

SENIOR CARE 101

A CLASS ABOUT SENIOR RESOURCES

**Presented by St. Jude Medical Center/Senior Services
&
North Orange County Senior Collaborative**



Outline of this Handout

1. Determining Care Needs – How to tell when it is time to plan for changing care needs and how to start the planning.
2. Paying for Care & the Right to Make Decisions – This includes essential legal documents, the right to make decisions, and how to pay for care.
3. Home Care – Evaluating needs and finding and hiring home caregivers.
4. Other Care Environments – Assisted living, independent living facilities, board and care, etc.
5. Community Resources – How to find information and support for changing needs of seniors.



SENIOR CARE 101 A CLASS ABOUT SENIOR RESOURCES

**Presented by St. Jude Medical Center/Senior Services
&
North Orange County Senior Collaborative**



SECTION 1. Determining Care Needs

Care giving descends upon us in all sorts of ways - through sudden crises or a series of small but unsettling mishaps and warning signs. You may be the only person to step in or you may simply be the linchpin of a large network of family members and friends willing to help. Whatever the situation, you may not be sure of the next step. Or even the first step. Whether you are in the middle of a crisis and decisions have to be made quickly or planning ahead for an elderly loved one because of unsettling warning signs, the following questions, suggestions and information may be helpful.

The story of Barbara and her dad may be helpful. Barbara's Mom died about 5 years ago, and her dad (87) moved to a small apartment by himself. A few weeks ago, her dad had a stroke and was hospitalized. Everything in both of their lives changed. Barbara (who lives out of town and has a family of her own), suddenly needed to make some decisions regarding her dad's care and living arrangements. Transportation became an issue, proper nutrition needed to be considered, and financial concerns became real. And Barbara wasn't sure what kind of written authority she needed to help her dad.

FIRST QUESTIONS:

Before you jump into care planning, caregiving or relocating a loved one, stop and ask these questions:

1. What are the specific medical problems / care needs?
2. Who will be financially responsible for care?
3. How much time do I personally have to give? *Honestly.*
4. Who will be legally responsible and who will be the actual decision maker?
5. What about housing?

PAPERWORK

If you are acting under authority from the person needing care, you need to collect some paperwork:

1. Deeds;
2. Most-recent property tax statement(s);
3. Wills;
4. Trusts and related documents;
5. Powers of Attorney;
6. Advance Health Care Directives;
7. Life Insurance and/or annuities;
8. Long-Term Care Insurance Policies;
9. IRA, 401k and pension information;
10. Drivers license or state photo ID;
11. Medicare card;
12. Social Security card or annual benefit statement;
13. Most-recent bank statements and investment statements.
14. List of all medications, recent medical tests & health history;
15. Physician's names & addresses, etc.

Try to organize this in a binder or set of folders for reference. Remember to hold these documents in confidence since they contain very sensitive information.

BE AWARE OF ELDER ABUSE

Elder abuse is a significant problem which requires vigilance by family, friends, caregivers and seniors. Most people think of abuse as physical events such as beating, slapping, sexual exploitation, deprivation of food or water. But the problem is much bigger than that.

Mental abuse is another type of abuse. It includes verbal harassment, threats, intimidation and other methods of coercion which result in emotional distress.

Neglect, abandonment, abduction, and forced isolation are other forms of elder and dependent adult abuse.

Perhaps the least-understood form of elder abuse is self-neglect. This occurs when an elder or dependent adult is unable to manage his/her personal needs in the areas of health care, food, shelter, or finances, or cannot handle the basic activities of daily living.

It also encompasses financial abuse which is the mismanagement of money and other assets, theft, fraud and extortion of the victim. More subtle forms of this financial abuse include exerting undue influence to obtain gifts, loans, or favorable distributions from a trust or estate.

If you suspect an elder or dependent adult is the victim of abuse:

Call Adult Protective Services if they live in a community setting:

800-451-5155 (24-hour line)

or

Call Long-Term Care Ombudsman Service if the person lives
in a licensed care facility:

714-479-0107

or call your local police department or dial 911 in emergency
situations.

SECTION 2. Who Has the Right to Make Decisions? Who Pays for Care?

