items, a radio and headphones
- A box of ear plugs (nighttime can be noisy in some shared facilities)
- Crackers, dried fruit and other nonperishable snack foods





# After care begins

With new people like caregivers and doctors, it can feel uncomfortable speaking up when something isn't right. Perhaps a primary attendant is always late or the room temperature is too chilly or too warm. By clearly communicating preferences and concerns with caregivers, issues can be more readily resolved.

## Communicating with caregivers

Approaching issues with kindness and respect will help resolve them quickly. If certain issues aren't being resolved, the next step is to speak with a supervisor and request documentation.

Care recipients should voice their needs firmly and clearly to receive the care they need the way they want it. At times they may want extra support from a family member or advocate to be heard. Family members likewise should understand the importance of respect and consistency when advocating for a loved one's care.

Other avenues, such as a long-term care ombudsman or the resident council, also support problem resolution. The Consumer Voice for Quality Long-Term Care is another excellent resource on resident council rights. Visit <http://theconsumervoicework.org> and select Get Help, or contact the organization at **1-202-332-2275** or [info@theconsumervoicework.org](mailto:info@theconsumervoicework.org).

## Taking control of your care

Too often, people are hesitant to speak up about their discomforts while receiving care. During treatment for a serious illness, minor complaints like blurry vision, itchy skin, insomnia and hearing loss often are overlooked.

These ailments typically come with age. Rather than disregarding the symptoms, patients should talk to their caregiver or doctor. Many minor health conditions can be easily remedied, and some symptoms can point to more serious issues or complications.

Overmedication is not uncommon. The average nursing home resident takes 11 types of medication per day. A prescribing physician may be unaware of a patient's other medications, which can present side effects or possible interactions. Medication names and dosages can be tracked in a small journal and carried to each doctor appointment. The journal should be updated as medications change and should include details about side effects (e.g., grogginess, dry mouth, jitters, etc.).

Sometimes, older adults might not feel comfortable being their own healthcare advocate. In this case, friends or family members can step in, or a hired helper can serve this important role. The advocate should be able to get all providers in the same room (either in person or by conference call) to discuss the plan of care. If an individual has a cardiologist, general practitioner and urologist, for example, all parties should be brought together on the same page to avoid overmedication and conflicting plans of care.

The Patient Advocate Foundation is a nationwide service that can connect adults with advocates. For more information about requesting an advocate, call **1-800-532-5274** or go to [www.patientadvocate.org](http://www.patientadvocate.org).

**A weekly medicine schedule can be a helpful tool to track dosages, times and any side effects. You'll find a fillable version of our own medical schedule on page 32.**



# Family dynamics

When family members require care, tensions can arise between loved ones over things like the available options, facility locations and money.

## Easing tension

While some disputes are the inevitable result of stress and worry, others are manageable and avoidable. Such conflicts can be prevented by providing family members clear written directives about extended care wishes.

At times, adults may feel frustrated when their children or other loved ones fuss over them. The point to remember is that friends and family care and want to help their loved one get fully comfortable in new surroundings. Grown children may be scared of losing a parent and in turn act in overbearing and exasperating ways.

Despite all of the best preparations, disagreements may happen. A good strategy is to have frank discussions ahead of time. It's wise to let family members know who will serve as the power of attorney, the location of important documents and any strong care preferences. Though it's difficult to discuss tough topics — like money, legal documents and death — having these conversations early on can ease conflict later.

Approaching the situation in a business-like manner with ground rules is another good tip. For larger conflicts, a family therapist or attorney can be brought in to mediate.

## Ensuring comfort

After settling into a routine within new surroundings, older adults typically begin to appreciate the experience and build new relationships. Caregivers, medical staff and even other residents become extended family. And while care providers should deliver excellent care with dignity and respect, they are human beings and can make mistakes.

Patients and families who show patience and respect will get a better response. Kindness and gratitude go a long way in building relationships with new neighbors and care providers.

People may be most comfortable when they're able to request a caregiver, whether an attendant or nurse. Over time, this builds familiarity, creates stable and trusting relationships and ensures more needs are met.

# Common LTC terms & resources

Insurance terminology can be confusing, repetitive and unclear. Take a look at these common terms to become more comfortable as you make decisions about your care.

## Activities of daily living (ADLs)

These six basic tasks are required to function in everyday life. If someone is unable to perform two or more of these functions, he or she may require assistance.

