

Duke Dementia Family Support Program

Caregiver Connections

An Educational Webinar Series With The Experts

The presentation will begin shortly.
Thank you for your patience!

dukefamilysupport.org

919-660-7510



Understanding Long Term Care Services & Supports

In the Healthcare Continuum

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90% of adults
age 65 and older say they
hope to stay in their
homes for as long as
possible.²

But to do so, many people will eventually need some level of service or support to live safely and successfully in their home or community.

Definition of Terms

- **Long Term Care (LTC)**: Long-term care involves a variety of services designed to meet a person's health or personal care needs over a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. (NIH)



Home Care

- **Home care:** is a type of long-term care services and supports which includes any *professional* support services in the home that allow a person to live safely and remain in the home.
 - Professional caregivers includes: nurses, aides, and therapists (physical, occupational, speech)

Home Care

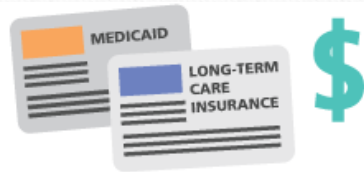


Home Care Agency

Home Health Agency

How is Home Care Paid?

Custodial, Companionship or Personal Care



Personal care and companionship services are usually paid directly by the person receiving care (private pay), or through long-term care insurance or Medicaid. Other funding sources may be:

- Private pay
- Long-term care insurance
- Health insurance
- Veterans benefits
- Workers' compensation

Home Health



When specific qualifications are met (generally, when services are ordered by a physician and a clinical assessment deems them necessary), Home Health services are typically paid for by:

- Medicare
- Private insurance

Non-Skilled versus Skilled



Custodial Care

- Consists of any non-medical care that can reasonably and safely be provided by non-licensed caregivers.
- Can take place at home or in a nursing home.
- Involves help with daily activities like bathing and dressing. In some cases where care is received at home, care can also include help with household duties such as cooking and laundry.



Skilled Care

- Is medically necessary care that can only be provided by or under the supervision of skilled or licensed medical personnel.
- Can be more costly than custodial care and can take place at home or in a skilled nursing facility.
- Examples include physical therapy, wound care, intravenous injections, catheter care, and more.

Home Care Agency: Custodial Care

PERSONAL CARE AND COMPANIONSHIP

→ Help with everyday activities like bathing and dressing, meal preparation, and household tasks to enable independence and safety



— *Also known as...* —

Non-medical care, home health aide services, senior care, homemaker care, assistive care, or companion care

- Self-care (bathing, dressing, & toileting)
- Home safety (ambulation, transfer, and fall prevention)
- Meal planning and prep, light housekeeping, laundry, errands, med reminders, and escorting to appointments
- Companionship and engagement in hobbies and activities
- Supervision for someone with dementia

Activities of Daily Living (ADLs)

Activities of Daily Living

Eat

Get dressed

Bathe self

Use the toilet

Transfer into/out of bed/chair

Ambulate (move around home w/out assistance)

Instrumental ADLs

Prepare meals

Shop for personal items

Manage own medications/money

Use telephone

Do heavy housework/light cleaning

Ability to drive

Home Health Agency: Home Health

- Short-term Nursing, Physical Therapy (PT), Occupational Therapy (OT), Speech Language Pathology (SLP), Medical Social Work, Home Health Aide Services
 - Wound care for pressure sores or a surgical wound
 - Patient and caregiver education
 - Intravenous or nutrition therapy
 - Injections
 - Monitoring serious illness and unstable health status

HOME HEALTH CARE

→ Short-term, physician-directed care designed to help a patient prevent or recover from an illness, injury, or hospital stay



— *Also known as...* —

Medicare-certified home health care, intermittent skilled care, or visiting nurse services

