

# Resources

In this list of resources, we've compiled a list of helpful calculators with links for accessing them, checklists and questionnaires for you and your clients and key links to:

- Advocacy groups
- Elder abuse hotlines
- Elder care resources and solutions
- Financial services sites
- Resources for grandparent
- Health care
- Legal services
- Marketing advice for elder law attorneys
- Life and disability insurance
- Long-term care insurance
- Retirement housing
- Senior resources
- U.S. Government sites
- Information for caregivers
- Other links

## Calculators

### ***Minimum Monthly Maintenance Needs Allowance***

The Medicaid agency in each state calculates the income the spouse of a nursing home resident - the "community" spouse - must have to survive. This amount is based on a standard formula (which may differ somewhat from state-to-state) which includes some housing costs. Based on the determination of this income or allowance, or "Minimum Monthly Maintenance Needs Allowance" or "MMMNA", the agency determines how much of the nursing home spouse's income the community spouse may keep.

NOTE: California and Hawaii use the maximum MMMNA for all community spouses.

[MMMNA Calculator](#)

### ***Patient Pay Amount Calculator***

This calculator provides an estimate of the amount a nursing home resident covered by Medicaid must pay the nursing home each month. This amount is often referred to as the "patient pay amount" or "PPA". In essence, the nursing home resident must pay all of his or her income to the nursing home less a small personal needs allowance, an allowance for a spouse or a dependent child living at home, and any health care expenses, such as health insurance premiums. The calculations may differ in your state, so consult with an elder law attorney or the state Medicaid agency for an exact figure.

[Patient Pay Amount Calculator](#)

## ***Minimum Distribution Calculators***

Generally, you must begin making withdrawals from tax-deferred IRAs by the April 1st following the year you reach age 70½ or the April 1st following the year you retire, if later. The amount you must withdraw in any given year thereafter is called the minimum distribution. Calculators are available to help you quickly calculate what your minimum distributions must be. Here are two: [TIAA-CREF](#) and [Kiplinger](#)

## ***Retirement Planning***

Many Web sites now offer free "retirement calculators" to assist you with retirement planning. By providing a few details about yourself and your finances, these calculators calculate how much you need to save to achieve your retirement objectives. Below are links to four such calculators. The calculators differ on certain assumptions they make, such as the rate of earnings on investments and life expectancy, and will yield somewhat different results. Nevertheless, they can offer valuable insight into the factors to consider in planning for retirement. Using a retirement calculator should not replace the advice of a qualified attorney or financial adviser.

[MFS](#)

[Fidelity](#)

[Kiplinger](#)

[AARP](#)

## ***Future Social Security Benefit***

You can calculate your future Social Security benefits based on your current and projected earnings by using the online [Benefits Calculator](#) of the Social Security Administration (SSA). The Benefits Calculator can tell you exactly what the effects on your benefits will be of, for example, postponing your retirement or cutting back on your work hours. Using this calculator should not replace the advice of a professional retirement or financial planner.

## ***Financial Calculators From the American Savings Education Council***

More than 100 financial planning calculators are available at the American Savings Education Council's Web site. The calculators can help with a wide array of financial planning issues, including retirement planning, credit cards, home mortgages, and budgeting. Visitors to the site can start with The Ballpark Estimate, which offers users a way to obtain a rough first estimate of what they will need for retirement. The site also offers more finely tuned retirement calculators, including "What will my expenses be after I retire?", "How much effect can inflation have?" and "Which savings should be used first?" In addition to the retirement calculators, you'll find calculators for Roth IRAs, Stocks, Bonds, Mutual Funds, Home Equity Loans, Insurance and more. The Council, a coalition of private- and public-sector organizations, works to raise public awareness about what is needed to ensure long-term personal financial independence.

