

INMAN PARK: PLANNING AHEAD FOR OLDER RESIDENTS

You may be a neighborhood resident who has lived in Inman Park for years, or you may be a younger resident who is concerned about aging relatives or friends. Either way, having the right information as you look to the future will help you sort through the most common challenges experienced by senior Atlantans. Lifelong Inman Park has created this guide which will, we hope, answer many of your questions. Housing options, in-home care services, local community programs, Medicare, and advanced health planning are covered here. This information can be used to help you navigate what's available, who to talk to, and what it might cost.

This is general information to get you launched. If you would like to discuss any of your specific concerns, please feel free to contact Moira Keller LCSW, a retired geriatric social worker who lives in Inman Park. She can be reached at 404-290-1630 or moira.keller@comcast.net.

A Note About Covid 19...Due to the impact of coronavirus, there may be alterations in services mentioned in this guide.

TABLE OF CONTENTS

SENIOR HOUSING OPTIONS.....	3
HOME HEALTH SERVICES.....	7
HOSPICE CARE AND PALLIATIVE CARE.....	7
COMMUNITY PROGRAMS.....	8
MEDICARE.....	10
PLANNING FOR THE FUTURE.....	11
WHO PAYS FOR CARE IN GEORGIA.....	12

I. SENIOR HOUSING OPTIONS

Staying At Home

As we age, many of us will want to remain in our own homes rather than relocate into a senior living environment. Some changes may be necessary to ensure that you are as safe as possible. You'll probably want to get grab bars for your shower. Wearing a personal emergency response button is always a good idea, in case you live alone and fall. You might want to build a ramp to accommodate wheelchairs and walkers. You may decide that a stair lift to your second floor bedroom would make life much easier. Replacing old doorknobs with ergonomic door handles may also be a good solution. There are local companies that specialize in senior-friendly modifications, whether it's renovating bathrooms or installing new technology which will allow distant family members to regularly check in. Some of these changes to your home can be costly, so it's best to compare prices from different vendors.

In addition, hiring private duty workers from local agencies can allow you to stay in your home. Usually these workers are Certified Nursing Assistants (CNAs) who help with bathing, dressing, meal preparation, and other activities of daily living. Often they'll also do light housework and take you to medical appointments and other errands. Your financial status will determine whether in-home help is an out-of-pocket expense or a partially covered expense offered by some Medicaid (public assistance) programs. Some long term care insurance policies have an in-home care benefit. Medicare will briefly cover intermittent rehab services at home for those who have a skilled nursing need, but it does not pay for help with the activities of daily living. Keep in mind that most private duty agencies require at least a four hour shift of work, each time a CNA arrives, whether this much time is needed or not. Also, if you are a US veteran of wartime, you may be able to receive the Aid and Attendance benefit which can help pay for in-home care.

There's a broad array of services in the community to help those who want to remain in their homes. Meals-on-Wheels and transportation can be hired or, if you qualify, can be part of public assistance programs. Hospital beds and other durable medical equipment can be set up in your home — and often, Medicare will pay for it.

You may decide that staying in your own home isn't the best plan. Considering a move into a senior community may be preferable. There are three types of senior housing.

Independent Senior Living

There are many senior communities in Atlanta for active, independent older adults. These communities resemble apartment complexes and their costs vary, depending upon the size of the apartment and other amenities. Some communities cater to lower income older adults and thus offer housing subsidies. Most independent living places have a communal dining room in which one meal per day is provided, while other meals are prepared in the resident's kitchen. Many group activities are scheduled for those who want to socialize. There is 24 hour security. There's parking available for those residents with cars.

Private duty agencies contract with independent living communities, and as result, a resident who needs some assistance — for example, help with showering, to avoid falls — can hire a CNA specifically for this purpose, for a short period of time. This allows many residents of independent retirement communities to remain where they are, without having to move on to a higher level of care.

Some independent retirement communities also include a personal care home, under the same roof. Having both types of housing — independent and personal care home — can work out well for couples when one spouse significantly declines and needs more attention.

