Healthcare Resources for Older Adults in a Medium Sized Community

Ashley Nielson
Utah State University

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HEALTHCARE RESOURCES FOR OLDER ADULTS IN A MEDIUM SIZED COMMUNITY

by

Ashley Nielson

Thesis submitted in partial fulfillment of the requirements for the degree of

HONORS IN UNIVERSITY STUDIES WITH DEPARTMENTAL HONORS

in

Family, Consumer, and Human Development

Approved:

Thesis/Project Advisor

Dr. Kathy Piercy

Department Honors Advisor

Dr. Kim Openshaw

Director of Honors Program

Dr. David Lancy

UTAH STATE UNIVERSITY
Logan, UT

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Healthcare Resources for Older Adults in a Medium Sized Community
Ashley Nielson
Utah State University
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Community Care Resources

Healthcare has become a large concern for a number of older Americans. With increases in healthcare costs and complex programs such as Medicare, Medicaid, Medigap insurance policies and community programs, many older Americans are left worrying where they will find the money and resources to provide for themselves and their healthcare needs. Medicare, Medicaid and community care resources help to offset individual healthcare costs, but they are often not enough. The programs are complex and confusing and are limited in the care they provide.

Community care resources such as the senior companion program, meals-on-wheels, and adult day care, are vital and often fill in the gaps for federal and state resource programs. However, these resources become exhausted and cannot accommodate all the needs in the community. With federal, state and local dollars being used the resources are often targeted at specific groups, usually low-income families and individuals (D. Crowther, Bear River Area Agency on Aging [BRAAG], personal communication, February 25, 2005). Medicaid and Medicare will help to fund some of these community programs, but their funding is limited and very specific, so as to avoid paying for every healthcare need. Those seniors with higher incomes are often left to use their own resources when providing for their care in old age.

The Older Americans Act of 1965

The Older Americans Act of 1965 set in place the structures at the federal, state and local level to plan and administer services to help individuals 60 and older maintain their health and independence in their homes and communities (The National Network on Aging, n.d.). The Bear River Area Agency on Aging (BRAAG) is a result of The Older
Americans Act. It encompasses Box, Cache and Rich counties (D. Crowther, BRAAG, personal communication, February 25, 2005). As part of the Department of Health and Human Services, BRAAG’s primary responsibilities include advocating for older adults in their service area, identifying the needs of the elderly in their community, and administering Older American Act funds (The National Network on Aging, n.d.). In addition to their primary responsibilities, the agency provides information on care services for older adults at any point in the continuum of care. Services are generally contracted out to local service providers and then are distributed throughout the community (The National Network on Aging, n.d.). Community based, in home and institutional services are all offered in the community to individuals’ ages 60 and older (The National Network on Aging, n.d.).

Home and Community Based Services

Home and community based services help individuals to stay in their homes as well as remain connected to their communities. Older adults can utilize access, community and in-home services to help manage their care needs and personal affairs. These services are vital for older adults in order to help them maintain their independence in a comfortable environment, as well as useful to their communities.

Access Services

Access services are services offered through the local Area Agency on Aging to assist older adults in finding and obtaining available services (The National Network on Aging, n.d.). These services consist of client assessment, care management, information and referral, transportation and the Health Insurance Information Program (The National Network on Aging, n.d.; D. Crowther, BRAAG, personal communication, February 25,
2005). These services provide an accurate picture of the client’s needs when they are used in conjunction with one another.

Client Assessment

Client assessment is done to determine both need and eligibility for services (The National Network on Aging, n.d.). This service is offered to all older adults who want to better understand what they qualify for and what services are available to them in their community. Care management in conjunction with client assessment, information and referral services, can be used to better understand the clients’ needs and assess which services would be best utilized in their situation. Care management is done by a licensed social worker with the aid of a registered nurse. They review and analyze individual’s social, psychological and physical health and then develop a service or treatment plan (The National Network on Aging, n.d.; D. Crowther, BRAAG, personal communication, February 25, 2005). Information and referral services can be offered at the time of assessment by providing information to individuals about programs in their community that might benefit them. Case managers are then given the responsibility of linking the services offered to the client and contacting providers and caregivers on the individual’s behalf (The National Network on Aging, n.d.). These resources are not always utilized by those who would benefit from them because of lack of knowledge of the availability and benefits of the services offered through the community and BRAAG.

