# Long-Term Planning Options

## Specialized Services for Older Adults

Piedmont

*Real change lives here*

# Planning Ahead, *Being Proactive*

## A Guide to Exploring Your Options

Older adults and their families are often faced with many questions when it comes time to navigate through the complex world of long-term care. Sixty Plus Services would like to help you make informed decisions that could potentially enhance your quality of life, maximize your independence, and make a positive difference in everyday living.

Sixty Plus Services provides social work consultation for Piedmont patients who are 60 years and older and their families. Our geriatric social workers help link you to the appropriate resources, provide expert guidance and recommendations, and offer assistance if challenges arise. They also serve as the point of contact for any aging-related issues and help advocate for you in times of need. In addition to Sixty Plus geriatric social workers, there are private geriatric care management companies available for hire. Sixty Plus can consult with you about individual needs and provide recommendations and referrals.

The programs and support provided through Sixty Plus Services are made possible by the generosity of our donors. The Sixty Plus program operates with no private insurance support. All donations are used exclusively for our work with older adults and their caregivers—another example of how Piedmont is truly invested in the health care of our communities close to home.

## Living Options and Services

Where do you envision yourself in your older years—in your own home, in a supportive community with services, or living with family members? Determining the right kind of housing for you is a big decision. It is important to choose a stable and supportive environment that meets your needs in various seasons of health and wellness.

If you feel like your current home is the best place for you long term, some changes may be required to ensure you can age there effectively. You may want to consider the need for safety equipment, bath and shower accessibility, reducing fall risks, or obtaining in-home assistance. Simple changes can make a big difference in your overall safety and ability to live independently. Structural changes in the home are called home modifications and range from small changes (installing a grab bar) to large changes (incorporating a stair lift). There are many home modification companies that can evaluate your home and make personalized recommendations. Sixty Plus can help you locate companies like this if needed.

If you think that your home may not be the most ideal environment during your older years, it may be beneficial to pursue a housing alternative that provides more support. Here are several options:

### Independent Senior Communities

Independent senior communities are similar to apartment complexes, but they are designed specifically for older adults or disabled individuals. This option provides minimal services in an independent setting, meaning that all residents are expected to meet their own daily needs, such as dressing, grooming, medication management, and most meal preparations. If the resident cannot perform these functions, they must hire the appropriate in-home services to supplement their care. Each community is unique, but independent communities typically offer these services:

- Calendar of events and activities (grocery store trips, informational speakers, outings to city events and attractions, exercise classes, etc.).
- An active resident association with elected officials who represent the community.
- 24-hour security services and front desk courtesy officers.
- Service coordinators (staff members available for ongoing support and case management, locating resources, and resolving conflicts).
- Emergency pull cord services located inside each apartment unit.
- Some have congregate meals (usually fee-based).
- Some have in-house hair salons, gym facilities, medical clinics, libraries, and other amenities.

There are independent communities that offer apartments to individuals who qualify for income-based subsidized rent. This means that the amount of your rent payment is determined by your monthly income (typically 30 percent of your income). This program is managed by the Department of Housing and Urban Development (HUD) and can be beneficial for those on a fixed income. However, they are in high demand, and you may be put on a waiting list for this type of unit. If you are interested in this option, make sure to plan well in advance and apply to have your name added to the waiting list.

If you need assistance, Sixty Plus Services is available to help you locate independent communities near you.

### Assisted Living

Assisted living is similar to independent living, but offers more support services for those in need of additional assistance. Services traditionally include:

- Assistance with daily activities like dressing, bathing, medication management, and other needs.
- A nurse or wellness coordinator on staff for oversight of daily health needs.
- 24-hour security with an emergency call system in each apartment.
- Three congregate-style (group) meals each day.
- Thorough activity calendar with outings, social events, and enrichment classes.
- Assistance with laundry, housekeeping, and other household chores.

Additionally, many assisted living communities have specialized memory care neighborhoods that provide secured, 24-hour care for people who suffer from various dementias. Memory care units provide structured socialization activities in a safe and appropriate environment. Staff members are typically well trained in dementia care and can often customize services for each resident.

