



**AGEWISELIVING**

Eldercare Issues Resolved  
By Choice, Not Crisis

**Barbara Friesner,  
Generational Coach and Eldercare Expert**

[www.AgeWiseLiving.com](http://www.AgeWiseLiving.com)

*Presents*

**Medicaid Funded Assisted Living –  
The Best Kept Secret**

*With*  
**Raphael Weiss and  
Robin Marks**

*April 2008*

---

**Medicaid Funded Assisted Living -  
The Best Kept Secret  
With  
Barbara Friesner**

---

**Barbara:** Welcome to the April, 2008 [AgeWiseLiving](http://www.AgeWiseLiving.com) Teleseminar. Tonight our teleseminar is ***Medicaid Funded Assisted Living – The Best Kept Secret.***

I'm Barbara Friesner, and I'm the nation's leading Generational Coach. And as a Generational Coach, I work with family members who are struggling with their aging loved ones. And I help them know "what to do," but more importantly, I think anyway, I help them communicate effectively with their aging loved ones so that their aging loved ones will actually do what is in their best interest. My tag line is "*Eldercare issues resolved by choice, not by crisis,*" so in addition to one-on-one generational coaching, I also do live seminars, and once a month, "free" teleseminars.

Before we start this month's teleseminar, I want to let you know that next month's free teleseminar will be on Wednesday, May 14. I'll be announcing the topic shortly, but I know it's going to be a good one, and I hope all of you will join us, and please invite all of your friends to join us, too. And I'll be sending out more information shortly, and you'll also be able to get information on my Web site which is [www.AgeWiseLiving.com](http://www.AgeWiseLiving.com). So again, the next [AgeWiseLiving](http://www.AgeWiseLiving.com) teleseminar will be on Wednesday, May 14, so please mark your calendars.

Also, I want to say that if you're dealing with eldercare issues now, please don't wait for a crisis. And now with the [AgeWiseLiving](http://www.AgeWiseLiving.com) workbook, "*The Ultimate Caregiver's Survival Guide*" you don't have to. With over 150 pages, "The Ultimate Caregiver's Survival Guide" workbook is a complete step-by-step, do-it-yourself workbook that includes all of the necessary elements. So you get worksheets, and checklists, and examples, and instructions and tips, so you can successfully address the whole spectrum of eldercare issues, including sibling issues, in a step-by-step process. So if you're waiting for a better time, don't. Because there isn't a better time than now. For more information about the workbook, you can find it on the "shop" page of my Web site which is [www.AgeWiseLiving.com](http://www.AgeWiseLiving.com) and click on the workbook at the top right. Again, that's the "shop" page of my Web site, [www.AgeWiseLiving.com](http://www.AgeWiseLiving.com) and then click on the workbook on the top right!

Tonight I'm delighted to have with us as our special guests, two experts on ***Medicaid Funded Assisted Living*** in New York State. Our first guest is Raphael Weiss. And Raphael is the Administrator at Amber Court of Westbury, New York, which is a Medicaid Funded Assisted Living community. He has been with Amber

Court of Westbury since 2001. In that capacity, he's responsible for, and involved with, all the facets of operational supervision including the resident care, and human resources, and organizational management, and the physical environment. He also attends to all of the business and financial management. He is licensed with the *New York State Department of Health* and additionally, he holds an administrators license from the *Assisted Living Federation of America*. So welcome Raphael.

**Raphael:** Hi Barbara, and thank you for having me.

**Barbara:** Thank you for being here tonight. And in addition to Raphael, we also have with us Robin Marks, who is *Director of Community and Resident Relations* at the Amber Court of Westbury. And Robin has been part of the Amber Court family for six years. In addition to her position as *Director of Community and Resident Relations* at Amber Court, Robin is also the *Executive Chairperson of the Senior Umbrella Network of Nassau County*, has been a member of the *Adult Protective Services Elder Abuse Committee* for five years and that is a committee that runs under the auspices of *Nassau Department of Social Services*. She has successfully complete training from the *Alzheimer's Association of Long Island* to run the *Memories and the Making* program at Amber Court which is a really wonderful program. It encourages residents to explore creative avenues of self expression when word retrieval and cognitive impairment impact verbalization, which makes communicating difficult and frustrating. So it's a very creative program that helps people with dementia. As most of you know, that is something that's very near and dear to my heart. Robin was also featured in News Day's "*Ask the Expert*" column about a year ago answering a question about Medicaid Funded Assisted Living. And last but definitely not least, tomorrow the *Long Island Alzheimer's Foundation* is honoring Robin with an *Outstanding Service Award* at the Garden City Hotel; so congratulations, Robin!

**Robin:** Thank you very much.

**Barbara:** Yes, and well done. Even with all of her credentials, Robin has often said that it's her life long relationships as a daughter, and a granddaughter, and a sister, a friend and a wife, and a mother, coupled with her life experiences that have proven to be the best training and preparation for this position, and I think that's true in most cases. And prior to her affiliation with Amber Court, Robin was a at-home Mom and very involved in the PTA. In fact, if I remember correctly, she was Vice-President of the PTA Cultural Arts Programming at two schools for many years.

**Robin:** Thank you, you have that right.

**Barbara:** Yes...and Robin and Raphael are especially proud of the Medicaid Funded Assisted Living Program which is called ALP for short, offered at Amber

Court of Westbury because, residents are spared the worry of running out of money; so much so in fact, that Robin's father is a resident there. So welcome Robin!