[The Ballpark Estimate Worksheet](#)

[ASEC's Financial Calculators](#)

## ***Life Expectancy Calculators***

How much you need for retirement depends a great deal on how long you expect to live. There are now many Web-based calculators that can give you an idea of your life expectancy based on your current age, gender, family health history, smoking and drinking habits, exercise patterns, stress level, and other important lifestyle choices.

Here are four life expectancy calculators that ElderLawAnswers has identified as particularly detailed (although we cannot yet vouch for their accuracy!):

[MSN Money](#)

[Living to 100](#)

[Healthy Ontario](#)

[Seattle Times](#)

## **Checklists**

Click on any of the following lists for easy to use reminders on important issues facing seniors, including finding a nursing home or purchasing long-term care insurance. Using these lists will ensure that you ask all the important questions that can make a difference for you or a loved one.

## ***Questions to Ask Before Buying Long-Term Care Insurance***

When long-term care insurance first became available about eight years ago, there were few customers. The product was full of holes, untested, and overpriced. Not surprisingly people took a wait-and-see attitude, mainly because it took a while for most people to even become familiar with the need for this type of protection.

Fortunately, insurers have responded with significant product enhancements and lower prices. But with so many policies to choose from, it has become more difficult to be sure that you're selecting a policy that's best for you. Because all policies are not the same, we have prepared this guide for helping you understand long-term care insurance and obtain the coverage that best fits your individual needs.

### **1. What is the best way to calculate how much coverage you should buy?**

It's difficult to give an ironclad answer because each individual has a different comfort level with risk tolerance and how much of their income and assets they're willing to spend to avoid risk. The amount of coverage depends in part on what you need and in part on what you can afford. As a general guide, you should not spend more than 5 to 10 percent of your income (both earned and unearned) on long-term care insurance premiums. In terms of the size of the daily benefit you purchase, it should make up in the shortfall between your income and the average cost of nursing home care in your area.

### **2. How long a period should I insure myself for?**

Again, there is no one right answer for everyone. Most people buy what gives them peace of mind and is affordable. If you're between the ages of 50 to 65, consider lifetime benefits with compound inflation options.

If you're 65 to 75, think about a six-year or lifetime benefit period with simple inflation options. Those older than 75 years old should consider buying more daily benefit for as long a period as they can afford.

### **3. Will the agent provide you with a sample policy?**

Although sales literature can be helpful to give you a general overview of policies, it's in your best interest to request a sample policy so that you and a family member, friend or adviser can review it with you before you buy. Be sure the sample policy matches the policy quoted by the agent; look for a policy series number.

### **4. Is the policy a group certificate type or an individual policy?**

The difference between a group policy and an individual is significant even though the distinction may not be obvious. In some states, individual policies are regulated while group ones are not. Individual policies, however, are guaranteed renewable for life and premium increases for a class of insureds must be approved by the state.

### **5. Is the policy tax qualified?**

Under the provisions of the Health Insurance Portability and Accountability Act of 1996 (commonly known as the Kassebaum-Kennedy bill) which went into effect on January 1, 1997, long-term care premiums may be deducted from your Federal income tax within certain limits and to the extent you have medical expenses (including these premiums) that exceed 7.5 percent of your adjusted gross income. Any benefits received under a tax-qualified policy are not taxable if the policy meets certain guidelines. Employers may treat long-term care insurance premiums paid on behalf of their employees just like health insurance and fully deduct the cost. Moreover, the employees do not have to include the premium as income and the benefits when received will be tax-free.

### **6. Are the benefit triggers clearly spelled out?**

A benefit "trigger" is the inability of the policyholder to perform specified Activities of Daily Living (ADL's), such as transferring, toileting, bathing, continence, dressing and eating. Ask your insurance agent for a copy of the actual policy in order to see for yourself how the benefit "triggers" and ADL performance are described. The policy you want must include coverage for ADL Standby Assistance. Otherwise, you will own a policy that is harder to qualify for benefits at claim time. Don't make the mistake of focusing your comparison of companies on less important details like a 21 day vs. 31 day bed reservation benefit. Moreover, check policy language to be sure pre-existing conditions are covered.

