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## Introduction

Choosing the right care path for yourself or someone you love is an enormous, daunting task, and you would be justified in feeling overwhelmed and confused by the vast array of options – not to mention acronyms – before you.

But take heart, because you have in your hands what I believe is the very best resource in the state of New York for exploring the options within senior living and services.

This guide, prepared for you by us at the New York Association of Homes & Services for the Aging, will help you make the best decisions for you, your family and loved ones.

Senior living and services is an evolving field, reshaping itself with the culture, with government regulations and the economy. This guide will introduce you to the entire range of care, from housing for independent seniors to home care, which helps seniors age in place, to assisted living on up through skilled nursing, and all the options along the way. We'll also introduce you to the continuing care retirement community, a campus-like setting that encompasses every level of care in one location, from independent housing to skilled nursing, and allows you to access the level you need, when you need it, without leaving your community.

I can't emphasize enough that there is no substitute for visiting an organization or service provider you're considering. Many organizations offer trial stays, so be sure to ask about that. In the coming pages, you'll find other questions you should ask, but don't limit yourself to those; when you're looking at something as life-changing as senior living and services, there are no stupid questions.

I strongly encourage you to contact any of our member organizations and facilities; each one will offer you the mission-driven values of our not-for-profit members. You'll find their contact information in this guide.

With best regards,



Daniel J. Heim  
Interim President/CEO  
NYAHS

# Residential Living Options

There are a variety of residential programs in New York designed to care for seniors and disabled people of all ages who for many different reasons are no longer able to live safely in private residences in the community. All of these programs offer varying degrees of assistance with activities of daily living, meals and sometimes health-related services. These residential options usually offer or coordinate the following services:

- Congregate residential facilities
- Congregate meals and dining services
- Access to personal care, including help with grooming, dressing, bathing and eating
- Medication assistance and supervision
- Hospitality services including housekeeping, laundry and sometimes transportation
- Activities and recreational opportunities

## 1. NURSING HOMES OR SKILLED NURSING FACILITIES

---

A nursing home, also known as a skilled nursing facility, provides 24-hour medical, nursing and other services to frail elderly individuals and persons of all ages with disabilities. These facilities are licensed by the New York state Department of Health (DOH). A nursing home offers a protective, therapeutic environment for those who need rehabilitative care or can no longer live independently because of chronic physical or mental conditions that require 24-hour a day care.

Nursing homes are the most intensive and, therefore, most expensive level of long term care aimed at serving people who need high-intensity nursing care and supervision.

### **What are patient assessments and why are they important?**

Before being admitted into a nursing home, the prospective resident must undergo a screening process to determine if a lower level of care would be more suitable for them. The screening consists of a health care professional completing a patient review instrument (PRI). The PRI assesses the applicant's ability to complete "activities of daily living" such as walking, bathing and using the toilet. This health assessment helps to identify physical, medical, social and psychological issues the applicant faces.

After the PRI is completed, the screening process begins. If the person is in the hospital and is being transferred directly from the hospital to a nursing home, hospital social services or discharge planning staff will assist in completing the PRI

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We understand the difficult and often confusing choices you face in determining the right care for a loved one. That's why Selfhelp's Senior Source Program, an experienced and knowledgeable non-profit organization dedicated to maintaining the independence and dignity of seniors, can help guide and provide you with peace of mind. Our Certified Care Managers and licensed nurses will help develop a customized care plan that you can act upon immediately. Senior Source will also coordinate and monitor care to ensure that seniors live independently at home.



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## **INTRODUCTION**

and screening process. If the person is at home or in a community-based program, a certified home health agency should be contacted to complete the PRI. Under these circumstances, a home visit is usually necessary. It's important to give the evaluator honest, accurate and complete information during this visit.

Once accepted for nursing home placement, the person will also undergo a much more extensive assessment process within the nursing home using a form called the minimum data set (MDS). The MDS comprehensively reviews the person's history and needs. It is a key part of the resident's overall assessment and is used to develop and maintain an individualized care plan.

### **Services Available**

A nursing home offers a full array of personal, dietary, therapeutic, medical, rehabilitative, social, spiritual, recreational, housekeeping and nursing services.

