SOUTHEASTERN CONNECTICUT SENIOR SERVICES GUIDE

Introduction

Caring for someone who can no longer take care of themselves involves some of the most difficult decisions a caregiver can face.

Perhaps the loved one has a progressive disease like Alzheimer's … or has had a stroke or a heart attack. Perhaps they have broken a hip or continue to fall without being able to pick themselves up.

No matter the reason, those involved experience considerable stress.

At times like these, you need to take a deep breath and then pursue the available options. You can make the right choices for you and your loved one if you dedicate yourself to obtaining helpful information.

This Southeastern Connecticut Senior Services Guide will provide you with information and answers to questions which my law firm deals with on a daily basis.

We hope you find this information useful.

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CHAPTER 1

SENIOR CARE OPTIONS

Home Health Care

Home health care is provided in an individual's home by outside providers and aims to keep the individual functioning at the highest possible level in the place in which they are the most comfortable. Services range from basic assistance with household chores to skilled nursing services.

To adequately care for someone at home, list the duties you expect the professional caregiver to perform and clearly communicate the duties and the timing with the caregiver. Clearly explain your expectations and set boundaries for the caregiver's personal phone calls, breaks, etc.

However personal the caregiver relationship becomes, make sure all family members and the professional caregiver understand that the caregiver is not a family member. The caregiver should NOT have access to credit or ATM cards. Nor should the worker be paid in cash.

Pay close attention to your feelings. If the senior feels uncomfortable or incompatible with the caregiver, take action immediately. Either do not hire the person or discontinue his/her services if you've already hired the person.

Finally, remember in-home assistance is not the beginning of the end. Rather it's an active step to prolong a senior's ability to live in their lifelong home for as long as possible. Hiring an in-home caregiver is a proactive step that can help elders continue to lead healthy, active and happy lives.

Adult Day Care

Adult day care programs provide meals and care services in a community setting during the day while a caregiver needs time off or must work.

Respite Care

Respite care is provided on a temporary basis to allow a primary care provider or family member relief for a few hours or days.

Modular Home Communities

Modular Home Communities have full time residents or ones who reside only part of the year with them. Part time residents may be "snowbirds" coming for three months or a bit longer. The lots and the mobile units (which are not really very mobile) may be leased to, or owned by, the residents.

"Seniors Only" Apartments

Some older seniors sell their homes of many years and move to an apartment. This frees up equity that can then supplement income through interest or dividends earned through investment of the sale proceeds. The move also frees seniors from home maintenance and grounds-keeper chores. For others, living in a large complex of all seniors also affords a greater sense of security and sociability than living in a private home.

Shared Housing

Seniors can share their home, or share the home of another. The roommate need not also be a senior. Professional organizations which specialize in these arrrangements match the two parties based on needs on one side with abilities to provide on the other side. They screen before matching and follow up afterwards to the match is mutually beneficial. Most organizations who facilitate home sharing are non-profit and supported from sources other than those seeking their help.

Seniors who share their home, are Aging In Place, and should understand the planning that will help to do it successfully.

Age Restricted "Retirement Communities"

A senior community can be like any other neighborhood or community except restricted to people usually 55 or over, or 62 and over. Differences in minimum age is usually established when the original community entitlement and funding is obtained. Those with a 55+ restriction require one resident to be 55+. Other residents must be over 18, but are permitted to be younger than 55. In a 62+ community all residents must meet the age requirement. HUD regulations used to require amenities, activities and services that cater to seniors to be provided or available. Although no longer required by law, to be competitive and attractive to a retirement lifestyle, age-restricted communities continue to offer amenities, activities and services that cater to residents.

Retirement Communities are oriented toward an active lifestyle, or "younger thinking" seniors. They might offer golf, tennis, swimming pool and spa, exercise rooms and a variety of clubs and interest groups.

Congregate Care

Congregate care is similar to independent living, but features a community environment, with one or more meals per day prepared and served in a community dining room. Many other services and amenities may be provided such as transportation, pools, a convenience store, bank, barber/beauty shop, resident laundry, housekeeping, and security.

Assisted Living

Assisted living provides apartment-style accommodations where services focus on providing assistance with daily living activities. These facilities are designed to bridge the gap between independent living and nursing home care. Assisted living facilities provide a higher level of services than retirement communities including meals, housekeeping, medication assistance, laundry, and regular checks-ins. Managed Residential Communities (MRC) contract with an Assisted Living Services Agency (ALSA) licensed by the Connecticut Department of Public Health to provide nursing and personal care services to residents who need such services. For more on Assisted Living Facilities, see Chapter 5.

Continuing Care Retirement Communities (CCRCs)

Continuing Care Retirement Communities (CCRCs) or communities offering Life Care are designed to offer active seniors an independent lifestyle regardless of future medical needs. These communities are planned and operated to provide a continuum of care from independent living through skilled nursing. The facilities allow individuals to live within the same community as their needs progress through the spectrum of care. They may require a deposit or loan followed by monthly payments covering services, amenities and needed medical. The deposit may be refundable in part, or not at all, based on how many years the senior lives in the CCRC.

Continuing Care Retirement Communities are also known as:

- Continuing Care Retirement Facilities
- Life-Care Facilities, and

- Life-Care Communities.

Continuing Care Retirement Communities offer service and housing packages that allow access to independent living, assisted living, and skilled nursing facilities. Seniors who are independent may live in a single-family home, apartment or condominium within the Continuing Care retirement complex. If they begin to need help with activities of daily living (e.g., bathing, dressing, eating, etc.), the CCRC may transfer the resident to an assisted living or skilled nursing facility on the same site. Seniors who choose to live in a Continuing Care Retirement Community find it reassuring that their long-term care needs will be met without the need to relocate. For more on CCRCs, see Chapter 4.

Skilled Nursing Facilities (Nursing Homes/Convalescent Centers)

Skilled Nursing Facilities may be freestanding, or part of a community offering any or all of the following:

Congregate Care
Assisted Living
Continuing Care Retirement Community

It may specialize in short-term or acute nursing care, intermediate or long-term skilled nursing care.

Skilled nursing facilities are traditional nursing facilities that provide 24-hour medical nursing care for people with serious illnesses or disabilities. These facilities are state-licensed and care is provided by registered nurses, licensed practical nurses, and certified nurse aids. For more on skilled nursing facilities, see Chapter 6.

Hospitals

In addition to traditional services, many hospitals offer skilled or sub-acute nursing services either in their facility or on their campus.

Hospice Care

Hospice care is a combination of facility-based and home care provided to benefit terminally ill patients and support their families.

Other Senior Care Options

Fortunately, the range of senior care options continues to expand to better meet the care and financial needs of individuals. Senior Resources (860) 887-3561) is currently expanding its databases to provide search tools for the entire continuum of senior care.

NAELA Senior Housing Locator

The NAELA Senior Housing Locator, powered by SNAPforSeniors is available through www.naela.org and is an online navigational tool to provide guidance as you navigate through the complex options for senior housing. You will find a Quicklink to this service on NAELA's front page. Simply click on SNAPforSeniors, then click the Search Now box, and enter a location ie. state or zip code and hit search.

CHAPTER 2

CARE PLANNING

The care planning process begins with an assessment. This assessment occurs while the individual is living at home or soon after a resident moves into a facility (ie. Nursing Home, Assisted Living, etc.) A geriatric care manager assesses a senior's ability to live at home.