### **7. Does the policy cover homemaker services?**

Homemaker services include cooking, shopping, changing beds, cleaning the house and doing laundry. Not all policies do provide coverage for homemaker services and some require that they be specifically included in a plan of care. Look for policies that clearly define these services and provide you with a choice.

### **8. How does my health history affect the cost of the insurance?**

Your personal health history can make a difference in both coverage and premium cost. Since insurance companies differ in the way they view certain health problems, it's essential that your insurance agent has access to a broad selection of insurance carriers.

### **9. Is your agent or broker Certified in Long Care (CLTC)? And do they offer a choice of companies?**

Many insurance agents are now selling long-term care insurance since it has received so much media attention. Because the purchase of this type of protection is so important, we recommend that you do business with an agent or broker who is knowledgeable, experienced and has an established reputation in this area of insurance. Long-term care insurance is a complex product. Look for a CLTC specialist. (See the link to the Corporation for Long-Term Care Certification on our Partners page.) Also, you want an agent who represents a number of insurance carriers so you can choose from a variety of policies.

Although the answers to these questions do not cover every possible issue, they are a guide for helping you evaluate long-term care policies and making the decision that's best for you.

(This guide has been provided by Michael B. Uretsky, CLU of Mazonson, Inc. See the link to the Mazonson site on our Partners page.)

## ***Choosing a Nursing Home***

Choosing a nursing home for a family member can be one of the most difficult decisions anyone ever has to make. The fact that he needs to move to a nursing home means that he is in a vulnerable state and will be dependent on the care provided him in the facility. The following considerations should help choose the best facility in an unfortunate situation:

- 1. Facility Certification and Financial Matters:** Is the facility certified by Medicare and Medicaid? How long has the facility been certified?
- 2. Specialty Care Available:** Does the facility have an Alzheimer's unit or other special care area restricted to patients with special care needs? Is the specialty unit separated from other areas of the facility?
- 3. Location:** How convenient is the location to family members and friend? What are visiting hours? Location is important, because it can affect how often the patient is visited by family and friends. Frequent visits generally will improve the patient's mental and emotional well being, as well as ensure that quality of care issues can be addressed as problems arise.
- 4. Physical Consideration:** Is the facility well lit, clean, safe, and welcoming? What diagnostic treatment facilities are available at the facility? What bathing facilities are available and how is bathing handled when the person needs assistance?
- 5. Staffing:** What is the ratio of staff to residents during each shift?
- 6. Mental & Emotional Well Being of Patients:** What kind of activities are planned each day for the residents? A good activities program should have regularly scheduled events, such as a weekly movie or musical event (even if it is just a "sing along" ), religious services, physical exercise activities (exercise classes or even dancing), bingo, educational classes, and other social events. Is there a library available for residents with large print and audio books? Is there a small "store" for purchasing personal items, such as shaving cream, hair care products, and snacks? Is there a safe place for residents to enjoy outdoor areas, such as an enclosed garden? Are plants, pets, and other natural elements added to the residents' environment? Are residents taken to special community events and cultural activities?
- 7. Room Sharing and Furnishings:** Will the resident share a room and/or a bathroom with one or more other residents? How are roommates and rooms selected? If the resident is dissatisfied, can roommates be changed and how is that accomplished? Can the resident bring some of his or her own furniture?

**8. The Resident's Care Plan:** Individual care plans must be implemented with each resident. How often is the care plan reviewed and changed? What is the protocol for handling problems? A resident of a nursing home must be under the care of a licensed physician. The physician must evaluate the resident's needs and prescribe a program of medical care, including therapy, diet restraints, and medication.

**9. Employees:** How are employees selected? How are employees screened for drug use, criminal records, and other potential problems? What is the turnover rate for skilled employees? What is the turnover rate for employees who perform ancillary services, such as meal preparation and financial record keeping?