A. Choosing and Refusing Care

The patient has the right to choose or refuse any care or treatment offered at any time and for any reason. The nursing home or doctor must inform the patient in advance about proposed care and treatment and seek informed consent. They must disclose treatment options along with possible benefits and consequences. The patient or patient's authorized representative has the final say in all decisions.

You cannot be neglected or evicted if you refuse care or treatment. A nursing home is obligated to identify and present alternative care approaches that address your goals and concerns.

B. Advance Health Care Directive (AHCD): Communicating Your Choices

An Advance Health Care Directive (AHCD) lets your physician, family and friends know your health care preferences, including the types of special treatment you want, your desire for diagnostic testing, surgical procedures, cardiopulmonary resuscitation and organ donation.

The Advance Health Care Directive also lets you decide who will make your healthcare decisions when you can no longer speak for yourself. You should name an initial agent for health care decisions in the event you become incapacitated. And don't forget to name at least one or two alternates. It is important to include agent contact information.

Check with your attorney. You may already have an Advance Health Care Directive as part of your estate plan. If you don't have one, prepare one now and make sure the decision makers you choose know your wishes. Also, be sure the form is signed and witnessed or notarized.

If the patient is currently in a nursing home, state law requires an Ombudsman to meet with the signer and provide a witness signature.

By considering your options early, you can ensure a quality of life that reflects your values and choices. And your family won't have to guess at your medical wishes during a time of stress and emotional turmoil.

Provide copies of your AHCD to your healthcare agent(s) and your doctors. Even when you are too ill to speak for yourself, these people are permitted by law to provide copies to your medical providers.

Give a copy of your Advance Health Care Directive to:

- The person you chose as agent and any alternate agents
- Your physician
- Other health care providers
- The health care institution providing your care
- Trusted family members
- Other persons likely to be called in a medical emergency

C. Financial Decision Makers

Durable Power of Attorney (DPA)

A Power of Attorney is a legal document that allows you (the principal) to give authority to another person (the agent) to make legal decisions and financial transactions on your behalf. The agent does not have to be an attorney; it can be any trusted adult, or even a nonprofit agency.

A Durable Power of Attorney (DPA) states that the agent will retain legal authority even if the principal becomes mentally incompetent. A springing DPA becomes effective only upon a designated event, such as when a physician certifies that the principal has lost capacity.

CAUTION: The DPA can be subject to abuse because the court does not actively supervise the agent. This is why it is extremely important to choose an agent you trust to honestly and capably handle your affairs.

Living Trusts and Other Financial Management Options

Even if you have a living trust, you should still get a DPA and AHCD (Advance Health Care Directive). A trustee does not have the power to make some financial decisions authorized by a DPA. And medical decision making is only authorized by an AHCD or similar document.

Also, check with your bank and other financial institutions to be sure your DPA complies with their requirements. Sometimes, financial institutions have their own DPA forms.

Conservatorship: When All Else Fails

A conservatorship can be helpful as a structured mechanism for managing an incapacitated person's affairs when no other mechanism is in place, especially when that person is reluctant to accept assistance. When someone is no longer able to handle his or her own financial and/or personal affairs, or is susceptible to fraud or undue influence, the court can appoint an individual (the conservator) to act on behalf of the incapacitated person (the conservatee).

There are disadvantages to conservatorship. The court is heavily involved in the conservatorship process, and this can result in substantial costs in attorney's fees, filing fees, and other costs. The proceeding is public, so the conservatee's assets become a matter of public record. And the conservator must continually return to court for approval of certain transactions, which require hearings and additional fees and can create delays in completing the transactions.

D. Paying for Care

If you are arranging your own care or if you are assisting your loved one:

- Obtain a complete financial picture.
- Inventory all assets in the person's estate: cash, investments, annuities, CDs, IRAs, and work-related pensions. If there is real estate, determine the nature of ownership (sole ownership, joint tenancy, etc.). If there is life insurance, determine the cash surrender value, if applicable. Determine monthly income.
- If there is long-term care insurance in effect, be sure to continue paying the premiums if this is required to keep the policy in force.

Now, let's review possible sources to pay for care:

- Long-term Care Insurance (LTCI): Your loved one may be entitled to a Long-Term Care Insurance benefit they had forgotten about.

