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INTRODUCTION

The decision to move a family member or a loved one into a nursing home is one of the most difficult decisions you can make.

Perhaps the move is being made because the family member can no longer care for him or herself...or perhaps the person has a progressive disease like Alzheimer's...or has had a stroke or heart attack.

No matter the reason, those involved are almost always under great stress.

At times like these, it's important that you pause, take a deep breath and understand there are things you can do. Good information is available and you can make the right choices for you and your loved one.

This booklet is designed to help provide you with information and answers to the questions which I, as an Elder Law attorney, deal with on a daily basis.

I found it helpful to my clients as I put the information together, and I hope to will find it useful as well.

James E. Springer
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Selecting a Nursing Facility

When someone is faced with the overwhelming job of finding a nursing home for a loved one, the question often asked is “Where do I begin?” Although this is a job no wants to do, it can be done with forethought and confidence that the best decision was made for everyone involved.

When nursing home placement is necessary, it is crucial that the family and/or potential resident decide what’s most important to them in looking for a facility. It is important that the resident’s needs and wants be included in this evaluation. Things such as location of the facility, if a special care unit is necessary, and type of payer source should be considered when beginning this process.

The next step is to identify the facilities in your area which meet the criteria you established above. Beyond this guide, listings of facilities in the Greater Fort Wayne Area can be obtained from:

Nursing Home Quality Comparison Report www.healthcare.com
Nursing Home Ombudsman, (260) 469-3161 or (877) 469-3161;
Aging and In-Home Services of Northeast Indiana, (260) 745-1200, or
(800) 552-3662;
Alzheimer’s Association, (260) 272-3900.
Indiana State Board of Health, 800-246-8909 www.in.us/isbh
Center for Medicare & Medicaid Services, 800-633-4227 www.medicare.gov

If placement is “down the road” and you have time, call the nursing facilities and ask them to send you their information packet including an activity calendar and a menu.

Get ready to tour the facilities you have chosen. Don’t schedule your tours. Just show up during regular business hours. You will be able to meet with the administrative staff who will answer all your questions. Next, you will want to tour a second time in the evening or on the weekend to see if there is a drastic difference in the atmosphere of the facility or the care being provided. It is important to tour at least two facilities so you can see the difference in the physical plant and the staff.

When touring a facility, ask any questions that come to mind. There are no “dumb” questions. Here are a few examples of questions you will want to ask to make sure the administration of the facility is giving proactive care instead of reacting to crisis.

- How do you ensure that call lights are answered promptly regardless of your staffing?
- If someone is not able to move or turn him or herself, how do you ensure that they are turned and do not develop bedsores?
- How do you make sure someone is assisted with the activities of daily living like dressing, toileting, and transferring?
- Can residents bring in their own supplies?
- Can residents use any pharmacy?
- How many direct care staff members do you have on each shift? Does this number exceed the minimal number required by state regulations or do you just meet the minimum standard?
- What payer sources do you accept?
- How long has the medical director been with your facility?
- How were your last state survey results? (Ask to see a copy)
- How did you correct these deficiencies and what process did you put in place to make sure you do not make the same mistakes again?
- Has the state prohibited this facility from accepting new residents at any time during the last two years?
- What is your policy on family care planning conferences? Will you adjust your schedule to make sure I can attend the meeting?
- Do you have references with whom I can talk?
- Can my loved one come in for a meal to see if he/she fits in and likes the facility?

Attached is a form you can use when touring facilities. This will help you keep track of which facility you liked best and those for which you did not care.

Once a facility has been chosen, there are some definite steps you can take to make the process less traumatic on the resident. First, plan the admission carefully. If you know the resident becomes very difficult to deal with in the late afternoon, plan the admission for mid-morning. Next, complete the admission paperwork before your loved one actually moves into the facility. This will allow you to spend the first few hours with them, getting them settled and making them feel secure in their new living environment.

Some practical things you want to be sure to do...mark *every* piece of clothing with a permanent laundry marker. When a facility is washing the clothes for 120 people, it is common for things to occasionally end up in the wrong room, however you can help ensure getting the item back if it is properly marked. If you are going to do your loved one's laundry, post a sign on the closet door to notify staff and provide a laundry bag where dirty clothes can be placed. Also, bring in familiar things for the resident so there is a feeling of home. However, realize space is limited, especially in a semi-private room.

A very important thing for you to remember is the staff of the facility is just meeting your loved one for the first time. They do not know his or her dislikes, or those little nuances that make providing care go smoother. The best way you can help your loved one is to tell the staff, in writing, as much information as possible about your loved one...his/her likes and dislikes, typical daily schedule, pet peeves, and so forth.

It is important you get to know the people who are caring for your loved one. Most importantly, stay involved. Let everyone know how much you care and how committed you are to your loved one's care. Also understand you will not help your loved one by becoming anxious or emotional. Assure them although this is not an ideal situation, you will be there to assist them in making it as pleasurable as possible.

Nursing Home Evaluation

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

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

Your ratings will help you compare nursing homes and choose the best one for your situation. But, don't rely simply on the numbers. Ask to speak to family members of other residents. Also, contact the local or state ombudsman for information about the nursing home and get a copy of the facility's state inspection report from the nursing home, the agency that licenses (or certifies) nursing homes, or the ombudsman.

Use the following Nursing Home Evaluation Form to rate each facility you visit.

When you are touring, pay attention to your gut feeling. Ask yourself the following questions...

- Did I feel welcome?
- How long did I have to wait to meet with someone?
- Did the admission director find out my family member's wants and needs?
- Was the facility clean?
- Were there any strong odors?
- Was the staff friendly?
- Did they seem to generally care for the resident?
- Did the staff seem to get along with each other?

Listen and observe. You can learn so much just by watching and paying attention.

Name of Nursing Home
Date Visited

The Building and Surroundings

What is your first impression of the facility?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
What is the condition of the facility's exterior paint gutters and trim?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Are the grounds pleasant and well-kept?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Do you like the view from residents' rooms and other windows?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Do residents with Alzheimer's disease live in a separate Alzheimer's unit?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Does the nursing home provide a secure outdoor area?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Is there a secure area where a resident with Alzheimer's disease can safely wander on walking paths?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Are there appropriate areas for physical therapy and occupational therapy?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Are facilities for barber or beauty salon services available?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Is there a well-ventilated room for smokers?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
What is your impression of general cleanliness throughout the facility?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Does the facility smell clean?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Is there enough space in resident rooms and common areas for the number of residents?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5

How noisy are hallways and common areas?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Is the dining area clean and pleasant?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Is there room at and between tables for both residents and aids for those who need assistance with meals?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Are common areas like lounges and activity rooms in use?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Are residents allowed to bring pieces of furniture and other personal items to decorate their rooms?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
The Staff, Policies and Practices					
Does the administrator know residents by name and speak to them in a pleasant, friendly way?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Do staff and residents communicate with cheerful, respectful attitudes?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Do staff and administration seem to work well with each other in a spirit of cooperation?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Do residents get permanent assignment of staff?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Do nursing assistants participate in the resident's care planning process?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
How good is the nursing home's record for employee retention?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Does a state ombudsman visit the nursing home on a regular basis?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
How likely is an increase in private pay rates?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Are there any additional charges not included in the daily or monthly rate?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Residents' Concerns

What method is used in selecting roommates?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
What is a typical day like?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Can residents choose what time to go to bed and wake up?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Are meaningful activities available that are appropriate for residents?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
If activities are in progress, what is the level of resident participation?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Can residents continue to participate in interests like gardening or contact with pets?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Does the nursing home provide transportation for community outings and activities?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Is a van or bus with wheelchair access available?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Do residents on Medicaid get mental health services or occupational, speech or physical therapies if needed?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
What is your impression of the general cleanliness and grooming of residents?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
How are decisions about method and frequency of bathing made?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
How do residents get their clothes laundered?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
What happens when clothing or other items are missing?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Are meals appetizing and served promptly at mealtime?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5
Are snacks available between meals?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	12 3 4 5

If residents call for help or use a call light, do they get prompt, appropriate responses?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Does each resident have the same nursing assistant(s) most of the time?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
How does a resident with problems voice a complaint?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Do residents who are able to participate in care planning meetings?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Does the nursing home have an effective resident council?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Family Considerations					
How convenient is the nursing home's location to family members who may want to visit the resident?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Are there areas other than the resident's room where family members can visit?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Does the facility have safe, well-lighted, convenient parking?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Are hotels/motels nearby for out-of-town family members?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Are area restaurants suitable for taking residents out for a meal with family members?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
How convenient will care planning conferences be for interested family members?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Is an effective family council in place?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Can family/staff meetings be scheduled to discuss and work out any problems that may arise?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Can residents choose what time to go to bed and wake up?