Other Skilled In-Home Services

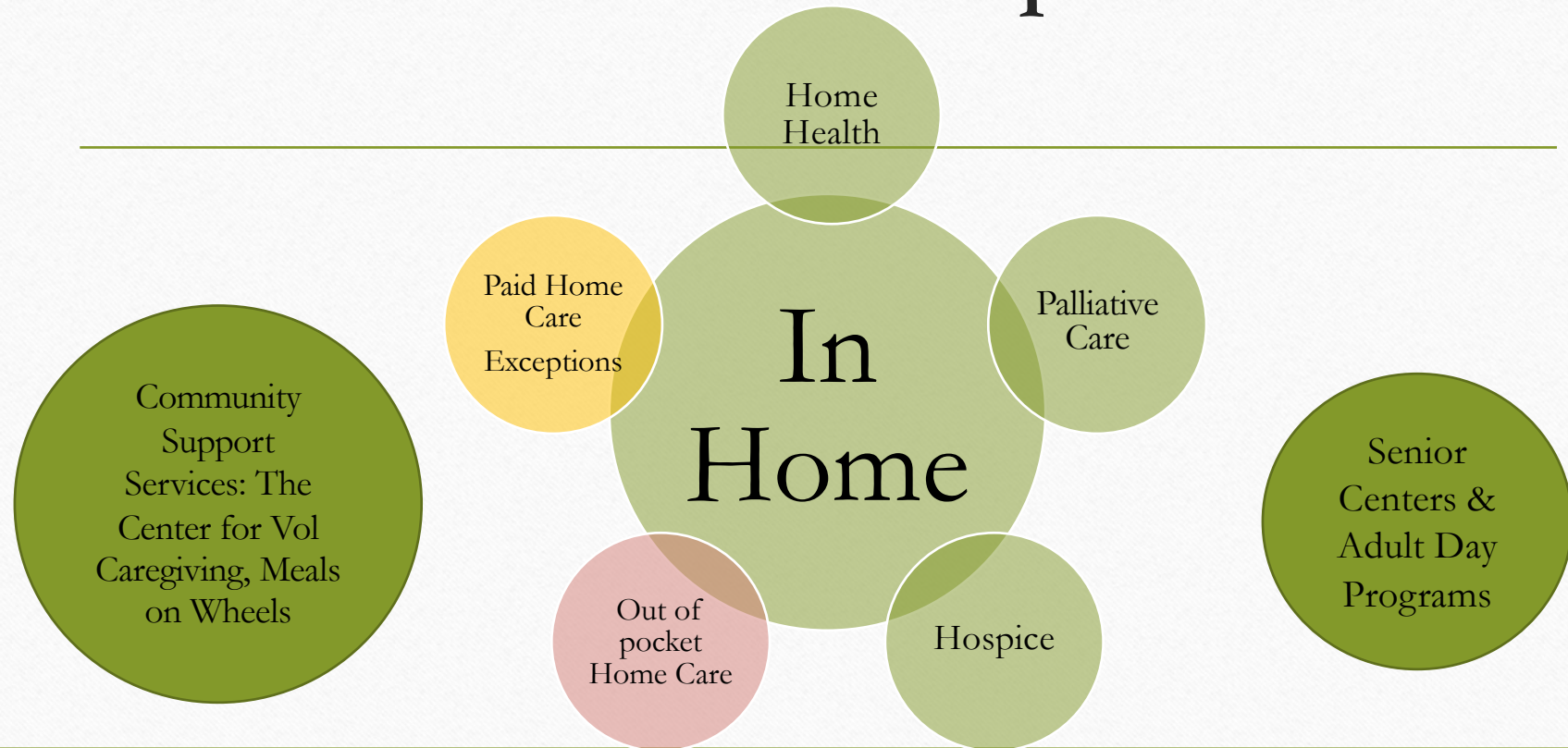
• Palliative Care

- Typically monthly visit by a Nurse Practitioner for pain and symptom management
- Can have curative goals
- No personal care assistance
- Billed under insurance as a specialist visit

• Hospice

- Anywhere one calls home – Assisted Living, Skilled Nursing Facility
- Prognosis of 6 months or less & not receiving life prolonging measures
- Can provide personal care
- Billed under Hospice Medicare/Medicaid Benefit

In-Home Care Options



Adult Day Programs

- Supervised program in a community group setting which provides enrichment activities and socialization.
- Medical and Social models
- Good "bang for one's buck" as more affordable than in home care
- <https://www.ncdhhs.gov/1-5-2023-list-currently-certified-adc-adh-programs/open>

Funding Options for Long Term Care

- Veterans Benefits
- Long Term Care Insurance
- Medicare
- Medicaid

Veteran Benefits

- If the Veteran is not yet enrolled in the VA for health care, you can pursue eligibility online. You are also welcome to simply call and request the Durham VA Eligibility and Enrollment office by calling 919-286-0411 and speaking with an operator to direct you further.
- If the Veteran does not yet have a disability rating with the VA, or you would like to discuss VA benefits outside of health care, please visit here: <https://www.wake.gov/departments-government/veterans-services>

Long-Term Care Insurance Considerations

Buying:

Medicare

- Federal program for those 65 and older
- Medicare pays for **acute** or **skilled care** through home health, palliative care, hospice care (Hospice Medicare Benefit) but does NOT pay for long-term care residency.
- Medicare **does not** provide coverage for custodial care with respect to any of the activities of daily living (ADLs)/ personal care.