**Robin:** I'm happy to be here, thank you very much, Barbara.

**Barbara:** Thank you for being here, too, and we have a great program for tonight. But before I start the interview, I want to say that Robin and Raphael are going to be talking about Medicaid Funded Assisted Living's in New York State. However, there are Medicaid Funded Assisted Living communities in most, if not all states. So while what they are going to be talking about will apply specifically in New York State, it is probably a good guideline for your state, as well. It will give you—most of the programs are the same. Let me also mention that some states call it by another name, for example, in many states what you will be looking for is the Medicaid Waiver. So as always, I suggest you should check out the specifics for your own state. You can do that by Googling "Medicaid Funded Assisted Living" and the specific state. For example, "Medicaid Funded Assisted Living Ohio," and then all of the ones for Ohio, all of the information for Ohio, will come up.

With all of that out of the way, let's go ahead and get started. And let's start with a real basic. Would you please give us a real quick overview, what is "assisted living?"

**Robin:** Okay Barbara, let me attempt that. Assisted living is basically the union of somebody's residential needs and their care-level needs together, under one roof, in a social model. The social model is a key component of assisted living. It's the reason there are residents in this kind of environment as opposed to anybody being referred to as a patient. So what we're doing is acknowledging that it's an aging population, we put things in place that are appropriate for health, for safety, for wellness, and once those bases are covered, we turn our attention to quality of life, and that through socialization. Your best times and their best times are spent with family and friends. And that continues in assisted living except the programming is designed to be relevant for the generation of 65 and older.

**Barbara:** Okay and how is that different from a nursing home?

**Robin:** A nursing home is a medical model. You can understand that through that lens; a person is based the sum total of their aches, pains, conditions, and diseases. I should also piggy-back on what I mentioned with assisted living that the home model is designed to support and encourage independence. What we find with a medical model, not because they're bad, or unnecessary, but just built into the design, it seems to foster dependence. So I always say two things that no one has ever disagreed with. We had all rather be people than patients, and if needs can be met outside of a medical model, they should be.

**Barbara:** Right. Okay. Then what is Medicaid Funded Assisted Living?

**Robin:** If you think of assisted living as two halves, and on one side, let maybe your left hand represent the residential aspect of life, and let the right hand represent the care level of life, and you put your hands together; that is basically assisted living if it's in a social model. When care levels are exceeding traditional levels of assisted living, then it's actually consider medical. And so for this particular instance where we are discussing Medicaid Funded Assisted Living, we're going to now change the right hand; instead of it being called mere "care level," we're calling it medical level of care.

**Barbara:** And what would be an example of a "medical" need?

**Robin:** Well, these assessments are done by assessments that are standard in the industry. In New York, we use an instrument which is known as the PRI, which is *Patient Review Instrument*. It assesses a person's activity as daily living, or ADL in the trade. We all need to do a certain amount of things to get through the day. You need to be able to get out of bed, and get dressed, and be washed, and nourished, and use the bathroom, and how easy or hard it is to accomplish those task gets evaluated and forms the score. That score will determine whether somebody needs to be at a nursing home level of care or not.

**Barbara:** Okay.

**Robin:** Okay so basically, in terms of the assisted living program that Medicaid funded, going back to our two hands, the left hand is residential, and the right hand is medical. In this environment, medical, doesn't always mean someone who needs an injection. It's really a more stepped up level of care that goes beyond traditional levels of assisted living. So it could mean that a person who would put the same clothes on everyday is actually exceeding a low level of care, because that requires extra staffing to help that person make proper choices, and get the supervision they need. Or even it addresses someone who needs the physical help getting dressed.

**Barbara:** So when you say the same clothes everyday, they may need help to pick out different clothes every day.

**Robin:** Exactly. So what really it boils down to is that it becomes a staffing; it's addressed through staffing more than—it doesn't always mean medical in terms of a doctor is needed, or a nurse is needed, but supervision is needed, and that's accomplished through staffing.

**Barbara:** So to make sure there's somebody there to help them get out of bed, and use the bathroom, and brush their teeth, and get dressed, and eat, and all of those kinds of things.

**Robin:** Exactly. If I could maybe expand on that a little bit and just tell you what I know in the way that we do it here, it might just shed a little light, and with some variations on the theme, what I'm describing would pretty much pick up and lay down in any assisted living, first of all, in terms of what assisted living is, and in terms of how this particular Medicaid program works. So we happen to cook, clean, do laundry, give medications, help with showering, and provide on-premises activities for all residences. That would be a standard level of assisted living.

If somebody needs one more thing, then the level of care is considered to be much higher, and accomplished through a different staffing ratio. That is where Medicaid would consider it a valid place to pay for that expenditure, for the higher care. So again, to go back to the model of assisted living, the left hand is residential, and the right hand is going to be medical in a social environment.

Medicaid, like the first three letters tell you, addresses only the medical part of somebody's life, and doesn't have a thing to do with residential. That's why you never hear of Medicaid being involved in assisted living, and technically, they are not involved in assisted living here either. They are strictly addressing the ALP program, which is a higher level of care that falls on the right side. And let me mention for anybody who arrived late and didn't hear your definition; ALP is simply the acronym for *Assisted Living Program*, and that is the Medicaid program for assisted living.

