



HEALTH AND LONG-TERM CARE RESOURCE GUIDE

**Wayne County
Department of Aging and Youth
1519 Nye Road, Lyons, NY 14489**

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www.co.wayne.ny.us
aging@co.wayne.ny.us**

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INTRODUCTION

As an illness or injury worsens, individuals may become increasingly dependent on others for assistance. They may require help on a regular, ongoing basis in order to cope with the tasks of daily living. These tasks include maintaining personal hygiene, dressing, preparing meals and eating, taking medications, completing housework, and handling personal business.

The spectrum of services that help to meet these needs is called long term care. Long-term care can range from a daily home delivered meal to around-the-clock medical care. The goal of NY Connects is to provide individualized assistance to any person of any age who requires any type of long-term care services. NY Connects will

- Provide consumers and their caregivers with unbiased, comprehensive information about long-term care options;
- Allow consumers and their caregivers to make informed choices about long-term care that balance cost, access, and quality;
- Ensure that all decisions are guided by consumer needs and preferences; and
- Support all persons to live as independently as possible as long as they desire and are able.

It is our hope that this guide will help individuals and their caregivers to learn more about the wide variety of long-term care options in the Wayne County area.

Please feel free to contact the NY Connects office at the Wayne County Department of Aging and Youth if you have any questions about long-term care options.

We have made every effort to ensure that the information we have provided in the guide about programs, services, and eligibility requirements is current and accurate. However, as with all publications of this type, the information listed is subject to change. For the most current version of the guide, please visit the Department of Aging and Youth's NY Connects website: www.co.wayne.ny.us/Departments/AgeYouth/NYConnects.htm.

The inclusion or exclusion of an organization in this resource guide neither constitutes an endorsement nor signifies disapproval by NY Connects. NY Connects does not assume responsibility for the quality of services provided by any entity deemed eligible for inclusion.

RESOURCES FOR CAREGIVERS

Who is a Caregiver?

When people hear the term “caregiver,” they often think only of professional caregivers: nurses, nursing assistants, and home health aides. In fact, most caregivers are family members or friends. Caregivers are anyone who gives assistance to another person who is ill, disabled, or needs some help. They may be the parents who care for an ill son or daughter, the neighbor who stops by to check on an older friend, or the man who drives his mother-in-law to her doctor visits. The caregiver may live in the same house, in a nearby town, or even in another state. The care may range from modest tasks to heavy-duty, around-the-clock assistance.

Help for the Caregiver

Whatever your age, you are a caregiver if you provide care that helps someone continue to live as independently as possible at home. In fact, 80% of our nation’s health care is provided by informal caregivers such as you. Caring for a relative or friend may be something you never expected or wanted. It can develop slowly or happen suddenly. Few are trained to be caregivers, and there is much to learn to make caring easier.

Your Changing Role

At various times you may be manager, organizer, observer, consumer, and legal, financial and medical planner. It's certain that your role will change constantly as your loved one's condition changes.

Know the Facts

Find out about the illness or disability. Doctors and other health professionals can tell you the medical and behavioral signs, the length of illness or disability, and if your responsibilities may change. Ask medical professionals what your loved one’s condition may mean for you! For instance, people with declining mental faculties may progress from minor forgetfulness to total lack of memory. Therefore, the amount and type of care or supervision you provide will change as the condition changes.

Others Also Care

Involve other family members and friends and neighbors with giving care, and keep them involved. Clear-cut roles for family and friends can let everyone know what they should do to help. Family conferences are useful to develop goals, make long-term plans, share and develop information and feelings, and plan for emergency or vacation back-up assistance for the primary caregiver.

Be specific in your requests for help. Consider what each person can do, such as providing help while you're gone, or spending a few hours a week talking or reading to the person needing care. Be realistic about how long you'll need this help. Consider a "trial period" so everyone involved can see how it works.

Your Reactions as a Caregiver

A confusing mix of emotions is normal and many caregivers have similar feelings. Recognize your emotions and deal with them. You may be troubled by feelings that you didn't expect. For example, at the same time you feel love and concern, you may feel hostility, resentment, anger, sadness, grief, helplessness, and embarrassment.

Care for Yourself

Caregiving can be both satisfying and stressful. You may feel pressure from your job or family. Know the warning signs that you are reaching a breaking point: shortness of temper, sleeplessness, loss of appetite, headaches, fatigue, withdrawal from people close to you, disinterest in normal leisure activities, or an inability to accept help from others. Always remember that another person depends on you! If you are not in good health, that person may suffer.

You may wish to join support group discussions with other caregivers to learn from their experiences, share frustrations and problem solve together. The Wayne County Department of Aging and Youth, together with the Alzheimer's Association, offers a monthly caregiver support group. Anyone who is providing care to a loved one is welcome to attend. For more information please contact the Wayne County Department of Aging and Youth at (315) 946-5624. Other groups and organizations may also have support groups or caregiver training related to a specific illness or condition.

Respite Care

Finding help begins with you. Taking a break from caregiving is one of the most important things you can do to sustain your caregiving ability and desire. Respite care – or taking time out from caregiving – gives you time to spend with friends or alone, time to relax, take a vacation, or engage in a hobby or sport. The person you are caring for can also benefit from seeing and being around others while you are taking your break.

Respite care is offered at Blossom View Nursing Home, DeMay Living Center, Newark Manor Nursing Home, and Wayne County Nursing Home. Please contact the admissions coordinator at each of the above facilities for further information on scheduling and payment.

SUPPORTIVE SERVICES IN THE COMMUNITY

There is a wide range of services available to individuals who prefer to remain at home but who cannot live alone without some type of assistance. These services may help some people achieve and sustain an optimum level of health and independence. For others, it may slow further deterioration or sustain the individual for an interim period while alternatives are being explored.

Home is more than physical space or shelter. It implies security, privacy, independence, comfort, a world of family interactions and activities, pleasant memories, and valued possessions. Understandably, most people prefer to remain in their own home or apartment if they can locate and arrange appropriate services, manage the costs, and monitor care.

