"As caring as family"

Family Care Planning Guide

Introduction

We are never prepared enough to care for our loved ones as they age or begin to face chronic disabilities. It still seems so recent when we found ourselves in this crisis with very little resources at hand and unaware of how to prepare.

I still remember going to my wife's grandmother's house for Wednesday fried chicken dinners. It is one of my fondest memories I hold dearly. Over time, we noticed Grandma was having difficulties managing her day to day tasks. Grandma was becoming more in need of personal care and financial assistance. She was even falling in her home without informing her family. Her family decided to seek help from a trusted family friend who cared for Grandma. However, the care was inconsistent and not meeting Grandmas needs. Grandma noticed the stress we were facing between juggling our own responsibilities and rotating schedules to care for her. She requested we find a home for her. We never wanted to consider placing Grandma in a home, but we felt there were no other options. Eventually, we found a home best suited for Grandma where she is enjoying her Golden Years.

After I began my journey with senior care, I began to recognize other families who were unprepared for the transition of caring for an elderly loved one. Working in Long Term Care, Skilled Nursing and In-Home Care has provided me with the accumulated awareness to help educate other families on how to be prepared, as well as offer the tools and resources available to them. With that, I decided to share my personal story and continued growing professional knowledge by writing this booklet for families searching for answers on available options for caring for a loved one which will help provide peace of mind during this transitional period.

Eddie Davis, CEO

Auspice Home Care Solutions LLC

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Our goal is to assist in alleviating stress families face with a crisis by providing this valuable information; we want to help define “C.A.R.E”.

C- Compassionate

A-Approach to a

R-Rewarding

E-Experience

When caring for a loved one, it is important to include them in the decision making process. What type of care do they prefer? Do they want to remain at home, go to assisted living, or have no real preference? If they do choose to remain at home, what type of services do they expect? It is also important to consider the generation they come from, such as cultural and lifestyle influences.

Section (1) Get to Know Your Community Resources

There are a number of resources available for families to provide support when the need for care arises. It is best to screen each resource carefully and speak to a variety of companies in each area of care to differentiate who provides what service. Use the list of questions below as a reference to assist you in getting started in your research:

- How do I access your services?
- How do I pay for your services? (Does insurance cover?)
- How long has the company been in business and will they provide professional references?
- Is the agency bonded and insured?
- What if I am unsatisfied with the services?

Make sure to document each agency's information and request for literature to review as well. Store the information where you can reference the material when needed. Make sure you have the knowledge on the following:

1. In-Home Care
2. Skilled Home Health
3. Assisted Living
4. Durable Medical Equipment
5. Hospitals
6. End of Life Care (Hospice)
7. Financial Planner
8. Elder Care Attorney
9. Surgery Centers
10. Support Groups
11. Internal Medicine Doctor
12. Geriatric Care Manager
13. Long Term Care Insurance Provider
14. Supplemental Insurance Providers

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Section (2) When a Health Care Crisis Strikes

When you have a plan in place, it is less stressful navigating the health care continuum. A few clients of mine shared their experience below on when a Health Care Crisis struck:

1) Consider receiving a phone call that your mother or father have fallen and were sent to the hospital. You live 2,000 miles away from them. You have a full time job and a family to take care of. Now there is a crisis that you need to attend to. What do you do?

2) Your spouse has been diagnosed with Alzheimer's disease. You are not retired yet and trying to manage their care while still employed. What do you do?

Here are additional scenarios people may experience when a crisis strikes:

1) Attempting to provide care on your own is difficult, especially when you have other responsibilities to manage. This can lead to burn out and unnecessary stress. Caring for a loved one will be challenging but should be a positive and rewarding experience. You should have a backup plan in place for respite, but also in case you have your own family or health crisis.

2) It is never too early to look at putting a plan in place for every emergency and crisis. When it is time to look at planning, you should screen each agency thoroughly. Especially when looking at In-home care assistance. This is the first type of care you may experience after a hospital stay or health care crisis. Since it is more cost effective, many choose to use a private caregiver. Many private caregivers are well intentioned but not properly trained in most care needs. This can lead to further stress on the family. The private caregiver risks are theft, injury, quits or is abusive to your loved one. In many circumstances, a private caregiver is a good respite, if he/she is a trusted friend or relative. Unlike private caregivers, most In-home care agencies have Bonding insurance, worker's compensation, and conduct a tax report for employees. Additionally, In-

home care agencies manage their own pool of caregivers to ensure compliance, proper oversight of care, and training.