Medicare (Part A) for Skilled Nursing Facility

- Covers, at most, the first 100 days of rehabilitation, in a skilled nursing and rehab center deemed “medically necessary care” for each benefit period,
 - Must have a qualifying hospitalization to activate this benefit
 - Three consecutive days (three midnights) in the hospital (not observation stay)
 - Must be receiving rehabilitation services with improving function
 - Days 1-20: covered fully by Medicare
 - Days 21-100: \$185.50 coinsurance per day of each benefit period (Medicare supplement insurance or Advantage Plan may have additional coverage and requirements)
 - Days 101 and beyond: private pay – out of pocket

In-Home Medicare/Medicaid Program Program of All-Inclusive Care for Elderly

- PACE, managed care program for older adults 55+. Provides comprehensive medical and social services to certain frail, community dwelling elderly
 - Preventive & Adult Day Primary Care
 - Transportation to PACE
 - Home Care, Physical & Occupational Therapy
 - Meals & Prescription Drugs
 - Medical specialty services & Dentistry
 - Laboratory & X-Ray Services
 - Hospital & Nursing Home Care
 - Social Services & Social Work Counseling

Medicaid Myth

- "People on Medicaid, get everything covered including home care." **FALSE**
 - Medicaid does offer some in home care options, however, these are still grossly insufficient and typically have very long waitlists even if you already qualify for Medicaid.
 - The income limit for full Medicaid is (approximately) \$1,064 (\$12,768 annually) for a single person with assets of \$2,000 or less.

Medicaid

- State directed, income dependent
- May be available to pay for some long-term care services both at home and in the community
 - Sets limits on the amount of assets you have and income you receive each month to be eligible for benefits
 - Coverage eligibility and programs vary from state to state
 - North Carolina is not one of the states that pays family caregivers for elder care (though there may be some exceptions by county – ask about “consumer directed” or “self-direction of funds”)

Long Term Care Medicaid

- Different eligibility requirements than standard Medicaid
- Can pay 100% of long-term care skilled nursing after qualifying (may need to pay a monthly deductible)
- Important to do long-term care planning when considering reduction of assets, as there is a 5 year look back.
- Webinar: www.youtube.com/watch?v=_Tchc1OrmBg

In-Home Medicaid Programs

- Community Alternative Program-Disabled Adult (CAP/DA) under North Carolina Waivers Services
- Personal Care Services (PCS)
- Money Follows the Person

Community Alternative Program - Disabled Adult 18 +

- Needs at least one CAP/DA home and community-based service and is coordinated by a CAP/DA case manager
- May include: Adult day health, in home aide, meal prep/delivery, respite, and case management among other services
- Administered by county, lengthy waitlists (often 18-24 months)
- To apply in Wake County: go to Resources for Seniors
- Seniorlink program as of November 2020 – coordinated caregiving program, provides education and stipend info.seniorlink.com/nc

Personal Care Services (PCS)

- In NC administered through Medicaid
- Eligibility: Must have a medical condition, disability or cognitive impairment, and demonstrate an unmet need for:
 - Three of the five ADLs with limited hands-on assistance
 - Two ADLs, one of which requires extensive assistance
 - Two ADLs, one of which requires assistance at the full dependence level
- PCS program eligibility is determined by an independent assessment conducted by NC Medicaid or its designee (Liberty Healthcare Corp of NC), and is provided according to an individualized service plan.

Money Follows the Person

- Money Follows the Person (MFP) is a state project that helps NC Medicaid-eligible North Carolinians living in inpatient facilities move into their own homes and communities with supports with benefits through one of these programs:
 - [Community Alternatives Program \(CAP\) for Disabled Adults \(CAP/DA\)](#)
 - [Community Alternatives Program \(CAP\) for Children \(CAP/C\)](#)
 - [NC Innovations](#)
 - [Program of All-Inclusive Care of the Elderly \(PACE\)](#)
- One-time items and services that may be required to transition (security deposits, utility signup expenses, furniture, accessibility modifications)

Other Statewide Programs

- In-Home Aide Services (IHA)
- State/ County Special Assistance
- Other

In-Home Aide Services (IHA)

- To qualify:
 - 60+ years of age
 - Live at home and have home management and/or personal care needs
- Paid through Home and Community Care Block Grants
- In Wake County, as of September 2021, there was 502 on waitlist (2-4 years). Apply through Resources for Seniors

