

*Aging Wisely*TM

Comprehensive Care Management and Consultation

Assessment and Evaluation

Client Number and Name: #3227 Betty Crocker

Assessment Date: February 18, 2011

Assessed By: Julie Scott, CMC

Scope: Betty and her family were recommended by Elder Care Attorney John Smith to secure a geriatric assessment to document Betty's current level of functioning, look at her care needs now, and project over her life expectancy what her care needs will be. The goal of this projection is to match her care needs with available resources, recommend programs and funding sources that will assist with providing care. All parties would like Betty to remain in her home if possible.

Demographics

Current Living Arrangement: Betty lives alone in a condominium

Address: Clearwater, Florida 33764

Phone: (727)-555-5555 (home)

(727)-444-5555 (cell)

Date of Birth: September 24, 1927

Marital Status: widowed

US Citizen: yes

Veteran: No

Religious Preference: Baptist

Emergency Contacts:

1) Sam Crocker

Phone: (813)-555-5555

Relationship: Son

2) Sally Crocker

Phone: (727)-555-5555

Relationship: Daughter

Medical Information

Primary Physician: Dr. Bobby Flay
Address: Clearwater, FL

Specialty: Primary Care
Phone: (727) 555-5555

Betty sees Dr. Flay every three months, and is compliant with her office visit schedules. She is due to see Dr. Flay on 3/1/2011 for her annual physical. Diagnoses and medications have been verified by Dr. Flay.

Secondary Physician: Dr. Heart
Address: Safety Harbor, Florida 34695

Specialty: Cardiology
Phone: (727) 555-5555

Betty sees Dr. Heart approximately every six months, and was last seen in October of 2010. She is compliant with her office visit schedule. Betty's cardiac diagnoses and medications have been verified by the cardiologist office.

Current diagnoses:

- a-fibrillation (paroxysmal) treated by Dr. Heart
- degenerative disk disease of the c-spine treated by Dr. Flay
- high cholesterol treated by Dr. Flay
- hypertension treated by Dr. Heart
- mitral regurgitation treated by Dr. Heart
- osteoarthritis (primarily left knee, hip and back) treated by Dr. Flay

Medical history (including previous surgeries):

- Tonsillectomy
- Appendectomy
- Oophorectomy (ovary and tube removal)
- Cataract removal, both eyes

Smoking history: non-smoker

Allergies: Severe allergy to MSG.

Medication intolerances: None known.

<u>Current prescriptions:</u>	<u>Dosage</u>	<u>Frequency</u>
Alendronate	70 mg	every week on Sunday
Digoxin	0.125 mg	once daily
Oxazepam	15 mg	once daily
Metoprolol	50mg	twice daily
Warfarin	2.5 mg	once daily on Mon, Wed, and Friday
Warfarin	2.0 mg	once daily on Tue, Thrs, Sat, and Sun
Fish Oil	1000 mg	three times daily
Premerin Cream		once daily on Mon, Wed, and Fri

Over the counter supplements:	Dosage	Frequency
Multi-vitamin	1 tablet	once daily
Vitamin C		once daily
Vitamin D3		once daily
Calcium		once daily
Zinc		three times a week; Mon, Wed, and Fri

Insurance Information

Medicare: Yes, both A and B

Part A: 09-01-1992

Part B: 09-01-1992

Supplemental Insurance Carrier: Blue Cross/Blue Shield of Florida

Medicare Part D: Humana

Long Term Care Insurance: None

Legal Information

Health Care Surrogate: Yes, son Sam Crocker is primary, with Sam Crocker, Jr. a back up health care surrogate

Copy of Document on File: On file with attorney

Living Will: Yes.

Copy of Document on File: On file with attorney

Durable Power of Attorney: Yes, son Sam Crocker is primary, with Sam Crocker, Jr. a back up DPOA

Copy of Document on File: On file with attorney

Do Not Resuscitate Order: No, client is a full code at this time.

Estate Plan (Will/Trust): Yes, there is a will. There is no trust established.

