



# Long Term Care Planning

WHAT YOU NEED TO KNOW

## What is Long Term Care

Long-term care involves a variety of services designed to meet a person's health or personal care needs during 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.

# Long Term Care

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- Long-term care is provided in different places by different caregivers, depending on a person's needs.
- Most long-term care is provided at home by unpaid family members and friends.
- It can also be given in a facility such as a nursing home or in the community, for example, in an adult day care center.



# Most Common Type of Long Term Care

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## Personal care

**Help with everyday activities, also called "activities of daily living"**

These activities include

- Bathing
- Dressing
- Grooming
- Toileting
- Incontinence
- Eating
- Transferring
- Mobility/Ambulation

# The Need for Long-Term Care

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## People often need long-term care when:

- They have a serious, ongoing health condition or disability.
- The need for long-term care can arise suddenly, such as after a heart attack or stroke.
- Most often it develops gradually, as people get older and frailer or as an illness or disability gets worse.
- Chronic Disease impairs one's physical health such as Congestive Heart Failure, COPD, Diabetes, or Arthritis and Osteoporosis.



# Who Will Need Long Term Care

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Recent research suggests that most Americans turning age 65 will need long-term care services at some point in their lives.

## Age

The older you are, the more likely you will need long-term care

## Gender

Women outlive men by about five years on average, so they are more likely to live at home alone when they are older

## Disability

Having an accident or chronic illness that causes a disability is another reason for needing long-term care

Between ages 40 and 50, on average, eight percent of people have a disability that could require long-term care services

69 percent of people age 90 or more have a disability



# Who Will Need Long Term Care

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## Health Status

Chronic conditions such as diabetes and high blood pressure make you more likely to need care

Your family history such as whether your parents or grandparents had chronic conditions, may increase your likelihood

Poor diet and exercise habits increase your chances of needing long-term care

## Living Arrangements

If you live alone, you're more likely to need paid care than if you're married, or single, and living with a partner



# Paying for Long Term Care

# Paying for Long Term Care

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- Self-Pay -Net Worth, Cash Flow, Retirement Savings, Reverse Mortgage
- Die before the need
- Live with children
- Long Term Care Insurance
- Apply for government benefits



# Skilled Nursing Facility

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- 50,000-120,000 annually (250.00-400.00 per day)
- Employee health insurance does not pay for nursing home care.
- About a third of nursing home residents pay all of their nursing home costs from their own funds.
- Extended nursing home care depletes savings quickly



# Medicare Benefit – Nursing Facility

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## Your costs in Original Medicare

You pay:

Days 1–20: \$0 for each Benefit period

Days 21–100: \$170.50 Coinsurance per day of each benefit period

Days 101 and beyond: You pay all costs.



# Skilled Nursing Facility Continued

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- Many people exhaust their finances after just six months
- About 5 percent buys long-term care insurance, which covers a portion or all of cost
- Medi-Cal picks up the cost of nursing home care once people have used almost all of their savings
  - Application and Qualification for Medi-Cal
- Medi-Cal will only pay for nursing home care that is provided at a facility certified by the government



# Assisted Living Facility

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Approximately 4,000-12,000 monthly

Point System based on Activity of Daily Living Needs – adds to base rent price

Facility Assessment determines resident needs and costs related to ADL's

Facilities range from small homes (RCFE) with just a few residents to high-rise apartment-style buildings with hundreds of residents

# Assisted Living Continued

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- Assisted living can be costly
- About four out of five people pay for it out of pocket (vs those with Long Term Care Insurance)
- Medicare and Health Insurance does not cover assisted living
- Cost will rise over time because of standard cost-of-living increases
- Expect rate increases for extra services as needs change



# Home Care

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Averages 23.00 – 30.00 per hour

8 Hours Daily – 7 Days per week averages 5,000 per month

Nearly 9 out of 10 people age 65-plus (and 8 out of 10 boomers) want to remain in their homes and communities for as long as possible

# Licensed Home Care vs Unlicensed


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- California law established the Home Care Services Consumer Protection Act which, as of January 2016, requires Home Care Organizations to be licensed and creates a public online registry for Home Care Aides who have been background checked.
- This law is intended to promote consumer protection for elderly and disabled individuals who hire private aides to come into their homes and provide assistance with activities of daily living.
- Home Care Agencies protect clients as they are bonded, carry liability insurance, provide ongoing training to their staff/caregivers, carry mandated workers comp insurance.
- Private caregivers are not regulated so people are at risk both financially and emotionally.


