

Selecting the Right Level of Care for Your Loved One

Presented by



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Alzheimer's Texas

A privately funded voluntary health organization formed in 1982 to serve Central Texans with Alzheimer's disease and their caregivers.

MISSION

To eliminate Alzheimer's disease and related disorders through the advancement of research and to enhance care and support for individuals, their families, and caregivers.

VISION

To create and sustain a dementia capable Texas in which persons with Alzheimer's and related disorders, and their families, receive quality care, effective treatments, and meaningful support.



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Learning Objectives

- Understand various levels of care for people living with dementia, including services provided and insurance coverage.
- Learn strategies for identifying the most appropriate level of care for a person living with dementia.
- Formulate key questions to help families and caregivers make the best choice with or for their loved one living with dementia.
- Think about and share ways we are supporting ourselves or others who are making decisions regarding the most appropriate level of care.



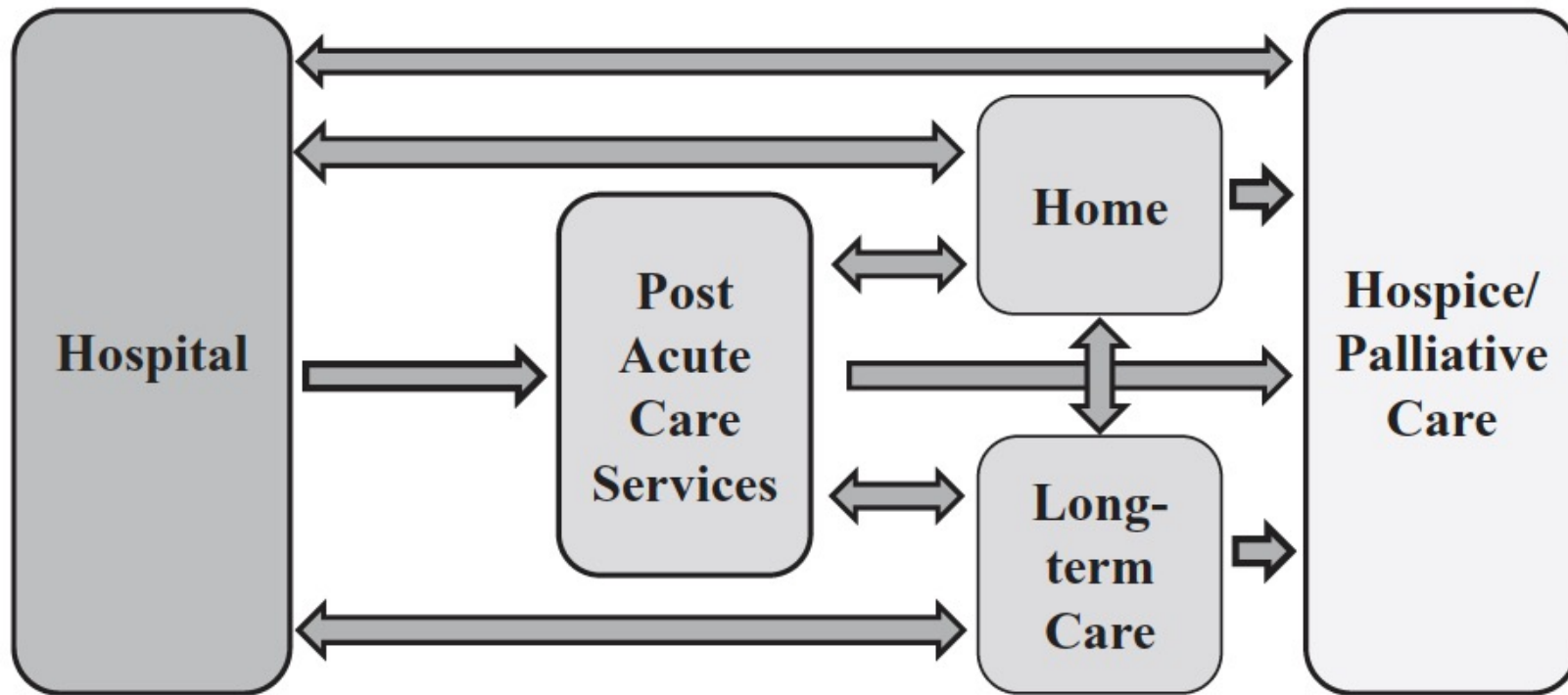


Figure 1. Common transitions in care across and between settings and providers.

(Hirschman and Hodgson, 2017)



Time for a Care Transition: Signs and Symptoms

Frequent falls or injuries

Medical procedure with limited recovery

Health Event, such as Stroke/Heart attack

Mood or behavioral changes

Discharge after hospitalization

General decline in cognition and/or physical functioning

Change in caregiver life circumstances

Caregiver burnout



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Selecting the Right Level of Care

- What is the best environment for the person living with dementia, based on their preferences and values?
- What are the person's care needs?
- What level of care is the caregiver currently able to provide?
- What insurance coverage and/or resources does the person have?