Sometimes unions, government employers, and private employers offer LTCI as a retirement benefit or optional group purchase opportunity. If in doubt, contact your former employer's Human Resource department for a full listing of your benefits.

- Private resources: The average cost of nursing home care in California is about \$10,933 per month. (Statewide average established by Medi-Cal). But non-medical living arrangements are much more affordable. (See chart at the end of this handout).
- Medicare: Medicare may cover up to 100 days of skilled nursing care after a qualifying stay in a hospital.

For questions about Medicare, HMOs, and LTC insurance, contact HICAP (Health Insurance Counseling and Advocacy Program) at 1-800-434-0222 or www.cahealthadvocates.org.

- Medi-Cal: California's Medicaid program, can help cover the cost of care at home or in a nursing home. However, with very limited exceptions, Medi-Cal does not cover the cost of RCFE care. (For examples of Residential Care for the Elderly, see CARE OPTIONS CHART at the end of this handout). Medi-Cal's IHSS (In Home Supportive Services) program can help pay for a caregiver at home.
- Veterans Aid and Attendance: This is a benefit paid by Veterans Affairs (VA) to veterans, veteran spouses or surviving spouses. It is paid in *addition* to a veteran's basic pension. The benefit may not be paid without eligibility for a VA basic pension. Aid and Attendance is for applicants who need financial help for in-home care, to pay for an assisted living facility or a nursing home. It is a non-service

connected disability benefit, meaning the disability does not have to be a result of military service. However, you cannot receive non-service and service-connected compensation at the same time.

There are both service-connected disability benefits and non-service connected ones. There are several ways you can apply *at no charge*:

1. You can contact the VA at 1-800-827-1000.
2. You can learn more and apply online at:

<https://www.va.gov>
3. You can contact a Veterans Service Officer (VSO) from a veteran's service organization in your county. A VSO is a professional veteran affairs advocate. They play a critical role in advocacy and are often the initial contact in the community for veteran services. A VSO can help fill out an application. The following link lists the VSO's by county: <http://www.cacvso.org/county-contacts/>

SECTION 3. Home Care

"Home care" is a *broad term* used to describe a wide range of health and social services at home. These include nursing, social, or therapeutic treatment and/or assistance with the essential activities of daily living which are delivered at home to those needing short-term care as well as chronically or terminally ill persons.

A. How Do I Know What Home Care Services Are Needed?

Consult with your physician, a hospital discharge planner, or a social service organization, such as an Office on Aging for assistance in evaluating your needs, or a private care manager for an assessment.

B. Specifically, what kinds of services may be needed?

Home care assistance with daily living₁ includes:

- Companionship
- Assistance at appointments and social events
- Communication help
- Errands
- Grocery shopping
- Light housekeeping
- Laundry
- Preparing meals
- Medication reminders
- Bathing, skin care and grooming assistance
- Toileting and incontinent care
- Ambulation or transfer assistance
- Wheelchair help
- Transportation

In addition, professional home care services can provide "respite care" for family member and others who need temporary relief from the demands of caregiving.

C. What are the indicators of a need for home care?

The most common indications of the need for home care include:

- Memory loss, dementia
- Failure to take medications
- Frailty, illness, and/or inability to perform tasks of daily living
- Inability to keep the home clean and maintained
- Unsteady gait and increased risk of falls
- Depression or isolation
- Poor nutrition, unusual weight loss, dehydration
- Poor hygiene, failure to bathe, incontinence
- Spouse overwhelmed and/or unable to care for partner
- Adult children overwhelmed and/or taking excessive time off work

D. What Are the Hiring Options for Home Care Help?

When hiring caregivers, it is important to understand the responsibilities and liabilities under different arrangements.

Consumer Private Hire: This means you alone become the employer responsible for screening and selection of caregivers. You are also responsible for tracking overtime, paying payroll taxes, issuing W-2 forms, unemployment insurance, and providing workers compensation coverage. You also have to be prepared if a worker fails to report for work.

Home Care Organizations provide Home Care Aides

Before January 1, 2016 some Agencies provided caregivers, but tried to avoid employer responsibilities by claiming agencies and caregivers were "Independent Contractors." And some agencies mixed employee-status caregivers with independent contractors. Worse, some sent caregivers without specifying whether caregivers were employed by agencies or not.