A team from the facility, which may include a doctor, nurse, social worker, dietitian, therapist or staff member, uses information from both the resident and the family about the resident's medical and emotional needs.

The team will ask family members about the resident's medical, psychological, spiritual and social needs. You can also contribute information about your loved one's preferences and usual routine. For example, you might tell the staff, "Dad likes to listen to the radio as he falls asleep. He's been doing that since I was a child."

During the assessment process, you can help by making your own list of your loved one's needs and provide it to the team to help with the assessment. For example, you may have noticed signs of depression along with symptoms of Alzheimer's. The assessment team may not notice these signs, so your input will be invaluable.

In the spaces below you can list your loved one's needs.

Medical needs:

____
____
____

Psychological needs:

____
____
____

Spiritual needs:

____
____
____

Social needs:

____
____
____

Special preferences and usual routines:

____
____
____
____
____
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As a care advocate, you will want to monitor your loved one's care to be sure the facility is providing the care outlined in the care plan. You may also attend care planning meetings. This is the best way to ensure that your loved one gets personal and appropriate care in the facility.

CHAPTER 3

GOVERNMENT PROGRAMS TO HELP PAY FOR CARE

Connecticut state government and the federal government have programs that can help elders pay for care. Some of the programs have wait lists so it may take a while to receive assistance. Contact Senior Resources, Eastern Connecticut Area Agency on Aging, 4 Broadway, 3rd Floor, Norwich, CT; Phone (860) 887-3561; web site (www.seniorresourcesec.org) to find out more about these programs. A sampling of the available programs is shown in the table below.

Name of Program	Agency	Eligibility Criteria	Covered Services
Medicare Home Care Benefit	The provider of the skilled services must be Medicare-certified. Check http://www.medicare.gov/HomeHealthCompare	Physician must meet personally with applicant and sign a plan of care for an individual who needs at least one skilled service and is homebound	Part-time or intermittent skilled nursing care
Connecticut Home Care Program for Elders (State-Funded)	To apply contact the Connecticut Dept. of Social Services (DSS) Alternate Care Unit at 860-424-4904.	Age: 65+ Level 1: Must be at risk of hospitalization or short-term nursing placement with two critical needs Level 2: must be in need of short or long-term nursing care with evidence of three or more critical needs Income: No limit Countable Assets: $34,092 (single) $45,456 (couple)	Adult day care, care management, chore, companion, home health aid, home delivered meals, laundry, skilled nursing visits, transportation, etc.
Connecticut Home Care Program for Elders (Medicaid)	To apply contact DSS Alternate Care Unit at 860-424-4904.	Age: 65+ Must be in need of nursing facility care and evidence of three “critical needs” ie. bathing, dressing, toileting,	Adult day care, care management, chore, companion, home health aid, home delivered

Name of Program	Agency	Eligibility Criteria	Covered Services
		eating/feeding, medication administration, etc. Income: $2,130 Countable Assets: $1,600 (single) $115,920 +1600 = $117,520 (couple)	meals, laundry, skilled nursing visits, transportation, etc.
Personal Care Assistance	Send the PCA Request Form to Social Work Services at DSS, 25 Sigourney St, Hartford, CT 06106-5033	Medicaid for the Working Disabled has liberal income and asset restrictions	Personal care assistance (bathing, dressing, companion)
Statewide Respite	Contact the Norwich area Agency on Aging, Senior Resources at (860) 887-3561	Diagnosed with Alzheimer's Disease or related dementia; annual income of $41,000 or less; assets less than $109,000; not on Connecticut Home Care Program for Elders Income $41,000 Countable Assets $109,000	Adult day care, home health aide support, homemaker, companion, skilled nursing visits
Veterans Benefits (Low Income Pension, Housebound benefits, and Aid & Attendance benefits)	Contact the CT Department of Veteran's Affairs, Norwich Office at 860-887-9162 Ask for George Skiles or Herb Mitchell	A veteran, or surviving spouse who needs assistance with activities of daily living (eating, dressing, toileting); is blind; or has a physical or mental disability, a resident of a nursing facility	Individuals can use veterans' benefits to pay for home care, assisted living facilities, or nursing home.

HOW VETERANS BENEFITS WORK

Veterans can receive benefits for service-connected disabilities and non-service connected disabilities. A service-connected disability occurs from a disease or injury that was incurred or aggravated while in military

service and did not result from the veteran's willful misconduct or abuse of alcohol or drugs. A non-service connected disability includes all disabilities that are not connected to military service. The benefits paid for service-connected disabilities are much greater than the benefits for non-service connected disabilities and no income or asset tests apply to service-connected disabilities. Nevertheless, many more veterans qualify for non-service connected disabilities than service-connected disabilities.

To be eligible for non-service connected disability benefits, the veteran must have received a discharge other than dishonorable, served 90 days during a period of war only one day of which must be during a period of war, have limited income and net worth, have a permanent disability, and the disability is not due to willful misconduct. The war-time periods Include:

World War II –	Dec. 7, 1941 to Dec. 31, 1946
Korean War --	Jun. 27, 1950 to Jan. 31, 1955
Vietnam War --	Aug. 5, 1964 to May 7, 1975 and Feb. 28, 1961 to Aug. 4, 1964 if in Vietnam
Gulf War --	Aug. 2, 1990 through the present (it has not ended yet)

For elders, proving a non-service connected disability is never a problem. A person is presumed disabled if he or she has reached age 65!

On the next page is a summary of the benefits and eligibility criteria for the 3 pension programs run by the US Dept. of Veterans Affairs (VA). A veteran or if the veteran is deceased, his spouse or dependents can apply for the benefits.

PROGRAM	MAXIMUM BENEFITS	ELIGIBILITY CRITERIA
Low Income Pension	$8,359/year for surviving spouse with no dependents $12,465 per year for veteran with no dependents $16,324 per year for veterans with dependent(s)	• Served 90 days of active duty, one of which is during war time • A discharge other than dishonorable • Over 65 or a disability • Disability must not be the result of willful misconduct • Application filed with VA • Net income can't exceed benefit limit, Can deduct from income unreimbursed medical expenses including medications, health insurance premiums, home care expenses & assisted living facility charges • Countable assets can't exceed $50,000 to $80,000 depending on age
House Bound Pension	$10,217/year for a surviving spouse with no dependents $15,233/year for a veteran with no dependents $19,093/year for a veteran with dependent(s)	• Confined to home or 100% disability and a second 60% disability • Rest of criteria same as low income pension
Aid and Attendance	$13,362/year for a surviving spouse with no dependents $20,795/year for a veteran with no dependents $24,652/year for a veteran with dependent(s)	• Blind or living in nursing home or requires assistance to protect the applicant from daily environmental hazards (usually assistance with 2 activities of daily living) • Rest of criteria same as low income pension • A veteran having a 30% or more disability can receive additional compensation for a disabled spouse.

HOW MEDICAID WORKS

Medicaid pays the cost of long-term care for those who cannot afford to pay. State and Federal governments share the cost of Medicaid. The federal Medicaid law is found in Title 19 of the Social Security Act. Many people refer to Medicaid as "Title 19." A person needing medical assistance ("the applicant") applies to the state agency implementing Medicaid. In Connecticut, that agency is the Department of Social Services (DSS). Both federal and state laws apply to the implementation of Medicaid, but to the extent that those laws conflict federal law preempts state law. The federal Centers for Medicare and Medicaid Services (CMS), a division of the U.S. Department of Health & Human Services, oversees the state Medicaid plans. These plans specify the terms and conditions of the state's participation in Medicaid.

