



IMPROVING HEALTH
EDUCATION AND OUTCOMES IN
AGING SERVICES

Veterans Perspective: Long Term Care

AGING IN PLACE, SERVICES AND SUPPORT

YOUR GUIDE TO UNDERSTANDING . . .

Aging Services

Principles of Financing Aging Services

Veteran Support Networks

Wealth Management and Elder Law

Continuing Education Resources

2023

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Introduction

In the best-case scenario, one resource in-and-of itself would serve the purpose of fulfilling the answer that is being sought after; one resource that answers all questions; a one-stop-shop that helps all people through their golden years. It should come as no surprise that, although thousands of attempts have been made to accomplish this, there lies a big problem. **We are all different.** We age differently. We have different cultural and socioeconomical backgrounds. Our families are different. Our careers and opportunities are—you guessed it—different.

It is common for people to put off lifestyle changes, especially with increased age, increased ailments, and unfortunately, increased complexities with long-term care planning. After all, tomorrow is not guaranteed. Even worse, seeking help with aging services begins with an unexpected crisis for thousands—arguably, millions—of people, and the need for answers will not subside anytime soon.

This booklet is not intended to give you all the answers, but it is meant to give you a basic understanding of what aging services is, including a high-level overview of how veteran services may affect this planning process.

There is no limit as to what audience this can be used for, and as with all of Veteran Community Initiatives' programs, this initiative is an open-platform; all comments, feedback, suggestions, and comments are welcome.

Please use this resource wisely. We hope that it brings you some confidence and control over the decisions you make. At the very least, let this guide “lighten the load” just a little bit in knowing that you are not alone—the work that has been put into this booklet is testament to the dozens of people who have come through our own doors seeking answers.

“The trick is to age honestly and gracefully, and make it look great so that everyone looks forward to it.”

— *Emma Thompson*



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Aging Services

One of the most common questions people ask when the realization of needing help sets in is, “Where do I even start?” followed by “What do all these services mean?”. Aging services can be enormously complex and confusing. When looking for short or long-term care options for yourself or for a loved one, it is important to begin with understanding what the different formats of care are and when to know what services are most appropriate for your situation.

This guide is meant to be used as a resource to help you navigate through the different aspects of care needs, with some helpful reminders mixed in to keep with you as you assess what resources are available, how they work together, and what avenues to explore depending on what you need to remain stable, secure, and confident with the choices you make. Merging civilian and military-

based services is no easy feat. However, our hope is that you will go through the aging process with a sense of peace, not panic, as preserving well-being is critical to healthy aging.

Skilled Nursing Facilities (SNFs), Sub-acute and Memory Care

The U.S. Centers for Medicare and Medicaid Services (CMS) defines a skilled nursing facility as “A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital”.¹ In Pennsylvania, skilled nursing facilities are inspected and licensed by the Department of Health (DOH).

An interdisciplinary team (IDT), which is a team of qualified healthcare professionals, works together to provide or ensure access to comprehensive services to residents in clinical settings². Teams include, and are not limited to, a physician or medical director, nurse, dietician, and therapist. Care is determined through initial assessments between the resident and responsible designee(s), a healthcare provider, and the facility. There are time constraints in developing comprehensive care plans and routine meetings that involve the IDT, resident, and care partners to ensure the level of services and resident health status is appropriate according to diagnosis and treatment or care plan, and that any outstanding needs or changes can be addressed in a timely manner.

Nursing care is available 24/7 to help with various activities of daily living (ADLs)—including partial or total meal assistance, dressing, bathing, and toileting.

Sub-acute care, or short-term rehabilitation, is temporary. On the other hand, SNFs can and often do have long-term residents. The average length of stay for a SNF resident is three years³. Some SNFs, but not all, have memory care units, which are designed specifically for residents with moderate to severe dementia or Alzheimer's disease.

Depending on facility size, and staff and bed availability, short-term and long-term SNF residents who are not diagnosed with dementia may be admitted to a memory care unit until another bed is available. However, when resident preference and financial obligations can be fulfilled, residents or their representatives may opt to maintain the space that was initially filled. Cost varies, but under most circumstances, memory care units are more expensive and thus, may deter residents or designated representatives from remaining on these units if it is not medically necessary. In the same way, a Nursing Home Administrator may authorize room changes should a major event impact care coordination, such as what often occurred during the coronavirus pandemic.

Residents in these settings are protected by a variety of regulations through federal, state, and local governing bodies. In all circumstances, the well-being of the care community in its entirety is taken into consideration, and

thus, in extreme cases, measures (such as room moves or facility lockdowns) may be taken which conflict with standard policies and procedures.

SNFs are often recommended to people after discharge from a hospital stay should they require consistent, round-the-clock medical care from qualified healthcare professionals. For short-term rehab stays, this care may be primarily focused on therapy services or for a period of time where a doctor requires a resident or patient to have oversight to determine if going home is in the best interest of their safety and well-being, or a mixture of both.

Resident rights in these communities include, but are not limited to, verbal and written notification if changes to charges occur and if a resident is certified to participate in Medicare and Medical Assistance Programs⁴. Other rights, monitored often at the county level through Pennsylvania's Area Agency on Aging's Ombudsman Program, include being treated with respect, ability to participate in activities of interest, to be free from discrimination, abuse, neglect, and restraints, ability to make complaints without fear of punishment, maintaining rights to receiving proper medical care, ability to manage money, to have proper privacy, property, and living arrangements, spending time with visitors, ability to leave the nursing home, having protection against unfair transfer or discharge, ability to form or participate in resident groups, having friends and family involved with care, getting social services, getting information on services and fees, and having representatives (including the doctor) notified when

care needs change. If rights have been violated, the first point of contact should be with a care community staff member, such as the Social Services Coordinator or Nursing Home Administrator. If this contact is not followed up on, the Ombudsman can work as a representative and advocate, working with the person throughout the process to ensure safety, protection, and fair representation.

Besides the enforcement of resident rights, Ombudsmen offer a variety of programs that work to strengthen resident advocacy within these care settings. Check with your local Ombudsman if you are interested in learning more.

Hospice

Defined by CMS as “a special way of caring for people who are terminally ill, and for their family. . . including physical care and counseling”, hospice services are provided for people who no longer seek treatment options⁵. The goal of hospice care is to alleviate as much pain and suffering as possible for the remainder of a person’s life. Doctors generally determine the appropriateness of enrollment. That is, whether a person is expected to live for up to six months, although there have been cases where hospice patients have lived for several years under hospice services. Overall, hospice is considered a short-term service and is covered under Medicare Part A (Hospital Insurance).

Respite Care

Respite care, another form of temporary or short-term care, is provided to individuals who need assistance due to

illness, disability, or age-related conditions. “It is designed to give primary caregivers a break from their caregiving responsibilities, allowing them to rest, attend to their own needs, or simply take time away for personal reasons”⁶. In other words, respite care is an option for assistance with temporary oversight when a family member or other trusted person is unable to care for you or your loved one. Depending on insurance and out-of-pocket costs, stays can range from one to several days or weeks.

Home Care and Home Health

Home care and home health are both short and long-term options, and are paid for through a mix of federal and state programs—depending on eligibility—, and private pay.

Home care is often a preferred option for individuals who value their independence and wish to remain in familiar surroundings. It can be tailored to meet the unique needs and preferences of each person receiving care. Additionally, it can be a cost-effective alternative to institutional care settings like nursing homes or assisted living facilities. However, home care is not designed for medical services. Instead, home care fulfills needs for transportation, basic household duties such as laundry or cleaning, and meal preparation. Home care aides are not always licensed and legally authorized to render medical services. In fact, this is a very clear distinction between **home care** and **home health**. Home health is encompassed in home care, but not all home care is home health-based. In simple terms, home care is all care received at home and home health is

clinical care received at home under the supervision of a licensed professional⁷.

Private arrangements may be made between providers and care recipients at the recipient's discretion, with consent, and a clear understanding of what can and cannot be provided. There are plenty of agencies that do require aides to be licensed and to maintain all background clearances in the event of a medical emergency, so be sure to check your care arrangements thoroughly so that your expectations align with what services you are receiving.

