

Presentation by Health Care Study Group on Home Care, Assisted Living and Skilled Nursing Facilities

April 20, 2017

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TERMINOLOGY AND ACRONYMS

ADC, ADP = Adult Day Care, Adult Day Program = Program to which disabled adults come for activities and services and have caretakers available to care/watch them.

AD LIB = As needed or as wanted, as in "Pt up to bathroom ad lib."

ADL = Activities of Daily Living = Activities one normally is able to do in caring for oneself, such as dressing, feeding, bathing, toileting, walking.

AHCD = Advanced Health Care Directive = Specific plan, detailed by responsible adult, for the care he/she wants to be given when he/she is unable to express treatment preferences. Ombudsman may witness Directive for free ONLY IF person is in a SNF; then Directive does not need to be notarized.

ARF = Adult Residential Facility = Home for adults unable to live independently, such as developmentally disabled, ages 18+.

BID, TID, QID, QD = time indicators for medications or treatments. BID = 2x/day, TID = 3x/day, QID = 4x/day, QD = once/day.

CNA = Certified Nursing Assistant = Must be a high school grad and has academic and clinical training of 75 hours to be a CNA; provides most of the routine patient care in SNF. IS NOT A "NURSE."

CANHR = California Advocates for Nursing Home Reform = Private organization that provides in-depth information and advocacy about regulations and laws about SNFs. Excellent resource.

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CCL = Community Care Licensing = Is the regulatory agency that monitors and oversees RCFEs which includes, by regulation, Independent Living Facilities.

DC = DISCHARGE = Formal dismissal from one place to another, i.e. hospital to SNF, SNF to home. IMPORTANT - A notice of denial of services is NOT the same as a discharge. You can fight a denial of services just as you can fight a discharge if you are not ready to accept them. Consult your ombudsman or Elder Law and Advocacy Office. In order for a discharge to be legal from a SNF, there must be some 20+ on a WRITTEN discharge notification and they all must be correct, by law. If not, the SNF has to start over. In order for a resident to be legally discharged, a physician must order it, there must be a discharge meeting to which the resident and whoever he/she wishes to also attend. Call your ombudsman or the Elder Law Center if you have a discharge notice and don't feel you are ready to be discharged.

DC can also mean DISCONTINUE.

DPH = Department of Public Health, state and local = Regulatory agency of SNFs; surveyors do yearly surveys of every SNF and issue Medicare star rating acc. to findings. Five star rating is good but doesn't mean the facility is perfect.

DNR = Do Not Resuscitate = An option for anyone to declare concerning end-of-life decisions, if one's heart should stop or if one should stop breathing.

DON = Director of Nursing = Usually the chief nurse (RN) in charge in SNF or hospital. Is the best person to talk to if you want to see an improvement in

care of a patient.

DPOA = Durable Power of Attorney = Specifically named person to make legal decisions for someone unable to make those decisions (health or financial).

CCL = Community Care Licensing = Is the regulatory agency that monitors and oversees RCFEs.

HHA = Home Health Agency = Provides skilled services in the patient's home, such as RN evaluation and treatments, PT, OT, and Speech Therapy services as well as social work evaluations.

HHA = Home Health Aide = Trained (hopefully) aide who has the skills able to assist a patient at home with personal care - bathing, PT exercises, walking, dressing, cooking, eating, light housework, sometimes shopping and transportation. Home Health Agencies have trained aides which are usually more costly than privately hired aides but the agencies assume responsibility for them.

HIPAA = HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT of 1996= U.S. law designed to provide standard of privacy and to protect patients' medical records and other health information provided to health plans, doctors, hospitals, other health providers, nursing homes. **ADVISORY - If you are the one responsible for gathering patient information, talking to the doctors, talking to the insurance company or the HMO or Medicare about the patient's situation, best to get a SIGNED release from the patient giving you that permission so you can fax it to the people involved so they won't be**

violating HIPAA. (Ombudsmen must get signed releases to discuss any resident complaints with anyone.) Usually the nurses, doctors, and SW in the facilities talk freely with relatives about a patient but outside that circle it can be fraught with legal issues and frustrating dead ends.

LCSW = Licensed Clinical Social Worker = Professional social worker seen most often in large organizations and hospitals. Many SNFs have "social workers" but sometimes they are not licensed or have any social work training and they function primarily as discharge workers for the SNFs.

LVN (in California), LPN (other places) = Licensed Vocational Nurse, Licensed Practical Nurse = Nurse whose schooling takes one year and who has most of the nursing responsibilities in a SNF. Often is chief nurse in larger RCFEs. In small RCFEs there usually is no nursing presence.

MEMORY CARE = RCFE care for dementia patients. Staff may or may not have training in caring for such patients. There is no regulation that a nurse or social worker needs to be assigned to this type of unit.

OMBUDSMAN = Resident or patient advocate/protector of resident rights in RCFEs and SNFs. Ombudsmen have training and screening before they are assigned to facilities. Ombudsman advocates on request or by referral, mediates problem issues, helps find solutions, witnesses DPOAs for residents in SNFs, investigates lost/stolen items, poor care, and abuse. Source of referral information is kept confidential. Volunteers perform their service for free. There is an ombudsman assigned to every SNF and RCFE in the

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county. Call the ombudsman office to speak to yours.