Residents are involved in decisions about their care and receive services based on their individual needs. Many individuals will return home or go to another setting after a brief rehabilitative stay. Others may need care for an extended period due to chronic health conditions.

### **Living Arrangements**

Living arrangements will vary depending upon the facility. Semi-private or private rooms are available with private or shared baths.

### **Payment**

Many people incorrectly assume that the federal Medicare program will finance their long term care needs, particularly for nursing home care. In fact, Medicare pays for only a small number of people in any nursing home setting, and only for a limited amount of time. In order to receive Medicare-covered long term care services, an individual must meet very strict criteria. Eligibility for this option should be discussed with the discharging hospital, the admitting nursing home or the local department of social services or aging.

On average, more than 75 percent of the residents in New York's nursing homes have their care covered by the Medicaid program. Medicaid is a federal-state-local partnership to help pay for medical care for those who cannot afford to do so on their own.

Often, a resident enters a nursing home and initially pays with his or her own money. When that money is mostly exhausted (also known as "spend-down"), the individual can apply to Medicaid for coverage. Spend-down laws allow the spouse to keep a house, a car and a reasonable amount of assets. Spouses no longer need to "impoverish" themselves by spending down all their money in order to obtain Medicaid funding. Since these laws are complicated and subject to change, NYAHSAs suggests discussing them with the admitting facility or the local department of social services.

## Factors to Consider

When deciding on a particular nursing home for services, consider the following areas:

- Is the nursing home well maintained, pleasing and cheerful?
- Does the staff seem friendly, caring and accommodating to residents and visitors?
- Do the residents appear comfortable, well-groomed and involved in meaningful activities?
- Does the facility conduct resident and staff satisfaction surveys and if so, is this information available for review?
- What are the findings from the most recent state inspection?
- Are amenities such as private rooms, individual televisions, and private telephones available? At what cost?
- What activity programs and special events are held at the facility?
- What excursions are planned for those able to take advantage of them?
- What religious/spiritual programs are offered?
- Have your questions about financial options been answered? Were the options explained clearly and to your satisfaction?

## 2. ASSISTED LIVING

Assisted living offers a variety of services for those who cannot or do not want to remain at home, and need help with activities of daily living. Different categories of assisted living can meet specialized needs and some skilled nursing needs, but unlike nursing homes, assisted living facilities do not provide 24-hour medical care. Assisted living facilities provide assistance to their residents, while emphasizing the resident's autonomy and independence. It's not surprising that assisted living has become so popular since it offers a "home-like" setting and can be less costly than some other options. In addition to providing long term residential services, many assisted living facilities allow short-term stays to give family caregivers a break (this is called "respite" care).

Generally, there are two categories of licensure for assisted living in New York state – Assisted Living Residences and the Assisted Living Program. Adult care facilities offer some, but not all, of the services that these two types of assisted living facilities provide.

### Assisted Living Residences

The state's Assisted Living Reform Act, passed in 2004, defined "assisted living," and required these facilities to become licensed by DOH as Assisted Living Residences (ALRs). To be an ALR, an operator must also be licensed as an adult

## INTRODUCTION

care facility (see page A7). ALRs must follow specific regulations including developing an individualized service plan for each resident and providing consumers with specific disclosure statements about what services they offer and what these services cost.

Some facilities are also approved by DOH to provide specialized services for people with Alzheimer’s disease or other cognitive impairments, and these are called Special Needs Assisted Living Residences. These facilities have specialized programming, services, staffing and environmental modifications for people with these special needs. These Special Needs ALRs must also provide the basic services outlined below under “Services Available in All Assisted Living Residences.”

An important issue in assisted living is “aging in place,” which means that the facility is able to provide or arrange for nursing care and other additional services as a resident’s needs increase. These added services can include things like getting help with walking up and down stairs, other activities of daily living and nursing services. ALRs approved by DOH to provide these services are called Enhanced Assisted Living Residences. These facilities can provide or arrange for a home care agency to provide increased services for a resident as his/her needs change. Although people who need 24-hour nursing or medical care cannot be admitted to assisted living, people who already live in these Enhanced ALRs may be able to continue to reside there and receive these services under certain conditions. Enhanced Assisted Living Residences must meet specific safety and staffing requirements to become licensed, and must also provide the basic services outlined below under “Services Available in All Assisted Living Residences.”

