



GOLDEN YEARS SUMMER 2024

July, August, September

Throughout life, there are many important decisions and choices that we make that have lasting effects on those around us. Things such as who you choose to marry, if you will have children, and what career path you may follow, are a few examples of how things can change because of our choices.

When someone comes to the end of their life, there are many more important choices that people need to make. These decisions can sometimes be difficult to talk about with loved ones, but they are sometimes the most important conversations that we can have. Making the decision to go, or place, a loved one in long-term care, finding the right facility, as well as deciding if hospice care is an appropriate option, are just a few discussions that may come up at the end of a person's life.

This issue of the Golden Years Magazine provides advice, information and items to consider when making long-term care and hospice decisions.

Long-Term Care

What is Long-Term Care?

Long-term care involves a variety of services designed to meet a person's health or personal care needs when they can no longer perform everyday activities on their own.

Long-Term Care planning

The best time to think about long-term care is before you need it. Planning for the possibility of long-term care gives you and your family time to learn about services available in your community and what they cost. It also allows you to make important decisions while you are still able.

Most people prefer to stay in their own home for as long as they can. Staying in your own home as you get older is called "aging in place." But living at home as you age requires careful consideration and planning. There may come a time when it's no longer safe or comfortable to live alone.

Who needs Long-Term Care?

Many people will need long-term care at some point. However, it can be difficult to predict how much or what type of care a person might need. The need for long-term care can arise suddenly, such as after a heart attack or stroke. People require more care as they get older and frailer or as a serious, ongoing illness or health condition gets worse. Healthy habits can reduce the risk of many diseases and may help delay or prevent the need for long-term care. Good nutrition, regular physical activity, not smoking, and limited drinking of alcohol can help you stay healthy, as well as having an active social life, a safe home, and regular health care.

What are the different types of Long-Term Care services?

Long-Term Care involves a wide variety of support services to help people live as independently and safely as possible.

Examples of Long-Term Care services would be senior housing, assisted living facilities, informal support in the home, adult day care, respite care, institutional care, hospice, in-home services.

◆ **Home-based care**

In many cases, long-term care is provided at home by informal caregivers, such as family members, friends, and neighbors. Most home-based care services involve personal care – such as help with everyday activities like bathing, dressing, eating, and taking medications, as well as supervision to make sure a person is safe. Home-based care can also be supplemented by formal caregivers who are paid for their services. These caregivers include nurses, home health care aides, therapists, and other professionals.

◆ **Community and residential care**

Long-Term Care can also be given in a residential facility, such as assisted living or a nursing home. Some facilities offer only housing and housekeeping, but many also provide personal care, social and recreational activities, meals, medical services. Some facilities offer special programs for people with Alzheimer's disease and other types of dementia.

Paying for Long-Term Care

Long-Term Care can be expensive. How people pay for care depends on their financial situation, their ability for assistance programs, and the kinds of services they use. People often rely on a variety of payment sources, including:

- ◆ Personal funds, including savings, a pension or other retirement fund, income from investments, or proceeds from the sale of a home.
- ◆ Federal and State Government Programs, such as Medicare, Medicaid, and the U.S. Department of Veterans Affairs. Also, be sure to consider OAA in-home services. You can contact your local Area Agency on Aging for more information.
- ◆ Private financing, including long-term care insurance, reverse mortgages, certain life insurance policies, annuities, and trusts.

This content is provided by the NIH National Institute on Aging (NIA). nia.nih.gov

HOW DO I CHOOSE A NURSING HOME?

Choosing a nursing home can be a complicated and stressful process. When making this important decision, it is important to do your research and become knowledgeable about what options are available. Below are some steps to take when making the choice of what nursing home or long-term care facility you or a loved one may soon be going to.

Follow these 4 steps to find a nursing home that best meets your needs:

Step 1: Find nursing homes in your area.

Step 2: Compare the quality of the nursing homes you are considering.

Step 3: Visit the nursing homes you are interested in or have someone visit for you.

Step 4: Choose the nursing home that best meets your needs.

Step 1: Find nursing homes in your area.

There are many ways you can learn about nursing homes in your area:

- ♦ Ask people you trust, like your family, friends, or neighbors.
- ♦ Ask your doctor if he or she provides care at any local nursing homes or could recommend a nursing home.
- ♦ Contact your area agency on aging or local senior and community activity center.
- ♦ Visit [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) to find nearby facilities.

Step 2: Compare the quality of the nursing homes you're considering.

There are many great resources to utilize when comparing nursing homes.

- ♦ Visit [Medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare) to get information on the quality of every Medicare and Medicaid certified nursing home in the country. You can also contact the Kansas Advocates for Better Care at www.kabc.org, as well as the Kansas Insurance Department at insurance.kansas.gov/long-term-care/

Step 3: Visit the nursing homes you're interested in or have someone you trust visit for you.