So if someone is lucky enough to outlive their money, and they are eligible for their Medicaid, we can use that Medicaid to pay for that care, which is half of the equation. And as I mentioned, Medicaid never addresses anything residential, but at that point, we do accept Social Security, even SSI, as full rent. We happen to have 120 spaces on their program, we can bill Medicaid for the care of 120 people, and we matched it with 120 beds when we accept Social Security, or even SSI, as full rent.

**Barbara:** Okay, so the Medicaid is paying for the higher level of medical care that is needed, and medical can mean it is the help with the daily activities of living, it doesn't have to be an injection or setting a leg or something like that. And then you take Social Security to pay for the other half.

**Robin:** Exactly Barbara. You have that exactly right. And in New York, the PRI—I know we have a few New Yorkers joining us tonight—they may be familiar with the PRI. And there's a score that's formed after evaluating different activities of daily living. People who score PA, PB, PC, those three different levels...

**Barbara:** What is that?

**Robin:** It stands for Physical A, Physical B, Physical C.

**Barbara:** Okay, well that sounds logical.

**Robin:** Yes...are all scoring for nursing home level of care, but it is indicating they would be high functioning for a nursing home environment. That is what this program is designed to address, and so those people in that category, instead of having their needs met in a nursing home, can actually be in an assisted living environment that has this program.

**Barbara:** Which is terrific because nursing homes are so expensive, and not a little bit sad, because you have people with a much higher level of need as well; my mother is in a nursing home, and so to have them in an assisted living for as long as possible is wonderful.

**Robin:** I agree with you; you're bringing up a very good point, actually more than one. A nursing home is essentially a long-term hospital stay. That's really what it comes down to. We always feel proud if we can certainly delay it and of course, the best scenario is, if we can avoid it all together we're always very happy, because we know that people can maintain their best functioning in this environment.

**Barbara:** An assisted living environment?

**Robin:** Yes, assisted living. Medicaid is happy to partner with us because the care that we are providing at the ALP level, it cost four times more in a nursing home. So when you bring up the point of how expensive a nursing home is, I don't know about other parts of the country, but in New York it is typically between ten and twelve thousand dollars.

**Barbara:** A month.

**Robin:** A month.

**Barbara:** A month.

**Robin:** Exactly.

**Barbara:** A month. Yeah, I know. Fortunately, we don't have to—we're not paying for my mother, but yeah, I mean, that is something that is huge, so being able to stay in an assisted living not only is it from a financial standpoint, but also just from just a nicer level of living.

**Robin:** Exactly. It is a much nicer quality of life.

**Raphael:** And just to chime in...

**Robin:** Oh, Raphael has something to add.

**Raphael:** Although the program does address on the general scale, it's a social program which is really the eight services which are providing the care needs of the resident, there is the nursing oversight which the program is overseen by a nurse, which the nurse reviews the care levels and needs of the residents, and maybe might even get involved in what medications the residents might be on, and better circumvent what medications might be necessary, and work together with the doctor on that end as well. So there is a small, little nursing component that is added as well, just to make sure that the whole "well being" is being cared for.

**Barbara:** That's great. So that these are people who need a higher level of care and so there is a nursing level that helps to supervise that.

**Robin:** Yes. In order to qualify for the program, there are some components that need to be in place. We need to be licensed, and you need a doctor on the premises five days a week, and certain staffing needs to be provided by a certified home health agency.

**Barbara:** So those are the people who are actually providing the care.

**Robin:** And the supervision and oversight.

**Barbara:** And the supervision and the oversight and the home health agency are the people who are actually helping them to bathe, and dress, and eat, and that sort of thing.

**Robin:** Exactly and staffing ratios differ also from someone who is, let's say, a garden-variety, assisted living resident. If we are cooking, cleaning, doing laundry, giving medications, helping with showering for all residents, and that's all someone needs in this environment, that's straight assisted living. If somebody needs one more thing, whether it is help with dressing, or help with the bathroom to be reliable, then that is part of the "ALP" program and Medicaid would pay for that level of care in an assisted living environment if someone is qualified.

**Barbara:** Okay, and do all assisted living communities that are called Medicaid Funded Assisted Living, do all of them match it by accepting Social Security?

**Robin:** It's a little bit difficult to speak about how other communities fulfill this program. I would imagine that for the most part, the requirements are the same, so the staffing should be similar, too. We happen to like to bump things up beyond requirements. But at the very least, there should be a doctor on the premises five days, or a certain amount of days, a certain nursing supervision

that's provided beyond what someone would ordinarily expect at an assisted living.

**Barbara:** And are there eligibility requirements for someone to get in to a Medicaid Funded Assisted Living community? Are there eligibility requirements for the residents in order to be there?

**Raphael:** Like Robin mentioned, one of the tools, and the key tool that we used to bring the people onto the Medicaid Assisted Living program, is the *Patient Review Instrument*; the PRI. And that nursing tool is done by an outside agency to assess to make sure the person is appropriate for that level of care, and needs that high level of care that we spoke about. And then the actual Medicaid nurse from the county assesses that person as well. And once they concur that's an appropriate assessment, then that person is eligible to join a Medicaid Assisted Living program and can move into a Medicaid Assisted Living program.

**Barbara:** Great, okay. So they have to be eligible in order to get that. Can people be in your community without meeting that requirement? Can they be in straight, assisted living?

