

**Aging: A 2020 Vision for the Greater North Shore
May 18, 2007 - North Shore Community College**

Summary of Notes for Table Discussions of Scenarios

SCENARIO #1

Jane, your 58 years old next door neighbor, is recently widowed and lives in a large single family home on a 1 acre lot with her 80 year old father who has mild dementia. She is his primary care taker, wants to keep him home but must continue to work at the local bank for income even though her father is starting to wander and can't be left along. Jane's daughter, son-in-law and children will be returning to the area as he is now out of the military. They would like to create an in-law apartment in Jane's home and help care for her grandfather while Jane is working but local zoning prevents it.

What are the benefits to changing the zoning by-laws?

What are the negative impacts to changing the zoning by-laws?

Do you support a zoning by-law change in your neighborhood to allow this to happen?

Why?

Why not?

What is the current situation?

Can the zoning be changed to accommodate an in-law apt. to achieve intergenerational living and care-taking. Debatable whether or not father will be safe. Has daughter considered options for father- ADC, trailer home on property, supported senior housing? (Table 1)

Jane needs to work. Father w/ mild dementia is wandering. Extended family willing to help. Jane's daughter w/ family returning to live w/ her (Table 5)

Zoning prevents in law apartment - need to appeal. Neighbors have impact and may have prejudice against dementia, concerns about wandering and safety, additional people in house increasing traffic, concern on what responsibility may fall on them. How well will granddaughter watch grandfather if caring for children as well? Jane is recently widowed- what is her emotional/financial situation. (Table 9)

Safety concern - address immediate needs: screen eligibility; homecare alternatives such as Choices program, assess family supports (Table 13)

What works?

Commitment from Jane to care for father. Housing situation works for Jane and her father. Lot size is large enough for expansion but legally prohibited by zoning laws. (Table 5)

Still able to keep father in home, has family support to assist in care, Jane is still working and maintaining home, new legislation allows live-in family to receive pay to care for family member. (Table 9)

Various programs: Caring homes-Jane/Daughter to care for her father; Choices; Adult Day Health.

Explore possibilities for zoning waiver, explore neighbors' thoughts re: support for permit. Look at alternatives such as congregate model, family living together, and working from home. Contact attorney- possible options, mobile home, and subdivision. Look at faith-based community organizations, assisted living, and social service agencies. Address father's healthcare. (Table 13)

What does not work/Why?

Zoning laws don't work, financial inequities. Should she have to quit her job to take care of Dad? Isolation of living alone and seeing only caregivers isn't good. 55+ communities are not being built for the aging process. (Table 1)

Zoning prohibits expanding home; limited financial resources. Services in area are unknown. Jane's stress level could be high. Jane is primary caregiver and alone in this situation. (Table 5)

Father starting to wander so needs more care now. Jane's daughter sandwiched between caring for grandfather and children. Zoning issue. (Table 9)

Local zoning laws that do not acknowledge/address today's needs/Need for home care unmet (Table 11)

In-law apt doesn't work due to zoning. Status quo - doing nothing/safety issue. (Table 13)

Would you change anything? If so, what and how?

We need more extensive community education about alternatives. Use PTA at schools to educate people as to availability of services in addition to general population. People should be planning well in advance of need. Look at and encourage sustainable intergenerational living model - encourage more senior housing with services. (Table 1)

Change zoning laws, change Medicaid laws, more affordable assisted living, tax deduction for family caregivers, Medicaid senior program (payment to caregiver) - further development. Driving the system by service needs rather than income. (Table 5)

Change zoning laws or allow for variances; have a specific plan to present how this would be handled if zoning changed. Talk to neighbor to discuss needs & changes. Possibly change services available for these situations. Father's doctor could initiate search for programs to help. Employee Assistance Plan at Jane's work may help. Elder services have better outreach to "advertise". (Table 9)

Yes, change local ordinances to allow in-law apartments. See if daughter can sell off part of the one-acre lot and build something to accommodate all. (Table 11)

Financial resources and outreach for home care programs. Physicians - mandated training in general Gerontology (Table 13)

SCENARIO #2

Bill, age 55 and Sally age 51 are married and both work full time. Bill as a middle manager earns \$65,000 annually and Sally as a teaching assistant earns \$21,000. Mary's mother, who lives alone in an elderly apartment, recently had a stroke and can no longer live alone or care for herself. Sally is willing to give up her job, move her mother into their home and become her sole caregiver under the State's Caring Homes program. However Sally's mother has \$2500 too much in annual income to qualify for the program. Ironically, she is eligible for nursing home care under State Medicaid guidelines.