OTA = Occupational Therapy Assistant = Provides routine direct patient care in SNF under supervision of OT.

OT = Occupational Therapist= registered and licensed, college degree, provides rehab services focusing on self care (ADLs), physical and mental dexterity.

POLST = Physician's Order for Life Sustaining Treatment = An actual doctor's order for anticipated terminal care that the doctor and patient have discussed and agreed on; the order is in the chart and goes with the patient. The POLST may or may not have a DNR or otherwise state the wishes of the patient.

PRN = as needed = usually used when discussing medications or treatments.

Sometimes when patients have problems, for whatever reason, telling nurses that they have pain and their pain medicine is ordered "prn" and the nurse doesn't ask if they have pain, they never get their needed pain medication. As an advocate for that patient you can talk to the DON or the doctor to get the pain medication changed from "prn" to "q 4-6hrs" meaning every 4-6 hours, around the clock. The doctor is the one who has to change the order.

PT = Physical Therapy/ Physical Therapist = one of the skilled services offered in hospitals, home health agencies, and SNFs. Based on rehabilitation and strengthening of body movement and coordination. Many physical therapists have their doctorates.

PTA = Physical Therapy Assistant = Provides routine direct patient care in SNF

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under supervision of the PT.

RN = Registered Nurse = Nurse may have schooling of an Associate Degree up to a Master's or a Doctorate. The Director of Nurses in a SNF is usually an RN, often with a BS. The IV nurse who often works at night in a SNF is usually an RN. It is not usual to have RN coverage 24/7 in a SNF but an RN is available by phone. There is Licensed Nurse coverage all the time at a SNF, usually with LVNs. Large RCFEs usually have LVN coverage some part of the day but small RCFEs (6 beds) often have NO licensed nurse coverage except as consultants. An RN, just like an LVN, is licensed by the state and must take continuing education credits to maintain the license.

RNA = Registered Nurse Assistant = In SNFs, RNA supplements rehab therapy, often when PT has been discontinued because it is no longer being paid for and the patient needs therapy just to maintain any progress.

SLP = SPEECH LANGUAGE PATHOLOGIST = Provides therapy focusing on oral-motor functions, primarily speech and swallowing. Schooling is a college degree plus special post-graduate study.

SNF = SKILLED NURSING FACILITY = "Nursing Home." Is licensed. "Skilled" refers to a standard of offering licensed and skilled professional staff such as RN, PT, OT, SLT. Admission must be through a physician who writes orders for this staff to follow in giving the patient care. This is true even in long-term care and Memory Care patients.

SW = SOCIAL WORKER = Person with that title in a SNF or other organization

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may or may not have the training or credentials that LCSW has. Often the "social worker" can be just a person who works to find placement for patients the facility wants to discharge but has no training in interviewing, abuse reporting, DPOA, and the help that one associates with social workers.

BASIC INFO from which to launch a hunt for where/how to live as we age

Exactly like when we choose a house to buy or apartment to rent, "ideal" only begins the search. COMPROMISES are necessary, and personal PRIORITIES determine how to decide what's worth keeping versus okay to do without. Assess your own criteria for making this choice by knowing your priorities!

