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Future Housing and Care Options

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ERA Living



Evaluating Senior Living Options

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Presented by Tina Hall

Era Living



Premier Residential Retirement Since 1987

Aljoia Mercer Island
Aljoia Thornton Place
Ida Culver House Broadview
Ida Culver House Ravenna

The Gardens at Town Square
The Lakeshore
University House Issaquah
University House Wallingford

What we will cover today:

- ❖ **Types of Communities/Care Options:**
 - Services each offer
 - What is included
 - Who is an appropriate “fit”.
 - Pros and cons

- ❖ What to consider in selecting a community for yourself, or your loved one.

- ❖ How to decide when it might be time for a move.

“Village”

- ❖ Organization which supports people living in their own homes.
- ❖ Individuals must be a “member” and pay an annual membership fee.
- ❖ Provides access to many free helpful services, including rides to appointments or shopping, help with occasional basic household assistance.
- ❖ Provides social activities and opportunities for engagement.
- ❖ Keeps members connected to community.
- ❖ Services are provided by volunteers.
- ❖ Great support network for independent seniors.
- ❖ Examples: PNA Village, NEST, Eastside Neighbors Network.
- ❖ No medical or hands on assistance may be provided.
- ❖ Not a permanent solution – can not address any care needs.

Age Restricted Community

- ❖ A housing development or apartment complex (often gated or secured) for independent individuals 55 or older.
- ❖ Rent or buy, depending on the company/community.
- ❖ Community and yard maintenance usually included. Transportation, activities and outings may be included. The quality varies greatly depending on the community.
- ❖ If you need assistance with ADLs, you can bring in home care services on your own, or move to a more appropriate setting.
- ❖ No meals included. No personal assistance or health management services included. Not regulated by DSHS and not liable for any care issues.

Home Care or Home Health?

- Services are provided by visiting caregivers in the individual's home.
- For either – choose a licensed agency to ensure proper training, criminal background screenings & health screening.

Home Care:

- ❖ Primarily companion care- “non-skilled services” – help with activities of daily living.
- ❖ Client can hire home care company they want directly.
- ❖ Can schedule as many hours a day as wanted, for as long as wanted.
- ❖ Paid for privately by the client.
- ❖ Costs can escalate quickly as more hours are needed.

Home Health:

- ❖ Primarily medical care – “skilled services” – physical or occupational therapy, nursing care, etc.
- ❖ Must be ordered by physician based on specific need.
- ❖ Intermittent services related to a specific condition. Time bound.
- ❖ Paid for by Medicare A
- ❖ Not ongoing or frequent.

Independent Living Community

- ❖ A Retirement residence for active, independent individuals over 62 years of age, who do not need assistance with “Activities of Daily Living.”
- ❖ Provides social activities, educational opportunities, wellness programs, exercise programs, proper nutrition, support network, etc..
- ❖ Monthly rent includes apartment, some meals, most utilities, housekeeping, transportation, home and yard maintenance, life enrichment activities, and access to help if needed.
- ❖ Rent and any service fees are paid for privately.
- ❖ No “Care Plan” - Focus is on helping residents maintain their independence, health and wellness for as long as possible while enjoying an active, engaged life style.
- ❖ Unless the community also provides Assisted Living, they are not regulated by DSHS – there is no oversight and the community is not liable for any care issues.

Assisted Living Community

- ❖ A retirement residence for individuals over 62, which provides some level of assistance with Activities of Daily Living - ADLs. (Medication management, shower assistance, dressing and grooming, etc.)
- ❖ Provides social activities, educational opportunities, wellness programs, exercise programs, proper nutrition, support network, etc.
- ❖ Monthly rent includes everything that an Independent Living community includes.
- ❖ Care Plan – addressing specific care needs – is a *separate cost*. Care plan is created based on a thorough nursing assessment prior to move in.
- ❖ Must strictly adhere to laws governing AL communities under DSHS and are surveyed at least annually to make sure they are in compliance.
- ❖ Costs are not covered by Medicare or health insurance. Must be paid for privately. Very few communities accept Medicaid. Many communities also accept Long Term Care Insurance.

Secured Memory Care

- ❖ Retirement residence for individuals who have a mid to high level of cognitive decline or dementia, and must have some level of monitoring and/or assistance available at all times. Many are located within Assisted Living Communities as a separate wing, though sometimes they are freestanding communities.
- ❖ Provides appropriate activities, specialized exercise and nutrition programs, higher caregiver to residents ratio, higher level of monitoring and care giver interaction, and a secure environment with coded exits.
- ❖ Monthly rent includes apartment, meals, utilities, housekeeping, transportation, etc., and activities appropriate for where they are in their cognitive and physical abilities.
- ❖ Care plan is an additional cost and is typically higher than in Assisted Living due to higher staff ratios, more care, etc.
- ❖ Cost is NOT covered by Medicare or insurance. Very few communities accept Medicaid. Must be paid for privately, or by LTC insurance .

Adult Family Home

- ❖ Residential home licensed by DSHS to care for up to 6 individuals. Appropriate for individuals who require frequent assistance with ADLs or close monitoring. (Advanced dementia, fall risk, very frail, need help with many or most ADLs).
- ❖ Provides high level of care and caregiver interaction, close monitoring, quiet environment, transportation to doctors office.
- ❖ All inclusive cost – care plan wrapped into monthly rent cost. Total cost is dependent on complexity of care needs and other factors (room size, staffing ratios, location).
- ❖ Very low level of resident activity, stimulation or engagement available.
- ❖ Costs NOT covered by Medicare. Sometime LTC insurance recognizes AFHs and will pay out on policy. MANY adult family homes accept Medicaid, though typically only after a period of time paying privately.
- ❖ Literally thousands of licensed AFHs in Washington State. Very broad spectrum of quality. Anyone considering an AFH for a loved one really should work with an Eldercare Advisor to narrow down options and help guide them to the best fit.

