

SOUTHEASTERN CONNECTICUT SENIOR SERVICES GUIDE



Introduction

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

Perhaps your family member can no longer care for himself or herself ... or perhaps the person has a progressive disease like Alzheimer's ... or has had a stroke or a heart attack.

No matter the reason, those involved experience considerable stress.

At times like these, you need to take a deep breath and then pursue the available options. You can make the right choices for you and your loved one if you dedicate yourself to obtaining helpful information.

This Southeastern Connecticut Senior Services Guide will help provide you with information and answers to questions which the Elder Solutions Center™ at my law firm deals with on a daily basis.

We hope you find this information useful.



Joseph A. Cipparone

KEPPLE, COLE-CHU
& CIPPARONE
AVENA
ZACCARO PC.
COUNSELLORS AT LAW

261 Williams Street
New London, CT 06320
(860) 442-0150
FAX (860) 442-8353
www.kccaz.com

©2011

INDEX

	Page #
Chapter 1: Senior Care Options.....	4
Chapter 2: Care Planning.....	8
Chapter 3: Home Care.....	10
Chapter 4: Continuing Care Retirement Communities.....	12
Chapter 5: What is Assisted Living.....	22
Chapter 6: Nursing Homes.....	28
Chapter 7: Cost Comparisons Between Alternative Options and Aging in Your Home.....	34
Chapter 8: Southeastern Connecticut Senior Services and Facilities.....	35
Chapter 9: Southeastern Connecticut Elder Law Attorneys.....	40

CHAPTER 1

SENIOR CARE OPTIONS

Home Health Care

Home health care is provided in an individual's home by outside providers and aims to keep the individual functioning at the highest possible level. Services range from basic assistance with household chores to skilled nursing services.

Adult Day Care

Adult day care programs provide meals and care services in a community setting during the day while a caregiver needs time off or must work.

Respite Care

Respite care is provided on a temporary basis to allow a primary care provider or family member relief for a few hours or days.

Modular Home Communities

Modular Home Communities have full time residents or ones who reside only part of the year with them. Part time residents may be "snowbirds" coming for three months or a bit longer. The lots and the mobile units (which are not really very mobile) may be leased to, or owned by, the residents.

"Seniors Only" Apartments

Some older seniors sell their homes of many years and move to an apartment. This frees up equity that can then supplement income through interest or dividends earned through investment of the sale proceeds. The move also frees seniors from home maintenance and grounds-keeper chores. For others, living in a large complex of all seniors also affords a greater sense of security and sociability than living in a private home.

Shared Housing

Seniors can share their home, or share the home of another. The roommate need not also be a senior. Professional organizations which specialize in these arrangements match the two parties based on needs on one side with abilities to provide on the other side. They screen before matching and follow up afterwards to the match is mutually beneficial. Most organizations who facilitate home sharing are non-profit and supported from sources other than those seeking their help.

Seniors who share their home, are Aging In Place, and should understand the planning that will help to do it successfully.

Age Restricted "Retirement Communities"

A senior community can be like any other neighborhood or community except restricted to people usually 55 or over, or 62 and over. Differences in minimum age is usually established when the original community entitlement and funding is obtained. Those with a 55+ restriction require one resident to be 55+. Other residents must be over 18, but are permitted to be younger than 55. In a 62+ community all residents must meet the age requirement. HUD regulations used to require amenities, activities and services that cater to seniors to be provided or available. Although no longer required by law, to be competitive and attractive to a retirement lifestyle, age-restricted communities continue to offer amenities, activities and services that cater to residents.

Retirement Communities are oriented toward an active lifestyle, or "younger thinking" seniors. They might offer golf, tennis, swimming pool and spa, exercise rooms and a variety of clubs and interest groups.

Congregate Care

Congregate care is similar to independent living, but features a community environment, with one or more meals per day prepared and served in a community dining room. Many other services and amenities may be provided such as transportation, pools, a convenience store, bank, barber/beauty shop, resident laundry, housekeeping, and security.

Assisted Living

Assisted living provides apartment-style accommodations where services focus on providing assistance with daily living activities. These facilities are designed to bridge the gap between independent living and nursing home care. Assisted living facilities provide a higher level of services than retirement communities including meals, housekeeping, medication assistance, laundry, and regular checks-ins. Managed Residential Communities (MRC) contract with an Assisted Living Services Agency (ALSA) licensed by the Connecticut Department of Public Health to provide nursing and personal care services to residents who need such services. For more on Assisted Living Facilities, see Chapter 5.

Continuing Care Retirement Communities (CCRCs)

Continuing Care Retirement Communities (CCRCs) or communities offering Life Care are designed to offer active seniors an independent lifestyle regardless of future medical needs. These communities are planned and operated to provide a continuum of care from independent living through skilled nursing. The facilities allow individuals to live within the same community as their needs progress through the spectrum of care. They may require a deposit or loan followed by monthly payments covering services, amenities and needed medical. The deposit may be refundable in part, or not at all, based on how many years the senior lives in the CCRC.

Continuing Care Retirement Communities are also known as:

- Continuing Care Retirement Facilities
- Life-Care Facilities, and
- Life-Care Communities.

Continuing Care Retirement Communities offer service and housing packages that allow access to independent living, assisted living, and skilled nursing facilities. Seniors who are independent may live in a single-family home, apartment or condominium within the Continuing Care retirement complex. If they begin to need help with activities of daily living (e.g., bathing, dressing, eating, etc.), the CCRC may transfer the resident to an assisted living or skilled nursing facility on the same site. Seniors who choose to live in a Continuing Care Retirement Community find it reassuring that their long-term care needs will be met without the need to relocate. For more on CCRCs, see Chapter 4.

