

Long Term Care For Older People Law And Financial Planning

Revised and expanded for its second edition, this text tackles the funding of community care for the elderly together with the implications for the recipients. It provides specific advice for practitioners on the protection of assets from local authorities seeking to recover residential expenses. Incorporating changes to the law, the book examines the issues around entitlement to care and considers the impact of The Human Rights Act 1998.

This study reports on the latest trends in long-term care policies in nineteen OECD countries and studies lessons learned from countries that undertook major reforms over the past decade.

Long-term care (LTC) refers to a broad range of services designed to provide assistance over prolonged periods to compensate for loss of function due to chronic illness or physical or mental disability. LTC includes hands-on, direct care as well as general supervisory assistance. The type, frequency, and intensity of services vary; some people need assistance for a few hours each week, whereas others need full-time support. LTC differs from acute or episodic medical interventions because it is integrated into an individual's daily life over an extended time. LTC spans three realms: (1) assistance with essential, routine activities such as eating, bathing, dressing, and tasks required to maintain independence, such as preparing meals, managing medications, shopping for groceries, and using transportation; (2) housing; and (3) medical care. Often, LTC is associated with institutional settings such as nursing homes (NHs). However, LTC is also provided in a variety of noninstitutional settings collectively referred to as Home and Community-Based Services (HCBS). For this report, we compared LTC for older adults delivered through HCBS with care delivered in NHs. This comparative effectiveness review targets direct comparisons of LTC provided through HCBS and in NHs. Substantial differences in case mixes between older adults served through HCBS and in NHs made indirect comparisons impossible. That is, heterogeneity in case mix precluded our ability to compare the findings of the two bodies of literature that focused either on older adults served by HCBS or on adults in NHs. We examined studies with both cross-sectional and longitudinal designs. Cross-sectional studies compared outcomes across settings at a specific time. Longitudinal studies compared change in outcomes over a defined time period ranging from 6 months to 5 years. We examined published and grey literature from the United States and published literature from economically developed countries with well-established health and LTC systems. Key Questions include: KQ 1. What are the benefits and harms of long-term care (LTC) provided through home and community-based services (HCBS) compared with institutions such as nursing homes (NHs) for adults age 60 and older who need LTC? a. To what extent do HCBS and NHs serve similar populations? b. How do the outcomes of the services differ when tested on similar populations? c. What are the harms to older adults as a result of care at HCBS and NHs? KQ 2. What are the costs (at the societal and personal levels) of HCBS and NHs (per recipient and in the aggregate) for adults age 60 and older? Costs may include direct costs of care as well as resource use and family burden. Direct costs of care refer to program and individual spending on LTC services for HCBS recipients and NH residents. Resource use includes program and individual spending on acute care services such as physician and hospital care as well as spending by other subsidy or transfer programs. Family burden includes the opportunity costs of care.

This study reports on the latest trends in long-term care policies in nineteen OECD countries: Australia, Austria, Canada, Germany, Hungary, Ireland, Japan, Korea, Luxembourg, the Netherlands, New Zealand, Norway, Mexico, Poland, Spain, Sweden ...

Home is a place where our identity constantly develops through connections with the past and is defined by cultural, socio-demographic, psychological, political, and economic factors. Many older adults, near the end of their life, are calling long term care facilities their home. Long term care has experienced rapid growth over the past several decades. Currently, assisted living represents one of the most abundant institutional care settings for older adults. An estimated 36,000 assisted living facilities exist in the United States (National Center for Health Statistics, 2016) compared with an estimated 15,600 nursing homes (National Center for Health Statistics, 2016). With long term care facilities rapidly growing, there have been several different models composed, including medical model, person-centered care, Eden Alternative, and Green House model. These models were developed in order to improve one's quality of life as well as making these facilities appealing to older adults to move into. While making long term care facilities appealing to older adults, artifacts of culture change have regulated care practices, environment, family and community, and workplace practices. While this has influenced long term care facilities, there is still room for improvements in order to improve the quality of life in older adults.