Assisted Living

The Center for Medicare and Medicaid Services (CMS) defines assisted living (AL) as “a type of living arrangement in which personal care services such as meals, housekeeping, transportation, and assistance with activities of daily living (ADLs) and instrumental activities of daily living (iADLs) are available as needed to people who still live on their own in a residential facility”⁸. There is typically a monthly rent fee, plus fees for additional services as needed or requested. Medical care or nursing assistance is available with 24-hour supervision through assisted living facilities, similar to skilled nursing care, but are supportive of aging in place and within the capabilities of the individual facility⁹.

Personal Care

A personal care home, also known as a residential care home, board and care home, or assisted living residence, is a type of long-term care facility that provides assistance with activities of daily living (ADLs) and basic healthcare

services to individuals who require some level of support but do not need the extensive medical care provided in a nursing home. Compared with Assisted Living Facilities, personal care homes are often the most feasible option for those who require a lower level of care⁹.

Assisted Living and Personal Care facilities may or may not have memory care units. In these settings, memory care units are usually designed for early to moderate-stage Alzheimer's and dementia residents. Rates are generally based on level of need, level of staffing required, and other aspects (see *Components of the Admissions Process* for other examples that may impact costs).

Independent Living

Independent living refers to a housing option for older adults or individuals with disabilities who are capable of living on their own and do not require significant assistance with activities of daily living (ADLs) or medical care. It is designed to provide a sense of autonomy, allowing individuals to maintain an active and self-sufficient lifestyle¹⁰.

Maintain Independence through Housing Adaptation Programs

Housing adaptation programs are initiatives designed to support individuals with disabilities or special needs in modifying their living environments to make them more accessible and accommodating to enhance the quality of life and independence of people facing mobility, sensory, or other challenges.

A list of program models (all options known to the writer and preliminary reviewers of this text, but may not be

inclusive) is included for review. Please be aware that eligibility requirements are strict. Any housing adaptation programs that veterans are eligible for will be reviewed individually per referral from a VA social worker or qualified VA representative. More information about VA-specific grants can be found at <https://www.va.gov/housing-assistance/disability-housing-grants/>.

Program Models

Home Modification Grants

Accessibility Standards and Regulations

Low-Income Housing Assistance

Assistive Technology Funding

Non-Profit Organizations and Charities

Veterans' Programs

Tax Credits and Deductions

Universal Design and Age-Friendly Initiatives

Community Development Block Grants (CDBG)

Continuing Care Retirement Communities/Life Plan Communities

Continuing Care Retirement Communities (CCRCs), also known as Life Plan Communities, are comprehensive retirement living options that offer a range of care and amenities that are supportive of “aging on campus”. These communities are designed to provide a continuum of care, allowing residents to age in place as their needs change over time.

Common characteristics are multiple levels of care to transition to as needs evolve, residential (housing) options,

amenities and services, wellness programs, financial arrangements (buy-in or entry fees), contract types (i.e., fee-for-service, monthly rates), security and safety measures, social and recreational activities, care coordination, and community living. Accreditation and licensing requirements vary¹¹.

It's important to note that both public and private long-term care services play crucial roles in meeting the diverse needs of individuals requiring ongoing care. The choice between public and private options often depends on factors like financial resources, specific care needs, and personal preferences.

Admissions

The admissions process varies depending on what type of aging services is needed, what can be afforded, and what you may qualify for through a variety of public and private programs. To gain a better understanding of cost and programs available, please see the **Principles of Financing Aging Services** and **Veteran Support Networks** sections.

It's important to note that the assessment process is not meant to be exclusionary but rather to ensure that the facility can provide the appropriate level of care and support for the individual's needs. Facilities may have different assessment tools or protocols, so it's advisable to inquire about their specific criteria during the admissions process. In most cases, there is more than one professional performing admission

assessments, especially with higher levels of care needs.

Components of the Admissions Process

Medical Condition: Overall health status, including chronic conditions, acute (present) illnesses, mobility issues, and any specialized medical needs.

Activities of Daily Living (ADLs): Ability to perform basic self-care tasks independently, such as bathing, dressing, toileting, eating, and transferring (moving from bed to chair, etc.).

Instrumental Activities of Daily Living (IADLs): Capacity to manage more complex activities, like cooking, shopping, managing finances, and using transportation.

Cognitive Functioning: Cognitive abilities, including memory, orientation, decision-making, problem-solving, and communication skills.

Behavioral and Emotional Health: Evaluation of emotional well-being, including mood, behavior, and any signs of mental health conditions like depression, anxiety, or dementia.

Nutritional Status: Dietary needs, preferences, and any specialized diets or feeding methods required.

Continence: Ability to control bladder and bowel functions, or the need for assistance or specialized equipment.

Medication Management: Capacity to self-administer medications, or the need

for assistance with medication administration.



Safety Considerations: Assessment of fall risk, wandering tendencies, and any other safety concerns that may require special accommodations or supervision.

Social and Support System: Evaluation of the potential resident's social connections, family involvement, and availability of external support networks.

Specialized Care Needs: Identification of any specific medical treatments, therapies, or equipment (e.g., ventilator, dialysis) that the resident requires.

Communication and Language

Abilities: Assessment of verbal and non-verbal communication skills to determine the best approach for effective interaction and support.

Legal and Financial Considerations: Verification of legal guardianship, power of attorney, and financial arrangements for payment.

Cultural and Religious Considerations: Respect for the resident's cultural, spiritual, and religious beliefs, and

accommodations to support these preferences.



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Moving between levels of care requires reassessments. There are different payment systems, insurances, governing bodies, criteria, and regulations for each level of care. Each facility and agency has their own policies and procedures. Never assume—always meet with Admissions or the Administrator to explore what components will be a part of you or your loved one’s admissions process.

Helpful Tips and Reminders

Touring long-term care services is a crucial step in finding the right facility for you or your loved one. Here are some tips to help you make the most of the touring process:

Schedule in Advance: Call ahead to schedule a tour. This ensures that staff will be available to show you around and answer your questions. Just showing up is not advisable. When visiting care communities unannounced, you may be interfering with other residents’ care. In addition, calling ahead is advised so that Admissions staff can prepare you for what to bring, such as financial

paperwork, medical records, legal documents, etc.

Arrive with Questions: Prepare a list of questions beforehand. These might include inquiries about staff-to-resident ratios, services provided, activities offered, safety measures, and more. The more prepared you are, the easier the process will be. For example, skilled nursing and short-term rehabilitation services have care plan meetings that designated resident representatives can participate in. A great question to ask is, “how should I prepare for care plan meetings?” or “who do I contact if I have questions specific to care?”.

Observe Staff and Resident

Interactions: Pay attention to how staff members interact with residents, and how residents interact with one another. Are they respectful, attentive, and compassionate? This can give you valuable insights into the quality of care and type of environment the care community has.

Notice the Environment (Internal): Take note of the cleanliness and overall ambiance of the care community. Is it well-maintained and comfortable? Are there any odors that may be concerning (i.e., *does the environment pass the ‘smell test’*)?

Notice the Environment (External): When inspecting an organization for care, pay attention to the local surrounding community; *is the facility next to an auto junkyard, in a dangerous neighborhood, or is mold visibly present within the vicinity? Are there fire, ambulance and*

police services nearby and what is the typical response time for these services?

Check for Safety Measures and

Homelike Appeal: Look for safety features such as handrails, call buttons, non-slip flooring, and fire safety equipment. These are important for resident well-being. Other components are the appearance and “feel” of the home. Is the outdoors easily accessible and resident-friendly? Are there windows? What other environmental factors are present that enhance a person’s wellbeing?

Engage with Residents and Their

Families: If possible, strike up conversations with current residents and their families. They can provide valuable perspectives on the quality of care and life within the facility.

Assess Common Areas and Private

Spaces: Check communal spaces like dining areas, activity rooms, and lounges. Additionally, if applicable, tour different types of resident rooms (shared or private) to get a sense of living arrangements.

Review Activities and Programs: Inquire about the daily activities and programs available for residents. These can greatly impact quality of life and mental well-being. *Are there veteran groups or veteran-specific activities?*

Ask About Medical Care and

Specialized Services: Inquire about the availability of medical care, therapies, and any specialized services. Be sure to have a thorough understanding of how these services will affect cost, what

insurance will cover, if cash funds are needed for any type of extracurricular activities, how funds are tracked and kept safe, and what the policies are for handling in relation to these services.

