

# Moving out

*Exploring long-term care options for aging family members*

BY CAROL PATTON



**P**eter Ross remembers the day when his organization received a call from a distressed woman who needed assistance placing her mother in a nursing home.

"Her mother had no medical problems," recalls Ross, CEO of Senior Helpers, a national in-home senior care agency based in Timonium, Md. "The daughter didn't want mom to [live] alone and thought a nursing home was her only option. The mother was beside herself. Instead, we provided a caregiver five days a week to help supplement her mom's care."

This scenario happens every day across the country. Many seniors can no longer care for themselves in their own home, or maybe their children can't manage their growing medical needs. Usually, they believe placing Mom or Grandpa in a nursing home is the only solution. However, families can now turn to other facilities and a wide variety of online or community resources that can help them plan ahead, find the most appropriate long-term care facility for their loved one and identify ways to pay for the care without going bankrupt.

## WHAT'S AVAILABLE?

Many families are simply unaware of their choices, adds Ross, and think that nursing homes are their only option. Most communities offer a variety of choices, such as:

**Home care.** This full- or part-time service provides individuals with a home care worker who helps them perform daily living activities like bathing or dressing. Ross says the national average hourly rate is \$19 per hour.

While 90 percent of people over the age of 65 prefer to live at home, according to a 2012 AARP survey, that's not always possible. Can Mom climb the stairs to her bedroom? What about Dad's health? Home care workers are not medically trained, so if Dad has health issues, other options like assisted living may be a better fit.

**Independent living.** Sometimes referred to as retirement communities, independent living facilities target people age 55 and older and offer housing ranging from senior apartments to free-standing houses that are friendlier to older adults (such as no second floors or stairs) and often more compact. Residents can drive their own cars and participate in group activities and meals. No medical support is provided.

**Group homes or board and care facilities.** A small number of people live in these licensed homes—mostly in residential neighborhoods—when they cannot live on their own but don't need nursing home services. Live-in staff provides daily care, meals and activities. Most facilities are wheelchair accessible.

**Assisted living.** These facilities are for seniors who have experienced a slight decline in their health and need assistance performing daily living activities. Residents are served three meals each day, can participate in various activities and trips and can often bring a pet if they can care for the animal.

**Nursing homes.** Sometimes called skilled nursing facilities, this option offers the highest level of both custodial care, such as bathing and dressing, and medical care for older adults outside of a hospital. Some also have special living areas designed for Alzheimer's or dementia patients. Doctors supervise each patient's care. Round-the-clock medical care is usually provided.

Some of these facilities may be covered under some private long-term care insurance or other assistance programs. Check with your insurance company and Medicaid or Medicare to see what your policy covers. Read *Can you afford it?*, on page 10, for more information on assistance programs.

To determine what type of facility your family member may need, call his or her physician, says Ross. Then contact an elder care attorney, social worker or placement service for financial and other types of assistance.

"There are a lot of people out there who can help you," Ross says. "Narrow down your search once you understand where [your loved one] should be going. Get information on how well-rated [each] facility is and make sure [you or] someone you trust tours the facility." To find ratings on facilities in the United States, visit [medicare.gov/NursingHomeCompare](http://medicare.gov/NursingHomeCompare).

## LETTING GO

The emotional impact of moving family members from their home to another facility can be devastating for everyone involved, but there are ways to make it a bit easier.

"Nobody ever wants to move out of [his or her] house," says Marion Somers, Ph.D., an elder care specialist in Gardena, Calif. "But you have to face it realistically. If you keep shoving the issue under the rug, all you'll get is a lumpy rug that you're going to trip over somewhere along the line."

She says family caregivers need to educate themselves about the disease their loved one has, so they can talk openly with them about it and be better prepared to manage the illness as it advances.

Somers suggests creating a list of key questions. “Deal with things one sentence at a time because [your loved one] is dealing with a lot of emotional issues,” she says. “Ask the question or state the facts, then wait for him or her to process the information and answer. You may be on your third question and your loved one is still processing the first question.”