Skilled Nursing Facilities (Nursing Homes/Convalescent Centers)

Skilled Nursing Facilities may be freestanding, or part of a community offering any or all of the following:

Congregate Care
Assisted Living
Continuing Care Retirement Community

It may specialize in short-term or acute nursing care, intermediate or long-term skilled nursing care.

Skilled nursing facilities are traditional nursing facilities that provide 24-hour medical nursing care for people with serious illnesses or disabilities. These facilities are state-licensed and care is provided by registered nurses, licensed practical nurses, and certified nurse aids. For more on skilled nursing facilities, see Chapter 6.

Hospitals

In addition to traditional services, many hospitals offer skilled or sub-acute nursing services either in their facility or on their campus.

Hospice Care

Hospice care is a combination of facility-based and home care provided to benefit terminally ill patients and support their families.

Other Senior Care Options

Fortunately, the range of senior care options continues to expand to better meet the care and financial needs of individuals. Senior Resources ((860) 887-3561) is currently expanding its databases to provide search tools for the entire continuum of senior care.

NAELA Senior Housing Locator

The NAELA Senior Housing Locator, powered by SNAPforSeniors is available through www.naela.org and is an online navigational tool to provide guidance as you navigate through the complex options for senior housing. You will find a Quicklink to this service on NAELA's front page. Simply click on SNAPforSeniors, then click the Search Now box, and enter a location ie. state or zip code and hit search.

CHAPTER 2

CARE PLANNING

The care planning process begins with an assessment. This assessment occurs while the individual is living at home or soon after a resident moves into a facility (ie. Nursing Home, Assisted Living, etc.) A geriatric care manager assesses a senior's ability to live at home.

A team from the facility, which may include a doctor, nurse, social worker, dietitian, therapist or staff member, uses information from both the resident and the family about the resident's medical and emotional needs.

The team will ask 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 that since I was a child."

During the assessment process, you can help by making your own list of your loved one's needs and provide it to the team to help with the assessment. 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 spaces below you can list your loved one's needs.

Medical needs:

Psychological needs:

Spiritual needs:

Social needs:

Special preferences and usual routines:

As a care advocate, you will want to monitor your loved one's care to be sure the facility is providing the care outlined in the care plan. You may also attend care planning meetings. This is the best way to ensure that your loved one gets personal and appropriate care in the facility.

CHAPTER 3

HOME CARE

Manage the Caregiver Relationship

List the duties you expect the caregiver to perform and clearly communicate the duties and the timing with the caregiver. Clearly explain your expectations and set boundaries for the caregiver's personal phone calls, breaks, etc.

However personal the caregiver relationship becomes, make sure all family members and the caregiver understand that the paid worker is not a family member. The caregiver should NOT have access to credit or ATM cards. Nor should the worker be paid in cash.

Pay close attention to your feelings. If the senior feels uncomfortable or incompatible with the caregiver, take action immediately. Either do not hire the person or discontinue his/her services if you've already hired the person.

Finally, remember in-home assistance is not the beginning of the end. Rather it's an active step to prolong a senior's ability to live in their lifelong home for as long as possible. Hiring an in-home caregiver is a proactive step that can help elders continue to lead healthy, active and happy lives.

Government Programs That Help Elders Remain At Home

Connecticut state government and the federal government have programs that can help elders remain at home. Some of the programs have wait lists so it may take a while to receive assistance. Contact Senior Resources, Eastern Connecticut Area Agency on Aging, 4 Broadway, 3rd Floor, Norwich, CT; Phone (860) 887-3561; web site (www.seniorresourcesec.org) to find out more about these programs. A sampling of the available programs is shown in the table on the next page.

Government Programs that can help pay for Home Care

Name of Program	Agency	Eligibility Criteria	Covered Services
Medicare Home Care Benefit	Center for Medicare Advocacy 1-860-456-7790	Need for at least one skilled service ie. nurse; is homebound	Part-time or intermittent skilled nursing care
Connecticut Home Care Program for Elders (State-Funded)	To apply contact DSS Alternate Care Unit at 860-424-4904.	Age: 65+ Level 1: Must be at risk of hospitalization or short-term nursing placement with two critical needs Level 2: must be in need of short or long-term nursing care with evidence of three or more critical needs	Adult day care, care management, chore, companion, home health aid, home delivered meals, laundry, skilled nursing visits, transportation, etc.
Connecticut Home Care Program for Elders (Medicaid)	To apply contact DSS Alternate Care Unit at 860-424-4904.	Age: 65+ Must be in need of nursing facility care and evidence of three "critical needs" ie. bathing, dressing, toileting, eating/feeding, medication administration, etc.	Adult day care, care management, chore, companion, home health aid, home delivered meals, laundry, skilled nursing visits, transportation, etc.
Personal Care Assistance	Contact DSS at 860-424-5388	Medicaid for the Working Disabled has liberal income and asset restrictions	Personal care assistance (bathing, dressing, companion)
Statewide Respite	Contact the Area Agencies on Aging at 800-994-9422	Diagnosed with dementia	Adult day care, home health aide support, homemaker, companion, skilled nursing visits
Veterans Aid and Attendance Benefit	Contact the CT Department of Veteran's Affairs, Norwich Office at 860-887-9162 Ask for George Skiles or Herb Mitchell	A veteran, or surviving spouse who needs aid and attendance with activities of daily living (eating, dressing, toileting); is blind; or has a physical or mental disability, a resident of a nursing facility	Individuals can use benefit to pay for home care, assisted living facilities, or nursing home.