Assisted Living and Personal Care Homes

Georgia's assisted living communities and personal care homes represent the mid-level of senior housing. They offer more services than independent senior living, but fewer services than skilled nursing facilities, otherwise known as nursing homes. Assisted living and personal care homes are more alike than they are different. They have specific licensing requirements, with assisted living communities being larger places with more stringent fire and building codes. Essentially, both types of housing provide help with the activities of daily living,* three meals per day, and medication oversight. Neither is a medical facility, though many larger places will have a nurse on the premises during daytime hours. Some places also have rehabilitation services available. Recreational activities and other amenities are offered in many facilities.

There is wide variance with costs. Small personal care homes — which have been in Georgia for a long time — may have two or three residents to a room, with resulting lower costs. New assisted living communities are often luxurious, with large apartments, and therefore quite expensive. The services each resident needs might also determine monthly costs. Someone who always needs help bathing, using the bathroom, dressing, and managing medications will be paying more than her neighbor who needs only half of those services.

The majority of assisted living and personal care homes in Georgia are paid by the residents themselves. With one small exception, Medicaid does not cover the costs of this type of housing. Some long term care insurance policies will cover the costs, according to the specific requirements of the policy. Please note that US veterans of wartime may be eligible for a special benefit, Aid and Attendance, which can help pay for long term care. To learn more about eligibility, go to VeteranAid.org

There are many assisted living communities and personal care homes throughout Atlanta, affording consumers much choice. Moreover, as of June 2020, the Georgia legislature passed a new law to improve this particular sector of senior living. Assisted living and personal care homes now have new requirements which will result in a safer quality of life for all of their residents. To learn more about specific facilities in Atlanta, go to <https://www.ajc.com/senior-care-quality-report/homes/>

***ACTIVITIES OF DAILY LIVING usually include dressing; bathing; feeding oneself; transferring from one location to another (for example, from a bed to a chair); toileting (knowing what to do when you get to the bathroom); and continence (controlling bowel and bladder needs).**

Nursing Homes

When someone becomes medically fragile as they age and dependent upon others for all that they need, moving into a nursing home may be the most realistic choice. Nursing homes provide medical oversight around the clock from licensed healthcare professionals.

It's confusing — nursing homes (also known as skilled nursing facilities) actually have two types of residents. They have long term residents, who are there permanently, and who pay for their care by one or a combination of three sources: the resident's own funds, Medicaid, or long term care insurance.

Then there are short term “sub-acute rehab” residents who are in the nursing home temporarily so that they can receive physical, occupational, or speech therapy. These short term residents

transfer to the nursing home from a hospital where they have been treated for an acute medical condition. Qualifying for subacute rehab is determined by medical status, length of stay in the hospital, and evaluation by the hospital staff. Typically patients need to be admitted to a hospital as an in-patient (NOT as an observation patient) for at least 72 hours before they will be considered for a transfer to sub-acute rehab. Unlike long term nursing home residents, short term residents have their sub-acute treatment paid primarily by Medicare.

Sometimes, when residents are unable to progress with rehab, they can remain in the nursing home on a long term basis, if a bed is available and if payment options can be confirmed with the nursing home.

At other times, frail older adults who are living in their own homes, or with families, or in another senior housing location may need to move into a nursing home. The admission process can be arduous as required state forms must be completed within a short period of time. Nursing homes often receive several applications for one available bed, so they can choose which new resident they'd most like to have. It can be especially challenging to find a nursing home bed if the older adult needs to have Medicaid as the payor source as soon as they make the move.

Nursing homes are more expensive than assisted living/personal care homes. Many people move into them paying for their care at first, and then when their assets are depleted, they change to Medicaid as the payor source. As with assisted living and personal care homes, US veterans of wartime may be eligible for the Aid and Attendance benefit which can help pay for nursing home care. Visit VeteranAid.org to learn more.

A valuable consumer tool is available through the medicare.gov website. All nursing homes throughout America are regularly inspected, and their reports can be read on this site. There is a five-star rating system. Consumers can locate nursing homes that are geographically convenient and compare their inspection results. Learn about nursing homes near Inman Park, or other locations, here: <https://www.medicare.gov/nursinghomecompare/search.html>

Residential Dementia Care

Because dementia usually worsens over time, individuals with this condition will need progressively more oversight and help with all activities of daily living. Alzheimer's disease, Lewy body dementia, vascular dementia, or frontotemporal dementia are the most common causes, but there are other types of dementia as well. Regardless of the cause, dementia is challenging for both the person affected and their family caregivers. Many families care for their loved one at home throughout all phases of the disease, but many others eventually decide that residential care is the best plan.

