



The Housing Dilemma: Backup is Here

ABSTRACT: Seniors and their families in West Michigan are not alone as they journey through the normal process of asking questions regarding resources, education, and housing options that are appropriate for their needs and fits their personality. There are resources available to help navigate through these and many other situations that may be carefully planned or many times, unexpectedly required. Questions that can be confusing or daunting to some can be explored by experts that not only help answer these questions, but respectfully listen to your heart and desires to carefully explain and show available housing options. These resources are free to seniors and their families focusing on the promotion of appropriate independent living within our community through exploration of senior housing, home care, and senior resources.

LEARNING OBJECTIVES/OUTCOMES: Participants in this workshop will:

1. Be able to know the various resources available for seeking appropriate housing options that meet their physical, emotional, and financial needs.
2. Understand an overview of the different levels of senior care, including home care and various senior living environments.
3. Learn of the financial resources that may be available to assist seniors in obtaining the services or living environment that is appropriate for them to maximize their quality of independence and life.

Elizabeth Harrell, Senior Living Consultant - Crossroads Eldercare Planning

Bio: Elizabeth is the founder and President of Crossroads Eldercare Planning, an eldercare referral agency created to serve seniors and their families by educating on options for housing, home care, and senior resources. Elizabeth is an enthusiastic MSU Spartan and lives in East Grand Rapids with her two teenage sons. She is the President of the Council on Aging of Grand Rapids, Secretary of the West Michigan Healthcare Network, and a board member of Senior Neighbors.

John Farrington, Housing Coordinator - Senior Neighbors

Bio: John is the Housing Coordinator for Senior Neighbors. The Housing Program started in January 2015 with the goal of serving 150 seniors; however, their goal has been surpassed having served over 200 seniors. John's goal is to assist seniors in finding safe, stable, and affordable housing within subsidized and independent apartments along with addressing evictions, and other housing needs. We serve any senior age 60 and above that lives in Kent County.

Chad Sutcliffe, Assistant Professor, Allied Health Sciences - Grand Valley State University
Degree/Credentials (highest degree listed first): MHA, MEd, NHA

Bio: Chad's background includes health care administration, clinical research, and educational leadership. Before joining GVSU's faculty, Chad transitioned into health care starting at Spectrum Health where he earned his Nursing Home Administrator's license and experienced long term care administration, consulting, and research in non-profit and for-profit environments focused on access and quality of care. Chad earned a BA from Cornerstone University, MEd and MHA from GVSU, and is currently working on his PhD in Organizational Leadership.

Continuing Education Units (CEU):

N = Nursing

O=Occupational Therapy

S = Social Work

A = Nursing Home Administrators



Crossroads Education Series Senior Housing Myths

Myth: Dementia care communities are just like assisted living communities but have locks on the doors.

Reality: Dementia communities can and should be designed and staffed in ways that address the specific needs of a resident that has memory loss. The staff should have training in how to care for a person in a way that reduces their anxiety and improves their quality of life. This can include knowing how to distract, cue and redirect someone when they are becoming confused and agitated, in a way that doesn't make the situation worse and that retains the resident's dignity. The community should have special life enrichment programs and activity stations that the resident can enjoy and keep busy with and that are proven to be of interest to people whose memories have taken them back in time. These would include areas that have pictures, clothing and memorabilia that are from the resident's younger days, stations to fold towels or clothes or have other hands on activities to distract a resident or make them feel like they are contributing, quiet rooms with pleasant soothing sounds and aromas to relax an agitated or worried resident. Activities that are within the ability or interest of the resident, such as talking about a farm or war time, life in the old days or maybe enjoying some gardening can create confidence and well-being. Some communities that have been built more recently also have design features that help a resident to orient themselves and increase their independence, such as hallways and doors in contrasting colors, and areas to walk around a community, inside and outside, rather than just up and down a hallway.

Why it matters: Unfortunately very little can be done to stop or reverse memory loss. In fact reducing the anxiety of people suffering from dementia is often the most important consideration. Being in a community that specifically addresses the unique needs of these residents can go a long way towards accomplishing these goals.