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The number of elderly people relying on formal long-term care services is dramatically increasing year after year, and the challenge of ensuring the quality and financial stability of care provision is one faced by governments in both the developed and developing world. This edited book is the first to provide a comprehensive international survey of long-term care provision and regulation, built around a series of case studies from Europe, North America and Asia. The analytical framework allows the different approaches that countries have adopted to be compared side by side and readers are encouraged to consider which quality assurance approaches might best meet their own country's needs. Wider issues underpinning the need to regulate the quality of long-term care are also discussed. This timely book is a valuable resource for policymakers working in the health care sector, researchers and students taking graduate courses on health policy and management.

Long-term care in the United States has taken the nursing home as its benchmark, but the monetary, social, and psychological costs of nursing home care are all too high. This book challenges the current dominance of nursing homes as the principal institution of long-term care. It offers a series of alternative models where both services and housing can be provided in a way that allows long-term consumers to enjoy dignified, "normal" lifestyles. It addresses the political and economic consequences of making this decision. The authors start with the premise that long-term care is designed to assist people who lack the capacity to function fully independently. They argue that no disabled person of any age should be required to forsake his/her humanity in exchange for care. The book rejects the artificial dichotomy between social and medical care, asserting that both play important roles in psychological and physical well-being of long-term care patients. The authors consider the need for competent and compassionate medicine and discuss the methods for improving both its coordination of care and its effectiveness. The book redefines the meaning of safety and protection in long-term care, and how this goal can be accomplished without sacrificing quality of living. As the new millennium and the aging of baby boomers approaches, more creative approaches to providing better long-term care are required. This volume outlines a useful framework for the provision of effective and humane community-based programs that are both feasible and affordable. It will be an invaluable guide for geriatricians, public health professionals, family physicians, nurses and others who care for elderly patients.

The aging of society is a growing concern in all advanced nations, and at the forefront of concern is long-term care for frail older people. Enactment of a new public long-term care insurance program by the Japanese government in 1997 provided an excellent opportunity for a conference focusing on an ideal long-term care system for frail older people. The conference was organized around four major themes: Social aspects, including family dynamics and the role of formal providers; Clinical aspects, including effective treatments for physical and mental disabilities; Macroeconomic and macropolitical settings for public policy; Program

design and management issues. With contributions from the fields of medicine, nursing, social work, gerontology, political science, economics, and sociology, this volume provides an overview of key problems and possible solutions in programs for frail older people from a unique international perspective.

All advanced industrial societies are experiencing changing demographic profiles, accompanied by political pressures to limit public spending. These trends threaten the capacity of publicly funded health and welfare services to maintain current levels of provision in the face of rising demand. Together they are driving forces in the search, by local and national governments alike, for alternative, more cost-effective ways of organising and providing care. This new edited book focuses on the shifting boundaries between 'health' and 'social' services, between services and money, between public and private provision. It explores the experiences of a number of countries which have recently made changes in the organisation, funding or delivery of services for frail older people. Each chapter has been specially commissioned from experts familiar with the organisation of services in their particular country. The book describes the consequences of these service changes for older citizens and the broader lessons for policy and service development.

Long term care and senior housing are two of the fastest growing industries in the United States. In addition to the demographic impact of the growing number of elderly people needing care today, baby boomers are increasingly conscious of housing and care issues as they confront the aging of their parents and consider their own future needs. As a result, the work of industry management is increasingly complex and demanding. Here is the only book that specifically addresses the professional financial management issues of long term care providers. *Guide to Long Term Care Financial Management* provides training and technical information for professional financial managers working in senior housing and health care. This indispensable resource covers the many aspects of this huge and fragmented but increasingly crucial field. It provides extensive information on issues such as licensing requirements and Medicaid coverage and eligibility issues, plus: Addresses the many regulations, reimbursement, and operational issues related to the long-term care industry on a state-by-state basis Includes detailed technical information for experienced financial professionals as well as training materials Contains tables, checklists, statistical data, forms, and illustrations Produces annual supplements that cover new trends and changes in the marketplace Internal accountants and managers, external auditors and accounting consultants, financial managers at hospitals and health systems, finance professionals at insurance companies and managed care organizations, financial analysts at investment brokerage firms, and all the many others involved in long term health care and senior housing management will find *Guide to Long Term Care Financial Management* an invaluable tool.

