What You Need to Know about Long-Term Care

A White Paper Presented by:

CSA
Society of Certified Senior Advisors™

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FOREWORD

Understanding that long-term care is a reality for about 70 percent of people age 65 and over and that the costs related to that care are increasing every day, brings to light the importance of being prepared to deal with a long-term care situation, whether for yourself or a loved one.

While there are a variety of long-term care services and facility options, not all of them are available in every community. Most people want to stay at home for their care, but even in the event that they need to go to assisted living or a nursing home, the aligning services may or may not be obtainable when needed.

Payment options for care also vary. Public payment options put the reliance for skilled, short-term care on medical health plans and Medicare, and these plans do not pay for non-skilled custodial long-term care. Medicaid, will, however, pay for skilled and non-skilled care but there are asset and income qualifications and limit the individual to what types of care and care facilities can be utilized. Private payment options allow for an individual to determine much of the course of his or her long-term care because of coverage decisions made at the time a long-term care insurance policy was purchased. However, due to the premium costs from an insurance policy and other determining factors, this is not an option for everyone. The best you can do is prepare a 'plan' for your care to guide your family.

This guide offers you a look into long-term care and what the options are for care services, payments and the details of a long-term care insurance policy in an effort to help you prepare for and begin considering what long-term care means for you and your family specifically.

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Note: The *What You Need to Know About Long-Term Care* white paper is intended to provide strictly factual information about long-term care for seniors. SCSA does not take a stance on long-term care and this white paper is only intended to help seniors interpret the vast amount of information available on this issue.

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Long-Term Care Overview

What is long-term care?
Long-term care is care that is provided for a wide range of medical, personal and social services for an extended period of time. Your health care professional determines that you have a chronic problem, lasting 90 days or more, and you will need substantial assistance. Care levels include assistance with daily activities, home health care, adult daycare, care in an assisted living community or nursing home. Supervision at home or in a facility is included if you have a severe cognitive impairment – memory or reasoning loss. Long-term care is intended to maintain and support an individual's existing level of health, to preserve his or her health from further decline or to manage a deteriorating condition as safely as possible.

Who needs long-term care?
The general population is living longer due to healthier lifestyles and advances in medical technology and treatment. The longer people live the more likely they are to need long-term care services. According to the Department of Health and Human Services, at least 70% of people over age 65 will require some form of long-term care during their lifetime and more than 40% of them will need long-term care in a nursing home. A significant number of working-age adults are also in need of long-term care. Of the people needing long-term care, 40% of them are ages 18 to 64 years old and the need for long-term care arises from catastrophic disability caused by a severe illness or accident.

How do you know you are ready for long-term care?
A health care provider or other geriatric-related professional can help someone determine if they are in need of long-term care services. In this document there is an 'Assessing Your Needs for Long-Term Care' form that asks some questions about ability levels and if a home is set up appropriately for an individual's required needs.

Who provides long-term care services?
It is typical for family members, primarily spouses and adult children, to provide initially for care needs. The extent of care and the time period over which it is given will depend on the availability, capability and willingness of those family members. Keep in mind that your family cannot care for you 24 hours a day. They will need help from friends or neighbors, as well as professional caregivers.

Professional custodial long-term care is also provided by paraprofessionals, such as certified nursing assistants (CNAs), home health aides (HHAs), bath aides, homemakers, and companion services. The caregivers in this category may work at a nursing home or other facility; may be found through a home health agency or registry service; or may be independent contractors.

In what settings are the long-term care services received?
Depending on the level of care needed, long-term care is performed in a variety of settings including a person's home, adult day care programs, assisted living facilities, continuing care retirement communities, specialized Alzheimer's facilities, hospice facilities for the terminally ill, and skilled nursing facilities or nursing homes.

What does long-term care cost?
Costs for long-term care vary depending on where you live and what type of care services are required. The cost of long-term care is increasing rapidly and according to the U.S. Department of Labor (2008), long-term care is the greatest uninsured risk that Americans face.

Who pays for long-term care?
Public and private payment options for long-term care are available. It is a common misconception that Medicare and health insurance pay or long-term care. Most often, an individual is responsible for covering the cost of long-term care. This can be done out-of-pocket or through long-term care insurance.