ADULT DAY PROGRAMS

Adult day programs offer structured activities, exercise, nutritious meals, assistance with personal care, and occasional trips and outings. These programs not only provide social activities for participants, but also provide respite for participants' caregivers. There are two levels of adult day programs: adult day health care and social adult day services.

Adult day health care (ADHC) provides medically-supervised services for individuals with physical and mental impairments. Funding for ADHC is available through Medicaid, although programs are also open to participants who pay privately. All ADHC programs are operated by nursing homes, although they are not necessarily located at the nursing home.

Social adult day services (SADS) programs provide a variety of long-term care services to a group of individuals with functional limitations – either physical or cognitive impairments – in a congregate setting in accordance with an individualized plan of care. The cost of SADS is much lower than ADHC, but funding is not available through Medicaid for this level of program.

Contact: **Friends for the Day (adult day health care)**
Newark-Wayne Community Hospital
1200 Driving Park Avenue, PO Box 111
Newark, NY 14513
(315) 332-2317
www.rochestergeneral.org/centers-and-services/senior-services/demay-living-center/centers-and-services/adult-day-care/

Canandaigua VA Medical Center (adult day health care for veterans)
400 Fort Hill Avenue
Canandaigua, NY 14424
(585) 394-2000 or (800) 204-9917
www.canandaigua.va.gov
www.visn2.va.gov/gec/adhc.asp

IN-HOME NURSING CARE AND AIDE SERVICE

SKILLED NURSING CARE

Certified home health agencies (CHHAs) provide skilled care (nursing, speech/language therapy, occupational therapy, physical therapy) and can also provide supportive services like personal care and housekeeping aide service as part of this skilled care.

If a physician orders skilled care, this care is generally covered by an individual's health insurance, which could be private health insurance, Medicare, or Medicaid.

Contact: **Finger Lakes Visiting Nurse Service**
756 Pre-Emption Road
Geneva, NY 14456
(315) 789-9821
(800) 253-4439
flvns.org

Lifetime Care
800 West Miller Street
Newark, NY 14513
(315) 331-7990
(800) 562-1650
lifetimecare.org

Other certified home health agencies that serve the Wayne County area may be found listed under "Nursing" or "Home Health Care Providers and Services" in the Yellow Pages.

AIDE SERVICE

One of the most common types of assistance requested by people who are recovering from an illness or whose disability or condition limits some activities of daily living is help with personal care or housekeeping. There are many options available for an aide to come into the home to help perform some of these tasks.

The most common option is to use the services of a home health/home care agency. If Medicare or many insurance plans are paying for the aide service (the aide service is part of skilled nursing care listed described above), you will likely be required to receive service through a certified agency. If you are paying for the service from your own funds, you may find it more convenient to use an agency, but it may be more expensive than interviewing and hiring someone privately.

What questions should I ask before I select a home health care agency?

- Is the agency currently accredited, certified and/or licensed for home care?
- What is the availability of aides in my area?
- Does the agency have written material that outlines its services, eligibility, cost, payment procedures, etc.?
- Does the agency carry liability and malpractice insurance?
- What training is provided to the employees who will be coming to my home?
- How are employees supervised?
- How much flexibility do I have in scheduling the days and times the employees will visit?
- What arrangements are made for emergency situations?
- What are the minimum and maximum levels of service?

More information about selecting a home health agency and agency quality measures is available on Medicare's website at www.medicare.gov/HomeHealthCompare/search.aspx.

Contact: **Finger Lakes Visiting Nurse Service**
756 Pre-Emption Road
Geneva, NY 14456
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DEPARTMENT OF AGING AND YOUTH

The Department of Aging and Youth offers personal care and housekeeping services through a contract with a local certified home health agency. The cost of aide service is based on the recipient's income and many participants receive service at no cost. A caseworker will schedule a home visit to review the individual's needs and develop a care plan to meet these needs. There is no cost for the case management component of the program.

Contact: **NY Connects: Choices for Long-Term Care**
Wayne County Department of Aging and Youth
1519 Nye Road, Suite 300
Lyons, NY 14489
(315) 946-5624
www.co.wayne.ny.us/Departments/AgeYouth/NYConnects.htm
e-mail: nyconnects@co.wayne.ny.us

DEPARTMENT OF SOCIAL SERVICES

Personal care aide service is available for individuals who receive Medicaid.

Contact: **Wayne County Department of Social Services**
77 Water Street
PO Box 10
Lyons, NY 14489
(315) 946-4881

CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP)

CDPAP is a Medicaid program that provides services to chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services. Services can include any of the services provided by a personal care aide (home attendant), home health aide, or nurse.

Consumers have flexibility and freedom in choosing the people who provide this care. The consumer or the person acting on the consumer's behalf (such as the parent of a disabled or chronically ill child) assumes full responsibility for hiring, training, supervising, and – if need be – terminating the employment of persons providing the services.

Before an individual can receive services, his or her physician must send a completed order for services to the local social services district, which then completes a social and nursing assessment. A nurse assessor and the caseworker then determine whether the recipient can appropriately participate in CDPAP, and recommends the amount, frequency and duration of services.

Participants in the program must be able and willing to make informed choices regarding the management of the services they receive, or have a legal guardian or designated relative or other adult able and willing to help make informed choices. The consumer or designee must also be responsible for recruiting, hiring, training, supervising, and terminating caregivers, and must arrange for back-up coverage when necessary.

Contact: **Center for Disability Rights**
1 Franklin Square
Geneva, NY 14456
(315) 789-1800 Voice/TDD
(315) 789-2100 Fax
cdrnys.org

DEPARTMENT OF VETERANS AFFAIRS

The Department of Veterans Affairs provides a variety of health-related services to members and former members of the armed forces. Services related to long-term care include Home Based Primary Care (HBPC), a special program that provides primary health care in veterans' homes; adult day health care (ADHC), an outpatient day program that provides health maintenance and rehabilitative services; respite care, a short-term hospital or nursing home placement for the veteran to provide caregivers with a period of relief from the physical and emotional stresses of caregiving; aide service, to provide assistance with housekeeping and personal care; and special programs for veterans with Alzheimer's disease and other forms of dementia.