Attorney: John Smit

Phone: (813) 555-5555

Address: Tampa, FL

Financial Information

Income: Social security income of \$600/month (deductions of Medicare premium, and Humana premiums net approximately \$300/month)

VA benefits of \$1400/month (Disabled surviving spouse benefits)

Assets: Condominium (paid in full)

Car (paid in full)

Checking account (income direct deposit into this account for daily expenses)

Money Market savings of approximately \$220,000.00

Monthly Expenses:

Condo maintenance fees \$330.00

Electric \$120.00

Telephone \$35.00

Gas \$180.00

Food \$400.00

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Medication/co-payments	\$114.00
Medicare deductible	\$13.50 (\$162.00 annuitized over the year)
Auto insurance	\$128.00 (\$1534.36 annuitized over the year)
Homeowner's insurance (contents)	\$60.33 (\$724.00 annuitized over the year)
Blue Cross/Blue Shield	\$160.80 (1929.60 annuitized over the year)
St. Pete Times	\$17.88 (\$214.50 annuitized over the year)
Miscellaneous expenses	\$100.00
Property taxes	\$0 (VA benefit for 100% service connected disability)
Total Monthly Expenses	\$1659.51

Life Insurance: None

Investments/Annuities: None

Burial Arrangements

Plot Location: Beverly Hills Cemetery

Prepaid Arrangements: Yes

Funeral Director/Home: Beverly Hills Cemetary **Phone:** (727) 555-5555

Address: Palm Harbor, Florida 34683

Social History

Past relationships, occupations, interests: Betty was born in Maryland, and has lived in Pennsylvania, Virginia, North Carolina, and Florida. Her father was in the textiles industry. She married Warren Crocker, to whom she was married for 57 years. She moved to Florida in 1956. Betty has three children, with whom she is in frequent contact. Betty was employed as a cashier at Walmart part time.

Psychosocial

Interests: **Past:** sewing, crochet, cooking **Present:** reading, television

Self Esteem: High

Recent Stress: None noted, or reported

Grieving Behavior: None noted, but has some episodes of sadness and tearfulness over the death of her husband Warren, who passed away August 18, 2010.

Judgment: Sound

Concentration: Good

Relationships with Family: Betty reports she is very close to her children and grandchildren.

Cognitive Abilities:

Oriented (Person, Place, & Time): Fully oriented to person, place and time.

Mood: Pleasant

Anxious: No

Depressed: None noted

Memory

Short Term: Intact. Betty is able to recall sequences of events recently, is able to recall dates, names and phone numbers. Betty is able to consistently provide information asked of her during the interview process

Mid-Term: Intact

Long Term: Intact

Functional Assessment

ADLs (Activities of Daily Living) are defined as those tasks that are basic, routine in nature in and around the residence, including getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating, and toileting.

Activities of Daily Living:	Independent	Needs Minimal Assistance	Needs Moderate Assistance	Needs Maximum Assistance	Needs Total Assistance
Bathing/Grooming	X				
Comment: Betty showers and grooms independently in a fully accessible bathroom. Its modifications will allow Betty to safely shower (or later be showered) in a large, wheelchair accessible shower.					
Dressing	X				
Comment: Betty is able to complete fully the tasks of selecting clothing, donning her clothing, and safely undressing independently.					
Toileting	X				
Comment: Betty is fully continent of bowel and bladder. In addition to the above mentioned accessibility of the shower, the toilet area in her bathroom is also fully accessible to a wheelchair for potential future need.					
Ambulating	X				
Comment: Betty uses her walker consistently both in her condo, around the campus, and out in the community.*					
Transfers	X				
Comment: Betty is able to transfer independently at this time. Observation of her ability shows that she is careful, confident, and can manage this task.*					
Eating	X				
Comment: Betty is able to eat and drink independently.					

*There have been no falls during ambulation or transfers during the past three months.

IADLs (Instrumental Activities of Daily Living) are those tasks that require more complex mental and physical ability to carry out, and directly relate to the maintenance of one's safety in the home. They include going outside the home, keeping track of money and bills, preparing meals, doing light housework, laundry, taking prescription medication in the right amount at the right time, making and keeping appointments, and using the telephone.