What are the Care Needs?

- ☐ Medication regimen
- ☐ Mobility restrictions/activity level (weight bearing status, exercise, driving . . .)
- ☐ Appropriate level of care
(Skilled Nursing-24 hour care, Assisted Living/Memory Care, Personal Care Home, Home Health, Hospice/Palliative care)
- ☐ Mental health/emotional support needs
- ☐ Assistance with Activities of Daily Living (ADLs): bathing, incontinence care, etc.
- ☐ Dietary needs/restrictions
- ☐ Equipment needs: walker, wheelchair, Hoyer lift . . .
- ☐ Level of care covered by Medicare/Medicaid/insurance
- ☐ Wound care/infection control
- ☐ Care needs not covered by Medicare/Medicaid/insurance



Which Level of Care is Most Appropriate?

Inpatient/Acute:

- Skilled Nursing Facility (SNF)
- Inpatient Hospice Care
- Long(er)-term Acute Care*
- Inpatient Psychiatric Care*
- Free standing Short-Term Rehab Centers*

*Persons with advanced dementia are less likely to be admitted to these settings.

Outpatient:

- Independent Living/Retirement Community
- Assisted Living/Memory Care (AL/MC)
- Personal Care Home (PCH)
- Home with attendant care and/home health or hospice care services as needed



In-patient Skilled Nursing Facility (SNF)

- 3 midnight hospital stay is required for Medicare to cover short-term rehab for up to 100 days, with 20 days covered at 100%
- Must meet medical criteria for rehabilitation services (able to participate) and be able to continue participating to remain covered under Medicare
- Physical, Occupational, & Speech Therapy can be provided
- 24-hour Skilled Nursing, Dietary, Social Work, Nurse Aide, and Activities must be provided.
- Long-term care in skilled nursing is only covered by Medicaid or a person's long-term care insurance.
- If the person is not receiving short-term rehab services or curative treatment, they can receive hospice care in a skilled nursing facility.
- Some SNFs have dementia specific features, such as a "wander guard" system or memory care unit.
- Licensed and regulated by state and federal oversight and policies.



In-patient Hospice Care

- ☐ An attending physician must certify that a person is in a terminal condition, defined as having a life expectancy of six (6) months or less.
- ☐ All care needs are provided: 24 hour on call nursing, social worker, chaplain, nurse aide.
- ☐ Usually covered 100% by Medicare or other insurance & regulated by the state.
- ☐ A variety of hard-to-manage symptoms may indicate that a person is eligible for inpatient hospice care, such as sudden deterioration that requires intensive nursing intervention, uncontrolled pain, unmanageable respiratory distress, etc.
- ☐ Most hospice care is provided in skilled nursing facilities or another outpatient setting (home, assisted living).



Independent Living/Retirement Community

- May have continuum of care options, including assisted living, memory care, and skilled nursing units. This feature allows the person to stay in the same care community after a change in condition and/or hospitalization.
- Some people in the earlier stages of Alzheimer's disease or dementia might select this option, usually with attendant care.
- Many independent living communities offer limited or no assistance with activities of daily living, meals, and cleaning services.
- They might contract with or refer to other agencies to provide attendant care and others (physical therapy, cleaning services, etc.) for additional fees.



Assisted Living/Memory Care

Provide various levels of assistance with activities of daily living but vary greatly in their admission criteria and level(s) of assistance provided.

May include memory care and/or dementia specific care (activities, facility features, staff trained in dementia care best practices)

May provide 24-hour nursing, while others don't.

Vary greatly in terms of costs for various levels of care (fees for additional care needs as the person's condition changes over time).

Usually allow for hospice or home health services to be provided on site.

Are not covered by Medicare; limited coverage under Medicaid. Some long-term care insurance covers assisted living, depending on the policy.

Fewer state regulations, though oversight is provided.



Personal Care Home

- Private residences most often within a subdivision that offer personal care services, assistance and supervision to four or more persons.
- Licensed and regulated by the state when they have four or more residents.
- Also known as adult family homes, board and care homes, or residential care homes
- Usually offer personalized service to small groups of adults, including lodging, meal services, assistance with activities of daily living, and activities for residents.
- Smaller, more intimate settings, often a better fit for people who are overstimulated or don't feel comfortable in larger care settings with many people.
- Medicare does not cover the cost of PCHs, though a limited number do take Medicaid or might be covered under a person's long-term care insurance.
- Usually allow for hospice or home health services to be provided on-site.