Contact: **Canandaigua VA Medical Center**
400 Fort Hill Avenue
Canandaigua, NY 14424
(585) 394-2000 or (800) 204-9917
www.canandaigua.va.gov

Syracuse VA Medical Center
800 Irving Avenue
Syracuse, NY 13210
(315) 425-4400 or (800) 792-4334
www.syracuse.va.gov

HIRING HELP PRIVATELY

Hiring help privately is also an option. It may allow for increased flexibility in scheduling and may provide additional tasks not available through a home care agency like transportation to the store and assistance with shopping. Hiring in-home help privately may also be less expensive than using an agency.

There are other considerations, though. Employees of home health agencies are required to attend annual training and to have criminal background checks conducted. There is no guarantee of this if you hire in-home help directly.

Agencies also handle insurance, payroll, and tax issues—items that can require some significant research and professional advice. Additional information about a household employer’s tax responsibilities can be found in IRS Publication 926, “Household Employer’s Tax Guide” and New York State Department of Taxation and Finance Publication 27, “What You Need to Know if You Hire Domestic Help.”

HOME DELIVERED MEALS

Home Meal Service, Inc. is Wayne County’s “Meals-on-Wheels” organization. Meals are delivered up to five days per week and any person unable to shop for food or unable to prepare food may be eligible to participate. Individuals who receive meals may be physically disabled, recently discharged from the hospital, or may have reached a point in life where they are not eating properly and their health is in jeopardy.

Home Meal Service offers up to two meals per day – a hot noontime meal to be eaten immediately and a cold meal to be stored for the evening meal. Each meal contains one-third of the recommended daily allowance of nutrients and calories. Accommodations are also made for certain special diets.

Following a request for service, Home Meal Service will schedule a home visit to explain the program, discuss cost and payment options, and to complete a service assessment. Financial assistance may be available to assist eligible persons with the cost of meals.

Contact: **Home Meal Service, Inc.**
1519 Nye Road
Lyons, NY 14489
(315) 946-5622

PERSONAL EMERGENCY RESPONSE UNITS

Personal emergency response units offer peace-of-mind to individuals and their loved ones. If a sudden fall, injury, or medical emergency occurs, these units offer a way to summon assistance – usually by pressing a button on a pendant worn around the neck.

Wayne County Department of Aging and Youth

(315) 946-5624 www.co.wayne.ny.us/Departments/AgeYouth/ageyouth.htm

The Department of Aging and Youth's units, through a program operated in conjunction with the Wayne County Fire Coordinator's Office and the Wayne County E-911 Center, are offered at no cost, although donations are very much appreciated. There is often a waiting list for units and an available unit is assigned to the individual who is most in need at that time. Units are generally assigned to individuals who are alone at least eight hours a day or whose other household members may not be able to call for help if emergency assistance is needed.

Security equipment companies: Many local security equipment companies offer units to rent. Costs for monitoring may vary from approximately \$20 to \$30 per month, depending upon the company. There may also be installation fees. A unit can usually be installed fairly quickly after it is requested. Companies providing personal emergency response units in this area include:

ADT Security Services, Henrietta
(585) 321-3135 adt.com

Doyle Security, Henrietta
(800) 664-7613 godoyle.com

Finger Lakes Health – Lifeline, Geneva
(315) 787-4180 flhealth.org

F. F. Thompson Hospital – Link to Care, Canandaigua
(585) 396-6299 thompsonhealth.com

Lifetime Care – Lifetime Personal Health Alert, Rochester
(800) 724-1410 lifetimealert.com

MobileHelp – Nationwide landline and cellular medical alert systems
(800) 800-1710 mobilehelpnow.com

Unity Hospital – HealthCall, Rochester
(585) 723-7444 unityhealth.org

Also check the yellow pages under “Security Equipment/Security Systems.” Many companies that install and monitor these products also offer personal emergency response units.

TRANSPORTATION

Getting to and from doctor appointments, the grocery store, or other common destinations can be difficult if you no longer choose to drive or a medical condition limits your ability to drive. There are several transportation options in Wayne County to consider.

AGENCY-BASED TRANSPORTATION SERVICES

Wayne County Department of Aging and Youth

(315) 946-5624 www.co.wayne.ny.us/Departments/AgeYouth/ageyouth.htm

The department provides transportation for individuals age 60 and older to medical and agency appointments, shopping, and to several senior centers. Rides are scheduled on a first-come first-served basis.

Wayne County Department of Social Services

(315) 946-4881

Medicaid only, medical appointments only.

Wayne County Veterans' Services Agency

(315) 946-5993

Provides transportation to VA medical centers in Syracuse and Canandaigua.

Wayne Area Transportation System (WATS)

(315) 946-5617 [www.rgrta.com/WayneAreaTransportationService\(WATS\).aspx](http://www.rgrta.com/WayneAreaTransportationService(WATS).aspx)

- Fixed route transportation and links to park-and-ride/RTS (Adult, \$1.00; Adult over age 60 and individuals with disabilities, \$.50; Children ages 5 to 11, \$.50; Children under 5, free with a fare-paying adult)
- Transportation from and to anywhere in Wayne County for individuals with an ADA-defined disability (\$1.50 each way)
- Medical transportation to Eastview Dialysis, Clifton Springs Hospital, Finger Lakes Dialysis, and Geneva General Hospital (\$6.50 each way). Call for specific routes, days, and times.

VOLUNTEER-BASED TRANSPORTATION SERVICES

Transportation Corps

(315) 946-7530 waynecap.org

Volunteer service through Wayne County Action Program for medical appointments to Clifton Springs, Rochester, Canandaigua, Geneva, and other destinations. No charge, but donations accepted.

HOUSING OPTIONS WITH SUPPORTS

There are also housing options available for those individuals who wish to remain as independent as possible, but who may require some basic supportive services.

Armstrong Senior Living
790 East Maple Avenue
Newark, NY 14513
(315) 548-5116
viennaarmstrong.com

Features at Armstrong Senior Living include three nutritious meals served daily in a restaurant-like dining room, daily activities in a well-equipped activity center, individual heating and air conditioning, weekly housekeeping service, transportation to medical appointments and shopping, laundry service, and security system.