Instrumental Activities of Daily Living:	Independent	Needs Minimal Assist	Needs Moderate Assistance	Needs Maximum Assistance	Needs Total Assistance
Managing medications	X				
Comment: Betty manages her own medications, and reports she does not forget to take either the morning or evening pills. Family is in concurrence with this statement. Medications are organized, and dispensed from the bottles rather than a pill box.					
Meal Preparation	X				
Comment: Betty prepares fewer meals due to standing and balance issues. She typically will microwave a frozen dinner, or will go out.					
Managing finances	X				
Comment: Betty is in charge of her checkbook and all banking needs at this time. She pays her own bills and balances her checkbook.					
Shopping		X			
Comment: Betty is able to do her shopping, but will typically go with her daughter on her days off from work (Monday and Friday). Having the assistance of her family allows her to focus on the shopping rather than expending energy trying to get the walker in and out of the car, managing bags, etc.					
Light Housekeeping		X			
Comment: Betty is able to do a great deal of the tasks needed to maintain her condo. She utilizes her daughter's assistance for housekeeping due to balance and standing issues.					
Laundry		X			
Comment: Betty is able to do laundry, but will utilize her family's assistance with some of the laundry tasks, due balance and standing issues.					
Talking on the phone	X				
Comment: Betty is fully capable of this task independently.					

Communication: Betty is very much able to communicate her needs at this time.

Special Diet: Regular diet

Weight: approximately 130 pounds

Vision: Wears glasses

Hearing: None

Dentition: Betty has her own teeth

Home Environment/Safety Issues

Stairs: Condo is accessible by stairs or elevator. There are no stairs within the condo unit.

Emergency Response System: No. Betty states she keeps her cell phone with her at all times.

Lighting: Adequate

Scatter Rugs: None. Betty uses one bath mat she puts down prior to her shower.

Grab Bars in the Bathroom: Yes, multiple.

Tub/shower configuration: Betty's bathroom is fully accessible, and will meet any future needs with regards to wheelchair use.

Smoke Alarm: Yes, batteries changed monthly by her grandson.

Telephone Next to Bed: Yes

Outdated Medications: None noted

Emergency Numbers Posted: No

Hurricane/Evacuation Plan and Supplies: Betty lives in Evacuation Zone B. Family helps her gather supplies, but will assist her out of the condo should an evacuation order be issued. On hand are water, canned goods, and snacks.

Security System: No.

Presenting Problems/Issues

Identified by Client. Betty reports there are no issues or problems. She would like to remain in her home as long as possible, and is agreeable to home care when the need arises.

Identified by Family. Family expressed concerns over how to pay for care and how to project the cost of care. They too would like Betty to remain in her home with assistance as her needs change. They intend to pursue some type of asset protection in the future so that there are funds available to pay for care.

Identified by Care Manager. Betty and her family are well-positioned at this time to address their concerns. Betty is not in a crisis mode, her health is stable at this time, and she is fully cognizant. Their combined interest and approach to assessing her status at this time, understanding the options available and the costs associated with them is commendable. There are only two concerns noted at this time.

- 1) There is no emergency response system in place. Betty states she keeps her cell phone with her at all times. This presents concern if Betty is unable to initiate a call if injured.
- 2) Betty states she can do the stairs at the condo with assistance. As it is unclear whether there is any generator power for the elevator, Betty is at risk should there need to be an emergency evacuation of the building when her family is not present to assist her down the stairs (fire, chemical hazard, etc.).

Summary:

Betty is a very engaging woman who lives alone in a condominium at Hollywood. She uses a walker in her home, and in the community. She is currently driving, and owns a Mazda 5. Betty is fully cognizant, and is able to attend to all of her ADLs at this time, and completes her IADLs with the assistance of her family. Physically, Betty presents with some balance issues, and

reports pain from osteoarthritis at times. Medically, she has some cardiac diagnoses that require medication and monitoring by a cardiologist. She is able to make her needs known, and is not hesitant to ask her family for help.

Betty and her family are concerned at this time about how to pay for care as her care needs increase, and want to plan and project the costs of care over her lifetime. There is some potential need for Medicaid in the future. Pre-planning will allow Betty and her family to consider all the options and avenues for care without the stress of a crisis.

Betty, as well as her family, expressed a desire to have Betty cared for in her home as long as feasible, and financially, possible.

Based on the Social Security Actuarial table, it would be anticipated that Betty Crocker's life expectancy at this time to be 90.39 years, or approximately 7.42 years remaining. Taking into account her diagnoses, her compliance to medication and medical oversight, and strong support system, it is likely that Betty will meet her remaining years based on the actuary tables, provided she maintains a good appetite, and remains hydrated, and does not have a catastrophic fall. Betty's care needs however, will increase due to changes in mobility, and continued progression of degenerative disk disease. A severe fall would obviously result in a possible escalation of care needs in the home.