Options for Long-Term Care

Homemaker Services –

- The homemaker is a service which provides assistance with household tasks that an individual cannot manage alone.
- It is provided in an individual's home with the intent of making it possible for someone to remain in his/her home and offer support with minor chores which may include cleaning house, cooking meals and running errands.
- Also known as 'personal care assistants' or 'companions'.

Home Health Aides –

- A more extensive personal care option than what family, friends or homemaker services typically engage in.
- Providing 'hands-on' personal care in the home. Directed by medical personnel.
- Activities with which assistance is given include bathing, dressing, eating, transferring, assisting with maintaining continence, laundry, shopping for and preparing food, and medication management.
- May provide rides to the doctor.
- May act as an advisor to patients and families on certain issues; providing support by instruction or psychologically.

Adult Day Health Care (ADH) –

- A facility where the adult patient who needs supervision and assistance during the day is dropped off just for the day.
- Programs typically provide meals, personal assistance, medication management, social interaction, therapeutic activities, and more.
- Transportation to and from the facility may be provided.
- Three types of Adult Day Health Care Models:
    - Social Model – For individuals who do not need medical based services. Provides: basic care, supervision, meals, recreations, and social activities.
    - Medical Model – For individuals who require medical monitoring because of health conditions. May also offer therapies – physical, occupational and speech.
    - Combination Model – Both social and medical models are incorporated.

Assisted Living Facilities (ALF) –

- An apartment-style housing setting where an individual has moved out of his or her home and into this community facility to have access to consistent support with Activities of Daily Living or supervision while still maintaining a level of independence.
- Individuals who live in ALFs tend to be less impaired and have fewer health problems and may not require medical supervision.

Nursing Home Care –

- Provide shelter and care for seniors who have more serious health problems, functional impairments or cognitive deficits.
- Services include: personal care, room and board, supervision, medication, therapies, rehabilitation, and 24-hour skilled nursing.
- Also known as 'nursing facilities' and 'skilled nursing homes'.

Continuing Care Retirement Communities (CCRCs) –

- A full continuum of housing and services within the same community. As the senior's needs change, he or she moves to the next 'area' within the community that is able to address his or her needs.

Cost and Coverage Options for Long-Term Care

The cost of long-term care

According to the U.S. Department of Labor (2008), long-term care is the greatest uninsured risk that Americans face. Given that 70% of the population will be in need of some form of long-term care at some point in their lifetimes, the reality of long-term care exists; although it is not typically part of a person's financial plan. Long-term care costs vary all over the country and not all types of care services and facilities are available in every community. Researching costs of all levels of care within the market where a person plans to retire is helpful in planning for the long-term.

National average costs for types of long-term care in 2010

Homemaker Services	$18/hour
Home Health Aide Services	$19/hour
Adult Day Health Care	$60/day
Assisted Living Facility (1 bedroom/single occupancy)	$3,185/month
Nursing Home (semi-private room)	$185/day
Nursing Home (private room)	$206/day

Source: Genworth 2010 Cost of Care Survey

Who pays for long-term care?

Public and private payment options for long-term care are available. Understanding the options and how assets will be affected provides for better planning before long-term care services are needed.

It is a common misconception that Medicare and health insurance pay for long-term care. Medicare and traditional health insurance policies essentially cover little to none of the costs of in-home care, assisted living facilities, or nursing homes that are incurred by an individual. People who pay for expenses out-of-pocket are often forced to lose assets quickly. Long-term care insurance helps pay for care and protect assets. However, it may not be the appropriate choice for everyone.