Health Insurance Information Program

The Health Insurance Information Program also known, as HIIP, is a service provided through the local Area Agencies on Aging. It provides free Medicare counseling (D. Crowther, BRAAG, personal communication, February 25, 2005).
Funded by the federal government, volunteer HIIP counselors meet with older adults to discuss Medicare coverage and concerns (Bear River Area Agency on Aging, 2005; Division of Aging and Adult Services, 2002). The program offers free Medicare counseling, help with organizing doctors’ bills, understanding Medicare benefits, filing Medicare appeals, comparing Medigap insurance policies, evaluating coordinated care plan options, understanding Medicaid, understanding the qualified Medicare beneficiary program, exploring long-term care insurance options, explaining hospital rights, and help in obtaining the Medicare approved prescription drug card (Bear River Area Agency on Aging, 2005). All older Americans in their community should utilize this valuable service so they can better understand Medicare and how it applies to their individual situation.

Community Based Services

Community based services are direct services available for older adults on a community level (The National Network on Aging, n.d.). These services consist of adult day care, congregate meals, legal assistance, senior center programs, and elder abuse prevention programs (The National Network on Aging, n.d.). Community programs can tie older adults in the community together and provide social and instrumental support to them.

Adult Day Care

Adult day care is care that is offered for less than 24 hours in a protective setting (The National Network on Aging, n.d.). It offers structured, comprehensive, health, social and related support to individuals receiving care from family, friends or neighbors (The National Network on Aging, n.d.). Adult day care not only serves a need for older
adults, but often for their caregivers as well. Caregivers receive a number of benefits from the program which include, receiving a break, having someone to talk and share concerns with in regards to the individual they are caring for, and having the help of a trained staff to assist them in providing care. The social atmosphere allows older adults to stay tied to their community and not become isolated. Usually offered in a nursing home type of setting the care often includes, therapies, meals, social activities, health assessments, counseling, personal care, and transportation to and from the center (The National Network on Aging, n.d.). In Logan, Sunshine Terrace offers adult day care services to the community. These services are paid for either through private pay or programs administered through the community (M. Lewis, BRAAG, personal communication, May 26, 2005).

Congregate Meals

Congregate meals are usually offered at a Senior Center and provide a “minimum of one-third of the required daily allowance” need in one’s diet (The National Network on Aging, n.d., p 6). Through the Older Americans Act, money is set aside and given to senior centers for congregate meals and meals-on-wheels programs (D. Crowther, BRAAG, personal communication, February 25, 2005). This program is available in Cache Valley through the Cache County Senior Center. The individuals participating in the program are asked to donate money for the meals they eat, but if finances are an issue and they are unable to do so, the funds are available for them to have a hot meal five days a week. This program serves a broad range of individuals because there is not an income requirement to participate. Like many of the other community-based services, congregate meals ties older adults to one another and their community. They are not only
receiving meals, but they are able to be in a social setting, where they can develop and maintain relationships with others.

Legal Assistance

Legal assistance is offered for elderly persons who are unable to manage their own legal affairs (The National Network on Aging, n.d.). Legal services are offered on a set fee basis, but there are specific situations in which the community may step in and help pay for those costs. Areas of legal service that directly affect older adults are, power of attorney, living wills, right to die, government benefits, entitlements, pensions, age discrimination, and wills (The National Network on Aging, n.d.). Legal assistance can benefit not only those individuals that cannot manage their own affairs properly, but also those individuals who want to prepare for their future and the future of their loved ones, as well as for their estate. Private practice attorneys are available in Cache Valley and other communities for the purpose of helping individuals with their estate. Advanced directives affect the end of life of all older adults and decisions should be made about their future, in case there comes a time when they cannot make decisions about themselves, their property and their care.