ALRs can be certified to provide special needs and/or enhanced services, or simply provide basic ALR services.

### **Services Available in All Assisted Living Residences**

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The following services are provided by all ALRs, including the Enhanced and Special Needs models:

- Three meals a day, served in a congregate dining area;
- Hospitality services including housekeeping, laundry and sometimes transportation;
- Staffing 24 hours a day;
- Case management;
- Activities and recreational opportunities;
- Personal care services, including help with grooming, dressing and bathing;
- Medication assistance and supervision;
- An Individualized Service Plan tailored to the specific resident.

## Assisted Living Program

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The Assisted Living Program (ALP) is another model of assisted living in New York that was developed in 1991. The ALP differs from the ALR because it was designed mainly for people who are Medicaid-eligible, whereas ALRs do not accept Medicaid as payment. That being said, ALPs also accept individuals who can pay out of their own funds.

The ALP combines the services of an adult care facility (ACF) and a home care agency. It allows a person living in an ACF to remain in that setting even if the person becomes more frail and needs extra medical or personal care services. The ALP model has its own regulations separate from the ALR, however the package of services is similar to the Enhanced Assisted Living Residence described on page A5.

Home care services are an important part of either model of assisted living. Home care consists of medical or personal care services provided in an individual's home, which may be an assisted living facility. Home care agencies are certified by the state as Long Term Home Health Care Programs, Certified Home Health Agencies or Licensed Home Care Services Agencies. Services provided may be fairly simple (ranging from monitoring blood pressure to coordinating medications) to the highly complex (such as intravenous therapy or care for AIDS patients).

## Adult Care Facilities

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Adult Care Facilities (ACFs) serve residents who are medically stable and do not need continuous nursing care. There are two types of ACFs that typically serve seniors: adult homes and enriched housing programs.

Adult homes provide personal care, medication supervision, activities, housekeeping and transportation. These facilities are required to provide 24-hour on-site supervision and three congregate meals per day to each resident. Resident rooms cannot have kitchens, and there may be two residents to a room.

Enriched housing programs often provide a more independent setting than an adult home. The housing units are more apartment-like and include a kitchen. While the enriched housing program provides residents with a level of independence that makes it a popular alternative to more institutional settings, the minimum requirement of only 12 hours of supervision per day may not be appropriate for everyone.

## Payment

Medicare does not cover assisted living or adult care facility services. In New York, only the Assisted Living Program – a relatively small program – is covered by Medicaid. Some long term care insurance policies will cover assisted living. Some facilities accept Supplemental Security Income (SSI), but these facilities are dwindling in number since the SSI payment is well below what it actually costs a facility to care for residents. Most often, residents and their families pay for assisted living out of their own funds. Some facilities have a dual-rate system – a basic charge for a uniform package of services and a separate charge for specialized services.

## INTRODUCTION

### Factors to Consider

When deciding on a particular assisted living or adult care facility for services, consider the following areas:

- Assess the person's physical, financial, mental and lifestyle needs when determining if assisted living or an adult care facility is appropriate. If needed, professional help is available to assist with this process. Ask your health care provider for information.
- There are several different types of assisted living in the state now. It's important to determine what services the facility you are considering provides. What are the criteria for admission to the facility you are considering? How is the need for services determined? What are the responsibilities of the resident? The family? The facility?
- Does the administrator seem to know the residents and interact with them? Who is in charge of the management of the facility after hours and on weekends?
- Are the staff friendly and professional?
- What are the training/certifications of the people who care for residents?
- What services are included in the basic plan and what services are available for an additional fee?
- Can the facility meet the health needs if the individual requires more care after admission? At what cost?
- How are ongoing health needs determined? What is the procedure for monitoring care needs and helping with medications?
- When and how often are meals provided? What is the dining environment like?
- Does the facility provide special diets?
- What religious/spiritual programs are offered?
- Under what circumstances could a resident have to leave the facility? Does the facility assist in relocation?

### 3. SENIOR HOUSING

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Senior housing facilities are made up of several apartments for independent living for adults between the minimum ages of 55 and 62. Some senior facilities are required to admit disabled individuals younger than that age group. They provide a secure, residential environment, but do not routinely provide the type of extensive health care associated with nursing homes or assisted living. Those services may be available through separate arrangements with home care agencies or other providers.