It is important to note that assisted living communities operate on a private-pay basis and do not bill Medicare or other insurance plans. If you are eligible for veterans

benefits or have long-term care insurance, this may cover some of your monthly costs. Monthly rental costs vary due to the customized level of care; however, most people require additional funding beyond their monthly social security income to cover the costs.

When deciding on a quality assisted living community, it is important to ask many questions, visit at different times of the day (especially meal times), get to know the staff, and trust your intuition.

Sixty Plus is available to help navigate through this process and provide individualized recommendations.

### Nursing Home Facilities for Long-term Care and Short-term Rehabilitation

Nursing homes are facilities that offer 24-hour skilled care delivered by a dedicated health care team of nurses, certified nursing assistants, therapists, doctors, and social workers. Skilled care is designed for individuals who need medical treatments, physical therapy, medication administration, and direct nursing supervision. Staff is trained in caring for those who may need assistance with transferring, toileting, bathing, dressing, and feeding. Nursing home placement may be the best option for families struggling to keep their loved one as safe and healthy as possible.

When placement is necessary, it is important for the family and the potential resident to prioritize their needs and wants (i.e. location of the facility, specialized care units, and payer source options). Nursing home admission requires documentation from a physician (the Level-1 form and the DMA-6 form), as well as a negative TB test, and all available medical records.

Nursing homes have a multidisciplinary team of nurses, doctors, and social workers who provide assistance with all activities of daily living, including meals. They also have rehab services with physical, occupational, and speech therapists on staff.

The most common way nursing home admission occurs is direct transfer from a hospital after a qualifying three-night stay. Short-term rehabilitation (sub-acute) services include nursing, physical, occupational, and speech therapy. If a physician believes that a patient requires sub-acute rehabilitation services to improve their functioning (such as physical therapy, occupational therapy, speech therapy, or wound care), the patient may have the option to transfer to a nursing home facility for a short-term visit during their rehabilitation.

Medicare and most other insurance plans will cover a portion of this stay, which is determined by a person's rehabilitation progress and subject to strict Medicare guidelines. If Medicare coverage ends and the person's safety might be at risk if they return to an independent setting, the family members will most likely need to advocate for that person to remain in a long-term care environment. Depending on the financial situation of the patient, this may mean transferring to a different nursing home that has a long-term bed available, sometimes called a "custodial" bed. If this individual needs Medicaid assistance (government-funded health insurance for low-income individuals) to help pay for their care, it can be helpful to consult with an elder law attorney.

Medicare does not pay for long-term placement in nursing homes. Nursing homes require payment for room and board. They also have considerable costs associated with them due to the level of skilled care provided on a 24-hour basis. If an individual needs long-term care in a nursing home, they will need to develop a plan to pay for care. Though some people pay privately, others might have long-term insurance, have veterans benefits or qualify for Medicaid to help cover the costs.

For those who have long-term care insurance, the benefit provides financial support for long-term health care assistance and usually covers some portion of the nursing home expenses. It is important to gain clarity about what a long-term care policy will or will not cover, the frequency and duration of care, and what the limitations are. Additionally, veterans may be eligible for veterans benefits, which could help offset nursing home costs. This is discussed later in this booklet.

If an individual does not have the financial means to pay for long-term care, he/she can apply for Medicaid coverage. If the application is approved, the individual's income pays first for the room and board, and then Medicaid will pay second. However, Medicaid provides the nursing home with the lowest reimbursement rate. This can be challenging for families because nursing homes can choose which residents they accept, meaning that it may be difficult to find a nursing home willing to accept a Medicaid resident. In most cases, nursing home residents will pay privately for their care for as long as possible and then apply for Medicaid once their assets are depleted. This can make it easier for individuals to initially obtain a long-term bed.

Medicare compiles periodic ratings of nursing homes throughout the nation, which can be accessed at **www.medicare.gov**. These ratings are based on a four-point scale and can provide insight and information for families.

Another great resource for long-term care is the Ombudsman Resource Center, which has a comprehensive list of facilities by geographic area. They also act as advocates for patients and families if issues or concerns arise.

**National Long-Term Care Ombudsman Resource Center**
202.332.2275 | www.ltcombudsman.org

Selecting a nursing home can be overwhelming, but the more questions you ask and information you gather, the better off your decision-making process will be. It is important to ask detailed questions about staff turnover, allocation of staff duties in relation to resident care needs, recent state survey results, and available references that can shed light on a facility's mission and standards of care. It is also important to visit several times at different times of the day, get to know as many staff members as possible, ask extensive questions, and talk with their references. Securing long-term nursing home placement can also take a long time, so planning ahead is crucial.