**10. Physician:** If there is a physician that is used by the majority of residents, what are her qualifications? How often is the doctor on premises? What is her bedside manner with residents?

**11. Meals:** Are meals served in a communal dining room or is each resident brought her meal in her room? If communal, how are tables assigned in the dining room? How long does it take for a meal to be delivered to a bedridden resident? How does the food taste and how is it presented to the resident? Is there a means of heating food that has become cold?

**12. Admission Requirements:** What financial information will the facility require during the admissions process? Can the patient or his representative have copies in advance of all admissions documents and contracts for review? How long does the process take?

**13. Cost of Care:** What is included in the cost of care? How are "extra" items billed? Can laundry be taken off premises and does this save the resident some costs? How are prescription drugs handled? What is the cost difference between a private room and a semi-private room?

**14. Transportation Services:** If required non-emergency medical services are not available on premises (such as dialysis), how is transportation arranged? What about transportation to other places, such as local stores and religious services?

**15. CareScout.com.** Check out the state surveys of the facilities and customer satisfaction surveys available at [www.carescout.com](http://www.carescout.com).

## ***Choosing an Assisted Living or Continuing Care Facility***

The following checklist is reprinted from [The American Bar Association Legal Guide for Older Americans](#) by Charles P. Sabatino, et al., Times Books, Copyright © 1998 by the American Bar Association.

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### **Checklist of Questions for Assisted Living and Continuing Care**

These questions will help you to evaluate and compare just about any kind of supportive housing arrangement.

#### **Questions Regarding the Solvency and Expertise of the Provider**

1. What is the provider's background and experience? The provider is the person or entity legally and financially responsible for providing the housing. Some facilities advertise that they are "sponsored" by

nonprofit groups or churches that in reality have no legal control or financial responsibility. Be wary if such illusory sponsorship is trumpeted.

2. Is the provider financially sound? Ask a professional to review the facility's financial, actuarial, and operating statements. Does it have sufficient financial reserves?
3. Are all levels of care licensed or certified by the state? Check with the state office on aging and with the state licensing agency.
4. How does the facility ensure the quality of its care and services? Is it accredited by any recognized private accrediting organization?

#### **Questions Regarding Fees and Accommodations**

5. If there is an entrance fee, how much is it, and can you get a refund of all or part of it? The facility should provide a formula for a pro rata refund, based on the resident's length of stay, regardless of whether the facility or the resident initiates the termination. Some facilities offer fully refundable entrance fees.
6. What is the monthly fee? When and how much can it be increased? What happens if you cannot afford higher fees? Some facilities give residents financial help if they become unable to pay.
7. Do the fees change when the resident's living arrangements or level-of-care needs change?
8. How much say do you have in choosing where you live? How large is the living unit? Can you change or redecorate it?
9. What if your marital status changes? Will your payments change, or will you be asked to move, if you marry, divorce, become widowed or have a friend or family member move into the unit?
10. What if spouses require different levels of care?

#### **Questions Regarding Services and Health Care**

11. What services are included in my regular fees? Ask about coverage, limitations (based on cost, time, or number of visits), and special charges for the following matters:

#### **Supportive/Social/Recreational Services**

- Meal services: Is the schedule reasonable? Is it flexible?
- Special diets/tray service: e.g., What is the policy on eating in your room?
- Utilities: Are they included in the monthly fee?
- Cable television: Is it available? Who pays?
- Furnishings: Can you bring your own?
- Unit maintenance: Who is responsible for repairs?
- Linens/personal laundry: Is there an extra charge for laundry?
- Housekeeping: Is it included in the fees? What are the options?
- Recreational/cultural activities: What is available? What is on-site?
- Transportation: To where? Is there a limit on the number of trips?
- Safety: What kind of security systems and policies are in place? Is there a fire emergency plan?