- Bathing
- Contenance
- Dressing
- Eating
- Toileting
- Transferring

## Adult daycare

A structured program for individuals who need LTC, adult daycare is a helpful and supportive option for people who continue to live at home and need company, activities and assistance during the day while caregivers work. An adult daycare center can meet participants' health, nutritional, social and spiritual needs. While the setting is nonresidential, the staff are professionals who are equipped and trained to respond to the needs of older adults.

## Caregiver

Someone who helps another person accomplish basic everyday activities due to an illness, injury or cognitive impairment. A caregiver may be a friend, family member or paid professional.

## Claimant

In insurance terms, the claimant is the insured person who is receiving long-term care services and filing a claim for benefits.

## Cognitive impairment

A gradual or sudden decrease in a person's ability to think and reason. Generally, one or more of the following areas are affected: short- and long-term memory; awareness of people, place and time; reasoning and judgment. Examples of cognitive impairment include dementia and Alzheimer's disease.

## Daily benefit

A long-term care insurance plan will pay a maximum amount, called a daily benefit, in a single day.

## Elimination period (also called the waiting period)

The elimination period on a long-term care policy is like a deductible. Before benefits are paid out, the insured will pay his or her long-term care costs for a set number of days. The elimination period may go by calendar days or service dates; refer to your long-term care policy for details.

## Home health aide

A trained, certified professional who can be hired to visit individuals in their own home to provide help with the activities of daily living.

## Home healthcare

Medical and non-medical professional or personal care services provided at home. Home healthcare can include several types therapy, such as occupational, physical, respiratory and speech therapy, as well as custodial and/or nursing care.

## Home modification

Updating a house to make it more functional for the resident. In the case of an older adult, home modifications may include installing a wheelchair ramp, walk-in tub and grab bars.

## Homemaker services

Nonmedical, nominal support services provided by a professional or volunteer that can help an older adult remain at home. Homemaker services may include meal prep, laundry, cleaning and supervising self-administration of medicine.

## Hospice care

At or near the end of life, hospice care is provided by professional medical staff to help make the individual physically, emotionally and spiritually comfortable.

## Monthly benefit

The maximum amount a long-term care insurance policy will pay in a single month.

### Long-term care (LTC)

Personal care and medical services provided for an extended time to an individual who needs help with the activities of daily living or who needs supervision due to a severe cognitive impairment. Long-term care services can be provided at home or in a nursing home, assisted living facility or adult daycare center.

### Plan of care

A formal plan tailored to meet an individual's needs with qualified long-term care services, prescribed by a licensed healthcare practitioner.

### Policy

A legal contract written by the insurance company and issued to a policyholder or group sponsor to define the claims the company is required to pay.

### Policyholder

The individual who has a legal, signed contract with the insurance provider.

### Power of attorney (POA)

A legal document that grants authority for a person to make decisions on another's behalf. Such decisions may include matters related to medical treatment and living arrangements.

## Resources

### Eldercare Locator

**1-800-677-1116**

[www.eldercare.gov](http://www.eldercare.gov)

Information about community services and programs

### National Association of Area Agencies on Aging

**1-202-872-0888**

[www.n4a.org](http://www.n4a.org)

Resources for older adults and people living with disabilities

### American Speech-Language-Hearing Association Helpline

**1-800-638-8255**

[www.asha.org](http://www.asha.org)

Referrals to audiologists and speech pathologists

### Alliance of Claims Assistance Professionals

**1-888-394-5163**

[www.claims.org](http://www.claims.org)

Services to help navigate insurance claim paperwork, denials and payments

### The Corporation for National Service

**1-800-942-2677**

[www.nationalservice.gov/programs/senior-corps](http://www.nationalservice.gov/programs/senior-corps)

A federal agency that helps improve senior citizens' lives through local programs

### Legal Counsel for the Elderly

**1-202-434-2120**

[www.aarp.org/states/dc/LCE.html](http://www.aarp.org/states/dc/LCE.html)

An AARP program offering free legal and social services

### The Hospice Directory

**1-800-854-3402**

[www.hospicedirectory.org](http://www.hospicedirectory.org)

Information, resources and assistance for locating hospice and end-of-life care

# Peace of mind

The questions below can be helpful when choosing a long-term care facility. When comparing facilities, take a copy of this questionnaire to each facility. After completing the site visits, compare notes to select a facility with the best combination of amenities.