## In-home Care

If you would like to remain in your home, there are some resources that can accommodate your needs in an independent setting. As people age, certain tasks and activities may become difficult to complete. It can be helpful to explore private duty options, supportive safety measures, or possible community programs that you may be eligible for.

### Private Duty Care

Private duty companies provide in-home assistance that can range from just a few hours a week to 24-hour care. Companies typically hire Certified Nursing Assistants (CNAs) who can assist with bathing needs, meal preparation, transportation, medication assistance, and housekeeping. Private duty agencies operate on a private pay basis and do not bill insurance. However, if you have long-term care insurance, your policy may cover a certain amount of private duty assistance. Typically, average costs range from $25-38 per hour. There are many private duty agencies in your area. If you are considering this option, make sure you gather recommendations, interview the agencies, and make an informed decision. It may take a little time to find a CNA that is a good match for you, and the agency should do their best to respond to your needs. It may be a good decision to consider hiring an agency versus an individual, due to liability risks. Legitimate companies should be fully licensed, insured, and bonded. Private duty aides can make all the difference in someone's ability to manage effectively at home. If this is something you'd like to pursue, ask questions about staff turnover, references, staff hiring practices (including background checks), and whether they have state licensure.

### Emergency Response Systems

An emergency response system can be helpful for individuals who desire an additional safety measure in their home to access emergency help when needed. These systems are most helpful for people who live alone and may have an elevated fall risk. Emergency response systems consist of a discreet necklace, bracelet, or watch device that someone wears on their body that is connected to an installed unit in the home, similar to an answering machine. In cases of a fall or emergency situation, the person could push the button on their device to access immediate assistance. Emergency response systems usually require a monthly subscription (around $25-50 a month) or a one-time purchase (e.g. Apple watch).

### Remote Monitoring

Remote monitoring encompasses many different products that can monitor you in your home while maintaining your privacy. This includes cameras that scan the floor to monitor fall risks, video communication with family and friends, telehealth products that monitor health vitals, and many other innovations. This option may be a good fit for someone who would like additional oversight and assurance, but does not want to move. Remote monitoring may not be appropriate for individuals with cognitive dysfunction since it cannot prevent wandering or safety risks.

### Home Health

Home health is a temporary service covered under Medicare and other insurances. It provides health services for a temporary amount of time based on each individual's health needs. Many times, a person will receive home health care when they have returned home from the hospital or a rehabilitation facility. Home health is comprised of a health care team that assists with your transition back home and works to improve your strength, balance needs, and prevent hospital admissions. Nurses, social workers, and physical, occupational, and speech therapists work together to address outstanding needs and help improve health measures. Typically, health professionals will come out several times a week for a specified number of weeks, based on medical need and insurance authorization. Home health requires a physician's order and certain health criteria must be met in order to be eligible.

It is important to remember that home health is temporary and not intended for long-term care. This type of home health care typically covers only care that must be provided by a skilled provider. Most often, custodial care (help with bathing, meals, toileting, supervision) is provided on a limited basis and only while the skilled need exists.

## Community Programs

If you cannot afford private duty care, there may be community programs that can assist. These programs are usually need-based and income-based and often have waiting lists associated with them.

The Elderly and Disabled Waiver Program (EDWP) is a Medicaid waiver program that provides services not normally covered by insurance. The services are provided in the home and in the community for persons who are

frail and elderly and at risk of needing nursing home placement. EDWP includes Community Care Services Program (CCSP) and Service Options Using Resources in a Community Environment (SOURCE). Read on for more information about both.

### Area Agency on Aging (AAA)

AAAs were established under the Older Americans Act in 1973 to respond to the needs of adults 60 years of age and older. AAA specialists connect Georgia residents to a wide range of services through their information and referral database. They act as the initial intake department for most of the community programs listed below. They typically serve as the first stop when gathering appropriate information and resources.

There are 12 Area Agencies on Aging in Georgia. To find one close to home, visit Find a Location (georgia.gov).