Nursing Home/ Skilled Nursing Facility

Provides care that can not be delivered in any other setting per WA State regulations.

Nurses available 24 hours per day and check on patients regularly/as needed.

Limited to one single room, low level of privacy or personal space available.

Rehabilitation /Therapy

Many individuals may at some time need a SNF for rehab after an event – stroke, severe illness, hip fracture, etc.- and then return to previous setting. About **80%** will need at some point.

Medicare will pay for a rehab stay for a period of time up to 100 days if the conditions of the stay meet Medicare criteria. First 20 days – Med A.


Long Term “Custodial Care”

Only about **4%** on the population in **Washington state** will at some point require a Nursing Home for “Long Term” or “Custodial” care.

Medicare will NOT pay for long term care. This must be paid for privately, or by LTC insurance or by Medicaid. Medicaid is usually accepted as form of payment for LTC when patient runs out of private finances.

“Life Plan” Community

- ❖ Commonly referred to as “Buy In” or Entrance Fee Community. Until recently, they were known as “Continuing Care Retirement Communities” (CCRC). Often a “luxury” model retirement communities.
- ❖ There are several different types of CCRCs and different models of payment. Entrance fee may be partially refundable or non-refundable depending on model.
- ❖ Individuals must be independent upon move in, and can age into other services. Typically provides all levels of care – IL, AL, MC and SNF on the same campus.
- ❖ As a resident’s needs change, the individual must move to different buildings or areas of the building or campus to receive the next “level” of care. Costs typically escalate as more care is needed.
- ❖ Sometimes a CCRC of some kind is a great fit. Other times, it is definitely not. (May not be a good fit if you do not plan on living there for at least 5 years.)
- ❖ If you are considering a CCRC – ASK A LOT OF QUESTIONS. Consult with a **Financial Advisor** who has some familiarity with CCRCs and review paperwork.



How do I determine if a community is the right fit for me?

- ❖ Have a realistic understanding of your own situation, both currently and what is likely to develop within the next few years. Does this community meet your needs?
- ❖ Look at more than the average age of residents – focus on vibrancy and cognition.
- ❖ Look at activities and programs. Are there plenty of things you enjoy doing readily available? Do they offer services and amenities you want/need?
- ❖ Attend events and activities, have a meal, or a guest stay if available. Ask questions of the current residents. They are the experts.
- ❖ Ask about care limitations, in particular if you have an illness that likely points towards needing more advanced long term care in the future. Does this community have multiple levels of care available?
- ❖ Ask about flexible licensing. If considering an Independent Living community which also offers Assisted Living, will you need to move to another area of the building if you need assisted living services?
- ❖ Look at their most recent DSHS survey – have they had citations? How many? How serious? Have they had repeat issues?



How do I know if it's the right time for me or my loved one to move?

- ❖ How does your life compare now to 5 years ago? How do you envision it changing over the next few years?
- ❖ Are you thriving or merely surviving in your current home?
- ❖ How often do you socialize with others - Daily? Monthly? Are you isolated? Are you driving? How easily can you get out to the services you need, or can they get to you?
- ❖ Are you living on processed foods and microwavable meals?
- ❖ Are you a caregiver for a spouse/partner and feeling exhausted or that that is your primary identity?
- ❖ Have you had a fall or health scare in the past year?
- ❖ Have you been diagnosed with MCI or a form of dementia?
- ❖ How would moving affect your time with family?
- ❖ Who do you want to make that decision for you?

Cost of Long Term Care

Service in Seattle Metro Area	Monthly Average Cost 2021	Annual Average Cost 2021	Change since 2020
Home Care (Based on 45 hours per week)	\$ 6,923	\$83,070	1.49%
Home Care (Live In)	\$25,845	\$310,128	1.49%
Adult Day Care (5 days per week)	\$2,600	\$31,200	28.25%
Assisted Living (1 bedroom with average care)	\$6,750	\$81,000	No change
Nursing Home (semi-private)	\$9,916	\$118,990	-6.66%
Nursing Home (private)	\$11,984	\$143,810	0.25%
Adult Family Home	\$7,500*	\$90,000	Unknown

Genworth Financial - Cost of Care Survey 2021

<https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

*AFH cost drawn from local survey – not tracked by Genworth

Where do Era Living Communities Fit in?

- ❖ Eight unique, active, “**independent**” senior living communities in the greater Seattle area, family owned and operated for 35 years.
- ❖ All provide **assisted living services** to residents as they age into needing care. With **Flexible licensing**, no need to move to another apartment or building.
- ❖ **Secured memory care** is available at the Gardens at Town Square in Bellevue and Ida Culver House Broadview.
- ❖ All Era Living Communities offer rich and diverse life enrichment programming, tasteful elegant settings, and **innovative resident and family support services, available only at Era Living communities.**
- ❖ Long Standing partnerships with **University of Washington** Schools of Nursing, Pharmacy and Social Work, and the UW Retirement Association.

Questions for me?

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