1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

Are meaningful activities available that are appropriate for residents?

1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

Total Scores:

How to Get Good Care in a Nursing Home

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

The most important way you can help is to ensure that your loved one gets good care in the new environment.

If you have been providing some or all of your loved one's care, you'll notice a change in your role. Rather than functioning as a caregiver, you'll instead become a care advocate.

You will still be caring for your loved one, but in a new way.

Your key roles are to participate in planning for your loved one's care and in frequent communication with the nursing home staff.

Care Planning

The care planning process begins with a baseline assessment. This assessment occurs soon after a resident moves into a nursing home, certainly within the first two weeks.

A team from the nursing home which may include a doctor, nurse, social worker, dietitian and physical, occupational or recreational therapist, uses information from both the resident and the family about the resident's medical and emotional needs.

This baseline assessment then becomes the yardstick against which the caregivers can measure the resident's progress.

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

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

In the space below list your loved one's medical needs:

In the space below list your loved one's psychological needs:

In the space below list your loved one's spiritual needs:

In the space below list your loved one's social needs:

In the space below list your loved one's preferences and usual routines:

The assessment team uses all the information they gather to develop an individualized formal care plan. The care plan defines specific care the resident needs and outlines strategies the staff will use to meet them. The assessment team meets during the first month of a new resident's placement at a care planning meeting. Family members, as well as the

resident, may attend.

When you go to the care plan meeting, bring along a copy of the list of needs you gave the assessment team earlier. Together, you can discuss your loved one's needs and the care plan the team has developed. And, if some need has been overlooked, you can ensure that the assessment team addresses it during this meeting.

Federal law requires that nursing home care result in improvement, if improvement is possible. In cases where improvement is not possible, the care must maintain abilities or slow the loss of function.

For example, if your mother has a little problem with language when she moves into the nursing home, the care plan should include activities that encourage her use of language unless or until the disease's progression changes this ability.

The care plan becomes part of the nursing home contract. It should detail the resident's medical, emotional and social needs and spell out what will be done to improve (when possible) or maintain the resident's health.

According to federal law, nursing homes must review the resident's care plan every three months and whenever the resident's condition changes. It must also reassess the resident annually. At these times, additional care planning meetings are held to update the resident's care plan.

For example, if your father had bladder control when he entered the nursing home, but has become incontinent, this significant change in his status means the nursing home staff must develop a new care plan that addresses his new need.

As a care advocate, you'll want to monitor your loved one's care to be sure the nursing home is providing the care outlined in the care plan. You may also attend all care planning meetings, whether regularly scheduled or when held because of a change in your loved one's health. This is the best way to ensure that your loved one gets personal and appropriate care in the nursing home.

Division of Assets and Medicaid Planning... How to Pay for the Nursing Home Without Going Broke

One of the things that concerns people most about nursing home care is how to pay for that care.

There are basically three ways you can pay the cost of a nursing home:

- 1. Long Term Care Insurance -** If you are fortunate enough to have this type of coverage, it may go a long way toward paying the cost of the nursing home. Unfortunately, long term care insurance has only started to become popular in the last couple of years and most people facing a nursing home stay do not have this coverage.
- 2. Pay with Your Own Funds -** This is the method many people choose at first. Quite simply, it means paying for the cost of a nursing home out of your own pocket. Unfortunately, with nursing home bills averaging around \$6,000 to \$8,000 per month in our area, few people can afford a long term stay in a nursing home.
- 3. Medicaid -** This is a primarily federally-funded and state-administered program which pays for the cost of the nursing home if certain asset and income tests are met.

Since the first two methods, (long term care insurance and paying with your own funds) are self-explanatory, we'll concentrate on Medicaid and Medicare and on the process known as division of assets.

What About Medicare?

There is a great deal of confusion about Medicaid and Medicare.

Medicare is the federally-funded health insurance program primarily designed for older individuals (i.e., those over age 65). There is a limited long term care component to Medicare. In general, if you've had a hospital stay of at least three days, and then you need to go into a skilled nursing facility (often for rehabilitation), then Medicare may pay for awhile.

Typically, in that circumstance, Medicare will pay the full cost of the nursing home stay for the first 20 days and will continue to pay the cost of the nursing home stay for the *next* 80 days, but with a deductible that's

nearly \$148 per day. Often times your Medicare supplement will pay the cost of that deductible. So in the best case scenario, Medicare may pay up to 100 days. In order to qualify for this 100 days of coverage, however, the nursing home resident generally must continue to “improve.”

While it’s never possible to predict at the outset how long Medicare will cover the rehabilitation, from our experience it often falls short of the 100 day standard. But even if Medicare does cover the 100 day period, what then? What happens after the 100 days of coverage have been used?

At that point, you’re back to one of the other alternatives...long term care insurance, or paying the bills with your own assets, or Medicaid.

What is Medicaid?

Medicaid is a benefits program which is primarily funded by the federal government and administered by each state. So the Medicaid rules may vary from state to state.

One of the primary benefits of Medicaid is that, unlike Medicare which only pays for *skilled nursing*, the Medicaid program will pay for long term *custodial care* in a nursing home.

Custodial care refers to assistance with activities of daily living (i.e., activities like dressing, bathing, toileting, preparing meals and so on). The inability of some older persons to manage these activities on their own often results in the need to move to a nursing home.

Why Plan for Medicaid?

As life expectancies and long term care costs continue to rise, the challenge quickly becomes how to pay for these services. Many people cannot afford to pay \$7,000.00 per month or more for the cost of a nursing home, and those who can pay for a while may find their life savings wiped out in a matter of months, rather than years.

Fortunately, the Medicaid Program is there to help. In fact, in our lifetime, Medicaid has become the long term care insurance of the middle class. But the eligibility to receive Medicaid benefits requires that you pass certain tests on the amount of income and assets you have. The reason for Medicaid planning is simple...you plan so that if you need it, you will be eligible to receive Medicaid benefits.

Exempt Assets and Countable Assets: What Can You Keep and What is at Risk?

To qualify for Medicaid, you must pass some fairly strict tests on the amount of assets you can keep.

To understand how Medicaid works, we first need to review what are known as exempt and non-exempt (or countable) assets.

Exempt assets are those which Medicaid will not take into account (at least for the time being). The following are the primary exempt assets in Indiana.

- **The Home** - so long as the equity is no greater than \$536,000. The home must be the principal place of residence. The nursing home resident may be required to show some “intent to return home” even if this never actually takes place.
- **Household and Personal Belongings** such as furniture, appliances, jewelry and clothing.
- **One Car**
- **Burial Plot** for you and your spouse, prepaid irrevocable funeral trust.
- **Cash** (e.g., a small checking or savings account) not to exceed \$2,000.

