



LeadingAge[®]
Illinois & Iowa

Staying Independent Roadmap

This roadmap should be distributed to families to aid in locating resources for their resident in independent living settings.

Step 1 - Identify the Need



Nutrition

Difficulty cooking,
weight loss

Daily Living

Help with bathing, dressing,
housekeeping, laundry

Health/Medical

Recent hospitalization,
wound care, therapy

Transportation

Can't drive, missed
appointments

Safety

Falls, mobility
issues, unsafe
environment

Cognitive/Behavioral

Memory loss, confusion,
missed medications

Social Isolation

Loneliness,
depression,
withdrawn

Step 2 - Match Need → Service → Eligibility → Payment Source



01.

Home Health Services

When to Refer: Recent hospitalization, decline in condition, physician ordered care.

Services: Skilled Nursing, therapy, medication management

Eligibility: Used for short term, intermittent skilled care & must be homebound

Payment Source: Medicare, Medicaid, private insurance

02.

Personal Care/ In-Home Supports

When to Refer: Assistance with Activities of Daily Living such as bathing, dressing, meals, housekeeping

Services: Personal care aide, homemaker

Eligibility: Functional need

Payment Sources: Medicaid, private pay

03.

Nutritional Supports

When to Refer: Unable to cook, shop for groceries & at risk for malnutrition.

Services: Meals on wheels, congregate dining

Eligibility: 60+, homebound or limited mobility

Payment Sources: Medicaid, SNAP, private pay

04.

Transportation

When to Refer: Missed appointments, no longer able to drive.

Services: Non-emergency medical transport, senior ride programs.

Eligibility: Based on mobility limitations and local program rules.

Payment Sources: Medicaid (depending on benefits), local aging programs, private pay

Step 2 - Match Need → Service → Eligibility → Payment Source



Home & Environmental Supports

When to Refer: Fall risk, unsafe home setup.

Services: Home modifications, assistive devices.

Eligibility: Safety risk or mobility limitations.

Payment: Medicaid waivers (if qualify), local non-profits or grants, private pay.

Adult Day / Social & Cognitive Programs

When to Refer: Social isolation, caregiver respite, early cognitive decline.

Services: Structured daytime programming, supervision.

Eligibility: Functional or cognitive need.

Payment: Medicaid waivers (if qualify), Veteran's benefits (if applicable), private pay.

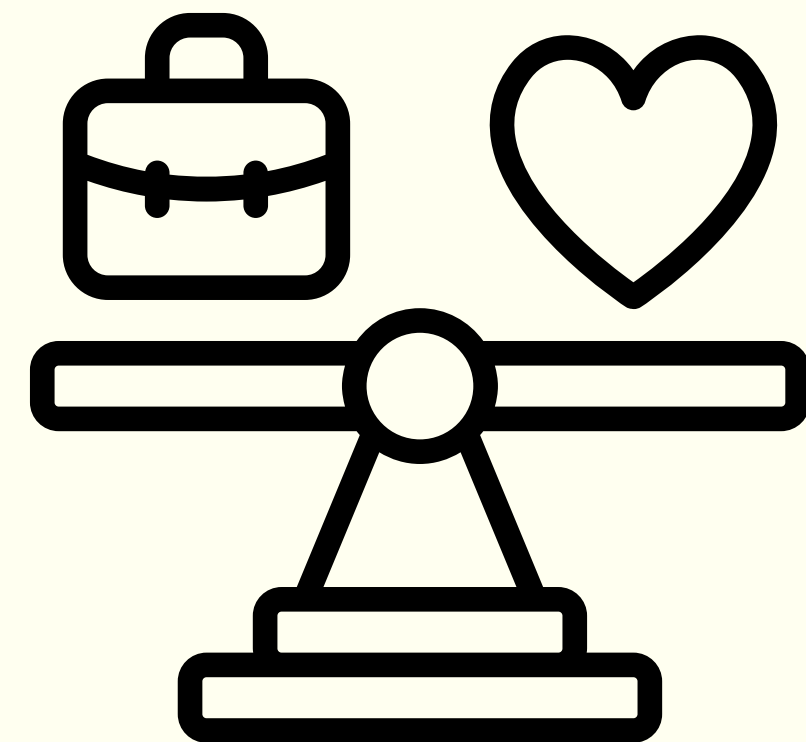
Care Coordination

When to Refer: Any uncertainty, multiple needs, complex situations.

Services: Area Agency on Aging (AAA), care managers.

Role: Conduct assessment, determine eligibility, connect to services.

