A RESOURCE GUIDE

GROWING OLDER

FOR SENIORS
CALIFORNIA IS HOME TO ONE OF THE WORLD’S MOST DIVERSE POPULATIONS. We speak over 140 languages and live among several dozen cultures. We are rural, we are urban and we are suburban. This is what makes California such an excellent place to live and grow.

But we are also growing older. California is home to the country’s largest populations of senior citizens. In fact, by 2020, the number of people over the age of 65 will double to more than 6.5 million people. So, whether you are trying to find services for a loved one, or preparing yourself for the road ahead, or simply interested in the public policy issues affecting older Californians, this brochure is for you.

This brochure describes many of the public services that are available to seniors, and provides contact information for a number of important government and community resources. It discusses everything from social security benefits and Medicare, to home care and tax assistance.

The California Legislature is a leader in the development of policies and programs that assist older people in their desire to remain active and engaged, as well as maintain and preserve their own independence. Independence, flexibility and choice are the values that guide the California Legislature in promoting public policy solutions for our state’s aging population.

Please feel free to use this brochure as a resource, along with your Senator’s local district office and staff resources, to help you choose the services that best meet the needs that you or the person for whom you care, may have.
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SOCIAL SECURITY

For many people, Social Security and Medicare will be an integral part of their retirement security. It is important to understand the basics of these programs in order to plan for the future. The questions and answers below should give you a general overview of these programs. All figures are subject to change without notice. For details pertaining to your individual eligibility and benefits, always contact the agency directly.

For assistance: Contact the Social Security Administration at (800) 772-1213, or www.ssa.gov/mystatement on the Internet, or write to the Social Security Administration, Office of Earnings Operations, n.o. box 33026, Baltimore, MD 21290-3026. If you're deaf or hard of hearing, call TTY (800) 525-0778.

How does Social Security work?

Social Security provides retirement, disability, survivor and health benefits to eligible workers and their families. It is the largest source of income for most elderly Americans and plays a major role in keeping them out of poverty. However, Social Security was not intended to be the sole source of income when you retire. It is designed to be a foundation on which to build your financial retirement future.

Who is eligible?

Generally, you must work in a job where you pay Social Security taxes for at least 10 years. The system is based on work credits. Most people need 40 credits, and can earn up to a maximum of 4 credits per year. In 2002, for example, you earn one credit for each $870 of wages, or self-employment income. When you've earned $3,480, you've earned your four credits for the year. The exception is people born before 1929. They need fewer credits depending on the year they were born.

When can I collect retirement benefits?

In order to collect full retirement benefits you must be age 65. You may begin receiving benefits as early as age 62, but your monthly payment will be permanently reduced since you will be receiving benefits for more years. If you work past age 65, you will receive credits that will increase your benefits once you do retire.

How are Social Security benefits calculated?

Your average lifetime earnings determine the amount of your retirement benefit. Your earnings are first adjusted for inflation, then a complicated formula is used to compute your benefit. Basically, the higher your lifetime earnings, the higher your benefit. There is, however, a maximum benefit that you can receive.
Your spouse, at age 65, is also eligible for benefits from your work record. The spousal benefit is 50% of the amount of the worker’s benefit. If you are eligible for benefits both as a retired worker and as a spouse, your benefit will equal whichever amount is higher. A divorced spouse, if unmarried, may also receive benefits from a former spouse’s Social Security record if the marriage lasted 10 years or longer.

Survivor benefits are available to eligible family members of a deceased worker and are based on the credits and the wages earned before the worker died. Generally, a minor child or a widow or widower who is caring for a child under the age of 16 are eligible. Benefits may be available to the family even if the deceased worker had not yet earned enough to qualify for retirement benefits.

The criteria that determine your eligibility and benefit amount can be complicated. Each case is based on its unique work history. There are special rules for some jobs including self-employment, domestic work, farm work and church work. Some employment isn’t covered by Social Security at all. Therefore, the information above is meant only to give you a general understanding. You should contact the Social Security Administration by calling their toll free number, (800) 772-1213, about your individual case.

A citizen, or legally admitted alien, is enrolled in Social Security when they apply for and receive a Social Security number. This is generally done when you are a child if you are born in the US.

This is a very important question. Many people who do not qualify for Social Security may nonetheless be able to qualify for Supplemental Security Income, or SSI. This is a separate program, administered by the Social Security Administration, which assures a minimum level of income to people over 65, blind or disabled, who have limited income and net worth. In 1998, the minimum level for a qualified individual was $650.40 per month. As with Social Security, the eligibility criteria are complicated. You should contact Social Security at (800) 772-1213 to find out if you are eligible for SSI.

You cannot “buy into” Social Security by paying a premium or “buying” work credits. You or your spouse must have accumulated enough work credits to qualify for benefits. However, you can pay for, or “buy” Medicare, which is the health insurance component of our Social Security system.
To find out whether you are entitled to Medicare, check with the Social Security Administration at (800) 772-1213, the Medicare Hotline at (800) MEDICARE [633-4227], or the Health Insurance Counseling and Advocacy Program (HICAP) at (800) 434-0222 which provide assistance on questions related to Medicare, Medicare HMOs, Medicare supplements and long-term care insurance.

What is Medicare?
Medicare is the federal health insurance program for people 65 and over and certain disabled persons.

Who is eligible?
Generally, you are eligible for Medicare if you or your spouse worked and paid into the Social Security system for at least 10 years, you are 65 years or older and a citizen or permanent resident of the United States. You might also qualify for coverage if you are younger with a disability or have chronic kidney disease.