**Robin:** Absolutely.

**Barbara:** There are some communities throughout the country where there are some who are Medicaid assisted because they need that higher level of care, and the community does that, and still living with people who are still in regular assisted living, right?

**Robin:** Yes, what we're trying to really address is an "aging in place" environment. So basically, over time, most people will need more care, and most people will have less resources financially, and we were hoping to avoid uprooting residents at their most vulnerable point when they need more, and have less; which is what motivated us to qualify for this program. Most often, people are coming into assisted living when they need some help. Hopefully, because of people like you, it is before there is a real crisis, and it is just a way to improve quality of life. Then if over time, they do need more care, it is offered within the environment, and if they are lucky enough to outlive their money, then they can qualify for Medicaid, and Medicaid will pay for the care. And their Social Security will be enough to maintain their residents. So it is their monthly entitlements that will carry them through, and without changing environments.

**Barbara:** And that is so key because the changing environments, and as you mentioned, they need more care, and they have less money because they've been paying it all those years, now is—that's the worst possible time to say, "Well, you ran out of your money, now you need more care, so you have to go some place else." That is when they are their most vulnerable.

**Robin:** A hundred percent. To need more and have less is certainly not a position of strength.

**Barbara:** And that is what “aging in place” is all about, is that you can stay where you are; so you are “aging” in the place that you are when you came in, where you are living.

**Robin:** And as you know Barbara, any kind of changes later in life are more acutely felt; so the less the better. It’s very disruptive, it’s disorienting, it can be confusing, and the continuity is really a wonderful thing to offer.

**Barbara:** Absolutely, and let me ask you—you and I didn’t talk about this, but is there—will this cover dementia issues?

**Robin:** There is a big spectrum of what we’re prepared to address. And maybe “spectrum” is the right word to use when we even discuss dementia and Alzheimer’s. Pleasant confusion is fine. “Where’s my room? What should I be doing now?” We all will answer questions, and redirect, and escort residents. That is definitely address within our environment.

**Barbara:** And within most assisted living communities, right?

**Robin:** Yes, I would imagine so. There’s also sometimes terminology that can get in the way because some define themselves as assisted living, or rich living, or enhanced living, so a person has to really research what that means in each environment since there isn’t a uniform definition at this time. It’s in the works, but it doesn’t exist right now.

**Barbara:** And it varies from state to state, so that’s something to definitely take a look at.

**Robin:** Yes, so that is an important thing to know. Not all people who are pleasantly confused, or dealing with dementia, or Alzheimer’s, need to be in a secured wing. That’s another determination that each family has to figure out. Because if someone is not really a wandering, or elopement risk, then it’s probably beneficial not to be in what’s known as a secure wing, which is a euphuism for a locked unit, or a locked wing. I always liken it to my oldest son who likes to play tennis. He is not a star player, but he is a good player, and always loves it when he plays someone better because it brings his game up. When people are allowed to be in a more heterogeneous environment, then they have their best chance of maintaining a better level of functioning.

**Barbara:** Absolutely...absolutely. Now since there are not that many Medicaid Funded Assisted Living communities, I know there are usually long waiting list. So what can a family do in a situation like that, and what do you recommend that they do in a situation like that?

**Robin:** I think the best thing a person can do if they have a loved one who is aging, is to really stay alert and pay attention to the sign post along the way. It's very hard to sometimes recognize what is typical and usual, and what is suggestive of a larger issue. But I always feel that a mom or dad's best line of defense is to have the people who love them taking a more active role, even in the decision-making process. And as you know very well, Barbara, you walk a line of maintaining sensitivity towards this person that you love, and also recognizing that you need to use your best judgment when they can't. So it's a good idea to put yourself in the driver's seat by exploring certain things before there is a crisis. Which is exactly what you discuss with all of your loyal followers, and to see what the differences are.

Every assisted living environment—I believe that industry-wide, we're doing a very great job of dealing with people at a delicate time in their lives. But each place has a little bit different focus and orientation. So it does make sense to make it part of a fact-finding mission to visit different places, get a sense of the environment, and the population, and see how that matches for the person that you love. There will be no perfection because all in life there is no perfection. But the idea is to come as close as possible.

**Barbara:** Okay, and then one of the things that they may well know is they have money for a year, maybe two years for an assisted living for private pay in an assisted living. But they know the money isn't going to last much longer than that. So what do you recommend as far as waiting list, and things like that, for Medicaid Funded Assisted Living? How long is the wait, usually?

**Robin:** I think that's probably an impossible question to answer. Well, the good news is in assisted living, it's not like in a nursing home where there is a big, fast turnover; I'm very happy to say. But of course, none of us can control the future. And in terms of the best time, one of the beautiful things that the ALP program, the assisted living program is designed to address is, I always say we know there are dozens of assisted living environments for people who are very, very wealthy; this is trying to provide quality care for regular folks. They deserve it also. So if somebody, let's say, has \$50,000, \$40,000, \$60,000; that is not going to last a long time anywhere else, and a person will be out of options once the money runs out. Whereas in the assisted living environment that offers the ALP program, they can transition onto Medicaid. And if they are coming in with that kind of funding, they probably will have a seamless transition.

**Barbara:** What does that mean?

**Robin:** Meaning that while they're going through their spend down, they can seamlessly transition onto Medicaid and then have Medicaid paying for the care that they may have been privately paying for prior to that.