Evaluate Meal Services: Consider the quality and variety of meals provided. Ask if they can accommodate specific dietary needs or preferences. Other questions may be, *“How is food handled if brought in from a family member or friend? What is the proper procedure for ensuring that “outside” food is safe to consume (i.e., does speech therapy need to evaluate or is there a guidance/recommendations list that families, volunteers, friends, and other community members use)? How does resident choice affect restrictions?”*

Understand Financial Details: Discuss the cost structure, what is included in the fees, and any additional charges. Also, inquire about payment options and potential financial assistance programs. Be sure to inquire about what may happen if assets run out and services can no longer be afforded.

Take Your Time: Don't rush the tour. Take your time to thoroughly explore the facility and ask any questions that come to mind.

Trust Your Instincts: Pay attention to your gut feeling. If something doesn't seem right or you have reservations, it's important to trust your instincts.

It is also important to recognize that each place will have pros and cons, and once a decision has been made, working together to optimize care is the best method in feeling confident about

whatever decision you choose. Refer to the first part of this booklet, **Aging Services > Skilled Nursing Facilities (SNFs), Sub-acute and Memory Care**, for an overview of resident rights. If your scenario is not appropriate for this setting, request information regarding how the care community handles communication, complaints, and disputes.

Request a Follow-Up: If you need more information or have additional questions after the tour, don't hesitate to reach out to the care community for clarification.



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Timeframe

How long will it take for me or my loved one to get care?

In some cases, individuals may be admitted quickly due to urgent needs, while in other cases, the process may take longer, especially if there are specific requirements or there is a waiting list.

In general, admission to an acute (immediate) care setting can be as soon as 1-3 days if beds are available, and long-term stays for lower levels of care (such as Independent Living) may have

long waiting lists that exceed several months. Responses are dependent upon facilities' capacities and admission assessments.

Health and Wellbeing: Chronic Disease Educational Resources

Receiving news of a chronic disease diagnosis is life-altering. Maintaining social connections with people and resources who understand exactly what you or your loved one is going through provides additional support to lean on in times of hardship. The following list includes some (but not all) networks specific to disease or diagnosis, and other networks have been included to offer general support in the realm of aging.

Note: These links require online access. Please contact Nikki Deneen or the specific agency if assistance is needed with gathering hard copy materials.

Alzheimer's Association: www.alz.org/

Alzheimer's Foundation of America: www.alzfdn.org/

American Geriatrics Society: www.americangeriatrics.org/

American Parkinson's Disease Association: www.apdaparkinson.org/

Association for Frontotemporal Degeneration: www.aftd.org/

Creutzfeldt-Jakob Disease Foundation: www.cjdfoundation.org/

Ethnic Elders Care Network:

www.ethnicelderscare.net/

Family Caregiver Alliance:

www.caregiver.org/

Huntington's Disease Society of America:

www.hdsa.org/

Lewy Body Dementia Association:

www.lbda.org/

National Institute on Aging:

www.nia.nih.gov/

U.S. Department of Health and Human Services, Administration for Community Living: www.acl.gov/

Overview of Care Plan Assessments

Acute care settings often use care plan assessments when coordinating the appropriateness of care needed for each resident. The Centers for Disease Control and Prevention (CDC) offers a Complete Care Plan template for long-term care planning

(<https://www.cdc.gov/aging/caregiving/pdf/Complete-Care-Plan-Form-508.pdf>).

This resource is a great way to familiarize yourself with care plans if you are more interested in the clinical aspect of care.

Evolving Support at the State-Level

At the writing of this booklet, the Pennsylvania Department of Aging is working on a foundational 10-year aging plan for Pennsylvania. A Master Plan for Older Adults will be developed from the

public needs assessment survey which concluded on December 31, 2023.

Why Develop a Master Plan?

“Pennsylvania is ranked **fifth** among the fifty states by the sheer size of its older adult population (3.4 million) and seventh by percentage (17.8%) of the total population.

Pennsylvania’s total older adult population grew from 15.4 percent (1.96 million persons) in 2010 to 17.8 percent (2.27 million persons) in 2020.

Pennsylvanians with disabilities represent 11% of the population in terms of mobility and cognitive challenges, 7% with regard to independent living, 6% regarding hearing impairment, 4% regarding vision impairment, and 3% with regard to self-care.”¹²

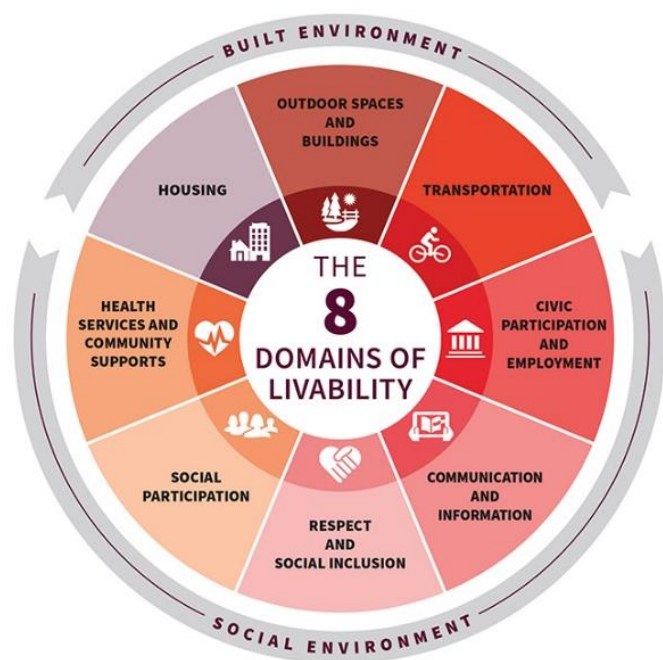


Figure 1: AARP’s 8 Domains of Livability¹³

Principles of Financing Aging Services

Public and private long-term care services refer to the different sources of funding, ownership, and management of care options for individuals who require ongoing support due to aging, disability, or chronic health conditions.

Public Long-Term Care Services^{14,15}

Funding Source

Public long-term care services are funded by government agencies at the local, state, or national level. They are often supported by taxpayer dollars and government programs like Medicaid or Medicare.

Ownership and Operation

Public long-term care services may be owned and operated by government entities, such as state or county agencies, municipal governments, or federally-funded healthcare facilities.

Accessibility and Eligibility

These services are typically available to a broader range of individuals, including those who meet specific eligibility criteria based on factors like income, assets, age, disability status, and care needs.

Cost to Individuals

Individuals receiving public long-term care services often pay on a sliding scale based on their income, and in some cases, services may be provided at no cost to low-income individuals.

Regulation and Oversight

Publicly-funded services are subject to extensive regulatory and oversight mechanisms to ensure compliance with government standards and quality of care.

Services Offered

Public long-term care services may offer a wide range of care options, including home health care, adult day care, nursing home care, and other community-based programs.

Examples of public long-term care services include Medicaid-funded home health care, State Veterans Homes, adult day care centers, Medicaid-funded Assisted Living services, community-based rehabilitation services, and Area Agencies on Aging (AAA) Services.

Private Long-Term Care Services

Funding Source

Private long-term care services are funded by individuals and their families directly, often through personal savings, insurance, or other private means.

Ownership and Operation

Private long-term care services are owned and operated by non-governmental entities, which can include for-profit corporations, non-profit organizations, and individual entrepreneurs.

Accessibility and Eligibility

Private long-term care services are available to individuals who can afford to pay for them, regardless of income, and

are not restricted by government eligibility criteria.

Cost to Individuals

Individuals receiving private long-term care services typically bear the full cost, which can be paid out-of-pocket, through long-term care insurance, or other private funding sources.

There are instances when people have the financial means to cover their living expenses but that income exceeds their thresholds for qualifying for support. In general, assets must be depleted or income must be within certain limits before any type of financial assistance can be provided. Frequently, federal and state income guidelines are used to determine eligibility.

Regulation and Oversight

While private services are subject to regulatory standards and licensure requirements, they may have more flexibility in terms of service offerings and pricing structures.

Services Offered

Private long-term care services encompass a wide range of options, including luxury senior living communities, concierge care services, and specialized care providers.

Examples of private long-term care services include private pay home health care, Independent Living communities, Continuing Care Retirement Communities (CCRCs), private pay

assisted living facilities, private duty nursing, memory care facilities, and long-term care insurance services.