Let's look at an example: Laura is looking for a community for her father Steve who is 90 years old. Steve was diagnosed with dementia several years ago and as his memory loss has progressed he has started getting very confused as to time and place, and where he should be. This has led him to leave the house in the middle of the night thinking he has an appointment at his former place of employment. Recently he was picked up by the police wandering without a coat on a cold winter's night. Laura realizes she must now find a community for him to move to where he can be safe and comfortable.

Myth: Laura needs to find a community that her dad cannot elope from for him to be safe and comfortable.

Reality: Safety should be a top concern, but the search for the right community for her father should not stop there. There are assisted living communities that have locked and alarmed doors or use wander guard systems for the resident's safety, but that do not have the extras that can make such a difference in their quality of life. The right community for Steve might also include an activity area that can partially replicate his work, a secure area outside that he can walk around, trained staff that know how to redirect him from his plans to leave without creating unnecessary agitation, and that have other residents that are experiencing similar issues so that he is not singled out as an unusual case and potentially excluded or avoided.

Why it matters: Every year of a person's life is special and all efforts toward improving quality of life should be strived for at all costs. Choosing the right type of care can make an enormous difference in the quality of daily life of a person with dementia.



Crossroads Education Series Senior Housing Myths

Myth: Moving into an assisted living requires a long term commitment and contract.

Reality: Almost all assisted living communities offer for respite or short term stays based on availability which are billed at daily or weekly rates and can be anywhere from 1 week to 3 or 4 months. Sometimes the daily rate can be a bit higher than the rate for a resident under contract but it can also sometimes be lower because communities are trying to use respite stays as a way to attract new residents. A respite resident receives identical care and services to a contracted resident but is not required to pay an initiation fee or sign a long term contract because the intent is to have the stay be short term. A respite resident still has to meet the same admission criteria as a permanent resident.

Why it matters: For some people, the idea of moving from home to an assisted living is overwhelming and scary and for that reason they decide they will just stay home. If given the opportunity to stay at an assisted living for a respite or temporary stay they may be able to alleviate some of those fears and move forward with the decision to move. Also, caregivers can often feel overwhelmed by their responsibilities or have an obligation or illness that makes them unable to be there for the person they are caring for. Respite stays can provide safe care and housing for their loved ones so that they can either rest or attend to their obligations. Also, respite stays can be used as a temporary solution when a crisis has occurred and more time is needed to determine a permanent solution.

Let's look at two examples:

Barbara has been caring for her mom Sally at her home since Sally's husband died. Her mom relies on Barbara to help her with many of her activities of daily living as well as provide companionship to her by sharing meals and watching TV. Unfortunately, Barbara needs a hip replacement surgery for herself and will be unable to provide care for her mom for up to two months and also wants to really be able to rest and not worry so she can heal as quickly as possible. She has been asking family for help but no one is available and she is very concerned with how she is going to deal with her mom's needs and her own recovery.

Myth: Barbara will need family or in home care to be able to get the help she needs for her mom.

Reality: Sally can move to an assisted living community for a short term stay and pay week to week until Barbara is healed enough to begin providing care for her again.

Why it matters: If caregivers are not aware of the options for respite care, they can postpone or neglect their own healthcare or personal needs. This can lead to burnout, resentment or a health decline on the part of the caregiver so that they can no longer handle their responsibilities.

John and Kathy's mom was brought to the hospital on a Friday night after being picked up by the police wandering down a busy street without a coat on in the middle of winter. She was checked out in the emergency room but found to have no issues other than her dementia and cannot be admitted to the hospital. The discharge planner has recommended that she does not go back home alone and John and Kathy are frantically trying to rearrange their schedules at work so that one of them can stay home and care for her and the other can start figuring out a long term plan.

Myth: John and Kathy have to make a quick decision which community to move mom into, or care for her at their home.

Reality: With the proper assistance, John and Kathy could quickly identify communities that could immediately take Joanne as a temporary resident into their memory care unit. This would allow them time to still manage their work and personal obligations while taking their time to be sure to choose the right permanent solution that will be a good fit for mom's financial, clinical and emotional needs.

Why it matters: Without knowledge of temporary respite stays families may be pressured to sign contractual agreements to communities that are not the best option, or bring their loved ones home and struggle to find time to care for them while simultaneously looking for a permanent solution and attending to their own family and work obligations. A difficult and unnecessary scenario!



Crossroads Education Series Senior Housing Myths

Myth: Assisted living is private pay only and is too expensive for many seniors.