Senior housing offers privacy and independent living in buildings that are safe and well maintained. Many are architecturally designed to address some of the physical

limitations that growing older may bring. For example, bathrooms may be equipped with handrails and grab bars or electrical outlets placed within easier reach. Many are equipped with 24-hour emergency call systems.

### Services Available

Senior housing includes apartments or homes, either as “stand alone” separate facilities or as part of a retirement community. Many senior housing facilities also offer or can arrange for a variety of supportive services such as meals, transportation, social activities, counseling, recreational programs, daily visits or telephone reassurances.

### Payment

Monthly rents vary depending on the size of the housing unit, the services offered and the income group the building is designed to serve. Subsidized housing is a type of senior housing that requires applicants to meet certain income qualifications to be considered for an apartment. Subsidized senior housing is overseen by the U.S. Department of Housing and Urban Development and the New York state Division of Housing and Community Renewal. “Market-rate” housing is not subsidized and is open to individuals whose incomes enable them to pay the monthly rents that are typical for that geographic region and type of facility.

### Factors to Consider

When deciding on a particular senior housing facility for services, consider the following areas:

- Is the facility located close to family, doctors, pharmacy, grocery, shopping, houses of worship and public transportation?
- Are there entrance fees and what is the monthly rent?
- Are there other charges for services or meals?
- Does the facility provide or arrange for coordination of health services?
- Does the facility offer transportation services or coordinate such services for residents?
- What type of floor plan does the facility offer? Is it or can it be adapted as residents “age in place?”
- What is the facility’s policy when a higher level of care is needed?

## 4. CONTINUING CARE RETIREMENT COMMUNITIES

Continuing care retirement communities (CCRCs) have provided quality housing and services to New Yorkers since 1989. CCRCs are unique because they offer a

## INTRODUCTION

full range of living arrangements for their residents – independent housing, assisted living/adult care facility and nursing home – within one community.

This allows a person to enter the independent housing facility and, as their care needs increase, the services provided by the CCRC are increased without the person having to move out of the community. It also allows couples to remain in close proximity to one another.

## Payment

Residents pay an entrance fee and monthly charges out of their own funds and/or from long term care insurance benefits. In exchange, they have guaranteed access to the entire range of services provided in the community.

By guaranteeing access to services for a person’s remaining lifetime in exchange for payment, a type of CCRC called a “life care community” also provides an insurance product that makes them subject to the laws and regulations of the New York state Department of Insurance, in addition to the Department of Health.

CCRCs are an attractive alternative to many seniors, since they provide security in knowing that the resident’s future health care and other needs will be met by the same organization, and that the monthly fee remains fairly stable if the level of services needed changes. This allows a resident to budget for the cost over time.

In 2004, the New York state Legislature approved the development of up to eight fee-for- service CCRCs that offer the same services as other CCRCs, although residents pay a daily rate for each level of care that can increase or decrease based on changes in the resident’s service needs.

## Factors to Consider

When deciding on a particular CCRC for services, consider the following areas:

- What are your current living expenses vs. the costs of the retirement community?
- Is there a policy that allows a refund of the entrance fee in the event that you leave the community?
- How long has the CCRC been in business? How about the organization that operates it?
- What services are included in the monthly fee? What services are offered for an additional charge?
- What kind of health care is available on-site (physicians, dentists, clinic, etc.)?
- What activity programs, educational opportunities and transportation services are available?
- What opportunities are there for involvement through resident councils and grievance procedures in determining management practices?

# Options at Home and in the Community

A variety of providers offer programs designed to help older adults remain in their own homes and/or help family members in coping with their relative's chronic illness or disabilities. These services may be needed on short term or long term basis. While many types of home and community-based services exist for older adults, not all are available in every community.

## 1. MANAGED LONG TERM CARE PLANS

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Managed long term care enables individuals whose continuing health care needs would qualify them for admission to a nursing home to remain in their home while receiving a broad array of customized services and supports. While most managed long term care enrollees are eligible for both Medicaid and Medicare, people can pay out of their own funds and some long term care insurance coverage may be available.