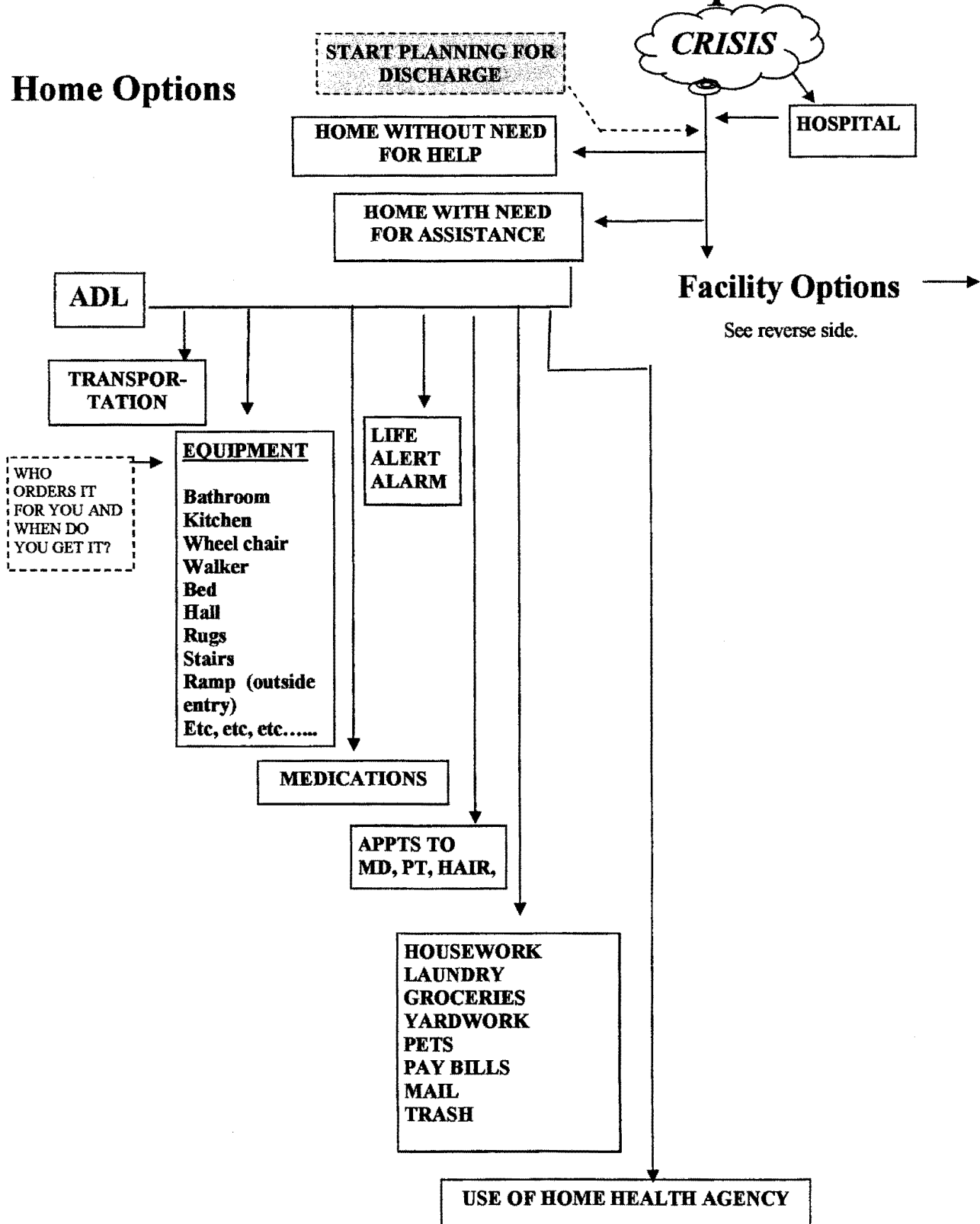
Criteria	Present residence (home)	Skilled Nursing Facility: SNF	Assisted Living: RCFE
Location Criterion: suits my values	Whatever dictated your choice at the time you moved there, such as: near family; quiet neighborhood; 55+ community; prestigious address; tree-lined streets; view	Zoning affects where it may be built. Many are integrated into "multi-tier" facilities – along with Independent and Assisted Living options. Maintenance/landscaping affected by corporate vs. private management and for-profit or non-profit status. Also by safety and behavior factors of residents (see Admission criteria, below).	Same as SNF. Sometimes alongside or share property with child-care program, to include multi-generation activities.
Rooms [bedroom, kitchen, living room, dining room?] Criterion: privacy	Whatever dictated your choice at the time you moved there. Usually at least one bedroom, full bath, living room, kitchen. Private belongings (furniture, pictures; pantry of food choices)	Usually rooms are 2-bed (or more) with curtain divider. Usually en suite bathroom has toilet and sink; showers down the hall. Meals are on a schedule, in common dining room or bed if necessary. Most rooms have a "guest" chair near the hospital bed (adjustable angles; over-bed table).	Wide range of options <i>from</i> full <u>apartment</u> (1-2 bedrooms, living room, dining area, kitchen, full bath) <i>to</i> <u>dormitory</u> rooms with shower room down the hall. If apts. have kitchens, meal-plan options usually offer only one meal in shared dining room; meal plans vary. Also range <i>from</i> multi-story building(s) with gardens <i>to</i> converted private home. Most are up to 6-bed total capacity.
Activity options [what's available; what's feasible; cost factors; where offered] Criterion: staying active and alert	Variable per physical and mental skills + personal preference + housing particulars – such as, community pool? Garden? Garage with car? Internet access and/or cable TV?	Most have a rehabilitation department, variously available (depending on needs as defined by doctor). Most offer some communal stimulation programs – current events (newspaper read by staff to group), social options such as group sing-along. Possibly internet; cell phone towers vary per location and provider. Crafts? Games?	As wide a range of options as those for the setting itself. Many offer excursions and/or van transport for shopping. All have a communal room with TV and games (cards, Monopoly, checkers). Some offer art/craft programs. Some plan performances (music or comedy) in conjunction with a luncheon or dinner event.
Admission requirements Criterion: eligibility	(Ideally) self-assessment of safety and whether structure matches skills and/or limitations OR if not, what are options for indicated support. If support is needed, what kind? How often? Cost? (see below)	A doctor's order identifying medical condition warranting professional ("skilled") staff – nursing, PT, OT – and specifying what kind of services that staff is to provide, & how often. Dr. states criteria for discharge. [May not apply for long-term residence; long-term care is an option if you can afford it.] Note: special factors may dictate specific facility – such as isolation precautions that require single-bed room	Individually established parameters: minimum age; extent/nature of need for assistance (which management may decide, not you); cognitive level. All facilities have cost requirements (often steep) not covered by standard insurance. NOTE: those parameters may be set by local/on-site management (smaller facilities) vs. regional or national corporations, which own most of the larger, multi-tier facilities.