Public Financing Options:

Medicare

- Does not pay for personal or custodial care (assistance with Activities of Daily Living or Supervision).
- May pay for a portion of skilled and rehabilitative care needs, if a series of strict requirements are met and only for a limited amount of time.
- Will pay for a skilled nursing facility when:
  - A person has had a recent hospital stay of at least 3 days
  - Within 30 days of a hospital stay, that person is admitted to a Medicare-certified nursing facility.
  - Skilled nursing services and/or physical or other types of therapy are needed.
- If the above requirements are met:
  - Medicare pays 100% of the skilled nursing facility costs for the first 20 days.
  - For days 21-100, the individual pays a portion (amount determined by Medicare) and Medicare covers the balance.
  - After day 100, the individual pays 100% of the cost.
- Other coverage is available for medical equipment and hospice care. Again, restrictions apply.
- For more information on Medicare go to:
  - www.medicare.gov
  - Centers for Medicare and Medicaid Services www.cms.gov

Medicaid

- For people with limited resources and low incomes.
- Eligibility and available services vary in each state.
- May cover certain nursing home care and some long-term care services at home on a very limited basis.
- Eligibility is generally based on income, personal resources, and certain health and functional criteria.
- For more information on Medicaid:
    - Contact the State Medical Assistance office in a specific state
    - Centers for Medicare and Medicaid Services www.cms.gov

Older Americans Act

- This is the first federal program (established in 1965) focused on providing comprehensive services for older adults.
- It provides funding for the Administration on Aging to distribute to the local Area Agencies on Aging which are set up to provide many home and community-based programs for seniors.
- For more information about how this act supports long-term care options for seniors go to www.aoa.gov.

Veterans Affairs

- The Department of Veteran Affairs offers access to long-term care services to veterans with service-related disabilities, who are aging, or who meet certain criteria.
- Access to nursing home care and other extended care services for those who are unable to pay for care expenses.
- Housebound and Aid and Attendance Allowance Program – provides cash grants, instead of formal homemaker or personal care services, to disabled veterans and surviving spouses for assistance with Activities of Daily Living and other needs at home. Certain income requirements must be met along with availability.
- Co-pays may apply and are dependent on income level.
- For more information about this option go to www.va.gov.

Private Financing Options:

Self-pay (out-of-pocket) – All long-term care costs are paid by the individual and his or her family. Find out approximate costs of care in your area at www.longtermcare.gov

Long-Term Care Insurance – An insurance policy that an individual purchases to help pay for long-term care needed by an adult in an effort to protect assets, income and family from the devastating consequences of care. Policies vary greatly but generally cover a wide variety of in-home, community-based and facility care services. Plus, they have the ability to offer care options that a publicly paid program may not.

The majority of policies today are tax qualified, providing added incentives from the federal government to purchase long-term care insurance. A tax advisor should be consulted to determine if the long-term care insurance policy that is purchased will qualify the individual for tax advantages.

Qualifying for a long-term care insurance policy typically begins with the applicant meeting certain medical underwriting requirements. The insurance provider uses an applicant's personal health information to predict the likelihood that they will need long-term care and make claims against the policy. The premiums are based on a person's age and health. This means the younger you are the lower the premium.

People who should consider buying a long-term care insurance policy are individuals who:

- Have significant assets and income and those wanting to protect those assets from the cost of long-term care services.
- Want to maintain their independence and not have to rely on friends and family for financial or physical support.
- Want to have the choice about where and by whom they will receive long-term care services.
- Can afford to pay the premiums every year in the future, including the possibility of premium increases, without experiencing financial hardships in doing so. The National Association of Insurance Commissioners (NAIC) suggests that long-term care insurance premiums should not consume more than 7 percent of a person's annual income.

People who would be unsuitable candidates for a long-term care insurance policy are individuals who:

- Are in poor health, already in a nursing home care facility, or receiving long-term care services.
- Cannot afford the premiums.
- Have limited assets.
- Receive a Social Security benefit or Supplemental Security Income (SSI) as their only source of income.
- Have a hard time paying for their utilities, food, medicines, or other important needs.
- Are already receiving Medicaid benefits.

To start preparing an appropriate long-term care plan, gather information about what long-term care costs are, what types of facilities are available in a particular area, and what financing options align with planning for long-term care.

A qualified professional and/or the many resources available to consumers can help a person put together a comprehensive plan with his or her identifiable issues in mind.

How to Choose a Long-Term Care Policy

When choosing a long-term care insurance policy, many options are available. Every insurance company offers certain variables in their policies which will determine the premium cost and the benefits received by the insured. Premiums are based on a combination of cost determining factors that the applicant brings into the picture and coverage options that the applicant chooses to be part of the long-term care plan.