**Barbara:** So they should think in terms of going in, and knowing they're going to have to pay, perhaps a year or two, with private pay, and then get on a waiting list?

**Robin:** No, if they're already in, they wouldn't be on a waiting list. They would already be part of the community. That's what I'm saying that when somebody realizes there is a finite amount of money, that it is not a bottomless wealth—which for some people, and maybe for most people, it isn't—that it's a good idea when someone is dealing with \$100,000 dollars and less, to be exploring assisted living that has this program, and to become a resident while they still have some funds, and along the way, transition, spend down, and just transition onto the Medicaid program. So it is just a different source of payment once they become eligible for Medicaid. They will probably be starting out paying for their care, and then Medicaid will.

**Barbara:** Okay, they'll pay for their care with their own funds, and then as they run out, they can get on some Medicaid.

**Robin:** Exactly. Medicaid has its own requirements and as you know, they make you spend yours before they'll spend theirs. So in New York, for instance, a person becomes eligible for Medicaid when their income is basically \$1125 dollars or less, and they have about \$4300 dollars or less in assets.

**Barbara:** So they have to actually spend down to that, and then transition while they are in the assisted living, they can transition over to that, so long as it is the Medicaid Funded Assisted Living component in that community.

**Robin:** That's exactly right. They stay within the same environment. Any assisted living that doesn't have this program, when the person's out of money, they're out of the place.

**Barbara:** So it's important to make sure that you are checking, and to see, and ask questions about, is it a Medicaid Funded Assisted Living, and how the transition process works, and that sort of thing.

**Robin:** Exactly. I think it would serve most people's purposes to know that the next step is in place should their loved one run out of financial resources. Especially with people living longer.

**Barbara:** Absolutely. The good news is they're living longer, and the bad news is they're living longer and outliving their money.

**Robin:** We take the worry out of that with a program like this.

**Barbara:** Absolutely, which is great. Are there any disadvantages to Medicaid Funded Assisted Living?

**Robin:** I would just spend the rest of this time thinking for an answer to come up with a “no” because, it is actually a blessing to have the next step in place, and I would say that the only disadvantage is although everybody’s first choice is to stay home, and that’s true for me as well, there could come a point where someone becomes a prisoner in their own home. They’re not going to their senior center, their knees hurt, it’s a little too cold, it’s a little too hot, and little by little, they become disconnected from the outside world, and we have learned now that people are living longer, even longer, that loneliness and isolation sets the stage for depression. And that is a very big issue that accompanies many people in the aging process. Assisted living is the best antidote for that.

**Barbara:** I agree. I absolutely agree. A lot of people will come to me and say, “Oh my mom wants to stay at home and I want her to stay at home as long as possible,” and I say, you know, I really applaud that unless they become, as you said, they become a prisoner in their own home, and it becomes a very bad situation, and a very sad and depressing situation.

**Robin:** Absolutely, and we can all understand the wish of wanting to remain in our own environment and also, we are creatures of habit; we like what we know. But it doesn’t mean it is always the right answer, and I’m sure you deal with this; it’s very hard for the sandwich generation to recognize that the rolls are changing. That the same mom or dad that use to make decisions for you in your best interest, now need you to make decisions for them in their best interest. So when someone is dealing with cognitive impairment, that is exactly what has to happen.

**Barbara:** Absolutely. Now before we wrap this up, because I want to leave as much time as possible for questions, but are there any final words of advice that you’d like to offer?

**Robin:** I welcome inquiries. I do consider myself a helpful person. It’s in my nature. Even if we are not the right answer at Amber Court, I always do try to help people know what the right answer is when I’m made aware of the situation. So people can feel free to use me as a resource, as well.

**Barbara:** That would be great. Are you willing to give your telephone number?

**Robin:** One hundred percent. 516-334-3838, and my name again is Robin Marks. And I can also leave my email address which is another good way to reach me. That is [rmarks@ambercourtal.com](mailto:rmarks@ambercourtal.com).

**Barbara:** Great. And it’s a great resource. So even if you’re not in New York State and you have some questions, then, you know, give Robin a call and ...

**Robin:** Well, I'm better about New York, I have to be honest. But if anyone would like to invite me to their state, and to do some research! <Insert laughter>

**Barbara:** <insert laughter> There you go!

**Robin:** I'm looking for a little vacation!

**Barbara:** And also, for more information about Medicaid Funded Assisted Living communities for *your* state, you should just Google "Medicaid Funded Assisted Living," and then type in your state. I did this; I've been doing this all day today trying to find out which states do and which states don't and it was impossible, you know, to make a list of all fifty of them. But what you do is you put the quote marks; you put "**Medicaid Funded Assisted Living**" and your state, like Ohio or CA, or whatever. And then close the quote marks. You'll be able to find resources for each state for Medicaid Funded Assisted Living. I especially want to thank Robin Marks and Raphael Weiss for their time tonight, and all of their valuable information tonight.