**Atlanta Region Area Agency on Aging (also known as the Empowerline)**
404.463.3333

**Central Savannah River Area Agency on Aging**
888.922.4464

**Coastal Georgia Area Agency on Aging**
800.580.6860

**Georgia Mountains Area Agency on Aging**
855.266.4283

**Heart of Georgia Area Agency on Aging**
888.367.9913

**Middle Georgia Area Agency on Aging**
888.548.1456

**Northeast Georgia Area Agency on Aging**
888.808.8020

**Northwest Georgia Area Agency on Aging**
800.759.2963

**River Valley Area Agency on Aging**
800.615.4379

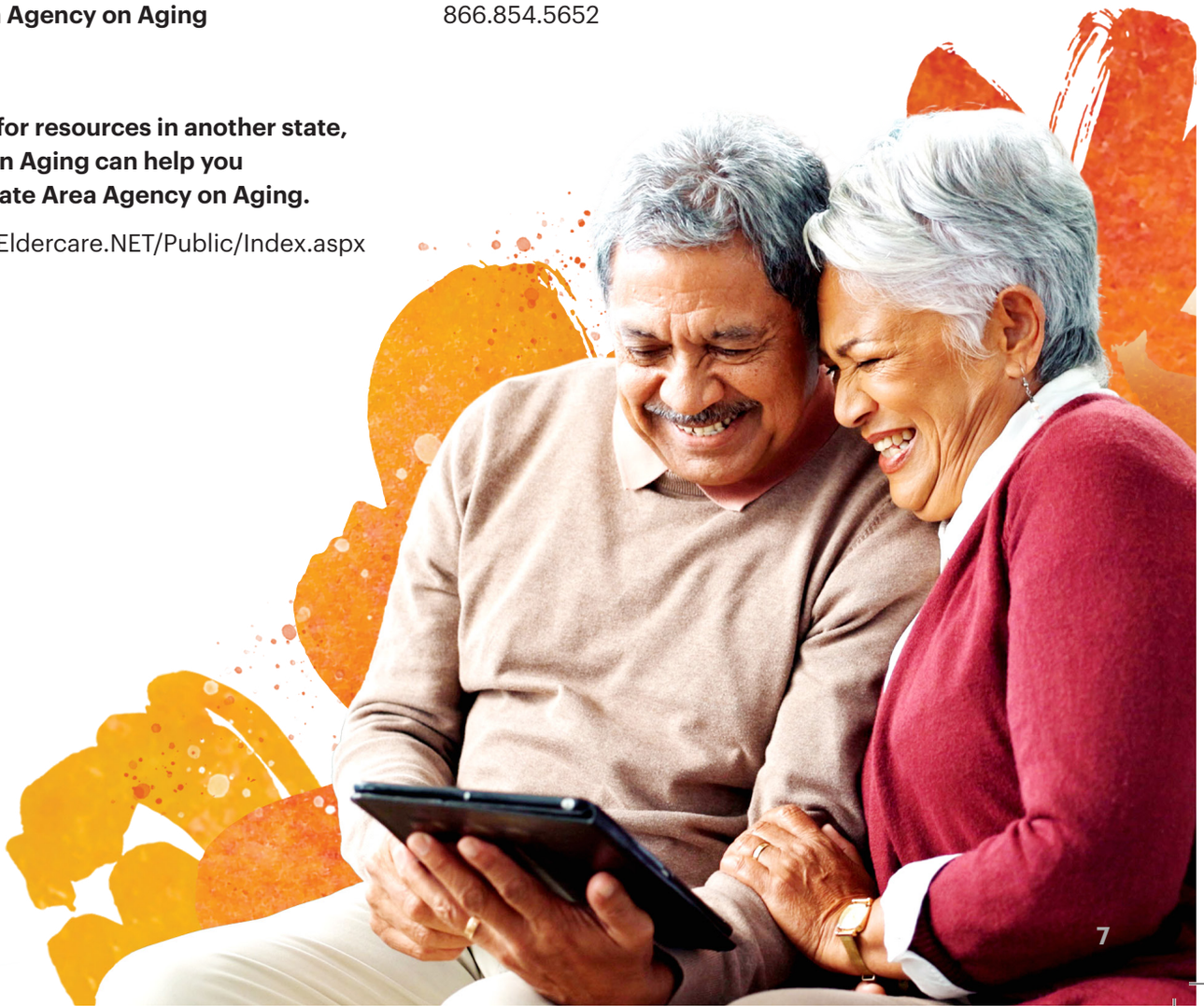
**Southern Georgia Area Agency on Aging**
912.285.6097