Criteria	Present residence	Skilled Nursing Facility: SNF	Assisted Living: RCFE
Support [staff; space; schedule] Criterion: Matched to needs	Physical structure, including appliances and yard, may not be safe &/or efficient. [Stairs, incl. at entry? Throw rugs? Bathroom accessibility? Gas vs. electric stove? Hilly terrain?] With which daily activities could an aide or family or nurse help you? How many hours of such help would suffice? How much does it cost (including emotional cost for family)? What structural change is feasible, for safety? NOTE: are you willing to concede need for any of the above kinds of support, &/or willing to pay what it costs? Alert: in-home help often includes risk of thievery.	All have Certified Nursing Assistants (CNAs). All must have a Registered Nurse (RN) but often not more often than for an 8-hour shift, usually days. Most hire Licensed Vocational Nurses (LVNs) as shift supervisors. Registered Dieticians (RD) are required to assure that meals conform to medical orders, but rarely is an RD on staff; often as a consultant. Most have a rehab dept. with physical therapy, occupational therapy and speech therapy – but staffing varies by credential (PT and OT Assistants are the usual) and hours on site. All have a social services dept. but no professional social worker credential is required; responsible for liaison with community (notably for discharge planning). Laundry services may include your clothes. NOTE: thefts are common.	Nothing is required beyond provision of basic housing, meals and hygiene; housing alone, of those, is standard –you pay extra in many RCFE's for more than the room. (And housing specifics vary widely! – from 4-bed rooms in a converted private home, to private apartment in a multi-story building, some with land for you to garden.) Staff to provide bathing and toileting assistance, to prepare and serve meals, to do laundry – any or all of those – usually cost extra (besides the housing fee). Personal laundry is not included; just bed and bath linens. Personal-care assistance has no standard of training; usually staff are trained by the facility. All have 24-hour staff, ranging from 1 person to several.
Personal preferences [besides any of the above: food, style of furniture and architecture, religious administration influence] Criterion: Matched to wants	Usually close to 100% match! – until medical/safety criteria limit or require a change. Then often drops to 75%, notably related to that question, above, about willingness to concede need of change. Noteworthy example: pets – their management (walks, kitty litter); safety re tripping risk; respiratory factors per shedding; vet visits.	Food choices may be offered, framed by what the kitchen can produce on request &/or per medical restrictions; often strict limits on what family can bring in. Architecture and furniture are fixed, although some SNFs allow you to bring your own chair or lamp. Many SNFs encourage family photos &/or personal items to display. There may be symbols of the religious denomination under whose auspices the SNF is run. Some facilities allow pet visits, but not full-time in your room.	In those RCFEs where you buy or rent an apartment, you provide furniture; if it has a kitchen you can use safely, you may make your own food as much as you want, although meal options vary per contract. Less expensive options, though, closely correspond to details of a SNF (column to the left, here) with the possible exception of keeping your pet.
OTHER?			
OTHER?			

OTHER OPTIONS (examples of many):

- Shared housing; shared services
- Lifeline-type communication system for emergencies
- Community resources such as Meals on Wheels, bus transportation