Senior Centers

Senior center programs offer social, physical, religious and recreational activities for older adults (the National Network on Aging, n.d.). The center is a focal point where services can be delivered to older adults and reach a large percentage of the population. Wellness fairs, activities, seminars, nutritional counseling, etc. can be offered at these locations (D. Crowther, BRAAG, personal communication, February 25, 2005). These services are invaluable to older adults, and fulfill a number of their social and educational
needs. Senior Centers can offer a number of services to a broad range of individuals at little or no cost to the community, through seminars and classes. The Cache County Senior Center provides services for elderly persons in Cache Valley. There are however, senior centers in Brigham City, Tremonton and Hyrum. Providing information about available resources in a friendly setting will help to get the word out about more of the programs available to older adults.

Elder Abuse Prevention

The Elder abuse prevention programs are run through coordinated efforts of the state-level adult protection service agencies and the ombudsman (The National Network on Aging, n.d.). In situations of abuse or neglect, adult protective services can step in to alleviate the situation. The ombudsman most often works with individuals in long-term care settings and investigates and resolves complaints (The National Network on Aging, n.d.). These checks and balances within the local communities help to ensure a safer environment and community for its residents. The Ombudsman program will be discussed in more detail later.

In-Home Services

The primary goal of in-home services is to assist older Americans to stay in their homes and with their families as long as possible, by providing direct services to those individuals in their home environment (The National Network on Aging, n.d.). Individuals often desire to stay in their home and with their families, and these services help provide a way for older Americans to do that. These services can save money both for those individuals receiving services and the state agencies providing services, by keeping individuals in their home instead of having to go to a long-term care facility. In-
home services include, home delivered meals, home health services, homemaker services, chore services, telephone reassurance, friendly visiting, energy assistance and weatherization, emergency response systems, senior companions and respite care (The National Network on Aging, n.d.). These services are usually contracted with local home health agencies through the Area Agency on Aging (D. Crowther, BRAAG, personal communication, February 25, 2005). Individuals are often happier when they are with their family and loved ones, and the in-home services can provide additional social support to make one's life more meaningful.

Medicare part A will help pay for home health care if certain conditions are met (Utah State Division of Aging and Adult Services, 2004). Those conditions include, that the care needed is part-time or intermittent skilled nursing, physical therapy or speech therapy is needed, the beneficiary is confined to their home, a physician has determined the beneficiaries need, the agency providing services participates in Medicare, and there is at least one predictable skilled nursing care, physical therapy, speech therapy or occupation therapy service every 60 days (Utah State Division of Aging and Adult Services, 2004). Beneficiaries are entitled to unlimited visits (Utah State Division of Aging and Adult Services, 2004). Medicaid pays for additional services that Medicare will not pay for in home health care. Medicare will only pay for services that are based on a skilled need for those who qualify (A. Stoner, IHC Home Care and Hospice, personal communication, May 23, 2005). Medicaid will pay for homemaking and chore services as well as other additional services that are not directly tied to a skilled need (A. Stoner, IHC Home Care and Hospice, personal communication, May 23, 2005)
Aged Waiver

The Aged Medicaid Waiver is offered through Medicaid, but approved by the local Area Agency on Aging (D. Crowther, BRAAG, personal communication, February 25, 2005). The Aged Waiver is for individuals who are 65 and older with assets of less than $2000 for each month that they receive Medicare funds (Utah Department of Health Bureau of Eligibility Services, 2003). These individuals also must have a medical level of care that would require nursing home care (Utah Department of Health Bureau of Eligibility Services, 2003; D. Crowther, BRAAG, personal communication, February 25, 2005). Financial assets are included in one’s assets, but one’s home, car and personal belongings are not unless they exceed the specified amounts (M. Lewis, BRAAG, personal communication, May 19, 2005). Through the Older Americans Act money is set aside to keep older adults in their home, and this program is a result of that act (D. Crowther, BRAAG, personal communication, February 25, 2005). Funds to operate and run the program come from both federal and state dollars, with three federal dollars appropriated for every one state dollar (D. Crowther, BRAAG, personal communication, February 25, 2005).