After you consider what is important to you in a nursing home, visit the nursing homes. It is best to visit the nursing homes that interest you before you make a final decision on which one meets your needs. A visit gives you the chance to see the residents, staff, and the nursing home setting. It also allows you to ask questions of the nursing home staff and talk with residents and their family members.

Do not be afraid to ask questions!

Step 4: Choose the nursing home that meets your needs.

When you have all the information that is important to you about the nursing homes you are considering, talk with people who understand your personal and health care needs. This can include your family, friends, doctor, clergy, or social worker.

Information taken from Medicare.gov

SEVEN THINGS YOU SHOULD TAKE CARE OF BEFORE YOU OR A PARENT GOES TO THE NURSING HOME.

The decision to go into a nursing home is rarely an easy one, but there are things you can do to make the transition a little easier.

Choose the right facility:

This can feel overwhelming, but by choosing a facility that offers the right kind of care, may minimize having to move as your health changes.

Checking for benefits to pay for care:

You may be surprised what you may qualify for to help pay for your care. Many families miss out on benefits for which they could qualify, because they wrongly assume nothing can be done now or it's too late. It's never too late!

Be careful what you sign:

Oftentimes, when you are entering a nursing home it is at the height of a stressful situation. You are handed a huge administrative packet of information to sign, so be aware of what you're signing. If you have questions, consult with an elder law attorney. Do not rush through and sign without reading all the fine print.

Know who can make decisions:

Once you or your parent goes into a nursing home facility, it is best to legally designate "helpers" to make decisions if the time comes that you or they can no longer make the decisions. A power of attorney is an important legal document that authorizes someone to represent or act on your behalf. You will need two different power of attorney documents: one for medical decisions and another for financial decisions. The East Central Kansas Area Agency on Aging has legal services available to help with power of attorney and documents for those over 60 years of age.

Don't take valuables into the facility:

You or your parent might take comfort in having things like jewelry, but if that jewelry is very sentimental or valuable, you should never take it to the nursing home. It is far too easy for valuable things to disappear in long-term environments.

Make sure legal documents are in place:

In addition to powers of attorney, you want to make sure there is a Last Will & Testament in place, along with other helpful estate planning documents dependent on your situation. These documents can include trusts, and end-of-life documents.

Freeze your credit:

Chances are, if you or your parent enter a nursing home, then you won't be purchasing anything with credit. Sadly, there is great potential for financial elder abuse to occur when someone is in a nursing home, so it is easier to just freeze your credit.

What are Palliative Care and Hospice Care?

Palliative Care is specialized medical care for people living with a serious illness, such as cancer or heart failure. Patients in palliative care may receive medical care for their symptoms, or palliative care, along with treatment intended to cure their serious illness. Palliative care is meant to enhance a person's current care by focusing on quality of life for them and their family.

Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life. At some point, it may not be possible to cure a serious illness, or a patient may choose not to undergo certain treatments. Hospice is designed for this situation. The patient beginning hospice care understands that his or her illness is not responding to medical attempts to cure it or to slow the disease's progress.

Some similarities and differences between palliative care and hospice care:

<u>Question:</u>	<u>Palliative Care</u>	<u>Hospice Care</u>
Who can be treated?	Anyone with a serious illness.	Anyone with a serious illness who doctors think only have short time to live,
Will my symptoms be relieved?	Yes, as much as possible.	Yes, as much as possible.
Can I continue to receive treatments to cure my illness?	Yes, if you wish.	No, only symptom relief will be provided.
Will Medicare pay?	If depends on your benefits and treatment plan.	Yes, it pays for some hospice charges.
Does private insurance pay?	It depends on the plan.	It depends on the plan.
How long will I be cared for?	This depends on what care you need and your insurance plan.	As long as you meet the hospice's criteria of an illness with a life expectancy of months, not years.
Where will I receive this care?	Home, Assisted Living Facility, Nursing Home, Hospital, Palliative Care Clinic.	Home, Assisted Living Facility, Nursing Home, Hospice Facility, Hospital.

Source: www.nhpco.org/palliativecare/explanation-or-palliative-care

FAQ's About Hospice Care

The information included in this article was provided by Tony Erisman, MS, who is a Senior Hospice Consultant with Good Shepard Hospice.

How do you choose a Hospice Service?

There are different hospice agencies that provide care in (and around) the local community. Information on these providers can be found within the community or online.

The best option for individuals receiving Traditional Medicare (or a Medicare Advantage Plan) is to go online for information provided by Medicare (www.medicare.gov/care-compare). Select the "Hospice" option and enter the Zip Code where the individual will be receiving hospice care and review the information. Note: this is a newer feature (for hospice providers) and provides valuable information to Medicare recipients and their loved ones. Here you can review a hospice providers Medicare Star Rating, results from family satisfaction surveys, and much more data.