It's important to plan for long-term care needs in advance, as the costs can be substantial. Consulting with financial advisors, exploring insurance options, and understanding available government programs can help individuals and families make informed decisions about how to pay for long-term care services.

Summary

Before you review the different options and services available, we want you to understand that there are key differences between seeking services for treatment, placement options due to immediate needs, and options for extended long term care. All of these options are broadly defined in this text. However, each need requires special attention to financing (due to assets, insurance, family assistance, etc.). For extended long term care options, long-term planning is vital to ensuring that assets and financing resources last for the projected duration of stay (i.e., take into account current health status, medical professional guidance for care, and availability of facilities). It is common for people to outlive their resources; therefore, it is highly recommended to be aware and to plan ahead as much as possible, *especially leading up to retirement*.

Health and Wellbeing: Finance-Based Resources^{16,17,18}

Financial Wellness Checklist

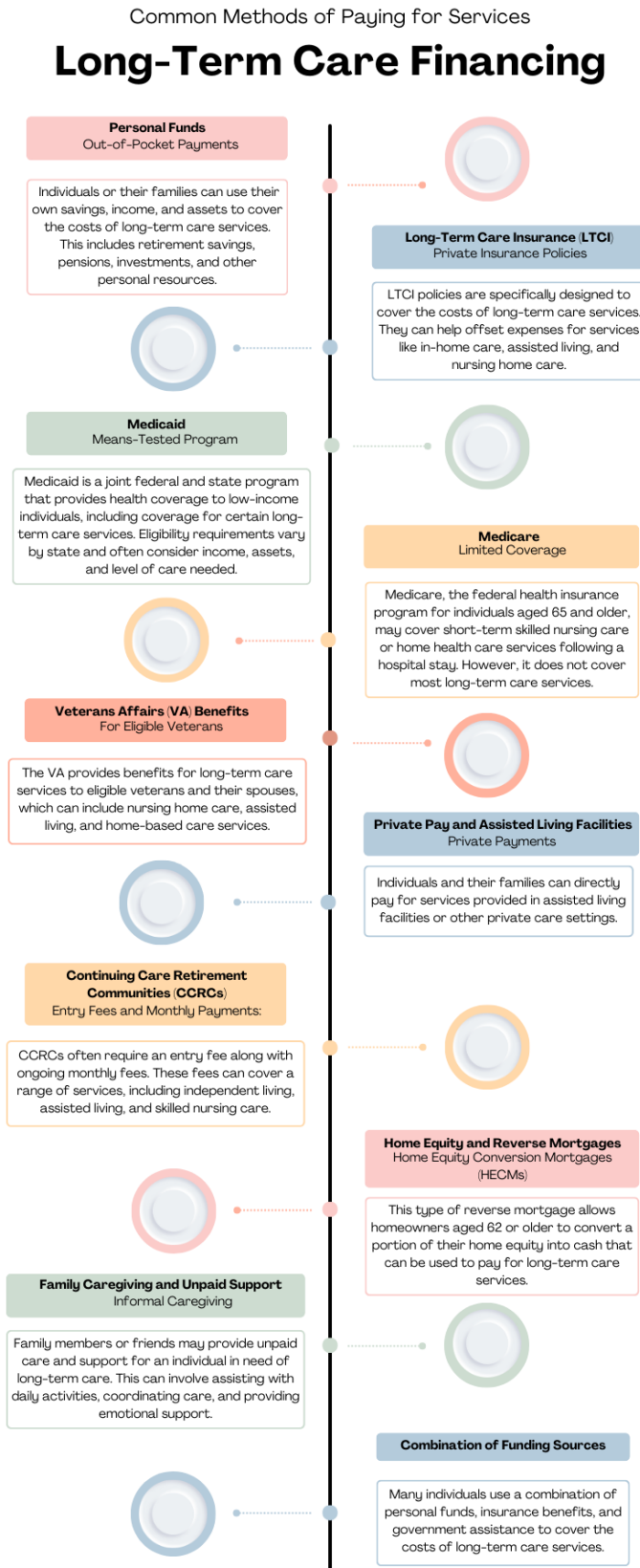
- ☐ Take full advantage of your company's benefit program, if employed
- ☐ Develop a household budget
- ☐ Create/maintain an emergency fund to cover 3-6 months of expenses
- ☐ Determine if discretionary expenses can be cut to save more for long-term goals
- ☐ Maximize tax-deferred investment vehicles (e.g. 401(k), IRA, Roth IRA)
- ☐ Develop a retirement plan strategy (set goals, asset allocation strategy, periodic monitoring)
- ☐ Develop a retirement income strategy
- ☐ Determine how much you can draw from your savings annually in retirement
- ☐ Determine if you have adequate life insurance
- ☐ Determine if disability income insurance is needed
- ☐ Consider long-term care insurance
- ☐ Consider lifetime income from annuities
- ☐ Review/update your beneficiaries
- ☐ Consider asset consolidation strategies (e.g. rollovers)
- ☐ Develop an estate/wealth transfer strategy

Note: Requires online access, please contact Nikki Deneen if assistance is needed with gathering hard copy materials.

BankRate: Free calculators to assist with calculating payments, savings, and more.
www.bankrate.com/

The Centers for Disease Control and Prevention (CDC) states that “homeowner associations, community organizations, adult learning centers, social clubs, places of worship, and other members of the whole community have the potential to increase our resiliency” in barriers to financial preparedness (2022)¹⁹. Numerous resources through the CDC website to help you prepare and to do your part in improving financial stability:
<https://blogs.cdc.gov/publichealthmatters/2022/04/financial-prep/>

Figure 2: Long-Term Care Financing



BankRate offers a range of free calculators to use for estimating retirement and debt management costs (and all free, with no account enrollment required) completely free: <https://www.bankrate.com/calculators/>



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Insurance

It's important for veterans to carefully review their options and consider their individual healthcare needs, financial situation, and lifestyle preferences when choosing insurance plans.

Figure 3. Insurance Plans 101

Insurance Plans 101

Medicare

Medicare is a federal health insurance program available to individuals aged 65 and older, as well as some younger individuals with specific disabilities. It provides coverage for hospital care (Part A), medical services (Part B), and prescription drugs (Part D). **Some veterans may be eligible for both Medicare and VA healthcare benefits.**

Medigap (Medicare Supplement Insurance)

Medigap plans are private insurance policies that can be purchased to complement Original Medicare (Part A and Part B). They help cover costs such as copayments, coinsurance, and deductibles that are not covered by Medicare.

Medicare Advantage (Part C)

Medicare Advantage plans are private insurance plans that combine coverage for hospital care, medical services, and often prescription drugs in a single policy. They may also offer additional benefits like dental, vision, and hearing coverage.

Prescription Drug Plans (Part D)

Part D plans are standalone prescription drug plans available to individuals with Medicare. They help cover the cost of prescription medications, which can be important for managing chronic conditions.

Veterans Health Administration (VA) Benefits

Veterans who meet specific eligibility criteria may be eligible for healthcare services through the VA. This can include hospital care, medical services, mental health care, and long-term care services.

Long-Term Care Insurance (LTCI)

LTCI policies are designed to cover the costs of long-term care services, including in-home care, assisted living, and nursing home care. These policies can provide financial protection for veterans as they age.

Life Insurance

Veterans may have access to various life insurance programs through the VA, including Servicemembers' Group Life Insurance (SGLI) during active duty, Veterans' Group Life Insurance (VGLI) after separation, and other options like Service-Disabled Veterans Insurance (S-DVI).

Private Health Insurance

Some veterans may choose to purchase private health insurance coverage in addition to or instead of relying solely on government programs. This can provide access to a wider network of healthcare providers and facilities.

Dental and Vision Insurance

Some veterans are eligible for dental care and vision benefits through the VA. However, for services not covered by the VA, veterans may choose to purchase standalone dental and vision insurance policies. **NOTE: Only veterans who are 100% disabled qualify for dental insurance through the VA.**

Homeowner's Insurance and Property Insurance

Veterans who own homes should consider homeowner's insurance to protect against damage or loss. Property insurance can also cover personal belongings within the home.

Auto Insurance

Like any driver, veterans should have auto insurance to cover potential accidents, damages, or liabilities related to their vehicles.