CHAPTER 4

CONTINUING CARE RETIREMENT COMMUNITIES

The three different contracts available to people wishing to become a member of a continuing care retirement community (CCRC) are extensive, modified, and fee-for-service. All three cover shelter, amenities, residential services, and any short-term and emergency care. The contracts differ in the amounts of entrance fees and monthly fees.

An extensive contract covers unlimited long-term nursing care with no corresponding increase in monthly payments. This is the most expensive contract but may prove to be the most cost-effective in the long run. The modified contract covers a specific amount of long-term nursing care in the monthly payments. Once the specified amount is used, the resident must pay for any additional nursing care. Residents under the fee-for-service contract must pay for long-term care at daily nursing care rates. This is the least expensive plan initially because all future long-term nursing costs must be paid for separately from the contract.

Consult your financial planner and attorney to help you determine which type of contract is best for you.

To move into a CCRC, the applicant must be able to live independently. What is Independent Living?

Independent living is for people who want to and are able to live independently but do not want to maintain a home. Many people prefer to live in a community with others of the same age and with similar interests. A CCRC allows for a great deal of social activities and trips and also offers prepared meals and a wide range of amenities.

CHECKLIST FOR REVIEWING THE CCRC AGREEMENT

SPONSOR

1. Name of sponsor: _____
2. Is the sponsor affiliated with any other group? Yes ____ No ____
If yes, name of group: _____

3. What is the track record of the sponsoring organization? _____

4. Is the sponsor not-for-profit? Yes ____ No ____

5. Is the facility a member of LeadingAge (f/k/a American Association of Homes and Services for the Aging)? Yes ____ No ____

6. Does facility follow American Institute of Certified Public Accountants guidelines? Yes ____ No ____

7. Is the facility accredited by Continuing Care Accreditation Commission? Yes ____ No ____

8. Is the CCRC mature (i.e., more than 8 years old or at least between 3 and 9 years old)? Yes ____ No ____

9. Has the CCRC been continuously operating since opening? Yes ____ No ____

10. Is the occupancy rate at least 90%? Yes ____ No ____

11. Is the annual turnover rate 1% for each year of operation, but not more than 85% annually? Yes ____ No ____

12. Is the percentage of the population using health-related services less than 20%? Yes ____ No ____

13. Is the average number of residents per unit not more than 1.5? Yes ____ No ____

14. Is the average age of residents no more than 80 years? Yes ____ No ____

15. If the CCRC is under construction, have 80% of the units been pre-sold? Yes ____ No ____

16. If the CCRC uses a GAAP income statement, does it amortize its entry fees and establish a health care reserve for the unamortized portion of the fees? Yes ____ No ____
17. Is the Liquidity Ratio between 1.25% and 1.75%? Yes ____ No ____
18. Is the Capital Structure Ratio around 10% or 11%? Yes ____ No ____
19. If the CCRC is under construction or less than 3 years old, has an actuarial study been furnished showing the actuarial assumptions? Yes ____ No ____
20. Has Standard and Poors rated the debt of the CCRC? Yes ____ No ____
If yes, what is the rating? _____
21. Has Fitch Investors Service rated the debt of the CCRC? Yes ____ No ____
If yes, what is the rating? _____
22. Has the CCRC had a 90% occupancy rate for at least one year? Yes ____ No ____
23. Do residents have input into management decisions? Yes ____ No ____
If yes, to what extent? _____
24. Is the facility operated by the sponsor or by a professional manager? _____
If operated by a professional manager, who is the manager? _____

If operated by a professional manager, what is the track record of that manager?

25. Has the client reviewed the rules and regulations or facility handbook? Yes ____ No ____
- If yes, are the terms satisfactory to the client? Yes ____ No ____
26. Has the client reviewed the latest inspection reports available from the facility? Yes ____ No ____
27. Has the client visited with residents and asked them about the CCRC? Yes ____ No ____

ENTRY FEE

28. What is the entry fee? _____
29. Is the contract::
- Extensive? Yes ____ No ____
- Modified? Yes ____ No ____
30. What percentage of the entry fee is tax deductible as a medical expense? _____
31. Is the entry fee refundable? Yes ____ No ____
32. Is it refundable on a declining basis? Yes ____ No ____
- If yes, what is the basis? _____
33. Is it partially refundable? Yes ____ No ____
- If so, what portion is refundable during what period of time? _____
34. If the entry fee is refundable, does the CCRC send the resident a Form 1099? Yes ____ No ____
35. If the facility does not send the client a Form 1099, does the facility reimburse the resident, if a tax is later assessed? Yes ____ No ____

MONTHLY FEE

- 36. What is the amount of the monthly fee currently charged? _____
- 37. Are monthly fees for single and double occupancy clear? Yes ____ No ____
- 38. On what day of the month are monthly fees paid? _____
Is there a grace period for payment of monthly fees? _____
- 39. What are the late charges for late payment?
- 40. What notice is required before increase in monthly fees? _____
- 41. What have the fee increases been over the last:
 - One Year? _____
 - Two Years? _____
 - Three Years? _____
 - Four Years? _____
 - Five Years? _____
- 42. What are the formulas for increasing monthly fees? _____
- 43. Are increases in monthly fees capped? Yes ____ No ____
If yes, what is the cap? _____
- 44. Will the monthly service change when the resident is permanently assigned to:
 - Long-term care facility? Yes ____ No ____
If yes, by what formula? _____
 - Assisted care facility? Yes ____ No ____
If so, by what formula? _____