What are Medicare Parts A, B, C and D?
Part A is hospital, or in-patient health insurance, which helps pay for care in a hospital, a skilled nursing facility following hospitalization, and some home health or hospice care.

Part B is medical insurance that pays for doctor visits, outpatient hospital care, and various other outpatient medical services. If you are entitled to receive Medicare as a retirement benefit, you do not pay anything for Part A. In order to receive Part B coverage, you must pay a monthly premium.

Medicare Part C, or Medicare Advantage, provides an alternative method of receiving healthcare benefits. Through the managed care approach, gaps in Part B are covered, but there may be additional costs, and services are generally limited by the area in which you live.

Part D: Medicare prescription drug coverage is insurance that covers both brand-name and generic prescription drugs. Medicare prescription drug coverage provides protection for people who have very high drug costs. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.
A senior who is not entitled to Medicare as a retirement benefit may elect to buy Medicare. It is important to understand that, unlike private insurance, your right to buy into Medicare is not dependent on your health status. If you are 65 or older and a citizen or permanent resident of the United States for at least 5 consecutive years, and not otherwise eligible through Social Security, you may purchase Medicare coverage regardless of your health status. If a senior has low income and asset levels, and cannot afford the premiums, he or she may be eligible for help through the Qualified Medicare Beneficiary Program and/or Medi-Cal. These are state administered health insurance programs for low-income people.

It is important to get a complete and detailed explanation of coverage by calling the Medicare Hotline at (800) MEDICARE [633-4227]. Ask them to mail you the latest edition of the Medicare Handbook which details Medicare coverage. Generally, Medicare Part A helps pay for care in a hospital, limited care in a skilled nursing facility following a hospital stay, some home health care and hospice care.

Part B helps pay your doctor bills, as well as a wide range of medical services including x-rays, laboratory tests, outpatient hospital services, durable medical equipment such as wheelchairs and walkers, physical therapy, and more. However, many medical services are not covered, including routine physicals, foot care, hearing aids, most eyeglasses, dental care and prescription drugs. There are also deductibles and copayments under both Parts A and B, as well as many different limitations and qualifications.

A deductible is a portion of the bill that you must pay before the insurance benefits begin. Copayments, or coinsurance, are the parts of the bill that you are responsible for. Your Part B copayment is 20% of the approved cost of each service.

If you have Medicare Parts A and B, you can join a Medicare Advantage (formerly known as "Medicare + Choice") plan, which delivers services in a managed care fashion. Medicare Advantage plans include: Medicare managed care plans; Medicare preferred provider organization (PPO) plans; Medicare private fee-for-service plans, and Medicare specialty plans.
What happens if the medical procedure costs more than Medicare Part A or B pays?

The new Part D prescription drug benefit provides drugs through the sale of plans endorsed by Medicare. You choose the plan that fits your needs best based on monthly premium and drugs covered on the plan’s formulary. Your drug cost can be greatly reduced under one of these plans. Contacting your local HICAP program volunteer will help you identify the plan that best meets your needs.

If you receive Medicare, but have a very low income, you might qualify for state assistance to pay for the deductibles, copayments and premiums. To find out whether you are entitled to help, check with the Social Security Administration at (800) 772-1213, the Medicare Hotline at (800) MEDICARE [(800) 633-4227].

Medicare Part A covers the cost of hospital services in a Medicare-approved facility, except for the deductible and coinsurance. Medicare Part B has an “approved cost” for a particular service or supply. Doctors and medical suppliers can charge you more than Medicare’s approved cost. However, federal law prohibits charges greater than 15% above the approved cost. You should always ask your doctors and medical suppliers whether they “accept assignment.” This means that they agree not to charge you more than Medicare’s “approved cost,” and they agree to wait for payment directly from Medicare.

For example, you go to a doctor who “accepts assignment” and the Medicare approved amount for the service is $100. Medicare would pay the doctor $80 and your copayment would be $20. But if the doctor did not accept assignment, he could charge you as much as $115 for the service. Medicare would still only pay the doctor for 80% of the “approved cost,” or $80, and your copayment would be $35. Also, if a doctor does not accept assignment, he may ask you to pay your bill immediately, which means you would have to pay the $115, and then wait for Medicare to send you a check for $80 after the doctor filed your claim with Medicare.

Are dental and mental health services covered?

Medicare covers some outpatient mental health services, including the services of clinical psychologists, clinical social workers, and community mental health centers. However, most outpatient mental health treatments are subject to strict coverage limits. Medicare pays only 50% of the approved amount, rather than 80% as they do for most Part B services. Inpatient psychiatric hospitalization is covered, though there is a lifetime maximum of 190 days. Medicare does not cover most dental services, including dentures.
Yes. Medicare now offers prescription drug coverage through Medicare Part D. Part D is prescription drug coverage for both brand-name and generic prescription drugs. Medicare prescription drug coverage provides protection for people who have very high drug costs. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.

No. However, Medicare does not recognize some procedures as medically necessary, and therefore will not cover them. It is important to ask your doctor whether a procedure is covered by Medicare.

No, but most do. It would be hard for most doctors and hospitals to survive financially if they did not accept Medicare patients.

An HMO (Health Maintenance Organization) provides a comprehensive set of health care services to members for a fixed monthly premium. A Medicare HMO is one that contracts with Medicare to provide Medicare covered services to Medicare beneficiaries who join the HMO. Medicare pays the HMO a monthly fee for each beneficiary. If you join a Medicare HMO, you must use the HMO for all medical care except for emergency or out-of-area urgent care. Some Medicare HMOs offer options that allow you to receive certain services outside of the HMO; however, you then pay more for these services, either in premiums, copayments or deductibles.