**Robin:** Our pleasure. Does anyone on the line have any questions?

**Barbara:** Before we take any questions, I also want to remind you that the next month's teleseminar is going to be on Wednesday, May 14. I hope all of you will join us, and please invite all of your friends to join us, too. There will be more information about that soon. So again that is Wednesday, May 14. And I want to remind you that just because you've found a more affordable way to pay for assisted living, it doesn't necessarily mean that your aging loved one is going to be eager to move. So for the one-on-one generational coaching, you can call me toll free at 877-AgeWise, or you can email me at [Barbara@AgeWiseLiving.com](mailto:Barbara@AgeWiseLiving.com). Or you can do it yourself using the AgeWiseLiving Workbook, "*How to be Your Own Generational Coach*," and again, you can get that through the "Shop" page on my Web site which is [www.AgeWiseLiving.com](http://www.AgeWiseLiving.com).

So with that, anybody who has any questions, go ahead and un-mute your phone and let's take some questions.

**Caller No. 1:** Barbara, I don't have a question but I want to congratulate you all on a fine presentation. I'm the state rep for the *National Family Caregiver's Association Community Action Network*, and I do receive calls all the time for various types of information and this will be most helpful.

**Barbara:** Oh good. And who was this?

**Caller No. 1:** This is Chloe.

**Barbara:** Oh Chloe, of course. Well thank you very much, and that's great. Thank you. Any other questions?

**Caller No. 2:** Hi, my name is Kathryn and I am an account rep for a visiting neuro service out of New York and my question is, are more and more facilities participating in this program? More and more of the assisted facilities participating in this program?

**Robin:** Raphael is best to answer that, so here he goes.

**Raphael:** In New York State, the Medicaid model *Assisted Living Program*, better known as *The ALP Program*, is a limited program. The amount of beds that were allocated in New York State were about 4200 beds. Just recently, the state opened up that allocation to another 1500 beds, but on a greater, state-wide scheme of things, that's a drop in the water of what the need is in actually New York State. So although many facilities might want to participate in this program, the availability of the program is limited.

**Caller No. 2:** Thank you.

**Barbara:** So in New York State, and each state, so this is not just New York State, each state that allocates and says we will make available Medicaid funds for a certain number of beds throughout the entire state. And your community, for example, said we're willing to make all of our beds that way. Whereas other people, and others, may only have a few beds, and others may have a few more. Is that true?

**Raphael:** Medicaid is actually, although it is kind of driven by the federal government, it runs by the state government. So in each state, Medicaid lets you look and maybe feel a little bit different than the other state, and that's why you have these differences where in some states you have the *Medicaid Waiver Program*, and in New York State you have *The ALP Program*, and the nuances of how the programs work differentiate between state to state. Because yes, like you said, it is a state run program.

**Barbara:** Okay, so you said there were how many? 1500 more...and there were how many before?

**Raphael:** There was 4200.

**Barbara:** So there are 5700 beds that are available that have this available to it.

**Raphael:** Total in New York State.

**Barbara:** Wow, that's lousy, isn't it?

**Caller No. 2:** That's very small.

**Robin:** Sorely deficient, yes.

**Caller No. 2:** Thank you very much.

**Robin:** You're very welcome, thank you.

**Caller No. 3:** Hi, my name is Helene, my mother is on the Medicaid. I'm a new caller; I'm sorry but I didn't get on before. But my mother is on the Medicaid "spend down." How is that determined? They almost take like almost half of the income, the monthly income. Is there some way where I can search the Internet to see what the "spend down" or you know, whatever, because it is a big chunk.

**Robin:** Do you mind sharing with me where you are located?

**Caller No. 3:** I'm in Westchester County.

**Barbara:** Okay, let me understand. You said, who is they that takes half?

**Caller No. 3:** I guess the welfare system, or the Medicaid system?

**Robin:** The Medicaid system. But Raphael is well versed in this, and he is going to answer your question.

**Caller No. 3:** Well, I pay the home care people.

**Robin:** Yes. Let Raphael address your question.

**Raphael:** The Medicaid "spend down" is actually based on the allowable income limit that Medicaid allows in each different environment. And in every environment, that allowable monthly income is different. So if somebody lives at home, Medicaid allows you to earn, in New York State, about \$700 dollars in 2008. And in an assisted living environment, that amount is actually a little bit different; it's about \$1200 per month. But they base that rate off of the Social Security allowance of what is considered an allowable monthly income. So Social Security publishes those rates at the end of December, every year, which will become effective the coming year. And they base that Medicaid spend down on that allowable income.

So, if somebody is allowed \$700 a month allowable income, anything above that income level, if somebody is living in their home environment, that will go into their Medicaid spend down, and Medicaid will expect that to be paid. And let's say that if somebody might have a co-pay on an insurance, or somebody might have to go to a doctor and pay a \$20 co-pay on Oxford, or Etna or any other insurance program. On Medicaid, the spend down is used on their co-pay. And that is how they develop that co-pay, based on what their allowable monthly income is, based on the Social Security published rates.

**Caller No. 3:** I mean I always get these questions like well, my parents aren't paying anything, whatever, we had to get a lawyer to do it, and all this and that. I mean, I don't want to do anything that's not right, but also, it is a big chunk. It's about like five hundred and fifty-some odd dollars and by the end of the month, you know, we're—it's a lot. She went in the hospital, we have to pay the first \$100 a day, and so on and so on. I don't know what to do. I don't know if I should get a lawyer, and have them try to figure out something so it's not as much. I don't know.

**Robin:** Barbara might be able to help you with resources. Sometimes if there really isn't a sizeable asset that has to be discussed, and you're just trying to manage month to month, maybe Barbara can suggest a geriatric care manager who can help you navigate the system a little better.