45. Are credits given for unused services? Yes ____ No ____

If yes, detail: _____

THE UNIT AND SERVICES

46. Does the agreement identify a specific unit? Yes ____ No ____

47. Are lease-hold improvements covered in the agreement? Yes ____ No ____

48. Are lease-hold improvements made by the resident covered in the agreement? Yes ____ No ____

49. What are the leasehold improvement provisions? _____

50. Are the services offered to residents of independent living clearly spelled out? Yes ____ No ____

51. What are the number of meals provided? _____

52. What is the guest policy? _____

53. What housekeeping services are provided? _____

54. What recreational facilities are provided? _____

55. What transportation services are provided? _____

56. What extra services are provided and what are the extra fees?

57. What type of emergency-related services are provided by the CCRC?

58. Does the CCRC check a unit, if the resident misses a certain number of meals? Yes ____ No ____

If yes, how many meals? _____

HEALTH SERVICES

59. Are the health-related services offered to residents in independent living clearly spelled out? Yes ____ No ____
What are those services? _____
What are the fees for these services? _____
60. Does the agreement cover the situation where the resident develops a condition which cannot be met by the CCRC? Yes ____ No ____
What happens? _____
61. Are pre-existing conditions covered in the agreement? Yes ____ No ____
If yes, how are they handled? _____
62. What happens if there is no vacancy in the nursing facility at the time it is needed by the resident? _____
63. How much of the monthly fee is tax deductible as a medical expense?

64. Does the resident or a member of his family participate in the decision to move him to assisted living or the nursing unit? Yes ____ No ____
65. If the placement in assisted living or the nursing unit is temporary, does the resident reserve the right to move back into his unit? Yes ____ No ____
If yes, for how long is this right reserved? _____
66. If nursing home placement is permanent for one spouse, can the other move to a smaller, cheaper unit? Yes ____ No ____
67. Are changes in the family*s household covered by the agreement? Yes ____ No ____
68. Can a new spouse move in who does not meet the admissions criteria? Yes ____ No ____
69. Does the agreement cover what happens if the resident marries another resident? Yes ____ No ____

70. Does the agreement cover what happens if the resident marries a non resident? Yes ____ No ____

CANCELLATION

71. Is there a rescission period for the agreement? Yes ____ No ____

If yes, how long is the period? _____

72. What are the conditions for cancellation by the resident after 30 days but prior to taking occupancy of the unit? _____

73. What are the conditions for cancellation for each contracted individual? _____

74. Can the resident terminate the agreement? Yes ____ No ____

If yes, what notice is required? _____

75. Can the CCRC terminate the agreement for Just Cause? Yes ____ No ____

76. Can the CCRC terminate the agreement for non-payment? Yes ____ No ____

77. If the agreement is terminated for Just Cause or non-payment, does the resident receive any refund? Yes ____ No ____

If yes, what are the terms of the refund? _____

78. To what extent does the sponsor cover payment? _____

79. Does the resident receive a refund, if he dies before occupancy? Yes ____ No ____

80. Does the resident receive a refund, if he dies after occupancy? Yes ____ No ____

If yes, under what circumstances and what percent is refunded? _____

MISCELLANEOUS

- 81. Does the resident purchase an interest in real estate? Yes ____ No ____

- 82. Does the agreement provide for the resident's right to form an association? Yes ____ No ____

- 83. Does the agreement provide for the resident's right to have access to financial management information? Yes ____ No ____

- 84. Does the agreement provide for formal grievance procedure? Yes ____ No ____

- 85. Is the resident required to maintain Medicare Part B coverage? Yes ____ No ____

- 86. Is the resident required to maintain Medi-gap insurance? Yes ____ No ____
If yes, at what level? _____

- 87. Is the resident required to maintain long-term care insurance? Yes ____ No ____
If so, what are the terms? _____

- 88. Is the resident required to apply for Medicaid and SSI? Yes ____ No ____

- 89. Is the resident required to have a Power of Attorney? Yes ____ No ____

- 90. Is the resident required to have a Living Will? Yes ____ No ____

- 91. Are assisted living facilities available? Yes ____ No ____

- 92. Are details of assisted living services clearly spelled out? Yes ____ No ____

93. Financial assets that must be demonstrated in order to qualify for entry into the CCRC: \$ _____

94. What physical conditions will qualify or disqualify a person for entry into the CCRC? _____

95. What was the minimum age required for admission? _____

96. Is the payment of a refund conditional upon resale of the unit? Yes ____ No ____

97. Can the resident have overnight guests in the living unit? Yes ____ No ____

If yes, how many of the guests are permitted to stay in the living unit? _____

If no, are there other accommodations for overnight guests? Yes ____ No ____

98. What costs are involved, if any, for overnight guests? \$ _____

CHAPTER 5

WHAT IS ASSISTED LIVING?

Assisted living facilities (ALFs) are for people needing assistance with Activities of Daily Living (ADLs) but wishing to live as independently as possible for as long as possible. Assisted living exists to bridge the gap between independent living and nursing homes. Residents in assisted living centers have a few chronic care concerns but are physically stable. Assisted living facilities offer help with ADLs such as eating, bathing, dressing, laundry, housekeeping, and assistance with medications. Assisted living is not an alternative to a nursing home, but an intermediate level of long-term care appropriate for many seniors.