All other assets which are not exempt (i.e., not listed above) are countable. This includes checking accounts, savings accounts, CDs, money markets, stocks, mutual funds, bonds, IRAs, pensions, 401Ks, 403Bs, second cars and so on. Basically all money and property, and any item that can be valued and turned into cash, is a countable asset unless it is one of those assets listed above as exempt.

While the Medicaid rules themselves are complicated and tricky, for a single person it's safe to say that you will qualify for Medicaid so long as you have only exempt assets plus up to \$2,000 cash.

Does this mean that if you're single and need Medicaid assistance, you'll have to spend nearly all of your assets to qualify?

No. Actually there are a number of strategies which can be used to protect your estate. For instance, consider the following case study:

Case Study No. 1 Medicaid Planning for Single People

Sara was a good daughter. For as long as she could remember, she'd been in the role of caregiver. When she was little, and Mom was hospitalized for three and a half weeks, Sara had taken over running the family...even though she was only 13. And that wasn't the only time.

But it seemed like Sara had finally escaped that role, until three years ago when Mom had a stroke. Since Mom could no longer care for herself, Sara moved back home and took over Mom's care. And she's been doing it for the past three years, but now it's gotten to the point where Mom needs more care than Sara can give.

Mom owns a \$150,000 house and she would like to give the house to Sara as a way of saying thank you for all that Sara has done for her. But when Mom and Sara check around, they're told that if they gift the house to Sara, Mom will be ineligible for Medicaid for years, and it may even be a criminal act!

They come to you in tears. You calmly tell them that there's a provision in the Federal Law (42 U.S.C. § 1396P(c)(2)(a) which is binding in Indiana. The law states that you can give a home to an adult child who resides in the home for at least two years, if the child provided care which permitted Mom to stay at home rather than in an institution or facility.

In other words, if a child moves back home and cares for a parent, and if that child's care has kept the parent out of a nursing home for *at least* the last two years, then the home may be given to the child without Medicaid penalties.

So how should Sara document her care for Mom? The best thing would be to keep a log or journal that sets forth specific incidents or events that, but for the child's care, might have resulted in Mom's institutionalization. For instance, note things like gas burners not being shut off, water left running in the tub, Mom's wandering or other medically dangerous actions.

In addition, it would be helpful to have statements from other family members or neighbors telling of any events or circumstances that reinforce Sara's position. Finally, it would be most helpful to have a letter from a physician and/or visiting nurse or home health care provider saying that Sara's care did in fact keep Mom out of the nursing home for at least two years.

You explain this to Sara and her Mom and they are both delighted that all of Sara's good deeds will not go unrewarded. The house may be given to Sara and Mom can still qualify for Medicaid.

FYI: There are other situations where the home may be transferred without penalty. They include transfers to the following:

- the spouse;**
- a minor, blind or disabled child;**
- a sibling who has an equity interest in the home and who has resided there for at least one year before the Medicaid applicant became institutionalized.**

Case Study No. 2 Medicaid Planning for Single People

Sally Johnson feels worn out. Four years ago her father died and for the past three years she has been caring for her aging mother.

At first, it was little things, grocery shopping, trips to the doctor, help with her medication, things like that. But as her mom's health deteriorated, Sally's burden has increased. The last six months have been brutal. That's because Sally had to move her Mom to a nursing home. Mom couldn't live at home any more.

Sally thought her job would be easier once the nursing home staff took over but it hasn't turned out that way. As the oldest daughter, Sally still feels responsible, even though technically someone else is now responsible for mom's care. Sally feels like *she* has to be there. So she visits her Mom six days a week.

Sally is running herself ragged and Mom is running out of money. Mom has about \$50,000 left, and at \$7000 per month for the nursing home, Sally knows Mom's money won't last long. When the money runs out, who will be there to pay for Mom's nursing home? Sure, Sally has heard Medicaid will cover the nursing home, but she's also heard Medicaid won't cover everything. What then?

Sally is quite distraught. "Is there anything else I can do?" Yes, you tell her. There are steps she can take.

Perhaps, given Sally's high degree of involvement, a personal care contract should be considered. Sally and her mom can enter into a formal agreement where Sally becomes Mom's care manager. Even though Mom is in the nursing home, if done properly, Mom can pay Sally for her care management services.

In and of itself, that wouldn't be very exciting. But consider that Mom and Sally can enter into a *Lifetime Care Contract* and it gets interesting. Mom can agree to have Sally act as her care manager for as long as Mom lives. In other words, Mom can pay Sally \$4,320.00 per year (i.e., \$360 per month times 12 months) However, such contracts must be in writing, signed and in effect before entering the nursing home and must specifically set out what services are to be provided and for what amount.

This will allow Sally to provide Mom the care she needs and still allow Mom to qualify for Medicaid. Please understand that this is a "short version" and that this type of planning must be handled in a very specific manner, but when done properly, it can be used to solve Sally's dilemma.

This is just one example of the type of planning that can be done. There are actually a number of strategies which could be helpful. With any Medicaid planning it's especially important to seek the assistance of a knowledgeable Elder Law Attorney.

Division of Assets Medicaid Planning for Married Couples

Division of Assets is the name commonly used for the Spousal Impoverishment provisions of the Medicare Catastrophic Act of 1988. It applies only to couples. The intent of the law was to change the eligibility requirements for Medicaid in situations where one spouse needs nursing home care while the other spouse remains in the community, (i.e., at home). The law, in effect, recognizes that it makes little sense to impoverish both spouses when only one needs to qualify for Medicaid assistance for nursing home care.

As a result of this recognition, division of assets was born. Basically, in a division of assets, the couple gathers all of their countable assets together in a review. The exempt assets which we discussed earlier are not counted.

The countable assets are then divided in two, with the at-home or community spouse allowed to keep one-half of all countable assets up to about \$119,280. The other half of the countable assets must be "spent

down” until less than \$2,000.00 remains for Indiana residents. The amount of countable assets which the at-home spouse gets to keep is called the Community Spouse Resource Allowance (CSRA).

Each state also establishes a monthly income floor for the at-home spouse. This is called the Minimum Monthly Maintenance Needs Allowance. This permits the community spouse to keep a minimum monthly income ranging from about \$1967 to \$2981.

If the community spouse does not have at least \$1967 income, then he or she is allowed to take the income of the nursing home spouse in an amount large enough to reach the Minimum Monthly Maintenance Needs Allowance (i.e., up to at least \$1967). The nursing home spouse’s remaining income goes to the nursing home. This avoids the necessity (hopefully) for the at-home spouse to dip into savings each month, which would result in gradual impoverishment.

- The Home, must have equity of \$536,000 or less. The home must be the principal place of residence. The nursing home resident may be required to show some “intent to return home” even if this never actually takes place.
- Household and Personal Belongings such as furniture, appliances, jewelry and clothing.
- One Car
- Burial Plot for your and your spouse.
- Cash Value of Life Insurance policies as long as the face value of all of policies added together does not exceed \$2,000. If it does exceed \$2,000 in total face amount, then the cash value in these policies is countable.
- Cash (e.g., a small checking or savings account) not to exceed \$2,000.

To illustrate, let’s assume the at-home spouse receives \$800 per month in Social Security. Let’s also assume that her needs are calculated to be the minimum of \$1,967 With her Social Security, she is \$1167 short each month.

\$1967 at-home spouse’s month needs (as determined by formula)
\$ 800 at-home spouse’s Social Security
\$1167 short fall

In this case, the community spouse will receive \$1167 (the shortfall amount) per month from the nursing home spouse's Social Security and the rest of the nursing home spouse's income will then go to pay for the cost of his care.