## Health and Personal Care

- Assessment and plan of care: What kind of assessment is done to determine your needs and a plan for meeting those needs? What are the qualifications of the person doing the assessment? Is a detailed plan of care developed? When and how is it reviewed?
- Physician services: Can you choose your own doctor?
- Medications: Who gives medications? How is it coordinated with your physician?
- Nursing care facility services: Are they on-site? Who pays?
- Nursing services outside a nursing unit: Is assistance with medications provided?
- Private duty nursing: Is it available? Are there limits?
- Dental and eye care: Is it included in fees? Available on-site?
- Personal care services: What if you need assistance with eating, dressing, bathing, toileting, etc.?
- Homemaker/companion services: Are they available? Is there a limit?
- Drugs, medication and medical equipment/supplies: Who pays?
- Emergency call system: Is it available? Who pays?

12. Are additional services always guaranteed? If the facility provides a nursing unit, what happens if a bed is not available when you need it?

13. Can services be changed? To what extent does the facility have the right to cut back, change, or eliminate services, or change fees?

14. What about preexisting conditions? Does the facility limit its responsibility for certain health conditions or preexisting conditions? Can the facility ask you to move if you become too sick or impaired to be cared for by the facility?

15. Who pays for health care? Can you receive Medicare and Medicaid coverage in the facility? Does the facility require residents to buy private insurance or participate in a special group insurance program for residents?

16. Who decides that you need more care, and on what grounds? What are the criteria and procedures for determining when a resident needs to be transferred from independent living to assisted living, or to a nursing care unit, or to an entirely different facility? Who is involved in these decisions?

17. What are the staffing levels? What are the professional qualifications of the staff? Nursing homes are regulated, but assisted living and other supervised care may not be. Make sure that staff is professionally equipped to do their jobs. What kind of emergencies are staff expected to handle and how are they trained for them?

## Questions Regarding the Rights of Residents

18. Can residents participate in facility management and decision making? What input do you have in activity and meal planning and in house rules? Is there a resident council? How are complaints and disputes handled?

19. What if you want an exception to a policy or to routine scheduling?

20. What are the grounds for eviction? Is there a right to appeal?



21. Are the general operating rules reasonable? What rules cover the facility's day-to-day operation? Are they reasonable? What happens if you break a rule? Can you appeal?

22. What happens if you are injured? Does the contract release the facility from liability for injury resulting from negligence? Avoid such waivers.

## ***10 Factors to Consider When Choosing a Medicare Drug Plan***

Choosing a Medicare drug plan (Medicare Part D) requires evaluating more factors than just the cost of the monthly premium. In fact, a beneficiary may conclude that the plan with the cheapest monthly premium may not be the best value. Moreover, the experience with Medicare Advantage (private Medicare managed care plans) suggests that premiums will change in future years as plan sponsors abandon their least profitable plans.

The following checklist of factors to consider is based on a similar checklist developed by the [Center for Medicare Advocacy](#). After you've reviewed the checklist, use our Medicare Drug Plan Comparison Worksheet to compare drug plans side by side. To access the Worksheet, [click here](#). (For more details on the Medicare drug plan, [click here](#).)

**1. Formulary:** The "formulary" is the roster of drugs the plan covers and will pay for. Does the plan include the particular prescription drugs that the beneficiary needs – or anticipates needing -- and how much will they cost? Of course, a beneficiary cannot predict drug needs for unanticipated medical conditions. Although drug plans may discontinue coverage or increase the cost of any particular drug, they must continue to cover participants currently taking a discontinued drug until the end of the year.

**2. Exceptions process:** A plan may grant an "exception" to its formulary if a beneficiary is using or is prescribed a medically necessary drug that is not on the plan's formulary. What is the plan's process for granting these exceptions?

**3. Transition process:** What are the plan's rules for temporarily providing drugs that are not covered by the plan during a "transition" period? How long is this period?