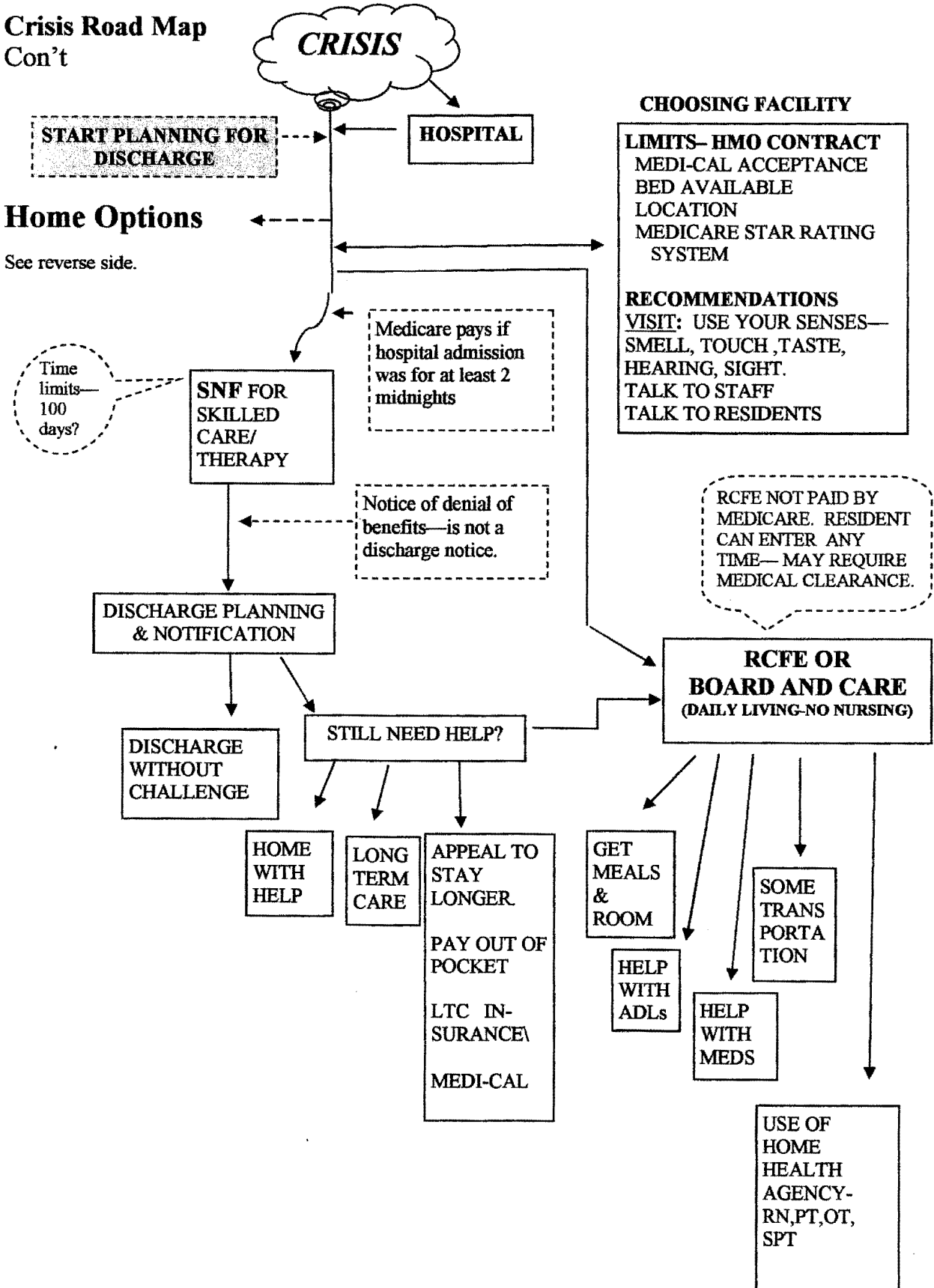
Crisis Road Map



Crisis Road Map Con't

Home Options

See reverse side.



WHAT DOES RESIDENTS' RIGHTS MEAN?

DIGNITY & RESPECT

- Being treated kindly at all times
- Having someone knock on your door and be invited before entering your room
- Raising a complaint without fear of retaliation
- Having your beliefs and practices respected
- Knowing your rights
- Being informed of facility policies and changes to those policies

FREEDOM OF CHOICE

- Choosing when to wake up and what to wear
- Being called by the name of your choice
- Having your cultural choices in food and activities respected
- Accepting or refusing treatment
- Choosing an alternative menu item
- Staying up as late as you want, or going to bed early if you wish

PRIVACY

- Having access to your personal account and managing your own money
- Making a phone call in private
- Choosing your visitors and meeting privately with them
- Opening your own mail
- Securely storing and having access to personal items
- Accessing your medical record

ACCOMMODATIONS OF NEEDS

- Being free from restraints
- Receiving a timely response to your care needs
- Speaking with your doctor
- Participating in care planning
- Having your needs met, i.e. food, water, assistance with care

PARTICIPATION IN ACTIVITIES

- Attending Resident Council Meetings
- Participating in activities you enjoy
- Participating in community activities
- Participating, or not, in religious activities

A Residents' Rights Checklist

- Is privacy assured when you receive care?
- Are you properly covered when being transported to shower chairs?
- Are you treated with dignity and respect?
- Are call bells within your reach?
- Can you make and receive phone calls in privacy?
- Was an effort made to find a compatible roommate?
- Do you feel free to raise concerns or complaints without fear of retaliation?
- Can you visit with guests in privacy?
- Is your mail received unopened?
- Does staff respect your privacy by knocking before entering the room?
- Are families and visitors able to see you at times convenient to you?
- Do you have a locked space for your valuables?
- Did you participate in a care plan conference? What did you think of it? How could it have been better for you?

REMEMBER YOU HAVE A RIGHT TO...

- Receive dignified and respectful treatment
- Responsiveness to Individualized Needs
- Consideration for Your Interests
- Make your own Decisions

Resources for Assisted Living in San Diego County - 2017

****211** - Information number run by San Diego County; is an excellent resource for anything. If you don't know where to go, dial 211.

****AIS - AGING AND INDEPENDENT SERVICES/AREA AGENCY ON AGING; 1-800-510-2020; www.ais-sd.org.** Offers and coordinates lots of services such as outreach and education, APS, Caregiver Support, Cool Zones, Coordinating care, employment training, In-Home Support Services, Intergenerational Programs, Legal Services, Long-Term Care Integration Project, Mental Health, Nutrition Services, Ombudsman Long-Term Care, Public Administration, Guardian, and Conservator, HICAP, Project CARE, Veterans' Services, and Volunteers including RSVP, Ombudsmen, OASIS, and Guardian Angels.

ALZHEIMERS SAN DIEGO - 858-492-4400; www.alzsd.org Offers lots of information, seminars, speakers.

AMERICAN ASSOCIATION FOR LONG-TERM CARE INSURANCE - 818-597-3227, <https://www.consumerfinance.gov>. Information and cost comparisons.

APS - Adult Protective Services - 211 or 800-510-2020; government office that investigates abuse and neglect of elders and dependent adults.

****CANHR .org - California Advocates for Nursing Home Reform. 800-474-1116.** Private organization. Excellent resource for information about laws, regulations, ways to approach problems. ****Has Advance Health Care Directive form with instructions on line. *****

CCL - Community Care Licensing , 619-767-2300, www.cclcd.ca.gov. 7575 Metropolitan Dr. Suite 109, San Diego, CA 92108. Licenses non-medical residential homes for elderly, dependent adults (RCFEs) and children . They only inspect the homes every five years unless there is a specific complaint whereas an ombudsman assigned to a facility visits at least every 90 days.