Projects future patterns of demand and supply and costs a range of options for funding long-term care.

OBJECTIVES: To compare long-term care (LTC) for older adults delivered through Home and Community-Based Services (HCBS) with care provided in nursing homes (NHs) by evaluating (1) the characteristics of older adults served through HCBS and in NHs; (2) the impact of HCBS and NH care on outcome trajectories of older adults; and (3) the per person costs of HCBS and NH care, costs for other services such as acute care, and family burden. **DATA SOURCES:** Bibliographic databases MEDLINE(r) and AGELINE(r); grey literature in the form of program evaluation reports and reports and analyses from Web sites of relevant State and Federal agencies and research organizations; citation searches of articles; and hand searches. **REVIEW METHODS:** We included randomized controlled trials (RCTs) and observational studies that directly compared LTC for older adults (age 60) served through HCBS and in NHs. Studies were limited by date (1995-March 2012), language (English), and geographical location (United States and other economically developed countries with well-established health and LTC systems). Because assisted living (AL) encompasses elements of institutions, we treated it as a separate category within HCBS. We compared the characteristics of LTC recipients and the impact of the setting on outcome trajectories for physical function, cognition, mental health, mortality, use of acute care services, harms, and costs. We qualitatively synthesized results. We assessed the risk of bias and applicability of individual studies and graded the overall strength of evidence for each examined outcome. **RESULTS:** We identified 42 relevant studies (37 peer reviewed, 5 grey literature). We identified no RCTs. Of the 37 peer-reviewed articles, 22 evaluated recipient characteristics at a specific time, and 15 analyzed outcome trajectories over time (of which 14 were used in the longitudinal analytic set). On average, NH residents had more limitations in physical and cognitive function than both HCBS recipients and AL residents, but mental health and clinical status were mixed. The 14 studies that compared the outcome trajectories of HCBS recipients or AL residents with NH residents over time had a high risk of bias, resulting in low or insufficient evidence for all outcomes examined. In comparing AL with NH, low-strength evidence suggested no differences in outcomes for physical function, cognition, mental health, and mortality. In comparing HCBS with NHs, low-strength evidence suggested that HCBS recipients experienced higher rates of some harms while NH residents experienced higher rates of other harms. Evidence was insufficient for other outcome domains and comparisons. Evidence was also insufficient for cost comparisons. **CONCLUSIONS:** Determining whether and how the delivery of LTC through HCBS versus NHs affects outcome trajectories of older adults is difficult due to scant evidence and the methodological limitations of studies reviewed. More and better research is needed to draw robust conclusions about how the setting of care delivery influences the outcomes and costs of LTC for older adults.

The case studies in this book focus on the emergence, extent and nature of national policies on ageing and associated strategies to address long-term care needs. Key opportunities for and constraints on policy are identified in this first round of regional studies.

Exciting programs in long term care--designed to better serve elderly persons with chronic diseases--are highlighted in this rich volume. The crucial economic and physical factors of long term care that specifically affect and influence the work of physical and occupational therapists are thoroughly addressed. Experts discuss insurance options and pitfalls that are a part of paying the enormous and costly bills for the process of rehabilitation. Several nontraditional, specialized

occupational therapy treatment programs aimed at particular patient populations--Hispanics, cancer patients, the very disabled elderly--are closely scrutinized. In detailing the importance of preparing therapists and other health professionals for the specialized work of long term care with older patients, contributors focus on adequate training and education for long term care providers and personal interactions among patients and staff.