**4. Utilization management tools:** To what extent does the plan attempt to steer beneficiaries to lower-cost drugs? For example, does the plan require that a beneficiary try certain medications before covering a costlier drug prescribed by the beneficiary's doctor? Does the plan charge different co-payment amounts for generic and brand-name drugs or for different drugs? What are the cost-sharing requirements for the beneficiary's current drugs?

**5. Quantity limitations:** Is there a limit on the number of prescriptions a beneficiary may receive in a month? Are there limits on the number of pills or other dosages available in a single prescription?

**6. Deductible:** Will the annual deductible be the standard \$250 or lower? Does the total cost of the drugs that the beneficiary currently takes at least meet the deductible plus a year's worth of premium payments? (AARP has created a [calculator](#) for beneficiaries to determine potential savings under the drug benefit.)

**7. Pharmacy:** Will the beneficiary be able to buy drugs covered under the plan at his or her customary pharmacy? If the beneficiary is in a long-term care facility, is the facility's pharmacy included in the plan's network? Does the plan have preferred and non-preferred pharmacies within its network and does it require beneficiaries to pay more for using a non-preferred pharmacy?

**8. Mail order option:** Are beneficiaries allowed or required to use mail-order? Is there a price difference for mail-order purchases?

**9. Plan sponsor:** Is the plan sponsor a known, reliable entity?

**10. Coordination with state program:** How do the plan's benefits coordinate with any State Pharmaceutical Assistance Program?

## ***Tips on Negotiating With an Insurer for Medical Coverage***

If you have a chronic medical illness, the last thing you want to hear is that your insurance company is denying coverage. If you are denied coverage of medical care, home health care, medical equipment, or medical supplies, you may have to negotiate with your insurance company for coverage. The following are a few tips to help you secure coverage for yourself.

- **Request an explanation from your insurance company.** The first step is to request from your insurance company a detailed explanation of its denial, based on the terms of your policy or plan. You are entitled to an explanation for the denial and the terms of the insurer's policy that support that denial. Ask the company representative to point to the specific clause in your insurance policy that supports the insurer's denial and to put this information in writing.

If the insurer relied upon internal scientific or procedural guidelines to deny your claim, you are entitled to copies of these as well. Many companies maintain guidelines on their Internet sites. Regardless, you should request, in writing, any internal guidelines, scientific, medical or otherwise that influenced the insurer's decision to deny your claim.

- **Request and read your policy.** You should next request from both your employer and your insurance company a copy of your policy (or plan). Your policy is not the five-page summary plan description provided by your employer every year, nor is it the brief summary of benefits provided by your insurance company. Your policy is a detailed booklet that specifically enumerates what is covered, exclusions to coverage and relevant definitions, such as that for medical necessity. You are entitled to a copy of your plan document, and should make your request in writing.

Read your policy (or plan) thoroughly, and find all the relevant terms, not just the one cited by the insurance company to deny your claim. Determine whether or not the denial is justified both medically and under the plan. If you are in doubt, show the policy terms to your physician. Remember, your plan is a contract between you and your insurance company, and the terms alone govern your relationship.

- **Request a copy of your claims file.** You are entitled to a copy of your claims file from your insurance company. The file contains valuable information that can be used to prove that the insurance company's reasons for denying your claim are wrong, including the insurer's own medical reviews. Use this information to your advantage. Ask your treating physicians to respond to the specific reasons the medical reviewers gave for denying your claim. Don't stop there. Question the credentials of the reviewers. Do they have experience with treating and caring for individuals with your illness? Have they spoken to your treating physicians about the care you require? The answers to these questions will provide the basis for challenging the insurance company's denial.
- **Build a record.** Write letters to your insurance company questioning the denial, and appeal the denial under the company's internal appeals process. More often than not, coverage is denied on the grounds that it is not "medically necessary." The definition of medically necessary is located in your policy. You must prove to the insurance company

that the care you require is not just something you want, but is essential to your health. Establish this point by submitting letters from your doctors, and any other experts you have seen, detailing the medical necessity of the benefits you need. Ask them to explain why they believe the care is medically necessary using the definition in your policy. Keep copies of all correspondence to and from the insurance company and keep records of all telephone calls.