****COMPLAINTS** 1) about SNFs - go to Dept of Public Health - Licensing, 619-278-3700, 800-824-0613. 2) about RCFEs - go to Community Care Licensing, 619-767-2300. State Crisis Line after hours 800-231-4024. You can complain or inquire to the Ombudsman's office, 858-640-2507, 800-640-4661, any time.

CONSUMER FINANCIAL PROTECTION BUREAU - 855-411-2372, www.aaltci.org. Guidance on reverse mortgages.

DEPT. OF PUBLIC HEALTH - LICENSING AND CERTIFICATION - north San Diego 619-278-3700. 800-824-0613. The state surveyors do a "surprise" inspection every year to the SNFs and on their findings, the star ratings of 0-5 stars of the SNF are awarded. A five star rating is good but does not necessarily

mean that call bells are answered promptly in the night (the most frequent complaint heard by the ombudsmen) or that discharge directives are always followed.

DIABETES ASSO - 619-234-9897 - lots of information and literature.

ELDER HELP - 619-284-9281. Volunteers help residents stay in own homes with help of transport and resources (shopping, gardening, etc); has a social worker assigned for case management. No set fees for services; clients are just asked to donate what they can. Is in various parts of the county but not in north coast yet.

ELDER LAW AND ADVOCACY - 858-565-1392. Free legal and Medicare advice, long-term care advocate.

"FIVE WISHES" - Document outlining what you would want to happen to you when your health declines. If you didn't get one today, you can buy one from Aging with Dignity, PO Box 1661, Tallahassee, FL 32302-1661, 888-594-7437, www.agingwithdignity.org.

HICAP - Health Insurance Counseling and Advisory Program - 858-565-8772. Provides free and objective information and counseling about Medicare, HMOs, and LTC insurance.

HOSPITALS IN NORTH COUNTY - Palomar - 442-281-5000; Pomerado - 858-613-4000, Tri-City Health Center - 760-724-8411; Scripps Green - 858-455-9100, Scripps Encinitas -760-633-6501.

IHHS - IN HOME SUPPORT SERVICES - 800-510-2020 - Homemaker and personal care assistance to people on SSI or low income who need help at home.

LOCAL LIBRARY - Has copies of "Medicare and You - 2017" as well as "San Diego Eldercare Directory"

MEALS ON WHEELS, North County - 760-736-9900. Delivers, with one delivery, one hot meal and one cold meal per day for a fee. A friendly way for delivery person to check on homebound residents.

MEDI-CAL - 619-514-6885. Can be a very complex system. Be sure to follow instructions and bring all the verifying info that is asked for. It can take several months for Medi-Cal to be processed so waiting until it is needed is not good planning.

*****"MEDICARE COVERAGE OF SKILLED NURSING FACILITY CARE." - HHS booklet available on line**

MEDICARE - 800-633-4227, 24/7; Medicare.gov.

****Medicare.gov/NursingHomeCompare - computer site to find out ratings of nursing homes**

MENTAL HEALTH - "Help" is a referral service - Mental Health and Counseling Services, www.helptherapist.com. They don't see HMO patients. Pt needs to have a PPO. If not have insurance, they have a sliding scale. They see ages 7+.

MENTAL HEALTH CONSERVATORSHIP (Lanterman-Petrus-Short) - Ask for public conservator. 619-767-5019.

MULTIPLE SCLEROSIS SOCIETY - 858-974-8640

MyMedicare.gov - to track your claims for therapy services; says it is Medicare's secure online service

NAMI - NATIONAL ALLIANCE ON MENTAL ILLNESS - 800-523-5983, 619-0543-1434. Counseling available 1000-1600, M-F. Many other programs available.

NATIONAL COUNCIL ON AGING - 571-527-3900, www.ncoa.org The National Council on Aging provides a national voice for older Americans and acts as their advocate in dealing with service providers and policy makers.

****OMBUDSMAN-LONG-TERM CARE - 868-640-2507, 800-640-4661.** Local advocates for SNF and RCFE residents, even for short-term care residents. Every facility has an ombudsman assigned to it so you may call the Ombudsman Office to make a complaint. The complaints are confidential from the facility as to who made the complaint. Ombudsmen volunteers are very knowledgeable about regulations and negotiating and helping get the right care for residents.....and the service is free, directed by San Diego County Aging and Independent Services.

PARKINSON SOCIETY - 760-773-5628

POLICE /SHERIFF - non-emergency numbers, Carlsbad - 760-931-2197; Encinitas - 760-966-3600; Oceanside - 760-435-4900; San Marcos - 760-510-5200; Vista - 760-940-4511.

PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN - 858-694-3500

SAN DIEGO ACCESS AND CRISIS - 888-724-7240, No CTY 760-722-3754, (TDD) 619-641-6992. www.crisistextline.org. Help/counseling/listening/referrals available for any crisis-24/7.

SENIORLIVING.net - 877-345-1706 - Advisory site for those in search for an assisted living residence.

SOUTHERN CAREGIVERS RESOURCE CENTER - scrc@caregivercenter.org, 858-268-4432, 3675 Ruffin Rd, Swe 230, SD, CA 92123. Non-profit that gives assistance (remember, assistance can come in many different forms) for any SD County resident who is caring for an adult with a chronic and/or disabling condition.