Cost determining factors –

Age – The age of the applicant at the time the policy is purchased influences the rate of the premium. Generally, the younger the person is, the lower the premium will be; the older the person is, the higher the premium will be. A person must be at least 18 years old to purchase a policy. The upper age limit varies by insurance company, but typically a person can purchase a policy into their early 80s.

Health – An applicant's health and past health history will also influence the premium cost. A person must medically qualify for long-term care insurance by going through the medical underwriting process at the insurance company offering the policy. Therefore, someone who is in good health should consider applying for and buying a policy for long-term care while they are still able to medically qualify. Each company has their own set of underwriting standards, which means that one company could reject an application while another would be willing to accept it.

Pre-existing condition limitations – Typically, a long-term care insurance policy will define a pre-existing condition as one for which a person has received medical advice, treatment or has experienced symptoms within a certain period of time before applying for the policy. Insurance companies will sell a policy to a person with a pre-existing condition and once approved for coverage, may not exclude that condition upon claim.

Uninsurables - Many conditions are deemed uninsurable for long-term care insurance. This is a partial list of conditions that fall in the uninsurable category:

- Malignant, inoperable, incurable, recurrent, and metastatic cancers
- Alzheimer's disease or other permanent cognitive impairment
- Parkinson's disease
- HIV or AIDS
- Arthritis – rheumatoid and osteoarthritis when degenerative or with functional limitations
- ALS (Lou Gehrig's disease)
- Strokes and TIAs (transient ischemic attacks or 'mini strokes')
- Diabetes with significant insulin use or complications (retinopathy, amputations, etc.)
- Certain eating disorders and severe psychiatric conditions
- Current use of assistive devices – canes, walkers, wheelchairs, oxygen
- Other factors which influence insurability of an applicant – height/weight, pending or recommended surgery, smoking, uncontrolled high blood pressure, obesity, and some medications.

Financial considerations for purchasing a policy

To determine if purchasing a long-term care policy is right for you, some factors must be considered. A proper approach involves understanding the premiums and coverage options associated with the policy and what the overall possible costs of potential care may be. As a starting point, ask yourself these questions:

- Where do you plan to spend the later years of your life? Will you move from where you are now?
- What are the costs of long-term care services in the area where you plan to live in those years?
- How much of the cost do you want the policy to pay (benefit amount)? How much are you willing to spend (coinsure) from income or assets for long-term care service costs?
- How will your benefits keep up with the increasing costs of care?
- How long, or for what period of time, do you want the policy to pay (benefit period)?

Choosing an insurance company

- **Check with many companies and/or agents**. Compare the benefits offered, the types of care services and facilities covered, limits on coverage for you specifically, what is not covered, and the premium rate. A 'Long-Term Care Comparison Chart' is included with this information to help you compare companies you approach by asking the right questions and evaluating their offerings in an easy-to-use spreadsheet.
- **Find a reputable company**. Before you sign any policy, contact your state insurance department and confirm that the insurance company is licensed in your state and in good standing. You can check the financial stability of an insurance company by checking their ratings. The ratings can be located for free at most public libraries through an insurer rating service. A resource for researching companies is www.naic.org which can put you in touch with local information.
- **Review the contract carefully.** When you receive your policy, read over it carefully. If you have questions about it, contact the company or agent for clarification. Your state insurance department or insurance counseling program may also be able to answer questions for you.

Anatomy of a policy

Every policy is made up of features that need to be considered when deciding on the right policy and how it aligns with long-term care goals. Each of these features is a factor in determining cost of the premium paid by the consumer.

Benefit Amount – The amount the policy pays, typically expressed as a daily benefit (DB) or maximum daily benefit (MDB). Many insurance companies will combine the daily maximum benefits into a monthly maximum benefit thereby allowing more than a daily amount to be paid, up to the monthly maximum amount in the policy benefits. The DB or MDB is usually based on the amount the policy would pay for the daily benefit in a nursing home or assisted care facility, called the nursing facility daily benefit. Home care benefits are then expressed as a percentage of this base or a monthly maximum benefit.