Many people confuse Medicare and Medicaid. The names *are* very similar. Generally, Medicare covers blood work, home health services, emergency services, doctor services, medical equipment, outpatient mental health services, kidney dialysis, physical therapy, diagnostic tests, prescriptions, hospice care, inpatient hospital stays, and up to 100 days of skilled nursing facility (a/k/a nursing home) care. It does not cover acupuncture, most chiropractic services, cosmetic surgery, non-skilled personal care, dental care, podiatry, insulin, hearing aids, travel, and most importantly, long-term care. Medicare has co-pays and deductibles and durational limits for payment. Eligibility for Medicare is not based on need. To be eligible, individuals must reach a certain age (currently 65), have permanent kidney failure or Lou Gehrig's disease (ALS), or a disability covered by Social Security disability benefits for 24 months.

Medicaid provides broader medical coverage than Medicare at less cost to the patient. Medicaid has little or no co-pays or deductibles and no limits to how long you can receive treatment. Besides hospital stays and physician services, Medicaid in Connecticut covers nursing home care, dental services, physical therapy, drugs not covered under Medicare Part D, dentures, prosthetics, eyeglasses, transportation, hospice care, used durable medical equipment, and general anesthesia. Connecticut funds home care through a Medicaid waiver program called The Connecticut Home Care Program for Elders (CHCPE). CHCPE provides homemaker services, respite care, adult day care, companion services, meals on wheels, care management, elderly foster care, mental health counseling, minor home modifications and assisted living services provided in state-funded congregate housing and in other assisted living pilot or demonstration projects established under state law. Because the services covered by Medicaid are state-specific, Connecticut can and does change the Medicaid services offered to the extent allowed by federal law.

Unlike Medicare, Medicaid is a means-tested program. With Medicare, the amount of a person's income and assets does not matter. With Medicaid, it matters a lot. In Connecticut, eligibility for Medicaid depends on the individual's assets and, for home care, an individual's income. In Connecticut, an individual can have no more than $1,600 in assets to qualify for Medicaid. Not all assets count. If the individual is expected to return home within 6 months, the value of the home up to $750,000 is not counted. If an individual's spouse, disabled or minor child lives in the home, the home is not a countable asset regardless of its value. A home that the individual owns jointly with a sibling does not count as long as they have owned it together for over a year regardless of its value. A car does not count if the individual has a spouse living in the community. Essential household goods, personal effects, and tools of trade do not count in the asset calculation. *Id.* An irrevocable burial fund up to $5,400 and term life insurance are exempt. The amount of assets equal to the amount of benefits actually *paid* by an insurance company under a Connecticut Partnership Long-Term Care Insurance Policy or a long-term care insurance policy from another Partnership state is also exempt. Assets held in a Special Needs Trust for disabled individuals under age 65 do not count.

DSS considers certain assets "inaccessible" and thus, not countable. For instance, jointly-held real estate is inaccessible if a non-spouse joint owner refuses in writing to sell or buy-out the applicant's share, there is no market for the applicant's share, and a real estate agent confirms in writing that the applicant's share cannot be sold. The burden is on the applicant to show that the asset is inaccessible.

The assets of an individual's spouse count toward the asset limit. Prior to May, 2010, in Connecticut, on the date of institutionalization, the state took a snapshot of the couples' assets and attributed one-half of those assets to each spouse. The date of institutionalization ("DOI") is the date the individual began receiving at least 30 days of care in a hospital or nursing home or through a Medicaid waiver (like CHCPE). The spouse living in the community ("the community spouse") could keep assets that equal at least the *minimum* community spouse resource allowance but no more than the *maximum* community spouse resource allowance (CSRA). Connecticut law refers to the CSRA as the Community Spouse Protected Amount (CSPA). For 2013, the minimum CSPA is $23,184 and the *maximum* CSPA is $115,920.

At all times except May 1, 2010 to July 1, 2011, a couple can keep $1,600 for the institutionalized spouse and the lesser of the community spouse's one-half share or the maximum CSPA. For that short window of time between May 1, 2010 and July1, 2011, a couple could keep up to $109,560 for the community spouse and $1,600 for the institutionalized spouse.

How do Medicaid applicants spend down? They purchase or repair excluded assets. Those assets include a home they own if they will return within 6 months or a spouse, disabled child, sibling or minor child lives in the home. A car for a spouse living in the community. A burial plot and irrevocable funeral contract (up to $5400). They buy

household items, personal effects, a wheel chair, or a handicapped accessible van. *Id.* They also pay medical bills and other debts.

Medicaid also has income limits but those limits vary depending upon whether the applicant resides in a nursing home or at home. In a nursing home, the applicant must have countable income less than the monthly cost of care at the private rate for the facility. If the applicant does not have a spouse, all of the income of the applicant is applied to the cost of care other than a small personal needs allowance ($60 per month as of July 1, 2011). The State pays the balance owed at its lower Medicaid rate.

If the applicant receives Medicaid services at home, however, the applicant's monthly income cannot exceed 300% of the monthly Supplemental Security Income (SSI) benefit. SSI is a federal benefit program administered by the Social Security Administration. SSI supplements the income of blind or disabled individuals and seniors over age 65 with limited income and assets. In 2012, the SSI benefit is $710. Consequently, the 2013 income limit for Medicaid services in the home (through CHCPE) is $2,130. The income limit usually changes every January

When the applicant has a spouse, the income rules get complicated. First, determine whether the income is the applicant's income or whether it is the spouse's income. Look at the check. If the check is in the name of the applicant, then it is the applicant's income. If the check is in the name of the community spouse, then it is the community spouse's income. This is known as the "name-on-the-check rule." If the check is in both names or if there is no check or statement indicating ownership, one-half of the income is attributable to each of them. Where the payment of income from a trust is made solely in the name of the community spouse, the income is considered to be income of the community spouse.

DSS compares the income attributable to the community spouse to the spouse's Monthly Maintenance Needs Allowance (MMNA). If the MMNA of the community spouse exceeds the spouse's income, the community spouse receives the difference between the spouse's income and the MMNA. This difference is known as the Community Spouse Allowance (CSA). To calculate the MMNA, DSS takes into account the spouse's monthly shelter costs, including rent, mortgage payments, condominium dues, real estate taxes and homeowners insurance. A standard utility allowance ($683 as of 10/1/11) is added to the other costs to create a total shelter cost. Total shelter costs in excess of the standard shelter allowance ($567.38 as of 7/1/12) are added to the *minimum* MMNA to determine the tentative MMNA. If the tentative MMNA exceeds the *maximum* MMNA, the community spouse's MMNA will equal the *maximum* MMNA ($2,898 per month in 2013).

The income of the community spouse cannot cause the institutionalized spouse to lose Medicaid benefits. No income of the community spouse is deemed available to the institutionalized spouse.