**Southwest Georgia Area Agency on Aging**
800.282.6612

**Three Rivers Area Agency on Aging**
866.854.5652

**If you are searching for resources in another state, the Administration on Aging can help you locate your appropriate Area Agency on Aging.**

http://eldercare.gov/Eldercare.NET/Public/Index.aspx
1.800.677.1116



### Community Care Services Program (CCSP)

The Community Care Services Program (CCSP) is a state Medicaid waiver program that aims to keep people in independent settings versus having to move to a nursing home. The program offers extensive in-home services such as private duty aides, home-delivered meals, adult day health, and emergency response systems. CCSP is based on income level, and many people are responsible for a monthly cost-share amount.

Additionally, CCSP clients have access to personal care homes, which are usually smaller residential-style homes similar to assisted living communities. Personal care home staff provide daily care and supervision, medication assistance, meals, and offer daily activities for a group of residents. These homes are meant for individuals who require more care than typical in-home services can provide, but may not be in need of nursing home assistance. Personal care homes may not be sufficient for individuals suffering from dementia due to minimal 24-hour supervision.

Prior enrollment in Medicaid is not required to access this program; however, you do have to meet certain financial limits. You apply for CCSP Medicaid once accepted into this program. You must meet functional criteria as well, which means you need help with taking care of yourself, including things like bathing, dressing, toileting, medication, and meal preparation. A person who has had a stroke or dementia diagnosis usually qualifies on the functional criteria. Additionally, CCSP usually carries need-based waiting lists, which may be problematic for those who need care immediately.

### Service Options Using Resources in a Community Environment (SOURCE)

SOURCE is another Medicaid waiver program that aims to keep people in the community versus in a facility. SOURCE offers similar services to CCSP, such as extensive in-home services like private duty aides, home-delivered meals, medical transportation, personal care homes, and adult day health.

To utilize SOURCE, one must have Supplemental Security Income (SSI), which means they already have SSI Medicaid. They must also be considered "nursing home level of care," requiring significant daily assistance to manage their health care needs. SOURCE also has a needs-based waiting list. There are several SOURCE programs that operate throughout the state.

For more information and to complete an application for CCSP or SOURCE, you can contact the toll-free state-wide number for Georgia Aging and Disability Resource Connections (ARDC) 866.552.4464, or contact your local Area Agency on Aging.

### County Based Aging Programs

Each county has allocated funding under the Older Americans Act to provide services for older adults. Many of these services include home-delivered meals, weekly aide services for housekeeping and bathing assistance, transportation, senior centers, and case management. These programs help independent seniors remain at home and provide only limited assistance on a weekly basis. Someone who needs help with many daily activities may not benefit from this program, as it would not meet their level of need. Some county programs are free to eligible seniors, and others operate on a cost-share basis.

Due to the affordability and eligibility of these programs, there are often long waiting lists. To apply, contact the senior services department in your county.

### VA Aid and Attendance Benefit

The VA Aid and Attendance benefit is available for veterans 65 years of age and older who have served at least 90 consecutive days in the service and at least one day during wartime. This benefit offers supplemental income for long-term care needs, such as assisted living costs, in-home care costs, and nursing home costs. This benefit is also available to surviving spouses of veterans. To determine eligibility and complete an application, it is recommended that you consult with an individual or agency accredited by the VA, such as the American Legion or a licensed attorney. Applying for this benefit takes time and effort, and it is important to have the correct documentation. Traditionally, it takes several months to receive a response from the Veterans Administration, and an incorrect application can set someone back even longer. While individuals can apply on their own, it may be helpful to consult an elder law attorney or your local veteran service organization for help completing the paperwork and advocating on your behalf.