Many assisted living facilities and personal care homes have separate locked, secure dementia units. The cost is higher in these units because of the specialized care provided. There are also assisted living facilities/personal care homes that are entirely for dementia residents.

In nursing homes, it is more common to have residents with dementia interspersed with other residents, though some nursing homes have separate rooms (and separate programming) for their residents with this disease. One nursing home in Atlanta is specifically for those who have dementia. It will not admit any long term resident unless there is a formal diagnosis of this condition.

As dementia advances, more physical symptoms are likely to occur. This may mean, for dementia residents of assisted living or personal care homes, that they will eventually need to relocate to a nursing home to obtain a higher level of health care.

Life Plan Communities

Formerly known as Continuing Care Retirement Communities, Life Plan Communities offer all three types of housing — independent living, assisted living, and nursing home care — all in one location. Many of these communities also have a residential dementia program. They are very active campuses which focus on those aging adults who would like to make a move while they're robust and healthy, and then, if needed, move into higher levels of care without having to relocate to an entirely new place. The financial cost of most Life Plan Communities includes an entry fee, which can be substantial, followed by monthly service fees.

NOTE:

- 1. There are senior relocation companies in Atlanta that can help you find independent retirement communities and assisted living/personal care homes. Customers do not pay for this business service. The companies are paid by the facilities their customers choose.**
- 2. The office of the Georgia Long Term Care Ombudsman is there to improve the quality of life for all Georgians currently residing in nursing homes, assisted living, or personal care homes. This office receives complaints from long term care residents, or their families, and then works to resolve the sources of conflict. To learn more, go to georgiaombudsman.org**

II. HOME HEALTH

Home Health is a short-term service covered by Medicare and other insurance. Physical, occupational, and speech therapists, as well as nurses and social workers, work together to enhance an older adult's recovery from a hospitalization, or a fall, or other emergent medical events. They will make short visits to the the patient, wherever he lives, several times per week. Usually these services don't last longer than six or eight weeks. A physician needs to order Home Health services and certain criteria need to be met in order to qualify. Medicare will stop payment and services will end when the Home Health team determines that the patient has achieved as much recovery as possible. These teams are closely monitored by Medicare rules and regulations. You can find and compare Home Health companies that serve Inman Park, or other locations, at <https://www.medicare.gov/homehealthcompare/search.html> Medicare rates these companies, from one to five stars.

III. HOSPICE CARE and PALLIATIVE CARE

If you have a terminal illness, you can choose to receive care from a hospice program. This is usually done wherever you are living — at home, or in a long term care facility. It's provided by a specialist team, led by a nurse, who will focus on your comfort, pain management, and other treatments to ensure your best quality of life. Hospice teams also have social workers, chaplains, and medical therapists available to patients. They make short, intermittent visits to monitor the patient's status and to provide guidance for everyone caring for the patient. Medicare and other insurances cover the hospice benefit. Hospice needs to be ordered by a physician who determines that the patient is likely to be terminal within six months. Sometimes, if a patient is hospitalized and not doing well, the hospital staff will suggest that their Palliative care team evaluate the situation. *Palliative* means providing comfort and alleviating distress. It's a medical approach that does not focus on cure. It can include many different treatments but always with the focus on the patient's daily well-being.