# Long Term Care Insurance

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Long-term care insurance is designed to cover long-term services and supports, including personal and custodial care in a variety of settings such as one's home, a community organization, or other facility.



Long-term care insurance policies reimburse policyholders a daily amount (up to a pre-selected limit) for services to assist them with activities of daily living such as bathing, dressing, or eating



The insured selects a range of care options and benefits that allow you to get the services you need, where you need them

# Cost of Long-Term Care Insurance

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Depends on:

- How old you are when you buy the policy
- The maximum amount that a policy will pay per day
- The maximum number of days (years) that a policy will pay
- The maximum amount per day times the number of days determines the lifetime maximum amount that the policy will pay.
- Any optional benefits you choose, such as benefits that increase with inflation

# Long Term Care Insurance

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Those in poor health or already receiving long-term care services may not qualify for long-term care insurance as most individual policies require medical underwriting

One may be able to buy a limited amount of coverage, or coverage at a higher “non-standard” rate

Some group policies do not require underwriting



# Long Term Care Insurance

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Many long-term care insurance policies have limits on how long or how much they will pay

Some policies will pay the costs of your long-term care for two to five years, while other insurance companies offer policies that will pay your long-term care costs for as long as you live—no matter how much it costs.



# Long Term Care Insurance Rates for Single Age 55

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- Average Cost: \$2,007-per-year
- Low Cost: \$1,764
- High Cost: \$3,446
- Age 55, standard health rate.
- Initial policy benefit for EACH is \$164,000 based on a Daily benefit of \$150 and 3 year benefit period.
- Coverage value will increase annually because a 3 percent compound inflation growth option was included.

# Long Term Care Insurance Rates for Couple Both Age 60

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- Average Cost: \$3,381-per-year (combined)
- Low Cost: \$2,794
- High Cost: \$5,637
- Both individuals are age 55, standard health rate.
- Initial policy benefit for EACH is \$164,000 based on a Daily benefit of \$150 and 3 year benefit period.
- Coverage value will increase annually because a 3 percent compound inflation growth option was included

# Long Term Insurance Considerations

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Determine your premium

Comprehensive policy includes residential care, home care, respite care, adult day care & nursing home care.

- Avoid Specific Disease Policies
- Determine financial health of insurance company
- Who will file your claim
- Age limit or preexisting conditions



# Indemnity Plan Vs. Reimbursement Plan

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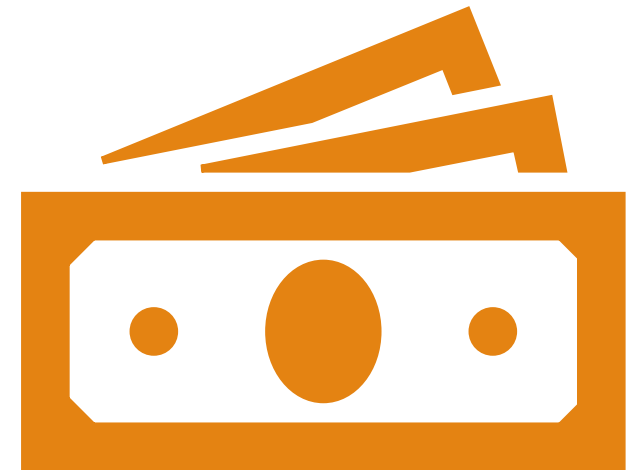
Reimbursement plans will reimburse policyholders for actual expenses incurred.

For example, if someone was receiving a certain number of hours of home care the carrier would reimburse for **just** for the hours charged during the week.

The expenses that would be reimbursed would be limited to those specifically allowed in the policy. If cleaning windows wasn't in the policy, it wouldn't be paid.

Indemnity policies usually pay a full monthly benefit amount directly to the policyholder.

No monthly bills or receipts needs to be submitted.



# Average Annual Cost of Care

Type of Senior Care	Hour	Day	Month	Year
Home Care Aide	35.00-42.00	\$320.00 (8 hrs/day)	\$9,600.00	\$115,200.00
Adult Day Care	n/a	150.00 per day	\$4,500.00	\$54,000.00
Assisted Living	n/a	200.00- 400.00/day	\$6,000 – \$15,000	\$72,000-\$180,000
Skilled Nursing Facility	n/a	300.00-450.00/day	\$9,000 - 13,500	\$120.000 average



## California Partnership for Long-Term Care

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Dedicated to educating Californians on the need to plan ahead for their future long-term care and to consider private insurance as a vehicle to fund that care.