Sixty Plus can provide specialized referrals for VA Assistance. For more information, visit

**www.veteranaid.org**

## Transportation

Finding transportation can be challenging if you no longer drive. However, there are programs available to assist with your transportation needs. Most counties operate free non-emergency transportation programs for older adults to get to and from their medical appointments. There are also some free county programs that offer transportation to senior centers, grocery stores, and other recreational areas. Marta Mobility offers transportation to disabled individuals who are unable to use the traditional Marta system. Marta is a fee-for-service program, but is less expensive than taxis or private drivers. There are private companies that you can hire for transportation needs as well. Sixty Plus is available to connect you with up to date transportation recommendations.

## Advanced Care Planning

Advance care planning is an ongoing process where adults, their families, and their health care providers reflect on goals, values, and beliefs, discuss how they should inform current and future medical care, and ultimately, use this information to accurately document their future health care choices. Documents include the Advance Directive for Health Care and the POLST.

### Advance Directive for Health Care

The advance directive for health care is a document that allows you to choose who will speak for you and provide information about your preferences for care ahead of time. This form is important because it allows you to have a voice in your own health care decisions even if you are unable to speak for yourself. Most people have some idea about how they would like to be treated if they were in an end-of-life situation. If advanced directives are not in place, someone else may be appointed to make crucial decisions about your care, which could vastly differ from your own desires.

The first part of the Georgia Advance Directive allows you to name the person(s) you would wish to make decisions for you if you are unable to communicate your wishes yourself (proxy). The second part of the advance directive allows you to speak about your treatment preferences and serves as guidance to whoever makes decisions for you in the event you are not able to communicate for yourself. Many people choose to designate a family member as their health care proxy, but it does not necessarily have to be someone close to you.

It is best to choose a person who you think could accurately reflect your wishes.

Each state has laws about advance directives. Most forms will be honored in other states, unless there are specific provisions in conflict with the state's laws (such as the agent being able to make decisions about organ donation in some states and not in others).

The advance directive requires a signature by both the person completing the document as well as two non-family member witnesses. A notary is not required. It is best to keep the original copies for yourself and make several copies to give to your proxy, close family members, friends, and your doctor. The advanced directive can be changed at any time by completing a new form.

Another document available for advance care planning is the Physician Order for Life Sustaining Treatment, or POLST. While the advance directive for health care is a statement of your wishes, the POLST is actually a physician order. Your doctor may suggest these orders if you have a life limiting illness. After discussing with you and/or your health care agent, the POLST allows the physician to create orders that respect your goals for medical treatment. These orders are portable and remain in effect whether you are in the hospital, at home, or other facility.

The POLST allows you to provide direction on a number of different treatment options, such as antibiotic use or artificially administered nutrition and/or fluids. One of the most compelling reasons someone might opt to have their provider complete a POLST is for the chance to establish code status-attempt resuscitation or do not attempt resuscitation in the event you have no pulse and you are not breathing.

In addition to executing advance directives, it is important to consider your end-of-life care wishes. Although this topic may be difficult to think about, it can serve you well later in life and prevent undue stress on your family members.

Advancements in health care now offer more effective medications, treatments, and interventions that allow people to live longer. Many diseases, which may previously have been considered terminal, are now much less threatening. This raises complex questions about your health care decisions and long-term planning goals:

- What type of care and treatments do I want if I am in poor health?
- How do I want to live out my life?
- How do I plan to pay for 24-hour care should I need it?
- Where would I like to live out my life?
- Who might act as my caregiver if my partner passes away or there isn't an obvious choice?

### Hospice Care

One thing to consider if you develop a life-threatening illness is the option of hospice care or palliative care. Hospice care focuses on pain management and comfort care of individuals who have a terminal illness or chronic health problems. It values the quality of life rather than the length of life. Hospice care provides all medications and equipment for the patient, as well as an inter-disciplinary health team that consists of a nurse, certified nursing assistant, social worker, and a chaplain. Hospice care aims to support the whole family unit, not just the patient. Most hospice care is provided in a person's own home, even if they are living in a long-term care community. Medicare and other insurance plans have hospice benefits, so there are typically no out of pocket costs.

### Palliative Care

Palliative care may be a good fit for someone who may not be responding well to medical interventions. Palliative care specializes in relieving a patient's suffering, while treating the chronic disease non-invasively. Typically, palliative care will allow the care to come to you in the home, which might alleviate the strain of traveling for physician visits. A nurse practitioner will make a monthly visit and will act as attending physician. You can still qualify for home health services such as physical therapy and occupational therapy if ordered by palliative care. Sometimes palliative care will transition into hospice care depending on the wishes of the individual. Palliative care is paid by Medicare Part B.

