



BRUCE ROBERTSON
YOUR HEALTH

YOUR PARENTS ARE AGING. THINK ABOUT THEIR CARE NOW BEFORE YOU HAVE TO.

AS OUR PARENTS age, it's a good idea to plan for the time when they are unable to live on their own. Some families avoid this issue until it demands their immediate attention as the result of a fall, a sudden illness, or a diagnosis of dementia. This is not the time to make snap decisions about a parent's future.

Some children of aging parents still harbor the notion that there is a straight line between independent living and a nursing home. Others are moved to take their parents into their own homes and become full-time caretakers. Fortunately, there are options available that can strike a healthy balance while forestalling the need for institutional care.

Senior day health care: These programs are for elderly people who are usually living in their families' homes, though both spouses in the home are working. This presents a problem because leaving an aging parent home alone all day can be worrisome for the adult children.

Senior day health care programs usually offer transportation to and from a center where seniors gather on weekdays to enjoy a safe environment, meals, socialization, activities and occasional entertainment. There is a daily rate, often around \$55, paid out-of-pocket, as these programs are not covered by Medicare, Medicaid or private insurance.

Their value lies in the peace of mind of family members who can work or go to school during the day knowing their senior loved one is safe.

If they are associated with a senior residence such as an assisted living center or nursing home, senior day health care programs may also offer overnight respite care for families who want to take a vacation or weekend trip.

Program of All-Inclusive Care for the Elderly: PACE is also a day program designed for people who qualify for nursing-home care under Medicaid or Medicare. The difference be-

tween senior day care and PACE is a medical care component and the fact that it is covered by federal insurance. Again, participants live with their families and they can be picked up in the morning and delivered safely home in the afternoon.

A PACE site accepts a set payment from Medicare and/or Medicaid each month for each participant. Within that monthly reimbursement, the PACE site provides transportation, meals, an on-site clinic, hospitalization if required and rehabilitation in a nursing facility should that become necessary. It is less expensive than institutional care and represents one of the best values available for families who want their aging loved ones to live with them but who need to be away from home during the day.

Assisted living: These are residential programs for people who need assistance with activities of daily living but who are safe without supervision and can get around on their own.

Assisted-living facilities offer help with medication management, bathing and dressing as required and communal meals. Depending on the facility, some assisted-living units may feature kitchenettes with microwaves, space for a coffeepot and toaster, and a small sink.

Assisted living is self-pay and can cost anywhere from about \$2,100 to \$3,300 per month, depending on accommodations, extra services and level of care. Some assisted-living programs now offer units for residents with dementia or Alzheimer's who require supervision. These more-intensive services are offered at a higher cost.

Skilled care: This is a traditional nursing-home setting that can offer a variety of programs, including short-term rehabilitation after a fall, a stroke or surgery. The program includes physical and occupational therapy and is covered by Medicare for as long as your physician deems it medically necessary. The vast ma-

jority of these residents will go home, whether to their own homes or those of their families. A handful of skilled-care facilities also offer ventilator units for patients with respiratory issues.

Long-term care: This is a more permanent arrangement, for people who are no longer able to live with their families, for medical, physical or cognitive reasons. Long-term care often begins as a self-pay program and runs from about \$160 to \$200 per day, depending on accommodations, ancillary services and level of care. Many long-term-care and skilled-care facilities also offer hospice services for residents nearing the end of life.

If residents in long-term care exhaust their personal savings, as often happens, families can apply for Medicaid, which has become the primary source of revenue for many nursing facilities. Resident families will need to apply for Medicaid before their loved ones spend down their savings, as it can take several weeks to process a Medicaid request for long-term care.

Long-term-care insurance is one way to avoid exhausting your personal savings on nursing care. However, these are decisions to make with the help of your financial adviser when you and your loved ones are not under pressure because of an accident or medical event.

If you have aging parents, discuss their needs and desires for the future while you can. While seniors are often reluctant to give up their homes and independence, the good news is that there are options to institutional care.

There is a wealth of information available about assisted-living and nursing facilities through the Virginia Health Care Association, at www.vhca.org.

Bruce Robertson is vice president and administrator of Sentara Life Care Corp., which provides long-term care, PACE and senior day health care services in Southeastern Virginia and Northeastern North Carolina.

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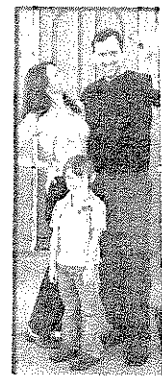
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