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An innovative program of the State of California, Department of Health Care Services in cooperation with a select number of private insurance companies.

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These companies have agreed to offer high quality policies that must meet stringent requirements set by the Partnership and the State of California.

## California Partnership for Long-Term Care

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These special policies are commonly called "Partnership policies".

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Partnership policies take the guesswork out of ensuring you purchased a quality policy.

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Partnership policies offer the special benefit of Medi-Cal Asset Protection.

# Partnership Website Tools

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

Independent, easy-to-use website that offers a host of tools

Information and calculators to help each Californian plan for their individually unique long-term care needs



To contact one of our Partner insurance companies and/or to speak to one of their affiliated agents please call the telephone number of the companies you select to inquire about.

<b>Company Name - Agent Appointment</b>	<b>Contact Number</b>
Bankers Life and Casualty	(888) 282-8252
Genworth Financial (formerly GE Financial)	(888) 436-9676
John Hancock Life Insurance	(800) 377-7311
New York Life Insurance	(800) 224-4582
CalPERS Long-Term Care Program	(800) 982-1775

If you should feel that you need to activate your policy benefits and/or to file a claim, please call your insurance company at the telephone number from the list below.

<b>Company Name - Claims Processing</b>	<b>Contact Number</b>
Bankers Life and Casualty	(800) 654-3072
CNA Insurance <sup>1</sup>	(800) 262-1037
Genworth Financial (formerly GE Financial)	(800) 876-4582
John Hancock Life Insurance	(800) 377-7311
MetLife	(888) 565-3761
New York Life Insurance	(800) 224-4582
Transamerica Occidental Life Insurance <sup>1</sup>	(866) 745-3544
CalPERS Long-Term Care Program <sup>2</sup>	(800) 982-1775

<sup>1</sup>At this time, CNA and Transamerica are not marketing a Partnership policy. If your client previously purchased one from either of these two companies, they still retain the same rights and benefits as outlined in their policy.

<sup>2</sup>All California public employees, retirees and their spouses, siblings (18 and older) parents and parents-in-law are eligible to apply.



## You may never need long-term care...

But about 19 percent of Americans aged 65 and older experience some degree of chronic physical impairment

Among those aged 85 or older, the proportion of people who are impaired and require long-term care is about 55 percent

In the year 2020 - 12 million older Americans are expected to need long-term care

Most will be cared for at home

# A study by the U.S. Department of Health and Human Services

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- Family members and friends are the sole caregivers for 70 percent of elderly people
- People age 65 face at least a 40 percent lifetime risk of entering a nursing home sometime during their lifetime.
- About 10 percent will stay there five years or longer.
- Statistics show that at any given time, 22 percent of those age 85 and older are in a nursing home.
- Because women generally outlive men by several years, they face a 50 percent greater likelihood than men of entering a nursing home after age 65.
- 40 percent of the 13 million people receiving long-term care services are between the ages of 18 and 64.

# Medicare

**New Card! New Number!**

*Mailing in 2018*

**NEW Medicare Card**

**Current Medicare Card**

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER  
**000-00-0000-A**

SEX  
**FEMALE**

IS ENTITLED TO  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**

EFFECTIVE DATE  
**07-01-2016**  
**07-01-2016**

SIGN HERE → *Jane Doe*


**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a  
**HOSPITAL (PART A)**  
**MEDICAL (PART B)**

Coverage starts/Cobertura empieza  
**03-01-2016**  
**03-01-2016**



CMS Product No. 12009-P  
September 2017



# Medicare Basics

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Federal health insurance program for:

- Most people age 65 and over
- Certain people younger than 65 with disabilities, ALS, End Stage Renal Disease

Medicare's Annual Enrollment Period – October 15<sup>th</sup> – December 7<sup>th</sup>

Medicare beneficiaries should review their health and prescription plans for the upcoming year which could save dollars

# What Does Medicare Cover?

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Medicare Part A covers inpatient hospital stays, inpatient skilled nursing facility stays, home health care and hospice care.

Medicare Part B covers outpatient medical services such as doctor visits, diagnostic lab tests and preventive care.

Medicare Part D covers most prescription drugs.