Many HMOs provide services in addition to those usually covered by Medicare, such as preventive health care services, prescription drugs, and vision care. With a Medicare HMO you will not pay the usual Medicare deductibles and copayments, though some HMOs require a small copayment for each service. In addition, with an HMO you will not have to deal with Medicare paperwork.

The primary disadvantage is that you are not free to go to any doctor or hospital that you choose. You must use the HMO’s doctors and facilities, so there are limited locations where you can receive care. In addition, most HMOs require referrals from your primary care doctor in order to see a specialist, have surgery, or obtain equipment or other medical services.

Does Medicare cover prescriptions?

Do surgical procedures require pre-authorization?

Are hospitals and doctors required to take Medicare patients?

What is a Medicare HMO?

What are the advantages of belonging to a Medicare HMO?

What are the disadvantages of belonging to a Medicare HMO?
What is Medigap insurance?

Medigap insurance, or Medicare supplemental insurance, is designed to cover the costs that Medicare does not. There are 10 standard Medigap plans sold by private insurance companies, regulated by federal and state law, that must be clearly designated as Medicare supplements and identified by the letters A through J. Plan A is the basic benefit package, and Plans B – J are the basic package plus various combinations of additional benefits. The basic benefits cover Medicare Part A coinsurance, plus coverage for 365 additional days of hospitalization after Medicare benefits end, Medicare Part B coinsurance (the 20% of medical services that Medicare does not pay), and the first three pints of blood each year, which Medicare does not pay.

What does it cost?

The costs for Medigap policies range from $50 to $250 per month depending on age and plan. Note that state and federal law guarantees the right to Medigap insurance, regardless of your health status during a specified open enrollment period. You have the right to buy the Medigap policy of your choice for 180 days from the date you are first enrolled in Medicare Part B. You cannot be turned down or charged higher premiums because of poor health if you buy a policy during this period. (Unfortunately, under current law, this open enrollment period does not apply to people under 65 on Medicare disability.)

Does everyone need Medigap insurance?

No. Many seniors retain their employer’s health plan as a benefit after they retire. The combination of Medicare and retiree insurance may be more complete or less expensive than the combination of Medicare and a Medigap policy. It is important that you look very carefully at your existing insurance before making the decision to purchase a Medigap policy. Some seniors are “over-insured,” having more insurance than is necessary.

Is there anyone who can help me understand my health insurance options?

If you have questions about your health insurance, a state funded non-profit organization called HICAP (Health Insurance Counseling and Advocacy Program) will provide a volunteer counselor who will help you compare and understand your health insurance options free of charge. HICAP helps those over 60 or on Medicare at any age. Call (800) 434-0222.
Medi-Cal, California’s Medicaid program, is a combined federal and state program that pays for health care for low income elderly and the disabled, as well as recipients of some public assistance programs.

If you are 65 or older, or blind or disabled and receiving Supplemental Security Income (SSI), you are automatically covered by Medi-Cal. If you are not receiving SSI, but are 65 or older, or disabled or blind, or a family with dependent children and have a limited income and limited countable assets you may be eligible for Medi-Cal.

Medi-Cal can provide up to 100% coverage of many medical services, including hospital and doctor bills, x-rays and laboratory, prescription drugs, medical equipment and supplies, home health assistance, nursing home care, eyeglasses, hearing aids, medically related transportation and many other medical services and items.

Note, however, that not all doctors, providers, or hospitals accept Medi-Cal. Doctors and hospitals may need advance approval from Medi-Cal in order to provide some services and procedures. If your income is greater than Medi-Cal requires for 100% coverage, but not enough to pay your medical bills and meet your basic needs (a calculated amount called your Maintenance Need), you will be required by Medi-Cal to pay a “share-of-cost.” Using a specific formula, Medi-Cal will decide what your share of the medical bills will be.

Medi-Cal and Medicare are two entirely different programs. Medicare is health insurance that is part of your Social Security benefit, and it requires payment of monthly premiums, deductibles, and 20% copayments for many services. Medi-Cal is health insurance based on need. Medi-Cal has no premiums or deductibles, though it can have share-of-cost copayments if you have income and assets over a certain level, but not enough to pay your medical bills and meet your basic needs.

Medi-Cal covers a much wider range of services than Medicare, including many long-term care services not covered by Medicare. In-home support services may be covered, if it is determined that without them, a person could not stay safely in his or her home. In-home support services are non-medical services such as housekeeping and personal care. Medi-Cal may also cover the cost of a nursing home when ordered by a physician.
Do you give up your Medicare benefits if you receive Medi-Cal?

No. If you have Medicare and are also eligible to receive Medi-Cal, then Medi-Cal will supplement your Medicare coverage. Medi-Cal will pay for the premiums, deductibles, and copayments you are responsible for with Medicare. Also Medi-Cal may pay for many services and supplies that are not covered by Medicare, such as nursing home care.

Can you be on Medi-Cal and also be part of an HMO?

Yes. If you join an HMO (Health Maintenance Organization) that has a Medi-Cal contract, you are entitled to all of the services covered by Medi-Cal, but all of your care must be provided by the HMO.

How do you apply for Medi-Cal?

You can apply for Medi-Cal at your county social services agency.

Are there doctors who exclusively care for the elderly?

Yes. Geriatrics is the medical specialty that treats the unique medical needs of the elderly. Unfortunately, there are not as many doctors certified in geriatrics as in other medical specialties. You can ask your physician for a recommendation, or look in the yellow pages of the phone book in the Physician and Surgeon Guide under Geriatrics.

Do any doctors make house calls?