Compare this exclusion of income from the community spouse to the rule concerning spousal assets. The *assets* of a community spouse are deemed available to the institutionalized spouse to the extent that *together* their assets exceed the CSPA. This distinction between the treatment of income and assets is crucial because if a community spouse converts an asset into income prior to the applicant applying for Medicaid, the community spouse would have more income with which to live without rendering the applicant ineligible for Medicaid. The MCCA rule encourages maximizing income for the community spouse.

Under Title 19 of the Social Security Act, the State Plan must provide that if an institutionalized individual or the individual's spouse disposes of assets for less than fair market value on or after the look-back date, the individual is ineligible for medical assistance. DSS reviews all transfers made within the look-back period. The look-back period begins (i) when the applicant applies for Medicaid and receives home and community-based services if the applicant is living at home, or (ii) when the applicant enters a hospital or nursing home and applies for Medicaid. 42 U.S.C. §1396p(c)(1)(B); Conn. UPM §3029.05.C. The look-back period is 60 months (5 years) for all transfers.

As part of the Medicaid application process, DSS requires applicants to submit bank statements and all documents in which the applicant transferred an interest in property during the look-back period. Transfers for less than fair market value that occur within the look-back period render the applicant ineligible for Medicaid for a certain period of time called the "penalty period. To calculate the penalty period, DSS divides the value of the property transferred by the average private pay monthly cost of Connecticut nursing home care ($11,183 as of July, 2012).

There are special exceptions to the transfer of asset rules. If the transfer is to a child (or a trust for a child) who is under 21 years of age, disabled or blind, the transfer does not render the applicant ineligible for Medicaid. If the applicant transfers the applicant's home to a child and the child has resided in the home for 2 years and has cared for the applicant and that care kept the applicant out of a nursing home, the transfer also does not render the applicant ineligible for Medicaid. If the applicant transfers his or her home to a sibling who has an equity interest and has lived in the home for a year, the transfer will have no effect on Medicaid eligibility. Purchase of a promissory note, loan or mortgage that has actuarially sound repayment terms, provides for equal payments, does not permit deferral or balloon payments, and prohibits cancellation of the balance upon death is also not considered a transfer of assets. To be actuarially sound, the loan cannot last longer than the applicant's life expectancy at the time of the loan closing.

The purchase of a life estate in a child's home where the applicant lives in the home for at least one year after the purchase does not constitute a transfer of assets. Applicants must consult the life estate tables published by the Social Security Administration in Program Operations Manual System (POMS) to determine the value of the life estate. A transfer made for reasons other than qualifying for Medicaid and

transfers for other valuable consideration also constitute exceptions to the transfer of asset rules. Reasons other than qualifying for Medicaid include (i) transfers made as a result of undue influence, (ii) transfers made when the applicant is in good health, the applicant has health insurance, and the applicant retains enough income and assets to cover basic living expenses and medical costs, (iii) transfers back to the legal owner of the asset, (iv) post-eligibility transfers by the spouse other than the home or home equity, and (v) transfers of exempt assets other than the home or home equity. Transfers for other valuable consideration include home health aid or homemaker services that are essential to avoid institutionalization.

Finally, transfers for fair market value do not violate the transfer of asset rules. Transfers for fair market value could cover a broad array of goods and services. Some common examples include payment for construction of a wheel-chair accessible ramp, bookkeeping services to pay medical and household bills, and cleaning services for a cluttered home. The applicant must pay for the services pursuant to a legally-enforceable contract. Payment can be made in the form of real estate or personal property as long as it is valued using its fair market value.

CHAPTER 4

CONTINUING CARE RETIREMENT COMMUNITIES

The three different contracts available to people wishing to become a member of a continuing care retirement community (CCRC) are extensive, modified, and fee-for-service. All three cover shelter, amenities, residential services, and any short-term and emergency care. The contracts differ in the amounts of entrance fees and monthly fees.

An extensive contract covers unlimited long-term nursing care with no corresponding increase in monthly payments. This is the most expensive contract but may prove to be the most cost-effective in the long run. The modified contract covers a specific amount of long-term nursing care in the monthly payments. Once the specified amount is used, the resident must pay for any additional nursing care. Residents under the fee-for-service contract must pay for long-term care at daily nursing care rates. This is the least expensive plan initially because all future long-term nursing costs must be paid for separately from the contract.

Consult your financial planner and attorney to help you determine which type of contract is best for you.

To move into a CCRC, the applicant must be able to live independently. What is Independent Living?

Independent living is for people who want to and are able to live independently but do not want to maintain a home. Many people prefer to live in a community with others of the same age and with similar interests. A CCRC allows for a great deal of social activities and trips and also offers prepared meals and a wide range of amenities.

CHECKLIST FOR REVIEWING THE CCRC AGREEMENT

SPONSOR

1. Name of sponsor: ____

2. Is the sponsor affiliated with any other group? Yes ____ No ____

   If yes, name of group: ____

3. What is the track record of the sponsoring organization? ___________________

____

4. Is the sponsor not-for-profit? Yes ____ No ____

5. Is the facility a member of LeadingAge (f/k/a American Association of Homes and Services for the Aging)? Yes ____ No ____

6. Does facility follow American Institute of Certified Public Accountants guidelines? Yes ____ No ____

7. Is the facility accredited by Continuing Care Accreditation Commission? Yes ____ No ____

8. Is the CCRC mature (i.e., more than 8 years old or at least between 3 and 9 years old)? Yes ____ No ____

9. Has the CCRC been continuously operating since opening? Yes ____ No ____

10. Is the occupancy rate at least 90%? Yes ____ No ____

11. Is the annual turnover rate 1% for each year of operation, but not more than 85% annually? Yes ____ No ____

12. Is the percentage of the population using health-related services less than 20%? Yes ____ No ____

13. Is the average number of residents per unit not more than 1.5? Yes ____ No ____

14. Is the average age of residents no more than 80 years? Yes ____ No ____

15. If the CCRC is under construction, have 80% of the units been pre-sold? Yes ____ No ____

16. If the CCRC uses a GAAP income statement, does it amortize it*s entry fees and establish a health care reserve for the unamortized portion of the fees? Yes ____ No ____

17. Is the Liquidity Ratio between 1.25% and 1.75%? Yes ____ No ____

18. Is the Capital Structure Ratio around 10% or 11%? Yes ____ No ____

19. If the CCRC is under construction or less than 3 years old, has an actuarial study been furnished showing the actuarial assumptions? Yes ____ No ____

20. Has Standard and Poors rated the debt of the CCRC? Yes ____ No ____

    If yes, what is the rating?____

21. Has Fitch Investors Service rated the debt of the CCRC? Yes ____ No ____

    If yes, what is the rating?____

22. Has the CCRC had a 90% occupancy rate for at least one year? Yes ____ No ____

23. Do residents have input into management decisions? Yes ____ No ____

    If yes, to what extent? ____

24. Is the facility operated by the sponsor or by a professional manager? ____

    If operated by a professional manager, who is the manager? ________________

    ____

    If operated by a professional manager, what is the track record of that manager?