# Part D – Prescription Coverage

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If you have creditable prescription drug coverage (meaning it is as good as or better than the standard Medicare Part D drug benefit), you may decide not to enroll in a Medicare Part D plan or to enroll later.

For example, if you have the Veterans Affairs (VA) health care benefits or TRICARE for Life, you have creditable prescription drug coverage

To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare.

Each plan can vary in cost and drugs covered.



# Medicare Part C

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## Refers to Medicare Advantage (MA) plans

- an alternative to Original fee-for-service Medicare
- MA plans are sponsored by Medicare, which pays private insurance companies to provide health services to beneficiaries who enroll in these plans
- Most offer extra coverage, like vision, hearing, dental, and/or health and wellness programs
- Most include Medicare prescription drug coverage (Part D)
- In addition to your Part B premium, you usually pay a monthly premium for the Medicare Advantage Plan



# HICAP

## Health Insurance Counseling & Advocacy Program

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Provides free and objective information and counseling about Medicare specific rights and health care options.

- Benefits and enrollment
- Prescription drug plan coverage
- Medicare Advantage plans
- Supplemental policies (Medigap)
- Employee and retiree coverage
- Affordable Care Act
- Medicare limited income assistance programs
- Long-term care insurance



# HICAP Contact

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## Orange County Council on Aging

2 Executive Cir #175  
Irvine, California 92614  
Phone: (714) 560-0424    HICAP: 1-800-434-0222

## Los Angeles County Area on Aging

3175 West 6th Street  
Los Angeles, California 90020  
Phone: (213)738.2600 or 800-510-2020



# Medigap

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A Medicare Supplement Insurance (Medigap) policy fills the “gap” and helps pay some of the health care costs that Original Medicare doesn't cover, like:

- Copayments
- Coinsurance
- Deductibles

Medigap policies are sold by private companies.

Medicare will pay its share of the Medicare-approved amount for covered health care costs.

Then, your Medigap policy pays its share

# Medi-Cal

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- Provides custodial care for people with low income and limited ability to pay, including the aged, blind, disabled, young adults and children, pregnant women, persons in a skilled nursing or contracted assisted living facilities.
- Medi-Cal is funded by both the federal and state government.
- It is run through the state, and the individual counties handle the eligibility approval process.
- Administered through the California Department of HealthCare Services and the federal Centers of Medicare and Medicaid Services.

# Eligibility

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- Income – Each program under Medi-Cal has set income limits based on a percentage of the Federal Poverty Level.
- Disability – Those receiving SSI can receive Medi-Cal coverage as well as those not receiving SSI but who are disabled under the definition of disability by the Social Security Administration.
- Property – Each program has property requirements



# IHSS – In Home Support Services

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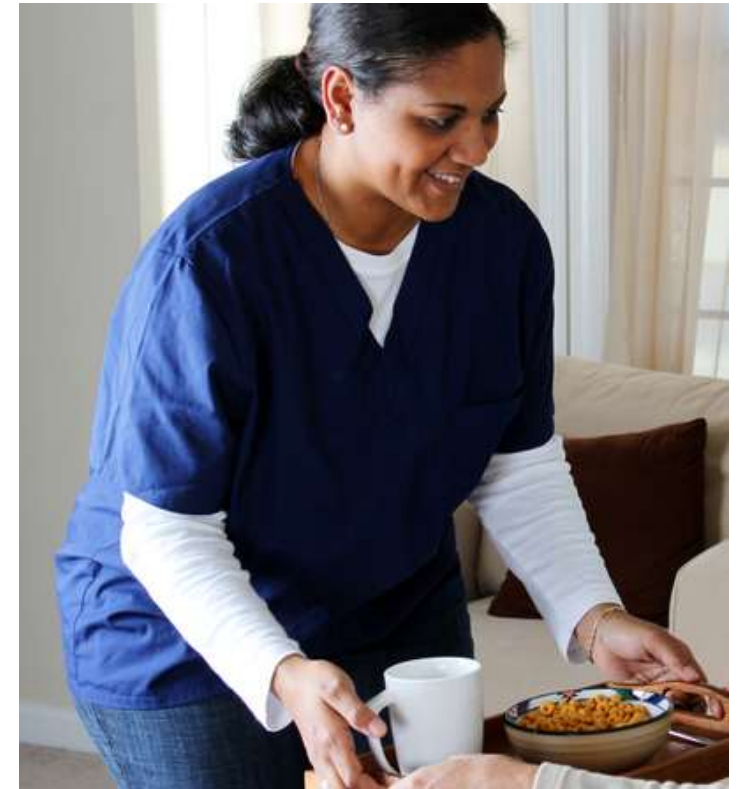
Helps pay for services provided to you so that you can remain safely in your own home.