3) Financial stress can be alleviated if families know what options are available to them to assist in coverage for the type of care needed. There is a misconception that Medicare covers most services of care. Families are unaware of what type of insurances they currently have and what options are available at an earlier stage in life, such as Long Term Care insurance, which will minimize premiums and offer more flexibility as people age.

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A) What do I do right now?

1. <u>Know who does what and how you access services:</u>

Contact your Primary Physician for suggestions on services available or contact Auspice In-Home Care Solutions for further options.

2. <u>Have all pertinent documents in place:</u>

Health care and financial POA's are important, as well as trusts and wills. A durable Power of Attorney is helpful, but a professional Elder Law Attorney would be best to contact.

3. <u>Consider what support systems are available:</u>

Analyze if you have immediate family, friends, or other individuals you can trust to meet your loved one's needs to ensure he/she receives the proper care. Question yourself if these individuals obtain a medical background or experience in the crisis in question. When in doubt, contact a professional to assist for guidance and reassurance.

B) Research what insurance you currently have and particular services covered.

1) **Long Term Care insurance**- This insurance is usually purchased as a benefit through employment or personal policies. Each plan varies depending on the agency and the type of policy purchased. Typically, the younger in age a plan is purchased the better, as premiums are better managed and there is more flexibility with the plan. Services included in most policies are: home, community based services, DME supplies, Skilled and Hospital stays. However, there are some restrictions to the policies, such as, does it have a daily, weekly, monthly, or yearly maximums. Also, examine what are the elimination periods or amount of time you pay out of pocket until the insurance covers. The maximum amounts will help you determine what is covered. What does all the ADL's required mean and what needs to be done to pay. In most cases, what is not covered by the policy will have to be covered by the client as a share of cost. These issues should be explained when purchasing the policy.

2) **Medicare**- Covers skilled services, such as: hospital, skilled nursing, and skilled home health facilities. This requires a physician order for a hospital stay for a required period of time.

3) **Medi-Cal**- This is a limited coverage option that is strictly income based. Most medical is used for Long Term Skilled Nursing Facilities.

4) **Private Insurance**- Acts as a primary or supplemental, depending on the plan and environment. Make sure to check with your provider to see what is covered as each situation varies.

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Section (3) Making Your Loved One's Wishes Known

A) Advance Care Planning

Advance care planning is designed to help anyone, healthy or sick, communicate their wishes for medical treatment. This planning process will clarify what family and friends need to know if an individual becomes unable to make health care decisions for themselves. Hold a discussion with your loved one regarding goals and values for future health care needs. Appoint a spokesperson or a Healthcare Power of Attorney who understands wishes desired and will be able to speak on behalf of your loved one if he/she is unable to do so.

Advance Care Planning is a process of:

1) Understanding your health care treatment options

2) Clarifying your health care goals

3) Weighing options about what kind of care and treatment you would want or not want

4) Making decisions about whether you want to appoint a health care agent or complete a health care directive

5) Communicating your wishes and any documents with your family, friends and health care provider

B) Examples of treatments provided:

POLST (Physician Orders for Life-Sustaining Treatment) is a form that states what kind of medical treatment patients want toward the end of their lives. Printed on bright pink paper, and signed by both a doctor and patient, POLST helps give seriously ill patients more control over their end-of-life care.

Palliative Care: Requires a potentially life limiting diagnosis. The patient **can** be seeking treatments toward a cure. Palliative Care is financed in the same way other hospital/medical services are financed: physicians can bill for Palliative care, Home Health Agencies, pharmacies, hospitals and DME companies can bill separately for services and provided to the patient as long as they are not "duplicate services." Palliative care is paid on a fee for service basis.

Hospice Care: Requires a less than 6 month prognoses to death. Specific documentation is needed to prove that life expectancy is less than 6 months. The patient cannot be seeking treatments toward a cure. Hospice Care is financed through Medicare, Medi-Cal, or private insurance companies. Hospice is paid on a per diem basis ($150.00 per day) for a bundle of services including the services of the hospice team, (availability 24 hours a day, 7 days a week), medications and supplies for comfort related to the terminal diagnosis, medical equipment to keep the patient comfortable and safe. These rates will change over time as Medicare cut backs continue.