Reality: A licensed assisted living is expensive, but usually runs at least 30% less than a nursing home. Also, in addition to private pay funds many residents can qualify for VA benefits (even as a spouse of a veteran) or Medicaid waiver. There are also bridge loans offered by some companies that can loan a person money while their house is being sold, using the value of the house as collateral. Some properties run specials that can last up to twelve months, or can help residents to share rooms to reduce costs.

Why it matters: It all comes down to having options. When seniors and their family members are making the very important decision of where to spend their last years so they are safe and comfortable, they need to be aware of all possible options. With incomplete information seniors needing help can end up prematurely in a nursing home or choose not to move at all, when it is to their benefit to have around the clock supervision to maintain their safety, health and quality of life.

Let's look at an example: *Edward is 88, has an income of \$1,000 per month and is a Veteran. He has Parkinson's and is having a hard time walking, getting dressed and taking showers. He also cannot drive. He has about 15,000 in his checking account. Edward's son Steve is looking for assisted living for him and has called around a bit. He is being quoted prices averaging \$4,000 per month. He can't afford to help his dad financially and has decided to have him move in with him, even though he works full time and will rarely be home, and Edward would prefer to move to an assisted living.*

Myth: Edward can't afford assisted living and will have to move in with his son or make other arrangements to get the care he needs.

Reality: Initially Edward could choose an assisted living and start paying privately with his income and savings. He would immediately apply for VA benefits and would receive approximately \$1800.00, including retroactive funds from the date of application. This would slow down the rate at which his savings are depleted. He can apply for Medicaid and once he is approved and his savings are spent down, he can be assessed for the Medicaid waiver program and the community can start receiving funds to cover the cost of some of his care. Even though the income limit for Medicaid waiver is currently \$2199.00 per month, his higher income still qualifies, because approximately \$700.00 of the VA benefit is excluded from the income count. With the two additional funding sources and his income, Edward can afford assisted living.

Why it matters: Choice! Applying for these funding programs isn't easy or quick and not everybody has the time or energy. Also, it is certainly possible to not be approved for various reasons. But these are very valid, legitimate programs that are available not only help the resident but also to keep people out of skilled care and on full Medicaid. Families need to know about these programs as part of the resources that are available to them so they can decide for themselves how to proceed.

Basic qualifications of funding programs: *Medicaid Waiver* - Must be qualified for Medicaid, must meet a level of care determination, and must make less than \$2199.00 gross income. *VA benefits* - Must have served or be a spouse of a Veteran who has served at least one day (at least 90 days total active duty) during a qualified time of war, must have been honorably discharged, must have not been divorced from the veteran or remarried after their death (if the widowed spouse of a veteran), must have less than approximately \$80,000 in assets not including a house or car, and must have documented care expenses exceeding income.



Crossroads Education Senior Housing Myths

Myth: Most assisted living communities offer pretty much the same levels of care.

Reality: In West Michigan we are blessed with well over 100 different assisted living communities. Not only do each of these communities look different and offer different amenities, more importantly they are licensed differently (or not at all), offer different care levels, and are qualified (or unqualified) to accept different funding and insurances.

Let's look at a couple of examples:

Julie is looking for a place for her dad. Dad is in a wheelchair due to a stroke but his cognition is still relatively good. Julie went to visit a couple of assisted living communities and was told by the admission representative that her dad needs skilled care because he could not walk. Because of that information, she had shifted her search to skilled nursing facilities.

Reality: Assisted living facilities offer different levels of care either due to their license, or their business model. Many assisted living communities can provide two person transfers and have trained staff members to operate mechanical lifts to help non ambulatory residents.

Why it matters: Assisted living communities often offer a more home like and private setting and cost between 30 to 50% less. If given the choice most people would prefer to live in an assisted living instead of a skilled nursing facility, and should be given the tools to understand their options to make the best choice for their loved ones.

Tom's dad was recently widowed and wants to move into an assisted living so he isn't so lonely and has someone to help prepare meals and make sure he takes his meds on time. He has chosen an assisted living, but after moving there he tried to use his long term care policy and was rejected because the assisted living community does not hold a license.

Reality: Assisted living communities can legally operate and be licensed as Adult Foster Care, Home for the Aged, or be unlicensed. Many different funding options only work in licensed communities.