Since January 1, 2016 California's Home Care Services Consumer Protection Act sets new standards. Affiliated Home Care Aides cannot be independent contractors. They must be employees of the Home Care

Organization. This holds agencies responsible for directing the actions of an Affiliated Home Care Aide, and complying with requirements such as TB testing, training, background check and registration.

The law requires agencies to:

- Conduct criminal background checks on workers
- Provide an employee dishonesty bond
- Provide valid workers compensation coverage
- Carry liability insurance,
- Maintain records of suspected abuse
- Provide five hours of training
- List aides in an online registry and obtain a license certifying agency compliance

When hiring a home care agency, follow these steps:

1. Ask your agency for a copy of their license from the California Department of Social Services. No matter how large or small, every entity that arranges for an "Affiliated Home Care Aide" must apply for the license.
2. Check "Home Care Organization" license status by calling (916) 657-3570 or check online at <https://cdss.ca.gov/inforesources/community-care/home-care-services>.
3. Ask your agency for the home care aide's first and last name and their Personnel ID number. This will give you the information to verify that caregiver's registration status.

Check individual home care aide registration status by calling the Home Care Services Bureau at 1-877-424-5778; or call Caregiver Background Check Bureau at (916) 653-1923. You can also visit <https://secure.dss.ca.gov/ccld/hcsregistry/contactus.aspx>.

Whether you need caregivers occasionally or regularly, it's comforting to know you can hire an agency that meets standards.

E. What is Home Health and How is it Different From the Above?

The term *home health* is used to describe services and care that is more complex and usually prescribed by your physician with duties performed by licensed or registered professionals such as RNs, LVNs, Social Workers, Physical Therapists, Occupational Therapists and Speech Therapists.

Medicare, Medicaid, and most private insurance plans pay for services that home health agencies deliver. Payment from these sources depends on whether the care is medically necessary and the individual meets specific coverage criteria.

Home health services provided by a skilled licensed healthcare professional are ordered by your physician and may include:

RNs and LVNs that provide wound care, diabetic training and insulin administration, drainage and catheter care, such as insertion of a urinary catheter, and intravenous medication;

MSW or LCSW educated level Social Workers assist families and patients with social and psychological needs and accessing community assistance;

Physical Therapists deal with physical deficits, rehabilitation and mobility training such as ambulation and balance;

Occupational Therapists provide assessment and treatment to help patients regain daily living skills through exercise and adapted ways of doing things. This can include devices and technology.

Speech Therapists treat speech deficits and disorders through exercises that develop new speech habits.

Hospice is an umbrella term describing care and service for persons having a terminal or chronic illness with a life expectancy of 6 months or less. Hospice agencies are required to be licensed by the Department of Health Services (DHS) and are Medicare and Medicaid certified. Hospice services provide the support and services of RNs, LVNs, CHHAs, Social Workers, Volunteers, Chaplains and counselors on a team concept supporting the

patient as well as the family. Hospice services are palliative in nature and do not have the goal of curing the terminal illness.

Older adults and chronically ill individuals of all ages and those diagnosed with end-stage conditions receive care where they live, with an emphasis on compassionate care and dignity at the end of life.

Coverage for hospice is available through Medicare, Medicaid programs and most private insurance plans.

F. What are Community-Based Adult Services (CBAS)?

Seniors residing in their homes, can often benefit from a day program which provides relief to family caregivers. Community-Based Adult Services offer a safe and cost-effective way of meeting this need. Services are offered in a non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings. *Adult Day Service Centers* may serve as a provider of transitional care and short-term rehabilitation following hospital discharge. Many centers operate 10-12 hours per day and provide meals, meaningful activities, and general supervision. *Adult Day Health Care (ADHC)* is a therapeutic day care program, providing medical and rehabilitation services, social / nutritional support and activities to seniors, adults with cognitive disabilities, and disabled veterans in a congregate setting. The average daily rate for adult day care is less than 1/2 of assisted living, 1/3 of home care and almost 1/4 of nursing home care. Funding may be available through Veterans benefits, Medi-Cal, and insurance. Private pay arrangements are available.

Find a center near you: California Association for Adult Day Services

<https://caads.org/provider-resources/consumer-resources.html>

SECTION 4. How Do I find the Right Living Situation?