It's quite common now for hospice companies to offer occasional visits from a palliative care nurse. This service is offered to patients who have life-limiting conditions but who do not yet meet the criteria of being terminal. These visits cannot be charged to Medicare until or unless the patient is formally enrolled in hospice care. The palliative nurse can "catch" patients when they decline to the point of hospice eligibility. To better understand the differences between hospice care and palliative care, see <https://www.wolterskluwer.com/en/expert-insights/palliative-care-but-i-am-not-dying>

There are many hospice programs in Atlanta. You can learn more about them at <https://www.medicare.gov/hospicecompare/>

IV. COMMUNITY PROGRAMS

Medicaid Waiver Programs

Two Medicaid programs provide public assistance benefits that allow older individuals to receive care in their own homes rather than in institutions or long term care facilities. Both the Community Care Services Program (CCSP) and SOURCE (Service Options Using Resources in Community Environment) offer a range of support services that include adult day health, emergency response, in-home nursing, personal support, home delivered meals, and case management. Also available is support to family members, out-of-home respite care, and placement in personal care homes. Both CCSP and SOURCE have specific Medicaid financial and medical eligibility criteria and particular admission processes. For further information and assistance about these programs, call Empowerline, 404-463-3333.

Veteran's Administration Aid and Attendance Benefit

US veterans and their surviving spouses may be eligible for the Aid and Attendance benefit which can help cover the cost of daily care, no matter where the veteran lives — at home, in assisted living, or in a nursing home. Monthly cash payments are given directly to the veteran (or surviving spouse.) This benefit is not only for combat veterans, but eligibility depends upon time of service and income and asset qualifications. In addition, the veteran or spouse must demonstrate need for help with the activities of daily living. See veteranaid.org for more information.

Area Agency on Aging and Empowerline

Throughout the United States there are regional Area Agencies on Aging (AAA) that are designated to address the needs and concerns of their older adults. The Atlanta Regional Commission's Aging and Health division is the AAA in our part of Georgia. It operates **Empowerline**, a starting point for older adult concerns. By calling 404-463-3333, you'll reach certified phone counselors who will help you find the community resources you need. This free service is available 24/7. You can also go to empowerline.org to learn more about what's available for older adults and their family caregivers.

County Based Aging Programs

Every county in Georgia is allocated some funding under the Older Americans Act. Counties also provide additional funding support for services for their aging residents — the goal is for them to remain healthy, active, and living in their own homes for as long as possible. To this end, counties operate senior centers that offer mid-day meals, opportunities for social interaction, education programs, and leisure trips. In-home support services include home-delivered meals, housekeeping, and some personal help. Waiting lists may exist.

For information about services in Fulton County, call STARLINE — 404-613-6000, the hotline operated by Fulton County Senior Services. You can also visit <https://www.fultoncountyga.gov/services/senior-services> to learn more.

Please note that Inman Park is very close to the Helene Mills Senior Multipurpose Facility at 515 John Wesley Dobbs Avenue, Atlanta 30312 — 404-613-5820. It offers many programs for older adults in our area, including a therapeutic pool, fitness rooms, a cafeteria, art classrooms, and meeting space.

Transportation

Finding transportation can be challenging if you no longer drive and live in your own home. However, there are services available to help. Marta Mobility has van transportation for disabled individuals who are unable to use the Marta system. For information call

404-848-5389. For transportation services available from Fulton County Senior Services, call STARLINE at 404-613-6000.

Residents of retirement communities, assisted living/personal care homes, and nursing homes, usually have transportation options available that the facility staff will arrange.

Keep in mind that non-emergency medical transportation — for individuals who must be transported on a stretcher, for example — is usually an out-of-pocket expense. Advanced Care Transportation Express, 404-942-9803, is a local business that offers this service.

An Atlanta not-for-profit company, Common Courtesy, has teamed with Uber and Lyft to provide transportation to older adults and others who are no longer driving. They offer several options to fund riders. Visit their website for more information, commoncourtesyrides.org

Adult Day Care

For older adults living at home, participation in a structured recreational program can greatly enhance quality of life. Adult day care focuses on seniors with health challenges — either physical, or cognitive, or both. Participants are no longer driving. They're cared for by their families, who may need or want consistent breaks from caregiving. Usually a meal is provided, and some programs offer transportation. There is a daily cost, either an out-of-pocket fee or, in some instances, reduced fees are available for those who qualify. For local adult day care options, see: <https://www.caring.com/senior-living/adult-day-care/georgia/atlanta>

V. MEDICARE

Medicare is the federal health insurance program for those who are 65 or older, people who are under 65 with certain disabilities, and individuals of any age who have end-stage renal disease. The Medicare website, www.Medicare.gov, has comprehensive information about its health insurance programs, as well as helpful consumer tools for evaluating medical providers.