In order to receive the Aged waiver a case manager, nurse, and family must assess the situation and contract with different in-home service agencies (D. Crowther, BRAAG, personal communication, February 25, 2005). These services include, non-medical transportation, home delivered secondary meals, respite care services, home maker services, chore services, supportive maintenance, adult day care, adult companion services, emergency response and reminder systems, case management, specialized medical equipment, supplies and assistive technology, general access services, personal
care attendant services, personal care attendant program and training services (Utah Department of Health Bureau of Eligibility Services, 2003). This program, like many of the other programs for older adults, focuses on in-home services and helping older adults stay in their home.

Senior Companions

Senior Companions is one of the services offered in the home for isolated and sometimes frail older Americans. Senior companions offer social support to other seniors through, visiting with them on a regular basis, assisting them with daily tasks, offering encouragement, helping them to take their medication and providing a friendship (Senior Corps, n.d.). The senior companion program offers benefits to both those that provide the services and those that are receiving the services. Senior companions receive training, physical examinations, supplemental insurance, help with meal and transportation costs, and a small stipend for those who qualify (Senior Corps, n.d.). To be a senior companion an individual must be over 60 years old, often with a limited income, and they can volunteer up to 20 hours a week (Senior Corps, n.d.).

Alternatives Program

The alternatives program is a state funded program that provides services for adults age 18 and older, with 75% of the clients over 60 (D. Crowther, BRAAG, personal communication, February 25, 2005). The program is based on income and need (M. Forbush, BRAAG, personal communication, May 19, 2005). Depending on the size of family and income, a client receives services with little or no cost to them (M. Forbush, BRAAG, personal communication, May 19, 2005). Assessed by a social worker, decisions are made on the type of services that would benefit the client (D. Crowther,
BRAAG, personal communication, May 19, 2005). Those with the highest need are
given top priority (M. Forbush, BRAAG, personal communication, May 19, 2005). The
local Area Agency on Aging then contracts with home health providers to supply those
services to those individuals who qualify (D. Crowther, BRAAG, personal
communication, May 19, 2005). Adult day care, respite care, homemaker services,
personal care, and equipment are all services offered through this program (D. Crowther,
BRAAG, personal communication, May 19, 2005). The cost of care however, cannot
exceed $750 dollars a month for beneficiaries (D. Crowther, BRAAG, personal
communication, May 19, 2005).

This program provides another way for older adults to stay in their home and
receive care. Older adults feel more comfortable in their home. Receiving help with
their care in their home can help alleviate some of their and their family’s stress, both
physically, and financially. This program is only offered to those individuals with low-
income, but the services would be beneficial to a number of older adults. Low-income
groups are targeted because there is a greater need for financial help and there are not
enough resources to provide and offer services to all income groups.

Hospice

The mission of hospice is to “bring superior and compassionate care to patients
facing the final stage of life” (Alpine Hospice Care, n.d.). Hospice is a program that is
meant not only to help older adults or individuals that are in the final stage of life, but
also their families. The goal is not to cure the disease, but to provide comfort to
individuals and their families in the final stage of life. Hospice is for patients who are no
longer responding to cure-oriented treatments (Alpine Hospice Care, n.d.). Available up
to six months before expected passing, hospice provides in-home care to wherever the
individual is most comfortable (Alpine Hospice Care, n.d.). Improving the quality of the
patient’s last days and providing comfort and support to them and their loved ones helps
to eliminate some of the stress of the expected passing and eases some of the burden of
care that the family undertakes.

There are a number of different hospice organizations available to older adults.
The hospice organizations are diverse, but offer many of the same services. There are
both profit and non-profit hospice organizations that operate in the United States. In
Cache Valley there are over seven different hospice providers to choose from. There is
usually no copay or out of pocket costs for qualified Medicare beneficiaries. Medicaid,
as well as many insurance companies pay for hospice benefits with little or no cost to the
recipient (Alpine Hospice Care, n.d.). Medicare and Medicaid offer equal benefits and
payments for hospice care, but Medicare will always pay first because Medicaid pays
after all other resources are used (A. Stoner, IHC Home Care and Hospice, personal
communication, May 23, 2005).