Why it matters: In order to avoid moving again, people need to be aware of how a community is licensed and how that affects their ability to use Medicaid Waiver, Long Term Care insurance and Veteran's Benefits.

Karen's mom and dad want to move together to an assisted living. Dad has a feeding tube due to radiation damage to his esophagus, and he is able to manage the tube on his own except for setting the timer. Mom is pretty independent and will mostly be a companion to dad. Karen has been calling around but has been told no either due to her dad's feeding tube or the shared room with two distinctly different levels of care. At this point they feel like dad will have to move to a nursing home and mom will stay home alone. This is hard for Karen as her parents will become very depressed without each other.

Reality: Some communities cannot have two people needing care in the same room due to the license they hold. Some communities cannot accept people with a permanent feeding tube due to the license they hold. A handful of communities can and will do both.

Why it matters: If this family does not get the right information, a couple that has been happily married for 62 years will sadly have to live their last years apart.



Crossroads Education Series Senior Housing Myths

Myth: My neighbor's mom had a horrible experience at the assisted living in my neighborhood so I would NEVER have my mom move there.

Reality: There are so many variations to this statement such as "They let my dad fall and he was on the floor all night", "My mom hasn't been given a shower in a week", "My wife needed help and had to wait for an hour after ringing a call button" and "They took all my parents savings and then when they ran out of money they kicked them to the curb!" Accusations regarding senior living facilities often are a result of unrealistic expectations, miscommunication and sometimes emergencies that occur unexpectedly. There are of course situations in which errors, sometimes tragic errors, are made. But the idea that senior care facilities are staffed by people who don't care or are purposefully neglectful is just not true.

Why it matters: Many times these stories take on a life of their own and are still being told years after the "incident". At worst the stories are just not true and at best the error was unintentional and has been learned from and corrected by the community. Without further investigation and knowledge, these unsubstantiated rumors can paralyze a senior housing search due to fear and people that may have otherwise greatly benefited from living in a senior community, remain at home alone.

Let's look at a few examples:

They let my dad fall and he was on the floor all night waiting for help! The first question is whether dad is in an assisted living that has 24 hour awake staff. These sorts of incidents are more likely to occur at independent living communities where the care has to be scheduled. If care has not been scheduled at night then no one will know that someone has fallen until breakfast, when they didn't show up.

My mom hasn't been given a shower all week. Resident's in senior living communities retain all of the rights they enjoyed before moving. One of these is the right to decline a bath. Unfortunately, either due to dementia, fatigue or modesty, many seniors are very resistant to bathing. If they refuse, the community cannot force them. So in many cases, a person refusing a bath is not the fault of the community, although it would be important to see whether the caregivers are trying different approaches and to communicate concerns with loved ones.

My wife needed help going to the bathroom and had to wait an hour after using the call button. This is one those situations that can happen when there is another emergency happening in the building. Unfortunately there are times when the staff members that are present need to prioritize who they help based on whether a situation is life-threatening or the person is in pain. There are times when everyone needs something at once, and sometimes people have to wait longer than promised. As long as this is not a pattern, it does not mean the community is understaffed or the caregivers are lazy.

They took all of my parent's money and then kick them to the curb when they ran out. There is usually much more to these stories. All senior living communities have some form of a contract that clearly spell out the financial obligations of the resident, and under what conditions the resident might have to move, whether it be level of care, financial, dementia etc. These parameters are not often clearly communicated or heard, but should be in writing. A closely read contract can usually help avoid these issues. As far as being kicked out to the curb, the family member of a resident is almost always consulted with at length about strategies to stay or ideas about other options for new housing. A minimum of a 30 day written notice is required to force someone to move. Communication both before and during the residents stay can alleviate many of these issues.

In summary, it is best to keep an open mind when searching for a senior care community, don't believe everything you hear, ask questions, and don't cross a potential community off of your list until you get the truth.



Crossroads Education Series Senior Housing Myths

Myth: Independent living communities are designed for seniors who want to downsize but are still able to do everything else for themselves.

Reality: In the past, Independent living communities were places that seniors would move to after retirement. Except for offering a sense of community, most residents were still completely independent. Now, independent living communities offer on-site home care to help with activities of daily living, meals, transportation, and many other amenities and activities to help seniors who really can no longer live safely home alone, either physically or emotionally.