The three types of managed long term care in New York state are the Programs of All Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP) plans and "Medicaid Only" or "Partially Capitated" Managed Long Term Care Plans. Enrollees are assigned a care coordinator and use a team that may include physicians, therapists, nurses, social workers and home health aides to plan, provide and coordinate all needed services. Transportation to necessary medical services is part of the service package. Most organizations encourage the person and their family to be a part of the care planning process.

For each Medicaid and/or Medicare enrollee, the plans receive a fixed monthly premium which is used to provide a package of services tailored to an individual's needs, including services that traditional Medicaid and Medicare do not provide. Compared to traditional Medicaid and Medicare, services are more coordinated and more customized, while out-of-pocket expenses are usually lower.

PACE effectively combines Medicaid and Medicare services. Medicaid Advantage Plus plans integrate Medicaid and Medicare in a bit more complicated manner. "Medicaid Only" Managed Long Term Care plans provide only Medicaid long term care services and help coordinate Medicare services for the enrollee. Therefore, it is important to review and understand the scope of services that each type of plan offers. All PACE plans have a day center and fully licensed clinic that participants use as needed while some other plans tend to rely more on home care. PACE participants must be at least 55 years old, while other plans enroll individuals as young as 18.

Covered long term care services include: care management; home care; therapies; optometry/eyeglasses; dental services, audiology/hearing aids; nutrition; social services; help with daily living activities (such as bathing, eating and dressing); foot care; transportation to medical appointments; meals; medical equipment; adult day services; and nursing home care if needed.

PACE and MAP plans include services covered by traditional Medicare, such as physician visits and hospital services, and may offer additional benefits. A complete list of services is available from each plan.

## INTRODUCTION

To enroll, contact a managed long term care plan in your area. Staff from the plan will schedule a visit to explain the plan, ensure that you are eligible and help you apply. Enrollment is voluntary, so an individual may disenroll and return to traditional Medicaid and/or Medicare.

### Factors to Consider

When deciding on managed long term care services, consider the following areas:

- While managed long term care is growing, it is not yet available in all parts of the state. New York City and other larger metropolitan areas currently offer this option.
- Learn about the organization that operates the plan. All PACE and the majority of other plans are operated by not-for-profit organizations with a strong history of providing services to frail seniors and people with special needs.
- PACE requires participants to be 55 years or older. Several other plans enroll only those 65 and older.
- Do you need services that conventional Medicaid/Medicare do not cover? Managed long term care may be able to meet such needs.
- The enrollee should have some level of support from family or friends.
- This model of care is not well known in some areas, so make the effort to contact a plan or plans to learn more fully about their benefits.
- When contacting a plan be sure to ask for a member handbook. If managing your own care plan is important to you, ask how involved enrollees can be in this planning.

Other in-home and community services include home care, adult day services (which include social adult day care and adult day health care), hospice care, respite care, home-delivered meals and senior centers.

## 2. HOME CARE

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Home care consists of nursing, therapy or personal care services provided in an individual's home. Different categories of home care include licensed home care services agencies, certified home health agencies, and Long Term Home Health Care Programs. The most common services provided are help with daily activities (such as laundry, shopping, housekeeping, personal hygiene and meal preparation), skilled nursing services, and physical, occupational and speech therapy. Home care helps individuals who have long term needs related to a chronic illness or disability, or short term nursing or therapy needs after a hospitalization.

Home care is often an important part of assisted living services and is provided in senior housing as well as individual homes. The service is discussed in detail in those sections of this guide.

The Long Term Home Health Care Program provides home care and other supportive services to help people who would otherwise qualify for nursing home care to remain in their homes. The Nursing Home Transition and Diversion waiver also provides services to help people to remain in the community with a high level of need, however the programs deliver these services in different ways.

Home care is overseen by the New York state Department of Health.

### 3. ADULT DAY SERVICES

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In New York state, adult day services come in two forms – a medical model called adult day health care and a social model called social adult day care.

Adult day services programs offer a safe, secure, stimulating environment for people whose family circumstances allow them to remain in their homes in the evenings (and possibly on weekends), but who need some sort of supervision during the daytime. Adult day services are very appropriate for a person whose needs are ordinarily met by their own family members or friends, especially when those people may work outside the home during the day but are generally at home in the evenings and on weekends.

