

# Medical Care Planning



Presented By:



HEALTHCARE  
MANAGEMENT



ADVOCACY



SUPPORT

# How is a Geriatric Care Manager different from other Care Managers?

- The term can be confusing, and it depends on the specific care setting and type of provider.
- Care Managers have diverse qualifications, education, experience and backgrounds based on expertise.
- They are professionals who assist clients in attaining their highest level of functionality and best level of wellbeing.
- Geriatric Care Manager Qualifications:
  - Usually licensed clinicians like Nurses, Social Workers, Gerontologists or other health or mental health professional
  - Experienced and knowledgeable on issues related to aging, disability, challenges and serious illness
  - Informed on community resources
  - Problem solver who can anticipate difficulties, prevent crisis, and respond to challenges of aging and related concerns (present and future)



# What Can Care Managers Do?

- Assess: Identify specific needs and develop a Care Plan
- Coordinate Care: Initiate and follow services that support Continuity of Care
- Serve as a Liaison: between client, family, physicians, medical staff, caregivers, fiduciaries, community resources, vendors, etc. Consistent Communication supports teamwork with common goals.
- Promote: Health Strategies that support wellbeing
- Advocate: for Clients Rights and Choices
- Monitor: the Care Plan and Oversight
- Connect: to services/resources
- Medications: Assist, Guide and Educate



# Where to Find a Professional Geriatric Care Manager?



<https://www.AgingLifeCare.org>



# Medical Care Planning In Action

**Care Levels, Insurance Coverage,  
Care Options, Resources, Long Term  
Care, Navigating the Systems**



# Types of Levels of Care:

**'Acute' care** – Hospital Setting

**'Skilled' Care** – Lower level of patient acuity

- Rehabilitation Facility
- Nursing Home

**'Custodial' Care** – Lowest level of patient acuity

- Nursing Home or Assisted Living Homes
- Private Duty Home Care



# What is Medicare?

A federally funded health insurance for adults 65 and over, as well as those with specific debilitating health conditions for those younger than 65 (e.g. Amyotrophic Lateral Sclerosis, End Stage Renal Disease)

- **Part A** – Hospital, Skilled Nursing, Hospice, some Home Health, lab tests
- **Part B** – Medical (e.g. Doctors' Services, Outpatient Care, Home Health, Durable Medical Equipment, Supplies, Advance Care Planning, etc.)
- **Part C** – Medicare Advantage (combines Parts A, B, C & D into one plan; provided by private insurance companies). Contact Medicare Specialist for details
- **Part D** – Prescriptions (provided by private insurance companies)

# Medicare Resources for Assistance:

- **HICAP (Health Insurance Counseling and Advocacy Program)** – through the office of **Council on Aging**. Offers free information on Medicare (bias-free), and individual counseling to assist Medicare beneficiaries, their families, friends and caregivers for gaining more understanding about their specific Medicare benefits and best healthcare options.
- <https://www.coasc.org/programs/hicap/>
- Hotline: Call (800) 434-0222
- Orange County (714) 560-0424





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# Options for Paying for Long Term Care:

- LTC Policy may outlast the Policy Holder: Death occurs before need for LTC assistance
- Self-Insure (Net worth, cash flow, emotional & physical health, cost)
- Move In with Family: Live with Children
- Transfer cost to insurance company
- Long Term Care Insurance
- Apply for government benefits



# Eligibility for Long Term Care Insurance:

Proving an inability to perform the **Activities of Daily Living (ADLs)** without assistance.

List of basic Activities of Daily Living (ADL's):

1. Bathing
2. Dressing
3. Toileting (safely managing self hygiene)
4. Continence (control of bowel or bladder)
5. Transferring/Ambulation (safely moving up and around)
6. Eating (feeding self, swallowing)



# Long Term Care Insurance

- Be sure to understand the policy statement regarding how many Activities of Daily Living are required in order to access plan benefits.
- Be sure to understand the policy statement for costs supported by agency caregiving.
- Be sure to inform your designated Health Care Agent and ensure they know about your Long Term Care insurance Policy and Plan.