You can get free Medicare counseling through the GeorgiaCares program, mygeorgiacares.org. This service is a public/private partnership that helps Medicare beneficiaries understand their options.

Original Medicare

This traditional type of Medicare covers specific hospital and medical services. Part A refers to hospital insurance but it also helps pay for short-term care in skilled nursing facilities, hospice care, and home health services — when certain criteria are met. For most people, Part A does not have a premium. Therefore most people enroll in Part A as they turn 65.

Part B is medical insurance. It helps pay for visits to doctors and other health care providers, outpatient care, durable medical equipment, and some home health care not covered by Part A (when medically necessary). Part B monthly premiums are determined by income. Most often they are paid from your Social Security benefit before you receive it. People who do not enroll in Part B during the open enrollment period may be penalized later, however, there are special enrollment circumstances for those who meet certain criteria.

Medicare Part D plans are available to help pay for prescription medications. These plans are sold by private insurance companies, and they're approved by Medicare. They're offered to anyone enrolled in Medicare. Costs and benefits vary, so it's best to choose a plan based on your specific medication needs. It's common to have to change Part D plans (done during the annual Medicare open enrollment period) if you've recently had a change in prescriptions.

Medigap/Supplemental Insurance

Many people who have Original Medicare also want to have extra insurance to help pay for the gaps that aren't covered. This includes co-pays, coinsurance, and deductibles. Original Medicare pays 80% of the costs of Medicare-approved services, and Medigap plans will usually cover the remaining 20%. Medicare approves Medigap plans that are sold by private insurance companies. For further information, see: <https://www.medicare.gov/medigap-supplemental-insurance-plans/>

Medicare Advantage Plans (Medicare Part C)

An alternative to Original Medicare is Medicare Part C, otherwise known as Medicare Advantage plans, or MA plans. They combine Part A, Part B, and usually Part D (prescription drugs). Some of these plans include extra benefits that Original Medicare doesn't cover, for an additional cost. Medicare Advantage plans may be less expensive than Original Medicare because they have lower premiums, or no premiums at all. However, these plans often have unanticipated out-of-pocket expenses when you get sick. In addition, customers may have limited providers and vendors that are associated with the plan. If you enroll in a Medicare Advantage plan and find that it's not right for you, you can change to Original Medicare during the annual open enrollment period. To learn more about Medicare Part C, go to <https://www.ehealthmedicare.com/medicare-advantage-articles/what-does-medicare-part-c-cover/>

VI. PLANNING FOR THE FUTURE

Advance Directive for Health Care

Most people have an idea about how they would like to be treated if they are in a serious medical situation, or if they are at the end of their lives. But if they haven't recorded their wishes, anything might happen. That's why completing advance directives is crucial.

Georgia has created a user-friendly document, The Advance Directive for Health Care, which combines a living will with a durable power-of-attorney for health care. Everyone should complete this document, especially older adults. It covers medical treatment preferences and the appointment of a health care agent who can speak for you if you are unable to communicate yourself. It also allows for you to nominate a guardian, should this ever be necessary. This document is valid when you have signed it, with two witnesses. It does not need to be notarized. By googling Georgia Advance Directive for Health Care, you can download and print this document.

It's a good idea to review your wishes periodically as they may change if or when your health status changes.

POLST: Physician Order for Life Sustaining Treatment

Like most states, Georgia now has an additional document that can be very useful for advanced planning. The Advance Directive for Health Care is completed by the patient, but the POLST is completed by the patient (or the patient's representative) and the primary care physician. The POLST is like a better, more refined Do Not Resuscitate order. But it addresses other important choices, too, not just whether the patient would like to have CPR — antibiotic use, artificially administered nutrition and fluids, and medical intervention options if the patient collapses and is breathing. The POLST is intended for medically fragile patients. They don't necessarily need to be eligible for hospice care — but they are clearly declining. See the Georgia POLST website to learn more and to download the form: <https://dph.georgia.gov/polst>

Financial Powers of Attorney

An equally important document for older adults to complete is a financial power-of-attorney. This goes into effect if or when you are unable to manage financial affairs by yourself. A good description of the financial POA is given by the Georgia Legal Aid Society:

<https://www.georgialegalaid.org/resource/the-facts-about-financial-powers-of-attorney>

Banks and other financial institutions in Georgia have their own forms which they will want you to complete. It used to be that you could print out a generic form from the internet, but these are no longer recognized, due to fraud.