SUICIDE PREVENTION LIFELINE - 800-273-8255

TRANSPORTATION (notoriously poor in SD County) They all have different qualifications and demands. Make sure you inquire about your needs and their requirements and costs before using them. Car-A-Van Transport 760-729-5199; Ride FACT 888-924-3228 -reservations up to 7 days in advance, factsd@factsd.org. FACT was set up by SANDAG and is a "transportation coordination" entity for elderly, disabled and veterans.

VETERAN'S BENEFITS FOR AID AND ATTENDANTS - www.va.gov or AIS, 800-510-2020.

VIAL OF LIFE - Form accessible for free from AIS (up to three) by calling and requesting, which has, after you fill it out, all your up-to-date medications and medical issues and is stored on or in your

refrigerator where the paramedics know where to find it. It saves valuable time, effort, confusion, and helps you when that information is important for saving your life. AIS - 800-510-2020

Other community resources to remember: your own physician, neighbors and relatives who have been through the nursing home and assisted living experience, social workers if you have an HMO, your church, members of your social groups and service clubs.

The asterisks (****) next to some resources indicate that they are REALLY outstanding resources and should be noticed. Of course, how important a resource is depends on your needs.

ADVISORY

THIS RESOURCE LIST IS NOT NECESSARILY COMPLETE AND MAY NOT HAVE WHAT YOU NEED. RESOURCES AS WELL AS ADDRESSES AND PHONES NUMBERS CHANGE JUST LIKE THE TIDES AND THE WEATHER. THERE MAY BE MISTAKES DUE TO THE TYPIST OR OTHER PRINTING ERRORS. REMEMBER TO DIAL " 211" AS A START IF YOU DON'T FIND WHAT YOU WANT ON THESE PAGES.

"WHAT DO YOU DO WHEN YOU CAN'T TAKE CARE OF YOURSELF AT HOME - THE ROAD MAP TO HOME CARE, ASSISTED LIVING, AND SKILLED NURSING FACILITIES - AVOIDING THE POTHOLES"

PRESENTED BY

LEAGUE OF WOMEN VOTERS, NORTH COUNTY SAN DIEGO HEALTH INTEREST COMMITTEE

4/20/2017

Jane Dunmeyer -Chair

Janie Schatt

Liz Kruidenier

Nancy Sublette

Dorine Meade

Marlene Bluestone Suliteanu

Karen Pendergast

Connie Ulrich

How to Start Planning

Since financial and health stability are closely related you need to take a close and realistic review of your financial assets and your current and expected expenses.

The two primary costs for older adults are health care and housing costs.

Housing is the largest expense for the typical budget of a 65+ household, for people 85+ home expenses are roughly twice as large as out of the pocket health expenses .

What financial resources do you have - Social Security, personal investments, saving, pensions, life insurance and home equity. Consider hiring a financial planner or tax advisor to help you make the most of your remaining years.

Get your estate planning documents in place for you and your spouse and **make sure** your family knows where to find them.

Health Care Proxy and Living Will

Durable Power of Attorney for Finances

Living trust

Last will and Testament

Power of attorney

If you can not afford an attorney and your needs are straightforward check out legalzoom.com, legacywriter.com, caringinfo.org or other websites

Wiser Woman Fall 2016 The Institute for a Secure Retirement

California has had a steady growth in for-profit homes with 83.6 percent for-profit, 13.2 percent nonprofit, and 3.2 percent government in 2014, making California the 4th highest in the nation in for-profit homes (US CMS, 2015). 74.7 % of California's facilities are owned by chains which is much higher than the national average. For-profit facilities have an orientation to maximizing profits for owners and shareholders and a growing body of evidence shows that the profit incentive is directly related to poor quality of care (Comondore et al, 2009). By adopting the shareholder value approach used by financial and other institutions that depend on investors, nursing homes have developed societal-level institutional patterns that can have a detrimental impact on quality care (Kitchener et al, 2004; 2008). For-profit nursing homes and for-profit chains operate with lower staffing and more quality deficiencies (violations) compared with non profit facilities (Harrington et al., 2012; Stevenson et al., 2013). The differences in quality have been found over a range of outcomes. One recent study showed that postacute patients in nonprofit facilities had fewer 30-day rehospitalizations and greater improvement in mobility, pain, and functioning compared to for-profit facilities (Grabowski et al., 2013). Facilities with the highest profit margins have been found to have the poorest quality (O'Neill et al, 2003). Government and business interests have supported the for-profit nursing home industry that controls the long-term care field to the disadvantage of nonprofit organizations and home- and community-based services (Kitchener and Harrington, 2004). The considerable evidence from observational studies that care delivered in for-profit facilities is inferior to public or nonprofit California Nursing Home Chains By Ownership Type

