



Housing Bureau for Seniors

Long-Term Care Options for Low Income Older Adults 2012

Long-term care is for people with chronic illness or disabilities who need assistance for extended periods of time with their **Activities of Daily Living (ADLs)**. ADLs include dressing, bathing, eating, transferring, hygiene, using the bathroom, and walking. Long-term care is not the same as medical care requiring skilled care or monitoring for an illness. Most of the long-term care provided to older adults takes place in their own home by family, friends or non-medical health care aides, and not nursing homes or hospitals. A small number of people go to assisted living care residences.

Some limited financial assistance is available to low-income persons under government programs. When people qualify, they can obtain help with ADLs and perhaps **additional services** such as transportation, shopping, laundry, self-medication, and more. Below is an outline of government programs that offer services and/or financial assistance for low-income individuals that need help with ADLs, additional services, or care in nursing homes. This outline provides contact information so that interested persons can obtain in-depth information on eligibility requirements.

Federal Benefits for Veterans, Dependents, and Spouses

Veterans who have received an honorable discharge may be eligible for a broad range of programs and services when they meet specific guidelines and have the proper documentation. Surviving spouses and dependents may also be eligible. Examples of programs and services that may be of particular interest to older adults are:

- VA Home and Community-Based Care Benefits (e.g. hospice care, respite care, and home health care)
- Burial and Memorial Benefits
- Long-Term Care Facilities in Michigan
- VA Pensions (Aid and Attendance Care Benefits)

The Aid and Attendance Care Benefit is for veterans, their spouses, or surviving spouses who are permanently and totally disabled or 65 plus needing financial support for personal care assistance. This payment may be used in the home, in an assisted living residence, or for a nursing home.

For more information, contact a VA Counselor to determine eligibility and to learn what documentation is needed. In Washtenaw County contact:

Washtenaw County Department of Veteran Affairs
2155 Hogback in Ann Arbor
734-971-4540

Area Agency on Aging

Area Agency on Aging-1B (AAA) serves seniors, family caregivers, and persons with disabilities residing in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. AAA is a federal program funded by the Older Americans Act and is designed to organize, coordinate, and provide services in the home and community to older adults and their families so elders may live as independently as possible. For example, if an older adult has a physical limitation and requires low to moderate help, a home helper will come to the home and provide help with chores, homemaking, and personal care.

While there are no specific financial eligibility criteria, the programs are generally targeted for low-income, frail seniors over age 60, minority elders, and seniors living in rural areas. There is usually a waiting list for services. Call 1-800-852-7795 to request information and assistance.

AAA also screens for eligibility for the MI Choice Home and Community Based Medicaid Waiver Program, which is explained below.

Medicaid Assistance for Home Care and Assisted Living Residences

If you qualify for Medicaid assistance, two options provide help with ADLs and additional services so that you can continue to remain in the community.

The Department of Human Services (DHS) offers the Home Help Program. It's necessary to be receiving Medicaid at the time of application. An assessment as well as a doctor's statement of medical need determines if DHS will pay for all or part of the cost for the following services: feeding, dressing, grooming, transferring (e.g. moving from your bed to a chair), meal preparation, shopping, laundry, housekeeping, help with taking medications yourself, and mobility assistance within your home.

People with high medical bills or extensive home help needs, but an income that exceeds Medicaid standards, may also become eligible by asking about "spend down" and "personal care" options. Call 734-481-2000, and request Adult Services for more information.

Residential Services (RS) Program is a new service option, under the MI Choice Home and Community Based Medicaid Waiver Program that gives people the opportunity to live in the community rather than a nursing home. RS serves adults who are 18 years plus and need nursing home level care and services and meet income and asset requirements. Any licensed Adult Foster Care Home or Home for the Aged may participate.

RS does not pay for room and board or other services required to be provided under the home's license, but pays for additional supports and services that are documented and part of a plan of care. Adult day care, medical equipment and supplies, non-medical transportation, medication management, goods and services, counseling, private duty nursing and training may also be provided.

The Area Agency on Aging 1-B screens applicants to see if they qualify medically and meet income and asset guidelines. For more information call 800-852-7795.

Assisted Living Care in Michigan

Michigan has no single definition of assisted living. It is a marketing term with no regulatory or statutory significance. Assisted living facilities are congregate communities for seniors. They offer room and board, usually 24-hour supervision, supportive services such as housekeeping and laundry, social activities, and some health-related or personal care services. They vary in philosophy, practices, levels of care, and basic and variable costs.

Adult Foster Care and Homes for the Aged are two kinds of assisted living care licensed by the State Department of Human Services (DHS).

Adult Foster Care (AFC) provides 24-hour supportive care and three meals daily in a residential home for people who need assistance with their ADLs and medication management. This may be an option for those on Supplemental Security Income (SSI). You must first find an AFC that accepts the SSI payment and then have the ability to pay the minimum fee for care. In some cases, the Department of Human Services (DHS) provides a financial supplement. Contact DHS at 734-481-2000 and ask about the Adult Community Placement Program. You may also contact the Housing Bureau for Seniors at 734-998-9346 for a list of AFCs.

If you have a developmental disability or a mental illness and are a consumer of Community Support and Treatment Services (CSTS)—formerly Community Mental Health—contact your case manager for assistance. If you are not a CSTS customer, call ACCESS at 734-544-3050 or 1-800-440-7548 to ask about placement and services.

Medical Facilities

Nursing home care is possible for those who require both rehabilitation services such as physical or occupational therapy and long-term care. You may be admitted from your home or a hospital. If being discharged from a hospital to a nursing home, it is possible that consideration for patient/family preferences will be given; however, the final determination is based on Medicaid bed availability.

If you need to enter a nursing home from your home and are not approved for Medicaid, you must apply. Your eligibility is determined by both your medical and financial need. Go to http://www.michigan.gov/documents/AttachA_NF_LOC_Criteria_Form-WEB-BLANK_107510_7.pdf to obtain the **Michigan Medicaid Nursing Facility Level of Care Determination**. This official document is used to assess medical need. In general, Medicaid pays when your income is less than the cost of nursing home care. For information on the rules and regulations, make the following contacts:

-Medicare/Medicaid Assistance Program at 734-712-3625 to obtain counseling and help with completing an application.

-The Department of Human Services (DHS). The local office is at: 22 Center Street Ypsilanti, MI. The number is 734-481-2000 to make application. The Department of Human Services is supposed to determine if you are eligible for Medicaid within 45 days after the Department receives your application. The Department has 90 days if a disability determination is required.

-Nursing home admission office can provide assistance and in some case help guide you with the paperwork.