This title was first published in 2001: Employing an interdisciplinary and comparative approach to equity in long-term care, this book addresses the fact that demographic changes leading to ageing populations, financial pressures and changes in traditional support systems have brought long-term care and the redesign of care systems to the top of the European social policy agenda. Despite the importance of this issue, however, the question of equity in long-term care has until now received relatively little attention in social policy research. Rather than focusing on theories of social justice or the analysis of specific interpretations of equity, this book develops key dimensions of equity choices in a framework for systematic comparative analysis. This tool is then used to investigate long-term care policies in Europe, exploring equity choices in both the provision and the finance of long-term care. These choices are discussed comparatively with regard to the implications for the various actors and are also contrasted with basic welfare state objectives. This book represents an important addition to comparative research into several key areas of welfare and welfare state design. It explores the division of responsibilities in long-term care systems between the public and private and formal and informal sectors, the relationships between different welfare state objectives, the different types of welfare state intervention, and the principles and choices surrounding the allocation of resources and burdens.

While *Being Mortal* (Atul Gawande) helped us understand disease and death, and *Successful Aging* (Daniel J. Levitin) showed us older years can be a time of joy and resilience, *Happily Ever Older* reveals how the right living arrangements can create a vibrancy that defies age or ability. Reporter Moira Welsh has spent years investigating retirement homes and long-term care facilities and wants to tell the dangerous stories. Not the accounts of falls or bedsores or overmedication, but of seniors living with purpose and energy and love. Stories that could change the status quo. Welsh takes readers across North America and into Europe on a whirlwind tour of facilities with novel approaches to community living, including a day program in a fake town out of the 1950s, a residence where seniors school their student roommates in beer pong, and an aging-in-place community in a forest where everyone seems to have a pet or a garden or both. The COVID-19 pandemic cruelly showed us that social isolation is debilitating, and Welsh tells stories of elders living with friendship, new and old, in their later years. *Happily Ever Older* is a warm, inspiring blueprint for change, proof that instead of warehousing seniors, we can create a future with strong social connections and a reason to go on living. Today, 6 million people age 65 and older need long-term care. By 2040, once the entire baby boomer cohort has grown elderly, that number could be 21 million. Every year Americans spend over 182 billion public and private dollars on services and supports for chronically disabled elders. This is projected to nearly double by 2030 to \$341 billion and to grow to \$684 billion once the last baby boomers have turned 85. And these estimates don't include the \$375 billion in unpaid care family and friends provide, including foregone wages that would have helped support Medicare and Medicaid. *Long-Term Care for the Elderly* sets forth an evidence-based research and policy agenda to identify the financing and delivery approaches that optimize quality of care, quality of life, and cost outcomes. Examining the Affordable Care Act, Robyn Stone evaluates initiatives such as the Program of All Inclusive Care for the Elderly (PACE), EverCare, the Home-Based Primary Care Program (HBCP), the Federal Coordinated Health Care Office, and the Center for Medicare and Medicaid Innovation are considered. Also discussed are significant policy interventions to expand the supply of caregiving professionals; encourage workforce education and training; and make long-term care jobs more attractive. With Robyn Stone's guidance, the vision of a long-term care system for 2030 could become a reality.

Long-term care is an increasingly important issue in many contemporary welfare states around the globe given ageing populations. This ground-breaking book provides detailed case studies of 11 EU-member states' welfare regimes within Europe to show how welfare states organize, structures and deliver long-term care and whether there is a social investment perspective in the delivery of long-term care. This perspective is important because the effect of demographic transitions is often used as an argument for the existence of economic pressure on welfare states and a need for either direct retrenchment or attempts to reduce welfare state spending. The book's chapters will look specifically into how different welfare states have focussed on long-term care in recent years and what type of changes have taken place with regard to ageing populations and ambitions to curb increases in public sector spending in this area. They describe the development in long-term care for the elderly after the financial crisis and also discuss the boundaries between state and civil society in the different welfare states' approaches to the delivery of care.