Once again, this does not mean that there are not other planning alternatives which the couple can pursue. Consider the following case studies:

Case Study No. 3 Medicaid Planning for Married People

Ralph and Alice were high school sweethearts who lived in Fort Wayne, Indiana their entire adult lives. Two weeks ago Ralph and Alice celebrated their 51st Anniversary. Yesterday Alice, who has Alzheimer's wandered away from home. Hours later she was found sitting on a street curb, talking incoherently. She was taken to a hospital where she is being treated for dehydration.

Ralph comes to see you after their family doctor tells him he needs to place Alice in a nursing home. He tells you they both grew up during the Depression and have always tried to save something each month. Their assets, totaling \$100,000, not including their house, are as follows:

Savings Account	\$15,000
CD's	\$45,000
Money Market Account	\$37,000
Checking Account	\$ 3,000
Residence (no mortgage)	\$80,000

Ralph gets a Social Security check and Pension check totaling \$1,500 each month; Alice's check is \$450. His eyes fill with tears as he says, "At \$7,000 to the nursing home every month, our entire life savings will be gone in less than three years!" What's more, he's afraid he won't be able to pay her monthly nursing home bill because a neighbor told him that the nursing home will be entitled to all of their Social Security checks.

There is good news for Ralph and Alice. It's possible he will get to keep his income and most of their assets...and still have the state Medicaid program pay Alice's nursing home costs. While the process may take a little while, the end result will be worth it.

To apply for Medicaid, he will have to go through Indiana's Division of Family Services (IDFS). If he does things strictly according to the way IDFS tells him, he will only be able to keep about one-half of their assets (or about \$50,000) plus he will keep his income.

But the results can actually be much better than the traditional spend-down which everyone talks about. Ralph might be able to turn the spend down amount of roughly \$50,000 into an income stream for him that will increase his income and meet the Medicaid spend down virtually right away. In other words, if handled properly she may be eligible for Medicaid from the first month that she goes into the nursing home.

Please note this will not work in every case. That's why it's important to have an Elder Law attorney guide you through the system and the Medicaid process to find the strategies that will be most beneficial in your situation. So, he will have to get advice from someone who knows how to navigate the system. But with proper advice he may be able to keep most of what he and Alice worked so hard for.

This is possible because *the law does not intend to impoverish one spouse because the other needs care in a nursing home*. This is certainly an example where knowledge of the rules, and how to apply them can be used to resolve Ralph and Alice's dilemma.

Of course, proper Medicaid planning differs according to the relevant facts and circumstances of each situation as well as the state law.

Can't I Just Give My Assets Away?

Many people wonder, can't I give my assets away? The answer is maybe, but only if it's done just right. The law has severe penalties for people who simply give away their assets to create Medicaid eligibility. In Indiana, for example, every \$5,733 given away during the five years prior to a Medicaid application creates a one month period of ineligibility. So even though the federal Gift Tax laws allow you to give away up to \$14,000 a year *without gift tax consequences*, those gifts could result in a period of ineligibility for Indiana Medicaid of around three months. In addition, new legislation enacted on November 1, 2009, states that gifts made after that date will be subject to a five year look back along with other harsh penalties.

Next consider the following case study:

Case Study No. 4

Can Financial Gifts to Children Protect Your Assets from Medicaid?

After her 73-year-old husband, Harold, suffers a paralyzing stroke, Mildred and her daughter, Joan, need advice. Dark circles have formed under Mildred's eyes. Her hair is disheveled. Joan holds her hand.

"The doctor says Harold needs long-term care in a nursing home." Mildred says. "I have some money in savings, but not enough. I don't want to lose my house and all our hard-earned money. I don't know what to do."

Joan has heard about Medicaid benefits for nursing homes, but doesn't want her mother left destitute in order for Harold to qualify for them. John wants to ensure that her father's medical needs are met, but she also wants to preserve Mildred's assets.

"Can't Mom just give her money to me as a gift?" she asks. "Can't she give away \$14,000 a year? I could keep the money for her so she doesn't lose it when Dad applies for Medicaid."

Joan has confused general estate and tax laws with the issue of *asset transfers and Medicaid eligibility*. A "gift" to a child in this case is actually a transfer and Medicaid has very specific rules about transfers.

At the time Harold applies for Medicaid, the state will "look back" 5 years to see if any gifts have been made. The state won't let you just give away your money or your property to qualify for Medicaid. Any gifts or *transfers for less than fair market value* which are uncovered in the look-back period will cause a delay in Harold's eligibility for Medicaid.

In Indiana, for example, every \$5,733 given away during the five years prior to a Medicaid application creates a 30 day period of ineligibility. So if Harold and Mildred give their daughter \$14,000, Harold will be ineligible for Indiana Medicaid for two months and (13) days.

In addition to the changes in the look back period from three to five years, the new law also states that the penalty period on asset transfers will not begin until the Medicaid applicant is in the nursing home and already spent down. This will frustrate the gifting plans of most people.

So what can Harold and Mildred do? They can institute a gifting program, save a good portion of their estate, and still qualify for Medicaid. But they have to set it up just right, the rules are very “nit-picky”. Generally, if done properly, you can save about one-half of the assets this way. You should consult a knowledgeable advisor on how this may be done.

Will I Lose My Home?

Many people who apply for Medicaid benefits to pay for nursing home costs ask this question. For many, the home constitutes much or most of their life savings. Often it is all the couple has to pass on to their children.

Under Medicaid, the home is an exempt asset. This means its value is not taken into account when calculating eligibility for Medicaid benefits. But under a change made in 1993, (Omnibus Budget Reconciliation Act of 1993) states are required to set up an Estate Recovery Unit to seek recovery of all Medicaid payments from the estates of those who receive coverage. Because the home is the single largest asset which a couple can keep, while still qualifying for Medicaid, it is also the main target of estate recovery in most states.

Here’s how the process works. While the community spouse (i.e., at home) is living in the home, it remains an exempt asset. But after the deaths of both the community spouse and the nursing home spouse, the Estate Recovery laws allow the state to demand repayment of benefits paid to the nursing home spouse. Under OBRA-93, the states have broad authority to seek payment for Medicaid services rendered from virtually any property owned by the Medicaid recipient.

Fortunately, there are ways to protect your property in Indiana. The solutions can range from re-titling assets to selling or even gifting them. Since the Medicaid rules are constantly changing, you will need to seek help from an experienced Elder Law Attorney to help you in your planning.

In Conclusion

As you can see, there are a number of strategies that you can use to qualify for Medicaid and still preserve some or all of the estate you’ve spent a lifetime building.

These strategies are legal. They are moral. They are ethical. Please be advised, however, that Medicaid Planning requires a great deal of knowledge on the ins and outs of the system. Work with an experienced advisor who knows the rules and can advise you accordingly.

In the previous pages, we've talked about how to find the right nursing home, how to get good care there, and how to pay for it without going broke. But where do you actually start looking? Where should you begin your search?

To assist you, we've compiled a list of the nursing homes and assisted living facilities in Northeast Indiana arranged according to County.

The listings contain names and addresses of the facilities along with the telephone numbers. We have also included information on whether the nursing home accepts Medicare (typically for rehabilitation purposes) and Medicaid. Finally, we have noted whether the facility has a specialized Alzheimer's unit.

Once you've determined which facilities you want to tour, then you can use the evaluation tool to help you compare them. With the enactment of the Deficit Reduction Act of 2005 many of the rules have changed making it imperative to consult a knowledgeable Elder Law attorney before you make any financial decisions.