In Connecticut, an assisted living facility consists of a managed residential community (MRC) registered with the Department of Public Health and an assisted living services agency (ALSA) *licensed* with the Department of Public Health. The MRC is the landlord and the ALSA provides nursing and care services.

Most assisted living facilities create a service plan for each individual resident upon admission. The service plan details the personalized services required by the resident and guaranteed by the ALSA. The plan is updated regularly to assure that the resident receives the appropriate care as his or her condition changes.

How Does an Assisted Living Facility Differ from a Nursing Home?

Nursing homes are designed to care for very frail people that are not able to care for themselves and have numerous health care requirements. Assisted living facilities are designed to assist elderly persons who are able to care for themselves except for a few activities. Assisted living facilities are often deemed necessary when the person in question needs help preparing meals, bathing, dressing, performing household chores, is sometimes confused, or is experiencing memory problems.

How Does an Assisted Living Facility Differ from a Continuing Care Retirement Communities (CCRC)?

Facilities with units for independent living and that have a licensed nursing home on the same premises are known as continuing care retirement communities. The resident can transfer between the independent living residences and the nursing home as his or her condition and needs change without having to look for a new facility, relocate, or adapt to a new setting. For example, the resident may begin in the independent living residences, move to assisted living units, and eventually move to the nursing home as ongoing care becomes necessary. To enter a CCRC, you have to be able to live independently just like in assisted living.

Assisted Living Checklist

First Impression

- Do you like the facility's location and outward appearance?
- Is the facility convenient for frequent visits by family and friends?
- Is the facility near a shopping center?
- Can the resident access a medical complex easily?
- Is public transportation available/accessible?
- Are you welcomed with a warm greeting from the staff?
- Does the staff address residents by their names and interact with them during your tour?
- Do you notice the residents socializing with each other and do they appear content?
- Can you talk with residents about how they like living there and about the staff?
- Is the staff appropriately dressed, friendly and outgoing?
- Do the staff members treat each other in a professional manner?
- Are visits with the residents encouraged and welcomed at any time?
- What percentage of the apartments are rented and occupied?
- Is there a waiting list? If so, how long do they estimate it will take to be admitted?
- Can you meet with residence administrator?

Living Area and Accommodations

- Is the floor plan well designed and easy to follow?
- Are doorways, hallways and rooms accommodating to wheelchairs and walkers?
- Are elevators available for those unable to use stairways and handrails to aid in walking?
- Are floors of a non-skid material and carpets conducive for safe walking?
- Does the residence have good lighting, sprinklers and clearly marked exits?
- Is the residence clean, free of odors and appropriately heated/cooled?
- What is the facility's means of security if a resident wanders?
- Are the common areas in general attractive, comfortable and clean?
- Is there an outside courtyard or patio for residents and visitors, can they garden?
- Does the residence provide ample security and is there an emergency evacuation plan?
- Are there different sizes and types of units available with optional floor plans?
- Are single units available and/or double occupancy units for sharing with another person?
- Does each unit residence have furnished/unfurnished rooms? What is provided or what can they bring?
- May they decorate their own rooms? Is there adequate storage space?

- Is a 24-hour emergency response system accessible from the unit?
- Are bathrooms private with handicapped accommodations for wheelchairs and walkers?
- Do all units have a telephone and cable TV and how is billing handled?
- Does kitchen unit have refrigerator/sink/cooking element and can food be kept in their units?
- May residents smoke in their units or are there designated public areas?

Moving In, Contracts, and Finances

- How much is the monthly fee? How often can it be increased and for what reasons? Is there a limit on the amount of increase per year? What is the history on monthly fee increases?
- What's involved with the moving in/out process?
- Does the assessment process include the resident, family, facility staff, along with the physician?
- Is there a written plan for the care of each resident and is there an ongoing process for assessing a resident's need for services and how often are those needs evaluated?
- Is there a written statement available of the resident rights and responsibilities?
- Is a contractual agreement available that clearly discloses healthcare, accommodations, personal care and supportive services, all fees, and admission and discharge provisions?
- What are the specific costs for various levels or categories of services?
- What additional services and staff are available if the resident's needs change?
- Can you pay for additional services such as skilled nursing care and physical therapy when the services are needed on a temporary basis? What do they usually cost?
- When may a contract be terminated and what are the policies for refunds and transfers? Is there an appeals process for dissatisfied residents?
- What happens if funds are depleted and full payments can no longer be made?
- Is there any government, private or corporate programs available to help cover the costs?
- Are residents required to purchase renters' insurance for personal property in their units?
- Do billing, payment and credit policies seem fair and reasonable? May a resident handle his/her own finances with staff assistance if able? Must a family member/outside party be designated?

Health/Personal Care/Services

- Can the facility provide a list of available services and are residents and families involved in developing the service agreement? Who provides these services/what are their qualifications?

- Is staff available to provide 24-hour assistance with activities of daily living (ADLs) if needed? ADLs include dressing eating, mobility, hygiene, grooming (bathing, toileting, incontinence)?
- Is staff available to assist residents who experience memory, orientation, of judgment losses?
- How are medical emergencies handled? Does the residence have a clearly stated procedure for responding to medical emergencies? Is there an arrangement with a nearby hospital?
- Does staff supervise/assist a resident in taking medicine? May a resident take his or her own medications?
- Does the residence's pharmacy provide delivery, consultation and review of medicines?
- Does staff assist in making arrangements to have nursing and other medical care? Does a nurse make regular checkups? Or to what extent is medical care available?
- Are physical, occupational, or speech therapy services available and is there a staff person to coordinate home care visits from a nurse, physical therapist, occupational therapist, etc?
- Are housekeeping, linen service and personal laundry included in the fees, or are they available at an additional charge? Are on-site laundry facilities available and convenient?
- Does the residence provide transportation to doctors' offices, the hairdresser, shopping and other activities desired by residents and can it be arranged on short notice?
- Are pharmacy, barber/beautician and/or physical therapy services offered onsite?
- Who will draw up the care plan and how much input will the family have?