# Medi-Cal (California's Medicaid Program)

- Provides custodial care for people who qualify as being low income and limited ability to pay for health insurance;
  - includes aged, blind, disabled, young adults and children, pregnant women, persons in a skilled nursing or intermediate care home
- Some assets are protected – home, vehicle, burial plan, etc.
- <https://www.dhcs.ca.gov/services/med-cal/Pages/default.aspx>



# Medi-Cal (California's Medicaid Program)

- Consider consulting with a legal specialist called an ELDER LAW ATTORNEY to help with qualifying for Medi-Cal
- Visit: National Academy of Elder Law Attorneys  
<https://www.naela.org>
- NAELA was founded in 1987 as a professional association of attorneys dedicated to improving the lives of seniors



# Options for Long Term Care

1. Skilled Nursing Home: provides around-the-clock care with nurses, therapies, visiting physician, and caregiving in a medical environment.
2. Assisted Living: does not provide nurses or physicians yet does offer around the clock caregiving support in a non-medical setting.
3. In-Home Care: can provide caregiving support in the private home from 4 hrs to 24 hours per day in a private home setting.



# Advanced Life Care Planning



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# Advanced Life Care Planning

**Advance Care Planning** involves making a plan for your decisive healthcare wishes, in advance.

- Advance Health Care Directive (AHCD)

The AHCD Document is very important.

And, the conversations about your decisions are even **more** important.

# From the State of CA DOJ Sample:

## ADVANCE HEALTH CARE DIRECTIVE FORM

PAGE 1 of 7

Print Form

Reset Form

Probate Code - PROB

DIVISION 4.7. HEALTH CARE DECISIONS [4600 - 4806] ( Division 4.7 added by Stats. 1999, Ch. 658, Sec. 39. )

PART 2. UNIFORM HEALTH CARE DECISIONS ACT [4670 - 4743] ( Part 2 added by Stats. 1999, Ch. 658, Sec. 39. )

CHAPTER 2. Advance Health Care Directive Forms [4700 - 4701] ( Chapter 2 added by Stats. 1999, Ch. 658, Sec. 39. )

4701. The statutory advance health care directive form is as follows:

### ADVANCE HEALTH CARE DIRECTIVE (California Probate Code Section 4701) Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:



# Sources for Advance Health Care Directive

## 1. State of CA Department of Justice

<https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>

## 2. CA Medical Association

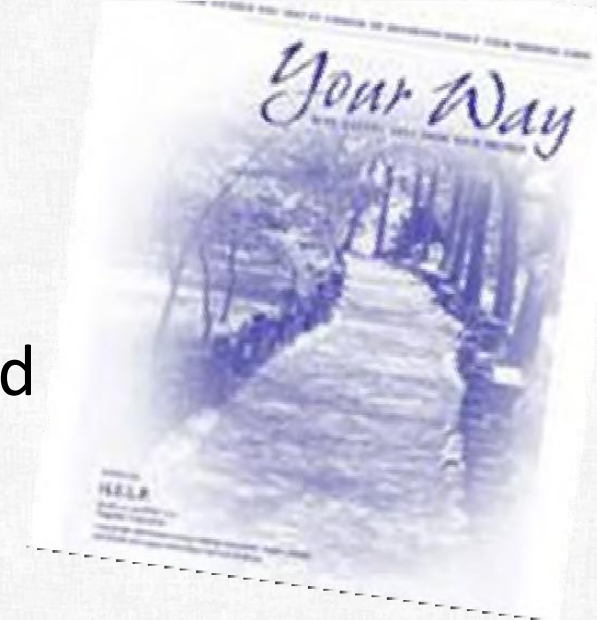
[https://www.cmadocs.org/store/info/productcd/AHCD\\_ENG/t/advance-health-care-directive-kit-english](https://www.cmadocs.org/store/info/productcd/AHCD_ENG/t/advance-health-care-directive-kit-english) 1-800-786-4262

## 3. Veterans – Contact local VA office for an advance directive specifically for veterans

<https://www.va.gov/contact-us/#contact-your-local-va-facility>



# Have it ..... “Your Way”



- Think about what is important
- Obtain wanted medical care and avoid unwanted medical care
- Live life the way we choose
- Help our family and friends know what we want and do what we want
- “Your Way” can be used by individuals, families and friends
- “Your Way” can also be used by attorneys, care managers and other professionals to help their clients
- <https://www.help4srs.org/your-way/>