Parkwood Heights
1340 Parkwood Drive
Macedon, NY 14502
(315) 986-9100
parkwoodheights.com

Parkwood Heights offers three housing options: apartments, Villa homes, and patio homes to individuals 55 years of age and older. Many services are included, but additional services may be purchased as needed (transportation outside of normally-scheduled trips, heavy-duty housekeeping, laundry service, personal care, medication monitoring, etc.)

Apartments include one daily meal (lunch or dinner), weekly housekeeping, scheduled activities, laundry facilities, and scheduled transportation to medical appointments, shopping, and activities.

Villa homes include daily breakfast, fifteen additional meals per month, housekeeping, transportation, utilities, and maintenance.

Residents of patio homes (lease or purchase) live independently, but may take advantage of the many amenities and services offered by the Parkwood Community Center.

ASSISTED LIVING

An assisted living residence or facility provides or arranges for housing, on-site monitoring, and personal care services and/or home care services in a home-like setting to five or more adult residents unrelated to the assisted living provider. The facility must provide daily food service, twenty-four hour on-site monitoring, case management services, and the development of an individualized service plan for each resident.

The Terrace at Newark
208 State Route 88 South
Newark, NY 14513
(315) 331-5282
terraceatnewark.com

The Terrace at Newark offers 58 private or semi-private rooms on one level and provides a dignified way of life for those who require some—or complete—assistance in activities of daily living. Individual independence is maintained while enjoying a variety of twenty-four hour services for residents with different needs.

A Memory Care Neighborhood is specially designed to care for people memory impairments by offering services that accommodate their unscheduled needs. This maintains a person's highest practicable well-being at about half the cost of a nursing home.

ADULT HOMES

Adult Homes, for adults of all ages, are licensed by the State Department of Health to provide room, meals, supportive services, personal care, and 24-hour supervision to five or more adults. Room and services are included in one monthly charge, which may be paid with private resources or subsidized through federal and state SSI Programs for individuals whose incomes are below a certain level.

Bickford Guest House
56 Main Street
Macedon, NY 14502
(315) 986-5552
bickfordhome.com

FAMILY-TYPE HOMES

Family Type Homes, for adults of all ages, are certified by county Departments of Social Services. These are typically a single family home in which the homeowner provides supportive services, meals, supervision, and personal care to four or fewer adults who are unrelated to the homeowner/operator. Rent and care are included in one monthly charge, which may be paid with private resources or subsidized through federal and state SSI programs for individuals whose incomes are below a certain level.

Allison Home
153 Stafford Street
Palmyra, NY 14522
(315) 597-2409

Dutcher Family Type Home*
449 W. Union Street
Newark, NY 14513
(315) 331-4922

Krueger Family Type Home*
50 Water Street
Clyde, NY 14433
(315) 923-3960

Morning Glory Family Type Home
13615 Mixer Road
Red Creek, NY 13143
(315) 947-5282

Reaves Family Type Home
6572 N. Centenary Road
Sodus, NY 14551
(315) 483-6437

*dual-certified VA/FTH

ENRICHED HOUSING

Enriched housing facilities are licensed by the New York State Department of Health for individuals aged 65 and over. The program operator provides one or more congregate meals per day, help with shopping and homemaking, housekeeping, transportation, social activities, supervision, and personal care. The living units in enriched housing apartments or facilities are full apartments (include kitchen facilities). Both the rent and the cost of services and care in enriched housing are included in one monthly charge. Residents can use private resources to pay for the monthly charges and those below a specified income level are eligible for subsidies through the federal and state Supplemental Security Income (SSI) programs.

Parkwood Heights
1340 Parkwood Drive
Macedon, NY 14502
(315) 986-9100
parkwoodheights.com

NURSING HOMES

Nursing homes are designed primarily for people who require more intensive services for conditions that may not be able to be accommodated at home. Individuals who reside in nursing homes receive assistance with activities of daily living, rehabilitative services, and medical supervision. Stays may be short-term or long-term, depending on the need. It is very common today to have patients from hospitals be transferred to a nursing home for a period of rehabilitation prior to returning home.

DETERMINING ELIGIBILITY

Nursing home placement requires a written evaluation that assesses the physical, psychological, and social needs of the applicant. The forms to assess the eligibility of an applicant are the Patient Review Instrument (PRI) and the Screen. These forms must be completed by a nurse and are valid for a period of 90 days. Nursing homes, hospitals, and home health agencies can provide additional information on having a PRI completed.

PAYING FOR NURSING HOME CARE

Care in a nursing home is expensive. As of this writing, the average cost of a nursing home in the Rochester region is \$9,000 per month, or \$108,000 per year. There are four main sources of payment for nursing homes: Medicare (and other health insurance plans), payment by the resident (“private pay”), long-term care insurance, and Medicaid.

Medicare: Medicare and other health insurance plans generally pay for rehabilitation services and related care at a nursing home after a qualifying stay of at least three days in a hospital. These rehabilitation services must require the skills of professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists or audiologists, and are furnished by or under the supervision of these skilled personnel. This care must be required on a daily basis (at least five days per week) and the services must be ones that, as a practical matter, can only be provided in a skilled nursing facility on an inpatient basis. Medicare and other insurance benefits for rehabilitation stays are usually limited to a certain number of days, but coverage varies considerably from policy to policy. Medicare and other health insurance plans do not pay for permanent, custodial care. *Medicare Coverage of Skilled Nursing Facility Care* (CMS publication number 10153) is an excellent resource.

Long-term care insurance: The Wayne County Department of Aging and Youth provides free, unbiased information about a variety of long-term care insurance options. Long-term care insurance is increasing in popularity as people realize that their own resources will likely be insufficient to pay for an extended nursing home stay and that new Medicaid regulations have substantially tightened resource transfer rules.