- **Be polite.** This is essential. In every insurance company, somewhere along the line, there is a knowledgeable employee waiting to help. Don't burn bridges. If you approach the case from a problem-solving rather than an adversarial perspective, you may gain good general advice and valuable insight into the workings of the overall bureaucracy. By making a valuable ally out of this person, you may ultimately gain a good inside advocate.
- **Draw attention to your case.** Do not be afraid of "going public" with your claim. Write your senator and/or representative, and ask them to contact the insurance company. Contact the press. You have a real, pressing need for medical care and ought to have access to it. In this current climate where the phrase "managed care" connotes restricted health care access, the shared sense of vulnerability that the general public feels can help you gain valuable support.
- **Be tenacious.** Make your presence known. Let the insurance company know that you will not go away until you receive the coverage you believe is owed you. Don't be afraid to ask for help--from your doctor, a local non-profit organization that deals with your condition, or, if necessary, a lawyer.

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## ***Hiring a Home Care Provider***

Most people prefer to be cared for in their home rather than a nursing home, but finding a home care provider for you or a loved one can be daunting. The following are some things to keep in mind when looking for a caregiver.

- **Level of care.** The first thing to consider is what level of care is needed. This will determine what type of caregiver to hire and how much the caregiver will cost. Home care providers can range from someone who offers companionship to someone who provides medical services. You can also hire a geriatric care manager to evaluate your or your loved one's needs and review the available options. To find a geriatric care manager in your area, visit the Web site of the National Association of Professional Geriatric Care Managers at [www.findacaremanager.org](http://www.findacaremanager.org).
- **Write a job description.** Once you have established what type of caregiver you need, you can write a job description. The description should list all the services you need a caregiver to provide, such as bathing, dressing, eating, bill paying, transportation, household chores, or physical therapy.
- **Decide whether to use an agency or hire independently.** There are several advantages to using an agency to find a caregiver. An agency screens caregivers for you, takes care of paperwork, and provides backup workers and insurance, among other things. The disadvantages are that you may not get to choose your caregiver or have the same caregiver every day. In addition, the agency may limit what the caregiver can do for

you. If you decide not to go through an agency, you will need to carefully screen caregivers. You will also need to make sure you pay employment taxes and unemployment insurance.

- **Locate a caregiver.** Contact your local agency on aging to find information on home health care agencies in your area. You can call the Eldercare Locator toll-free at 1-800-677-1116 or go to <http://www.eldercare.gov> to find the area agency on aging near you. There are thousands of private home care agencies around the nation. If you are hiring a caregiver on your own, other resources for finding help include getting a referral from a friend, looking in the Yellow Pages, or advertising for help at a senior center or in the newspaper.
- **Consider adult day care.** Adult day care facilities provide care and companionship outside of the home and give seniors the chance to interact with peers. Facilities can provide social or therapeutic activities. You can pair adult day care with a home caregiver to allow you or your loved one a few hours outside the house.
- **Get financial help.** The cost of home health care will vary depending on the type of help that is needed -- the more skilled the help, the more expensive the cost. Personal-care assistants may earn between \$7.50 and \$15 an hour while more skilled aides may make \$16 to \$25 an hour or more. Medicare and Medicaid may provide some coverage of the medical portion of home health care.

For more information about finding a home care provider, visit the [National Association for Home Care & Hospice \(NAHC\)](#).