If you are unhappy with your current insurance plan, you can always switch to a different option during open enrollment. There are several agencies that provide insurance plan consultations at no cost to you—regardless of veteran status.

Insurance Key Terms and Definitions²⁰

If you have more than one insurance plan, one entity is usually considered a **primary payer**, and the other insurance entity is considered a **secondary payer**. Rarely, though possible, there may be a **third payer** included. Multiple payers follow **Coordination of Benefits (COB)** rules.

For example, people may have both Medicaid and Medicare. In these cases, Medicare pays first, then Medicaid pays second. For TriCARE and Medicare, payer status will depend on whether services were provided at a VA facility or military hospital, and whether you are active duty or retired. Note that benefits and cost coverage will not duplicate. As in, Medicare and TriCARE will not pay for the same services. In addition, there are stipulations for both insurances (such as age and supplemental plan requirements).

For specific situations, such as carrying group health plan coverage based on employment, marriage, disability, and retiree status, will require discussions with your healthcare provider(s) and insurance provider(s). There is no one-size-fits-all scenario to answer insurance-based questions.

Veteran Support Networks

The U.S. Department of Veterans Affairs (VA) offers various programs and benefits to provide financial support for long-term care to eligible veterans and their spouses. These programs are designed to help cover the costs of services like nursing home care, assisted living, in-home care, and other forms of extended care. Before you begin the enrollment process with the VA, you must have your discharge form (DD-214). ***It is highly recommended to record your original discharge form at the courthouse with the Recorder of Deeds. There is no cost for this service.***

Here are some of the main VA programs that offer financial assistance for long-term care^{21,22}:

Aid and Attendance (A&A) and Housebound Allowance: These are additional benefits that can be added to a veteran's monthly pension if they require the aid of another person to perform activities of daily living or are housebound due to a permanent disability.

State Veterans Homes: State Veterans Homes are facilities that provide nursing home, domiciliary, and adult day care services to eligible veterans. These homes are owned, operated, and managed by state governments, with the VA providing funding and oversight.

Community Living Centers (CLCs):

CLCs are VA-operated nursing homes that provide short-stay, long-stay, and rehabilitative care to veterans. Eligibility for care in a CLC is based on a variety of factors, including service-connected disabilities, income, and clinical need.

Geriatrics and Extended Care (GEC)^{1*}:

The GEC program offers a wide range of services, including home and community-based care, palliative care, and end-of-life care, to help meet the complex needs of older veterans.

Home-Based Primary Care (HBPC)*:

HBPC provides primary care services to veterans who have difficulty accessing traditional outpatient care due to medical, functional, or psychosocial limitations.

VA Purchased Skilled Home Care*: This program allows the VA to purchase home health services for veterans who meet specific criteria. These services are typically provided by a licensed home health agency.

Veterans Directed Care (VDC)*: VDC is a program that allows veterans who are at risk of being placed in a nursing home to receive services in their homes. It provides veterans with a flexible budget to purchase the services and supports they need.

Medical Foster Homes (MFH): MFH is a unique program where veterans live with trained caregivers in a private home

^{1*}Programs denoted with a (*) are VA Healthcare Benefits, NOT program benefits dispersed by the VA

Benefits Administration. The VA will determine and handle eligibility for all VA Healthcare programs.

setting and receive personalized care tailored to their specific needs.

Homemaker and Home Health Aide

Program: This program provides in-home services, including help with activities of daily living, to veterans who need assistance to remain living in their homes.

Eligibility for these programs can vary based on factors such as service-connected disability status, income, and clinical need. It's important for veterans or their families to contact the VA or visit the official VA website to get detailed information about specific eligibility criteria and application processes for each program. ***You must show proof of payment (“under the table” payments are not accepted).***

Eligibility Process for VA Benefits

Different VA benefits have specific eligibility criteria. Common factors considered include:

Military Service: Most VA benefits require that the individual be a veteran with active-duty service, often with a minimum length of service and discharge status.

Service-Connected Disabilities: For certain benefits like disability compensation, the condition being claimed must be related to military service.

Income and Asset Limits: Some benefits, such as pensions and need-

based programs, may have income and asset thresholds that applicants must meet.

Figure 3: 2023 VA Pension Table

2023 VA Pension Table			
Veteran		Annual	Monthly
Disability Pension	No Dependents	\$16,037.00	\$1,336.00
	With Dependent	\$21,001.00	\$1,750.00
Housebound	No Dependents	\$19,598.00	\$1,633.00
	With Dependent	\$24,562.00	\$2,046.00
Aid & Attendance	No Dependents	\$26,752.00	\$2,229.00
	With Dependent	\$31,714.00	\$2,642.00
Each Additional Dependent		\$2,743.00	\$228.00
Surviving Spouse		Annual	Monthly
Death Pension	No Dependents	\$10,757.00	\$896.00
	With Dependent	\$14,077.00	\$1,173.00
Housebound	No Dependents	\$13,147.00	\$1,095.00
	With Dependent	\$16,462.00	\$1,372.00
Aid & Attendance	No Dependents	\$17,192.00	\$1,432.00
	With Dependent	\$20,507.00	\$1,709.00
Each Additional Dependent		\$2,743.00	\$228.00
Surviving Disabled Child		Annual	Monthly
Child's Pension	No Dependents	\$10,757.00	\$896.00
	With Dependent	\$14,077.00	\$1,173.00
Child's DIC		\$8,161.00	\$680.00
DIC		Annual	Monthly
Basic		\$18,753.00	\$1,563.00
Housebound		\$2,176.00	\$181.00
A&A		\$4,644.00	\$387.00
2 yr transitional spouse w/minor child(ren)		\$3,982.00	\$332.00
Net Worth Limit			\$150,538.00
Medicare Premium			\$164.90

Character of Discharge: In many cases, an honorable discharge is required, although other discharge statuses may also be eligible for some benefits.

Gather Necessary Documentation

Collect documents that verify your eligibility, such as discharge papers (DD214), service treatment records, marriage certificates, birth certificates for children (if any), and financial records, including IRAs, pensions, social security, stocks, bonds, savings accounts, and checking accounts.

Submit an Application

Apply for the specific benefit you are seeking through the appropriate channels. Applications can often be submitted online through the VA's official website, in person at a VA office, or through mail.

Attend Required Examinations: For certain benefits, like disability compensation, you may be required to attend medical examinations to evaluate your condition and determine the extent of your disability.

Receive a Decision Letter: The VA will review your application and supporting documentation. Once a decision is made, you will receive a notification letter explaining the outcome. This letter will detail the benefit amount, if applicable.

Appeal Process (if necessary): If your application is denied, you have the right to appeal the decision. The appeal process involves submitting additional evidence or requesting a review by the Board of Veterans' Appeals.

Maintain Your Benefits

Once approved, it's important to understand any reporting requirements or responsibilities associated with the benefit, such as updating the VA on changes in your income or marital status.

Remember, the eligibility process can be complex and may vary depending on the

specific benefit you're seeking. It's recommended to consult with a VA-accredited representative or seek assistance from a Veterans Service Officer (VSO) to ensure you meet all requirements and submit a complete application. These professionals can help guide you through the process and provide expert advice on your specific situation.

End-of-Life Planning

Retired Service Members may receive free legal advice from military legal assistance attorneys. To find an office near you, visit

<https://legalassistance.law.af.mil/>.

This option, though a valuable resource to have, may not be feasible due to distance or time constraints. *If You Passed Away Today: Consideration for Retired Service Members*²³, written by Army Retirement Services Director, Mark E. Overberg, lists numerous topics to address when planning for end-of-life. Additional notes are added to some topics in **bold** to give insight as to what roles manage (in most, but not all cases) each topic:

- Get a death certificate (**responsibility of designee and undertaker**)
- Burial/cremation plans and location (**responsibility of the veteran or designee**)
- Pre-need eligibility letter from the Department of Veterans Affairs (VA)

(<https://www.va.gov/burials-memorials/pre-need-eligibility>) **Note:**

This is an option for a veteran to explore based on eligibility on a case-by-case basis and does not guarantee that a burial will happen at the time of death.