Long-term care insurance can pay for a portion of the cost of care at home or in a nursing home for several years, which allows the owner of the policy to stretch his or her resources over a longer period of time. In addition, certain types of policies allow for immediate Medicaid eligibility when policy coverage ends without having to meet any Medicaid minimum resource guidelines. These are general long-term care insurance guidelines and specifics depend on the type of policy purchased and the policy coverage options.

Payment by the resident: Many nursing home residents pay for their care with their own funds. Examples may include a resident whose insurance has reached its coverage maximum or a resident whose resources are too high for Medicaid coverage.

Medicaid: The high cost of care causes many nursing home residents to exhaust other payment sources and turn to Medicaid to pay for their care. Medicaid rules and regulations can be complex. Information found later in the guide provides a basic overview of the Medicaid program.

Blossom View Nursing Home
6884 Maple Avenue
Sodus, NY 14551
(315) 483-9118
blossomview.com

DeMay Living Center
100 Sunset Boulevard
Newark, NY 14513
(315) 332-2700
www.rochestergeneral.org/centers-and-services/senior-services/demay-living-center

Newark Manor Nursing Home
222 West Pearl Street
Newark, NY 14513
(315) 331-4690
www.hurlbutcare.com/our-communities/newark-manor

Wayne County Nursing Home
1529 Nye Road
Lyons, NY 14489
(315) 946-5673
waynecountynursinghome.org

ITEMS TO CONSIDER WHEN SELECTING A NURSING HOME

Medicare’s “Guide to Choosing a Nursing Home” (Publication CMS-02174) is an excellent resource to use when looking at long-term care options. It is also available online at medicare.gov.

Medicare also offers “Nursing Home Compare”—a website that provides detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country. The site is located at www.medicare.gov/NHCompare.

ADVANCE DIRECTIVES

While planning for long-term care, you may want to talk with your physician, your friends, and your family members about health care advance directives. It's a way for you and your loved ones to talk about the type of treatments that you want or don't want in case you cannot speak for yourself. The two most commonly prepared health care advance directives are the living will and the health care proxy. You can complete both documents; one does not cancel the other. Your health care proxy may use the instructions in your living will as guidance to make the right decisions for you.

Although not related to health care decisions, a related document is the power of attorney form. The power of attorney gives legal authority to another individual (or to several individuals) to make legal and financial decisions.

LIVING WILL

A living will is a document written ahead of time that says what type of treatments you want or don't want in case you cannot speak for yourself. If you have no one you can appoint to decide for you, or do not want to appoint someone, you can also give specific instructions about treatment in advance. Those instructions can be written, and are often referred to as a Living Will.

You should understand that general instructions about refusing treatment, even if written down, may not be effective. Your instructions must clearly and convincingly cover the treatment decisions that must be made. For example, if you just write down that you do not want "heroic measures," the instructions may not be specific enough. You should say the kind of treatment that you do not want, such as a respirator or chemotherapy, and describe the medical condition when you would refuse the treatment, such as when you are terminally ill or permanently unconscious with no hope of recovering. You can also give instructions orally by discussing your treatment wishes with your doctor, family members or others close to you.

HEALTH CARE PROXY

Putting things in writing is safer than simply speaking to people, but neither method is as effective as appointing someone to decide for you. A health care proxy allows you to appoint someone you trust to decide about medical treatment if you lose the ability to decide for yourself. It is often hard for people to know in advance what will happen to them or what their medical needs will be in the future. If you choose someone to make decisions for you, that person can talk to your doctor and make decisions that they believe you would have wanted or that are best for you, when needed. The person you appoint is called your "health care agent" and you can give this person as much or as little authority as you wish.

POWER OF ATTORNEY

A power of attorney is a legal instrument that is used to delegate legal authority to another. The person who signs (executes) a power of attorney is called the principal. The power of attorney gives legal authority to another person (called an agent or attorney-in-fact) to make property, financial and other legal decisions for the principal.

A principal can give an agent broad legal authority, or very limited authority. The power of attorney is frequently used to help in the event of a principal's illness or disability, or in legal transactions where the principal cannot be present to sign necessary legal documents.

You should choose a trusted family member, a proven friend, or a professional with an outstanding reputation for honesty. Remember, signing a power of attorney that grants broad authority to an agent is very much like signing a blank check. Certainly, you should never give a power of attorney to someone you do not trust fully. And do not allow anyone to force you into signing a power of attorney.

A power of attorney can be abused, and dishonest agents have used powers of attorney to transfer the principal's assets to themselves and others. That is why it is so important to appoint an agent who is completely trustworthy, and to require the agent to provide complete and periodic accountings to you or to a third party.

A non-durable power of attorney is often used for a specific transaction, like the closing on the sale of residence, or the handling of the principal's financial affairs while the principal is traveling outside of the country.

A durable power of attorney enables the agent to act for the principal even after the principal is not mentally competent or physically able to make decisions. The durable power of attorney may be used immediately, and is effective until it is revoked by the principal, or until the principal's death.

A springing power of attorney becomes effective at a future time. That is, it "springs up" upon the happenings of a specific event chosen by the principal. Often that event is the illness or disability of the principal.

HOSPICE

Hospice is a program of care for people who are terminally ill—those whose disease or condition can no longer be reversed or cured. To be eligible for hospice services, a physician must certify that the individual has a life expectancy of six months or less if the disease follows the usual progression. Referrals for hospice can be made by anyone: a physician, family members, friends, agencies, clergy, and even individuals themselves.

Participants in a hospice program receive medical care, pain and symptom relief, medical supplies and equipment, and medications related to the illness. Participants and their loved ones also are eligible to receive psychological, social, and spiritual counseling and support as they desire.

Individuals are eligible for hospice services in a variety of settings: their own homes or apartments, the home or apartment of a family member, a hospice home, or a nursing home—really anywhere 24-hour safety and assistance services can be provided. Hospice care is available at no cost to the participant.