**Caller No. 3:** That would be great. I would appreciate that.

**Raphael:** Just to chime in there a little bit, there are new, creative ways in New York State which they have developed to help alleviate what the Medicaid spend down does go for and it's called, *Pooled Income Trust*. And like Robin did say, it's probably best that Barbara recommend a geriatric care manager who would probably address that a little bit better. But there are new, creative ways in New York State which have been developed.

**Caller No. 3:** Oh I would love to know that. Barbara I would appreciate it.

**Barbara:** I do not have that information but let me get that information, okay? If you would stay on the line when we're all finished, and explain to me exactly what it is, and then perhaps that would be a good topic for the next newsletter because I don't know the answer. I would think that would be something you would need to talk to an elder law attorney about.

**Robin:** I can be a resource for that, as well, Barbara...for you and for your caller.

**Barbara:** Okay, so if you want to stay on the line at the end so that I can get from you exactly what it is that you're looking for...

**Caller No. 3:** That would be great. I would appreciate anything that, you know, to be more creative, so to speak, or whatever.

**Caller No. 4:** Barbara, this is Jeffery Asher.

**Barbara:** Hi Jeffery.

**Caller No. 4:** Hi Barbara, how are you?

**Barbara:** Welcome.

**Caller No. 4:** Thank you. If you have any questions about *Pooled Income Trust*, we do those all the time in our office. If the young lady would like to know more information about those, certainly. Obviously, like Robin said, if it's merely a matter of managing their money, probably you are the greatest resource. If it does become a little bit more complicated, then for sure I can be called just to ask advice.

**Caller No. 3:** Whatever contact or anything at this point, I need to reach out because it's really...I don't know what to do right now. It's not just the money situation right now, there are other things going on. So if I can at least try to do something about that for now, and I'll deal with the other things later.

**Robin:** Well Jeff has made a really generous offer and I hope that you take advantage of that.

**Caller No. 3:** I will. I definitely will.

**Barbara:** And what I'll do is I'll call Jeffery tomorrow, if that's okay with you, Jeff?

**Caller No. 4:** That's okay with me. If you'd like my number, I'll be glad to give it to you. I really don't feel comfortable...

**Caller No. 3:** That's fine with me. If you'll just hold on a second while I get a pen.

**Caller No. 4:** That's fine. I don't mind giving her my phone number, but it is not the reason I called in to this.

**Barbara:** That's fine. That's fine. But the reason I'm going to call you tomorrow is to get the information so I can put it in my newsletter.

**Caller No. 4:** That's fine...that's fine.

**Barbara:** And so then that we can share it because that well may be an issue for a lot of people.

**Caller No. 4:** It really is a fantastic resource. Especially for those people who merely have a issue with their income. *A Pooled Income Fund*, or a *Pooled Income Trust* is a fantastic way to get qualified for Medicaid even with an income ineligibility problem. It really is fantastic. I do have a question for Robin.

**Robin:** Yes, Jeffery.

**Caller No. 4:** A client of mine was a resident of the Atria Assisted Living facility in Riverdale. And he suffered from Alzheimer's disease and was on their

Avondale floor, which was a dedicated floor with security. It was serviced by a group called Avondale, which are separate and apart, which are nurses which are trained, and separate and apart from the assisted living facility services. And the family paid extra for this Avondale service. Now I had no idea there could be such a thing as Medicaid Funded Assisted Living because assisted living has always been privately paid, and so you get with the nursing home. Now my question is, disregarding the question whether or not this Atria qualified or had this program, is that the type of service that you are talking about when it comes to that one extra step? He's living on a floor solely for Alzheimer's and other dementia patients.

**Robin:** There's a lot of ways to accomplish addressing the needs of higher care. And there is a lot of different definitions of what higher care means. More than we can discuss over the phone. But let me just say to be succinct, that when somebody's level of care is exceeding the traditional package of what assisted living is designed to address, and they fall into this higher level of care that is categorized by someone scoring a PA, PB, or a PC on a PRI. I hope you're familiar with that—I don't know where you're located, Jeffery.

**Barbara:** He's in New York City.

**Robin:** Okay, that is a standard assessment. Then those people are now falling into a standard level of assisted living, and in fact, as I mentioned before, are scoring for nursing home, but they would be high functioning in that environment. That is what Medicaid is assessing, and if someone doesn't have Medicaid and needs that level of care, then they would be privately paying for that care because there's much more intense involvement with staffing to address those needs of those residents. If you want to know more, and more specifically as an attorney dealing with this, I'd be very happy to walk through the steps with you, I mean, you're invited and...

**Barbara:** But let say, that if they are in the assisted living segment simply for their safety, but they don't need a higher level of care, then it might not be. It might not be the higher level of care that is required to be Medicaid funding, one hundred percent.

**Robin:** One hundred percent.

**Barbara:** But if they need help with eating or reminding to dress, and to bathe, and to toilet, and to eat, and that sort of thing, then those would be the kinds of things that Medicaid Funded Assisted Living would pay for.

**Caller No. 4:** Now with this particular situation with this man, he did not score on his PRI enough to qualify for nursing care.

**Robin:** Well, that's probably not true. What probably happened is, he probably did score for nursing home, but in this category of PA, PB, PC, most nursing homes will not want to take somebody in that category because they are considered high functioning, and a nursing home will not get paid very much for the care of that person. But in an assisted living environment, it can be addressed by extra staffing, and having better supervision in place by nursing, and things of that nature. So that's what my guess would be that in fact, that person would score on the PRI for nursing home, but be high functioning in that environment and therefore; not a desirable patient.