A professional team is used to meet a number of the needs of the dying individual
and their family to provide more than just healthcare. Volunteers, spiritual advisors,
counselors, and social specialists work alongside physicians, nurses, therapists, and social
workers to provide a more comprehensive care (Alpine Hospice Care, n.d.). This service
is widely available to a large majority of older adults because they are receiving Medicare
Part A. When utilized it can provide a smoother transition from life to death for both
families of terminally ill individuals and patients. Spiritual advisors and counselors are
there to listen to concerns about death and the dying process. These advisors are
removed from the situation and patients may have an easier time talking with them about issues that they do not feel comfortable discussing with their family and friends.

Volunteers are essential to hospice. Volunteers help with a number of tasks that reduce the cost of care for beneficiaries, as well as providing friendships and service to those individuals receiving hospice benefits. Each hospice volunteer must undergo 12 initial hours of training (J. Keys, Alpine Hospice, personal communication, March 23, 2005). The role of volunteers is to help with housecleaning and have one on one talks and visits (J. Keys, Alpine Hospice, personal communication, March 23, 2005). Around half of all hospice patients have a volunteer that visits them (J. Keys, Alpine Hospice, personal communication, March 23, 2005). Each patient is given the opportunity to have a volunteer come to their home (J. Keys, Alpine Hospice, personal communication, March 23, 2005). This is a service that is offered at little or no cost to the community, but provides benefits to a number of sick and dying older adults.

Services in Institutional Care

Services in institutional care are directed toward elderly individuals who are living in those settings (The National Network on Aging, n.d.). The two services that Cache Valley has in place are, a pre-admission screening that is done before an individual goes into a nursing home and the ombudsman program (The National Network on Aging, n.d.). These two services can help individuals make appropriate choices and resolve complaints in institutional settings.

Ombudsman Program

All states are currently required to have an ombudsman service that handles complaint resolutions (The National Network on Aging, n.d.). An ombudsman program
can offer a number of essential services such as, advocating for older, institutionalized Americans, under federal and state law, protecting the rights of residents living in nursing homes, assisted living facilities, and adult foster care, investigating and resolving complaints by residents of long-term care facilities, monitoring the implementation of federal, state and local laws governing long-term care facilities, and to be an educator, mediator, and broker for older adults (Bear River Area Agency on Aging [BRAAG], n.d.). This service offers help to all older adults in institutional settings regardless or their income, or any other circumstance. Utah law protects the services of an ombudsman by prohibiting any person “from refusing to comply with or interfering with the investigation activities of an ombudsman” (BRAAG, n.d.).

*Housing for Elderly Persons*

**Assisted Living Facility**

Assisted living facilities are available to individuals who do not require the skilled care that is received at a nursing home. These individuals may still receive help with activities of daily of living, but generally are more mobile and require less care than those individuals in a nursing home. Individuals who chose to live in an assisted living facility pay a monthly fee to receive a number of different services. In Cache Valley there are five assisted living facilities, Logan House, MeadowBrook of Cache Valley, Providence Assisted Living, Terrace Grove Assisted Living and Williamsburg Retirement Community. Each assisted living facility is different, but most of the facilities offer meals, CNA services, a bedroom either shared or private, activities and some transportation (G. Petersen, Logan House, personal communication, October 2004).
There are two levels of assisted living care, level one and level two. Most assisted living facilities only offer level one care. In a level one assisted living facility, individuals must be more independent, they have to be able to get themselves out in case of a fire and be able to take care of most of their activities of daily living (K. Smith, Williamsburg, personal communication, October 2004). In a level two assisted living facility individuals can receive help with up to two or three activities of daily living with one person assisting (M. Harris, Terrace Grove Assisted Living Center, personal communication, March 19, 2005).

While these facilities offer a number of services and fill an important need in individual communities, they are often expensive to the point that many older Americans do not consider them an option when making decisions about their care. Cost per month is generally in the range of $995 to $3000, but can exceed that amount (G. Petersen, Logan house, personal communication, October 2004; K. Smith, Williamsburg, personal communication, October 2004). The funds to pay for assisted living centers generally come from one’s own pocket. Medicare and Medicaid funds help cover nursing home care, but not assisted living services (M. Harris, Terrace Grove Assisted Living Center, personal communication, March 19, 2005).