- Burial/cremation plans and location (responsibility of the veteran or designee)
- How to report a Retiree's death (<https://www.dfas.mil/RetiredMilitary/survivors/Retiree-Death/>) **Note: This is an option for survivor's benefits after death. More information is available online regarding the Retiree's Final Tax Document (1099-R).**
- How to schedule a benefits brief with the VA before the funeral if needed (800) 827-1000 (Benefits Hotline) or (800) 698-2411 (main information line)
- Military funeral honors (<https://www.militaryonesource.mil/leaders-service-providers/casualty-assistance/military-funeral-honors>) **Note: This option is for funeral planners or family members of eligible deceased veterans.**
- Burial flag (VA) (<https://www.va.gov/burials-memorials>) **Note: This option is handled through the undertaker.**
- Headstone/grave mark or veteran's medallion for a private headstone (VA) **Note: This option is handled through the monument dealer and undertaker.**

- Application for burial expenses from the VA (<https://www.va.gov/burials-memorials/veterans-burial-allowance/>) **Note: This option is handled through the undertaker.**
- Filing claim for VGLI or VALife (<https://www.va.gov/life-insurance/>) **Note: Life insurance policy claims must be handled by the family or designee after death. Veteran service officers and other agency representatives do not have the authority to handle personal matters.**
- Applying for Dependency & Indemnity Compensation from the VA (<https://www.va.gov/disability/dependency-indemnity-compensation/>) **Note: This option refers to the percentage that the veteran received through VA disability benefits, the disability that was granted a rating must be the cause of death, and the disability must be listed on the death certificate in order for this benefit to qualify.**
- Applying for DOD Survivor Benefit Plan annuity (<https://www.dfas.mil/RetiredMilitary/survivors/ApplySBP/>) **Note: This benefit refers to applying for a survivor benefit with an existing Retiree pension plan post-death; the Defense Finance and Accounting Service (DFAS) handles these claims.**
 - Applying for arrears of retired pay (<https://www.dfas.mil/RetiredMilit>

[ary/survivors/1174RetireeAOP/](#)) **Note:** These claims are handled by DFAS and are not to be confused with death benefits.

- Transferring Thrift Savings Plan (<https://www.tsp.gov/publications/tspbk31.pdf?TSP-BK-31>) **Note:** This document, *Death Benefits: Information for Participants and Beneficiaries*, provides a summary of what benefit payments are for participants, death benefit payments after a request for annuity, and Thrift Savings Plan (TSP) death benefits for the beneficiary(ies). Arrears are handled by DFAS.
- Social Security survivors benefits (<https://www.ssa.gov/benefits/survivors/ifyou.html>) **Note:** The Social Security Administration needs notified as soon as possible when a person dies. For reporting a death or applying for benefits, you may call 1-800-772-1213 or by contacting your local Social Security office.
- Updating DEERS and ID Cards (<https://idco.dmdc.osd.mil/idco/>) **Note:** This link will take you to the ID Card Office Online. Agencies such as the Army Armory will handle these requests.
- (Army Specific) State-specific veteran benefits (<https://myarmybenefits.us.army.mil/Benefit-Library/State/Territory-Benefits>) **Note:** This resource includes information regarding state taxes, education benefits, employment benefits, unemployment compensation, Department

of Transportation Benefits, health and insurance benefits, parks and recreation benefits, U.S. Department of Veterans Affairs (VA) Facilities in Pennsylvania, Pennsylvania Military Resource Locator and other resources and benefit information.

- TRICARE plan updates (<https://www.tricare.mil/LifeEvents/DeathinFamily/>) **Note:** This resource is healthcare-related and therefore, must be handled by the veteran or designee.
- Federal Employees Dental and Vision Insurance Plan (FEDVIP) (877) 372-3337 or (<https://www.benefeds.com/learn/fedvip/fedvip-eligibility-uniformed-services>) **Note:** FEDVIP is available to eligible federal and U.S. Postal Service (USPS) employees, annuitants, survivor annuitants, and compensationers, as well as certain firefighters and emergency response personnel. FEDVIP eligibility also includes certain retired uniformed service members, active duty family members, and survivors. This is healthcare-related and must be handled by the veteran or designee.

After-Death Support

The unfortunate reality is that most, if not all, support ends when death occurs.

However, after a death occurs is when loved ones need support and follow-up by administrative teams the most. Having no affiliation with other organizations or



agencies creates a huge barrier to social support.

One of the greatest adjustments for former military personnel, in this way, is having to accept that life after service is very different. During active-duty service, a casualty assistance officer (if assigned) may assist the next of kin as required to complete paperwork, funeral plans, and personnel actions. This support is not found in the same form for deaths that are not related to active-duty service.

This adjustment leads to questions that spurs conversation surrounding after-death support, *is after-death support an option? What can it look like if we focused on this aspect just as much as end-of-life care?* As with all other aspects, there is no single preference for veterans who pass away after their military career has ended, but it does often leave a void between what was known then and what the reality is. The importance of a strong social support system cannot be undermined, yet this network is left largely to how much involvement there was in the community, what local connections exist, and who was within the person's recent social circle. On the other hand, professional help is just as vital to the healing process.

Several options in this realm to consider are traditional funerals, cremation services, estate planning (and dispersion), grief counseling (individual, group, and online) and bereavement support, financial planning for life insurance claims and debt settlements.

memorial services such as planning and tribute pages, legal assistance with estate administration and legal consultations, and organ donation support. Other resources include religious or spiritual support, practical assistance with notifying other entities of the death, and post-funeral follow-up services.

Know that these are options that will vary for every individual. Above all, make sure that if you are handling these services on behalf of someone else, that you are taking care of yourself as well. The grieving process has no timeline.

Notes

[illegible]

Elder Law Key Terms and Definitions

Elder law plays a crucial role in shaping and influencing aging services. Legal issues and challenges that may arise sometimes requires the assistance of or a consultation with an attorney. Some of these areas include legal protections (i.e., guardianship, conservatorship, and powers of attorney), long-term care planning (issues with Medicaid, Medicare, or other public benefits), estate planning, housing and real estate (i.e., reverse mortgages and homestead exemptions), healthcare decision-making, protection against elder abuse and exploitation, social security and retirement benefits, and elder rights advocacy.

Here are some key terms and definitions that you will likely hear people reference during the planning process:

Guardianship

Guardianship is a legal process that allows a designated individual or entity to make decisions on behalf of an incapacitated person, known as the ward. An incapacitated person is incapable of making personal and financial decisions due to mental or physical disability because of age, illness, accident, or congenital condition. In a guardianship, the court appoints a guardian who will have the authority to make decisions on behalf of the incapacitated person, covering areas such as healthcare, finances, and personal well-being.

Guardianship of the Person grants the guardian authority over the personal aspects of the ward's life, including healthcare decisions, living arrangements, and other day-to-day matters. Guardianship of the Estate focuses on financial matters, such as managing assets and paying bills.

A guardianship can be limited or plenary. A Limited Guardianship is tailored to address specific needs or limitations of the ward. It grants the guardian authority over only those aspects deemed necessary, allowing the ward to retain control over other areas of their life. In contrast, a Plenary Guardianship provides the guardian with full decision-making authority over all aspects of the ward's life.

In some cases, the need for a guardianship may arise unexpectedly. A person may suddenly be disabled because of an accident. Sometimes, an older adult may develop dementia that hinders their cognitive capacity and prevents them from making an emergency medical decision for themselves. Other times, guardianship is necessary for people who need to make decisions for their loved ones who are special needs or disabled due a congenital condition, and recently turned age 18 (the age of majority).

Power of Attorney

Ideally, a person will execute a valid durable power of attorney while they still have capacity. The power of attorney will appoint agents to assist with their

finances and personal decisions, such as medical care and housing, during a time of incapacity. You must execute a power of attorney when you are of sound mind and fully understand the document you are signing. A power of attorney cannot be established after you lack capacity, at which point, a guardianship may be necessary. Online power of attorney forms are often incorrect and may not be valid in Pennsylvania, so it is important to work with an experienced estate planning or elder law attorney when preparing a power of attorney.