There is an entire wall full of brochures available at the ECKAAA office. Many doctor's offices and the local hospital should also have hospice resources available upon request.

Finally, search for hospice service information on the internet via Google or another online search engine. Hospice providers likely have their own website and an internet search can be used for additional reviews. Note: these sites are not regulated by Medicare and can provide an overwhelming amount of information for some people.

What are some misconceptions of Hospice?

There are a LOT of different misconceptions about hospice. One of the most common misconceptions people have is starting hospice services in the last day or weeks of life. A person who qualifies for hospice service can receive care as long as they are eligible. Medicare has designed the hospice benefit to be utilized over a six month period and most families receive a small portion of these services. Research has proven that people who elect hospice early will live more quality days than without hospice care.

Medicare.org is one of the best resources to learn more because it provides public information on the hospice benefits and requirements for all hospice providers.

What is the connection between Hospice and Medicare? How do they work together?

The hospice benefits are available to Medicare recipients who have a Traditional Part-A plan. When an eligible person elects to begin services their Medicare coverage is modified to the hospice benefit. In general, Medicare will pay for the care services provided based on their hospice diagnosis. There is zero cost to begin hospice and their Medicare plan can be reverted back traditional coverage if they are discharged by their hospice provider.

Medicare Advantage Plans are becoming more common and these plans may include hospice services. The US Government currently allows Medicare Advantage Plan policyholders to have their Traditional Part-A coverage restored when they elect to begin hospice care at zero cost!

Hospice is available through other government agencies including Veterans who receive benefits through the VA along with recipients of Medicaid services. Hospice is also available many private insurance policies include coverage for hospice services.

What does a Hospice worker do to help a client?

One of many resources available through the hospice benefit is access to an entire team of care team personnel. The interdisciplinary team consists of an Attending Physician, Registered Nurse, Social Worker, Chaplain, and Volunteer. Each member specializes in an area of care to help patients, family members, and loved ones throughout their hospice experience. Most hospice agencies also staff non-clinical (office staff, marketing consultants, etc...) team members that may be available to support patients, loved ones, and the hospice care providers.

How long will Hospice work with a client?

Hospice is often viewed as an experience or journey for the individuals receiving comfort care and/or support services. Providers work before, during, and after care services are complete to help families navigate through the variety of challenges and/or issues during this period in their life. Hospice agencies are able to provide beneficial education and work with your healthcare providers to help get services started. While services are being provided the entire hospice team works with the Registered Nurse serving, as the Case Manager, to ensure quality care is being provided and family support services are provided. The hospice experience does not end when patient care services are complete. The Medicare hospice benefits also includes bereavement services to provide loved ones continued support as they move forward.

Note: There is no limit to how long a person can receive hospice care as long as they remain eligible. There are many cases where a patient improves to where they are no longer appropriate for hospice services. There are other scenarios where a hospice patient may discontinue services temporarily and resume at a later time. Hospice agencies will normally work with clients for as long as possible to help everyone through their hospice journey.

What is the difference between Palliative Care and Hospice Care?

The term “palliative” refers to providing care that focusing on comfort measures instead of aggressively treating a terminal medical condition for which there is not a cure. These care programs allow for clients to transition their care from aggressive (curative) treatment to comfort focused care. One example would be a person who has been diagnosed with terminal cancer. In this scenario the individual start receiving in-home care through a Palliative Care Program as they finish their chemotherapy/radiation treatments. Palliative Care Programs traditionally consist of 1-2 in-home visits per month by a Nurse Practitioner. Medicare will generally limit coverage to these monthly in-home visits. With Hospice the patient elects to discontinue these cancer treatments and focus their care on comfort measures to improve the quality of their life moving forward. Hospice provides the highest level of comfort-based care available for a person with a terminal medical condition. Hospice offers more routing visits by Nurser, Home Health Aides, Social Workers, Chaplain, and Volunteers. Medicare (and/or private insurance) will traditionally pay for these visits along with care-related supplies, durable medical equipment, and hospice-related medications.



East Central Kansas Area Agency On Aging

Serving - Anderson - Coffey - Franklin - Linn - Miami - Osage

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Check out our webpage or find us on Facebook!

www.eckaaa.org

Phone: (785) 242-7200 or (800)-633-5621



*The East Central Kansas Area Agency on Aging
and Nutrition Sites will be closed July 4th and
5th in observance of the Independence Day
Holiday.*

*Congregate Sites will be closed these two
(2) days and home delivered meals will be
delivered in advance of the holiday.*