Should public policy be changed to allow Sally to give up her job, stay home and be paid to care for her mother rather than allowing her mother to go to a nursing home?

What are the benefits to changing the law?

What are the disadvantages to changing the law?

What are the fiscal issues of both options?

What is the current situation?

Elder is over income for qualification for program to remain in home. Caregiver is sandwiched because of dollars needed to support family, lack of other supports to caregiver. (Table 2)

Round the clock care/safety. Family wants to keep elder at home; current system w/ limits encourages long- term care. (Table 6)

Need to care for parent whose income is above qualification guideline for in-home care. (Table 9)

There is a discrepancy between income qualifications between Nursing Home vs state's Caring Homes program. Sally gives up her job, reducing family income, reducing her own retirement benefits, adding physical and mental stress. Stress for Sally of not being able to take advantage of keeping her mom at home. State running inefficiently with tax dollars (Table 10)

Advocacy issue. Guidelines are the problem. Hide the 2500 income in excess of guideline, or get rid of it. Must advocate to legislature to change laws and guidelines, need waiver of guidelines. Want to keep people out of nursing homes- they can get better care for less money. 80 million goes to nursing homes and much less to communities- not good. (Table 14)

What works?

Family is involved and wants to help. Some tax credits are available. (Table 2)

Daughter is involved and willing to help. Mother has options and income, has an apartment, and is eligible for MassHealth assistance. (Table 6)

Can pay services through private pay and switch to Medicaid when money runs out in order to continue in-home care. Family members' willingness to provide care. Centralizing services to have one point of contact for all programs. (Table 9)

Contact groups, Senior Action Councils, local TV, get publicity. Sometimes Mass Home Care, postcard petition to legislators. Have to implement across state. (Table 14)

What does not work/Why?

Daughter must give up salary. Mother's annual income is over guidelines/restrictions. (Table 2)

Isolation and burnout - guilt potential - strain on relations and resources. Daughter needs more support. Inconsistent rules and eligibility guidelines for different programs. Shortsighted programs currently penalize family. Uncertainty of daughter's ability/skill set to appropriately care for mother's needs. Potential impact on Bill and Sally - lifestyle changes, who will provide respite care? Will this be chronic condition/expected duration unknown? Financial impact on Bill and Sally. LTC choices limited with MassHealth only payment. (Table 6)

Sally leaving her job will result in monetary loss, emotional stress and will mean the loss of her own Social Security benefits which she will need. Income guidelines need to be changed. Medicaid provision should change so care can be given at home rather than a nursing facility. (Table 9)

The economic factors prohibit a positive outcome from the perspective of the family. (Table 9)

Would you change anything? If so, what and how?

Advocacy for caregiver and mother is needed. Make information more widely available to public on where to access information. Legislation is needed, as well as a big voice in congress, to hospitals, etc. There needs to be a mind shift/respect for caregivers-both family and paid workers. More informed education on what is available as people age- options to care, housing. Work to change biases about aging. (Table 2)

Sliding fee schedule for Mass Health based on need, a combination of care, not only one solution. Family education, convenience of services within communities; Assisted Care w/in elderly housing. Increased preventative care. Partnerships between private and public providers to explore ways to increase affordable care. Make options other than LTC easier. Increase positives like tax credits for family caregivers w/ support. Increased public transportation/more town responsibility. Look at integrated services w/in town. Increase options for middle-income groups of caregivers. Increase participation of elders in communities, more access to work. Support networks for caregivers. Zoning: 55+ communities but need services. Increase Soc Sec eligibility age. Coordinate services in area- too fragmented. EAP services: some offer respite care through large employers; offer tax incentives, in combination with Family Leave Act. Examine tax code to better understand what our priorities should be and how to afford them. Elect legislators who show leadership and spine. (Table 6)