Living Wills

A Living Will is a specific advance directive that states a person's wishes for their end-of-life care. A Living Will states the circumstances in which extraordinary measures such as a ventilator or cardiac resuscitation are to be used or not used. Typically, a Living Will comes into play when a person is deemed permanently unconscious or in a vegetative state that will prevent any meaningful quality of life. A Living Will is usually prepared by an attorney. Another document used with a Living Will is a POLST form. A POLST is a medical order form that is completed by a physician. Both a Living Will and a POLST provide a person's treatment wishes, but give different information. A Living Will can be looked at as a document providing information for a future, unforeseen event. Everyone should have a Living Will. On the other hand, a POLST is appropriate for someone with a terminal illness or who is nearing end of life due to age.

Last Will and Testament

A Last Will and Testament ("Will") is a legal document that outlines how a person's probate assets should be distributed after their death. Probate assets are those assets without a surviving joint owner, without a named beneficiary, or not part of a trust. A Will may include other instructions such as the appointment of guardians for minor children. A Will may also have trust provisions that hold assets for minor children or other beneficiaries who may need assistance with managing their inheritance due to disability or other circumstances such as addiction.

Trust

A Trust is a legal arrangement that allows a third party, a Trustee, to hold and manage assets on behalf of beneficiaries. A Trust can provide long-term control over the distribution of assets and continuity of the management of the assets after the Grantor (who established the Trust) has passed away. There are many types of Trusts and it is important to discuss this option with a qualified estate planning or elder law attorney.



*Key terms and definitions provided by
Lauren Cascino Presser of Ayres-Presser
Elder Law Firm.*

TRAINING COURSES

DISCOVER YOU

UNDERSTANDING LONG-TERM CARE

This course provides a comprehensive understanding of long-term care, covering its significance, planning, care facilities, ethical considerations, and the impact of healthcare policies.

CULTURAL SENSITIVITY IN AGING SERVICES AND LONG-TERM CARE

Focused on embracing diversity, this course emphasizes cultural competence in personal and professional contexts, exploring the impact of culture on communication and relationships, fostering inclusivity and respect.

CRITICAL THINKING IN AGING SERVICES AND LONG-TERM CARE

Focused on enhancing critical thinking skills specific to eldercare, addressing ethical dilemmas, and policy considerations. Through practical exercises, participants develop problem-solving strategies to navigate the challenges present in long-term care settings.

ETHICAL CHARACTERISTICS IN AGING SERVICES AND LONG-TERM CARE

The course delves into the development of ethical frameworks, emphasizing the importance of empathy, respect, and dignity in caregiving. Through case studies, discussions, and ethical decision-making scenarios, students will cultivate an in-depth understanding of ethical principles and apply them to real-world situations in long-term care, empowering them to navigate morally complex situations with sensitivity and sound judgment.

VETERANS AGING SERVICES AND LONG-TERM CARE

This course offers a specialized focus on understanding and meeting the unique needs of aging veterans. This course explores tailored care approaches, benefits navigation, and veteran-specific support in the context of aging services and long-term care.

NAVIGATING AGING SERVICES AND LONG-TERM CARE: A GUIDE FOR VETERANS

This course is designed to provide veterans with essential information and resources related to aging services. This course equips veterans with knowledge of available support systems, benefits, and tailored services, empowering them to make informed decisions about their long-term care needs.

FOUNDATIONS OF ADDICTION COUNSELING

Geared toward aspiring counselors, this course introduces fundamental principles in addiction counseling, encompassing theory, assessment techniques, intervention strategies, ethics, and the counselor's role in healthcare, preparing individuals to support those affected by addiction. The course will also cover an introductory exploration of the complex dynamics surrounding substance use, substance use disorders, and behavioral health disorders. It will focus on the identification, assessment, and treatment of various forms of addiction, including substance abuse and behavioral health disorders.

Transportation

Transportation plays a critical role in an individual's ability to access healthcare services, employment, education, healthy food, and community resources. It directly impacts a person's overall well-being and can contribute to health disparities. Access to healthcare services, timely medical care, emergency situations, quality food sources, employment, education, training, and community engagement are all components impacted by an individual's ability to thrive at home and in care communities.

We continue to advocate and support for military members' and veterans' abilities to access transportation, especially as it relates to maintaining overall health and well-being.

Please be aware that many healthcare facilities and communities provide at least some assistance with transportation coordination. It is important that you inquire about transportation services, especially during holiday and non-business hours, for your needs.

There are numerous laws and regulations regarding what facilities must offer versus what they voluntarily offer. This is especially important when deciding what skilled nursing facility or assisted living community to choose. How often are there shopping trips? What does medical transportation coordination look like and who is responsible for directing these services? A common misconception is

that a care community's transportation availability aligns with standard outpatient services. This is not the case.

For example, if a dialysis patient lives in a care community and their appointment falls on a holiday week, there may not be services available through the care community to take the patient to their appointment. It is often the responsibility of the resident or resident representative to ensure there are services aligned outside of the care community, or they must work with the care community's transportation coordinator to reschedule the appointment for when staff are available to assist.

Disabled American Veterans (DAV) provides free transportation to medical appointments for all Veterans registered with the VA healthcare system, regardless of disability status. However, these appointments must be scheduled in advance. Availability for this transportation program is contingent upon continued funding through federal and state programs. It is very important to follow-up with what options are currently available before assuming. The Directors of Veterans Affairs Offices often have programs that complement these services. In the event the DAV cannot help, please contact the county offices for assistance.

Some local transportation systems have provided us with flyers and pamphlets to share with members of the community. If you are interested in any of these materials, please contact Nikki Deneen (contact information is provided at the end of this booklet).

Summary

No matter how much planning you do, the process of acquiring services is always evolving. Laws, regulations, and mandates along with new technology, data, research, and systems will continue to fluctuate as time goes on. Regardless, our hope is that you will grasp the principles outlined in this resource booklet and it will make the burden less heavy.

To conclude, here are some concepts to keep in your back pocket.

- Understand the assessment process.
- Ask questions.
- Advocate for you or your loved ones' preferences, always, as our healthcare system moves into an era of person-centered care.
- Reiterate your military service time with the information you share with healthcare providers. It matters.
- Meet with a Veteran Service Officer when planning for end-of-life services. There may be benefits available that cover part or all of costs associated with headstones, plots, and military decorations through the National Cemetery Association.

Information to have readily available, or to be prepared to share:

Personal Information:

- ❖ Name, age, gender, address, phone number, emergency contacts, marital

status, living situation (e.g., alone, with family, in a facility).

- ❖ Military service: Individual's military service background, including branch of service, dates of service, and any specific units or divisions.
- ❖ Deployment History: Any deployments experienced, including locations, duration, and any potential exposure to combat or hazardous environments.
- ❖ Combat Experience: Any combat experiences, exposure to trauma, or participation in significant military operations.
- ❖ Access to VA Benefits: If you have not done already, please make an appointment with a Veteran Service Officer to determine eligibility for VA benefits.
- ❖ Memberships: Involvement with in any veterans' organizations or support networks. Sharing this information can provide healthcare professionals with additional resources and community connections to turn to to improve your

Medical History:

- ❖ Chronic conditions (e.g., hypertension, diabetes, arthritis).
- ❖ Previous surgeries or significant medical events including physical health related to service time in the military, conditions that may have developed or been exacerbated due to service, **and potential exposure to hazardous materials or environmental conditions** (e.g., Agent Orange, radiation, chemicals) during military service.

- ❖ Mental Health and PTSD: Any diagnosed mental health concerns related to military service, such as post-traumatic stress disorder (PTSD) or other psychological conditions.
- ❖ Medications and dosages.
- ❖ Allergies.

Functional Status:

- ❖ Activities of Daily Living (ADLs):

Bathing, dressing, grooming, toileting, eating, transferring (e.g., from bed to chair).

- ❖ Instrumental Activities of Daily Living (IADLs):

Meal preparation, housekeeping, managing finances, transportation, managing medications.

- ❖ Impact of military service on daily living activities, physical health, and emotional well-being.

Cognitive Function:

- ❖ Mini-Mental State Examination (MMSE) or similar cognitive assessment tool.
- ❖ Memory, orientation, attention, language, and executive functioning.

Psychosocial Assessment:

- ❖ Emotional well-being and mental health history.
- ❖ Social support system (e.g., family, friends, neighbors).
- ❖ Any history of depression, anxiety, or other mental health concerns.

Nutritional Status:

- ❖ Dietary preferences and restrictions.
- ❖ Any difficulty in chewing or swallowing.
- ❖ Weight history and changes.