What kinds of group/individual Social and Recreational

- What recreational activities are offered and who schedules them?
- Is there an organized activities program with a posted daily schedule of events?
- Do volunteers and family members come into the residence to participate/conduct programs?
- Does the facility schedule trips or go to other events off premises?
- Do residents participate in activities outside of the residence in the neighboring community?
- Are the resident activity (social) areas appropriate and desirable to the prospective resident?
- Are there supplies for social activities/hobbies (games, cards, crafts, computers, gardening)?
- Are religious services held on the premises or arrangements made for nearby services?
- Are there fitness facilities as well as regularly scheduled exercise classes?

- Does the residence create a sense of community by allowing residents to participate in certain activities or perform simple chores for the group as a whole?
- Are pets allowed in the residence? Does the facility have pets and who cares for them?

Staff

- What are the hiring procedures for staff and requirements for eligibility? Are criminal background checks, references, and certifications required?
- Is there a staff-training program in place and what does it entail?
- Is staff courteous to residents and to each other? Are requests for assistance timely?
- Is the administrator, or appropriate staff person generally available to answer questions or discuss problems and would you be comfortable dealing with them on a daily basis?
- Does the facility have a volunteer program or is it affiliated with any student clinical programs?

Food

- Does the residence provide three nutritionally balanced meals a day, seven days a week, and how does the menu vary from meal to meal?
- What about special diets; does a qualified dietitian plan or approve menus? Are resident's weight routinely monitored?
- Are residents involved in menu planning and may they request special foods?
- Are common dining areas available and when can residents eat meals in their units?
- Does dining room environment encourage residents to relax, socialize, and enjoy their food?
- Are meals provided only at set times or is there some flexibility? Are snacks available?
- How many meals are included in the fee? If a resident becomes ill, is tray service available?
- Can residents have guests dine with them for an additional fee? Is there a private dining room for special events and occasions, if desired?

Licensure and Certification

- Does the Assisted Living Services Agency (ALSA) have a current license from the Department of Public Health and is it displayed?
- Is the Managed Residential Community (MRC) registered with the Department of Public Health and is the registration displayed?

- Is the facility a member of a trade or professional association?
- What reputation does the facility have in the community? How long has it been in business? Is it in good financial health? Does the facility follow generally accepted accounting procedures?
- If the facility is sponsored by a nonprofit organization and managed under contract with a commercial firm, what are the conditions of that contract?
- Is there a resident council or organization through which residents/family have a means of voicing their views on the management of the community?

Alzheimer's Facilities

- Does the facility have programs for Alzheimer's, other dementias and other specialized areas?
- Is there a structured routine for residents?
- Does the staff take time to gather specific lifestyle information about your loved one in order to individually cater to his/her needs?
- Does the facility have comfortable, familiar and safe surroundings; ask what is done to ensure safety?
- Does the facility have a compassionate staff. Do the activities reflect the routines that each individual resident has established over a lifetime.
- Do the activities help people succeed at familiar tasks, whether it is making their bed or baking cookies. (These activities can help give the person a feeling of satisfaction and productivity.)
- What is offered for outdoor activities, such as secured walking paths, waist-high gardening boxes for people to do their own gardening (so the person doesn't have to bend over).
- What is staff's ability to deal with difficult situations and behaviors; give examples and ask how they deal with them. How wandering is handled.

Early stage Alzheimer's patients may be accommodated in a Congregate or Independent wing of an assisted living facility. Many Assisted Living Facilities will accept and successfully accommodate seniors with early-stage Alzheimer's. As the disease progresses a resident with Alzheimer's disease may develop argumentative behavior, and wandering habits. Generally, the communities best equipped to deal effectively with this middle stage patient have a portion of their facility dedicated to Alzheimer's Care.

CHAPTER 6

NURSING HOMES

What is a Nursing Home?

A nursing home is an entity that provides skilled nursing care and rehabilitation services to people with illnesses, injuries or functional disabilities. Most facilities serve the elderly. However, some facilities provide services to younger individuals with special needs such as the developmentally disabled, mentally ill, and those requiring drug and alcohol rehabilitation. Nursing homes are generally stand alone facilities, but some are operated within a hospital or continuing care retirement community.

Out-patient Therapy

Many facilities offer the same therapies provided in a nursing home on an out-patient basis. For those choosing a home-based option, out-patient therapy may be a necessary professional service.

Nursing Home Services

The level of care provided by nursing homes has increased significantly over the past decade. Many homes now provide much of the nursing care that was previously provided in a hospital setting. As a result, most nursing homes now focus their attention on rehabilitation, so that their clients can return to their own homes as soon as possible. Some of the services a nursing home may provide include:

Therapies (Inpatient and Some Outpatient)

Physical therapy

Occupational therapy

Speech therapy

Respiratory therapy

Pharmacy Services

Equipment Rental

Specialty Care

Alzheimer's treatment
Cancer
Cardiovascular disease
Developmentally disabled
Dementia
Head trauma
Hematologic conditions
Mental disease
Neurological diseases
Neuromuscular diseases
Orthopedic rehabilitation
Pain therapy
Pulmonary disease
Para/quadruplegic impairments
Stroke recovery
Trauma
Wound care

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 visit your loved one as often as possible. Notice the care they are receiving and how your loved one reacts to the services provided.