Eventually, leaving the family home may become unavoidable. 24-hour care in a private home is usually financially unsustainable. And specialized monitored caregiving may not be available in a private home. Often, this is true for persons with advanced dementia.

When the move becomes unavoidable, what is the best way to go about selecting a new living environment? One way to begin is to describe activities that your loved one holds dear. This might be access to their faith community or certain pastimes. It might be access to pets, nature and the out-of-doors. It might be proximity to close friends and relatives. It could be a need to learn new things and make friends. Ask yourself, "What are the essentials for *their* quality of life?"

Sometimes as people age they become isolated because of physical infirmities or mobility difficulties. This can lead to depression and a sense of hopelessness. A change of environment can present stimulation and social opportunities that open up a new world. Seniors often rediscover a new joy after moving into an active environment. Yes, moving is incredibly hard for all of us, but there are a range of options.

A. What Are the Alternatives to the Family Home?

The current alternatives are described in the chart at the end of this handout. They include:

- Independent Living in senior apartments or a Retirement Community
- Assisted living
- Residential Care Homes
- Secured Memory Care Communities
- Nursing homes

B. Who Can Help You Navigate the Choices?

Selecting a new home takes work for anyone. But there are many sources of excellent information.

Senior Housing Specialists:

These are professionals whose full-time job is to help families with these difficult choices. They normally do not charge the consumer and they simplify the search by providing referrals based on your criteria and matched to your clinical, geographical and financial requirements.

Geriatric Care Managers / Life Care Managers / Family Advocates:

These professionals often bring a background in nursing or social work to the family. They may charge an assessment fee and/or hourly rates to help find the right care. And they can be retained to monitor caregiving and changing needs or to consult as needed.

Friends and family, congregation, support groups:

Don't forget the natural supports in your community. Let these people know what you are going through. Seek advice and referrals from your church senior groups, your doctors, friends, and support group members who have experience.

Your Parents and Their Friends:

Your parents and their friends have a lifetime of knowledge about what makes them happy. They can provide great insight about any proposed living situation.

C. In Short, What Are the Steps to Housing Solutions?

- Gather your options.
- Decide on the financial resources and narrow down options within budget.
- Call and confirm availability.
- Set appointments and tour communities and facilities.

SECTION 5. COMMUNITY RESOURCES, HOUSING AND NUTRITION

Now that you have an overview of medical, legal, housing and financial issues and solutions, it's time to consider where to go for specific answers in your own community.

That was the situation for Ellie and Mark, a brother and sister who called Senior Services and had questions about how to find a caregiver for their Mom, Edna. But they also wanted to know whether there were Veteran benefits available, and a handyman to help install some grab bars and possibly build a ramp up to her front porch. They had other questions too about transportation and personal response buttons, and ways to reduce prescription costs.

How do you find answers to those questions? Who can you contact? Are there websites that can provide information? Here are some ideas:

- Senior Centers or Community Centers. Check with the Program Director or Case Manager.
- Health insurance carriers. They frequently have a list of approved services and resources.
- County Office on Aging (government agency), local Council on Aging (community non-profit), and Caregiver Resource Center.
- Call 211 to access comprehensive information and referrals to health and human resources.
- Get a copy of the free guide, Steps and Services to Use in Determining Senior Care from St. Jude Medical Center Senior Services Department.
- Go to the website for North Orange County Senior Collaborative at www.nocsc.org, then click "RESOURCE GUIDE" to download Steps and Services to Use in Determining Senior Care.

And finally, here are Five Tips on Talking About Difficult Topics with Your Parents or Family:

Some conversations are just plain difficult - even with the people to whom you feel close. As you prepare to discuss the topics above, establish some guidelines.

1. Start on A Positive Note

- *Try not to approach the conversation with preconceived ideas* about what your loved ones might say or how they might react. Emphasize qualities about them that you admire and respect.
- *Don't wait until a crisis.* The ideal time to begin to talk is when things are on an even keel. Start the conversation while they are still in good health.
- *Include other family members.* You are not in this alone. Get all the issues on the table and gather support from siblings and other relatives.
- *Explain the purpose of your conversation.* Let your parents know that you are concerned about them and that you want to do the right thing for them as they age. This will help them better understand why are you bringing up sensitive issues.