Ageing population poses a set of complex policy and dilemmas for social security systems, intensifying the concerns about rising expenditures in health care and long-term care for elderly. In this context, ageing societies has many valuable lessons to learn by studying Japan's experience dealing with its hyper-aged society and particularly from its strategies to ensure the financial sustainability of the Long-Term Care Insurance (LTCI) system. Based on an exhaustive literature review, and the results from six original researches on long-term care expenditures in Japan (LTCE) conducted during a doctoral program, the book provides a comprehensive view in analyzing trends and factors associated with increasing expenditures in the Long-Term Care Insurance system in Japan. The book address relevant topics such as; the main socio-demographic changes experienced by the Japanese society during the last three decades, predictors of the LTCE, measuring efficiency in nursing homes, the impact of the LTCI 2005-reform to contain expenditures, cost-effectiveness of the in-home and community based services and institutional LTCE in the last year of life. The book end with a discussion on futures challenges and strategies oriented to contribute with the sustainability of LTCI system in Japan.

The United Nations World Assembly on Aging has made advancing health and well-being into old age a worldwide call for action.

And this text at hand shows us what researchers worldwide are doing to answer that call. Here, three of America's most esteemed experts on aging lead a global team of contributors - each an expert in his or her country - to show us what the top challenges of each nation are, and what top research is being done there to meet those. While we cannot predict with absolute certainty all of the issues that will arise over the next 20 years, we can anticipate some and we must start now to prepare for these challenges, an expert from the U.S. Department of Health and Human Services warned at a recent UN World Assembly on Aging. Needed response to the global population shift is not just the responsibility of governments, but will be a product of wise, long-term decisions made by individuals and societies, she explained. In most nations globally, populations are graying and the number of people aged 65 and older is vastly increasing, creating a larger segment of senior citizens than the world has ever before seen. Across human history, the elderly accounted for no more than 3 percent of the world population. By the year 2030, the elderly are expected to make up about 25 percent of the world population. And while longevity is of course seen as a great success, longer lifespan for such masses also creates dilemmas. For example, the incidence of dementia has already increased significantly with an 11-fold increase in people aged 65 and older in the US since the turn of the century, and a similar increase in aged people in Scotland has researchers there scrambling to find treatments for what they expect will be a 75 percent increase in dementia over the next 25 years. Chronic diseases that come with aging are already taxing health care systems in the US and around the world to Japan, with most experts aware their current health systems would be overrun and lack enough staff and facilities to handle the needs of an elderly population multiplying largely in the coming two decades. Increases in psychological issues such as dealing with the depression often striking aged people are impending, too, as are social issues such as how families, and public policies, will deal with the changing shape of the family.

Older people are entering nursing homes later and sicker than ever before, thus presenting as more physically fragile and complex residents and requiring more advanced care and treatment. To this end, Hyer and Intrieri have gathered together a group of health care professionals who are genuinely dedicated to the care and research of long-term care (LTC) environments. This group seeks to push the envelope for improved use of professional time, effort, and input and in this remarkable book, share their ideas with you. By applying the Selective Optimization with Compensation (SOC) model to various care settings, the editors are able to examine current LTC practices and existing psychosocial issues confronting older LTC patients; either support or challenge them; and offer suggestions and strategies, such as Cognitive Behavior Therapy, for improving the LTC system and residents' physical, psychological, emotional, and social health. This book provides insight on the psychological issues facing long-term care residents for a plethora of health care professionals, including: Physicians and geriatricians who care for older adults in the LTC system Nurses and geriatric nurse specialists Social workers Activity coordinators Physical, occupational, and speech therapists within an LTC setting who are seeking ways to explain behavior and empower the residents they care for Psychologists and psychiatrists whose practice focuses on older adults