Why it matters: Many people postpone moving when it is clear they need assistance because they do not want to, or can't afford to, move to "a nursing home". It is important to have accurate information on your senior housing options, and to clear up any preconceived ideas, so that a move that could potentially greatly improve the quality of life of a senior isn't unnecessarily postponed.

Let's look at an example: *John's mom Delores is 79 and suffers from arthritis, making it difficult for her to get dressed in the morning and to take showers on her own. She also struggles to keep the house clean and doesn't cook much anymore. John and his wife are exhausted with having to come over and help her all of the time, but Delores is dead set against a move and claims she will never move to a "home". John and his wife are concerned too, because they called a few places and they were told the cost was over 3,000 per month, an amount that Delores can't afford for long. They have put off the move and continue to be Delores's caregivers.*

Myth: Delores's options are to stay home with help from her family and home care, or move to a nursing home because she can't afford assisted living.

Reality: Because Delores's care needs can be anticipated and scheduled, she can move to an independent living apartment that has homecare on site, 3 meals a day and offers light housekeeping. The cost could be 50% less than an assisted living*

Why it matters: It is important for the caregivers almost as much as the seniors themselves to not limit their options or get stuck in a cycle of worry and ruminating due to incomplete and inaccurate information. When seniors stay home and rely on assistance from family members the end result can sometimes be frustration, resentment and burnout for the caregiver. If possible, the adult children of seniors needing assistance should be able to enjoy their relationship with their parents and not see it as another source of stress and hard work. Being aware of suitable and desirable housing options for seniors can improve the quality of life for the whole family.

***An important caveat** – Independent living, no matter how many services are purchased, is NOT equivalent to assisted living. Assisted living communities are generally licensed, are inspected for care quality and staffing ratios by the State, and have 24/7 awake staff. The key difference between independent living and other housing options is the level of assistance offered for daily living activities. If you require around-the-clock help with eating, dressing, transferring and using the bathroom, or require regular medical assistance, other housing options such as assisted living facilities or nursing homes may be a better fit.



Crossroads Education Series Senior Housing Myth

Myth: The Veteran's Aid and Attendance benefit is available to all Veterans, has no financial lookback period, and can be used in any senior care community or at home. Spouses of Veteran's can always get benefits as well.

Reality: There are many qualifications that need to be met to be approved for this benefit including dates of military service, assistance needed, and income and asset amounts. Regarding a financial lookback, the Veteran's administration is advising families not to transfer assets within the 2 year period prior to applying to avoid having the application delayed or denied. This is a cash benefit provided to the family and can be used to help pay for care, but it is much harder to qualify for the benefit at home or in an independent living situation, and the application is most successfully processed by the Veteran's Administration. A widowed spouse of a Veteran needs to have been married to the Veteran at the time of death and not have remarried and meet the same financial and care qualifications the Veteran would need to meet.

Why it matters: Many times people move their loved ones into communities with the assurance that they will qualify for VA benefits. When they end up not qualifying because they don't have accurate information, they often cannot afford to stay in the community.

Let's look at an example: *John served proudly in World War II and is now 90 and has a hard time living home alone due to being socially isolated and not always taking his medications correctly. He has agreed to move into a senior community that has assured his family that they can use VA benefits there. The community he has chosen offers meals and light housekeeping and has a home care company on site that he is going to pay \$200 a month to remind him to take his medications. John's income is \$1800 per month.*

Myth: John is a World War II veteran and is moving into a senior care community that offers meals and he also is paying for medication assistance so he should qualify for VA benefits.

Reality: John does not need the level of care necessary to trigger the benefit and will probably be denied. In John's case he is only spending \$200.00 per month on care which is lower than his monthly income. One of the standards the VA looks for, that John does not meet and is that the cost of care needs to be higher than income. The reason it can be easier to obtain the benefit in a licensed assisted living community is because the whole monthly cost of the community is counted as a care cost, rather than just the cost paid to a home care in an independent community or at home.