2. Approach the Topic with An Attitude of Listening - Not Telling

- *Treat them with respect.* They have lived a long time and have seen, experienced and learned a great deal during their lives.
- *It will be more effective if you offer options and not advice.* Remember to ask for their ideas. Include them in the idea phase. Express your concerns rather than telling them what they should do.
- *Listen and don't be afraid of silence.* Use open-ended questions that foster discussion rather than closed questions that are answered with a "yes" or "no."

- *Make sure that everyone is heard* - especially those family members who might be afraid to tell you what they think. Ask people what they think or want, and *wait* for a response.
3. Understand Your Parent's Need to Control Their Own Lives
- *It is important to remember that your parents have a right to make their own decisions.* At some point, you may need to balance your parent's independence with their safety, but try not to take away their sense of control over their own lives.
 - *Give your loved ones room to get angry or to be upset.* Address these feelings calmly. Recognize how hard it is for them to talk about this with you. Tell them it is upsetting for you to talk about too.
 - *Let them know that they are not alone.* These are difficult and uncomfortable decisions. Let them know that these are decisions that most of us have to make some day.
4. Agree to Disagree
- *Recognize that not everyone is going to agree on every point.* Bullying your way through - even if you are "right," is likely to be counterproductive.
 - *Phrase your concerns as questions.* Let your loved ones draw conclusions and make choices. You increase their buy-in if you do.
 - *Re-evaluate if things aren't working well.* If you find the conversation isn't going well, try and assess what is going wrong. Perhaps it is time to get more information or add a third party to the conversation.
5. Provide Information
- *You can play an important role by serving as a resource and by providing materials for them.* Identify government programs, their eligibility for benefits such as prescription drugs, health care, utilities, etc., that are available to them. Look for things that work.

- *Be straightforward with the facts.* Do not hide negative information, but also be sure to acknowledge and build on family strengths.
- *Provide options and stay positive about the final outcomes.* Try to look at a "Plan A" & a "Plan B" as well. Incorporate all possible ideas.
- *End the conversation on a positive and/or conciliatory note.* Recognize that this is a hard conversation for everyone to have. It's okay to continue the conversation at another time - maybe even necessary and helpful to give people a chance to think things through.

CARE OPTIONS CHART

Note: The information below is subject to change. This material is offered as general guidance as of the date noted above. You should verify all services and costs for your particular situation.

NON-MEDICAL IN-HOME CARE

- Errands
- Housekeeping
- Meal Preparation
- Standby Shower Assistance
- Dressing Assistance
- Hygiene Assistance
- Companionship
- \$30 - 35 / hour for Home Care Organization. Minimum number of hours usually required.

INDEPENDENT LIVING /RETIREMENT COMMUNITY

- Weekly Housekeeping
- Linen laundry
- Paid Utilities
- Kitchen or kitchenette
- Transportation to doctors, stores, banks, etc.
- \$4,500 - \$5,000/month and more depending on amenities, etc.

ASSISTED LIVING

- Weekly Housekeeping
- Linen laundry
- Paid Utilities
- Private rooms; occasionally shared options
- Some offer kitchenettes
- 3 meals a day, restaurant style
- Transportation to doctors, stores, banks,
- Onsite Activities – movies, billiards, music nights, poker, and more!
- Physical Care Assistance
- Private, one bedroom
- \$6,022 average for medium to large facilities

RESIDENTIAL CARE HOMES – FOR ASSISTED CARE & MEMORY CARE

- 4 – 6 residents with 1 - 2 caregivers
- For significant physical care needs or those who like a more “home-like” atmosphere
- Great for those with Alzheimer’s on a limited budget
- Physical Care Assistance
- Laundry and Housekeeping
- Private or shared bedroom
- 3 meals a day and snacks
- Onsite Activities – movies, games, cards, crafts, etc.
- Provide an environment in which to age through end of life, including hospice care
- Orange County: Range from \$3500+ for shared room and \$5,000+ for private.

MEMORY CARE COMMUNITY

Same as Assisted living but with:

• Onsite Activities and assistance geared towards those with Dementia & Alzheimer’s
\$6,022 - \$10,000 per month and varies much. Most rooms are shared in memory care.