Above all, listen. How is Grandma feeling about moving? What

is your father thinking? “People need to be heard, understood and have their [lives] validated,” says Somers.

Another strategy involves taking small steps, explains Barbara Ensor, Ph.D., a geriatric psychologist in Baltimore. A good example is making a decision about the type of facility your loved one needs. Bring up the idea, then wait a few days and approach the subject again, but this time, go one step further by narrowing your choices. Use concrete examples like, “Mom, I’m concerned that the next time you fall, you could break your hip. I want you to be safe.”

Often, seniors are in complete denial about their health status

or ability to care for themselves. If this happens, respect their opinions and wait a bit before addressing the topic again. Also ask yourself if they’re being reasonable or competent. If so, accept their decision, then present options like an in-home caregiver to help ensure their safety.

Ensor says a good way to overcome barriers is to use “I” statements, such as, “I can’t pick you up if you fall” or “I worry about you since you live alone.” If they’re still resistant but need help caring for themselves, ask their physician to intervene.

When moving day arrives, involve them in decision-making. Ask which drawer Grandma wants her sweaters in or which mementos your father wants to take with him. Present options every step of the way so they still feel some control over their lives.

“The biggest thing I hear from seniors is that my children did this ‘for me’ or ‘to me’ and that they didn’t have a chance to say where they wanted the furniture or pictures to go,” says Ensor, adding that grandchildren should also be involved in the moving process. Take them with you when touring facilities, encourage them to talk with Grandma about moving and make sure they visit her as often as possible to help smooth the transition.

Moving people out of their homes is a process that requires both time and patience. “Try very hard to understand what it’s like for [them],” Ensor says. “They’re giving up many years of independence, all they built up ... It’s a very emotional decision.” ■

## Can you afford it?

Make no mistake—long-term care is expensive. Nursing homes can cost at least \$5,000 a month while the price of assisted living facilities can range between \$45,000 and \$80,000 a year, depending upon their location and amenities, says Harold L. Lustig, a financial adviser at Estate & Elder Planning Associates in San Rafael, Calif.

One underutilized source of income is the Veterans Health Administration. He says veterans over the age of 65 may qualify for a tax-free benefit called Aid & Attendance Special Pension, which can help pay for care in the person’s home, a nursing home or assisted living facility.

This benefit is not dependent upon military-related injuries, says Lustig, author of *Naked in the Nursing Home: The Women’s Guide to Paying for Long-term Care without Going Broke* (2011, Blooming Twig).

To financially qualify, veterans must have less than \$80,000 in assets, excluding their home and vehicles. A veteran can receive up to \$1,704 a month, while a surviving spouse may be given up to \$1,094 each month. Likewise, a veteran with a spouse is eligible for up to \$2,020 per month and a veteran with a sick spouse can receive up to \$1,338 each month. For more information, visit [veteranaid.org](http://veteranaid.org).

Other financial options include reverse mortgages, long-term care insurance or a tax qualified plan, which offers a tax-free benefit that’s calculated on a monthly basis.

Generally, the best time to buy an insurance policy is when your loved one is healthy. “But in many states, there is life insurance where [to qualify], you answer four to five questions like, ‘Have you been recently hospitalized’, or ‘Have you ever had AIDS?’” Lustig says.

He tells the story of a 72-year-old woman who was denied long-term care insurance because she had an assortment of medical problems. But she was able to purchase a \$100,000 life insurance policy with a \$150,000 death benefit. He says 90 percent of that \$150,000 could be used for her long-term care.

Still, Lustig is always amazed at people’s reluctance to purchase any insurance. Just compare a policy’s annual premium of \$6,000 a year to a nursing home that costs \$6,000 a month.

“When you say it’s too expensive, ask yourself, ‘Compared to what? Spending down all of your assets?’” says Lustig. “When you can’t afford it, get your kids to help pay because they’re going to end up paying anyway.”



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