# H.E.L.P. (Healthcare and Elder Law Programs Corporation)

- [www.help4srs.org](http://www.help4srs.org)
- Dedicated to empowering older adults and their families by...
  - providing impartial information, education and counseling on elder care, law, finances and consumer protection

The screenshot shows the top portion of the H.E.L.P. website. At the top left, there is a Facebook logo with the text "Find us on Facebook". To the right is a search bar with the placeholder text "Enter keywords...". The main header features the large blue text "H.E.L.P." followed by a vertical line and the tagline "Empowering Seniors, their families, and caregivers to make better choices." Below this is a dark red navigation bar with white text for the following categories: Home, About US, Healthcare, Legal, Financial, Our Services, Forms & Tools, and H.E.L.P Classes & Events. Below the navigation bar, the text "Have a Problem?" is displayed in a large blue font. To the right of this text is a dark blue button with white text that reads "Click here to use our Community Resource Directory". Below "Have a Problem?" is the text "Need Assistance?" where "Assistance" is written in a large, bold, red font.




# (POLST)

## Physician Orders For Life Sustaining Treatments

[www.capolst.org](http://www.capolst.org)



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY												
 <p>EMSA #111 B (Effective 4/1/2017)*</p>	<p><b>Physician Orders for Life-Sustaining Treatment (POLST)</b></p> <p><b>First follow these orders, then contact Physician/NP/PA.</b> A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.</p>											
	<table border="1"> <tr> <td>Patient Last Name:</td> <td>Date Form Prepared:</td> </tr> <tr> <td>Patient First Name:</td> <td>Patient Date of Birth:</td> </tr> <tr> <td>Patient Middle Name:</td> <td>Medical Record #: (optional)</td> </tr> </table>	Patient Last Name:	Date Form Prepared:	Patient First Name:	Patient Date of Birth:	Patient Middle Name:	Medical Record #: (optional)					
	Patient Last Name:	Date Form Prepared:										
	Patient First Name:	Patient Date of Birth:										
Patient Middle Name:	Medical Record #: (optional)											
<p><b>A</b> <b>CARDIOPULMONARY RESUSCITATION (CPR):</b> <i>If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.</i></p> <p><input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A <b>requires</b> selecting Full Treatment in Section B)</p> <p><input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death)</p>												
<p><b>B</b> <b>MEDICAL INTERVENTIONS:</b> <i>If patient is found with a pulse and/or is breathing.</i></p> <p><input type="checkbox"/> <b>Full Treatment</b> – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.</p> <p><input type="checkbox"/> <b>Trial Period of Full Treatment.</b></p> <p><input type="checkbox"/> <b>Selective Treatment</b> – goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.</p> <p><input type="checkbox"/> <b>Request transfer to hospital only if comfort needs cannot be met in current location.</b></p> <p><input type="checkbox"/> <b>Comfort-Focused Treatment</b> – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. <b>Request transfer to hospital only if comfort needs cannot be met in current location.</b></p> <p>Additional Orders: _____</p>												
<p><b>C</b> <b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> <i>Offer food by mouth if feasible and desired.</i></p> <p><input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____</p> <p><input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____</p> <p><input type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____</p>												
<p><b>D</b> <b>INFORMATION AND SIGNATURES:</b></p> <p>Discussed with: <input type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker</p> <p><input type="checkbox"/> Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive: Name: _____ Phone: _____</p> <p><input type="checkbox"/> Advance Directive not available</p> <p><input type="checkbox"/> No Advance Directive</p> <p><b>Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)</b> My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.</p> <table border="1"> <tr> <td>Print Physician/NP/PA Name:</td> <td>Physician/NP/PA Phone #:</td> <td>Physician/PA License #, NP Cert. #:</td> </tr> <tr> <td colspan="2">Physician/NP/PA Signature: (required)</td> <td>Date:</td> </tr> </table> <p><b>Signature of Patient or Legally Recognized Decisionmaker</b> I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.</p> <table border="1"> <tr> <td>Print Name:</td> <td>Relationship: (write self if patient)</td> </tr> <tr> <td>Signature: (required)</td> <td>Date:</td> </tr> <tr> <td>Mailing Address (street/city/state/zip):</td> <td>Phone Number:</td> </tr> </table> <p>Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.</p>	Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:	Physician/NP/PA Signature: (required)		Date:	Print Name:	Relationship: (write self if patient)	Signature: (required)	Date:	Mailing Address (street/city/state/zip):	Phone Number:
Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:										
Physician/NP/PA Signature: (required)		Date:										
Print Name:	Relationship: (write self if patient)											
Signature: (required)	Date:											
Mailing Address (street/city/state/zip):	Phone Number:											
<p><b>SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED</b></p> <p><small>*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid</small></p>												