Recommendations/Plan of Action

- 1) Recommend Betty consider adding an emergency response system, such as Wellcore. Keeping her cell phone with her at all times is beneficial in many ways, but may be inaccessible to her depending on her emergency. If, for example, she were to fall and break a hip, the pain experienced while trying to get the phone out of a pocket would be excruciating, and it is unlikely she would be able to retrieve it. Should she fall and the phone be dropped or inadvertently thrown away from her, she may or may not be able to get to it to make a call. An emergency response pendant or bracelet may offer her more chance at alerting 911 timely should she need it. The technology behind this product does not require one to press a button; it detects a fall via motion acceleration technology. Please check out their FAQ section on their website: <http://www.wellcore.com> for more information.
- 2) Recommend that Betty, or her family, verify with the building management what services are ensured (if any) under generator power should there be a power failure, and even if there is a generator for the building. What is the condominium association's emergency plan for an emergency that would require evacuation without the use of the elevators? If there is a generator that is dedicated to keeping the elevator operational, this concern would be eliminated.
- 3) Recommend that Betty and her family review and consider the costs of multiple levels of care in a variety of settings, so that they better understand the options. It is most desirable for Betty to remain in her home with care by all concerned parties, but the financial impact of this must be weighed accordingly. The following considerations are presented for informational purposes.

Care at home: As care needs increase, it would be recommended that Betty engages Home health care through a reputable agency to assist her with personal care and housekeeping chores so that her energy and stamina can be preserved for quality of life activities.

- a. Home health can be utilized to assist with bathing, preparation of nutritionally sound meals, escort to and from community events, walking and safe exercising. Home health can take over the majority of household chores, freeing Betty from tasks that are painful or place her at risk of further injury. This also allows family to focus on quality of life interactions.
- b. Agency versus privately hired care: While agency care may be considered to be more expensive hourly, the cost of hiring private duty comes with increased vulnerability to personal liability. Private duty, or individual contractors, may not carry worker's comp or liability insurance. This poses concerns for Betty carrying the liability should a caregiver be hurt or injured in the course of her shift. At a minimum, caregivers should carry worker's comp and liability insurance on themselves. Attention to payment of appropriate withholding of taxes is also needed.
- c. Cost of caregivers is based on the type of care needed, and thus provided. Should Betty require only assistance with household tasks, or visual oversight, or companion services, a companion could be utilized. Should Betty require *any* type of hands-on assistance with *any* ADL, she would need a home health aide or CNA (certified nursing assistant). It is hard to start with companion care and then change out caregivers that someone has become attached to replace them with someone that can provide the hands-on assistance. It may be more prudent to start with the higher skill-set so that these changes do not have to occur.
- d. Cost of care for Betty would be approximately \$100/day for 5 hours of home health care daily (\$20/hour) for home health, meal preparation, assistance with bathing, light housekeeping, As care needs increase, Betty would be looking at costs as follows to remain in her home:
 - 8 hours daily @ \$20/hour = \$160 per day, or \$58,400 per year.
 - 12 hours daily @ \$20/hour = \$240 per day, or \$87,600 per year.
 - 24 hours daily @ \$20/hour = \$480 per day, or \$175,200 per year.
- e. Based on these figures, should Betty require 24 hour care, and remain in her home, she would have the resources to pay for this care for less than 15 months, with no remaining resources to supplement her care in a facility setting.

Independent Living: This option should be explored if Betty and her family feel that the cost of care in her home is prohibitive. This process can take time to find the right placement, and is best completed prior to the time of need. This consideration would

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allow Betty to age in place and receive services easily and conveniently as her needs change. An independent living facility would be a reasonable option for Betty, as it would provide meals, transportation, housekeeping, peers, activities, outings, etc. Personal care assistance that is needed in the near future could be purchased ala carte, which would extend her independence longer.

- a. Facilities appropriate for Betty include (but not limited to):

<u>Facility name</u>	<u>Base 1 BR apartment</u>	<u>Ala Carte Services</u>
Oceanview Gardens (Independent & ALF)	\$2095-\$2400	varies
The Magnolia of Clearwater (Independent & ALF)	\$2450	varies
Harbor Lights (Independent & ALF)	\$2500-\$2800	\$600/month 1 st level of care

- b. Based on the resources available, and assuming continued independence, Betty's resources for Independent Living would last 58 months at the \$2800/month range (plus the first level of care of \$600), shown in the table above.