Daily, Weekly and Monthly Home Care Benefits – Long-term care insurance policies that reimburse actual expenses can pay for home health care using a variety of different formulas. The way a policy covers home care can be of key importance and it may provide valuable flexibility for clients.

Daily – Generally offer the lowest premiums but are also the least flexible for covering care at home. Basically, these policies will never reimburse more that the daily limit for care in any day, even if actual care-giving expenses are higher.

Weekly or monthly – Can provide additional flexibility when little or no care is received on some days and lots of care is needed on others and may help to lower the potential for out-of-pocket costs. The difference between a weekly or monthly benefit is the maximum amount available.

Elimination period – (Also called a *waiting period*.) The days you must pay for your care before the plan begins to provide benefits. This is similar to a deductible found in auto or homeowners insurance although the basis is not the amount of money but rather a number of days determined in the policy. Insurance companies typically offer a wide range of elimination period choices, for example, 30, 60, 90, 100, 180, or 365 days. In most cases the elimination period must be satisfied only once in a lifetime. A longer elimination period may reduce premium costs, but it can also increase the out-of-pocket responsibility for the insured. The most typical elimination period is 90 days.

Benefit period – This is the amount of time the insured receives benefits once a claim begins. Policies are available with an unlimited or lifetime benefit that can never run out, but these policies carry higher premiums. Policies with limited benefit periods and lower premiums are also available with the periods typically ranging from 2 to 10 years.

Inflation protection – Because costs associated with long-term care will continue to rise, the inflation protection rider raises the policyholder's benefit amount to keep up with the increasing costs for long-term care services. The younger the applicant is, the more important the need for inflation protection because the longer it is before the benefits would be realized. Three types of inflation options exist.

Simple inflation –

- The annual increase, typically 5 percent, is based on the daily benefit amount originally purchased.
- At a rate of 5 percent, simple inflation will double the daily benefit (and the maximum total benefit) every 20 years.
- Generally, this is an appropriate option for people over the age of 70.

Automatic Compound inflation –

- The annual increase, typically 3 or 5 percent, is based on the daily benefit amount compounded annually.
- Using a 5 percent factor, compound inflation will double the daily benefit (and the maximum total benefit) every 15 years.
- Generally, this option is appropriate for people under age 70.

Guaranteed Purchase Option –

- The premium for this option is lower than the first two options.
- The insurance company offers a guaranteed option to periodically buy more coverage in the future, typically every one to three years.
- Premiums increase with each benefit increase purchased and the new coverage added is priced at the policy holder's current age, thus compounding the added costs.
- Over time this will cost more than an automatic inflation option, and once the insured goes on claim and starts collecting benefits, the options stop just when inflation increases might be needed most.

Benefit Trigger – In most policies, a person qualifies for covered benefits to begin when he or she needs help with Activities of Daily Living, such as bathing, dressing, transferring, eating, toileting, maintaining bowel or bladder control, or because of severe cognitive impairment. This will require proof from a health care provider and carries different definitions for each insurance company. Policies also differ in what constitutes assistance.

Covered Services – Services provided and at what location are specified in this section of a policy. Care at home, in an adult day care, assisted living facility, or nursing home are options to consider when choosing a policy that suits your needs. It is necessary to find out what kinds of facilities and home care service companies are in the community where an individual plans to retire, so the long-term care coverage can cover what services are available.

Services that are not covered by long-term care insurance:

- Intentionally self-inflicted injuries
- Care required as a result of alcoholism or drug addiction
- Care due to war (declared or undeclared) or service in any of the armed forces or auxiliary units. This exclusion does not exist in the federal employee program, which covers active military personnel.
- Care due to participation in a felony, riot or insurrection
- Care not normally made in the absence of insurance
- Care provided by a member of the insured's immediate family (though under certain circumstances a family member may be able to receive pay to provide care)
- Care provided outside of the 50 United States and the District of Columbia unless a specific International Benefit is included

Long-Term Care Insurance Partnership Programs

Long-Term Care Insurance Partnership Programs were developed to provide individuals in the middle-income bracket an opportunity for asset protection in the event that long-term care benefits are completely exhausted and there is a need to apply for Medicaid. The Partnership Program allows for availability of Medicaid benefits prior to the insured's assets being spent down to cover costs after a benefit period is complete. Not all states offer the Partnership Program, but the number of states offering the program for their residents has increased to over 30 as of December 2010.