    ____

25. Has the client reviewed the rules and regulations or facility handbook? Yes ____ No ____

If yes, are the terms satisfactory to the client? Yes ____ No ____

26. Has the client reviewed the latest inspection reports available from the facility? Yes ____ No ____

27. Has the client visited with residents and asked them about the CCRC? Yes ____ No ____

ENTRY FEE

28. What is the entry fee? ____

29. Is the contract::

Extensive? Yes ____ No ____
Modified? Yes ____ No ____

30. What percentage of the entry fee is tax deductible as a medical expense? ________________________________

31. Is the entry fee refundable? Yes ____ No ____

32. Is it refundable on a declining basis? Yes ____ No ____

If yes, what is the basis? ____

33. Is it partially refundable? Yes ____ No ____

If so, what portion is refundable during what period of time? ____

34. If the entry fee is refundable, does the CCRC send the resident a Form 1099? Yes ____ No ____

35. If the facility does not send the client a Form 1099, does the facility reimburse the resident, if a tax is later assessed? Yes ____ No ____

MONTHLY FEE

36. What is the amount of the monthly fee currently charged? _______________

37. Are monthly fees for single and double occupancy clear? Yes ____ No ____

38. On what day of the month are monthly fees paid? ______________________

    Is there a grace period for payment of monthly fees? ______________________

39 What are the late charges for late payment?

40. What notice is required before increase in monthly fees? ____________________

41. What have the fee increases been over the last:

    One Year? __________________________

    Two Years? _______________________

    Three Years? _____________________

    Four Years? _______________________

    Five Years? _______________________

42. What are the formulas for increasing monthly fees? ________________________

43. Are increases in monthly fees capped? Yes ____ No ____

    If yes, what is the cap?____

44. Will the monthly service change when the resident is permanently assigned to:

    Long-term care facility? Yes ____ No ____

    If yes, by what formula? _______________________________________

    Assisted care facility? Yes ____ No ____

    If so, by what formula? ______________________________

45. Are credits given for unused services? Yes ____ No ____

If yes, detail: ____

THE UNIT AND SERVICES

46. Does the agreement identify a specific unit? Yes ____ No ____

47. Are lease-hold improvements covered in the agreement? Yes ____ No ____

48. Are lease-hold improvements made by the resident covered in the agreement? Yes ____ No ____

49. What are the leasehold improvement provisions?_________________________

50. Are the services offered to residents of independent living clearly spelled out? Yes ____ No ____

51. What are the number of meals provided? _______________________________

52. What is the guest policy?____

53. What housekeeping services are provided?______________________________

54. What recreational facilities are provided?_________________________________

55. What transportation services are provided? _______________________________

56. What extra services are provided and what are the extra fees?
____

57. What type of emergency-related services are provided by the CCRC?
____

58. Does the CCRC check a unit, if the resident misses a certain number of meals? Yes ____ No ____

If yes, how many meals? __________________________________

HEALTH SERVICES

59. Are the health-related services offered to residents in independent living clearly spelled out? Yes ____ No ____

    What are those services? ____

    What are the fees for these services? _________________________________

60. Does the agreement cover the situation where the resident develops a condition which cannot be met by the CCRC? Yes ____ No ____

    What happens? ____

61. Are pre-existing conditions covered in the agreement? Yes ____ No ____

    If yes, how are they handled? ______________________________

62. What happens if there is no vacancy in the nursing facility at the time it is needed by the resident? ___________________________________

63. How much of the monthly fee is tax deductible as a medical expense?
    ____

64. Does the resident or a member of his family participate in the decision to move him to assisted living or the nursing unit? Yes ____ No ____

65. If the placement in assisted living or the nursing unit is temporary, does the resident reserve the right to move back into his unit? Yes ____ No ____

    If yes, for how long is this right reserved? _______________

66. If nursing home placement is permanent for one spouse, can the other move to a smaller, cheaper unit? Yes ____ No ____

67. Are changes in the family*s household covered by the agreement? Yes ____ No ____

68. Can a new spouse move in who does not meet the admissions criteria? Yes ____ No ____

69. Does the agreement cover what happens if the resident marries another resident? Yes ____ No ____

70. Does the agreement cover what happens if the resident marries a non resident? Yes ____ No ____

CANCELLATION

71. Is there a rescission period for the agreement? Yes ____ No ____

If yes, how long is the period?_______________________________________

72. What are the conditions for cancellation by the resident after 30 days but prior to taking occupancy of the unit? _______________________________________

73. What are the conditions for cancellation for each contracted individual?____

74. Can the resident terminate the agreement? Yes ____ No ____

If yes, what notice is required?_____________________________________

75. Can the CCRC terminate the agreement for Just Cause? Yes ____ No ____

76. Can the CCRC terminate the agreement for non-payment? Yes ____ No ____

77. If the agreement is terminated for Just Cause or non-payment, does the resident receive any refund? Yes ____ No ____

If yes, what are the terms of the refund?_______________________________

78. To what extent does the sponsor cover payment?________________________

79. Does the resident receive a refund, if he dies before occupancy? Yes ____ No ____

80. Does the resident receive a refund, if he dies after occupancy? Yes ____ No ____

If yes, under what circumstances and what percent is refunded?___________________________________

MISCELLANEOUS

81. Does the resident purchase an interest in real estate? Yes ____ No ____

82. Does the agreement provide for the resident's right to form an association? Yes ____ No ____

83. Does the agreement provide for the resident's right to have access to financial management information? Yes ____ No ____

84. Does the agreement provide for formal grievance procedure? Yes ____ No ____

85. Is the resident required to maintain Medicare Part B coverage? Yes ____ No ____

86. Is the resident required to maintain Medi-gap insurance? Yes ____ No ____

    If yes, at what level? ____

87. Is the resident required to maintain long-term care insurance? Yes ____ No ____

    If so, what are the terms? ____

88. Is the resident required to apply for Medicaid and SSI? Yes ____ No ____

89. Is the resident required to have a Power of Attorney? Yes ____ No ____

90. Is the resident required to have a Living Will? Yes ____ No ____

91. Are assisted living facilities available? Yes ____ No ____

92. Are details of assisted living services clearly spelled out? Yes ____ No ____

93. Financial assets that must be demonstrated in order to qualify for entry into the CCRC: $____

94 What physical conditions will qualify or disqualify a person for entry into the CCRC? ____

95. What was the minimum age required for admission? ______________________

96. Is the payment of a refund conditional upon resale of the unit? Yes ____ No ____

97. Can the resident have overnight guests in the living unit? Yes ____ No ____

If yes, how many of the guests are permitted to stay in the living unit?.____

If no, are there other accommodations for overnight guests? Yes ____ No ____

98. What costs are involved, if any, for overnight guests? $_____________________

CHAPTER 5

WHAT IS ASSISTED LIVING?

Assisted living facilities (ALFs) are for people needing assistance with Activities of Daily Living (ADLs) but wishing to live as independently as possible for as long as possible. Assisted living exists to bridge the gap between independent living and nursing homes. Residents in assisted living centers have a few chronic care concerns but are physically stable. Assisted living facilities offer help with ADLs such as eating, bathing, dressing, laundry, housekeeping, and assistance with medications. Assisted living is not an alternative to a nursing home, but an intermediate level of long-term care appropriate for many seniors.

In Connecticut, an assisted living facility consists of a managed residential community (MRC) registered with the Department of Public Health and an assisted living services agency (ALSA) *licensed* with the Department of Public Health. The MRC is the landlord and the ALSA provides nursing and care services.

Most assisted living facilities create a service plan for each individual resident upon admission. The service plan details the personalized services required by the resident and guaranteed by the ALSA. The plan is updated regularly to assure that the resident receives the appropriate care as his or her condition changes.