Measures of Quality

Nurse Staffing Levels: Over the past 25 years, numerous research studies have examined the relationships between nurse staffing and quality. Nurse staffing levels have been documented to be an important factor that determines both the process and the outcomes of nursing home care (Schnelle, Simmons, Harrington, et al, 2004; U.S. CMS, 2001). Systematic reviews of research articles have found evidence that high total staffing levels, especially RN staff, have been associated with higher quality of care, such as improved functional ability, fewer pressure ulcers, less unplanned weight loss, and fewer facility deficiencies (Dellefield et al., 2015). A CMS study in 2001 established the importance of having a minimum of 0.75 registered nurse (RN) hours per resident day (hprd), 0.55 licensed nurse (LVN/LPN) hprd, and 2.8 (to 3.0) certified nursing assistant (CNA) hprd, for a total of 4.1 nursing hprd to meet federal standards. A recent study by Abt Associates confirmed the importance of a minimum of 4.1 per resident day in staffing (Abt, 2011; 2015). Some experts have recommended even higher minimum staffing standards (a total of 4.55 hprd) to improve the quality of nursing home care, with adjustments for resident acuity or case-mix (Harrington et al., 2000)

California Nursing Home Chains By Ownership Type Facility and Resident Characteristics, Staffing, and Quality Outcomes in 2015 Leslie Ross, Ph.D. Charlene Harrington, Ph.D. University of California San Francisco Department of Social and Behavioral Sciences San Francisco, CA

in economic terms, a **nonprofit** organization uses its surplus revenues to further achieve its purpose or mission, rather than distributing its surplus income to the organization's shareholders (or equivalents) as **profit** or dividends.

Nonprofit organizations are usually formed for some specific religious, charitable or educational purpose. A for-**profit** organization may be formed to conduct any number of lawful business activities. The primary reason to form a for-**profit** organization is to earn a **profit** for the owners of the company.

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Is there a difference between the terms "nonprofit" and "not-for-profit?" Generally, "nonprofit" and

"not-for-profit" have the same meaning. However, nonprofit, legal, academic communities do make subtle distinctions between the two terms.

Although the words can be used differently by different groups, the simplest way to distinguish between them is to think of "not-for-profit" as an activity, like reading a book. The term "nonprofit" refers to an organization that is not intended to make a profit, like an adult literacy group..

Options for long term care payment

Planning for aging

Long term care insurance

Elliot Raphaelson The Saving Game

Because people are living longer, many life insurance companies i.e MetLife and Prudential have found traditional long term care policies are not profitable and have stopped selling policies. John Hancock and Genworth have increased premiums while other companies will only guarantee premiums for one year. Consumers now have an option that covers both life insurance and long term care called hybrid policies. With a single -premium policy the insurance company provides traditional life insurance coverage and a rider that provides some LTC. There are also hybrid options associated with whole life and universal life policies which offer LTC coverage as an add on rider.

Contact the American Association for Long term Care insurance 818-597-3227 www.aaltci.org

Reverse Mortgage

Ann Carrns YOUR MONEY Liz Weston Money talk

Reverse mortgages once had a bad reputation but changes to the Federal Housing Administration HECM program have made them safer. They are still not a cheap way to borrow because of the significant up front costs..

The Federal Department of Housing and Urban Development now requires that borrowers speak with a loan counselor and receive counseling before taking out a reverse mortgage. The Area Agency on Aging can help assess your overall financial situation or a fee only financial planner.

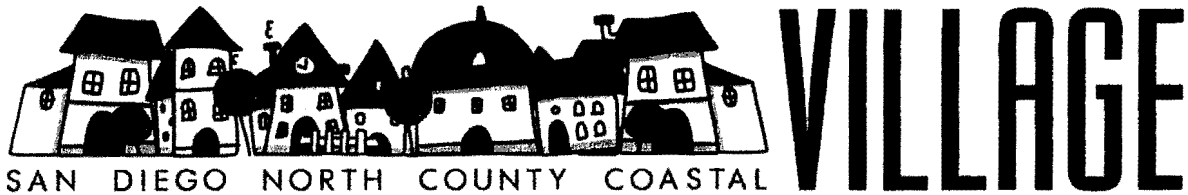
Reverse Mortgages or home equity conversion mortgages are loans that let the borrower's age 62 or older draw on the equity in their homes. Homeowners can receive funds in a lump sum but can only access 60 % in the first year, in monthly payments or as a line of credit; repayment of the loan is deferred until the borrower dies, moves out or sells the home.

Borrowers of reverse mortgages can in fact, default on their loans and lose their homes through foreclosure, if they fail to make necessary payments for property taxes, insurance, or home maintenance. Suzie Orman recommends NOT taking a reverse mortgage out early in retirement and instead sell and reduce your housing costs.

Using a home equity loan or line of credit is often a better option.

Planned giving

Contact the director of Planned Giving at your favorite organization regarding charitable gifts and their possible benefits.



What is a Senior Village? The San Diego North County Coastal Village is a non-profit, membership organization that connects Carlsbad and Encinitas aging adults to community resources for sustaining a self-directed life with purpose, promise, and independence. Adults over the age of 50 are welcome to join.

Why do Senior Villages Exist? To keep aging adults connected and to remain in the homes and communities they have lived.

What's in it for You? Connect with peers, volunteer, qualify for discounts, have a home assessment, and easily access the household and community resources you need and want.

Where is it Located? The San Diego North County Coastal Village serves Encinitas and Carlsbad adults over the age of 50. It is not a place, but a way of living in a community.

How do I get Involved? Please contact Liam Dunfey at (619) 865-1498 or ldunfey@gmail.com **to join our Working Group** that meets on the first and third Fridays of the month from 8:30 – 9:30 a.m. at 2280 Calle Barcelona, Carlsbad, CA 92009. Our website is <http://www.ncvillage.org>.