For example, if an individual chooses a pool of money in an insurance policy, but needs care beyond that amount of benefits, the state will disregard the insured's assets, dollar for dollar of what was spent in benefits that would normally have to be spent down prior to qualifying for Medicaid benefits.

An individual can buy an affordable policy with the asset protection because less coverage can be purchased initially by choosing a shorter benefit period. This results in lower premiums for the policyholder. Some of the insured's assets are protected before coverage would begin under Medicaid.

Participation in the Partnership Program requires that the state offers the program and an individual owns a long-term care insurance policy that meets the requirements for the Partnership Program. The states do require that an individual be a resident of the state, purchase the proper inflation protection, according to the applicant's age, and these requirements may vary by state.

Conclusion

Proper planning for long-term care can help relieve some of the emotional and financial burden at the time care services are required. It is an important decision that should not be entered into without first understanding how the care options and payment options affect you and your family.

While this guide, and the resources mentioned within, offer information about long-term care and long-term care insurance, it may be necessary for you to seek professional advice before committing to any contracts or policies to assure that your goals for long-term care are met.

Long-Term Care Policy Comparison Chart

	Policy Option A _____	Policy Option B _____	Policy Option C _____
What levels of care are covered by this policy? Skilled, Custodial, etc.			
Where can I receive care covered under the policy? Any licensed facility?			
Does the policy provide home care benefits? At what percent of the daily benefit?			
Are homemaker services covered? If so, how?			
Can personal care be given by home health aides? Does the aide have to come from an agency, or can I hire an independent contractor?			
Does the policy pay for care in adult day care, assisted living facilities, or other settings? How are these defined? Do they match what is available in the area I want to live and local licensing codes?			
How much will the policy pay per day for home care? Assisted living facility care? Adult day care? Alzheimer's facilities?			

Long-Term Care Policy Comparison Chart (cont.)

	Policy Option A _____	Policy Option B _____	Policy Option C _____
What are the benefit triggers for this policy?			
When do the benefits start?			
Are the waiting periods for home care cumulative or consecutive? Are days counted on a service or calendar basis?			
Am I allowed to buy more coverage? When? How much?			
Do benefits increase automatically?			
Is there a waiver of premium benefit? Is there a waiver of premium for home care?			
When does the waiver of premium go into effect? Is that different for home care?			
Is the policy tax-qualified?			
Is there a discount for couples if both buy policies? Is there a joint policy available?			
What is the premium discount for above standard health rating?			
Does this policy qualify for asset protection through a Partnership Qualifying Program?			

Assessing Your Needs for Long-Term Care

Many people prefer the idea of staying in their homes as they age. However, care needs can change over time. Some of those needs can be met while remaining in the home. Evaluating circumstances periodically can help to assure an individual's safety and comfort along the way.

To determine the appropriate level of care that you or a loved one may require, a full assessment of what current daily needs are as they are related to certain activities should be addressed. Asking a professional such as your doctor, nurse, geriatric care manager, or hospital discharge planner to assist you in filling out this assessment could provide a more complete view of your care requirements.

Fill out the form to indicate if you currently require help for the following activities and how often you need help.

Do you need help with this activity?	**No**	**Yes**	**If yes, is it sometimes or always? How many times per day/per week?**
Bowel/bladder control			
Eating			
Toileting			
Dressing			
Bathing			
Transferring			
Walking - indoors			
Walking - outdoors			
Go upstairs/downstairs			
Driving			
Cooking			
Housekeeping			
Yard Work			
Laundry			
Shopping			
Using the phone			
Managing finances			
Taking medications correctly			

Assessing Your Needs for Long-Term Care (cont.)

Are you currently receiving care or supervision each day? YES NO

Explain:

FOR WHAT:	HOW OFTEN:	WHO IS PROVIDING THE CARE:

List any assistive devices, i.e., cane, walker, grab bars, bed rails, modifications to communication or listening devices, oxygen, shower seat, medication reminder, Personal Emergency Response System, etc.