How Does an Assisted Living Facility Differ from a Nursing Home?

Nursing homes are designed to care for very frail people that are not able to care for themselves and have numerous health care requirements. Assisted living facilities are designed to assist elderly persons who are able to care for themselves except for a few activities. Assisted living facilities are often deemed necessary when the person in question needs help preparing meals, bathing, dressing, performing household chores, is sometimes confused, or is experiencing memory problems.

How Does an Assisted Living Facility Differ from a Continuing Care Retirement Communities (CCRC)?

Facilities with units for independent living and that have a licensed nursing home on the same premises are known as continuing care retirement communities. The resident can transfer between the independent living residences and the nursing home as his or her condition and needs change without having to look for a new facility, relocate, or adapt to a new setting. For example, the resident may begin in the independent living residences, move to assisted living units, and eventually move to the nursing home as ongoing care becomes necessary. To enter a CCRC, you have to be able to live independently just like in assisted living.

Assisted Living Checklist

First Impression

- Do you like the facility's location and outward appearance?
- Is the facility convenient for frequent visits by family and friends?
- Is the facility near a shopping center?
- Can the resident access a medical complex easily?
- Is public transportation available/accessible?
- Are you welcomed with a warm greeting from the staff?
- Does the staff address residents by their names and interact with them during your tour?
- Do you notice the residents socializing with each other and do they appear content?
- Can you talk with residents about how they like living there and about the staff?
- Is the staff appropriately dressed, friendly and outgoing?
- Do the staff members treat each other in a professional manner?
- Are visits with the residents encouraged and welcomed at any time?
- What percentage of the apartments are rented and occupied?
- Is there a waiting list? If so, how long do they estimate it will take to be admitted?
- Can you meet with residence administrator?

Living Area and Accommodations

- Is the floor plan well designed and easy to follow?
- Are doorways, hallways and rooms accommodating to wheelchairs and walkers?
- Are elevators available for those unable to use stairways and handrails to aid in walking?
- Are floors of a non-skid material and carpets conducive for safe walking?
- Does the residence have good lighting, sprinklers and clearly marked exits?
- Is the residence clean, free of odors and appropriately heated/cooled?
- What is the facility's means of security if a resident wanders?
- Are the common areas in general attractive, comfortable and clean?
- Is there an outside courtyard or patio for residents and visitors, can they garden?
- Does the residence provide ample security and is there an emergency evacuation plan?
- Are there different sizes and types of units available with optional floor plans?
- Are single units available and/or double occupancy units for sharing with another person?
- Does each unit residence have furnished/unfurnished rooms? What is provided or what can they bring?
- May they decorate their own rooms? Is there adequate storage space?

- Is a 24-hour emergency response system accessible from the unit?
- Are bathrooms private with handicapped accommodations for wheelchairs and walkers?
- Do all units have a telephone and cable TV and how is billing handled?
- Does kitchen unit have refrigerator/sink/cooking element and can food be kept in their units?
- May residents smoke in their units or are there designated public areas?

Moving In, Contracts, and Finances

- How much is the monthly fee? How often can it be increased and for what reasons? Is there a limit on the amount of increase per year? What is the history on monthly fee increases?
- What's involved with the moving in/out process?
- Does the assessment process include the resident, family, facility staff, along with the physician?
- Is there a written plan for the care of each resident and is there an ongoing process for assessing a resident's need for services and how often are those needs evaluated?
- Is there a written statement available of the resident rights and responsibilities?
- Is a contractual agreement available that clearly discloses healthcare, accommodations, personal care and supportive services, all fees, and admission and discharge provisions?
- What are the specific costs for various levels or categories of services?
- What additional services and staff are available if the resident's needs change?
- Can you pay for additional services such as skilled nursing care and physical therapy when the services are needed on a temporary basis? What do they usually cost?
- When may a contract be terminated and what are the policies for refunds and transfers? Is there an appeals process for dissatisfied residents?
- What happens if funds are depleted and full payments can no longer be made?
- Is there any government, private or corporate programs available to help cover the costs?
- Are residents required to purchase renters' insurance for personal property in their units?
- Do billing, payment and credit policies seem fair and reasonable? May a resident handle his/her own finances with staff assistance if able? Must a family member/outside party be designated?

Health/Personal Care/Services

- Can the facility provide a list of available services and are residents and families involved in developing the service agreement? Who provides these services/what are their qualifications?

- Is staff available to provide 24-hour assistance with activities of daily living (ADLs) if needed? ADLs include dressing eating, mobility, hygiene, grooming (bathing, toileting, incontinence)?
- Is staff available to assist residents who experience memory, orientation, of judgment losses?
- How are medical emergencies handled? Does the residence have a clearly stated procedure for responding to medical emergencies? Is there an arrangement with a nearby hospital?
- Does staff supervise/assist a resident in taking medicine? May a resident take his or her own medications?
- Does the residence's pharmacy provide delivery, consultation and review of medicines?
- Does staff assist in making arrangements to have nursing and other medical care? Does a nurse make regular checkups? Or to what extent is medical care available?
- Are physical, occupational, or speech therapy services available and is there a staff person to coordinate home care visits from a nurse, physical therapist, occupational therapist, etc?
- Are housekeeping, linen service and personal laundry included in the fees, or are they available at an additional charge? Are on-site laundry facilities available and convenient?
- Does the residence provide transportation to doctors' offices, the hairdresser, shopping and other activities desired by residents and can it be arranged on short notice?
- Are pharmacy, barber/beautician and/or physical therapy services offered onsite?
- Who will draw up the care plan and how much input will the family have?

What kinds of group/individual Social and Recreational

- What recreational activities are offered and who schedules them?
- Is there an organized activities program with a posted daily schedule of events?
- Do volunteers and family members come into the residence to participate/conduct programs?
- Does the facility schedule trips or go to other events off premises?
- Do residents participate in activities outside of the residence in the neighboring community?
- Are the resident activity (social) areas appropriate and desirable to the prospective resident?
- Are there supplies for social activities/hobbies (games, cards, crafts, computers, gardening)?
- Are religious services held on the premises or arrangements made for nearby services?
- Are there fitness facilities as well as regularly scheduled exercise classes?

- Does the residence create a sense of community by allowing residents to participate in certain activities or perform simple chores for the group as a whole?
- Are pets allowed in the residence? Does the facility have pets and who cares for them?

Staff

- What are the hiring procedures for staff and requirements for eligibility? Are criminal background checks, references, and certifications required?
- Is there a staff-training program in place and what does it entail?
- Is staff courteous to residents and to each other? Are requests for assistance timely?
- Is the administrator, or appropriate staff person generally available to answer questions or discuss problems and would you be comfortable dealing with them on a daily basis?
- Does the facility have a volunteer program or is it affiliated with any student clinical programs?

Food

- Does the residence provide three nutritionally balanced meals a day, seven days a week, and how does the menu vary from meal to meal?
- What about special diets; does a qualified dietitian plan or approve menus? Are resident's weight routinely monitored?
- Are residents involved in menu planning and may they request special foods?
- Are common dining areas available and when can residents eat meals in their units?
- Does dining room environment encourage residents to relax, socialize, and enjoy their food?
- Are meals provided only at set times or is there some flexibility? Are snacks available?
- How many meals are included in the fee? If a resident becomes ill, is tray service available?
- Can residents have guests dine with them for an additional fee? Is there a private dining room for special events and occasions, if desired?