**Social adult day care** is oriented toward the social aspects of life and may include games, memory orientation exercises, music, dancing and reading in a supervised atmosphere. These programs also provide a meal, may provide some help with daily living activities (such as grooming), and offer supervised field trips and special events. These programs may be located in the community, or in adult care facilities (See page A7 for discussion on ACFs). Social day care programs are overseen by the New York state Office for the Aging (SOFA). Funding sources include the Long Term Home Health Care Program, out-of-pocket payment and local offices for the aging.

**Adult day health care** has a strong medical component. ADHC programs are staffed by a number of professionals including a registered professional nurse able to conduct assessments, administer medicine and perform medical tasks. These programs must be sponsored by a nursing home or a hospital and provide social activities in addition to medical services. They are required to provide physical, occupational; and speech therapy to people who need these services. In addition, they provide a full range of personal care services (bathing, grooming and toileting), social services, case management and at least one meal per visit. ADHC programs must provide or arrange transportation to the program. These programs are regulated by the New York state Department of Health. Funding sources include Medicaid, contracts with the Veterans Administration and private pay.

### 4. HOSPICE

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A hospice is an agency licensed by the New York state Department of Health to provide medical, spiritual and emotional care to individuals with life-limiting illnesses with a prognosis of six months or less to live if the disease process proceeds on its expected course. Many hospices have added “palliative care” to extend

## INTRODUCTION

services to more people who could benefit from receiving this type of care earlier in their illness or disease process. Hospice care can be given in the home, a special hospice facility, hospital or a nursing home. Hospice also provides supportive services to the individual's family.

## 5. RESPITE

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Respite service provides temporary overnight care for ill or disabled older adults for a few days or weeks. It gives caregivers (family members or friends) a short break from the stresses or responsibilities of providing constant care, enabling the caregiver to maintain a normal routine. Respite care is normally offered for three consecutive hours or longer in a day, and up to six weeks in any calendar year. Respite can be delivered in a variety of settings, including assisted living facilities, nursing homes, and a home in the community. Respite care is offered under the Long Term Home Health Care Program (discussed on page A13).

Respite services are generally in short supply and should be reserved as early as possible. Generally speaking, respite services are overseen by the New York state Department of Health.

## 6. HOME-DELIVERED MEALS

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Home-delivered meals, often called “meals-on-wheels,” are provided to older adults who are unable to prepare their own well-balanced meals either on a temporary or long term basis. Often these individuals are recovering from a recent illness, surgery or other condition, which impairs their independence, creating a situation in which they become nutritionally at-risk at a time when proper nutrition is especially important. In New York state, Area Agencies on Aging provide, either through subcontracting or directly, home-delivered meals with funding from federal and state governments, local funds and participant contributions. Individual participants may use Food Stamps, cash or checks as their contribution. Home-delivered meals are also a covered service under the Long Term Home Health Care Program.

## 7. SENIOR CENTERS

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Senior centers offer a broad spectrum of services and activities such as social and education services, health, nutrition, and a community resource for information and recreational activities. These centers are offered by various community groups, churches and local governments.

Some senior centers are regulated by the New York state Office for the Aging and Office of Children and Family Services. These centers must provide information and referral to other needed services, group activities, counseling and outreach. Participants must be at least 60 years of age and be income-qualified.

### Factors to Consider

When deciding on in-home and community-based services, consider the following areas:

- What are the credentials of staff providing the services? Sometimes people hire people informally to help take care of some of their daily needs. Bear in mind that hiring through a licensed or certified agency provides some consumer protections such as training, criminal history record checks and insurance.
- Is the community service provider accredited by a national organization or formally connected to an existing health care provider such as a nursing home, hospital or retirement community?
- What sort of back up or additional support can family members or friends provide or arrange to make sure the person can remain in the community safely?
- What specific services are provided and at what cost? What services are covered by insurance, and for how long? Are there more appropriate and less costly alternatives available?
- What happens when services are discontinued? Does the provider help the individual to access other services if warranted?

### Payment

The cost of services varies depending on the type of program and amount of services needed. Medicare, Medicaid, long term care insurance and private insurance are payment sources for some home and community-based services. Medicare tends to cover these services on a short-term basis, whereas Medicaid may cover services over a longer period of time, for those eligible. Insurance policies have specific criteria for what services are covered, for how long, and under what circumstances. Check with your insurer for more information.

