

# Medical Care Planning



# What is a Care Manager?

- Often a confusing term
- Diverse qualifications, education, experience and backgrounds
- A professional who assists clients in attaining maximum functional potential and level of wellbeing
- Background
  - usually nurses, social workers, gerontologists or other health or mental health professional
  - experienced and knowledgeable about issues of aging, disability and serious illness
  - informed on community resources
  - problem solver who can both anticipate and respond to challenges of aging and related concerns (current and future)

# What Can Care Managers Do?

- Holistically assess needs and develop plan (Proactive)
- Coordinate care and services (includes follow-up!); this supports Continuity of Care
- Act as a Liaison between client, providers, loved ones, fiduciaries, community resources, facilities, vendors, etc. (keeping everyone informed and on the same page)
- Promote health and prevent illness
- Advocate
- Monitor ongoing needs
- Link to services/resources
- Mediate family conflicts



# How to Find a Care Manager

<https://www.aginglifecare.org>

The screenshot shows the top portion of the Aging Life Care Association website. At the top right, there is a navigation menu with links for Home, About Us, Events, Contact, Member Resources, and Sign In. Below this is the main header area, which is dark grey. On the left, the logo for AGING (life) CARE ASSOCIATION is displayed, with the tagline "The experts in aging well." and the text "FORMERLY NATIONAL ASSOCIATION OF PROFESSIONAL GERIATRIC CARE MANAGERS" below it. To the right of the logo is a search bar labeled "Keyword Search" and four social media icons for Facebook, Twitter, LinkedIn, and YouTube. Below the search bar is a prominent orange button with a magnifying glass icon and the text "FIND AN AGING LIFE CARE EXPERT". At the bottom of the header is a green navigation bar with six menu items: ABOUT AGING LIFE CARE, EDUCATION CENTRAL, ALCA STORE, JOIN US, REGIONAL CHAPTERS, and FIND A CORPORATE PARTNER.

# Medical Care Planning In Action



# Levels of Care

Acute care – Hospital

Skilled Care

- Rehabilitation Facility
- Nursing Home

Custodial Care - ADL

- Nursing Home
- Home Care

# What is Medicare?

Health Insurance for those 65 and over as well as those with specific health conditions who are younger than 65 (e.g. ALS, 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)
- Part D – Prescription (provided by private insurance companies)

# Medicare Resources

- HICAP (Health Insurance Counseling and Advocacy Program) – through Council on Aging
- Offer free information on Medicare (bias free)
- <https://www.coasc.org/programs/hicap/>
- Hotline      800.434.0222
- OC            714.560.0424





# Long Term Care

Inability to perform the Activities of Daily Living (ADLs) without assistance

## Activities of Daily Living

1. Bathing
2. Dressing
3. Toileting
4. Continence
5. Transferring/Ambulation
6. Eating



# Evolution of the LTC Habitat

Childhood

Adulthood

Older Adult

# Paying for Long Term Care

- Self-Insure (Net worth, cash flow, emotional & physical health, cost)
- Die before need for LTC assistance
- Live with Children
- Transfer cost to insurance company
- Apply for government benefits

# LTC - Insurance

- Determine premium
- Indemnity policy
- Inflation protection
- Comprehensive policy includes residential care, home care, respite care, adult day care, nursing home care



# LTC – Insurance continued

- Avoid Specific Disease Policies
- Determine financial health of insurance company
- Who will file your claim?
- Age limit or pre-existing conditions
- 30 days to rescind insurance contract

# CA Partnership Policy

- Designed to protect Californians from being forced to spend everything they have worked for on LTC and to prevent or delay dependence on Medi-Cal
- Partners – CalPERS & Genworth
- [www.RUReadyCA.org](http://www.RUReadyCA.org)
- All Partnership-approved policies are required to include:
  - Inflation Protection
  - Asset Protection
  - Comprehensive Care Management
  - Rate Increase Regulation

# LTC Policy Premiums

- Elimination period – 0-90 days or more (1 year) – no benefits paid
- Age – daily reimbursement amount (\$50 - \$500 per day)
- Length of Coverage (by year or lifetime), cover home care, adult day care, nursing home care



# Medi-Cal

- Provides custodial care for people with low income and limited ability to pay (includes aged, blind, disabled, young adults and children, pregnant women, persons in a skill nursing or intermediate care home)
- Assets protected – home, vehicle, burial plan, \$1,500





# Options for Long Term Care

1. Skilled Nursing Home
2. Assisted Living
3. Home Care

# Advanced Life Care Planning

# Advanced Life Care Planning

## Advanced Care Planning

- Advanced Health Care Directive (AHCD)

The Document is important, but the conversations are even more important

## Sources for Advance Health Care Directive

1. CA Medical Association –order for \$6  
[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)
2. Office of the Attorney General  
<https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf>



# 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

 Find us on Facebook

# H.E.L.P.

Empowering Seniors,  
their families, and caregivers  
to make better choices.