WHEN TO CONSIDER A NURSING HOME?

Nursing homes are no longer a requirement for the end of our lives.

- They are designed primarily for those who have medical needs.
- When a medically-invasive procedure is required that cannot be handled by another care setting:
- Examples: Feeding tubes, Ivs
- When someone has serious mobility issues
- When Medi-Cal is the ONLY payment available.

MEDICARE & MEDI-CAL

• Medicare

–Pays for healthcare

–Pays for rehab stays up to 100 days

• Medi-Cal

–Pays ONLY for nursing home care in those facilities certified by Medi-Cal

–Private pay nursing homes may not accept Medi-Cal direct admissions

WHAT METHODS OF PAYMENT ARE AVAILABLE?

- Private Pay ~ *All types of licensed care settings*
- SSI (Supplemental SS Income)
- Veterans Aid and Attendance/ other Veterans programs
- Medi-Cal
- LTC insurance

WHAT CAN YOU DO?

If you suspect and elder or dependent adult is the victim of abuse, call

- In the community (i.e., a private home setting) **Adult Protective Services -- 24 hours line -- 800-451-5155**
- In a licensed facility (i.e., nursing home or board and care facility) **Long-Term Care Ombudsman Service -- 714-479-0107**
- Inform your local police department or dial **911** in an emergency situation.

Confidentiality

The name of the reporting party is confidential. It is not disclosed to the victim, their family or the alleged abuser.

After the Report Is Made

Each report is assigned to a Senior Social Worker for investigation and case planning. The assigned social worker attempts to have a private face-to-face meeting with the victim within 10 calendar days of the reports.

Emergency response is available 24 hours per day.



**ADULT PROTECTIVE SERVICES
(APS)**

Adult Services Programs

Orange County

Social Services Agency



Adult Protective Services

P.O. Box 5687

Orange, CA 92863

To make a report, call:

800-451-5155

TTY: 714-825-3207

STOP

Elder and Dependent Adult Abuse



Help keep our elders and dependent adults safe

ORANGE COUNTY ADULT PROTECTIVE SERVICES ELDER AND DEPENDENT ADULT ABUSE FACTS

- The number of reports received by the Orange County Elder and Dependent Adult Abuse Registry has increased 188% from 1994 through 2009.
- Significant growth occurred from 1999 through 2002, after the implementation of SB 2199.
- A spike in the number of reports received occurred in 2007 when Financial Institutions became mandated reporters.
- Reports to APS continue to steadily increase.
- Victims live throughout the county and are at all income levels.



BENEFITS OF REPORTING ABUSE

- The elder or dependent adult will be given options to keep him/her safe from harm.
- The victim and their family members can be linked with appropriate community resources.
- Unaware family members and friends can be alerted to step in and help.
- The APS social worker can assist victims and their families in developing individualized care plans.
- The reporter can feel relief in knowing that a professional is assessing the situation.

TYPES OF ABUSE

Physical Abuse

- Beating, slapping, pushing, or kicking
- Restrictions on freedom of movements, such as confining the victim in the bedroom
- Overmedication
- Sexual exploitation
- Withholding food or water

Financial Abuse

The mismanagement of money or stealing property belonging to the victim. This can include:

- Theft (the act of stealing)
- Extortion (taking money or property through pressure, threats or intimidation)
- Fraud (taking money or property by deception or misinterpretation)

Mental Abuse

Verbal harassment, threats, or other intimidating behavior that results in fear, agitation, confusion, severe depression, or other forms of serious emotional distress.

Neglect

Failure of a caregiver to provide basic necessities such as adequate food or water, shelter, medical treatment or personal care.

Abandonment

The desertion or willful forsaking of an elder or dependent adult by anyone having care of custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Abduction

The removal from this state and the restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to this removal.

Isolation

Actions which prevent an elder or dependent adult from receiving mail or telephone calls. Falsely telling caller or prospective visitors that the elder or dependent adult does not want contact, if the purpose is to prevent contact with family, friends, or concerned persons. False imprisonment. Physical restraints which prevent an elder or dependent adult from meeting with others.

Self-Neglect

An elder or dependent adult is unable to manage his/her personal needs in the areas of health care, food, shelter, or finances, or cannot handle the basic activities of daily living.