Most of the other services above are available to people out of their own funds. Some localities have special programs for individuals with low incomes. Some services, such as home-delivered meals or respite, may be covered by Medicaid as a part of a package of comprehensive services provided through the Long Term Home Health Care Program or the Nursing Home Transition and Diversion waiver. Local programs and agencies may provide additional supportive services and help with cost. For further information, check with your local social services department or office for the aging.

## Selecting Care and Service Options

For all levels of care other than independent senior housing, it's important to follow a number of steps that help determine which type of care is most suitable.

If the person is in a hospital, the social services department or a discharge planner will recommend a level of care at discharge. If it is a nursing home, a patient review instrument (PRI) will be completed. The PRI is discussed in more detail in the previous “nursing home” section of this guide.

## **INTRODUCTION**

Speak with your medical professional and be honest about how much help is needed with the activities of daily living. Using these activities as a guide, the medical professional will be able to recommend a level of care.

Few New Yorkers realize that if they become unable to make their own health care decisions, family members or loved ones have no authority to step in and speak on their behalf unless they have filed a health care proxy. When a person enters a hospital, generally they are asked to complete a health care proxy. However, if there is no hospital stay involved, an attorney should have the necessary forms. Make sure the person you appoint understands your wishes regarding extended health care measures that should be used on your behalf. Those measures include the use of ventilators, artificial nutrition, hydration or cardiopulmonary resuscitation.

Also connected with a health care proxy is a “do not resuscitate” order. This means you do not want any medical personnel to attempt to use medical technology or techniques to revive you in the event that a medical emergency occurs.

New York’s not-for-profit long term care providers have one objective: To provide the highest quality and most compassionate care to the people they serve. At a time when long term care is under intense scrutiny, not-for-profit organizations are consistently providing more hands-on care and developing new, more creative ways to meet the needs of their residents.

NYAHSAs emphasize that nothing substitutes for a personal visit. During such visits, you can observe factors that may influence your choice. For example, you will be able to view on a first-hand basis the interaction between staff and residents as well as familiarize yourself with the amenities and routines of that particular place.

We encourage you to take notes during or immediately following your visit and review them prior to narrowing down your choices. Ask to meet the administrator, director of nursing, director of social work, director of physical therapy, director of dietary, and anyone else you think might make a difference in your life. Under each section of care defined earlier in this guide, we have provided a helpful checklist of factors to consider when making your choice.

### **Keep it Personal**

Personal preferences are critical when selecting a long term care organization. Make sure the types of services, activities and environment are suitable to your needs. Discuss your hobbies and interests, and ask if there will be activities or events available that tie in well with what you like to do.

### **Look Around**

Look at the people living in the facility or receiving the services. Are they well groomed and occupied with different activities? Observe a mealtime to see how the food is presented. Unless you are on a restricted diet, ask to taste some of the food. Look at the living or program space. Are the common areas clean, comfortable and

attractively decorated? Does the staff seem friendly and interested in the services being provided?

### Ask Questions

Don't think that your concern is "silly" or "minor." It's better to clarify any questions you have before making a major life decision such as this. Now is not the time to be timid about asking questions!

If you are looking at a nursing home, adult home, enriched housing program or assisted living facility, ask to see the most recent inspection report or survey. These should be readily available. Ask questions about any "deficiencies" that may have been cited by the inspecting team. You have a right to know the results of those inspections.

### SOME SPECIFIC QUESTIONS FOR NURSING HOMES:

- How many physicians are on staff? May you continue with your personal physician or must you choose from their staff physicians?
- Should hospitalization become necessary, which hospital does the facility use?
- Does the nursing staff group residents based on their individual nursing needs?
- How many residents are under the care of one nurse aide on the day shift? What staff coverage is available on evenings, nights and weekends?
- Who coordinates admissions? How are the rooms assigned? Is there an orientation for new residents?
- Is there a family council to provide input into the kinds of programs and problems the facility may have?
- Does the facility have staff that provides occupational, physical and speech therapy?
- How often does the residents' council meet? Is it possible to speak with someone who is in a leadership position on the council?
- What may residents bring with them? Is there room for a favorite chair, photographs and wall hangings?