## **Key Elder Law Links**

### **Advocacy Groups**

[The Medicare Rights Center](#)

[The National Citizen's Coalition for Nursing Home Reform \(NCCNHR\)](#)

[AARP](#)

[The National Council on Aging](#)

[Center for Medicare Advocacy](#)

### **Elder Abuse Help**

[National Center On Elder Abuse](#)

[Retirement Nightmare](#)

### **Elder Care**

[CareScout](#)

[Senior Bridge Family](#)

[ElderCarelink](#)

[Kay Paggi, a Professional Geriatric Care Manger](#)

[Empire HomeCare Resources Inc.](#)

[Empowering Caregivers](#)

[CarePathways.com](#)

[Aging Solutions](#)

[www.mealcall.org/](http://www.mealcall.org/)

[Elder Rage, or Take My Father Please! How to Survive Caring for Aging Parents](#)

[Coping With Caregiving--Radio Program](#)

[Visiting Angels](#)

[The Shira Ruskay Center](#)  
[ElderLifePlanning.com](#)  
[National Association of Professional Geriatric Care Managers](#)  
[Caring for Elderly Family Members \(online support group\)](#)

#### **Financial**

[401K-Rollover-Center.com](#)  
[Annuities-Central.com](#)  
[Annuity-Central.com](#)  
[MFS Investment Management](#)  
[National Association of Unclaimed Property Administrators](#)  
[Savingforcollege.com](#)  
[U.S. Savings Bonds \(Treasury Direct\)](#)

#### **Grandparents**

[The Grandparents Resource Center](#)  
[Grandparents' Web](#)  
[The Foundation for Grandparenting](#)

#### **Health Care**

[DoctorSolve](#)  
[Online Health Resources](#)  
[AHAF--Alzheimers](#)  
[AHAF—Macular Degeneration](#)  
[AHAF--Glaucoma](#)  
[Commission on Accreditation of Rehabilitation Facilities](#)  
[Joint Commission on Accreditation of Healthcare Organizations](#)

#### **Marketing For Elder Law Attorneys**

[ElderLawMarketing.com](#)  
[SmartMarketing](#)

#### **Legal**

[Professional Education Systems, Inc. \(PESI\)](#)  
[HALT - An Organization of Americans for Legal Reform](#)  
[ABA Commission on Law and Aging](#)  
[Senior Law](#)  
[H.E.L.P](#)  
[The Living Trust Network](#)

#### **Life/Disability Insurance**

[Cash for Your Policy](#)  
[Life-Insurance-Options.com](#)  
[Disability-Insurance-Center.com](#)

#### **Long-Term Care Insurance**

[MrLTC.com](#)  
[LTCinsurance.com](#)  
[Long Term Care Wiz](#)  
[LTC-USA.com](#)  
[The Corporation for Long-Term Certification](#)

[mazonson, Inc.](#)  
[LTC Consultants](#)  
[Long Term Care Insurance Buyers Advocate Outreach](#)

#### **Retirement Housing**

[www.homemods.org](#)  
[www.RetirementLiving.com](#)  
[new Lifestyles Online](#)  
[ElderChoice.com](#)  
[Consumer Consortium on Assisted Living](#)  
[American Association of Homes and Services for the Aging](#)  
[Retirement Homes](#)

#### **Senior Resources**

[BenefitsLink](#)  
[Retirement Resorts](#)  
[www.SeniorsSearch.com](#)  
[Senior Journal](#)  
[Institute for the Future of Aging Services](#)  
[National Long Term Care Ombudsman Resource Center](#)  
[H.E.L.P](#)

#### **U.S. Government Sites**

[Social Security Administration](#)  
[Medicare](#)  
[Centers for Medicare & Medicaid Services](#)  
[Department of Veterans Affairs](#)  
[Administration on Aging](#)  
[FirstGov for Seniors](#)  
[HUD](#)

#### **For Caregivers**

[Caregiver-information.com](#)  
[CareGivers.com](#)  
[Caregiving.com](#)  
[National Family Caregivers Association](#)  
[Family Caregiving Alliance](#)  
[Aging Network Services](#)

#### **Other Links**

[First Signs](#)  
[Work & Family connection](#)  
[Family Friendly Fun](#)