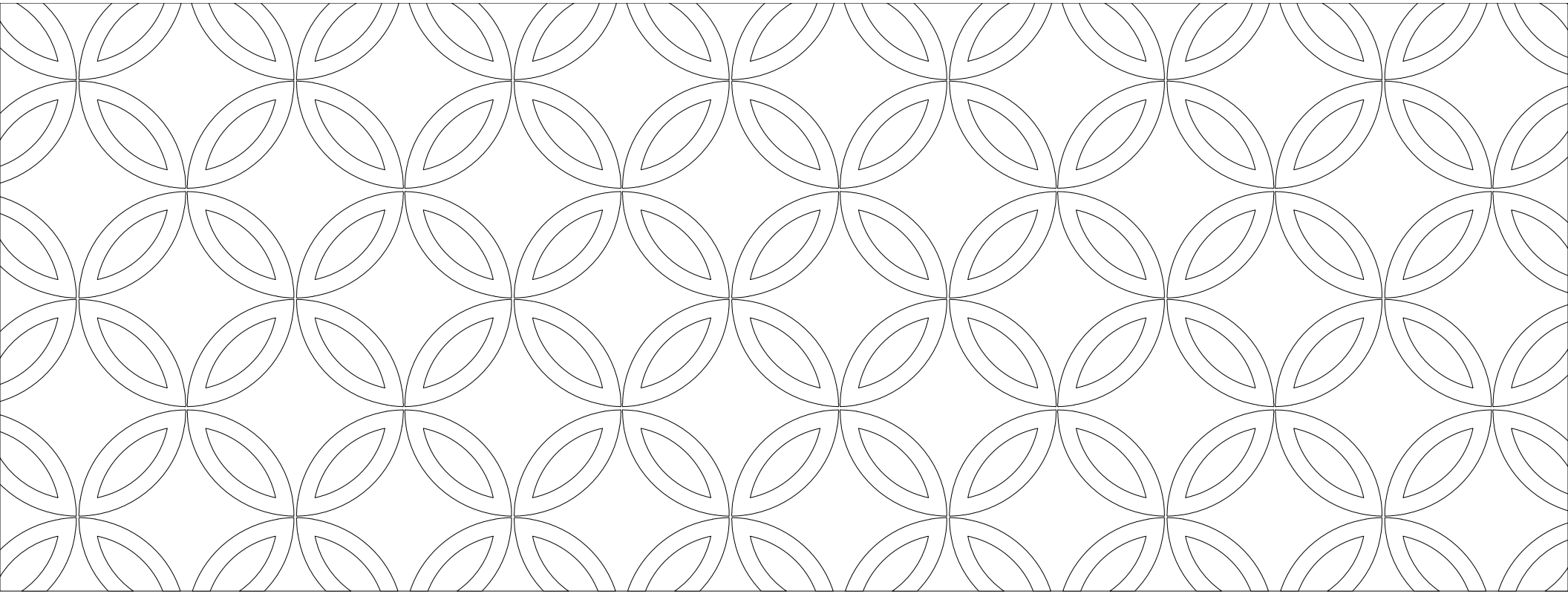

MEDICAL CARE PLANNING

Financial planning for your Long Term Care

WHAT IS A CARE MANAGER?

What is a Care Manager?

• Often a confusing term

• Diverse qualifications, education, experience and backgrounds • A professional who assists clients in attaining maximum functional potential and level of wellbeing

• Background

- usually nurses, social workers, gerontologists or other health or mental health professional

- experienced and knowledgeable about issues of aging, disability and serious illness informed on community resources

- problem solver who can both anticipate and respond to challenges of aging and related concerns (current and future)

WHAT CAN CARE MANAGERS DO?

- Holistically assess needs and develop plan (Proactive)
- Coordinate care and services (includes follow-up!); this supports Continuity of Care
- Act as a Liaison between client, providers, loved ones, fiduciaries, community resources, facilities, vendors, etc. (keeping everyone informed and on the same page)
- Promote health and prevent illness
- Advocate
- Monitor ongoing needs
- Link to services/resources
- Mediate family conflicts

AGING LIFE CARE PROFESSIONALS

Used to called Geriatric Care Managers

The Aging Life Care Professional is educated and experienced in any of several fields related to Aging Life Care management, including, but not limited to counseling, gerontology, mental health, nursing, occupational therapy, physical therapy, psychology, or social work; with a specialized focus on issues related to aging and elder care.

Look them up here

LEVELS OF CARE

Acute care – Hospital

Skilled Care

- Skilled Nursing Facility - SNF
- Nursing Home

Custodial Care

- Nursing Home – Board & Care
- Home Care

WHAT IS MEDICARE?