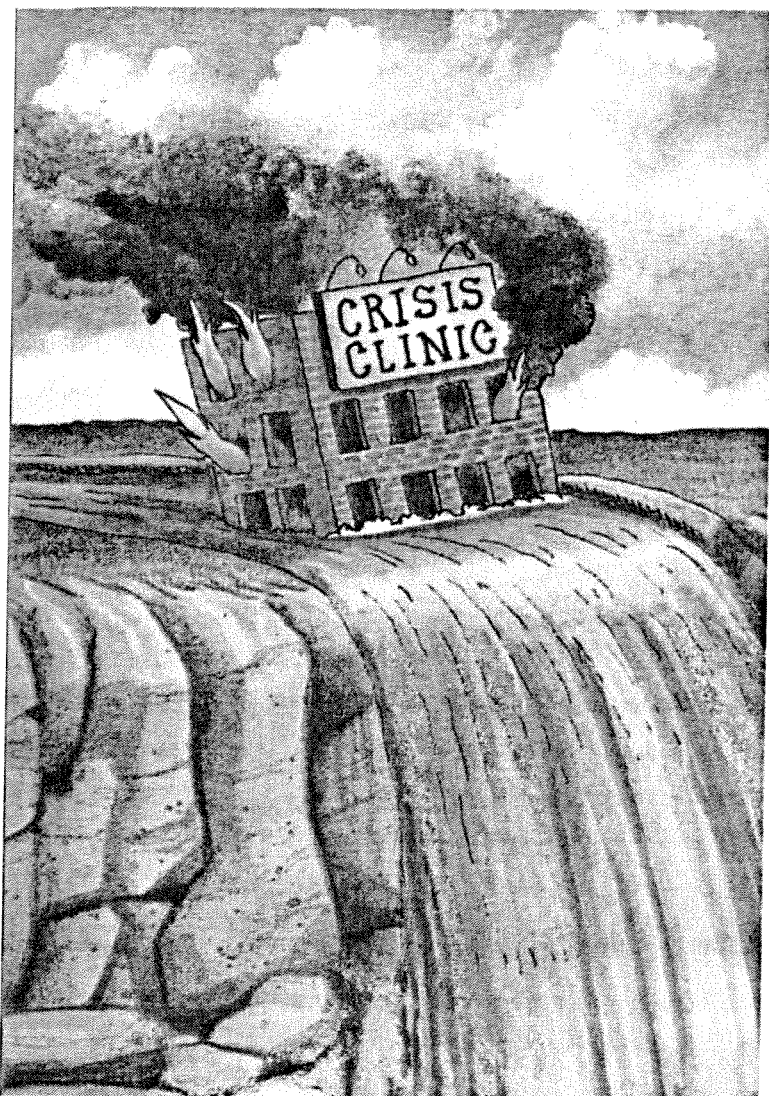
Who is Eligible?

Any War Veteran with 90 days of active duty with at least one day during active War time, with Honorable Discharge is eligible for this benefit. A surviving spouse of a War Veteran may be eligible if married at the time of death. The individual must qualify both medically and financially. The amount of assets are considered when qualifying for this benefit however, many things, including their home, vehicle, pre-paid funeral expenses and other items may not be included in this number.

Eligibility dates are:

- World War I 5/9/1916 - 11/11/1918
- World War II 12/07/1941 - 12/31/1946
- Korean Conflict 6/27/1950 - 1/31/1955
- Vietnam Era 8/5/1964 - 5/7/1975
- Persian Gulf War 8/2/1990 - present

This is only a brief introduction to VA benefits and there is much more to learn and consider when applying. The Veteran's administration is available to answer additional questions.



DOES THIS FEEL
FAMILIAR?

Defining senior housing to understand what each type of community offers.

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Do you know the difference between assisted living, independent living, dementia care and skilled nursing? In an unbiased presentation, Elizabeth Harrell will provide facts and dispel myths and misconceptions to help you make sense of the many housing options available.