Home	About US	Healthcare	Legal	Financial	Our Services	Forms & Tools	H.E.L.P Classes & Events
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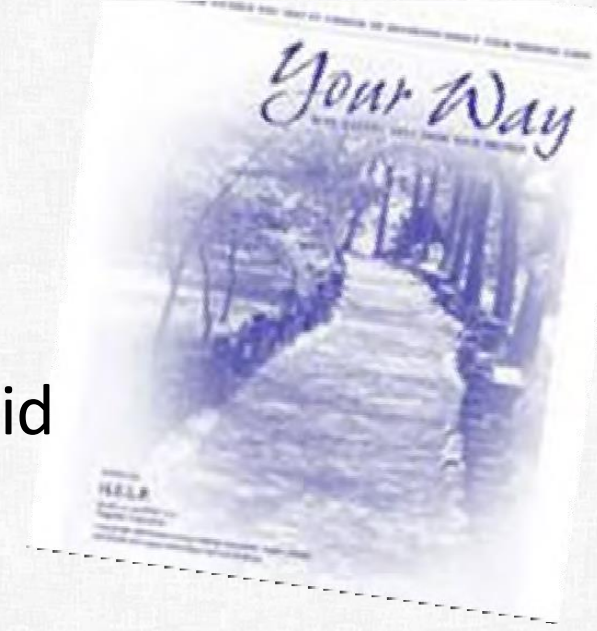
Have a **Problem?**

Need **Assistance?**

[Click here to use our Community Resource Directory](#)

# “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
- Help our family and friends 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.




# POLST

## Physician Orders for Life Sustaining Treatment (POLST)

[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>		<b>Physician Orders for Life-Sustaining Treatment (POLST)</b> <i>First follow these orders, then contact Physician/NP/PA.</i> 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.	
		Patient Last Name:	Date Form Prepared:
		Patient First Name:	Patient Date of Birth:
		Patient Middle Name:	Medical Record #: (optional)
<b>A</b> Check One	<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>		
	<input type="checkbox"/> <b>Attempt Resuscitation/CPR</b> (Selecting CPR in Section A <u>requires</u> selecting Full Treatment in Section B) <input type="checkbox"/> <b>Do Not Attempt Resuscitation/DNR</b> (Allow Natural Death)		
<b>B</b> Check One	<b>MEDICAL INTERVENTIONS:</b> <i>If patient is found with a pulse and/or is breathing.</i>		
	<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. <input type="checkbox"/> <i>Trial Period of Full Treatment.</i> <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. <input type="checkbox"/> <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i> <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. <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i> Additional Orders: _____		
<b>C</b> Check One	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> <i>Offer food by mouth if feasible and desired.</i>		
	<input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____ <input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____ <input type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____		
<b>D</b>	<b>INFORMATION AND SIGNATURES:</b>		
	<b>Discussed with:</b> <input type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker		
	<input type="checkbox"/> Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive: <input type="checkbox"/> Advance Directive not available Name: _____ <input type="checkbox"/> No Advance Directive Phone: _____		
	<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.		
	Print Physician/NP/PA Name: _____ Physician/NP/PA Phone #: _____ Physician/PA License #, NP Cert. #: _____		Date: _____
	<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.		
Print Name: _____ Relationship: (write self if patient) _____		Signature: (required) _____ Date: _____	
Mailing Address (street/city/state/zip): _____		Phone Number: _____ Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.	
<b>SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED</b>			

\*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid

# Coalition for Compassionate Care of California – support to explore 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 assist 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 patient 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.
  - G-tube (gastrostomy), 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 by their own.
- When they have problems swallowing.
- For treatment of certain problems.

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 consciousness.
- To cope with special treatments, like radiation.

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

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

**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 to place a tube 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 consciousness.
- 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 consciousness.
- Loss of ability to use (digest) food normally (for example, have bowel disease or stomach surgeries).

**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 (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 in 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).

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

- Surgery with anesthesia (leads the feet makes you sleep).
- A sudden, serious illness, or a severe injury.
- Problems caused by various lung disease, such as COPD (chronic obstructive pulmonary disease), pneumonia, asthma, or emphysema.
- 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.
- Damage 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. **Note:** This document does not discuss options for non-invasive breathing support that means trying to help you breathe without using a ventilator.



# Palliative Care & Hospice Care

- What is the difference?
- Resource
  - National Hospice and Palliative Care Organization [www.nhpco.org](http://www.nhpco.org)





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