Update tax credit for elder care; income guidelines need to be changed; Medicaid provision should change so care can be given at home rather than a nursing facility. (Table 9)

Change financial guidelines between state's Caring Home vs Medicaid. Political activism for change. Increase in-home care programs. Guidelines need to be changed to make services "user friendly". (Table 10)

SCENARIO 3

Bob, a 64 year old man who had lost his job, was one month's rent away from homelessness. The Beverly COA helped him apply and get into public housing. He found a part-time job that required the use of his old car because public transportation was not available. After 6 months on the job he was forced to purchase another car. Bob took \$9500 from his IRA to pay for the car. He learned he had to claim that as income and the housing authority was forced to raise he rent by \$280 a month based on his new annual income. Bob still has his part time job but reports his monthly expenses exceed his income by \$147.

Should the law be changed to allow IRA withdrawals excluded from annual income in certain situations?

Why?

Why not?

What is the current situation?

Person was not well informed and took \$9500 from IRA- regulations require that the dollars be taxed. (Table 2)

Decrease in Bon's income; lack of income forced him to buy a car. Penalized for working but needed a car. Unsure whether he has health insurance. (Table 5)

Bob is unemployed and in danger of losing his home. He made an IRA withdrawal to purchase necessary transportation so he can get to work, but did not realize this withdrawal would count as income. This income adjustment has caused his rent to be increased beyond his means. Counseling should have informed him about the consequences of this withdrawal-perhaps he could have gotten the money for transportation through a grant or loan. The BCOA and state should have made concessions, perhaps change to a flat rate not adjusted by income or assets. There is a need for increased awareness of policies and guidelines should be able to be adjusted case-by-case and allow for some flexibility for unique situations. It is very confusing, and there is a lack of knowledge about housing options and regulations, both among seniors as well as people working in the field. (Table 7)

How did he lose his job...was it age discrimination? Could he have gotten a short-term loan instead of tapping the IRA? With part time job, it is unlikely that he has health insurance benefits. (Table 11)

Better options for Bob may have been to take a loan for the car, or quit the job before taking the \$9500 from his IRA. Should have talked with an advisor before making this decision. Need better access to services; maybe tenants association in Housing Authority could do something. Lots of questions and uncertainties on role Social Security might play. (Table 14)

What works?

Person got help and housing and is independent. (Table 2)

Bob is functional and able to work part time. He is getting help from Beverly COA for housing. He had an IRA and has remaining resources in IRA. (Table 5)

BCOA should be encouraged to adjust their educational programs to help people understand. ASAPs may be more appropriate place to receive info for Bob. (Table 7)

Rapid access to affordable housing. (Table 11)

Deliver retirement seminars. Appeal case before Housing Authority Board. Perhaps Bob could volunteer instead. (Table 14)

What does not work/Why?

Regulations that restrict options do not work. (Table 2)

The public housing penalizes for income. Legal services- need more money- could have advised Bob better. Is he underemployed? (Table 5)

Better analysis by Housing Authority of his annual income, or the law/regulation that required the Housing Authority to count it? Housing units are not located near public transportation. No financial counseling available to client; he may have chosen a different option if he had been well-informed. (Table 11)

Lack of advance planning does not work. (Table 14)

Would you change anything? If so, what and how?