Health Insurance for those 65 and over as well as those with specific health conditions who are younger than 65 (e.g. ALS, End Stage Renal Disease)

- Part A – Hospital, Skilled Nursing, Hospice, some Home Health, lab tests
- Part B – Medical (e.g. Doctors' Services, Outpatient Care, Home Health, Durable Medical Equipment, Supplies, Advance Care Planning, etc.)
- Part C – Medicare Advantage (combines Parts A, B, C & D into one plan; provided by private insurance companies)
- Part D – Prescription (provided by private insurance companies)

MEDICARE RESOURCES

- HICAP (Health Insurance Counseling and Advocacy Program) – through Council on Aging
- Offer free information on Medicare (bias free)
- https://www.coasc.org/programs/hicap/
- Hotline 800-434-0222
- OC 714-560-0424

LONG TERM CARE

Inability to perform the Activities of Daily Living (ADLs) without assistance Activities of Daily Living

1. Bathing
2. Dressing
3. Toileting
4. Continence
5. Transferring/Ambulation
6. Eating
7. Cognitive issues – (Alzheimers, advanced dementia)

PAYING FOR LONG TERM CARE

Self-Insure (Net worth, cash flow, emotional & physical health, cost)

- Die before need for LTC assistance
- Live with Children
- Transfer cost to insurance company
- Apply for government benefits

LONG TERM CARE INSURANCE

Determine premium

- Indemnity policy
- Inflation protection
- Comprehensive policy would include residential care, home care, respite care, adult day care, nursing home care

LONG TERM CARE PREMIUMS

- Elimination period – 0-90 days or more (1 year) – no benefits paid
- Daily reimbursement amount ($50 - $500 per day)
- Length of Coverage (by year or lifetime), cover home care, adult day care, nursing home care

LONG TERM CARE INSURANCE – CONT'D

* Avoid Specific Disease Policies
* Determine financial health of insurance company
* Who will file your claim?
* Age limit or pre-existing conditions
* 30 days to rescind insurance contract

MEDI-CAL

Provides custodial care for people with low income and limited ability to pay (includes aged, blind, disabled, young adults and children, pregnant women, persons in a skill nursing or intermediate care home)

- Assets protected – home, vehicle, burial plan, $2,000 in the bank

OPTIONS FOR LONG TERM CARE

1. Skilled Nursing Home
2. Assisted Living
3. Home Care

RESOURCE FOR ELDER CARE – H.E.L.P.

H.E.L.P. (Healthcare and Elder Law Programs Corporation)

- www.help4srs.org

Dedicated to empowering older adults and their families by providing impartial information, education and counseling on elder care, law, finances and consumer protection

YOUR WAY BOOKLET

Think about what is important

☐ Obtain wanted medical care and avoid unwanted medical care

☐ Live life the way we choose

☐ Help our family and friends know what we want

☐ Help our family and friends do what we want

☐ "Your Way" can be used by individuals, families and friends

☐ "Your Way" can also be used by attorneys, care managers and other professionals to help their clients.

POLST

The National POLST Paradigm is an approach to end-of-life planning that emphasizes patients' wishes about the care they receive. The POLST Paradigm – which stands for Physician Orders for Life Sustaining Treatment – is an approach to end-of-life planning emphasizing:

(i) advance care planning conversations between patients, health care professionals and loved ones;

(ii) shared decision-making between a patient and his/her health care professional about the care the patient would like to receive at the end of his/her life; and

(iii) ensuring patient wishes are honored.

POLST

Social Workers, case managers, nurses and other health care workers may help a patient complete POLST. Just remember the physician must be involved in the conversation at some point to validate the wishes expressed.

- Remember this is legally a Physician Order and must be followed.

- Although, it can be changed/updated according to the situation or patients desires.

* This does not completely replace an Advance Health Care Directive, it is still helpful to have an agent named for surrogate decision-making *

POLST - SUMMARY

A voluntary form that transforms patients' wishes concerning medical treatment into medical orders.

- Is durable across the entire healthcare continuum
- Stays with the patient: Home, SNF, Hospital and during EMS transport.
- Is Valid for any patient!

MEDICAL CARE WISHES – WRITTEN DOWN

Studies show that only about 25% of Americans have recorded their medical care wishes in a legal document.

A recent poll found that common reasons include:

- I don't want to think about it … morbid, depressing, bad omen
- I think it has to involve a lawyer
- I'm not at that age
- I think it costs too much
- I don't know what to write
- I'm intimidated by the forms

HOPE IS NOT A PLAN

When the plan is unclear, the default is to treat aggressively.

Family may be left with:

- Uncertainty and stress
- Guilt or depression
- Financial concerns