To be eligible, you must be over 65 years of age, or disabled, or blind.

IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.

Limited amount of services.

You must have a Medi-Cal eligibility determination.





# Advanced Life Care Planning

# What is Advanced Care Planning

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Making plans now for the care you want when you have a serious illness is called “advance care planning.”

Advance care planning helps you make your care decisions now and in the future.

Planning involves learning about your illness or future health issues and understanding your choices for treatments and care





# Advanced Care Planning

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Can be a gift you give yourself and your family

It is about doing what you can to ensure that your wishes and preferences are consistent with the health care treatment you might receive if you were unable to speak for yourself or make your own decisions

While many of us do not like to think that we will ever need such a plan, too often the lack of advance care planning can result in questioning, confusion, or disagreement among family members

# What is Involved

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Talking with family and health care providers about your care decisions and formally documenting them

Legal documents discuss the type of care you want, where care happens, and who provides it so your family knows your choices and understands who you want to speak for you if you are not able to do so

## Care decisions

Choosing or refusing tests, procedures and medicines, and life-sustaining treatment

Saying who can make care decisions for you when you cannot

Medicare Part B covers voluntary advance care planning as part of the Yearly “Wellness” visit

This is planning for care you'd want to get if you become unable to speak for yourself

You can talk about an advance directive with your health care professional.

He or she can help you fill out the forms if they agree to this benefit

## Medicare Part B Advance Care Planning





**VA**

U.S. Department  
of Veterans Affairs

## Veterans Aid and Attendance

Wartime veterans and their surviving spouses, 65 years and older, may be entitled to a tax-free benefit called Aid and Attendance provided by the Department of Veteran Affairs.



The Benefit is designed to provide financial aid to help offset the cost of long-term care for those who need assistance with the daily activities of living such as bathing, dressing, eating, toileting, and transferring.

# General Eligibility Requirements

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These qualifications must all be met by the veteran or the surviving spouse and include:

**Age** — Applicants must be officially disabled or 65 years or older.

**Military Service Period** — Veterans need to have served at least 90 of duty and at least one of those must be considered during wartime, however this time of service need not be amid combat.

**Discharge Status** — Veterans dishonorably discharged are disqualified from benefits.

**Disability Status** — While benefits are available to non-disabled veterans, higher benefits are available to those who are.

**Marriage Rules** — Surviving spouses must reside with the qualifying veteran at their time of death and cannot be remarried when making a claim.

**Need for Assistance** — The recipient must be in need of assistance with daily activities in the home or other qualifying facility. Housebound aid claims require the beneficiary to have a 100% disability rating that keeps them homebound.

# Eligible Periods of War

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World War II: December 7, 1941 – December 31, 1946, inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II service.

Korean conflict: June 27, 1950 – January 31, 1955, inclusive.

Vietnam era: The period beginning on February 28, 1961, and ending on May 7, 1975, inclusive, in the case of a veteran who served in the Republic of Vietnam during that period. The period beginning on August 5, 1964, and ending on May 7, 1975, inclusive, in all other cases

Persian Gulf War: August 2, 1990, through date to be prescribed by Presidential proclamation or law.

# Financial Eligibility

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There are income and asset limitations for veterans to receive their basic pension and also concerning secondary benefits such as Housebound and Aid and Attendance.

The applying veteran and spouse's combined countable income needs to be less than the amount of their pension eligibility.

Applicants can deduct all medical expenses that are greater than 5 percent of the Maximum Annual Pension Rate (MAPR) when calculating their total income to submit to submit on the application.

# Advanced Care Planning Documents

# Living Will

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A document that lets people state their wishes for end-of-life medical care, in case they become unable to communicate their decisions

It has no power after death

To be valid, a living will must meet state requirements regarding notarization or witnesses.

Can be revoked at any time

The document can take effect as soon as it's signed, or only when it's determined that the person can no longer communicate his or her wishes about treatment

# Living Will

## DECLARATION

(month, year)

This declaration is made this \_\_\_\_\_ day of \_\_\_\_\_

being of sound mind, willfully and voluntarily

I, \_\_\_\_\_ known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent and that such procedures which would only prolong the dying process be withheld or discontinued, I direct that such procedures be withheld or discontinued and I request that my attending physician provide me with comfort care.