NORTHEASTERN INDIANA NURSING HOMES

COUNTY & FACILITY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
ALLEN COUNTY						
Adams Heritage 12011 Whitten Rd., Monroeville, IN 46773 (260) 623-6440		√	√	√	√	√
Ashton Creek Health & Rehabilitation Center 4111 Park Place Dr., Fort Wayne, IN 46845 (260) 373-2111		√	√	√	√	√
Bethlehem Woods Nursing & Rehab Center 4430 Elsdale Dr., Ft. Wayne, IN 46835 (260) 485-8157	√	√	√	√	√	√
Byron Health Center 12101 Lima Rd., Ft. Wayne, IN 46818, (260) 637-3166	√	√		√	√	√
Canterbury Nursing Rehabilitation Center 2827 Northgate Blvd., Ft. Wayne, IN 46835 (260) 492-1400	√	√	√	√	√	√
Courtland Health & Rehabilitation 3555 Spy Run Ext. Fort Wayne, IN 46805 (260) 483-8175		√	√	√	√	√
Coventry Meadows 7843 W. Jefferson Blvd., Ft. Wayne, IN 46804, (260)432-4848	√	√	√	√	√	√
Covington Manor 5700 Wilkie Dr., Fort Wayne, IN 46804 (260) 432-7556		√	√	√	√	√
Englewood Health & Rehabilitation Center 2237 Engle Rd., Ft. Wayne, IN 46809 (260) 747-2353	√	√	√	√	√	√
Emeritus At Fort Wayne 4730 East State Blvd., Fort Wayne, IN 46815 (260)484-0308	√	√	√	√	√	√
Englewood Health & Rehabilitation Center 2237 Engle Rd., Ft. Wayne, IN 46809 (260) 747-2353	√	√	√	√	√	√

Glenbrook Rehabilitation & Skilled Nursing Center 3811 Parnell Ave., Ft. Wayne, IN 46805 (260) 482-4651	√	√	√	√	√	√
Genesis Healthcare New Haven Center 1201 Daly Dr., New Haven, IN 46774 (260) 749-0413	√	√	√	√	√	√
Golden Years Homestead, Inc. 3136 Goeglein Rd., Ft. Wayne, IN 46815 (260) 749-6725	√	√	√	√	√	√
Heritage Park 2001 Hobson Rd., Ft. Wayne, IN 46805 (260) 484-9557	√	√	√	√	√	√
Kingston Care Center 1010 W. Washington Center Rd., Ft. Wayne, IN 46825 (260) 489-2552	√	√	√	√	√	√
Life Care Center of Fort Wayne 1649 Spy Run Ave., Ft. Wayne, IN 46805 (260) 422-8520		√		√	√	√
Lutheran Life Villages-Anthony Blvd 6701 S. Anthony Blvd., Ft. Wayne, IN 46816 (260) 447-1591	√	√	√	√	√	√
Lutheran Life Villages-Pine Valley 6701 S. Anthony Blvd., Ft. Wayne, IN 46816 (260) 469-0600	√	√	√	√	√	√
Miller Merry Manor 5544 E. State Blvd., Ft. Wayne, IN 46815 (260) 749-9506		√	√	√	√	√
Regency Health & Rehabilitation 6006 Brandy Chase Cove, Ft. Wayne, IN 46815 (260) 486-3001	√	√	√		√	√
Riverbend Health Care Center 7519 Winchester Rd., Ft. Wayne, IN 46819 (260) 747-7435		√	√	√	√	√
Saint Anne Home 1900 Randalia Dr., Ft. Wayne, IN 46805 (260) 484-5555	√	√	√	√	√	√
Summit City Nursing & Rehabilitation 2940 N Clinton, Fort Wayne, IN 46805 (260) 484-0602	√	√	√	√	√	√
The Cedars 14409 Sunrise Ct., Leo, IN 46765 (260) 627-2191		√	√	√	√	√

The Village of Heritage 12011 Whittern Rd., Monroeville, IN 46773 (260) 623-6440	✓	✓	✓	✓	✓	✓
The Waters of Summit City 2940 N. Clinton St., Ft. Wayne, IN 46805 (260) 484-0602	✓	✓	✓	✓	✓	✓
Towne House Health Center & Retirement Community 2209 St. Joe Center Rd., Ft. Wayne, IN 46825 (260) 483-3116		✓	✓	✓	✓	✓
Transitional Care Unit, St. Joseph Medical Center 700 Broadway, Ft. Wayne, IN 46802 (260) 425-3940		✓			✓	
University Park Health & Rehabilitation Center 1400 Medical Park Dr., Ft. Wayne, IN 46825 (260) 484-1558	✓	✓	✓	✓	✓	✓
Woodview Healthcare 3320 E. State Blvd., Ft. Wayne, IN 46805 (260) 484-3120		✓	✓	✓	✓	✓
ADAMS COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Chalet Village 1065 Parkway St., Berne, IN 46711 (260) 589-2127	✓	✓	✓		✓	✓
Adams Co. Memorial Hospital Extended Care Unit 805 High St., Decatur, IN 46733 (260) 724-2145 Ext. 3000, or Ext. 3001		✓		✓	✓	✓
Swiss Village 1350 W. Main St., Berne, IN 46711 (260) 589-3173	✓	✓	✓	✓	✓	✓
Adams Woodcrest Nursing 1300 Mercer Ave., Decatur, IN 46733 (260) 724-3311, Ext. 6246	✓	✓	✓	✓	✓	✓
DEKALB COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Betz Nursing Home 116 Betz Rd., Auburn, IN 46706 (260) 925-3814	✓	✓	✓	✓	✓	✓
DeKalb Memorial 1316 E. 7 th St., Auburn, IN 46706 (260) 925-4600		✓	✓	✓	✓	✓
Miller's Merry Manor 1367 S. Randolph St., Garrett, IN 46738 (260) 357-5174	✓	✓	✓	✓	✓	✓

The Laurels of DeKalb 520 W. Liberty St., Butler, IN 46721 (260) 868-2164	√	√	√	√	√	√
Wesley Healthcare Center 1751 Wesley Road Auburn, IN 46706 (260) 920-3404		√	√	√	√	√
HUNTINGTON COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Hickory Creek Health Care 1425 Grant St., Huntington, IN 46750 (260) 356-4867	√	√	√	√	√	
Markle Health and Rehabilitation 170 N. Tracy St., Markle, IN 46770 (260) 758-2131	√	√	√	√	√	√
Miller's Merry Manor 1500 Grant St., Huntington, IN 46750 (260) 356-5713	√	√	√	√	√	√
Norwood Health & Rehabilitation 3720 Norwood Rd., Huntington, IN 46750 (260) 356-1252		√	√	√	√	√
Oakbrook Village 850 Ash Street, Huntington, IN 46750 (260) 358-0047		√	√		√	√
KOSCIUSKO COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Grace Village Health Care Facility 337 Grace Village Drive, Winona Lake, IN 46590 (574) 372-6200		√	√		√	√
Lakeland Rehabilitation and Healthcare Center 505 W. 4 th Street, Milford, IN 46542 (574) 658-9455		√	√		√	√
Mason Health Care Center 900 Provident Dr., Warsaw, IN 46580 (574) 371-2500		√	√		√	√
Miller's Merry Manor 1630 S. County Farm Rd., Warsaw, IN 46580 (574) 267-8196		√	√		√	√
Miller's Merry Manor 500 E. Pickwick Drive, Syracuse, IN 46567 (574) 457-4401		√	√		√	√