If you have been providing some or all of your loved one's care, you will notice a change in your role. Rather than functioning as a caregiver, you will instead become a care advocate. Do not let inadequacies in the care of a loved one linger. Contact those in charge of your loved one's care to request improvements.

Your role is to participate in planning your loved one's care and to be in frequent communication with the nursing home staff.

Are the grounds pleasant and well-kept? 1 2 3 4 5

Do you like the view from residents' rooms and other windows? 1 2 3 4 5

Does the nursing home provide a secure outdoor area? 1 2 3 4 5

Are there appropriate areas for physical therapy and occupational therapy? 1 2 3 4 5

Are facilities for barber or beauty salon services available? 1 2 3 4 5

What is your impression of general cleanliness throughout the facility? 1 2 3 4 5

Does the facility smell clean? 1 2 3 4 5

How noisy are the hallways and common areas? 1 2 3 4 5

Is the dining area clean and pleasant? 1 2 3 4 5

How are the lounges and activity rooms? 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

THE STAFF:

Does the administrator know residents by name and speak to them in a pleasant, friendly way? 1 2 3 4 5

Do staff and residents communicate with a cheerful, respectful attitudes? 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

- Do residents get permanent assignment of staff? 1 2 3 4 5
- Do nursing assistants participate in the resident's care planning process? 1 2 3 4 5
- How good is the nursing home's record for employee retention? 1 2 3 4 5
- Does a state ombudsman visit the nursing home on a regular basis? 1 2 3 4 5
- How likely is an increase in private pay rates? 1 2 3 4 5
- Are there any additional charges not included in the daily or monthly rate? 1 2 3 4 5

RESIDENTS' CONCERNS:

- What method is used in selecting roommates? 1 2 3 4 5
- What is a typical day like? 1 2 3 4 5
- Can residents choose what time to go to bed and what time to wake up? 1 2 3 4 5
- What activities are available for the residents? 1 2 3 4 5
- Does the nursing home provide transportation for community outings and activities? 1 2 3 4 5
- Is a van or bus with wheel chair access available? 1 2 3 4 5
- What is your impression of the general cleanliness and grooming of the residents? 1 2 3 4 5
- How do residents get their clothes laundered? 1 2 3 4 5
- What happens when clothing or other items are missing? 1 2 3 4 5
- Are meals appetizing and served promptly at mealtime? 1 2 3 4 5
- Are snacks available between meals? 1 2 3 4 5
- If residents call out for help or use a call light, do

they get prompt, appropriate responses? 1 2 3 4 5

How does a resident with problems voice a complaint? 1 2 3 4 5

Does the nursing home have an effective resident council? 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

Are there areas other than the resident's room where family members can visit? 1 2 3 4 5

Does the facility have a safe, well-lighted, convenient parking? 1 2 3 4 5

Are there hotels/motels nearby for out-of-town family? 1 2 3 4 5

How convenient will care planning conferences be for interested family members? 1 2 3 4 5

Is an effective family council in place? 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

Can residents choose what time to go to bed and wake up? 1 2 3 4 5

Are activities available that are appropriate for residents? 1 2 3 4 5

CHAPTER 7

COST COMPARISONS BETWEEN ALTERNATIVE OPTIONS AND AGING IN YOUR HOME

Compare your home's costs against what a Senior Housing, Assisted Living or Continuing Care Retirement Community offers in convenience and services by putting the cost of each of the following items in the column for "Aging in Your Home" or the column for the alternative living choice – e.g. "Assisted Living". Then total each column and compare costs. Assisted or group retirement living may not be much more expensive than staying where you are. Or, perhaps you will find it's more expensive.

After you have a handle on cost differences, look at social, stress and medical advantages or disadvantages. Only then are you ready to visit places that are alternative possibilities.

- Mortgage and Association Fees
- Taxes
- Maintenance of outside, gardening
- Repairs
- Fire, theft and liability Insurance
- Electricity and gas
- Water, sewer and trash pickup
- Telephone and cable
- Meals
- Transportation
- Car ownership (ownership, maintenance, repairs, insurance)
- Insurance
- Housekeeping
 - Laundry
 - Linen service
 - Cleaning
- Supplemental Medicare Insurance (a/k/a Medi-gap policies)
- Long Term Care Insurance
- Cost of In-Home Health Care

CHAPTER 8

SOUTHEASTERN CONNECTICUT SENIOR SERVICES AND FACILITIES

Home Health Care:

Connecticut Community Care, Inc. (CCCI)
Care Management Associates
43 Enterprise Drive
Bristol, CT 06010-7472
Phone: 800-654-2183
FAX: 860-585-0858
E-Mail: cma@ctcommunitycare.org

VNA of Southeastern Connecticut (VNA)
403 North Frontage Road
Waterford, CT 06385
(860) 444-1111
www.vnasc.org

Assisted Living Facilities:

Academy Point at Mystic
20 Academy Lane
Mystic, CT
(860) 536-1133

Bacon & Hinkley Homes, Inc.
581 Pequot Avenue
New London, CT
(860) 443-8624

Bridges At Cross Road
1 Beechwood Drive
Waterford, CT
(860) 444-6700

Briarcliff Manor
179 Coleman Street
New London, CT 06320
(860) 443-5376

Crescent Point at Niantic
417 Main Street
Niantic, CT
(860) 739-9479

Nursing Home Facilities:

(New London County)

Avalon Health Care Center At Stoneridge
186 Jerry Browne Road
Mystic, CT 06355
(860) 536-9700

Bayview Health Care Center
301 Rope Ferry Road
Waterford, CT 06385
(860) 444-1175

Beechwood Rehab & Nursing Center
31 Vauxhall Street
New London, CT 06320
(860) 442-4363

Bride Brook Health & Rehabilitation Center
23 Liberty Way
Niantic, CT 06357
(860) 739-4007

The Crossings Healthcare – East Campus
78 Viets Street Extension
New London, CT 06320
(860) 447-1416

The Crossings Healthcare – West Campus
89 Viets St. Ext.
New London, CT 06320
(860) 447-1471

Fairview
235 Lestertown Road
Groton, CT 06340
(860) 445-7478

Fountainview Care Center
88 Clark Lane
Waterford, CT 06385
(860) 442-0471

Greentree Manor Nursing & Rehabilitation
4 Greentree Drive
Waterford, CT 06385
(860) 442-0647

Groton Regency Center
1145 Poquonnock Road
Groton, CT 06340
(860) 446-9960

Harrington Court
59 Harrington Court
Colchester, CT 06415
(860) 537-2339

Liberty Specialty Care Center
36 Broadway
Colchester, CT 06415
(860) 537-4606

Mary Elizabeth Nursing Center
28 Broadway
Mystic, CT 06355
(860) 536-9655

Mystic Healthcare & Rehabilitation Center
475 High Street
Mystic, CT 06355
(860) 536-6070

Norwichtown Rehabilitation & Care Center
93 West Town Street
Norwich, CT 06360
(860) 889-2614

Orchard Grove Specialty Care Center, LLC
5 Richard Brown Drive
Uncasville, CT 06382
(860) 848-8466

Pendleton Health & Rehabilitation Center
44 Maritime Drive
Mystic, CT 06355
(860) 572-1700

(Middlesex County – Nursing Homes)

Aaron Manor Nursing & Rehabilitation
3 South Wig Hill Road
Chester, CT 06412
(860) 526-5316

Chestelm Health Care & Rehabilitation Center
534 Town Street
Moodus, CT 06469
(860) 873-1455

Chesterfield's Health Care Center
132 Main Street
Chester, CT 06412
(860) 526-5363

Cobalt Lodge Health Care & Rehabilitation
29 Middle Haddam Road
Cobalt, CT 06414
(860) 267-9034

Essex Meadows Health Center
30 Bokum Road
Essex, CT 06426
(860) 767-7201

Gladeview Health Care Center
60 Boston Post Road
Old Saybrook, CT 06475
(860) 388-6696

High View Health Care Center
600 Highland Avenue
Middletown, CT 06457
(860) 347-3315

Continuing Care Retirement Communities:

Chester Village West
317 West Main Street
Chester, CT 06412
(860) 526-6800

Essex Meadows
30 Bokum Road
Essex, CT 06426
(860) 767-7201

StoneRidge Retirement Community
186 Jerry Browne Road
Mystic, CT 06355
(860) 572-4494



CHAPTER 9

SOUTHEASTERN CONNECTICUT ELDER LAW ATTORNEYS

The following attorneys located in Southeastern Connecticut are members of the National Academy of Elder Law Attorneys (NAELA), an association of attorneys dedicated to protecting the rights of senior citizens. For more about NAELA, see www.naela.org.

Andrews, Lois G.
Andrews & Young, P.C.
216 Broad Street, P.O. Box 751
New London, CT 06320
(860) 444-2101

Bobruff, Neal M.
Law Office of Neal M. Bobruff
49 Whitehall Avenue
Mystic, CT 06355
(860) 536-3430

Ceddia, Jean Hendren
Tedford & Ceddia, PC
11 Masons Island Road
Mystic, CT 06355
(860) 572-4707

Cipparone, Joseph A.
Kepple, Cole-Chu, Cipparone,
Avena & Zaccaro, P.C.
261 Williams Street
New London, CT 06320
(860) 442-0150

Jensen, Wade D.
Hoops & Jensen LLC
19-A Thames Street
Groton, CT 06340
(860) 445-8911

Kidder, Linda J.
Linda J. Kidder & Associates
567 Vauxhall Street Ext., Suite 130
Waterford, CT 06385
(860) 437-7799

Kitchings, Suzanne D.
Kitching & Potter LLC
Seven Halls Road, P.O. Box 187
Old Lyme, CT 06371
(860) 434-5333

McCormick, Johanna
Linda J. Kidder & Associates
567 Vauxhall Street Ext., Suite 130
Waterford, CT 06385
(860) 437-7799

McNamara, Kathleen A.
Provatas & McNamara LLC
516 Vauxhall Street, #203
New London, CT 06320
(860) 447-1968

Joseph J. Reardon, Jr.
Law Office of Jack Reardon, LLC
222 Old Boston Post Road
Old Saybrook, CT 06475-2229
(860) 227-9157

Tedford, Deborah J.
Tedford & Ceddia, PC
11 Masons Island Road
Mystic, CT 06355
(860) 336-2566

Young, James L.
Andrews & Young, P.C.
261 Broad Street, Box 751
New London, CT 06320
(860) 444-2101