Make more information available about options, financial and regulations. Work to change financial and other regulations. He needs to increase his income. Change the bias that stops elders from accessing help. He should go to Independent Living Center, Senior Centers, Aging Services Access Points and private consultants, etc to obtain information about options. (Table 2)

Policy change - don't penalize for increase in income. Community education regarding his finances. Change the stigma of receiving services. Need mobile mental health- going into people's homes to assess the situation. Education of PCPs/ change HIPPA laws so sons/daughters have access to discussion w/ PCPs. Need improved access/funding for guardianship. Increase national spending for programs/services. (Table 5)

Review and change regulations that required Housing Authority to "count" IRA funds. Provide financial counseling to Bob. See if he can be relocated to a unit on a public transportation route or find a job that does not require a car to get to. Retrain Bob for new job by attending local college or other. Do risk assessment- w/ job loss and financial troubles may need counseling

(financial, mental health, etc). Encourage attorneys, CPAs, etc to do pro bono work to help seniors like Bob. (Table 11)

Give Bob counseling before he moved into Housing Authority. (Table 14)

SCENARIO 4

Ann, a 76 year old widow recently had a stroke which requires 24hr skilled care for at least 4 – 6 months. She will move to a nursing home and is required by law to spend all her assets down to \$2000 before Medicaid will pay for any of her care. This means Ann will have no disposable income to pay for her phone, buy gifts for birthdays and holidays for her children and grandchildren. Ann will also have no assets in the event that she is able to return to community living.

Why is this necessary in Massachusetts, as most states have an asset limit between \$35,000 and \$90,000 in similar situations?

As a matter of public policy is it more desirable to encourage intergenerational transfer of resources or to have current generation use resources for their own care?

What is the current situation?

Ann is in a nursing home as a result of a stroke and must spend down assets in order for Medicaid to pick up the bill. Previous income is unknown, as well as how she will pay her rent when she returns home. Subsidized housing may be held for her if she returns to community. Equal Choices program would allow her to move back to community instead of nursing home. Spend down does not include home (if home steaded). At this point she is in the nursing home and has a place to live. Medicaid would not want her in the nursing home so she would probably end up at home w/ care (if she still has a home). The \$2000 income limit should be reconsidered- it has not changed since the 70s. The way the scenario works she will be unable to survive if she is sent back to the community. (Table 7)

The policy of using your own assets before Medicaid can kick in for either long-term or short-term care. Limited options where she can get her 24 hr skilled care. (Table 12)

Lack of information regarding options for care and payment methods. Unknown physical condition. (Table 13)

What works?

With Equal Choices program she would be able to come back home with home care. This program works because less tax money goes to Long Term Care and patients are happier being cared for at home. The whole spectrum of health care needs to be more fully funded so that patients have the choice to receive care where they want. (Table 7)

Medicare and supplemental health insurance, Long Term Care Insurance and private pay can pay for Nursing Home. Homecare, family caregiver options. Spend-down assets; art & jewelry. (Table 13)

What does not work/Why?

Assumption of 24 hr care being necessary- there may be other suitable options. More money in community based programs and residential housing w/ community services. Asset limit is unrealistic. (Table 12)

\$2000 in assets doesn't work. Individuals should be able to retain more \$ as community spousal waiver allows for spouses. (Table 13)

Would you change anything? If so, what and how?

Advocate needed for people with marginal services. The asset limit should be changed and should be reflective of cost of living in each state. Formulas from other states could be used as a guide. The middle financial group should have access to the same services as low income but w/ co-pays. Some of the program should be packaged to show value to targeted population; example - Integent Drug Program. A bridge or gap program is needed to cover extended skilled care beyond what currently exists. (Table 12)

SCENARIO COMMENTS

REACTIVE PANEL BY SCENARIO

SCENARIO #1 Reactive Panel

Barbara

- Wander Alarms for Children and Adults paid for with public funds to offset the cost of searching for them.

Marian

- Judgment of the family questioned, should happen more often

Mary

- “Faith based organizations but is this realistic in this day and age? Not readily available. We need education about what is available and what is out there as pilot programs in our 351 communities

Charles

- AARP says this is an important domestic issue, 90% want to stay home with families and live in community

Bob

- MOA says laws do need to be addressed perhaps EOEAA should do this statewide

Laura

- Property Tax abatement all communities, Property Tax Work-off Volunteer Program maybe a MBOA task force

Mary

- Don't forget MA is a home rule state that gives local communities control

Marian

- Interim Census should include needs and local community assessment like the Public Health model with a community volunteer approach.