# Advanced Care Directive

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## Legal Document

Protects your right to refuse medical treatment you do not want, or to request treatment you do want in the event you lose the ability to make decisions yourself

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.

ADVANCE HEALTH CARE DIRECTIVE FORM

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

[Redacted text box]

(name of individual you choose as first alternate agent)

[Redacted text box]

(address) (city) (state) (ZIP Code)

[Redacted text box]

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

[Redacted text box]

(name of individual you choose as second alternate agent)

[Redacted text box]

(address) (city) (state) (ZIP Code)

[Redacted text box]

(home phone) (work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

[Redacted text box]

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box ( ), my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

Part 1 is a Power of Attorney for Health Care. This part lets you name someone (an agent) to make decisions about your health care.

Part 2 includes your Individual Instructions. This is your state's living will. It lets you state your wishes about health care in the event that you can no longer speak for yourself and you may limit the individual instructions to take effect only if a specified condition arises.

Part 3 allows you to express your wishes regarding organ donation.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

Part 5 contains the signature and witnessing provisions so that your document will be effective.

A stack of white 'Five Wishes' forms is shown on a blue surface. The top form is slightly curved and features the text 'FIVE WISHES' in blue and white. To the left of the forms, several pens are lined up vertically. The background is a solid blue color.

**FIVE WISHES**

**FIVE  
WISHES®**

# Five Wishes

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Legal Document - Advanced Directive

Expressing your wishes helps empower your family, friends and doctor to make the best decisions when the time comes, and helps avoid disagreements about what to do

Anyone over the age of 18 can use Five Wishes

Takes effect when you are too ill to communicate.

If you are unable to make your own decisions or speak for yourself, then your Five Wishes, and the person you chose to be your health care agent, can help direct your care with your doctor.

Allows you to update as often as you need and can be revoked at any time

<https://fivewishes.org/>

# POLST

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## Physician Order for Life Sustaining Treatment

Improves patient care by creating a system using a portable medical order form that records patients' treatment wishes.

It can be used across settings of care.

A POLST form is intended to be used by individuals with a serious illness or frailty toward the end of life.

For these patients, their current health status indicates the need for standing medical orders for emergency medical care.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY



### Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact Physician/NP/PA. 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.

EMSCA #1113  
Effective 1/1/2016

Patient Last Name	Date Form Prepared
Patient First Name	Patient Date of Birth
Patient Mobile Name	Medical Record # (optional)

**A CARDIOPULMONARY RESUSCITATION (CPR):** *If patient has no pulse and is not breathing, if patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)

Do Not Attempt Resuscitation/DNR (Allow Natural Death)

**B MEDICAL INTERVENTIONS:** *If patient is found with a pulse and/or is breathing.*

Check One

Full Treatment - 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.

Selective Treatment - 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.

Comfort-Focused Treatment - 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. Request transfer to hospital only if comfort needs cannot be met in current location.

Trial Period of Full Treatment.

Request transfer to hospital only if comfort needs cannot be met in current location.

Additional Orders: \_\_\_\_\_

**C ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

Check One

Long-term artificial nutrition, including feeding tubes. Additional Orders: \_\_\_\_\_

Trial period of artificial nutrition, including feeding tubes. \_\_\_\_\_

No artificial means of nutrition, including feeding tubes. \_\_\_\_\_

**D INFORMATION AND SIGNATURES:**

Discuss with:  Patient (if Patient Has Capacity)  Legally Recognized Decisionmaker

Advance Directive dated \_\_\_\_\_, available and reviewed → Health Care Agent if named in Advance Directive

Advance Directive not available Name: \_\_\_\_\_

No Advance Directive Phone: \_\_\_\_\_

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)  
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name: \_\_\_\_\_ Physician/NP/PA Phone #: \_\_\_\_\_ Physician/PA License #, NP Cert. #: \_\_\_\_\_

Physician/NP/PA Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient or Legally Recognized Decisionmaker  
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that his request regarding resuscitative measures is consistent with the known wishes of and with the best interest of the individual who is the subject of the form.