C) ADVANCE DIRECTIVES

An Advance Directive is a legal document completed by you. You write in advance your wishes on care in case you have a serious injury or illness in which, you would be unable to speak for yourself. You can name a relative or friend to speak on your behalf. There is also the option of conservatorship. You can name a relative or friend you trust as your health care agent to make medical decisions for you if you can't make them yourself.

You have the right to give instructions about your own health care, as well as to name someone else to make heath care decisions for you. This gives you a voice in decisions about your medical treatments even if you are unconscious or too ill to communicate.

It is essential that plans be made in advance to guide future decisions about efforts to prolong life. Decisions should be based on desired wishes and values. Providing your loved ones with the information they need to make medical decisions is a gift you can give that brings peace of mind to the people you love.

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Section (4) The Continuum of Health Care

The “Continuum of Care” is what is available to families for services when a health need arises. This is the support system of Health Care Professionals available to families for support. As previously mentioned, **In-Home Care** is usually the first support you will experience in the Continuum of Care. **Skilled Home Health** is another service you may come into contact with. Both usually work in conjunction to ensure a smooth transition of services is provided after a hospital or skilled nursing stay. These services can be provided with well educated families that recognize the need for pre-planning. Have a check list in place to ensure there is no decline in your loved ones functioning, either physically or cognitively.

Refer to **Section (1) Get to Know Your Community Resources**, as it highlights the various providers in conjunction with the Continuum of Care

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Section (5) Health Care Costs

Health care costs can vary, depending on location. Some of the costs can be shared with Private insurance or Medicare, if eligible. However, Medicare does not cover all services available. Below are a few costs associated with the **Continuum of Care** for future reference:

1. **In-Home Care:** This service can range from *$18.00 to $25.00 per hour*. Some offer tailored packages that are more cost effective. Most agencies are **private pay or accept Long Term Care Insurance**.
2. **Skilled Home Health-** This service *is usually at no cost to the client* if covered by **private insurance or Medicare**. Certain restrictions apply.
3. **Assisted Living-** This can be very cost effective for families if their loved one is fairly independent. As their needs increase, as do the costs. The cost range for Assisted Living can start from *$2,500 up to $10,000 monthly*.
4. **Skilled Nursing**- The cost for Skilled Nursing can be anywhere from *$7,000-$10,000 monthly*. Some insurance can offset this cost, but there is most likely a share of cost families will be responsible for.

These costs do not include the funds from lost time working and not meeting other financial responsibilities.

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Section (6) Legal/Financial Preparedness

The most effective solution in receiving support in being prepared legally and finically is to get connected with an **Elder Care Attorney**. The service provides up –to- date legal advice and ensure a strong legal plan is in place. It is important to

designate a family member to assist in decision making when you may be unable to. Power of Attorney, Trusts, Living Wills, etc. are important to consider so the decision making process is not held up.

For further clarity, a **Living Will** instructs your family and healthcare providers what you wish them to do if you are unable to speak for yourself. A durable **Power of Attorney** for healthcare allows you to appoint someone to make healthcare decisions for you when you are incapacitated or unable to make them yourself. State law governs its enforceability.

Furthermore, it is important to contact a **Financial Planner** to discuss financial preparedness. It is crucial to determine what resources you currently have and additional ones that may be helpful for purchase.

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Section (7) Emergency Preparedness

What if there were an unexpected emergency and your loved one was affected? Would you know who you should call or what should be done? You need to. Start putting together a plan so that everyone in your loved one's support network knows what to do and when to do it.

How to make your emergency plan:

- Assign one person to check in on your loved one after a disaster and, if needed, offer assistance.
- Exchange important keys so everyone who needs to will have access to your loved one.
- Verify that everyone knows where emergency supplies are stored.

- Distribute copies of your loved one's relevant emergency documents, evacuation plans, and emergency health information card.
- Determine how you're all going to communicate during an emergency (don't assume the phone will be working).
- Make sure all members of your support network notify each other when they are going to be out of town.