## What about Medicare?

Medicare is the federal health insurance program for people 65 years of age or older, people under 65 with certain disabilities, and people of any age with end-stage renal disease (ESRD).

There are two primary Medicare options, original Medicare and Medicare Advantage plans.

Original Medicare (sometimes called traditional Medicare) covers certain hospital and medical services. It includes Medicare Parts A and B explained below:

- **Part A (hospital insurance)** helps pay for care in hospitals, skilled nursing facilities, hospice care, and home health care when certain criteria are met. Part A is premium-free for most people; therefore, the majority of people enroll in Part A upon turning 65.
- **Part B (medical insurance)** helps pay for medical services like doctors and other health care provider visits, outpatient care, durable medical equipment, and some home health care not covered by Part A (when medically necessary). Part B monthly premiums are based on income and are usually paid for from your Social Security benefit before you receive it. People who do not enroll during the open enrollment period and who do not have other qualifying health insurance may be penalized later. Some people may be eligible for a special enrollment period.

In addition to Original Medicare Parts A and B, Medicare Part D Plans are available to help pay for prescription drug coverage. These plans are available to everyone on Medicare and are sold by private insurance companies approved by Medicare. These plan rates and benefits vary, so it is important to choose a plan based on your specific needs. You may pay the monthly premium from your Social Security benefit. Open enrollment is Oct. 15 through Dec. 7 each year. People who do not enroll during the initial enrollment period may be penalized later. Special enrollment may be available to some people.

Some people with Original Medicare, Parts A and B, also enroll in a Medigap or Supplement Plan to help pay for the "gaps" in Original Medicare. This includes co-pays, coinsurance, and deductibles. Medicare pays 80 percent of the costs for Medicare-approved services, and Medigap plans typically cover the other 20 percent. These plans are sold by private insurance companies approved by Medicare. There are currently 10 standardized policies offered. Each standardized policy must offer the same basic benefits. While plan benefits

must remain the same, rates may vary by company. The best time to purchase a plan is during your Medigap open enrollment period. This period begins when you are 65 years of age or older and enrolled in Medicare Part B.

Medicare Advantage Plans (sometimes called "Part C" or "MA Plans") combine your Medicare Part A, Part B, and usually Part D (prescription drugs). Some of these plans include extra benefits that Medicare does not cover at an additional cost. You must have Medicare Part B in order to select a Medicare Advantage Plan, and you will still have to pay your Part B premium. After that, some Advantage plans may have low or no-cost premiums. These types of plans are sold by private insurance companies approved by Medicare. Open enrollment is Oct. 15 through Dec. 7 each year. Special enrollment may be available to some people.

NOTE: People in a higher income bracket may pay higher premiums for Medicare Part B and Part D. This is based on the Income Related Monthly Adjustment Amounts (IRMAA).

## The Next Steps

This publication is designed to help you determine what type of long-term plan you would like for yourself by providing you with options and resources. Exploring these topics now can alleviate stress for you and your family members down the road. By effectively planning ahead, your later years can prove to be a rich and rewarding experience.

Sixty Plus is available to meet with you and your family to provide guidance and support as you navigate through this process. Please feel free to consult with us as needed.

For more information, contact Piedmont Sixty Plus at: **404.605.3867**.

If you live in the Mountainside area, call: 706.299.5059.

Piedmont.org/sixtyplus

We're *empowering* you to live your best life!

**For information, call the Sixty Plus Services Aging Helpline:**

## Piedmont's Sixty Plus Aging Helpline

**404.605.3867**

For persons in the Mountainside area,
please use 706.299.5059 for toll free calls

The programs and support provided to older adults and their families through Sixty Plus Services are made possible by the generosity of our donors. The Sixty Plus Services program operates with no private insurance support. All donations are used exclusively for our work with older adults and their caregivers. Piedmont Healthcare is a 501(c)(3), not-for-profit institution. Private gifts to Piedmont Healthcare Sixty Plus Services are tax deductible.

**For more information or to make a gift, visit donate.piedmont.org or call 404.605.2130.**

**Sixty Plus** Services

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