Print Name: \_\_\_\_\_ Relationship (with self if patient): \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (street/city/state/zip) \_\_\_\_\_ Phone Number: \_\_\_\_\_

FOR REGISTRY USE ONLY

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Form updates with effective dates of 1/1/2016, 4/1/2011 or 10/1/2014 are also used.

# Powers of Attorney for Healthcare

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In the course of most people's lives, there may come a point when, either temporarily or permanently, it is not possible for the individual to make competent decisions regarding his or her finances or health care.

In California, it is possible for you, while still able, alert and competent, to chart the course of these vital decisions for those times when you are not able

Durable Power of Attorney appoints someone to carry out the wishes about end-of-life treatment that are written down in a living will or medical directive

The person named is called the "agent," "healthcare proxy," or "attorney-in-fact" of the person who makes the DPOA

# Peace of Mind

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Are you among the 70% of Americans without an advance care plan?

Give yourself and your family peace of mind—make sure they know what your wishes and preferences would be.

# Chronic Disease

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Chronic diseases are ongoing, generally incurable illnesses or conditions, such as heart disease, asthma, cancer, and diabetes.

These diseases are often preventable, and frequently manageable through early detection, improved diet, exercise, and treatment therapy.

CDC estimates that diet, exercise and cessation of smoking could prevent

80% of heart disease and stroke

80% of type 2 diabetes

40% of cancer.



# Chronic Disease

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Leading cause of death and disability in the United States.

133 million Americans – 45% of the population – have at least one chronic disease.

Responsible for seven out of every 10 deaths in the U.S., killing more than 1.7 million Americans every year.

Can be disabling and reduce a person's quality of life, especially if left undiagnosed or untreated. For example, every 30 seconds a lower limb is amputated as a consequence of diabetes.

# Chronic Disease – Costing our Future

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By 2025, chronic diseases will affect an estimated 164 million Americans – nearly half (49%) of the population

\$30 billion: Long-term care expenditures in the U.S., 2000.

\$225 billion: Long-term care expenditures in the U.S., 2015.

57.5%: Percentage of individuals turning 65 between 2015 and 2019 who will spend less than \$25,000 on long-term care during their lifetimes.

15.2%: Percentage of individuals turning 65 between 2015 and 2019 who will spend more than \$250,000 on long-term care during their lifetimes.

\$341,840: Estimated lifetime cost of care for someone with dementia.



# Quick Recap

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Plan Now for  
Long Term Care

Educate Yourself

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Know all of your options:

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Assisted Living

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Skilled Nursing Facility

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Residential Care for the Elderly

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Home Care

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Adult Day Care

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Hospice Care

# Know What's Available in Your Community

Council on Aging – Orange County

2 Executive Circle, Suite 175

Irvine, CA 92614

(714) 479-0107

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Area Agency On Aging

3333 Wilshire Blvd

Los Angeles, CA 90010

(213) 738-4004

# Start Planning for the Cost of Long Term Care

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Long term care has costs associated with the services provided as discussed

It's important to prepare as much as possible

As you meet with various providers, make sure to ask about their costs, billing practices, and if they accept any assistance programs

Meet with a long-term care financial advisor



# Common Myth

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A common myth is that Medicare, the federal government's health insurance for Americans aged 65 and older, pays for long term care—but it doesn't.

Medicare will help pay for a short stay in a skilled nursing center, for hospice care, or for home health care if you meet specific conditions.

It does not cover what the government calls "custodial care," or personal care for assistance with daily activities



# Think About Your Health Care Wishes and Make a Plan

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More than one out of four older Americans face questions about medical treatment near the end of life but are not capable of making those decisions, according to the National Institute on Aging.

One way to ensure loved ones' or your own health care wishes are honored is to take part in advance care planning.

It allows you to discuss values and goals of care with loved ones and physicians.

While advance care planning is not exclusive to older Americans seeking long term care, it is recommended



# Communicate Your Wishes to Your Loved Ones

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You have your care wishes in a legal document or a durable medical power of attorney, but now your loved ones need to know.

It will help give them peace of mind and prevent questions, confusion or disagreements should you become incapable of making medical decisions.

Make sure to share your advance directive with key individuals and review your decisions from time to time.

# Determine when it's Time

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Acknowledging we need long term care is hard.

It's never an easy decision.

By preparing now, you can relieve some of the pressure and stress.

Find peace of mind in knowing you've made the best decision for you or your loved one... and more confident about taking next steps.

Make a plan.....Share your plan!





# QUESTIONS