Comfort care home:

Pines of Peace
2378 Ridge Road
Ontario, NY 14519
(315) 524-2388
www.pinesofpeace.org

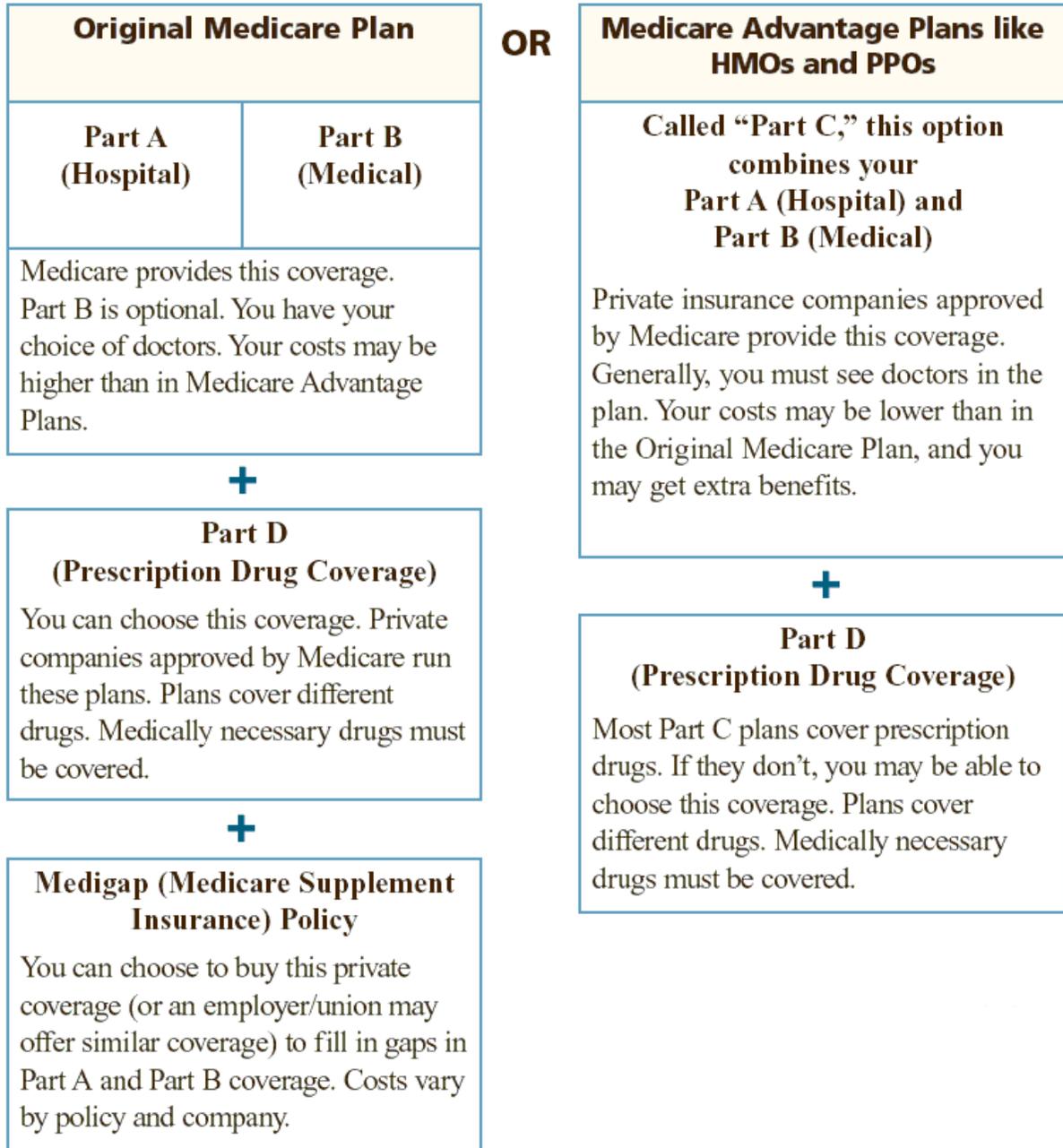
Hospice care in a home, apartment, or nursing home:

Lifetime Care
800 West Miller Street
Newark, NY 14513
(315) 331-7990
www.lifetimecare.org

BASIC MEDICARE INFORMATION

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Most people get their Medicare health care coverage in one of two ways. Costs vary depending on your plan, coverage, and the services you use.



OPTION I: ORIGINAL MEDICARE PLAN

Part A

Medicare Part A covers home health services, hospice care, hospital stays, and skilled nursing facility care. Most people automatically receive Part A coverage without having to pay a monthly payment, called a premium. This is because they or a spouse paid Medicare taxes while working.

You pay up to \$441.00 each month if you don't get premium-free Part A. If you don't automatically get premium-free Part A, you may be able to buy it if:

- you are 65 or older and you are entitled to or are enrolling in Part B and you meet citizenship and residency requirements, or
- you are under 65, disabled, and your premium-free Part A coverage ended because you returned to work.

Part B

Part B helps cover medical services like doctors' services, outpatient care, and other medical services that Part A doesn't cover. Part B is optional. Part B helps pay for covered medical services and items when they are medically necessary. Part B also covers some preventive services.

You pay the Part B premium each month of \$104.90 (2013). This amount may be higher if you didn't sign up for Part B when you first became eligible. You also pay a Part B deductible each year before Medicare starts to pay its share (\$147 in 2013).

Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium based on their modified adjusted gross income. Your monthly premium will be higher if you file an individual tax return and your adjusted gross income is more than \$85,000, or if you are married, file a joint tax return, and your adjusted gross income is more than \$170,000.

Part B Premium Payment Programs

There are three programs available to assist lower-income Medicare beneficiaries pay for coverage. Contact the Wayne County Department of Social Services (946-5624) for applications.

Qualified Medicare Beneficiary (QMB) Program: Pays Medicare premiums, co-insurance, deductibles, and co-payments. Must be enrolled in Medicare Part A and be eligible for Medicare Part B.

2012 Guidelines	Maximum Monthly Income	Maximum Resources
Individual	\$951	No resource limit
Couple	\$1,281	No resource limit

Specified Low-Income Medicare Beneficiary (SLIMB) Program: Pays Medicare Part B premium only.