Please note that you do not need to hire an attorney to complete advance directives. But you may wish to do so, especially as you work on estate planning. Keep in mind that the completion of advance directives should also coincide with conversations about your wishes. Those closest to you (especially your designated powers-of-attorney) need to know your thoughts and feelings about medical interventions, end-of-life care, where you'd like to live if you become dependent upon others, and how you intend to cover the costs of the care that you need.

VII. WHO PAYS FOR CARE IN GEORGIA

MEDICARE pays for short term acute care needs either in the hospital or for certain outpatient services. It never pays for long term care. It does not pay for in-home custodial care for the activities of daily living — help with bathing, dressing, meals, using the bathroom, taking medications, etc. — although this is the kind of care that most older adults in declining health will need.

MEDICAID is a joint federal and state government health insurance program that helps pay for medical costs for some people with limited incomes and resources. There are different types of Medicaid programs in Georgia. Each Medicaid program has financial eligibility qualifications. Different programs have different income limits. Medicaid will cover the cost of long term nursing home care if the patient cannot afford it. Many people will enter a nursing home paying from their own funds and then when that money is exhausted (called “spending down”), they can then change to a Medicaid payment status without leaving the facility. For married couples who have one spouse in a nursing home, and the other still living at home, there are financial protections for the community dwelling spouse. Medicaid Waiver programs, like CCSP and SOURCE, are designed to help lower income Georgians remain in their homes and avoid having to move into nursing homes. However, there are strict financial and medical eligibility rules for CCSP and SOURCE and there can also be waiting lists for those who apply.

MEDIGAP is supplemental insurance sold by private companies. It is designed to fill in the gaps in Original Medicare Parts A and B.

LONG TERM CARE INSURANCE is usually purchased when you’re in good health, before you develop a chronic condition that requires help with the activities of daily living. Policies differ according to the amount of coverage you want, as well as other factors. This type of insurance can be bought directly from an insurance company or through an agent. It can pay for help at home, the costs of assisted living/personal care homes, nursing homes, and adult day care. It will not cover the costs of independent retirement living.

VETERAN BENEFITS are available to US veterans and often, their spouses. Benefits include use of V.A. medical centers, prescription drug programs, long term care for service related disabilities, and the Aid and Attendance program.

PRIVATE PAY: As noted, many residents of nursing homes and most residents of assisted living/personal care homes will be paying out of their own pockets. Other private pay services include **IN-HOME CARE** unless you qualify for CCSP or SOURCE, or if you have a long term care insurance benefit specifically for in-home care. Most private duty agencies providing in-home care will want a minimum of 4-hour shifts, whether you need that much time or not.

Another out-of-pocket expense is **ADULT DAY CARE**, unless you have a long term care insurance benefit specifically for this service. However, some programs have sliding-fee scales. Some adult day programs are specifically for those who have dementia, while others are offered to any adult who needs daytime assistance. Typically they have recreational activities and one meal. Some programs have transportation for an extra cost. Some participants attend five days per week while others attend for just a few days.

AVERAGE COSTS IN ATLANTA

Nursing Home Monthly Rate: \$8500 — \$11,000

Assisted Living/Personal Care Home Monthly Rate: \$2200 — \$7500

Assisted Living Specialized Memory Care Monthly Rate: \$4500 — \$10,000

Private Duty In-Home Care (provided by Certified Nursing Assistants) Hourly Rate: \$25 — \$30