Warsaw Meadows Care Center 300 E. Prairie St., Warsaw, IN 46580 (574) 267-8922		√	√		√	√
LAGRANGE COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Life Care Center of LaGrange 0770 North 075 East, LaGrange, IN 46761 (260) 463-7445		√	√		√	√
Miller's Merry Manor 787 N. Detroit St., LaGrange, IN 46761 (260) 463-2172	√	√	√		√	√
NOBLE COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Avalon Village 200 Kingston Circle, Ligonier, IN 46767 (260) 894-7131		√	√		√	√
Hickory Creek at Kendallville 1433 S. Main St., Kendallville, IN 46755 (260) 347-3612		√	√		√	√
Kendallville Manor 1802 E. Dowling St., Kendallville, IN 46755 (260) 347-4374		√	√		√	√
North Ridge Village Nursing & Rehab Center 600 Trail Ridge Rd., Albion, IN 46701 (260) 636-1000		√	√	√	√	√
Provena Sacred Heart 515 N. Main St., Avilla, IN 46710 (260) 897-2841	√	√	√	√	√	√
Lutheran Life Villages-Kendallville 351 N. Allen Chapel Rd., Kendallville, IN 46755 (260) 347-2256	√	√	√	√	√	√
STEUBEN COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Lakeland Nursing Center 500 N. Williams, Angola, IN 46703 (260) 665-2161		√	√	√	√	√
Northern Lakes Nursing & Rehabilitation Center 516 N. Williams St., Angola, IN 46703 (260) 665-1163	√	√	√	√	√	√
WABASH COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Autumn Ridge Rehabilitation Centre 600 Washington St., Wabash, IN 46992 (260) 563-8402	√	√	√	√	√	√

Miller's Merry Manor 1900 N. Albert St., Wabash, IN 46992 (260) 563-7427		√	√	√	√	√
Miller's Merry Manor 1720 Albert St., Wabash, IN 46992 (260) 563-4112		√	√	√	√	√
Peabody Retirement Community (800) 545-6220 400 W. Seventh St., North Manchester, IN 46962 (260) 982-8616 A	√	√	√	√	√	√
Rolling Meadows Health Care Center 604 Rennaker St., LaFontaine, IN 46940 (765) 662-9350		√	√	√	√	√
Timbercrest Senior Living Community 2201 East St., North Manchester, IN 46962 (260) 982-2118 A	√	√	√	√	√	√
WABASH COUNTY (CONTINUED)	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Wabash Skilled Care Center 710 N. East St., Wabash, IN 46992 (260) 569-2291		√	√	√	√	√
WELLS COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Bluffton Regional Medical Center Continuing Care Center 303 S. Main St., Bluffton, IN 46714 (260) 824-3210		√	√	√	√	√
Christian Care Retirement Community 720 E. Dustman Rd., Bluffton, IN 46714 (260) 565-3000	√	√	√	√	√	√
Markle Health and Rehabilitation 170 N. Tracy St. Markle, IN 46770 (260) 758-2131	√	√	√	√	√	√
Meadowvale Health & Rehabilitation Center 1529 W. Lancaster St., Bluffton, IN 46714 (260) 824-4320		√	√	√	√	√
Ossian Health & Rehabilitation Center 215 Davis Rd., Ossian, IN 46777 (260) 622-7821		√	√	√	√	√
River Terrace Estates 400 Caylor Blvd., Bluffton, IN 46714 (260) 824-8940	√	√	√	√	√	√
Woodlands at River Terrace Estates, The 400 Caylor Blvd., Bluffton, IN 46714 (260) 824-8940		√	√	√	√	√

WHITLEY COUNTY	Alzheimer's	Skilled Licensed Nursing	Pet Visitation	Hospice	Medicare	Medicaid
Miller's Merry Manor 640 W. Ellsworth, Columbia City, IN 46725 (260) 248-8101		√	√	√	√	√
Renaissance Village 6050 S 800 E 92, Columbia City, IN 46725 (260)625-3545						
The Oaks 411 N. Wolf Rd., Columbia City, IN 46725 (260) 248-9830		√	√	√	√	√

***Disclaimer: Information included in these lists is that available at the time of the preparation of this list. You should check with the home you are interested in to determine whether or not they have altered the care they provide, either removal or addition of services. Lack of a checkmark after a home may only indicate they did not indicate such service in the information available. Senior Life: Vol 25, No 4**

**ABBREVIATIONS
Nursing Homes**

- ICF** Intermediate Care Facility - Provides board, personal care, basic health and nursing services under the daily supervision of a licensed nurse and under the direction of a licensed physician.
- NFMH** Nursing Facility for Mental Health
- SNF** Skilled Nursing Facility - Provides board, skilled nursing care and treatment services commonly performed by or under the supervision of a registered professional nurse. Individuals living in a SNF require 24/7 care and other nursing functions requiring specialized judgment and skill.
- NF** Nursing Facility - Facility operating 24/7 caring for six or more individuals who, due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations.

Assisted Living Facilities

- ALF** Assisted Living Facility - Facility caring for six or more individuals who by choice, or due to functional impairments may need personal care and may need supervised nursing care to compensate for activities of daily living limitations. ALFs coordinate a range of services including personal care or supervised nursing care 24/7 for the support of resident independence. Skilled services are generally provided on an intermittent or limited term basis.
- BCH** Boarding Care Home - Facility operating 24/7 caring for no more than ten individuals who, due to functional impairment, need supervision of activities of daily living but who are ambulatory and essentially capable of managing their own care and affairs.
- IMR** Intermediate Care Facility for the Mentally Retarded - Facility operating 24/7 caring for six or more individuals who, due to functional impairments caused by mental retardation or related conditions need services to compensate for activities of daily living limitations.
- RCHF** Residential Health Care Facility
- RCF-I** Residential Care Facility I - Provides shelter, board and protective oversight; this may include keeping and distributing medications and providing care during short-term illnesses or recuperation.
- RCF-II** Residential Care Facility II - Provides additional services, including supervision of diets and assistance with personal care.

ASSISTED LIVING—THE PROS AND CONS

What is Assisted Living?

Assisted living is group housing for the elderly who can no longer manage on their own but whom do not need 24-hour nursing care. They may need help with some day-to-day living activities such as bathing, grooming, eating, and walking. Health services may or may not be available.

Who Lives in These Facilities?

Some residents need meals prepared and a safe place to live. Others need help with bathing and taking medicines. Many residents use walkers or canes. Over half of those in assisted living have some level of confusion. Not everyone can get into an assisted living facility. Most facilities ask that residents be able to get to and from the dining room with little or no help. Some facilities admit people who are incontinent and some do not. Some facilities are just for people with Alzheimer's disease. Assisted living is not for people who need 24-hour nursing care.

What Services are Available?

Services will vary from facility to facility, but the following services are commonly offered:

- **rooms that usually have emergency call systems (The elderly individual may have his or her own room, suite, or apartment, or they may share quarters with a spouse or roommate.)**
- **3 meals a day and snacks**
- **housekeeping and help with laundry**
- **help taking medicine**
- **travel to medical appointments and social activities**
- **social activities.**

Some facilities also offer:

- **beauty shop services**
- **health care from nurses, social workers, or dietitians.**

What is the Cost of Assisted Living?

Assisted living usually costs less than a nursing home. Costs vary depending on the location and what services are offered. Prices may range from \$2,500 to \$5,400 per month. Sometimes long-term care insurance or Medicaid can help pay for assisted living.

Compare Facilities Before Choosing:

An elderly person and/or his or her family members should start with making a list of several facilities in the area. It's best to see what different places are like, to compare them and ask questions of the staff and residents. The State of Indiana licenses and oversees its assisted living facilities. The local Area Agencies on Aging (AAA) or the Indiana State Dept. of Health will have information about Indiana's licensing rules. An elder should never consider any facility that isn't appropriately licensed. If a facility is unlicensed, it should be crossed off the list. The state licensing agency and the Indiana Assisted Livings Ombudsman's Office (1-800-622-4484, or 1-317-232-7134) can also tell you if there have been any complaints filed against any of the facilities on the list. (After all, having a state license doesn't necessarily insure quality care.)