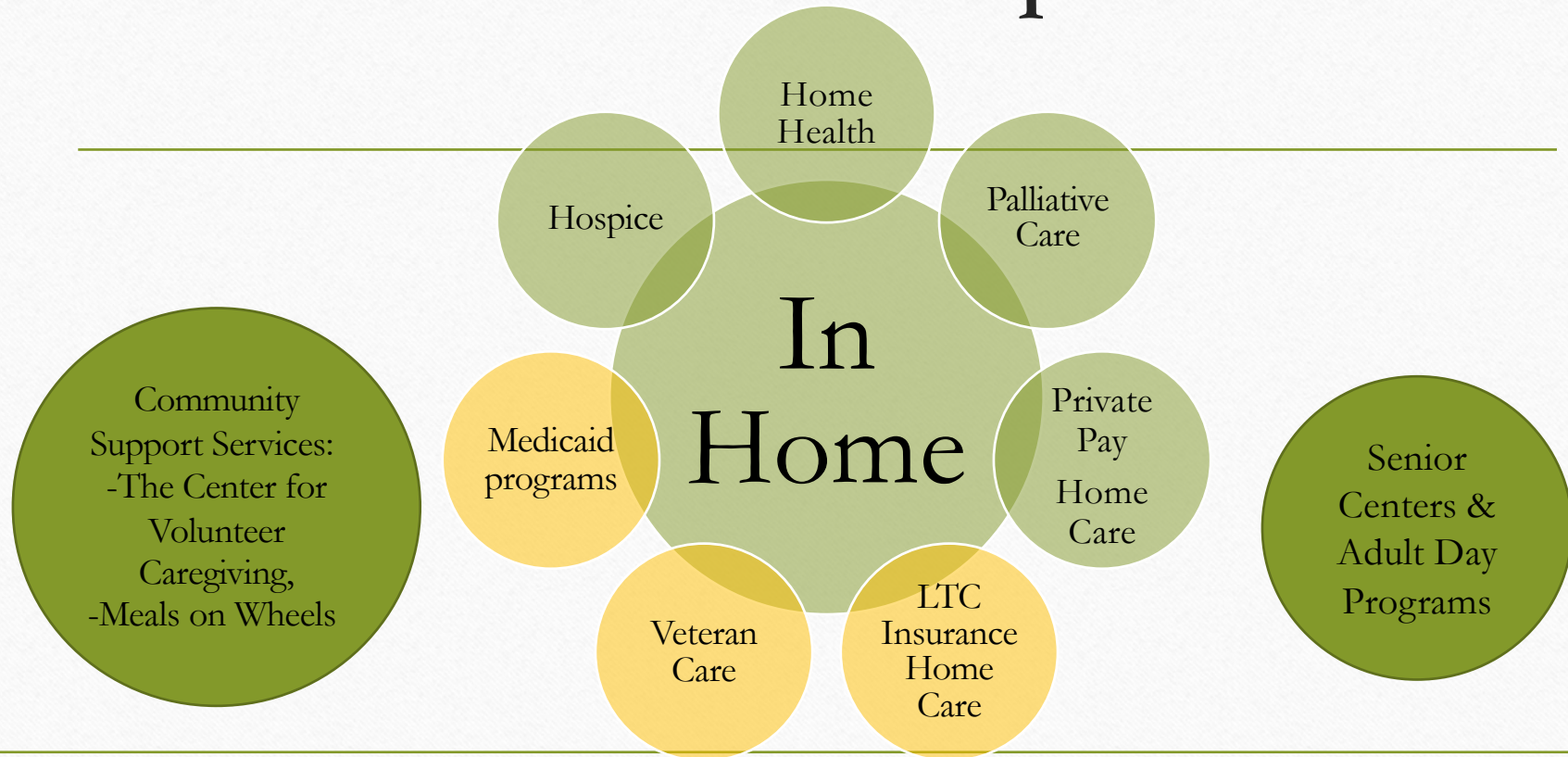
State/County Special Assistance (SA)

- For adult care home, family care home, or group home residents
 - 65 or older, or disabled
 - Live in a residential facility **approved** for SA and who agrees to **accept the state rate** for SA residents
 - Automatically eligible for Medicaid
- Adult Care Home residents who have Alzheimer's disease or a related disorder and reside in a special care unit.
 - Enhanced rate of assistance for adult care home recipients who reside in a SCU.
- To apply: contact your local DSS
- [Special Assistance PowerPoint Presentation for MFP.pdf](#)