# Coalition for Compassionate Care of California

Support to explore patient wishes for care towards end-of-life, express these wishes and have wishes honored ([www.CoalitionCCC.org](http://www.CoalitionCCC.org))

- Knowledge-based decisions

## Healthcare Decision Aids

**CPR Decision Aid**

**What is CPR?**  
CPR (CardioPulmonary Resuscitation) is an attempt to restart a person's heart when the heart has stopped beating or normal pump blood.

**How is CPR done?**  
Many people have seen CPR on television. TV often makes CPR look quick and easy. But it is not.  
**During CPR:**

- The chest is pushed down two (2) or more inches many times each minute to make the heart pump.
- Strong electrical shocks may be given through the chest to make the heart beat at a normal rate.
- Medicine may be given, usually through an IV (intravenous) line.
- A mask may be placed on the face or a tube in the windpipe (trachea). These are often used to speak with breathing.

**When do people need CPR?**  
It is needed when someone's heart stops. When this happens, healthcare providers will try CPR unless the person has completed a DNR (Do-Not-Resuscitate) order or a POLST (Physician Order for Life-Sustaining Treatment) that says they do not want CPR.

**How might CPR help a person whose heart has stopped?**

- The goal of CPR is to restart a person's heart.
- CPR can pump blood and support the body's organs, like the brain.
- CPR may give the medical team time to keep the heart beating after restarting.
- CPR may give the medical team time to try to find and try to treat the medical problem that caused the heart to stop pumping.

**Who should use this guide?**  
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about CPR.



**Artificial Hydration Decision Aid**

**What is artificial hydration?**  
Artificial hydration is a medical treatment that gives water and sometimes salt for the body.

**How is artificial hydration given?**

- It is given as a liquid through:
  - An IV (intravenous) line, inserted through the skin into a vein.
  - Orals (hypodermoclysis), when a small tube (catheter) is put under the skin.

**When do people need artificial hydration?**

- When a person is not able to drink normally or enough in their own.
- When they have problems swallowing.
- For treatment of certain infections.

These problems may be short-term (temporary) or long-term (permanent).

**Reasons for short-term artificial hydration may include:**

- A sudden, serious illness, surgery, or a severe injury.
- Total loss of alertness or awareness.
- To cope with special treatments, like radiation.

**Reasons for long-term artificial hydration may include:**

- Inability to drink enough fluid by mouth.
- Loss of ability to swallow normally due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness.

**Who should use this guide?**  
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about artificial hydration.



**Tube Feeding Decision Aid**

**What is tube feeding or artificial nutrition?**  
Tube feeding (also called artificial nutrition) is a medical treatment that provides liquid food (nutrition) to the body.

**How is tube feeding given?**

- It is given as a liquid through one of the following kinds of tubes:
  - An NG tube (nasogastric tube) inserted through the nose into the stomach.
  - A PEG tube (percutaneous endoscopic gastrostomy tube) or G-tube (gastrostomy tube) which is placed by surgery through the skin into the stomach. This surgery is used if nutrition is needed for more than a few weeks.

**When do people need tube feeding?**  
When a person cannot eat normally or enough by mouth, or they have problems swallowing (These problems) may be short-term (temporary) or long-term (permanent).

**Reasons for short-term tube feeding may include:**

- A sudden, serious illness, surgery, or a severe injury.
- Total loss of alertness or awareness.
- To cope with special treatments, like radiation.