Once the elder has compiled a list of facilities, each one should be called. The elder should have the following questions in mind: What's important in a new home? Location? Size? Types of services? The elder should remember that the person he or she is speaking with will most likely be a marketing or sales person whose job it is to sell a contract for that place. If the elder is still interested after asking all of his or her questions, the elder should ask the facility to them to send more information in the mail. Ask for brochures, a price list, a map or floor plan, a list of their residents' rights and rules, and copies of all the documents that need to be signed before moving into the facility. Most importantly, ask them to mail a copy of the contract. Some facilities may call their contract a residency, occupancy or admission agreement. Once the materials are received, they should be carefully reviewed. All questions should be written down to ultimately be asked after the site visit.

When the elder and his or her family is on-site meeting with facility staff, the following should be considered:

- 1. How do the staff and house mates interact? Do they seem to respect and like each other?**
- 2. Does the environment look comfortable? Is there enough to do?**
- 3. What kind of food is available and who picks it? Are choices encouraged, available? Are diets supervised?**

4. Do people have access to banks, shops, restaurants, etc? How is transportation handled? Are trips to access these resources planned or on an as needed basis?
5. Is there a telephone available to house mates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control, other access features if needed)?
6. Do people have their own bedroom? Are they individually decorated?
7. Do house mates seem to get along well? What happens when they don't?
8. Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled?
9. Are pets allowed? What are the rules regarding pets?
10. How much time is spent in active learning (neighborhood, home or community) and leisure activities? Is there a good balance with unstructured time?
11. Is there evidence that personal hygiene and good grooming (hair, teeth, nails, etc.) are encouraged?
12. How are personal need items, clothing, etc. paid for?
13. Do people have privacy when they want to be alone or with a special friend?
14. Do people in the program belong to churches, clubs, community groups, etc?
15. Does staff knock on doors (and wait for a response) before entering a private room?
16. What kind of rules is there within the living situation? What are the consequences for breaking the rules?
17. Do people have opportunities to pursue individual interests or do they travel in a group with everyone doing the same thing, attending the same movie or church, etc.?
18. How would minor illnesses and injuries be handled? Major illnesses/injuries?
19. What kinds of things are routinely reported to families?

- 20. How are complaints handled? Can we get a copy of your policies and procedures? Is there someone else who family members can talk to if there is a disagreement?**
- 21. How is medication handled? What happens if medication is refused?**
- 22. How are planning meetings scheduled and conducted, and who attends? Are families included? Can a family member call a meeting? How do you assure that what is agreed on in the meeting actually is provided?**
- 23. Who would your contact be, and how will that contact occur, and how often? Is someone available 24 hours a day in case of emergencies?**
- 24. How many individuals have you terminated from services? Why? What happened to them?**
- 25. Have you had any abuse/neglect allegations? What were the outcomes? What is your process for addressing abuse/neglect allegations?**
- 26. What challenges do you think my family member will create for you?**
- 27. How is direct staff supervised? What training does the staff receive? What is the average experience or education of staff?**
- 28. How is staffing covered if regular staff is ill? What happens if someone does not show up for their scheduled time? Has this ever happened? How often does it happen?**
- 29. What is your staff turnover rate? How are staff respite needs handled?**
- 30. What kind of supports do staff have? Who can staff call if a problem develops?**

The Pros:

- **Assisted living provides needed services while still offering some level of independence.**
- **Your elderly client may continue to live near his or her family and friends.**
- **Staff is available 24 hours a day, 7 days a week in case of emergencies.**
- **More privacy than a nursing home.**
- **Dignity maintained because the elderly client can perform some day-to-day maintenance on his or her own.**
- **Enhanced personal safety.**

The Cons:

- **There are not many facilities available for the elderly with low incomes.**
- **Because of the expense, some seniors must decrease the cost by having a roommate and thus sacrificing privacy.**
- **Your elderly client may eventually need more help than the facility can provide.**
- **Your elderly client may have to move again because more help is needed, and this can be upsetting and anxiety-ridden.**
- **Many assisted living facilities are so large that they can seem impersonal.**
- **May not provide enough assistance for people who have serious medical conditions.**
- **Fear of loss of independence, control, and choice**
- **Loss of familiar and valued home, possessions, and friends**

NORTHEASTERN INDIANA ASSISTED LIVING FACILITIES

ALLEN COUNTY	Licensed by State	Skilled Nursing	Meals	Pets Allowed	Medicine Reminders	Emergency Call Buttons
Bethlehem Woods 4430 Elsdale Dr., Ft. Wayne, IN (260) 485-8157	√	√	√	√	√	√
Byron Residential Center 12101 Lima Rd., Ft. Wayne, IN (260) 637-3166	√	√	√	√	√	√
Canterbury Gardens 2827 Northgate Blvd., Ft. Wayne, IN (260) 492-1400	√	√	√	√	√	√
Coventry Meadows 7833 W Jefferson Blvd, Fort Wayne, IN 46804 (260) 435-2100	√	√	√	√	√	√
Covington Commons 2601 Covington Commons Dr. Fort Wayne, IN (260) 432-1932	√	√	√	√	√	√
Englewood Health & Rehabilitation Center 2237 Engle Rd., Ft. Wayne, IN (260) 747-2353	√	√	√		√	√
Geoffrey's House 4719 Stellhorn Rd., Ft. Wayne, IN (260) 485-2647	√	√	√	√	√	√
Georgetown Place 1717Maplecrest Rd., Ft. Wayne, IN (260) 493-6927	√	√	√	√	√	√
Golden Years Homestead Inc. 8300 Maysville Rd., Ft. Wayne, IN (260) 749-9655	√	√	√	√	√	√
Hamilton House 2116 Butler Rd., Ft. Wayne, IN (260) 471-0944	√	√	√	√	√	√
Harbour of Fort Wayne 2001 Hobson Rd., Fort Wayne, IN 46805 (260) 747-1523	√	√	√	√	√	√
Heritage Park 2001 Hobson Rd., Ft. Wayne, IN (260) 484-9557	√	√	√	√	√	√
Karrington of Fort Wayne* 3110 E. Coliseum Blvd, Ft. Wayne, IN (260) 471-3110	√	√	√	√	√	√
Kingston at DuPont 1716 E. Dupont Rd., Ft. Wayne, IN (260) 490-5111	√	√	√	√	√	√

Kingston Residence 7515 Winchester Rd., Ft. Wayne, IN 46819 (260) 747-1523	√	√	√	√	√	√
Lutheran Home 6701 S. Anthony Blvd., Ft. Wayne, IN 46816 (260) 447-1591	√	√	√		√	√
Park Place Senior Living 4411 Park Place Dr., Fort Wayne, IN 46845 (260) 480-2500	√	√	√	√	√	√
Saint Anne Home & Retirement Community 1900 Randalia Drive, Ft. Wayne, IN (260) 484-5555	√	√	√	√	√	√
Sunrise Assisted Living 3110 E. Coliseum Blvd., Ft. Wayne, IN (260) 471-3110	√	√	√	√	√	√
The Cedars 14409 Sunrise Court, Leo, IN (260) 627-2191	√	√	√	√	√	√
The Hearth at Sycamore Village 611 W County Line Rd. S., Fort Wayne, IN 46814 (260) 625-4025	√	√	√	√	√	√
Towne House Retirement Community, Inc., The 2209 St. Joe Ctr. Rd., Ft. Wayne, IN (260) 483-3116	√	√	√	√	√	√
Villa of the Woods 5610 Noll Avenue, Ft. Wayne, IN (260) 745-7039	√	√	√	√	√	√
Village Oaks at Fort Wayne 4730 E. State Blvd., Ft. Wayne, IN (260) 484-0308	√	√	√	√	√	√
Woodview Assisted Living 3320 E State Blvd., Fort Wayne, IN 46805 (260) 483-4343	√	√	√	√	√	√