Licensure and Certification

- Does the Assisted Living Services Agency (ALSA) have a current license from the Department of Public Health and is it displayed?
- Is the Managed Residential Community (MRC) registered with the Department of Public Health and is the registration displayed?

- Is the facility a member of a trade or professional association?
- What reputation does the facility have in the community? How long has it been in business? Is it in good financial health? Does the facility follow generally accepted accounting procedures?
- If the facility is sponsored by a nonprofit organization and managed under contract with a commercial firm, what are the conditions of that contract?
- Is there a resident council or organization through which residents/family have a means of voicing their views on the management of the community?

Alzheimer's Facilities

- Does the facility have programs for Alzheimer's, other dementias and other specialized areas?
- Is there a structured routine for residents?
- Does the staff take time to gather specific lifestyle information about your loved one in order to individually cater to his/her needs?
- Does the facility have comfortable, familiar and safe surroundings; ask what is done to ensure safety?
- Does the facility have a compassionate staff. Do the activities reflect the routines that each individual resident has established over a lifetime.
- Do the activities help people succeed at familiar tasks, whether it is making their bed or baking cookies. (These activities can help give the person a feeling of satisfaction and productivity.)
- What is offered for outdoor activities, such as secured walking paths, waist-high gardening boxes for people to do their own gardening (so the person doesn't have to bend over).
- What is staff's ability to deal with difficult situations and behaviors; give examples and ask how they deal with them. How wandering is handled.

Early stage Alzheimer's patients may be accommodated in a Congregate or Independent wing of an assisted living facility. Many Assisted Living Facilities will accept and successfully accommodate seniors with early-stage Alzheimer's. As the disease progresses a resident with Alzheimer's disease may develop argumentative behavior, and wandering habits. Generally, the communities best equipped to deal effectively with this middle stage patient have a portion of their facility dedicated to Alzheimer's Care.

CHAPTER 6

NURSING HOMES

What is a Nursing Home?

A nursing home is an entity that provides skilled nursing care and rehabilitation services to people with illnesses, injuries or functional disabilities. Most facilities serve the elderly. However, some facilities provide services to younger individuals with special needs such as the developmentally disabled, mentally ill, and those requiring drug and alcohol rehabilitation. Nursing homes are generally stand alone facilities, but some are operated within a hospital or continuing care retirement community.

<u>Out-patient Therapy</u>

Many facilities offer the same therapies provided in a nursing home on an out-patient basis. For those choosing a home-based option, out-patient therapy may be a necessary professional service.

Nursing Home Services

The level of care provided by nursing homes has increased significantly over the past decade. Many homes now provide much of the nursing care that was previously provided in a hospital setting. As a result, most nursing homes now focus their attention on rehabilitation, so that their clients can return to their own homes as soon as possible. Some of the services a nursing home may provide include:

Therapies (Inpatient and Some Outpatient)

Physical therapy

Occupational therapy

Speech therapy

Respiratory therapy

Pharmacy Services

Equipment Rental

Specialty Care

Alzheimer's treatment
Cancer
Cardiovascular disease
Developmentally disabled
Dementia
Head trauma
Hematologic conditions
Mental disease
Neurological diseases
Neuromuscular diseases
Orthopedic rehabilitation
Pain therapy
Pulmonary disease
Para/quadriplegic impairments
Stroke recovery
Trauma
Wound care

How to Get Good Care in a Nursing Home

Once you find a nursing home placement for your loved one, you can begin the process of easing the transition from one level of care to another.

The most important way you can help is to visit your loved on as often as possible. Notice the care they are receiving and how your loved one reacts to the services provided.

If you have been providing some or all of your loved one's care, you will notice a change in your role. Rather than functioning as a caregiver, you will instead become a care advocate. Do not let inadequacies in the care of a loved one linger. Contact those in charge of your loved one's care to request improvements.

Your role is to participate in planning your loved one's care and to be in frequent communication with the nursing home staff.

Nursing Home Evaluation

As you visit nursing homes, use the following form for each place you visit. Don't expect every nursing home to score well on every question. The presence or absence of any of these items does not automatically mean a facility is good or bad. Each has its own strengths and weaknesses. Simply consider what is most important to the resident and you.

Record your observations for each question by circling a number from one to five. (If a question is unimportant to you or doesn't apply to your loved one, leave the evaluation area for that question blank.)

Your ratings will help you compare nursing homes and choose the best one for your situation. But don't rely simply on the numbers. Ask to speak to family members of other residents. Also, contact the state ombudsman [Toll Free at 866-388-1888 or the Central Office at 860-424-5200, their email address is ltcop@ct.gov] for information about the nursing home and get a copy of the facility's state inspection report from the nursing home, the agency that licenses (or certifies) nursing homes or the ombudsman. Finally, be sure to compare the nursing home you are considering at the Medicare web site (http://www.medicare.gov/NHCompare). You can compare all nursing homes in New London and Middlesex Counties through this web site.

Nursing Home Evaluation Form

Name of Nursing Home:_______________________________________

Date Visited:____

	Poor-------Excellent 1-----5
What is your first impression of the facility?	1 2 3 4 5
What is the condition of the facility's exterior paint, gutters and trim?	1 2 3 4 5

Are the grounds pleasant and well-kept? 1 2 3 4 5

Do you like the view from residents' rooms and other windows? 1 2 3 4 5

Does the nursing home provide a secure outdoor area? 1 2 3 4 5

Are there appropriate areas for physical therapy and occupational therapy? 1 2 3 4 5

Are facilities for barber or beauty salon services available? 1 2 3 4 5

What is your impression of general cleanliness throughout the facility? 1 2 3 4 5

Does the facility smell clean? 1 2 3 4 5

How noisy are the hallways and common areas? 1 2 3 4 5

Is the dining area clean and pleasant? 1 2 3 4 5

How are the lounges and activity rooms? 1 2 3 4 5

Are residents allowed to bring pieces of furniture and other personal items to decorate their rooms? 1 2 3 4 5

THE STAFF:

Does the administrator know residents by name and speak to them in a pleasant, friendly way? 1 2 3 4 5

Do staff and residents communicate with a cheerful, respectful attitudes? 1 2 3 4 5

Do staff and administration seem to work well with each other in a spirit of cooperation? 1 2 3 4 5

Do residents get permanent assignment of staff?	1 2 3 4 5
Do nursing assistants participate in the resident's care planning process?	1 2 3 4 5
How good is the nursing home's record for employee retention?	1 2 3 4 5
Does a state ombudsman visit the nursing home on a regular basis?	1 2 3 4 5
How likely is an increase in private pay rates?	1 2 3 4 5
Are there any additional charges not included in the daily or monthly rate?	1 2 3 4 5

RESIDENTS' CONCERNS:

What method is used in selecting roommates?	1 2 3 4 5
What is a typical day like?	1 2 3 4 5
Can residents choose what time to go to bed and what time to wake up?	1 2 3 4 5
What activities are available for the residents?	1 2 3 4 5
Does the nursing home provide transportation for community outings and activities?	1 2 3 4 5
Is a van or bus with wheel chair access available?	1 2 3 4 5
What is your impression of the general cleanliness and grooming of the residents?	1 2 3 4 5
How do residents get their clothes laundered?	1 2 3 4 5
What happens when clothing or other items are missing?	1 2 3 4 5
Are meals appetizing and served promptly at mealtime?	1 2 3 4 5
Are snacks available between meals?	1 2 3 4 5