Some doctors still make house calls, but rarely. Discuss under which circumstances, if any, your physician would visit your home. Home health care service providers do make house calls. These providers include skilled nurses, physical and speech therapists, occupational therapists, and medical social workers. Hospice nurses routinely come to the home to provide care to the terminally ill. Certified dental hygienists will soon be able to make house calls to provide basic dental services such as routine cleaning and check-ups, when ordered by a physician or dentist.

Are 911 emergency medical services free?

911 emergency medical transport services (ambulance services) are not free. Patients or their insurance company must pay, and these services can be quite expensive. Medicare and Medi-Cal both help pay for ambulance transportation if the ambulance, equipment and personnel meet their requirements, and if transportation in any other vehicle would endanger your health.
In California, the Health Insurance Counseling and Advocacy Program (HICAP) is available to assist seniors in determining eligibility for prescription drug programs such as Medicare Part D, and in navigating your way through other patient assistance programs. You can contact this office by calling (800) 434-0222 or visit HICAP’s website at www.aging.ca.gov.

You can also call the California Board of Pharmacy at (916) 574-7900 or visit their website at www.pharmacy.ca.gov for assistance.

Besides Medicare Part D, the National Council on the Aging, through a program called BenefitsCheckUp, offers a free internet database that screens low-income seniors who might be eligible for assistance. Through this program, you can determine if you are eligible for the Medicaid program that pays for prescription drugs, as well as many other benefits. The website is www.benefitscheckup.org. Those without internet access may go to a local public library for assistance.

Save money on generic brands whenever available. Brand names are the names a pharmaceutical company gives its specific formulation of a drug. For example, Tylenol is the brand name for a drug company’s formulation of acetaminophen, which is the generic name. Generic drugs are usually cheaper, because there is no advertising or marketing expense.

Chemical for chemical, the drugs are exactly the same. Any difference between generic and brand-name drugs can be the type of filler, colorings or flavors used. The FDA produces a reference book that describes which drugs can or cannot be generically substituted. Whenever you have questions about your medications, including whether a good generic substitute is available, ask your local pharmacist.
At some point in our older years, living independently at home may not be possible. Many persons find that recovering from a surgery, an illness, or chronic physical limitations make it impossible to perform routine daily activities without assistance. When this happens there are home care or housing options that can provide the level of assistance needed.

There are many services available to help the elderly or disabled remain independent, often called home and community based services. For example:

- Home health care from a nurse or other medical professional.

- Homemaking services, such as housekeeping, cooking and grocery shopping.

- Personal care services, that include assistance with bathing, eating, grooming, dressing, toileting and transfers from bed to chair.

- Hospice care, which provides home support for the terminally ill.

- Respite care, which provides temporary relief to caregivers of the elderly, often adult children who are trying to juggle jobs and family responsibilities.

- Caregiver Resource Centers (CRCs), a statewide program that provides respite care, family support, specialized information services, care planning and legal and financial counseling to families and caregivers of cognitively impaired adults.

- Adult day care, facilities that can either provide recreation and social services, or special needs services (such as Alzheimer’s day care facilities) with physical therapy, speech therapy and some medical care.

- Senior centers, which provide recreational and social activities, educational opportunities, nutrition programs, and information and assistance.

- Meal programs, such as Meals on Wheels, that provide for no or low cost delivery of a daily nutritious meal to the elderly at home or at a congregate site.
- Telephone reassurance calls, no cost programs that ensure a phone call each day to check on elderly who are frail and unable to leave their homes.

- Emergency response systems, low-cost programs through a local hospital that provide seniors with an alarm device to wear. If they fall or need assistance the alarm is pressed, and help is summoned.

- Senior companion programs, peer support programs that provide volunteer opportunities for low-income persons 60 years of age or older to give no cost personal support to frail homebound elderly. The volunteers may receive a small stipend, as well as meal and travel expense reimbursement.

- Transportation programs, which provide discounted fares on public transportation, discounted taxi transportation for seniors physically unable to use public transportation, or low cost van rides for those who need wheelchair accessible or special service transportation.

- Case management programs, such as Linkages and Multipurpose Senior Service Program (MSSP), that provide health and social services case management to frail elderly and disabled people in order to prevent their institutionalization. The case manager assesses the client’s needs and helps them access services and resources. There are also private geriatric case managers for those who can afford to pay for these services.

- Tax assistance and bill paying programs, that provide no or low cost help to seniors no longer able to manage these tasks.

- HICAP, a no-cost health insurance counseling program that helps seniors with questions regarding their health insurance needs, coverage, and claim disputes.

- Legal assistance programs, which provide low or no cost legal services to seniors who need assistance with income and health benefits, housing, or protection from elder abuse.

Eldercare Locator can direct you to resources in all areas of the United States. Call (800) 677-1116. You may also call (800) 510-2020 to be connected to local service providers.
What do these services typically cost?

Many of these services, as indicated above, are low or no cost services. However, the home health care, homemaker services, and personal care services, which often are the key to remaining at home, can be expensive. A home visit by a nurse can cost $120. Homemaker and personal care services can cost anywhere from minimum wage to $15 or more per hour. A live-in attendant charges from $50 to $150 per 8-hour shift, depending on the level of skill.

Does any government health insurance cover these kinds of services?

Medicare covers a limited range of in-home health care. If your doctor determines that you require intermittent skilled nursing care, physical therapy or speech therapy and you are confined to your home, then Medicare may cover services provided by an approved home health agency. Medicare will cover 80% of the approved cost of equipment such as wheelchairs, hospital beds, and walkers that assist in making home health care possible.

How is a person eligible?