Nursing Homes

Nursing homes differ from assisted living facilities in that they offer more skilled nursing care, therapy services, have a lower patient to staff ratio, can work with patients that have more health problems and who need help with their activities of daily living, and can have patients with communicable diseases and behavior problems (M. Harris, Terrace Grove Assisted Living Center, personal communication, March 19, 2005). These
facilities work with those individuals in the community who often need the most help with activities of daily living and who are suffering the most from chronic illnesses. Nursing home facilities offer a variety of services including, 24 hour licensed nursing, in house rehabilitation services including physical, occupational and speech therapy, ventilator care, intravenous, parenteral and enteral feeding, social services, family support and education, meals and snacks, nutritional counseling, private and shared rooms, personal care, recreational activities, laundry and housekeeping services, beauty and barbershop services, transportation, palliative care, and church services (The Sunshine Terrace Foundation, Inc., n.d.). These services may differ depending on the nursing home. In Cache County there are only two nursing homes, Logan Nursing and Rehabilitation Center and Sunshine Terrace.

The cost for an individual to live in a nursing home doubles from that of an assisted living center, costing up to $4000 or more a month (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). Medicare and Medicaid will often pay for some of nursing home care. In order for care to be paid for a nursing home must be Medicare and Medicaid certified (V. Brindley, Sunshine Terrace, personal communication, October 2004). Medicare Part A will pay for nursing home care for up to 100 days if a person prior to coming to the nursing home has been in the hospital for at least three days or longer (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). The first 20 days are covered in full by Medicare Part A, and the 21st to the 100th day are partially covered, with a copayment from the beneficiary required (Centers for Medicare an Medicaid Services, 2004). This coverage is all contingent upon the client making progress (L. Loscher, Sunshine Terrace, personal communication, May 19,
Medicare Part B will pick up some of the nursing home cost after 100 days of an individual being in a facility (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). The costs eliminated are those of working with a speech, occupational and/or physical therapist (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005).

At this point if an individual is eligible for Medicaid, Medicaid will then pick up the cost of nursing home care (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). Medicaid will pay up to $105 dollars a day for nursing home care, although most facilities charge more than this (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). If they accept Medicaid, they must accept the payment as full (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). Most individuals in nursing homes will eventually need Medicaid assistance in order to pay for their care (L. Loscher, Sunshine Terrace, personal communication, May 19, 2005). Nursing home care is expensive, costing as much as a couple hundred of dollars a day. This cost makes it so that most individuals will exhaust their assets in order to pay for their care, eventually losing their home and belongings.

Limitations to Care

With all the programs that are offered to older adults, there is still more need than there are resources. A majority of the programs including, Medicaid services, the Alternatives program, the Aged Waiver and some in-home services are only offered to low-income beneficiaries. Although other programs are available that are not based on income, many of these programs offer minimal services and do not aid individuals in staying in their homes. The programs offered through Medicare, Medicaid and the
community can be confusing and contradictory, leaving many to essentially “fall through the cracks.”

Individuals do not always know where to go and find out about services or where to get the services that are available. The cost of services are expensive and can take a large majority if not all of a persons finances and resources to cover the cost of their care. These limitations to care can be lessened with better managed and coordinated programs, more community care and lower health care costs. Until the programs for older adults are modified and the resources are as great as the need there will always be limitations to care.
References

Alpine Hospice Care (n.d.). *Bringing dignity & comfort home...where it belongs* [Brochure]. UT: Author.


**Medicaid**
- Must be in a specified group to receive benefits
- Operates as a vendor payment program (fee-for-service)
- Federal and State Entitlement program
- Regulations and policies determined by each state
- Medical assistance for certain individuals and families, that is dependent upon income and resources
- Paid for over 41 percent of the total cost of care for persons using nursing facility or home health services in 2001
- Payer of last resort

**Medicare**
- Health insurance for the disabled
- Not based on income, but on years worked
- Health insurance program for individuals 65 and older, qualifying persons with disability and persons of any age suffering from permanent kidney failure
- Covers over 95% of the nation's aged population
- Includes Part A Hospital Insurance and Part B Medical Insurance
- The Department of Health and Human Services has the overall responsibility for administering the program

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Healthcare Resources for Older Adults in a Medium Sized Community
Healthcare has become a large concern for a number of older adults.
The Older Americans Act of 1965

• Structures set in place at the federal, state and local level to help individuals 60 and older maintain their health and independence in their homes and communities

• Bear River Area Agency on Aging (BRAAG)

  • Advocating for older adults
  • Identifying the needs of elderly in their community
  • Administer Older American Act funds
  • Provide information on care services throughout the continuum of care
Client Assessment

• Done to determine the need and eligibility of services.

