



“I Wish I Knew”: Navigating the Healthcare Maze

November 20th, 2025



56% of Americans turning 65 from 2021-2025 will need long-term healthcare services

Before the Journey Begins:

- ***Advanced Directives***: Power of Attorney, Healthcare Proxy, Living Will (avoid guardianship)
- Financial Planning: ***Elder Law Attorneys*** are the specialists
- ***Resources*** are Everywhere: Lifespan, Senior Centers, GRAPE
- Research Care Options: Compared to other regions, ***Rochester has a robust care infrastructure*** – independent, assisted, enhanced care, memory care assisted living, skilled nursing, skilled nursing with memory care specialty, etc.
- Education & ***Advocacy***: One begets more of the other

People thrive in the appropriate level of care:

- *Socialization* is essential; intergenerational offerings, worship services, book clubs, resident councils, Crafty Ladies (clubs), volunteerism, etc.
- Increased access to transportation, activities, outdoor spaces, case management, and ancillary services leading to,
- Fewer medical emergencies,
- A slower decline physically and cognitively,
- The ability to remain in lower levels of care for longer periods of time.
- *A Continuum of Care vs. a Stand-Alone Facility*

The Surgeon General's 2023 report identified that the mortality impact of social disconnection "is similar to that caused by smoking up to 15 cigarettes a day."

A Full Continuum for Senior Care



Senior
Independent
Living



Assisted/
Enhanced
Assisted Living



Nursing
Home Care



Rehabilitation/Transitional Care*



Short-Term Rehabilitation Services
for Adults with Dementia*



Beyond Memory:
Long-Term
Dementia Care



Dementia Resource Center



Independent Living

- “Senior Living”, “Senior Apartments”, etc.
- Social Recreation, Dining Services, Environmental, and Building Services
- A la carte services vary among sites, i.e. Case Managers, Salons, On-site Providers and Labs, Transportation services, Additional Meals, Housekeeping/Laundry, etc.

Assisted Living

- Case Management, Nursing staff, Medication Management & Personal Care assistance
- All Meals, Social Recreation, Environmental and Building Services included
- A la carte services vary by facility

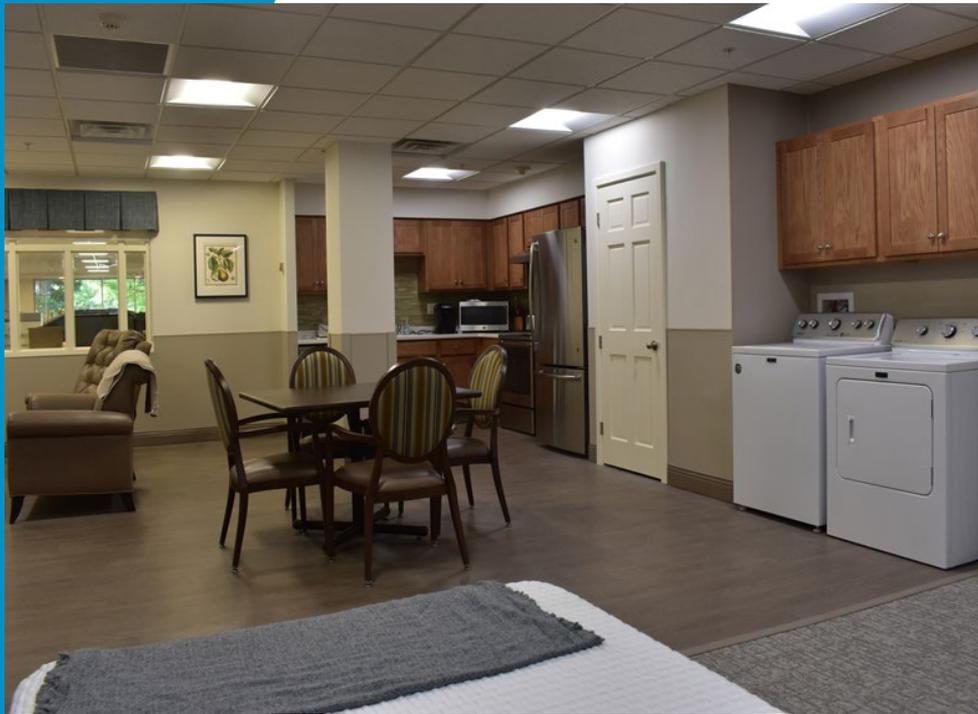
Enhanced Care in Assisted Living

Memory Care Assisted Living



Skilled Nursing, Short-Term Rehabilitation

- Generally follows an acute event and hospitalization
- Goal to return home
- Facilities are able to accommodate varying degrees of clinical care needs
- Doctor visits, Wound Care, Physical, Occupational and Speech Therapy provided in-house
- 24/7 Nursing Care, Assistance with all ADL's, Equipment, Meals/Dietary Needs, Therapeutic Recreation, Environmental and Building Services all provided
- Room types & amenities differ among SNFs



Occupational Therapy Studio and Physical Therapy Gym



Rehab is *usually* covered by insurance, as long as there is participation and progression in Therapies.

- While covered, the Rehab stay is “all-inclusive”. There are carve-outs for specialized services such as dialysis, infusions, transportation, MRI’s, etc.
- Not all facilities accept all insurances, but ***out-of-network benefits are sometimes the same as in-network.***
- If insurance denies or is out of network, ***families can appeal and/or opt to privately pay for a Rehab stay.*** The cost is \$500-800/day, depending on facility.

People rarely use all 100 days of their benefit period; Insurances determine approval and length of coverage based on medical necessity.



Long-Term Skilled Nursing Care

- Admissions from private homes, lower levels of care, hospitals and out of state
- Resident Application & *financial information is required prior to admission*
- Personalized Plans of Care; *family and patient input is very important for creation of these*
- Room types & amenities differ among SNFs

Dementia Care

- All in-house services and amenities included, but resident is most appropriate for “Secure” or “Locked” floors
- *Staff, Menus, Esthetics, Recreation programs developed specifically for engagement of those with dementia*

Long-Term Care, also called “custodial care”, *is not covered by medical insurance*; private payment, long-term care insurance (sometimes partnered with NYS), or Medicaid.

- LTC rates are different for private rooms vs. semi-private rooms; **~\$15k-20k/month** depending on the facility and room type
- **Medicare Part B** is utilized for doctor visits and therapy, with the same co-pays as the policy has in the community
- **Medicare Part D** continues to cover medications the same way it would in the community as well, with whatever co-pays there are billed back to the policy holder
- Medicaid only provides for semi-private accommodations, and requires a five-year look-back of all assets, properties and transfers



Hospitalization:

- The Hospital Team will evaluate, treat and determine the appropriate discharge plan
- Hospital Social Worker will ask for preferred facility choices & will present offers as soon as they come in
- Things happen fast due to high hospital volumes – *there is still time for advocacy*
- *“No rehab beds in Rochester”* - double check with your preferred facilities directly. Many referrals (50-60) coming in to SNFs daily, so if the first choice facility offers late, it may not be presented to patient/family.
- *Preferred SNF can follow along before the patient is medically ready for discharge*
- Elder Advocates & Social Workers, as well as Admissions team at the facility offering can *help advocate*

Thank you!

BRICKSTONE | HAWTHORNE | HOME | MEADOWS