Assisted Living facility: At such time when care needs to increase and Betty is not safe to be alone, Betty may be better served in an appropriate assisted living facility. Cost of such care will be approximately \$3800-\$5400/per month for assisted living with Level of Care. The above facilities would be appropriate for Betty for assisted living as well, but are not the only facilities appropriate. All of the above facilities accept the Medicaid Long Term Care Diversion program.

Combination of options: Most likely, it will be necessary for Betty to utilize a combination of the above options. One might project that Betty would be able to remain in her home at such time she needs assistance for a portion of each day, but not the full day. This would allow for time for Betty and her family to begin the search for the next level of care needed, which would be assisted living. An example of this progression might be:

3 hours of care daily @ \$20/hour = \$120/day, or \$43,800 for the first year that minimal care is needed. (Betty's overall independence may be lengthened at this time in her home with some support on the days that her daughter is not available).

8 hours of care daily @ \$20/hour = \$160/day, or \$58,400 for the second year that care is needed.

As Betty's needs dictate, after appropriate asset protection with her elder law attorney she could apply for Medicaid Waiver or Long Term Care Diversion (LTCDD) and/or the PACE program, and use the protected assets for supplemental/quality of life care. Long Term Care Diversion and Medicaid Waiver are Medicaid Assisted Living programs. The

individual is responsible for payment of their income minus a monthly personal needs allowance, with the managed care organization providing the program paying the facility a contracted amount for a portion of the remaining costs. The protected assets can go towards the differential and other quality of life items/services.

The Neighborly PACE Program offers a special program that combines medical and long term care services in a community setting. Services may include: Homemaker Services, Home Health Care, Medications, Adult Day Services, Rehabilitation Therapy, Social Services, Transportation and Home Meal Delivery, and all services covered by Medicare and Medicaid.

Unfortunately all of the Medicaid programs providing long term care (other than nursing home care) currently have an extensive waiting list.

At such time that Betty would require custodial nursing home care, she would be transitioned to a nursing home under ICP Medicaid, having already qualified for the LTCD.

- 4) Recommend Betty and her family explore with their attorney those methods of asset protection that will best position her for Medicaid in the future. Asset protection can, and should, occur long before the need for Medicaid arises, due to the Medicaid environment – just because she may be eligible doesn't mean she has to become eligible.
- 5) Recommend that Betty and her family explore some of the VA benefits that she may not currently be utilizing, but potentially eligible. Her status as a surviving spouse of a 100% disabled veteran may entitle her to Champ/VA, which would help pay for her medications, etc. and act as a Supplemental Insurance to her Medicare benefit (it will not pay for long term care). This benefit alone would save nearly \$1000/year on medications. Beneficiaries are required to see a VA doctor once a year, bring their prescriptions from their community doctor. The VA doctor will re-write the prescriptions and medications will be provided via mail until the prescription changes.

<http://www.va.gov/hac/forbeneficiaries/champva/handbook/chandbook.pdf> can provide additional information on surviving spouse benefits.

The Pinellas Service Center in Clearwater is a free service that will assist with accessing benefits, as well as identifying any other VA benefits she may be entitled to. Their contact information is:

Pinellas Veterans Services
2189 Cleveland Street, #201
Clearwater, Florida
(727)-464-8460

- 6) Recommend Betty and/or her family consult with care manager in the event Betty suffers a health incident which requires her to receive care. At that time care manager can review available resources and make appropriate recommendations.

Obviously, Betty's physical needs will change as she ages, and the amount of hands-on care provided will increase. By utilizing a combination of options, Betty's quality of life will be preserved over her remaining life span. Resources are available to accommodate Betty in her home, as she desires, for a few years at varying levels of assistance, especially if she is able to maintain her current level of functioning and independence for the next few years. There will not be enough assets to provide 24 hour care for Betty in her home for the duration of her life expectancy, however. Some consideration needs to be given to protecting assets for Betty and getting her positioned for Medicaid, which would allow her protected resources to provide additional quality of life enhancements to her.

Thank you for the opportunity to assess Betty Crocker. She was delightful to talk with, and I wish her continued health and independence.

Sincerely,
Julie Scott, CMC
Care Manager