_____

_____

_____

_____

_____

What other restrictions do you have:

_____

_____

_____

_____

_____

Do you prefer having someone with you during the day? YES NO

Do you feel isolated or lonely? YES NO

Are you able to call someone for help if you would need it? YES NO

Are you comfortable with someone coming into your home? YES NO

Describe any other assistance needs or concerns you have that have not been asked already:

_____

_____

_____

_____

Condition of Your Home - Is your home ready to take care of you?

If it is determined that the level of care you require allows for you to remain at home, the next step is establishing if your home is conducive to your care needs. Physical and Occupational therapists are good resources for evaluating your home environment in relation to your need for care.

Considerations for comfort in your home:

Are there steps in your home that would be a problem for you?

Outside the house: YES NO Change to be made: _____

_____

Approximate cost: _____

Leading into the house: YES NO Change to be made: _____

_____

Approximate cost: _____

From one floor to another: YES NO Change to be made: _____

_____

Approximate cost: _____

Between rooms: YES NO Change to be made:_____

_____

Approximate cost: _____

Are hallways and doorways wide enough for a wheelchair or walker to get through?
YES NO

Change to be made: Approximate cost: _____

_____

_____

Are counters, drawers, cabinets, stove, oven, and refrigerator at appropriate levels?
YES NO

Change to be made: Approximate cost: _____

_____

_____

Are kitchens and bathrooms big enough to navigate with any assistive devices?
YES NO

Change to be made: Approximate cost: _____

_____

_____

Do you need assistive devices installed? Grab bars, stair glide, ramps, etc.?
YES NO

Change to be made: Approximate cost: _____

_____

_____

REFERENCES

'10 Things You Should Know About Buying Long-Term Care Insurance', National Association of Insurance Commissioners: www.naic.org. Retrieved November 23, 2010.

Centers for Medicare and Medicaid Services: www.cms.gov. Retrieved November 18, 2010.

'Compare Cost of Care Across the United States', Genworth Financial: www.genworth.com. Retrieved November 18, 2010.

'Do VA Benefits Cover Nursing Home Care', United States Department of Veteran Affairs: www.va.gov. Retrieved November 22, 2010.

'Do You Need Long-Term Care Insurance?', National Association of Insurance Commissioners: www.naic.org. Retrieved November 23, 2010.

Dykeman, Nancy, Long-term Care Planning Consultants: www.nancydykeman.com.

'Evaluating Your Options', National Clearinghouse for Long-Term Care Information: www.longtermcare.gov. Retrieved November 18, 2010.

'Home and Community Based Long-Term Care', Administration on Aging: www.aoa.gov. Retrieved November 22, 2010.

'Long-Term Care Insurance: What You Should Know', National Association of Insurance Commissioners: www.naic.org. Retrieved November 23, 2010.

Medicare.gov: www.medicare.gov. Retrieved November 19, 2010.

'MetLife Mature Market Institute Releases Free "Aging in Place" Guide; Workbook Helps Consumers Assess One's Home As a Care Setting', Met life Mature Market Institute: www.maketwatch.com. Retrieved November 18, 2010.

'Overview', National Clearinghouse for Long-Term Care Information: www.longtermcare.gov. Retrieved November 18, 2010.

'Planning for Long Term Care', Genworth Financial: www.genworth.com. Retrieved November 22, 2010.

'Public Programs that Pay for Long-Term Care', National Clearinghouse for Long-Term Care Information: www.longtermcare.gov. Retrieved November 18, 2010.

'Services – Attendant Care', Homemaker Service: www.homemaker-service.org. Retrieved November 23, 2010.

Society of Certified Senior Advisors. *Working with Seniors, Health, Financial and Social Issues*. 2009, pp. 531-550.

'Summary of 2010 Findings', Genworth Financial: www.genworth.com. Retrieved November 22 2010.

'Types of Long-Term Care', Genworth Financial: www.genworth.com. Retrieved November 22, 2010.

United States Department of Labor Bureau of Statistics: www.bls.gov. Retrieved November 21, 2010.