**Reasons for long-term tube feeding may include:**

- Inability to eat enough food by mouth.
- Loss of ability to eat normally or to swallow safely due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness.
- Loss of ability to use (chew) food normally (for example, from bowel disease or stomach surgery).

**Who should use this guide?**  
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about tube feeding for artificial nutrition.



**Ventilator Decision Aid**

**What is a ventilator?**  
A ventilator (also called a breathing machine) does the work for the lungs when someone is unable to breathe on their own.

**What happens when someone is attached to a ventilator? How is it done?**

- A tube is placed through the mouth or nose down into the person's windpipe (trachea).
- A machine (the ventilator) pushes air through a tube into the lungs.
- Medicines are often given to an IV (intravenous) line to make a person sleepy so they feel less pain or discomfort.

**When do people need a ventilator?**  
It may be needed for people who cannot breathe normally on their own. Breathing problems may be short-term (temporary) or long-term (permanent).

It is standard medical practice to use a ventilator to treat people who cannot breathe on their own, unless the person has chosen not to have it.

**Reasons for short-term ventilator use may include:**

- Surgery with anesthesia (medicines that make you sleep).
- A sudden, serious illness, or a severe injury.
- Problems caused by various lung diseases, such as COPD (chronic obstructive pulmonary disease), emphysema, asthma, or pneumonia.
- Fluid in the lungs from heart problems or swelling.

**Reasons for long-term ventilator use may include:**

- Extreme weakness, when the breathing muscles do not work well.
- Being in a coma, when the brain and nerves that control breathing do not work normally.
- Diseases of the muscles or nerves, injury to the spinal cord, or severe lung damage.

Some people might permanently lose the ability to breathe on their own.

**Who should use this guide?**  
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about treatment with a ventilator.

**How:** This document does not discuss options for non-invasive breathing support. Their names were included to help you breathe without using a ventilator.



# Palliative Care & Hospice Care

- How are these services different?
- Resource:
  - National Hospice and Palliative Care Organization  
[www.nhpco.org](http://www.nhpco.org)

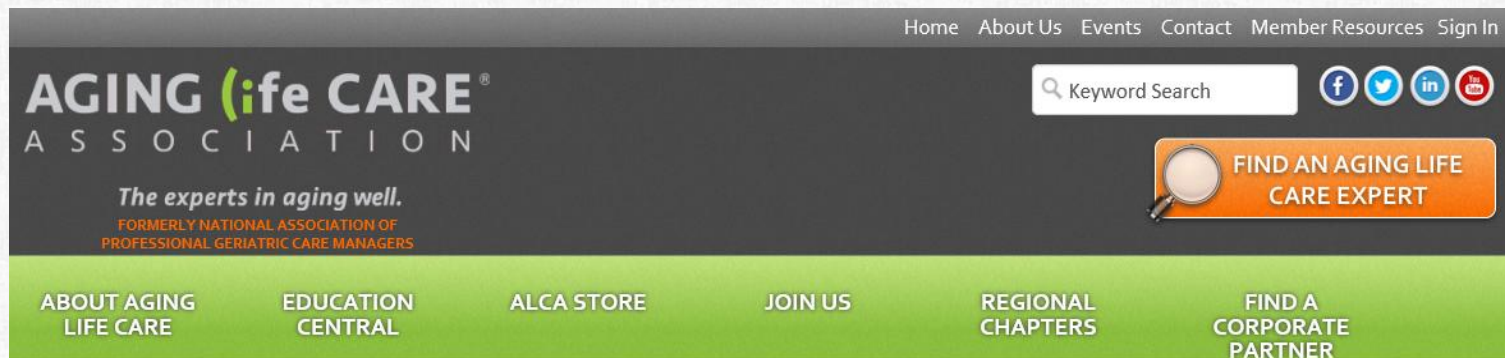




# How To Find A Professional Care Manager? Search here:



<https://www.aginglifecare.org>







**Tara Ackley CMC, LVN  
Nurse Care Manager**

Age Well Care Consultants

Cell: 949.878.5466

Email: [Tara@AgeWellCC.com](mailto:Tara@AgeWellCC.com)