This is a comprehensive graduate textbook focusing on the full spectrum of long-term care settings ranging from family and community-based care through supportive housing options to a variety of institutional long-term care alternatives. Integrating theory and practice, the book features the perspectives of diverse fields regarding current long-term care options and new directions for the future. Prominent scholars from history, environmental design, family caregiving, social service delivery, clinical care, health service delivery, public policy, finance, law, and ethics explore such themes as: Relationships among independence, dependence, and interdependence Ethical considerations woven into the provision of long-term care Decision-making in long-term care Fluidity in long-term care The lived experience of long-term care A micro-macro perspective ranging from the individual to societal institutions The book examines future directions for long-term care, considering such factors as the interface of technology and long-term care, cultural diversity, and relationships between voluntary and paid services. Each chapter includes case examples, study questions, and exercises, additional resources, and website links. An extensive glossary of terms is also provided, as well as instructor's resources are also available. Key Features: Focuses on the full array of long-term care options Integrates theory and practice Incorporates the perspectives of diverse fields including history, environmental design, family caregiving, social services, public policy, etc. Includes numerous case examples, study questions, exercises, and additional resources Considers new approaches to long-term care, incorporating technology and considering cultural diversity and voluntary vs. paid services About the Authors: Graham D. Rowles, PhD, is Founding Director of the Graduate Center for Gerontology and Chair of the Department of Gerontology, University of Kentucky. He is also Professor of Gerontology with joint appointments in Nursing, Behavioral Science, Geography and Health Behavior. An environmental gerontologist, his research focuses on the lived experience of aging. A central theme of this work is exploration, employing qualitative methodologies of the changing relationship between older adults and their environments with advancing age, and the implications of this relationship for health, wellbeing and environmental design. He has conducted in-depth ethnographic research with elderly populations in urban (inner city), rural (Appalachian), and nursing facility environments. Recent research includes leadership of the Kentucky Elder Readiness Initiative (KERI), a statewide project to explore the implications for communities of the aging of the Baby Boom cohort. His publications include *Prisoners of Space?* and six co-edited volumes, in addition to more than 60 book chapters and articles. He is a Fellow of the Gerontological Society of America and the Association for Gerontology in Higher Education and currently serves on the editorial boards of the *Journal of Applied Gerontology* and *Journal of Housing for the Elderly*. Dr. Rowles is Past National President of Sigma Phi Omega, Past President of the Southern Gerontological Society, Past President of the Association for Gerontology in Higher Education, and is currently Chair of the Commonwealth of Kentucky Institute on Aging. Pamela B. Teaster, PhD, is Associate Director for Research, Center for Gerontology, and Professor, Department of Human Development, Virginia Tech University. She established the Kentucky Justice Center for Elders and Vulnerable Adults and is the first President of the Kentucky Guardianship Association. Dr. Teaster is Secretary General of the International Network for the Prevention of Elder Abuse. She served as Director and Chairperson of the Graduate Center for Gerontology/Department of Gerontology as well as the Director of Doctoral Studies and Associate Dean for Research for College of Public Health at the University of Kentucky. Dr. Teaster serves on the Editorial Board of the *Journal of Elder Abuse and Neglect*. She is a Fellow of the Gerontological Society of America and the Association for Gerontology in Higher Education, a recipient of the Rosalie Wolf Award for Research on Elder Abuse, the Outstanding Affiliate Member Award (Kentucky Guardianship Association), and the Distinguished Educator Award (Kentucky Association for Gerontology). She has received funding from The Retirement Research Foundation, Administration on Aging, National Institute on Aging, Kentucky Cabinet for Families and Children, National Institute of Justice, Centers for Disease Control, National Institute of Occupational Safety and Health, Health Resources and Services Administration, and the Office of

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