Adams County	Licensed by State	Skilled Nursing	Meals	Pets Allowed	Medicine Reminders	Emergency Call Buttons
Extended Care Unit 805 High St., Decatur, IN (260) 724-2145	√	√	√		√	√
DeKalb County	Licensed by State	Skilled Nursing	Meals	Pets Allowed	Medicine Reminders	Emergency Call Buttons
Ray Manor Assisted Living 500 South Randolph St., Garrett, IN 46738 (260) 357-4344	√	√	√	√	√	√
Noble County	Licensed by State	Skilled Nursing	Meals	Pets Allowed	Medicine Reminders	Emergency Call Buttons
Chandler House 2879 S. Lima Rd., Kendallville, IN 46755 (260) 349-1030	√	√	√	√	√	
Whitley County	Licensed by State	Skilled Nursing	Meals	Pets Allowed	Medicine Reminders	Emergency Call Buttons
Millers Merry Manor 640 W. Ellsworth St., Columbia City, IN (260) 248-8101	√	√	√	√	√	√
Meadowbrook Manor 1011 W. Old Trail Rd., Columbia City, IN (260) 244-6090	√	√	√	√	√	√
Oak Pointe 413 N. Wolf Rd., Columbia City, IN (260) 248-4800	√	√	√	√	√	√
Wells County	Licensed by State	Skilled Nursing	Meals	Pets Allowed	Medicine Reminders	Emergency Call Buttons
Swiss Village, Inc 1350 W Main St, Berne, IN 46711 (260) 589-3173	√	√	√	√	√	√

Disclaimer: The information noted here is what was available at the time of the compilation of this list. Check with the provider to see if their services and/or requirements have changed.

Hospice

The hospice philosophy affirms life and accepts that dying is a natural process. Hospice emphasizes a shift in focus from quantity to quality using palliative, or comfort, care in place of curative treatments.

Hospice is a service available to individuals who have a terminal condition with a physician's prognosis of six months or less to live. It is a benefit covered by both Medicare and Medicaid in Indiana. It is best to check with each individual hospice to determine what sources of payment they will accept.

Hospice provides a "team" approach to patient care. Teams consist of physicians, nurses, social workers, nursing assistants, clergy and volunteers. The team's goal is to provide a holistic approach to end of life care. Following the death of the patient, support services are also provided to the patient's family and loved ones.

Medical equipment, supplies and medications related to the terminal diagnosis are typically covered under hospice care. Alternative services may also be available but vary from hospice to hospice. Some examples of such services include pet therapy, massage and/or aroma therapy, music therapy and art therapy. Contact the hospice directly to inquire about any additional services they may provide.

Common Myths About Hospice

- **Myth 1: Hospice care is strictly an out of pocket expense.**

Fact: Most insurances cover the cost of hospice care. Hospice is also a benefit through Medicare.

- **Myth 2: Hospice becomes available only when a patient has weeks or less to live.**

Fact: Patient's don't have to give up hope to have hospice care. The

sooner a person accepts hospice assistance, the greater the opportunity to build relationships with hospice staff who can then assist in stabilizing the medical condition and control any pain concerns. It is not uncommon for a patient to actually improve while on hospice to the point where he or she no longer needs hospice assistance.

- **Myth 3: Only Cancer patients are eligible for hospice.**

Fact: Hospice benefits are available to patients with any number of illnesses including, but not limited to, cancer, dementia, kidney failure and congestive heart failure.

According to Mary T. Berthelot, MSW, JD, an attorney for The Center for Medicare Advocacy, there are four levels of Hospice Care:

- 1. Routine home care: Ninety-three percent (93%) of hospice care is provided at the routine home care level. Routine home care is provided where a person resides. This might be a home, as skilled nursing facility, or an assisted living facility. It is the level of care provided when the person is not in crisis. Care provided is dictated by the hospice plan of care, which is developed by the hospice team in partnership with the beneficiary's attending physician. It will include, but is not limited to, scheduled visits from nurses, aides, and social workers,, payment for palliative medications related to the terminal illness, and coverage of durable medical equipment, such as hospital beds and wheelchairs. It also includes 24 hour access to "on-call" hospice registered nurses. It does not include room and board while a beneficiary resides in a skilled nursing facility. While on routine home care, beneficiaries may be charged a five percent coinsurance for each drug furnished, but the coinsurance may not exceed five dollars per medication.**
- 2. Continuous home care: Occurs where a person resides when there is a medical crisis. During such periods, the hospice team can provide up to around-the-clock care. During continuance home care, hospices bill Medicare per hour rather than per day. Coinsurance responsibility for the beneficiary is the same as routine home care.**
- 3. General inpatient care: Occurs in an inpatient facility. If care cannot be managed where the patient resides, the patient will be moved to an inpatient facility until the patient's condition is stabilized. This level of care does include coverage of room and board. Beneficiary is not responsible for any coinsurance while he or she is at a general inpatient level of care.**

4. **Inpatient respite care:** Is provided in an inpatient facility. Because it is acknowledged that caring for a dying person can be difficult, this level of care is available to give the caregiver a rest. It is available for periods up to five consecutive days. This level of care does include room and board costs. Hospices, however, may charge beneficiaries five percent of Medicare's respite care per diem.

Hospice Directory

Adams County Home Health Care Agency
168 North Second Street
Decatur, IN 46733
(260) 724-2145 x 4347

Bluffton Regional Medical Center Home Health Care
303 South Main Street
Bluffton, IN 46714
(260) 824-7406

Cameron Home Health Care & Hospice
416 East Maumee Street
Angola, IN 46703
(260) 665-2141

Community Home Health Services, Inc.
2700 South Lafayette Street, Suite 210
Fort Wayne, IN 46806
(260) 441-8302

Deaconess Home Care/MCH Services
6523 Constitution Drive
Fort Wayne, IN 46804
(260) 432-9699

DeKalb Memorial Home Health & Hospice
1316 East Seventh Street
Auburn, IN 46706
(260) 925-8699

Family LifeCare
265 West Water Street
Berne, IN 46711
(260) 589-8598

Heartland Hospice
1315 Directors Row, Suite 210
Fort Wayne, IN 46808
(260) 484-6818

Home Healthcare Associates
619 East Dupont Road #235
Fort Wayne, IN 46825
(260) 338-1460

Home Nursing Services
528 West Washington Boulevard
Fort Wayne, IN 46802
(260) 424-1237

Hospice Home of Northeast Indiana
5910 Homestead Road
Fort Wayne, IN 46814
(260) 435-3222

New Horizons Home Health Services
621 Broadway
New Haven, IN 46774
(260) 493-1401

Nightingale Hospice
6347 Constitution Drive
Fort Wayne, IN 46804
(260) 490-3330

Northern Indiana Interim Healthcare
310 East Dupont Road, Suite 1
Fort Wayne, IN 46825
(260) 482-9405

Parkview Home Health & Hospice
1900 Carew Street
Fort Wayne, IN 46805
(260) 373-9800

Regional Home Health Care, Inc.
525 West Bristol Street
Elkhart, IN 46514
(574) 295-1111

Stay Home Senior Care, Inc.
119 ½ West Maumee Street
Angola, IN 46703
(260) 668-8737

SouthernCare
4666 W Jefferson Blvd., Suite 170
Fort Wayne, IN 46805
(260) 432-6075

Sunshine Home Assistance Services
222 West Wayne Street
Fort Wayne, IN 46802
(260) 483-6878

Visiting Nurse and Hospice Home
5910 Homestead Road
Fort Wayne, IN 46814
(260) 435-3222

SEEKING LEGAL HELP

When a person is diagnosed with Alzheimer's disease, family members face unique legal issues, including asset distribution, property disposition, Social Security, durable power of attorney, establishing guardianship, etc.

Each of the attorneys listed below is a member of the National Academy of Elder Law Attorneys; however, the Alzheimer's Association makes no recommendation of any attorney and is not responsible for the nature or quality of the service provided.

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Leading the Way in Special Needs and Elder Law

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