Medi-Cal covers some in-home support services, including housekeeping and personal care, through PCSP. In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) is administered by the county and paid for jointly by federal, state and county funds. It is designed to assist elderly, blind or disabled persons to remain in their homes while assuring that the home is kept clean and safe.

Chore providers perform in-home services such as housekeeping, grocery shopping and meal preparation, personal care (such as bathing, toileting and dressing), and protective supervision. Workers are hired by the recipient and paid minimum wage. County staff keeps a registry of available providers, issues time sheets and processes payroll. Income and resource eligibility requirements are generally the same asSSI (Supplemental Security Income) requirements. Those who are not eligible for an SSI/SSP cash grant, but otherwise meet requirements, may qualify for IHSS with a “share-of-cost.” For information in your area, call (800) 510-2020.

Is there private insurance that can be purchased to cover these kinds of services?

Yes. Long-term care insurance policies can cover a wide range of services, from home and community based care to institutional care. There are basically three types of long-term care policies: nursing facility only, home care only, or comprehensive that covers both home care and nursing facilities. This insurance can be expensive. Annual premiums range from $800 to $4,000, or higher depending on the coverage and age of the insured.
As with most insurance, a policy must be purchased prior to needing the care, and the younger and healthier you are when you purchase it, the less expensive it will be. All insurance agents and financial consultants marketing long-term care insurance must be licensed by the California Department of Insurance, and require special training.

The California Partnership for Long-Term Care, a partnership between the state and private insurers, offers long-term care policies that can protect some of your assets, when determining Medi-Cal eligibility. For information, contact the local HICAP office (Health Insurance Counseling and Advocacy Program) or call (800) 434-0222 to discuss your long-term care needs and any questions about long-term care insurance that you may have.

There are many types of alternative living arrangements available to seniors, ranging from maximum independence to full time skilled nursing care. These include:

**RETIREMENT COMMUNITIES** for seniors who are totally independent and choose to live in a community with other seniors. Included are retirement apartments and mobile home parks. These communities range widely in cost depending on the area in which they are located.

**CONGREGATE HOUSING FACILITIES** are retirement apartments where congregate (shared) meals, housekeeping, laundry and other services are available. Costs can range from $500 (subsidized housing) to several thousand per month, depending on the location, the size of the units, and the services offered.

**CONTINUING CARE RETIREMENT COMMUNITIES (CCRC),** or life care communities, are retirement communities that offer a continuum of care to the residents, from simple help around the house to full time skilled nursing care. Residents pay a large one-time entry fee, plus a monthly fee, in return for the assurance of lifetime long-term care. Entry fees range from $20,000 to $175,000 depending on location, and monthly fees range between $600 and $4,000. A CCRC requires a legally binding contract that has serious financial implications. In addition, there are facilities that offer all levels of care, yet do not guarantee that you will be accepted into the next level of care as you need it. These are not true life care contracts. Therefore, an attorney and/or financial consultant familiar with these contracts should advise you.
types of full or part-time care continued from previous page

**ASSISTED LIVING FACILITIES** provide assistance with the personal activities of daily living, such as bathing, dressing, and medications, in addition to the services offered in congregate housing. These facilities usually cost from $1,000 to several thousand per month, depending on the location, the size of the units, and the needs of the client.

**RESIDENTIAL CARE FACILITIES**, also known as board and care facilities, are residential homes licensed to care for a relatively small number of clients. These facilities provide residents with basic needs such as room and board, laundry, cleaning and assistance with medications, bathing and dressing. The cost varies, from facilities that accept elderly and disabled living on ss, up to $70 or more per day, depending on their size, location and amenities.

**SKILLED NURSING FACILITIES (SNF)** are facilities licensed by the Department of Health Services to provide skilled nursing and custodial care. Residents receiving Level s skilled nursing care need 24-hour observation and rehabilitation by a licensed nurse. The most common care in nursing homes, however is Level A or custodial care. Skilled nursing supervision, rather than continuous care, and assistance with personal activities such as bathing, grooming and toileting is provided to elderly persons who are extremely frail or have cognitive impairments that make it impossible to be cared for safely at home. These facilities may cost $3,000 to $4,000 per month or more, depending on the level of care required, location and amenities.

There are also many innovative and personalized housing options available, such as housesharing or accessory apartments. Housesharing involves two or more unrelated people living together in order to share costs and chores. An elderly person, who can no longer afford the upkeep of a home, may find that by sharing his/her home they can improve his/her financial and social situation. Another option is to renovate a house to make an accessory apartment, a separate self-contained unit. This allows you to live independently without really living alone. You receive the financial benefits of the rent, along with the security of having someone nearby. You can choose to exchange housekeeping services for a reduced rent.

Finding the right living arrangement is a matter of looking creatively at all the options, and then choosing one that suits your individual financial, social, health, and security needs.
Medicare covers the cost of skilled nursing facilities for a limited time only when following a hospital stay, and only covers the skilled nursing and rehabilitation care necessary for recovery.

Medi-Cal also covers nursing facilities. However, Medi-Cal coverage is broader than Medicare's. Medi-Cal covers the cost of long-term nursing facility care (nursing homes) when that care is authorized by a doctor. For information and assistance with nursing home care and eligibility, California Advocates for Nursing Home Reform (CANHR) provide advocacy, education and legal information on all nursing home related issues, at (800) 474-1116.

An individual must have limited financial resources and assets to be eligible for Medi-Cal covered nursing home care. However, if there is a spouse living at home there are special laws that allow that spouse to keep a certain amount of income and resources in his/her name when the other spouse enters the nursing home. This is intended to prevent the impoverishment of the spouse at home. The eligibility criteria and laws pertaining to asset transfers are complex. For information and assistance call California Advocates for Nursing Home Reform (CANHR) at (800) 474-1116, or an elder law attorney.