Understanding Payor Sources



Medicare

Short-term healthcare such as skilled home health services.

Limitations include requiring the patient be homebound and having a skilled need.

Medicaid / HCBS Waivers

Long-term supports such as activities of daily living, services.

Limitations include that you must qualify financially, eligible for the level of care, and there may be waitlists for waiver services.

Medicaid / Inpatient

Nursing home services

Limitations include must financially qualify as well as qualify for nursing home level of care.

Private Pay

Can provide any service

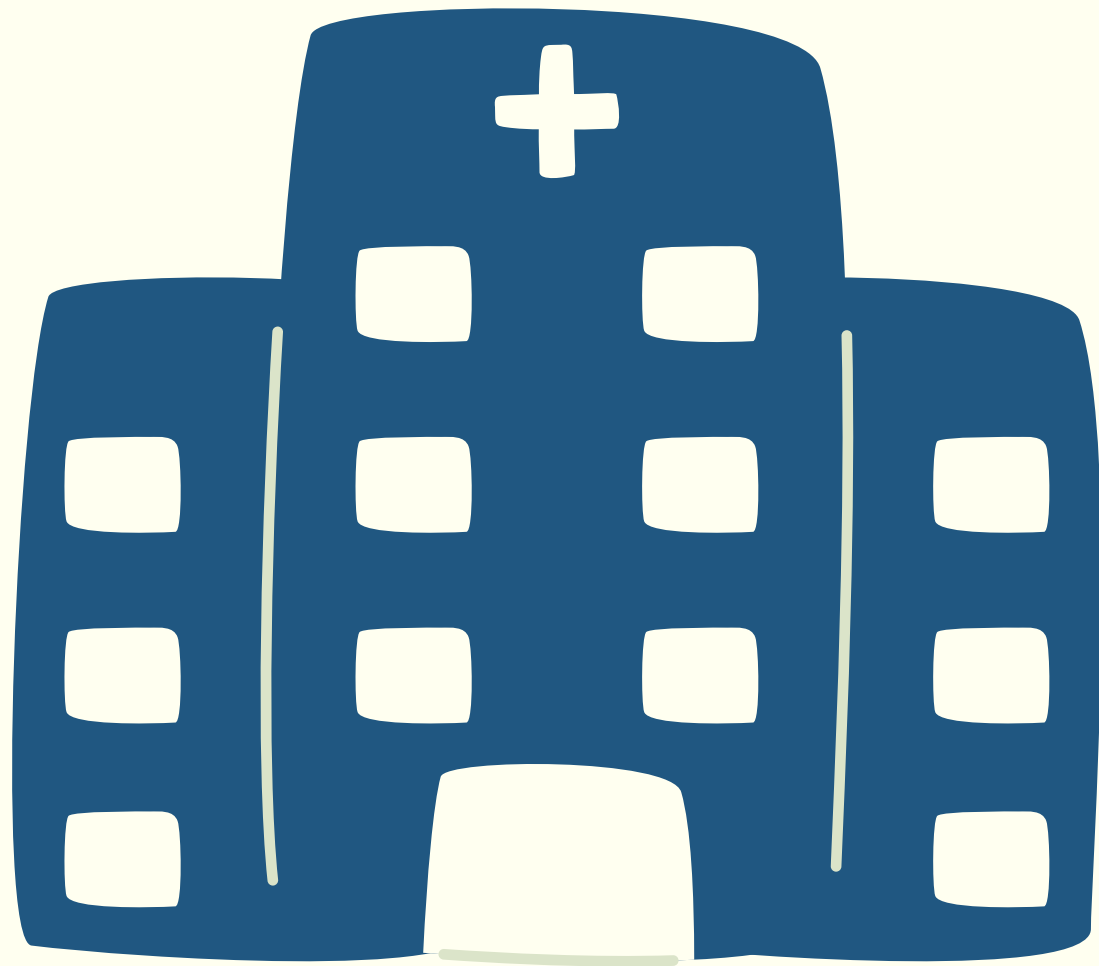
Limitation is that the cost burden falls on the patient.

SNAP

Provides for food assistance.

Limitation is that it is based on individual income.

Escalation Pathway - When Care Needs Increase



Nursing Home



Nursing home level of care includes 24/7 on-site assistance with all care needs including meals, housekeeping, laundry, care assistance, and nurse support.

Assisted Living

Assisted living includes 24/7 assistance with structured programming based on the individual patient's needs and may include assistance with ADLs, meals, housekeeping, laundry.



Independent Living

Living without 24/7 on-site supervision. Independent living can be with or without intermittent services and supports.