Home with Home Health Care

- Home Health Services require a doctor's order due to change in condition and are time limited.
- Person must be "homebound" (can leave for medical treatment, religious services or adult day care)
- Includes PT, OT, ST and skilled nursing services (as ordered by a physician) and **limited** Certified Nurse Aide services. *Caregivers often need attendant care services in addition to home health.
- Can be provided up to seven days a week for no more than eight hours per day (often less frequent)
- Personal care needs alone do not qualify a person for home health services.
- Cost \$0 coinsurance under Medicare



Home with Home Hospice

- Require a doctor's order certifying a person is in a terminal condition, defined as having a life expectancy of six (6) months or less.
- Only provided if the person or health proxy is no longer seeking curative treatment or rehabilitation services (physical, occupational, or speech therapy)
- 0% coinsurance under Medicare
- Covers medication related to comfort care
- Covers periodic, short-term respite care for the person in a skilled nursing facility.
- Covers all medical supplies related to comfort care (soft and durable)
- Services Include a Medical Director, RN Case Manager, Social Worker, Chaplain, Certified Nursing Aide and Volunteers.
- Can be provided wherever the person is located (hospital, skilled nursing, assisted living, home and some inpatient centers).



Tips for Caregivers and Families Making a Care Transition

- If your loved one is a veteran, explore their coverage through Veterans Affairs.
- Discuss options you are considering with the person's health care team.
- Carefully consider the person's personality, preferences, beliefs, and previously stated wishes.
- Plan ahead, if possible, get on waiting lists and tour locations. Prepare questions before touring facilities or interviewing service providers.
- Talk to other caregivers and families about their experiences.
- Be realistic about finances for long-term care; Talk to a financial planner or Elder Care Law Firm if possible.
- Practice self-compassion. These are difficult, complex decisions.
- Honestly assess the level of care that can be realistically provided at home and the impact on all living in the home.

When Considering a Facility: Questions for Caregivers to Ask

- ☐ Are there any conditions or needs that cannot be managed?
- ☐ How many rooms/residents are there?
- ☐ How many Alzheimer's and dementia patients live there?
- ☐ Is the facility licensed and certified?
- ☐ Is the staff specially trained in dementia care?
- ☐ What are the staff's ongoing training and continuing education requirements?
- ☐ How are aggression, wandering, hallucinations and other difficult dementia symptoms and behaviors handled?
- ☐ Can a patient be asked to leave due to aggression, anger and other bad behavior?
- ☐ What is the ratio of staff to residents on a normal day?
- ☐ What about evenings, weekends and holidays?
- ☐ What levels and types of care does the facility provide for all residents?
- ☐ What levels and types of care does the facility provide specifically for Alzheimer's and dementia patients?
- ☐ Is transportation provided for doctor's appointments, errands or shopping?
- ☐ What is the facility's policy on wheelchairs, oxygen tanks and other medical equipment?
- ☐ Does the facility accept seniors who need assistance with incontinence care?



- ☐ Does the facility allow a resident to hire supplemental outside help through a home care company?
- ☐ Are residents allowed to bring furniture and/or personal items from home?
- ☐ Does the facility host support groups, meetings or events for family members to attend?
- ☐ How are changes in a resident's care communicated to family members?
- ☐ How often are care plan meetings held?
- ☐ What safety measures are in place for Alzheimer's and dementia patients?
- ☐ Will your loved one have to move to a different area or facility when their condition progresses?
- ☐ What is the policy for prescribing new or "as needed" medications for residents?
- ☐ What is the process for ensuring patients get their prescribed medications on time and in the correct dosages?
- ☐ What happens if there is a medical emergency?
- ☐ What are the facility's hospitalization and bed-hold policies?
- ☐ What is the baseline monthly fee?
- ☐ What services and amenities does this monthly payment include? (e.g. how many meals/snacks per day, transportation services, special Alzheimer's/dementia services, etc.)
- ☐ What additional services and amenities are offered and what are the additional costs? (If possible, request an itemized list.)
- ☐ Does the facility accept long-term care insurance or Medicaid?
- ☐ What happens if your loved one runs out of money and can no longer pay privately?

Where can Caregivers & Families Get Help?

- Aging and Disability Resource Centers, designated by Texas Health and Human Services, can help Texans find personal care, nursing care, help at home and other long-term care services. <https://www.hhs.texas.gov/services/aging/long-term-care/aging-disability-resource-center/find-adrc>
- Austin Area Agency on Aging – Care Coordination and Caregiver Support: <https://www.capcog.org/what-we-do/care-guidance-services/>
- Consider hiring a Geriatric or Personal Case Manager, if resources allow.
- For more information on skilled nursing facilities, compare 5-star ratings of skilled nursing facilities on Medicare.gov.
 - <https://www.medicare.gov/care-compare/>
 - Reflects health inspections, staffing, and overall quality measures



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Questions?

What do you want us to know?

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