Environmental Assessment:

- ❖ Safety of living environment (e.g., fall hazards, accessibility).
- ❖ Availability of necessary equipment (e.g., grab bars, mobility aids).

Financial and Legal Considerations:

- ❖ Income sources (e.g., pension, Social Security, savings).
- ❖ Legal documents (e.g., will, power of attorney, advance directives).

Healthcare Providers and Services:

- ❖ List of current healthcare providers (e.g., primary care physician, specialists).
- ❖ Frequency of medical appointments.
- ❖ Any upcoming medical procedures or tests.

Caregiver Information:

- ❖ If applicable, information about informal caregivers (e.g., family members, friends) and their roles in providing care.

Cultural and Spiritual Considerations:

- ❖ Cultural or religious beliefs that may impact care preferences and decisions, including personal significance and influence on personal values due to time served in the military.

Goals and Preferences:

- ❖ Specific goals and aspirations of the older adult related to their health, living situation, and overall well-being.

Risk Assessment:

- ❖ Falls risk assessment.
- ❖ Any history of accidents or injuries.
- ❖ Identification of potential hazards in the living environment.

Feedback and Preferences for Service Delivery:

- ❖ How the older adult prefers to receive services (e.g., in-home care, day programs, residential facilities).
- ❖ Any specific preferences for caregivers or service providers.

Based on the information you share, your provider(s) will develop a summary and make recommendations for your plan of care. Your provider(s) will also create a follow-up plan for future assessments, monitoring progress, and for adjusting services as needed.



VCI History and Program Information

Veteran Community Initiatives, Inc. (VCI) is a nonprofit veteran service organization that serves residents in Bedford, Blair, Cambria, Cameron, Centre, Clearfield (Greater DuBois and Greater Clearfield), Clinton, Elk, Huntingdon, Indiana, Jefferson, Juniata, Mifflin, and Somerset counties.

Our mission is to enhance the lives and well-being of community residents with a focus on members of the Armed Forces, Veterans, and their families, supporters, and caregivers.

VCI emphasizes assisting with social and economic needs of those who are disabled, disadvantaged, physically and mentally challenged, unemployed and underemployed, those with substance use disorders, and currently and previously incarcerated persons.

VCI administers this support by assisting, caring, and advocating for our nation's most precious resource-our veterans and military.

Our team consists of four full-time and one part-time employee. In addition, a Veteran Claims Representative works in our office once a week. We have (21) Board Members who are all active members of the community and workforce in the surrounding areas.

VCI's programs include career assistance, job fairs, Veteran Rural Outreach, Veteran Assistance Outreach Program (VAOP), Veteran Assistance

Care Program (VACP), Veterans Court, Veterans Benefits Assistance, Cambria County Together With Veterans, and Long-Term Care Support for Veterans. We hold several military and community recognition ceremonies and events throughout the year, including Vietnam Veterans Recognition Day, Military Spouse Appreciation Day, POW-MIA Recognition and grantor of the Ed Cernic Award, Salute to Veterans Awards, and Chapel of Four Chaplains Awards.

We are a member of all Chambers of Commerce in the counties we serve, member of the COVID-19 Vaccine Task Force, Salvation Army, Conemaugh Valley Veterans, Veterans War Memorial Committee, and several others.

The passion to serve our military members past and present is the foundation with which we work through. We are always open to collaborations and partnerships that serve the betterment of our community, whether through presence, providing education and awareness, assisting with services, internships, and networking. If you have any questions or would like to learn more, please do not hesitate to contact our office.

Veteran Community Initiatives, Inc.
727 Goucher Street, Wing A
Johnstown, PA 15905
P: (814) 255-0355
F: (814) 255-0356
W: www.vciinc.org/
Find us on Facebook!

Supplemental Information for Aging Services

Example of Cost

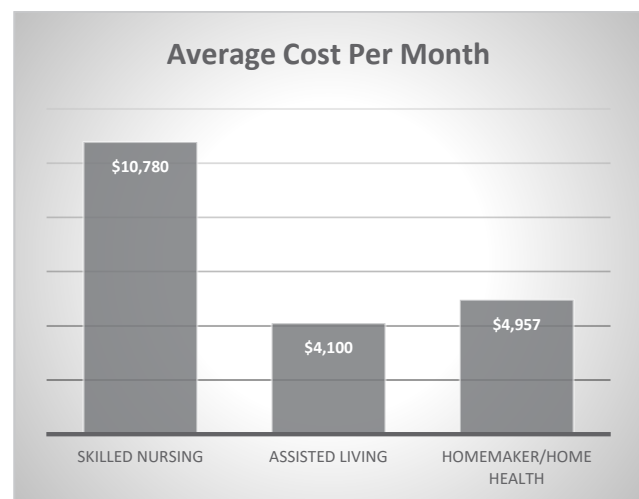
Skilled Nursing Facility (SNF) for Civilian

- Estimated at \$129,360/year³
- 3 years/average length of stay³

Cost Coverage^{5,15}:

- Medicare (100-day coverage maximum)
- Private Insurance
- Assets
- Long Term Care Insurance
 - Read and understand the contract
 - Length of coverage
 - Maximum amount coverage
 - *Disqualifying components*

Average Cost Per Month for SNF, PC, and Home Health



Data retrieved from Genworth Cost of Care Survey. Monthly Median Costs: Pennsylvania - State (2021)²⁴

Author Insert, Notes, Disclosures, and Additional Information

This work would not be possible without the amazing supporters and contributors that have shared their knowledge and expertise, without hesitation, and consistent reliability to our staff as this initiative developed and continues to progress.

We are so appreciative of the generous support from our donors and supporters. Thank you to the Greater Johnstown Penelec Fund and Hooversville Trinity ELCA Charitable Legacy Fund, both of the Community Foundation for the Alleghenies, Lee Initiatives Health and Wellness Endowment, and the 1889 Foundation for providing support specifically for our initiative to expand education surrounding aging services.

Thank you to Lauren Presser and the Ayers-Presser Law Firm, Julie Davis, Debi Balog, and the staff of Pennsylvania Highlands Community College, Senator Wayne Langerholc, Congressman John Joyce, Joel Valentine and the staff of Wessel & Company, Nancy Tavalsky, and Ed Shoemaker for providing your subject matter expertise and endorsements. We also thank all of the contributors who have helped along the way, but who wish to remain anonymous. Every interview, referral, and suggestion was taken into account and we could not have completed this work without your insight.

Along with researching healthcare organizations and the healthcare systems in the United States, countless interviews and meetings took place to ensure that the information provided through this resource booklet and initiative in its entirety is up-to-date and accurate. As with the flux in our healthcare systems, so too will the information change as technology and information broadens and expands. We look forward to continuing with updating our resources as this occurs.

Great lengths were taken to ensure our bases were covered. To this point, we must disclose that VCI is not responsible for case management of individuals. The components that are discussed in the program are only meant to equip the audience with a working knowledge on how to plan for and what to expect with long-term care services. Resources provided are meant to be a guide, and not to be mistaken as endorsements or guarantees by VCI. You are responsible for researching and deciding what is relevant to you and fulfills your best interests.

There is never a cost or financial obligation to attend any of the events for the long term care initiative.

We are proud of how far our organization has grown along with our many partners. We plan to continue being an advocate for military members and veterans across the region, ensuring that we are also providing due diligence to the many family members and supporters affected by military service.

Workforce Development and Enrichment Curriculum

One of our goals is to share staff, community, and volunteer education opportunities for cultural diversity, basic knowledge of health services, and supporting clients and loved ones in healthcare.

We are proud to share that Pennsylvania Highlands Community College (PHCC) is an active educational institution that provides these enrichment courses in various formats. Such course topics currently available through PHCC are the Aging and Health Bundle, Helping Elderly Parents, HIPAA Compliance, the Nutrition and Health Bundle, and several more. A flyer specific to long-term care education has been added to this resource booklet, which covers Understanding Long-Term Care; Cultural Sensitivity, Critical Thinking, and Ethical Characteristics of Long-Term Care and Aging Services; Veterans Aging Services; Foundations of Addiction Counseling (page 26).

Feedback, comments, and questions are always welcome. Please direct any communications regarding this initiative to Nikki Deneen, Senior Program Specialist, by calling the office, mailing to the office, or emailing her at ndeneen@atlanticbbn.net.

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