• Through the Bear River Area Agency on Aging

• Done by a licensed social worker and depending on the situation and program a registered nurse

• Case managers link the services to the client by contacting providers and caregivers on an individuals behalf
Health Insurance Information Program (HIIP)

- HIIP volunteers
- Free Medicare counseling
- Help with organizing doctors and hospital bills
- Understanding Medicare benefits
- File Medicare appeals
- Compare Medigap insurance policies
- Evaluate Coordinated Care Plan options
HIIP Continued

• Understand Medicaid

• Understand the Qualified Medicare Beneficiary program

• Understand the Specified Low-income Medicare Beneficiary program

• Explore Long-Term Care Insurance options

• Know your hospital rights

• Help with the Medicare-Approved Prescription Drug Card
Elder Abuse Prevention and the Ombudsman

- Coordinated efforts of adult protection agencies and the ombudsman

- Ombudsman works with individuals in long-term care settings and investigates and resolves complaints

- All States are required to have an ombudsman that handles complaint resolution

- Advocate under federal and state law to protect the rights of residents living in nursing homes, assisted living facilities, and adult foster care
• Monitors the implementation of federal, state and local laws governing long-term care facilities

• Educator-inform residents, families, friends and facility staff about their rights and responsibilities

• Mediator-Act as a spokesperson for the resident and communicate their needs to appropriate staff

• Broker- Coordinate with other agencies on behalf of a resident by making referrals, arranging services, and providing follow up care to ensure action.
Hospice

• **Mission**: To bring superior and compassionate care to patients facing the final stage of life.
• **Goal** is not to cure the disease, but to provide comfort to individuals and their families in the final stage of life.
• For patients who are no longer responding to cure-oriented treatments.

• Available upon a doctors request

• Professional team to meet needs

• Usually no copay or out of pocket costs for qualified Medicare beneficiaries.
• Medicaid and insurance companies coverage
Hospice Volunteers

• Essential to hospice

• Training

• Help with housecleaning

• One on one visits

• All patients are given the opportunity to have a volunteer come into their home.
Nursing Homes

• Skilled nursing care

• Lower patient staff ratio than an assisted living center

• Therapy services

• Help with activities of daily living

• Services offered

• Cost: $4000 a month + not including prescriptions or doctors visits
Medicare Part A coverage:
• First 21 days covered in full.
• 21 to 100 day partially covered
• Contingent upon making progress
• Must meet the guidelines to be eligible

Medicare Part B coverage:
• After 100 days helps to cover the cost of speech, occupational and/or physical therapist
Medicaid Coverage:

- Medicaid certified facility
- Medicaid will pay $105 dollars a day
- Payment must be accepted as full and complete
- For eligible recipients
Senior Companions

• Social support
• Regular visits
• Assistance with daily tasks
• Encouragement
• Help in taking medication
• Friendship

Senior Companions receive:
• Training
• Physical examinations
• Supplemental insurance
• Help with meal and transportation costs
• Small stipend for those who qualify
Legal Assistance

• Areas that affect older adults
  • Power of attorney
  • Living wills
  • Right to die
  • Government benefits
  • Entitlements
  • Pensions
  • Age discrimination
  • Wills

• Decisions that need to be made about one's future, property, estate and care.

• Payment is usually for a set fee basis, but there are circumstances where the community may step in to help pay for these costs
Limitations to Care

• More need than resources
• Majority of programs offered to low income beneficiaries
• Confusing and complex
• Lack of knowledge for beneficiaries and agencies
• Expense
• Individuals do not always know where to go to find services