Yes, Federal law requires each State Agency on Aging to have a long-term care Ombudsman office. The Ombudsman’s role is to ensure that residents in long-term care are getting the services they are entitled to. The Ombudsman office works to promote quality care, works to find solutions to problems, and provides information and assistance on choosing long-term care facilities. For information and assistance with nursing home care and eligibility call the California Advocates for Nursing Home Reform (CANHR), (800) 474-1116.

**ALZHEIMER’S DISEASE** is a progressive, degenerative disease of the brain that affects approximately 4 million Americans. It impairs memory, thinking and behavior. In the early stages, a patient may only have trouble finding words, finishing a thought, remembering names, or following directions. As the disease progresses, it becomes difficult to read and write, learn new information or make decisions. Driving, managing finances, and other familiar tasks will become increasingly difficult.
Later comes difficulty with basic functions, such as dressing or bathing. These changes require dependence on help from family, friends, or professionals. Much can be done to help manage symptoms and improve the quality of life. Early access to support services and planning may improve life for the patient and their family caregivers. Providers familiar with Alzheimer’s are best suited to supply the services needed.

What are the costs for treatment and care of Alzheimer’s?

There is a wide range of services, and costs vary greatly. Medi-Cal covers the cost of some services for those who are eligible. As early as possible, use all accessible benefits, such as Social Security disability, ssi, Medicare, or Medi-Cal. You should also determine if benefits are available through your private insurance. For further information contact Alzheimer’s Association at (800) 272-3900, and Family Caregiver Alliance at (800) 445-8106.

VOLUNTEERING

With a lifetime of knowledge and experience, seniors are valuable assets to their communities. Volunteering provides a way for an individual to share his or her skills and time to meet the needs of their community and provide services that public and private agencies cannot. Volunteering also provides a sense of accomplishment and meaning as well as an opportunity to start new activities and learn new skills.

Need help finding volunteer opportunities?

There are several different kinds of volunteer opportunities within local communities. Seniors can work directly with children, youth, or with other adults and seniors. Or, they can work with animals or the environment. Community or cultural organizations need volunteers, often on boards and committees.

Online resources

The California Service Corps website has volunteer and service information at californiavolunteers.org. In addition, the federal Senior Corps taps the skills, talents and experience of older Americans to meet a wide range of community challenges through programs like the Foster Grandparent Program. You can get information by calling (800) 424-8867 or on the web at seniorcorps.org.
Families should consider several legal issues when planning for their retirement years. These can be discussed with an attorney who specializes in estate planning and/or elder law – for referrals call CANHR at (800) 474-1116. Planning can greatly reduce the stress of illness and death. You can also contact the Senior Legal Hotline for assistance at seniorlegalhotline.org.

**ESTATE PLANNING:** The process of planning and organizing your personal financial and legal matters. This protects your assets and establishes specific gifts to your loved ones, as well as helping to complete business and legal matters upon your death. The basic component of estate planning is a will or trust.

**WILLS:** A will is a signed legal document that specifies how to administer and distribute your estate after your death.

**POWER OF ATTORNEY:** A written document authorizing another person to act on your behalf in matters requiring legal action. It automatically terminates if you die or become incompetent.

**DURABLE POWER OF ATTORNEY:** A written document which authorizes another person to act on your behalf in matters requiring legal action. It remains effective if you become incompetent.

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE:** California law allows you to choose another person to make health care decisions for you, if for any reason you are unable to speak for yourself. When you complete the Durable Power of Attorney for Health Care form, you appoint another person to be your health care “agent” and specify your health care wishes. You can detail what treatment you want, if you are terminally ill or need life support. Your agent must follow these instructions and honor all wishes regarding your medical care.

**LIVING WILLS:** Living wills can authorize your doctor to withhold life-sustaining treatment if you are terminally ill or permanently unconscious.
TRUSTS: A trust is a legal entity which holds and manages property for the benefit of designated persons or charities. The “Trustor” is the person who creates the trust. The “Trustee” is the person who is given the responsibility to hold or distribute the property to the beneficiaries. A living trust becomes effective during the life of the Trustor, and is usually set up so that it is revocable, meaning the Trustor can change it at any time during his or her life. A testamentary trust becomes effective when the Trustor dies, and is changed by changing the will. A revocable living trust is an effective means of avoiding probate, since a Trustor can transfer property to a trust and still retain the use and income of the property for the rest of his life. When the Trustor dies, the property held in the trust can be transferred to beneficiaries without going through probate. Probate is the court proceeding that oversees the administration of a deceased person’s estate. This can be a time consuming and expensive procedure.

What is a conservatorship?

A CONSERVATORSHIP is a court ordered arrangement by which one person, the conservator, is given power over the finances, property and even living arrangements and personal care of another person, the conservatee. If a person becomes incompetent, but has not made prior legal arrangements, someone must assume control of the person’s legal and financial affairs. A spouse, relative or friend may then petition the court to appoint a conservator for that individual, and nominate whom they think that conservator should be.

Once a petition is filed, an investigator is sent by the court to assess the conservatee’s competence and interview any individuals who may have an interest in the conservatorship. The investigator must determine if the conservatee wishes to contest (protest) the proceedings or if legal counsel is desired. Finally, a hearing is held and a judge decides whether or not to grant a conservatorship. The conservator can be a family member, friend, or a court appointed professional.
**ELDER ABUSE** is any act that willfully inflicts suffering, either physical or psychological, on an elder. Abuse can be physical, psychological, financial, or neglect. The signs listed below do not prove abuse or neglect, rather they are clues that can be helpful in assessing abuse.