There are many different types of senior housing. It is very important to know the differences

Independent living with services

- Payment options besides private pay *may* include VA benefits if applicable
- Studio, one and two bedroom apartment style living.
- Unlicensed
- Home care on site for private duty home care
- Usually very comprehensive activity calendars
- Often 1-3 meals per day included
- 1500 to 4k per month

Considerations

- While this type of community offers assistance, it is different than assisted living.
- VA benefits, long term care insurance and Medicaid Waiver can be more difficult to use in these types of communities

Assisted living and Secure Memory Care

- Payment options besides private pay *may* include VA benefits, Medicaid waiver, and long term care insurance
- Licensed
 - Adult Foster Care (6-20 people)
 - Home for the aged (21+ people)
- Unlicensed
- Life enrichment is a big focus and changes depending on the community members. Residents are encouraged and reminded to take part in activities.
- Care provided differs depending on license and property but generally includes 24/7 awake staff, 3 meals per day, medication management, and assistance with bathing, grooming and dressing. Many, but not all, assisted living communities also provide 2 person assists, mechanical lifts, special diets, incontinence care, wound care and diabetic care including sliding scale injections.
- State recommended staffing ratios are followed, licensed communities are surveyed and complaints are investigated.

- Memory Care communities are secure with keypads and/or alarms. Added care includes specially trained staff, programming and life enrichment designed for the memory impaired, and generally higher staffing ratios.
- \$2,500 to 6k per month

Considerations

- Many assisted living properties can provide end of life care and collaborate with hospice for support
- Assisted living communities can vary widely on the level of care they will provide, or are licensed to provide
- These communities must be licensed and staffed appropriately to have LTC insurance approved

Continuing Care Retirement Communities

- Payment options besides private pay *may* include VA benefits, Medicaid waiver, and long term care insurance. Benevolence funds and Medicaid are generally not used until after a resident has paid privately for some time.
- Includes independent living, assisted living, memory care and skilled nursing and rehabilitation all on one campus or within one continuing care provider.
- Many, but not all, CCRC's offer life care contracts and access to benevolence programs, but with different requirements to qualify
- Added life enrichment benefits such as swimming pools, libraries, larger campuses with natural areas and walking paths.

Considerations

- CCRC's do not all offer life care contracts and residents can and occasionally do have to leave if they deplete their funds
- The director and medical staff generally make the decision when the resident has to move to the next level of care
- Assisted living areas within CCRC's generally will not provide high levels of assisted care such as a 2 person transfer. Transfers to skilled care may occur with higher frequency
- These communities seldom accept new residents using Medicaid as a payer source

Residential Care Homes

- Payment options besides private pay *may* include VA benefits, Medicaid waiver.
- Generally licensed as Adult foster Care 6 person small group home
- Care provided is similar to an assisted living with one and sometimes 2 staff members on site 24/7.
- \$2k to 4k per month

Skilled Nursing and Rehabilitation

- Most skilled nursing homes have all of their beds dual certified (Medicaid and Medicare)
- Long Term Skilled Care and Rehabilitation is provided
- Medical care including feeding tubes, ventilators, deep wounds, IV's and other medically high acuity care can be provided.

Considerations

- Residents must be approved financially and pass a level of care determination (LOCD) to qualify for LTC Medicaid
- Patients can choose the rehabilitation center they prefer when discharged from a hospital
- Rehabilitation patients are discharged based on progress and Medicare criteria *not* on when they are safe to go home

Funding options

Don't assume that Medicare, Medicaid and Social Security will pay for your care and housing needs when you no longer can care for yourself.

Medicare

- Traditional Medicare/ Part A and B
- Medicare Advantage / Part C
- For hospital stays, rehab and some skilled home care, generally short term

Medicaid

- For the financially qualified
- Can pay cost of room and care in a licensed skilled facility if qualifications are met
- Must pass level of care determination
- Community Medicaid/food stamps and financial stipends

Medicaid Waiver

- For use outside of a skilled care community. Not an entitlement program. Must pass level of care determination. Must be used at an approved location

Long term Care insurance

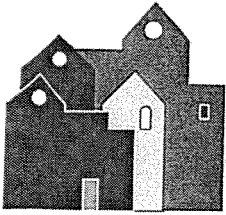
- Generally needs to be used in a licensed community
- Generally needs to follow contract rules exactly or appeal to provider for an exception

Veteran's benefits

- Care costs must exceed income
- Qualifying dates must be met
- Care requirements need to be documented by physician
- Much more difficult to get in an independent living community.

SENIOR NEIGHBORS

HOUSING COORDINATION PROGRAM



HOUSING COORDINATOR JOHN FARRINGTON
PHONE 616 233-0280 EMAIL jfarrington@seniorneighbors.org

PROGRAM GOAL: Assist seniors in obtaining and maintaining appropriate housing and shelter.