If residents call out for help or use a call light, do

they get prompt, appropriate responses?	1 2 3 4 5
How does a resident with problems voice a complaint?	1 2 3 4 5
Does the nursing home have an effective resident council?	1 2 3 4 5

FAMILY CONSIDERATIONS:

How convenient is the nursing home's location to family members who may want to visit the resident?	1 2 3 4 5
Are there areas other than the resident's room where family members can visit?	1 2 3 4 5
Does the facility have a safe, well-lighted, convenient parking?	1 2 3 4 5
Are there hotels/motels nearby for out-of-town family?	1 2 3 4 5
How convenient will care planning conferences be for interested family members?	1 2 3 4 5
Is an effective family council in place?	1 2 3 4 5
Can family/staff meetings be scheduled to discuss and work out any problems that may arise?	1 2 3 4 5
Can residents choose what time to go to bed and wake up?	1 2 3 4 5
Are activities available that are appropriate for residents?	1 2 3 4 5

CHAPTER 7

COST COMPARISONS BETWEEN ALTERNATIVE OPTIONS AND AGING IN YOUR HOME

Compare your home's costs against what a Senior Housing, Assisted Living or Continuing Care Retirement Community offers in convenience and services by putting the cost of each of the following items in the column for "Aging in Your Home" or the column for the alternative living choice – e.g. "Assisted Living". Then total each column and compare costs. Assisted or group retirement living may not be much more expensive than staying where you are. Or, perhaps you will find it's more expensive.

After you have a handle on cost differences, look at social, stress and medical advantages or disadvantages. Only then are you ready to visit places that are alternative possibilities.

- Mortgage and Association Fees
- Taxes
- Maintenance of outside, gardening
- Repairs
- Fire, theft and liability Insurance
- Electricity and gas
- Water, sewer and trash pickup
- Telephone and cable
- Meals
- Transportation
- Car ownership (ownership, maintenance, repairs, insurance)
- Insurance
- Housekeeping
    - Laundry
    - Linen service
    - Cleaning
- Supplemental Medicare Insurance (a/k/a Medi-gap policies)
- Long Term Care Insurance
- Cost of In-Home Health Care

CHAPTER 8

SOUTHEASTERN CONNECTICUT SENIOR SERVICES AND FACILITIES

Home Health Care:

Connecticut Community Care, Inc. (CCCI)
Care Management Associates
43 Enterprise Drive
Bristol, CT 06010-7472
Phone: (860) 589-6226
Toll Free: (800) 654-2188
Fax: (860) 585-0858
www.ctcommunitycare.org

VNA of Southeastern Connecticut (VNA)
403 North Frontage Road
Waterford, CT 06385
Phone: (860) 444-1111
Fax: (860) 440-1156
Old Saybrook Office: (860) 510-0035
www.vnasc.org

Assisted Living Facilities:

Academy Point at Mystic
20 Academy Lane
Mystic, CT 06355
(860) 245-8915

Bacon & Hinkley Homes, Inc.
581 Pequot Avenue
New London, CT 06320
(860) 443-8624

Atria Crossroads Place
1 Beechwood Drive
Waterford, CT 06385
(860) 444-6700

Briarcliff Manor
179 Coleman Street
New London, CT 06320
(860) 443-5376

Crescent Point at Niantic
417 Main Street
Niantic, CT 06333
(860) 739-9479

Nursing Home Facilities:

(New London County)

Avalon Health Care Center At Stoneridge
186 Jerry Browne Road
Mystic, CT 06355
(860) 572-5623

Bayview Health Care Center
301 Rope Ferry Road
Waterford, CT 06385
(860) 444-1175

Beechwood Rehab & Nursing Center
31 Vauxhall Street
New London, CT 06320
(860) 442-4363

Bride Brook Health & Rehabilitation Center
23 Liberty Way
Niantic, CT 06357
(860) 739-4007

Kindred Nursing and Rehabilitation - Crossings East
78 Viets Street Extension
New London, CT 06320
(860) 447-1416

Kindred Nursing and Rehabilitation - Crossings West
89 Viets St. Ext.
New London, CT 06320
(860) 447-1471

Fairview, Odd Fellows Home of CT
235 Lestertown Road
Groton, CT 06340
(860) 445-7478

Fountainview Care Center
88 Clark Lane
Waterford, CT 06385
(860) 442-0471

Greentree Manor Nursing & Rehabilitation
4 Greentree Drive
Waterford, CT 06385
(860) 442-0647

Groton Regency Center
1145 Poquonnock Road
Groton, CT 06340
(860) 446-9960

Harrington Court
59 Harrington Court
Colchester, CT 06415
(860) 537-2339

Liberty Specialty Care Center
36 Broadway
Colchester, CT 06415
(860) 537-4606

Mary Elizabeth Nursing Center
28 Broadway
Mystic, CT 06355
(860) 536-9655

Mystic Healthcare & Rehabilitation Center, LLC
475 High Street
Mystic, CT 06355
(860) 536-6070

Norwichtown Rehabilitation & Care Center
93 West Town Street
Norwich, CT 06360
(860) 889-2614

Orchard Grove Specialty Care Center, LLC
5 Richard Brown Drive
Uncasville, CT 06382
(860) 848-8466

Pendleton Health & Rehabilitation Center
44 Maritime Drive
Mystic, CT 06355
(860) 572-1700

(Middlesex County – Nursing Homes)

Aaron Manor Nursing & Rehabilitation
3 South Wig Hill Road
Chester, CT 06412
(860) 526-5316

Chestelm Health Care & Rehabilitation Center
534 Town Street
Moodus, CT 06469
(860) 873-1455

Chesterfield's Health Care Center
132 Main Street
Chester, CT 06412
(860) 526-5363

Cobalt Lodge Heath Care & Rehabilitation
29 Middle Haddam Road, Rte 151
Cobalt, CT 06414
(860) 267-9034

Essex Meadows Health Center
30 Bokum Road
Essex, CT 06426
(860) 767-7201

Gladeview Rehabilitation & Health Care Center
60 Boston Post Road
Old Saybrook, CT 06475
(860) 388-6696

High View Health Care Center
600 Highland Avenue
Middletown, CT 06457
(860) 347-3315

Continuing Care Retirement Communities:

Chester Village West
317 West Main Street
Chester, CT 06412
(860) 526-6800

Essex Meadows
30 Bokum Road
Essex, CT 06426
(860) 767-7201

StoneRidge Retirement Community
186 Jerry Browne Road
Mystic, CT 06355
(860) 572-4494

Adult Day Care Services:

Golden Horizons Adult Day Center
245 Boston Post Road
Old Saybrook, CT 06475
860-388-1788

Masonicare Adult Day Center
99 Washington Street
Norwich, CT 06360
860-887-4270

Robin’s Nest Intergenerational Day Care
72 Fiske Lane
Westbrook, CT 06498
860-399-0379

Ross Adult Day Center
165 McKinley Avenue
Norwich, CT 06360
(860) 889-1252

Shoreline Adult Day Center
1 Beechwood Drive
Waterford, CT 06385
(860) 442-5873

CHAPTER 9

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