**PHYSICAL ABUSE** can be direct physical assault, sexual assault, unreasonable physical restraints, or intentional deprivation of food and water. Possible indicators include unexplained injuries, such as cuts, lacerations, bruises, welts, burns, or absence of hair and/or hemorrhaging below the scalp or non-illness related dehydration or weight loss.

**PSYCHOLOGICAL ABUSE** can be threats, humiliation, verbal assaults, intimidation or intentional isolation. Possible indicators include fear, withdrawal, depression, agitation, confusion or disorientation, and hesitation to talk openly.

**FINANCIAL ABUSE** is any misuse or theft of an elder’s money or property. Possible indicators include unusual activity in bank accounts, a recent will when the person is clearly incapable of making one, missing personal belongings, unpaid bills when someone is supposed to be paying them, checks signed in handwriting that does not resemble the older person’s signature, or lack of amenities that the person could well afford.

**NEGLECT** is the failure to provide an elder with a reasonable degree of care, necessities such as medical care, personal hygiene, or protection from safety hazards. Possible indicators include rashes, sores, fecal or urine smell, inadequate clothing, malnutrition, untreated medical conditions, or health and safety hazards in the elder’s living environment.

Suspected cases of elder abuse should be reported to Adult Protective Services. For the names of agencies in your community call the Area Agency on Aging at (800) 510-2020. If you feel the situation is life threatening, call 911. If you suspect that abuse is occurring in a long-term care facility or Adult Day Health Care Centers, or to locate an Ombudsman call the 24-hour crisis line at (800) 231-4024.
**Legal & Financial Issues Continued**

Are any costs paid by a child for the care of an ill or disabled parent tax deductible?

Yes, under certain circumstances. Because the tax code is complex, you should contact your tax advisor or the IRS for answers regarding your family’s situation.

Can elderly parents be claimed as dependents for tax purposes?

Yes, under certain circumstances. Your tax advisor or the IRS may answer questions about your particular situation.

Can seniors receive any help with their utility bills?

The California Public Utilities Commission has established guidelines that allow certain low-income households to obtain discounts on telephone, gas and electrical services. Eligibility is determined by the number of persons in the household and household income. For eligibility information and applications contact your local utility. If you need more help or if you aren’t getting the information you need, contact the California Public Utilities Commission at (800) 649-7570 or visit their website at www.cpuc.ca.gov.

Can seniors who own their homes use the equity to help meet retirement expenses?

Seniors on fixed incomes should be very cautious about taking out home equity loans. Many seniors have lost their homes to foreclosure after taking out loans secured by their homes which they were not able to pay back. Some less risky options to consider for converting home equity to cash are reverse mortgages and deferred payment loans. These loans may allow seniors to remain self-sufficient by using the equity in their homes to pay for the care necessary to keep them in their own homes.
**REVERSE MORTGAGES** are loans by which homeowners, age 62 or above, can borrow against the equity (net value) in their homes. The amount of the loan depends on your age, your home’s location and value, and the cost of the loan. You can receive the loan as a single lump sum, as a regular monthly payment, or as a credit line that lets you decide how much of the loan to use and when to use it. The loans must be repaid in full, including all interest and fees, when the last living borrower dies, sells the home, or permanently moves away. Because you make no monthly repayments, the amount you owe grows larger over time. As your debt grows larger the amount of cash you would have left after selling your home and paying off the loan becomes smaller. However, you will never owe more than the value of your home at the time the loan is repaid. Reverse mortgages are different from other home loans. They can affect many areas of your finances, including income taxes, property taxes, your government benefits, your right to rent, and what will be left for your heirs. Therefore it is strongly recommended that you seek impartial counseling when considering a reverse mortgage.

**DEFERRED-PAYMENT LOANS** for home repairs are loans taken against the value of the home and used for needed repairs. Like the reverse mortgage loans, these loans do not have to be repaid until the homeowner moves, sells the home or dies, whichever occurs first. The loan is then repaid from the sale of the property. These loans are generally arranged through government agencies.

Be extremely cautious about entering into any agreement that involves your home. It is strongly recommended that homeowners obtain impartial counseling from someone other than the lender before taking out any kind of home equity loan. There are many reputable lenders, but home equity fraud is on the rise. Free counseling and information to seniors considering home equity conversion can be found by calling the US Department of Housing and Urban Development at (800) 569-4287 or go to www.hud.gov for a list of HUD-approved housing counseling agencies.

**THE CONTRACTOR’S STATE LICENSE BOARD** provides information about a contractor’s license, bond status, and pending or prior legal actions. For information about a contractor’s license, call the board at (800) 321-2752. For information about a contractor’s pending or prior legal actions call (916) 235-4041. It is also a good idea to call the local Better Business Bureau before you agree to any contracted work.

How can seniors who need home repairs find contractors who are licensed and reputable?
Here are some basic tips and rules to help seniors protect themselves from home repair scams, telemarketers and other types of consumer fraud:

- Approach all loans with caution. Never let yourself be rushed into signing any loan, particularly a loan secured by your home. Never let anyone rush you into making any deal by telling you “if you don’t do this today you’ll lose it.” Always insist on a few days to think it over. Try never to make quick decisions, especially under stressful or emotional conditions.

- Be very wary of contractors who show up at your door unsolicited, especially if they are recommending a lender who can finance the work.

- Never do business over the phone, unless you have initiated the call.

- Never give cash to anyone, especially a stranger, and never send cash in the mail or by messenger.