2012 Guidelines	Monthly Income	Maximum Resources
Individual	\$952 - \$1,137	No resource limit
Couple	\$1,282 – \$1,533	No resource limit

Qualified Individuals 1 (QI-1) Program: Pays Medicare Part B premium only.

2011 Guidelines	Monthly Income	Maximum Resources
Individual	\$1,138 - \$1,277	No resource limit
Couple	\$1,534 – \$1,722	No resource limit

Part D

Medicare offers prescription drug coverage for everyone with Medicare Part A and/or Part B. This is called Part D. Part D plans are operated by insurance companies and other private companies approved by Medicare. This coverage may help lower prescription drug costs and help protect against higher costs in the future. It can give you greater access to drugs that you can use to prevent complications of diseases and stay well.

If you join a Medicare drug plan, you usually pay a monthly premium. Part D is optional, but if you decide not to enroll in a Medicare drug plan when you are first eligible, you may pay a higher premium if you choose to join later.

You can join a Medicare drug plan from three months before you turn 65 to three months after you turn 65 (called your Initial Enrollment Period). Generally, if you are disabled, you can join three months before and three months after your 25th month of disability. The plan will notify you when your coverage begins.

You may also switch plans once per year, between October 15 and December 7. That new coverage will be in effect for the next full calendar year. There are also special situations in which you may switch more frequently than once per year – the most common being individuals with both Medicare and Medicaid coverage.

The “Extra Help” program helps lower-income beneficiaries pay Part D premiums. This program can help to pay between 25% and 100% of your Part D premium, depending upon the policy you select. You may be eligible for Extra Help if your income and resources are below the following guidelines (2013):

Individual: \$16,752 annual/\$1,396 monthly income, \$13,300 resources
Couple: \$22,692 annual/\$1,891 monthly income, \$26,580 resources

Medicare Supplemental Policies (“Medigap”)

Medicare Parts A and B (“Original Medicare”) pay for many health care services and supplies, but there are many costs it doesn’t cover. To help cover extra health care costs, you might want to add a Medigap policy to your original Medicare coverage.

A Medigap policy is health insurance sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Medigap policies help pay your share (coinsurance, copayments, or deductibles) of the costs of Medicare-covered services, and some policies cover certain costs not covered by the original Medicare Plan.

In most states, you may be able to choose from up to 14 different standardized Medigap policies (Medigap Plans A through N). The same plan letter offers exactly the same benefits regardless of which insurance company you choose to buy it from. Because the benefits in any Medigap Plan A through L are the same for every insurance company, it’s important to compare costs from one company to the next. The cost can vary significantly from company to company—even though the coverage is exactly the same.

OPTION II: MEDICARE ADVANTAGE PLANS

Medicare Advantage Plans are health plan options that are approved by Medicare and operated by private companies. When you join a Medicare Advantage Plan, you are still in Medicare and continue to pay your Part B premium (unless you are eligible for one of the three Medicare Part B Premium Payment Programs described above). In many cases, the premiums or the costs of services (co-pays) can be lower in a Medicare Advantage Plan than they are in the Original Medicare Plan or the Original Medicare Plan with a supplemental “Medigap” policy.

Medicare Advantage Plans replace your original Medicare coverage and provide all of your Part A (hospital) and Part B (medical) coverage under one policy. They generally offer extra benefits, and many include Part D drug coverage. These plans often have networks, which means you may have to see doctors who belong to the plan or go to certain hospitals to get covered services. In many cases, your costs for services can be lower than in the Original Medicare Plan. Some of these plans coordinate your care, using networks and referrals, more than others. This can help manage your overall care and can also result in savings to you.

BASIC MEDICAID INFORMATION

Medicaid is a health insurance program for individuals and families who meet certain income and resource guidelines. There are two types of Medicaid coverage: Community Medicaid, for individuals who reside in the community, and Chronic Care Medicaid, for individuals who reside in a nursing home.

The information that follows is a general overview of Medicaid eligibility guidelines. Medicaid rules and regulations are complex and these guidelines may or may not apply in all situations.

COMMUNITY MEDICAID

The income and resource eligibility levels depend on the number of family members in the household. You may be covered by Medicaid if you meet the following income and resource guidelines:

2012 Income* and Resource Levels

	Medicaid Standard for Singles, Couples without Children, and Low-income Families		Net Income for Families and Individuals who are Blind, Disabled or Age 65+		Resource Level for Individuals who are Blind, Disabled or Age 65+
	Annual	Monthly	Annual	Monthly	
1	\$8,818	\$735	\$9,500	\$792	\$14,250
2	\$11,008	\$918	\$13,900	\$1,159	\$20,850
3	\$13,098	\$1,092	\$15,985	\$1,333	\$23,978
4	\$15,208	\$1,268	\$18,070	\$1,506	\$27,105
5	\$17,389	\$1,450	\$20,155	\$1,680	\$30,233
6	\$18,984	\$1,582	\$22,240	\$1,854	\$33,360
7	\$20,665	\$1,723	\$24,325	\$2,028	\$36,488
8	\$22,822	\$1,902	\$26,410	\$2,201	\$39,615
9	\$24,057	\$2,005	\$28,495	\$2,375	\$42,743
10	\$25,294	\$2,108	\$30,580	\$2,549	\$45,870
For each additional person, add:	\$1,236	\$104	\$2,085	\$174	\$3,128

*The value of incurred medical bills can be subtracted from gross income.

You may also own a home, a car, and personal property and still be eligible. The income and resources of legally responsible relatives in the household will also be counted.

Expanded Income levels for Children and Pregnant Women

- Infants to age one and pregnant women - 200% of the federal poverty level.
- Children age 1 through 5 years - 133% of the federal poverty level.
- Children age 6 through 18 years - 100% of the federal poverty level.

Monthly Income Effective January 1, 2012

Number in Family	100% FPL	133% FPL	200% FPL
1	\$931	\$1,239	\$1,862
2	\$1,261	\$1,677	\$2,522
3	\$1,591	\$2,116	\$3,182
4	\$1,921	\$2,555	\$3,842
5	\$2,251	\$2,994	\$4,502
6	\$2,581	\$3,433	\$5,162
7	\$2,911	\$3,872	\$5,822
8	\$3,241	\$4,311	\$6,482
For each additional person, add:	+\$330	+\$439	+\$660

CHRONIC CARE (NURSING HOME) MEDICAID

Chronic care Medicaid pays for a nursing home stay if all other payment options have been utilized and certain eligibility criteria are met.