Adult Day Programs Daily Rate: \$70 — \$100

IMPORTANT POINTS TO REMEMBER

- LONG TERM NURSING HOME CARE IS AN OUT-OF-POCKET EXPENSE, OR IT'S PAID BY MEDICAID, OR A COMBINATION OF BOTH. MOST LONG TERM CARE INSURANCE POLICIES WILL COVER NURSING HOME CARE FOR THE TIME PERIOD SPECIFIED IN THE POLICY.
- ASSISTED LIVING AND PERSONAL CARE HOMES ARE ALMOST ALWAYS AN OUT-OF-POCKET EXPENSE. WITH ONE MINOR EXCEPTION, THEY ARE NOT COVERED BY MEDICAID. MANY LONG TERM CARE INSURANCE POLICIES WILL COVER THIS TYPE OF CARE.
- MANY PEOPLE WITH DEMENTIA CAN LIVE IN "REGULAR" ASSISTED LIVING/PERSONAL CARE HOMES IF THEY DON'T WANDER, IF THEY DO NOT HAVE DISRUPTIVE BEHAVIORS, AND IF THEIR DEMENTIA IS NOT TOO ADVANCED. MOST ASSISTED LIVING/PERSONAL CARE HOMES IN GEORGIA OFFER REGULAR ASSISTED LIVING AS WELL AS SPECIALIZED DEMENTIA CARE IN A SEPARATE AREA OF THE BUILDING. THIS SPECIALIZED CARE IS MORE EXPENSIVE — IT'S FOR MORE IMPAIRED DEMENTIA PATIENTS. ALSO NOTE THAT PEOPLE WHO HAVE DEMENTIA GENERALLY DO NOT FUNCTION WELL IN INDEPENDENT RETIREMENT COMMUNITIES, UNLESS SOMEONE ELSE IS LIVING WITH THEM.
- MANY ASSISTED LIVING/PERSONAL CARE HOMES WILL ENCOURAGE RESIDENTS TO REMAIN LIVING IN THEM UNTIL DEATH, HOWEVER, THE FACILITY MAY ASK THAT RESIDENTS HIRE PRIVATE DUTY ATTENDANTS AS THEIR HEALTH DECLINES.
- HOSPICE CARE (WHICH IS COVERED BY MEDICARE) CAN BE PROVIDED WHEREVER THE PATIENT RESIDES. THE PATIENT MUST BE DECLARED TERMINALLY ILL IN ORDER TO RECEIVE HOSPICE CARE. A PHYSICIAN ORDERS AN EVALUATION FROM THE HOSPICE PROGRAM OF THE PATIENT'S CHOICE. A HOSPICE NURSE FROM THAT PROGRAM WILL THEN DETERMINE IF THE PATIENT MEETS HOSPICE CRITERIA. HOSPICE CARE DOES NOT REPLACE THE NEED FOR ONGOING CUSTODIAL CARE OF THE PATIENT, FOR HELP WITH THE ACTIVITIES OF DAILY LIVING. INSTEAD IT OFFERS SHORT, EPISODIC VISITS FROM HOSPICE TEAM MEMBERS WHO WILL MONITOR THE PATIENT'S CONDITION.
- THE V.A. AID AND ATTENDANCE BENEFIT FOLLOWS THE PATIENT AND — FOR THOSE WHO QUALIFY — WILL ASSIST WITH THE COST OF CARE IN THE HOME, IN NURSING HOMES, OR IN ASSISTED LIVING/PERSONAL CARE HOMES.
- ELDER LAW ATTORNEYS CAN BE HELPFUL IN PLANNING LONG TERM CARE COSTS. CONTACT THE NATIONAL ACADEMY OF ELDER LAW ATTORNEYS FOR SOMEONE IN YOUR AREA: www.naela.org REMEMBER THAT YOU'LL WANT TO WORK WITH AN ELDER LAW ATTORNEY IN THE STATE IN WHICH THE OLDER ADULT LIVES.

Lifelong Inman Park hopes that the information contained in this guide will answer your questions. You may wish to give this guide to family and friends, particularly if you live alone and they live at a distance. Knowing about resources here in Atlanta could be helpful if and when a health challenge occurs.

If you'd like to discuss your situation more specifically, please contact Moira Keller at moira.keller@comcast.net or 404-290-1630. She can offer a confidential consultation to get you started on the right care plan for yourself or other older adults you're concerned about.