**Caller No. 4:** That is exactly what happened.

**Caller No. 5:** Doesn't every facility have to be licensed?

**Robin:** Doesn't every what kind of facility? Who is asking this question?

**Caller No. 5:** This is Shelia. I'm outside of what all of you are doing, but does the facility where the Medicaid Assisted Living would qualify, doesn't the facility have to be licensed for it?

**Robin:** Yes it does. It has to be licensed by the Department of Health.

**Caller No. 5:** So is the Atria licensed for that?

**Robin:** I can't answer that question. I'm not an authority.

**Raphael:** Licensed for what? The ALP program, or for that higher nursing service?

**Caller No. 5:** For the higher service.

**Raphael:** Well, I don't know. The Atria, in particular, and I am certainly no advertiser for the Atria. But in their particular building, they've got dedicated floors, depending on the type of service you need, and they've got dedicated nurses for those services. I'm not, I'm not supporting, I'm not advocating the Atria. I don't really feel they have good service. But you could find that there are some, and I mean, Robin, you're a better authority on the assisted living.

**Robin:** I mentioned earlier that one of the problems is that all of this terminology is not uniform and standardized. They are in the process of changing that through the legislature, what will define assisted living, enhanced living, and rich living, but right now, you really need, to the caller—if you're interested in knowing about a particular facility, and what their qualifications are, and what their licensing is, you should call on a case by case basis, because it is not necessarily going to be the same answer across the board.

**Barbara:** And in many cases, it depends on the level of care. If it is strictly an assisted living, and in some cases it is senior living, and then there's assisted living, because at each level, there is a different level of certification. And so some communities have chosen to be a lower level of service; still a high service. Not to take anything away from it. They still provide the room, and the housekeeping, and the food, and the activities, and all that.

**Robin:** Well they may or they may not.

**Barbara:** Just a minute. They may provide all of those things, but have decided not to try to go for a higher level of certification, because they feel that it is not something that they want to do. So when you asked aren't all of them licensed, there are certainly different levels of licensing.

**Caller No. 5:** Thank you. Where are these listings of these Medicaid Funded Assisted Living facilities? Do we contact like a case worker, or what?

**Barbara:** Well what you would do...what state are you in?

**Caller No. 5:** I'm in New York. Westchester. Well, I will be moving to New York City. Is that a list of some sort where we could try to find out where they might be?

**Barbara:** Raphael, can you answer that?

**Raphael:** Probably you could—actually, like Barbara mentioned before, the best resource might be on the Internet; to go to the Department of Health Web site, itself. And the department does delineate what type of licensed insured the facility might have. So if you go to the Department of Health Web site, they actually categorized the assisted living for now under the Adult Home categories. They do have a bullet that you can click on called Health Services. In that bullet, you can kind of scroll through in each country what facilities are there, and what their licensing status is and they are listed as Enriched Housing, Adult Homes, and ALP Level Services.

**Caller No. 5:** Thank you very much.

**Barbara:** Okay, what we're going to do we've come to the end of the hour, and I want to thank everybody so much for being on the call.

**Caller No. 5:** Are you going to post these things? Because I just happen to get this from work. Apparently they got a flyer and they were telling me about it.

**Barbara:** Where do you work?

**Caller No. 5:** I work for the Federal Government.

**Barbara:** Oh wonderful. Okay.

**Caller No. 5:** How can I keep up with, not the Medicaid in particular, like today or tonight, but other topics?

**Barbara:** Absolutely. Go to my Web site which is [www.AgeWiseLiving.com](http://www.AgeWiseLiving.com) and you will go to the newsletter page, and up at the top there is a box. Click on that box to sign up for the newsletter, and you'll get that on a regular basis. You'll get notifications about the free teleseminars every month, and other things that are going on. While you're there, there is about five years worth of newsletters; archived newsletters there, so you might want to also look through there. It is a huge resource of information, and while you are there, you can also go over to the "Listen to the Teleseminars" page and there is about a year's worth of teleseminars. So there is a lot of resources. But do sign up for the newsletter and anybody else that's listening, because that way, you hear about all of these things and you have the information yourself. And please do share this information with your friends.

**Caller No. 5:** I definitely will. We have a little support group for eldercare, or home care, or things that, you know, we go through with our parents, or what have you.

**Barbara:** Wonderful. So please do tell them all about this.

**Caller No. 5:** Yes, this is where I got the information. But thank you all in the short period of time; I'm sorry I wasn't on earlier. But it was great.

**Robin:** Barbara, aren't you going to provide an opportunity for people to hear this again on your Web site.

**Barbara:** Yes, hopefully it has been taped. So it will be up on my Web site if the taping "took."

**Caller No. 5:** And your Web site is this [www.AgeWiseLiving.com](http://www.AgeWiseLiving.com)?

**Barbara:** It is, indeed.

**Robin:** Barbara, thank you very much for this opportunity. It was very nice to participate, and hopefully be helpful.

**Barbara:** Wonderful...and you were, and thank you. Thank you Raphael, and I appreciate it so much.

**Raphael:** Thank you very much, Barbara

**Barbara:** Okay. Take care. Good night.