Questions	Notes
<b>Credentials</b>	
Are the credentials up-to-date for the facilities and administrators?	
Are the continuing education hours up-to-date for the medical director, administrators, nurses and caregivers?	
Does the facility provide the necessary level of care?	
Is the staff qualified to assess all residents' changing needs and respond to emergency situations?	
Does the facility provide a licensed pharmacist to dispense medicine?	
Is the medical director available by phone 24 hours a day?	
Is an appropriate backup to the medical director available in emergencies?	
<b>Facility</b>	
Is the facility clean, well cared for and free of structural damage?	
Is the atmosphere pleasant? (Is it warm, peaceful, inviting, etc.?)	
Are safety provisions — like grab bars and emergency call buttons — in main rooms, bathrooms and hallways?	
Are there fire extinguishers, smoke detectors and exit plans?	
If appropriate, are bedrooms furnished to provide a warm and comfortable home?	
Do rooms offer privacy and areas to visit with guests?	
Are areas available for residents to enjoy the outdoors?	
Is the facility clean, neat and free of unpleasant odors?	
<b>Staff</b>	
Are staff members courteous, pleasant and inviting?	
Do they maintain good records to ensure accurate caregiving and medicine schedules?	
Do they remember their patients' names and show affection?	
Is the facility staffed to an appropriate level, especially during evenings and weekends?	
Does the staff smile at guests and appear friendly?	
Is the staff sensitive to cultural and minority differences?	
Is a licensed therapist or social worker on staff?	
Are independence and self-sufficiency (e.g., walking, transferring, eating) encouraged when possible?	
Does the facility offer rehabilitative services and physical therapy suited to each resident's needs?	
Does the facility require background checks on staff members and caregivers to ensure they've not been found guilty of elder abuse and/or neglect?	

Questions	Notes
<b>Residents</b>	
Do the residents seem well cared for?	
Are they clean and dressed appropriately for the weather?	
Are resident activities fulfilling and well thought out?	
Do the residents enjoy interacting with the staff?	
What personal items can residents bring with them?	
What are the visiting hours for guests? Is a pleasant area available for guests to visit with loved ones?	
Are prospective residents and their family members able to speak with residents about their experiences in this facility? What are their impressions?	
Are residents able to leave the facility for day trips or overnight stays with loved ones?	
<b>Services</b>	
Does the nursing home offer specialized services (e.g., ventilator care, diabetic management, physical therapy)?	
Are all services covered by a basic monthly fee?	
Is the facility prepared for medical emergencies?	
Do residents have access to services in their own religion?	
Is the kitchen equipped to accommodate dietary needs?	
Can prospective residents arrange to have a meal during visits? Is the food tasty, well prepared and served in a clean environment (e.g., dining hall, kitchen area, clean dishes with utensils)?	
Do staff members provide caring assistance for residents who can't feed themselves?	
Are resident evaluations completed upon admission and on a regular basis by a qualified professional?	
What is the protocol for emergencies (e.g., inclement weather, required evacuation)? How are bed-bound residents taken into consideration for these protocols?	
<b>Financial</b>	
How do the monthly costs compare with other nursing homes?	
Are all costs and services specified in the basic monthly fee? Which services require additional payment?	
Would the facility administrator be open to your contacting the company CEO, if you wanted?	
Can the facility provide an itemized monthly bill?	

# Peace of mind

Medication <i>Brand or generic name</i>	Dosage	Reason <i>Angina, thyroid</i>	Appearance <i>Type, shape, color</i>	Taken how? <i>Dissolve, swallow, topically</i>	
<b>Morning</b>					
<b>Afternoon</b>					
<b>Evening</b>					
<b>Before bed</b>					
<b>As needed</b>					

\_\_\_\_\_  
Name

\_\_\_\_\_  
Emergency contact

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Emergency contact phone number



	<b>Taken when?</b> <i>Daily, biweekly, weekly</i>	<b>Days taken</b>							<b>Date began/Date to stop</b>	<b>Notes</b> <i>Side effects</i>
		S	M	T	W	R	F	S		

**Allergies**

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“Love begins by taking  
care of the closest ones  
— the ones at home.”

— Mother Teresa



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