The New York Association of Homes & Services for the Aging and its members wish you success in finding the perfect provider to meet your needs. For updates to this guide and other information you may find helpful, visit the "Consumer Information" section of our Web site at [www.nyahsa.org](http://www.nyahsa.org).

## Medicare Part D – Prescription Drug Coverage

In January 2006, the federal Medicare program began offering prescription drug coverage. Generally referred to as Medicare Part D (“Part D”), the program is an optional benefit. Anyone eligible for Medicare coverage, regardless of income or health status, may enroll. Medicare eligible individuals must make a choice to enroll in Part D by selecting a Part D-approved prescription drug plan (PDP) offered in New York.

Some special circumstances to consider include:

- Enrollment in the Part D program is automatic and mandatory for Medicaid recipients who are also Medicare eligible;
- Medicare eligible individuals enrolled in the New York state pharmacy assistance program, EPIC, are required to enroll in Part D, which will then be primary and allow EPIC to serve as secondary coverage;
- Individuals enrolled in Medicare managed care or HMO plans are likely required to participate in the PDP offered by their HMO; and
- Individuals who already have prescription drug coverage from their employer/union should confer with their benefit plan manager about enrolling in Part D and its potential impact on their private insurance coverage.

Individuals deciding to enroll in Part D will need to carefully decide among a wide variety of PDPs, offering varying levels of benefits, cost-sharing (premiums, deductibles and co-payments) and formularies (which drugs are covered). There are also additional benefits available through the Low Income Subsidy, which provides low-income seniors with help to meet cost-sharing requirements.

Individuals are generally eligible to enroll in Part D when they first become Medicare eligible or during the annual open enrollment period of Nov. 15th through Dec. 31st each year. Individuals may incur a premium penalty if they fail to enroll when they first become Medicare eligible (although to date the government has been waiving the penalty). Other special enrollment periods may also apply.

For more details on enrolling in Medicare Part D, individuals should refer to the Centers for Medicare and Medicaid Services at: [www.medicare.gov](http://www.medicare.gov). More details on the Low Income Subsidy are available from the Social Security Administration at [www.socialsecurity.gov](http://www.socialsecurity.gov). Details on EPIC and Part D are available on the NYS Department of Health Web site at: [www.health.state.ny.us/health\\_care/epic/](http://www.health.state.ny.us/health_care/epic/).

The Part D enrollment process can prove complicated. Seniors and those assisting them in the process should carefully research all the options. Two additional resources that can provide free counseling and assistance to seniors regarding Part D are the Medicare Rights Center at: [www.medicarerights.org/](http://www.medicarerights.org/); and the New York State Office for the Aging’s Health Insurance Information, Counseling and Assistance program at: <http://hiicap.state.ny.us/>.

## Quality First is for Consumers



The not-for-profit member organizations of NYAHSA take great pride in the care and services they provide to the people of New York. They are always looking for new ways to improve the quality of care and earn the trust of consumers.

For that reason, many of NYAHSA's members are adopting a philosophy called Quality First. Launched in 2002 by the American Association of Homes and Services for the Aging (AAHSA) and other groups, Quality First is a philosophy of quality and a framework for earning the public trust by all aging services providers: nursing homes, continuing care retirement communities, assisted living and senior housing facilities and community services organizations.

Quality First consists of seven principles intended to cultivate and nourish an environment of continuous quality improvement, openness and leadership among aging service providers. By signing the AAHSA Quality First Covenant, our members demonstrate their special stewardship responsibility to maintain those principles of:

- Continuous Quality Assurance and Quality Improvement;
- Public Disclosure and Accountability;
- Patient/Resident and Family Rights;
- Workforce Excellence;
- Public Input and Community Involvement;
- Ethical Practices, and;
- Financial Stewardship.

Through Quality First, aging services providers join in partnership with all stakeholders including government, the people they serve and their families to create a quality of care and a quality of life in aging services. Consumers can feel confident that they are receiving the high quality care and services they deserve.

Look for the Quality First logo in the pages of this Consumer Guide or ask the facility or agency you are considering if they are participants in Quality First. It's the difference that distinguishes them.