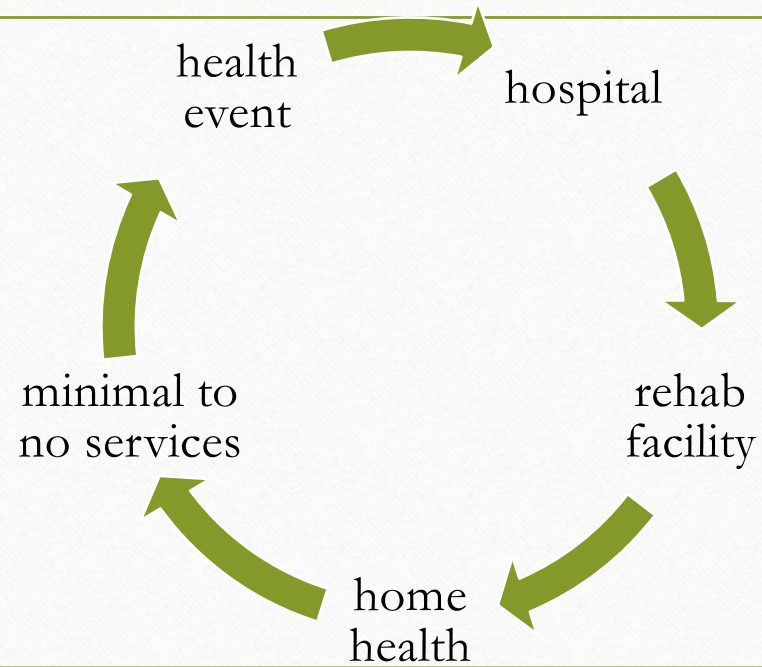
Other

- **Family Caregiver Support Program (FCSP)** - Through federal grant from the Administration for Community Living (ACL) - provides information to caregivers on available services. Each NC county has a FCSP contact. Contact local regional Area Agency on Aging (AAA) office to get contact list.
- **Lifespan Respite Voucher** – Through ACL offers \$500, consumer-directed grants www.highcountryaging.org/services/lifespan-respite-project
- **Project C.A.R.E.** (Caregiver Alternatives to Running on Empty) -State funded, dementia specific support to caregivers. Offers education, I&R, Care Consultation, voucher. <https://www.ncdhhs.gov/statewide-projectcarebro-82421webpdf/open>

In-Home Care Options



Cycle of Need



Facility Based Long Term Care Options



Board and Care Homes

Assisted Living Facility

Skilled Nursing Facility

Continuing Care Retirement
Community

Independent Living

- 55+ and 62+ communities (apartments, condos, neighborhoods)
- Independent - no services may have some scheduled activities
- Senior Living Apartments (has some services available such as dining room, housekeeping, activities, transportation)
- May be connected to a higher level facility such as an Assisted Living OR Continuing Care Retirement Community (CCRC)
- Private Pay

Board and Care Homes

- **Family Care Home**

- Neighborhood setting
- 2-6 residents; 1 to 3 caregiver to resident ratio
- <https://www.wral.com/family-care-homes-a-good-option/18101495/>
- [Family Care Homes list .pdf](#)

Largely private pay/may have SA for low income

- **Adult Care Home**

- 7-100 residents; 1 to 20 or less (1st and 2nd shift), 1 to 30 (3rd shift) caregiver to resident ratio

- **Adult Care Home (Special Care Unit for Alzheimer's and related disorders)**

- 1 to 8 (1st and 2nd shift), 1 to 10 (3rd shift) caregiver to resident ratio
- [Adult care home list.pdf](#)

Assisted Living Facility

- 25 to 120+ residents
- Offer supervision and assistance with ADLs
- The median annual cost for care in an assisted living facility in North Carolina was \$4,010 a month or \$48,120 a year
- Some Assisted Living Facilities may have locked memory care units

Skilled Nursing Facility (SNF)

- Must meet care need requirements for placement
- Provide 24/7 skilled care by nurses
- Some initial Medicare funding, LTC Medicaid funding, private pay
- Typically easier to find a skilled bed if being discharged from the hospital as opposed to going straight from home to facility
- Ombudsman Program for LTC facilities is a good resource
- [Nursing Home by county.pdf](#)

Continuing Care Retirement Community

- A continuing care retirement community, sometimes known as a life plan community, is a type of retirement community in the U.S. where a continuum of aging care needs—from independent living, assisted living, and skilled nursing care—can all be met within the community.
- Buy into community
- Typically move in when independent
- Can then move into appropriate levels of care as needed
- Good for couples if one partner has greater care needs/ close proximity
- <https://www.ncdoi.gov/documents/continuing-care-retirement-communities/ccrc-reference-guide/open>

Questions?

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Thank you for joining us today!

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