SCENARIO #2 Table reports

Ruth Anne

- What does the elder want/need? Does she have any say in the next part of her life?
- Need for state to synchronize eligibility criteria for community and nursing home care

Diana

- We need policies and programs to serve the middle income folks, current programs have no 20/20 vision they are short sighted and penalize folks who stay home to care for family members. Need public and private partnerships to solve problems. need leadership and public vision.

Table report

- Individuals will make decisions which impact their future, their family and community
- What doesn't work? Daughter gives up income
- What should change? More advocacy and information available, legislation to change the bias about aging.

Table Report

- Income discrepancy between NH eligibility and community care
- Reduced cost to state and positive outcomes for families if changed

SCENARIO #2 Reactive Panel

Barbara

- Change attitude and legislation statewide for not just elders, but kids and individuals with disabilities. Legislators trying to get poverty level consist and assets to \$10,000. There is a middle-income program ECOP for elders.

Mary

- How to pay for changes, are we ready to pay can we support it long-term? How to get information out to those who are eligible about what is available? How to pay for health insurance? Long-Term Care Insurance premiums go up each year as we age!

Charles

- More progressive attitude, each case an individual need, MA more progressive than most; point out cost effectiveness on a macro level; seniors advocate for themselves; the future is now.

Laura

- Short term make eligibility level, long term look at big picture some federal changes needed; suggested ballot initiatives; think outside the box.

Paul Lanzikos

- We need representatives who truly represent us; AARP and MOA educate us

Mary

- No ballot initiative, it is always about who has more and how to pay for changes.

Marian

- Analyze issues, do something now and something for the long term

SCENARIO #3 Table Reports

Tom

- Education is the answer, people make decisions without information, laws are only open to minor changes

Dale

- Split feelings; IRA says man is trying to be responsible but he is punished; maybe a change which allows a one time borrowing from IRA (like Life Insurance) without a penalty. Public Transportation, Beverly Boot Straps and other like programs for cross training, a no wrong door approach.

Table report

- More public transportation, local ability to change routes if necessary, an option to pay back what is borrowed without penalty in an agreed upon time frame

SCENARIO #3 Reactive Panel

Marian

- Review rules and regulations, more education and information for residents.

Laura

- A loan into debt would avoid situation too many small details for the general public.

Bob

- Means test – need seminars because seniors don't have enough money resolves financial issues throughout life.

Charles

- Complicated issue society not working for individuals we need more public transportation and incentive to use.

Mary

- No money to give to our extended families.

Barbara

- Everyone needs a basic level of assets to maintain community living. Circuit breaker Program help for folks who just miss the income requirements.

SCENARIO #4 Table Reports**John Ford**

- Nursing Home for 45-50 year olds with no assets to meet living expenses; change Medicaid regulations to allow folks to qualify for 6 months without spending all assets to return to community. Partnerships with LTC insurance - Elder bar in New York has similar program. Change in transfer of assets at the federal level; be careful.

Table report

- Some states have increased the assets level, let's use their formula.

SCENARIO # 4 Reactive Panel**Charles**

- Not enough knowledge to comment.

Bob

- Look at what assets you can protect, determine what the right level of income is and also what flow of money is on a regular basis.

Laura

- Hopeful that Advisory Committee on Elder Social Security Committee will make recommendation

Marian

- Medicare provides LTC for a while; what are her discharge plans for LTC and they should start as soon as she enters hospital.

Barbara

- Everyone needs good information before they go into LTC, there are tax incentives for care givers change in personal needs allowance from \$60 to \$70 proposed in pending bill.

Bob

- Debate is good, we have to connect the dots.

Mary Grant Wrap-up

- Good ideas of how to look at issues
- Tax incentives but every year we have to pay for everything we want we must balance
- Leaders respond to what they hear from their communities, speak up!