- Before you make any investments get background information on the company and investment opportunity from an independent source.

- Watch out for any “prizes” when you must pay shipping and handling or taxes in order to receive them.

- Never buy any service or durable product without getting other written estimates, and ask for written information on all products or services.

- Never sign blank documents.

- If an unsolicited phone call makes you suspicious or uncomfortable in any way, hang up.
Yes. You may choose a prepaid irrevocable burial plan through which you choose the burial and service you want, and contract with a funeral service or mortuary to prepay via a legal contract with payments made on a monthly basis, or you may choose to purchase a burial plot in advance. Money may also be set aside in a trust fund, to be used for burial upon your death. These options are also methods of converting non-exempt assets into exempt assets when applying for Medi-Cal. As with all legally binding contracts, be cautious. Seek assistance and advice before making any decisions. An elder law attorney can help provide guidance in this area.

First of all, it is very important to compare costs before deciding on a particular burial service. Costs can vary greatly, so “comparison shopping” can save money at the time of death, when grief and stress often make it difficult to make sound financial decisions. Prepaid burial plans may save money (because they lock in the cost of services at the time the contract is made); however, it is important to work with a reputable mortuary or burial company, so that you are not “locking in” an overpriced burial plan. Persons receiving Social Security and/or Veterans benefits may be eligible for limited assistance.

Careful planning is the most effective way to protect yourself from unethical funeral practices. When a loved one dies, information gathering and comparison shopping will be the last things on your mind. Do it in advance, when grief and time pressure aren’t working against you.

Know how much funeral services should cost, shop around for a low reasonable price. Phone a variety of mortuaries in your area to obtain an idea of the price ranges.

Be particularly careful when buying a casket. The price markups can be extreme, and costs vary greatly from one mortuary to another. You may choose to purchase a casket separately from a source other than the mortuary. There are several retail casket outlets available.

Arrange viewing or services in your local church or synagogue, or according to your religious practices.
burial plans continued from previous page

Be cautious about prepaid plans. Many are non-refundable and non-cancelable, which means that if you move out of the area and cannot use the services, or can no longer afford the monthly payments, you lose your investment. Prepaid plans can also lock in a high cost funeral. It is wise to have an accountant or attorney familiar with prepaid plans examine any contract to make sure that what is in the “fine print” is what you need.

Know your rights. Most families don’t know that they have the right to use a casket they have constructed themselves or purchased from a casket retail store. The Federal Trade Commission prohibits mortuaries from charging a “handling fee” when families have caskets delivered to the mortuary that were obtained elsewhere.

What do I do if a loved one dies at home?

If there is any doubt that death has occurred immediately call 911. If you are certain, you may call the paramedics, police or fire department, or your physician or hospice nurse if the deceased has been a patient in the last 20 days. If there are any questionable circumstances surrounding the death, authorities will contact the coroner. The authorities will contact the funeral home or mortuary of your choice (or if advance arrangements have been made by the deceased, the funeral home of their choice). The funeral home will transport the deceased, unless the coroner’s office is involved.

Are grief counseling services available to someone who has lost a spouse?

The death of a loved one can be painful, depressing and frightening. In addition to family and friends, there are support groups and grief counseling services available through many hospitals and community mental health agencies.
California Department of Aging ............................................. www.aging.ca.gov • 916.322.5290
This department administers programs that serve the elderly. Here you will find:

► Area Agencies on Aging: For information on local programs and services.
   800.510.2020

► Health Insurance Counseling and Advocacy (HICAP): Free counseling on Medicare,
   HMOs and long-term care insurance.
   800.434.0222

► Long-Term Care Ombudsman Program: Every nursing facility has an impartial
   ombudsman assigned to investigate complaints at no cost to you.
   800.231.4024

BenefitsCheckUp ........................................................................... www.benefitscheckup.org
Find government benefits for which you might be eligible.

California 211 ............................................................................. www.211california.org • 211
Dial 211 for 24-hour information and referrals to programs and services in your community.

Alzheimer’s Disease and Referral Center ............... www.alzheimers.nia.nih.gov • 800.438.4380

CalCareNet ........................................................................... www.calcarennet.gov
Provides information on long-term care, and helps you apply for government assistance.

California Board of Pharmacy .................................................. www.pharmacy.ca.gov
Provides information on Medicare, prescription drugs and medication safety, and helpful
consumer fact sheets on a variety of health-related issues.

California Commission on Aging ............................................. www.ccoa.ca.gov • 916.322.5630
Advocates on behalf of seniors and advises the Governor, state, federal and local agencies.

Elder Abuse Crisis Line ............................................................... 800.231.4024
Available 24 hours a day, 7 days a week.

Eldercare Locator .................................................................... www.eldercare.gov • 800.677.1116
Helps you and your family find the services you need in your community.
**RESOURCES CONTINUED**

**CalQualityCare**
www.calqualitycare.org
This site offers a free guide to finding long-term care.

**Health Publication Finder**
www.dhs.ca.gov/healthpubfinder

**Medi-Cal**
www.medi-cal.ca.gov • 800.541.5555

**Medicare**
www.medicare.gov • 800.MEDICARE [800.633.4227]

**National Clearinghouse for Long-Term Care**
www.longtermcare.gov
Plan for your families' future long-term care needs. *Own Your Future*, a booklet with information specific to your area, can be downloaded.

**Nursing Home Complaints**
www.cdph.ca.gov • 800.236.9747
This agency enforces nursing home laws and regulations.

**Senior Legal Hotline**
www.seniorlegalhotline.org • 800.222.1753

**Social Security Administration**
www.ssa.gov • 800.772.1213
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