Unmarried Individuals

For an individual who is not married, he or she may have no more than \$14,250 in resources (checking and savings accounts, stocks, etc.) – not including a standard burial account of up to \$1,500 or an irrevocable burial account of any amount. All income except \$50 per month must be used to pay for the cost of care. Qualified veterans may keep up to \$140 per month.

The individual may not be required to sell his or her home to pay for the cost of care, but a lien will be placed on the home in order to recoup some of the expenses paid by Medicaid at the time of the eventual sale of the home. A lien will not be imposed if the individual's minor child or child who is certified as blind or disabled resides in the home or if a sibling with an equity interest in the home has resided in the home for at least one year.

Married Individuals

For individuals who are married, the resource guidelines are the same as above for the spouse who needs care, but Medicaid regulations allow certain transfers of resources to the community spouse in order to meet these resource guidelines.

The community spouse is permitted to retain resources up to a maximum amount. To determine the amount of resources the community spouse is allowed to retain, divide all countable resources owned by the couple in half. If the result is less than \$74,820, the community spouse is allowed to keep up to \$74,820. If the result is more than \$74,820, the community spouse is eligible to keep that amount, up to a maximum of \$113,640. The value of the couple's home, vehicle, and household possessions are not counted in the calculation.

The community spouse may also be entitled to a portion of the institutionalized spouse's monthly income if the community spouse's monthly income is less than \$2,841. If the community spouse's income is greater than \$2,841, he or she will be requested to contribute 25% of the excess income toward the spouse's cost of care.

CHILD HEALTH PLUS

CHILD HEALTH PLUS

To be eligible for either Children’s Medicaid or Child Health Plus, children must be under the age of 19 and be residents of New York State. Whether a child qualifies for Children’s Medicaid or Child Health Plus depends on gross family income. Children who are not eligible for Medicaid can enroll in Child Health Plus if they don’t already have health insurance and are not eligible for coverage under the public employees’ state health benefits plan. Some children who were covered by employer-based health insurance within the past six months may be subject to a waiting period before they can be enrolled in Child Health Plus. Determining whether your child is subject to a waiting period will depend on your household income and the reason your child(ren) lost employer-based coverage.

Child Health Plus 2012 Family Contributions by Income and Household Size

Premium Categories	Monthly Income by Family Size								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Free Insurance	\$1,489	\$2,017	\$2,545	\$3,073	\$3,601	\$4,129	\$4,657	\$5,185	\$528
\$9 per child per month (Maximum of \$27 per family)	\$2,067	\$2,800	\$3,532	\$4,265	\$4,997	\$5,730	\$6,463	\$7,195	\$733
\$15 per child per month (Maximum of \$45 per family)	\$2,328	\$3,153	\$3,978	\$4,803	\$5,628	\$6,453	\$7,278	\$8,103	\$825
\$30 per child per month (Maximum of \$90 per family)	\$2,793	\$3,783	\$4,773	\$5,763	\$6,753	\$7,743	\$8,733	\$9,723	\$990
\$45 per child per month (Maximum of \$135 per family)	\$3,258	\$4,413	\$5,568	\$6,723	\$7,878	\$9,033	\$10,188	\$11,343	\$1,155
\$60 per child per month (Maximum of \$180 per family)	\$3,724	\$5,044	\$6,364	\$7,684	\$9,004	\$10,324	\$11,644	\$12,964	\$1,320
Full Premium* per Child per Month	Over \$3,724	Over \$5,044	Over \$6,364	Over \$7,684	Over \$9,004	Over \$10,324	Over \$11,644	Over \$12,964	

*The full premium varies, depending on the health plan chosen by the family.

Medicaid 2012 Income Eligibility Levels

Age Categories for Children	Monthly Income by Family Size								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Children under 1 year Pregnant Women*	\$1,862	\$2,522	\$3,182	\$3,842	\$4,502	\$5,162	\$5,822	\$6,482	\$660
Children 1-18 years	\$1,239	\$1,677	\$2,116	\$2,555	\$2,994	\$3,433	\$3,872	\$4,311	\$439

*Pregnant women count as two

FAMILY HEALTH PLUS

FAMILY HEALTH PLUS

Family Health Plus is a public health insurance program for adults between the ages of 19 and 64 who do not have health insurance—either on their own or through their employers—but have income or resources too high to qualify for Medicaid. Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall under one of many immigration categories.

Family Health Plus provides comprehensive coverage, including prevention, primary care, hospitalization, prescriptions and other services. There are minimal co-payments for some Family Health Plus services. Health care is provided through participating managed care plans in your area.

There are limits on the amount of assets or resources that you can have and still be eligible to enroll in Family Health Plus. “Resources” mean money in the bank or credit union, stocks, bonds, mutual funds, certificate of deposit, money market accounts, 401(k) plans, trust funds, the cash value of life insurance, motor vehicles, or property that someone owns. The value of your home will not be counted. The amount of income and assets/resources you and your family can have and still be eligible for Family Health Plus depends upon how many people are in your family.

Maximum Gross Annual Income Guide Effective January 1, 2012

<u>Family Size</u>	<u>Yearly Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>
Single Adult	\$11,170	\$931	\$214
Couples with No Children	\$15,130	\$1,261	\$291
Parents/Guardians Living with at Least 1 Child Under 21			
Family Size 2	\$22,695	\$1,892	\$436
Family Size 3	\$28,635	\$2,387	\$550
Family Size 4	\$34,575	\$2,882	\$665
Family Size 5	\$40,515	\$3,377	\$779
Family Size 6	\$46,455	\$3,872	\$893
Family Size 7	\$52,395	\$4,367	\$1,007
For each additional person add:	+\$5,940	+\$495	+\$114

Note: Income levels change annually.