SERVICES PROVIDED

- Assist clients in maintaining current housing.
- Provide clients information and options regarding housing.
- Help clients identify and apply for affordable housing.
- Assist clients who are currently homeless in finding stable, safe and affordable housing.
- Assist clients with housing crisis situations including evictions.
- Coordinate with other support services to assist clients overcome housing obstacles.

ELIGIBILITY

Program is available to all seniors age 60 and over who live in the Kent County area.

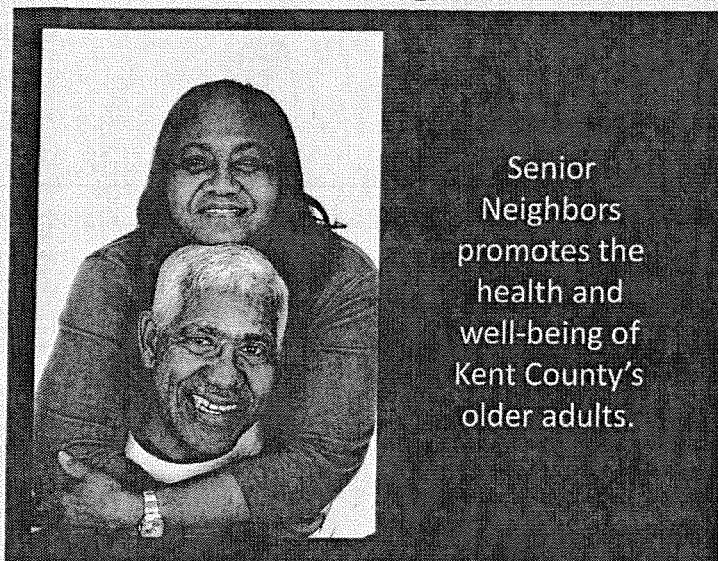
If you have a housing situation that you are unsure about or have a general housing question, please contact the Housing Coordination Program. We will try to assist you with whatever your housing issue is or will try to coordinate with other support agencies to assist you.

For assistance or to make a referral contact Housing Coordinator John Farrington at (616) 233-0280 or Senior Neighbors at (616) 459-6019.



Senior NEIGHBORS

no longer alone



Senior
Neighbors
promotes the
health and
well-being of
Kent County's
older adults.

CENTRAL OFFICE
678 FRONT AVE NW #205
GRAND RAPIDS, MI 49504

P - 616.459.6019
F - 616.459.6953

GRAND RAPIDS SENIOR CENTER
333 DIVISION AVE. S #100
GRAND RAPIDS, MI 49503
P - 616.459.3040

SPARTA SENIOR CENTER
HARVEST WAY, 100 IDA RED
SPARTA, MI 49345
P - 616.887.1273

GRANDVILLE SENIOR CENTER
3380 DIVISION AVE.
GRANDVILLE, MI 49418
P - 616.531.5250

WALKER FIREHOUSE CAFE'
4101 LAKE MICHIGAN DRIVE
WALKER, MI 49534
P - 616.735.3240

LOWELL SENIOR CENTER
314 SOUTH HUDSON
LOWELL, MI 49331
P - 616.897.5949

**RETIRED & SENIOR
VOLUNTEER PROGRAM (RSVP)**
678 FRONT AVE NW #205
GRAND RAPIDS, MI 49504
P - 616.459.9509

www.seniorneighbors.org

Senior NEIGHBORS

no longer alone

SUPPORT AND REFERRAL

- Caseworkers help with crises, address concerns, and assist in finding referral sources
- Transportation assistance and referral
- Medicare/Medicaid counseling

WELLNESS

- Pathways for maximizing an individual's body, mind, and spirit
- Specialized fitness and wellness programs

SENIOR CENTERS

- Opportunities for older adults to remain healthy, independent, and connected to community
- Recreational and social activities
- Delicious lunches

HOME MAINTENANCE

- Minor home repair and maintenance
- Repair information and counseling

VOLUNTEER

- Welcoming students through seniors for individual, group, and corporate volunteering

RETIRED AND SENIOR

VOLUNTEER PROGRAM (RSVP)

- Volunteer opportunities for persons aged 55 and over



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Corp. for National and Community Service



**Kent County
Senior Millage**