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Section (8) Definitions

Below is a list of terms and acronyms frequently utilized in the health care profession. Refer to the definitions as a guide for better decision making and expansion of knowledge:

a) **Alzheimer's/Dementia**- A disease marked by the loss of cognitive ability and deterioration of functionality. The time frame is usually 10-15 years before the final stages of the disease. This disease is growing rapidly and has no cure. There are several medications that are available to slow down the progression.

b) **In-Home Care-** This is usually known as non-medical, custodial care. The requirements vary from state to state. Many agencies are able to assist with Activities of Daily Living (ADL's). ADL'S are areas of care pertaining to personal care (Bathing, Dressing, Medications, Exercises, and Alzheimer's Care). This is usually a private pay services that can be supplemented with some insurances.

c) **Skilled Home Health**- This is usually based on a skilled need for a Home Bound patient. Medicare and other supplemental insurances may cover this service. The service requires a physician's order and skilled need.

d) **Independent/Assisted Living-** Independent living is usually for individuals that have no real care needs but are seeking a smaller environment to call home. There is some assistance in these areas but they are not the same as an Assisted Living. Assisted living usually has an independent living option initially. When individuals begin to require care, they transition to the Assisted Living environment. The care is based on needs and can usually be tailored as the needs change. Most of these environments are private pay and take Long Term Care Insurance.

e) **Skilled Nursing (Long Term/Short Term) -** Short Term Rehabilitation is usually experienced after a hospital stay or surgery. There is both Short Term and Long Term Skilled Nursing Care. This service is based on need and is best to discuss all options for care during the admissions process. Medicare will cover some of these services, as well as secondary insurance.

f) **Durable Medical Equipment (DME)**- These are assisted devices that are prescribed based on an as needed basis. Examples of DME's are: walkers, wheelchairs, canes, commodes, hospital beds, electric scooters, etc. Medicare and secondary insurance will cover some of these expenses.

g) **Hospitals-** A fall, surgery, infection, etc. can result in a hospital stay.

h) **Power of Attorney (POA)** - There is legal, financial, or durable power of attorneys.

i) **Adult Day Care-** This service is for individuals to participate in daily activities, eat healthy meals, and receive cognitive and physical stimulation. The service is usually half day, offered Monday through Friday. The service is to offer caregivers respite during the day, while ensuring their loved one is safe and receiving professional care.

j) **Activities of Daily Living (ADL's) –** This is considered personal care assistance such as: bathing, dressing, grooming, mobility assistance, medication reminders, exercises, etc.

k) **Respite Care-** This is when caregivers need a break from their role of caring for a loved one to tend to their own needs and desires.

l) **Advance Directive** - A general term that describes two kinds of legal documents; living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he/ she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

m) **Cardiopulmonary Resuscitation (CPR) –** CPR is used in an attempt to restart the heart and resume breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function to circulate the blood. Electric shock and drugs also are used frequently to stimulate the heart.

n) **Do-Not-Resuscitate (DNR) Order** - A DNR is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

o) **Hospice Care** - A program model for delivering comfort palliative care to individuals who are in the final stages of terminal illness (prognosis of six months or less to live). In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, as well as support to the family during their bereavement.

p) **Living Will** - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.

q) **Medical Power of Attorney** - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

r) **Palliative Care** - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

s) **Power of Attorney –** A legal document allowing one person to act in a legal matter on another's behalf, pursuant to financial or real estate transactions.

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Section (10) Checklist

□ List community resources
□ Update the list of community resources quarterly
□ Save the name and contact information of your physician, current prescription and non-prescription medications, including medication allergies
□ The location of your Advance Directive
□ The name of your attorney and other advisors and stock broker
□ A list of all insurance policies, policy numbers, and related identification cards
□ Information concerning your Social Security, Medicare , Medi-Cal, and Veterans Administration benefits
□ Who is to be notified of your death, and how you would like them notified
□ Instructions concerning organ donation
□ Preparation of your obituary and where you would like it to appear
□ Funeral and burial desires or arrangements
□ The location of any safe-deposit box and key
□ The location of your will, trust, and related estate planning documents
□ A list and locations of bonds, deeds, home mortgage, and other asset documents
□ Your wishes regarding the settlement of items not covered in your will or trust
□ Your financial obligations involving periodic payments

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