

## Guidelines for Out of Home Placement

There is considerable stress for families caring for a person with cognitive and physical impairments. As the person's condition declines it is crucial to start thinking about the next step. Are there financial resources to keep the person at home? If not, then placement outside of the home is the only other option. Advance planning will avoid having to make decisions during a crisis. If the person is hospitalized a Discharge Planner can provide assistance with placement.

### When do we Place?

This is highly individual and based on many factors. First we look at the care needs of the person, the level of assistance needed to perform activities of daily living (eating, bathing, dressing, grooming, walking, transfers, toileting), their level of cognitive impairment, ability to communicate, incontinence (frequency of bowel and bladder accidents), level of cooperation, and behaviors (agitated, aggressive, resistant, argumentative, wandering, combative, delusional, hallucinations, up at night, etc.). Difficult behaviors and incontinence are the most common reasons for out of home placement. If the home setting cannot accommodate a wheelchair, that may be another reason to seek a placement that is wheelchair accessible.

Secondly, the needs of the caregiver must be considered. Is the caregiver neglecting their own health care needs? Are they working, or trying to work? Are they sleeping well? Do they have support and help from other family members? Are there resources to pay for extra help? Are there programs and services that can help? Does the caregiver have opportunities to pursue leisure interests? Is the caregiver experiencing depression, anger, frustration, fatigue, guilt, or burn-out? Some caregivers contemplate suicide because they are so overwhelmed. Caregivers need to let others know how they are feeling so they can get help.

### Where and What Type of Placement?

Options for families include adult foster care homes, assisted living facilities and nursing homes. Each setting has specific criteria for accepting residents. Medical conditions and behaviors may limit options.

Be open and honest about care needs, behaviors and medications when inquiring. You don't want to have to make another move because the placement cannot accommodate the challenges.

**Adult foster care (AFC) homes** are typically smaller (1-20 beds), privately owned and must be licensed. Some do not have private rooms and getting a compatible roommate can be challenging. Many licensed adult foster care homes are now using "Assisted Living" in their title because it is a friendlier, and more acceptable term than foster care.

**Assisted living facilities (ALF)** range from 25 rooms + per building. They do not have to be licensed, however some will have a Home for the Aged license or Adult Foster Care license. Assisted living may offer more privacy with private rooms and a personal bathroom. If an individual needs 24 hour supervision, assisted living may not be able to provide that level of care, unless they have a Memory Care wing or a section with extra staffing. With the growth of new assisted living facilities being built, they may accept residents who need a lot of care to get their beds filled and may not be able to meet their needs. In unlicensed facilities there is no regulatory agency to complain to about the quality of care or lack of it.

**Nursing homes** are licensed, highly regulated and can house up to 200+ residents. They have mostly semi-private rooms, some private rooms and often a shared bathroom in between the rooms.

**Specialized Memory Care** implies a different kind of care and varies among settings. Ideally there should be more structure to the day; activities to keep a person physically and mentally stimulated; flexibility of meal, bathing, wake and sleep times; higher staff to resident ratios; staff with dementia care experience, and, assistance with activities of daily living skills (eating, toileting, incontinence care, bathing, dressing, walking and transferring). All of these services should all be included in the base monthly rate as part of memory care.

**Placement Tips:** Visit the places you are considering without an appointment. You may not get to meet with the admissions person or the owner but you want to get a feel for the place. What do you see? Do the residents look content? Do they have opportunities to interact with each other? Are the residents clean? Listen to the staff. What do you hear? Are staff friendly? Happy staff are caring staff. Do you see the staff interacting with the residents? Is there an odor?

### Medical Oversight-

Nursing homes are the only setting that requires licensed medical personnel (registered nurses, licensed practical nurses, certified nursing assistants and a physician). Some Assisted Living Facilities (ALF) may have a nurse or a nurse on-call but they are not required. Adult foster care homes do not have any medical staffing requirements, although some are operated by medical professionals.

- If the resident has Medicare Part D will the facility's pharmacy work with the plan they have?
- Are physician orders required for over-the-counter medications such as Tylenol?
- How will medications be administered?
- What measures are taken to administer medication accurately and timely?
- Are the aides trained to give medication and document it?
- Does the facility require using their own pharmacy?
- How will emergencies be handled? Are all staff trained in CPR and First Aid?
- How does a resident get to their medical appointments? Is there an additional charge for that?

### Cost-

- What is the cost? Is there a daily rate? A monthly rate? Are there move in charges?
- Do you have to sign a lease? If the resident passes away do they pro-rate the charges for the month?
- How often are care reviews conducted, and what determines a rate increase?
- What sources of payment do they accept; private pay, Long Term Care Insurance, Medicare, Medicaid, Medicaid Waiver and/or Veteran's Benefits?
- What services are included in the rate? Are there additional charges for medication, personal care supplies, incontinence, special diets, housekeeping, or laundry?
- Are there additional charges if a resident needs assistance with ADL's (walking, transfers, eating, toileting, hygiene, bathing)?
- What happens when the resident runs out of money to pay privately? Do they assist with discharge, admission to another care setting, applying for Medicaid/other assistance programs?

**Nursing Homes:** Medicare pays for a limited time only if there was a prior hospital stay and the resident is in a Medicare certified facility and Medicare certified bed. After that, long term stays are covered by private pay, a long term care insurance policy or Medicaid. To qualify for Medicaid, a person will need to spend most of their money. There are asset protections for the community spouse allowing them to retain a reasonable amount of money. If the resident is a veteran or widow of a veteran they may qualify for the "Aid and Attendance" benefit through the Veteran's Administration to help pay for care. A social worker can help assess if the person is eligible for Medicaid and other benefits.

**Assisted living facilities** are usually private pay. They may accept; a long term care insurance policy if the facility is licensed, Medicaid Waiver, and Veteran's Benefits. They do not accept Medicaid or Medicare.

**Adult foster care homes** are private pay, and some will accept the State Rate of Pay and Medicaid Waiver clients. Inquire if your long term care insurance policy will pay. This is often be the least expensive setting.

### Wait Lists

Don't be put off by wait lists. Select several facilities and get your name on their list. If they call and you aren't ready you can decline, many will put you back on the waiting list. Sometimes there will be an improvement in the condition of the person and the caregiver may decline the opening only to regret it several days later. If it is where you really want them placed-take it.

### **Admission-**

Many facilities have marketing people who go out into the community to promote their residential services. Talk to people who have used their facility. Visit several places, ask lots of questions, and listen to your instincts. Be aware that certain medications will be red flags for problem behaviors and may be a cause for not accepting the person for admission.

### **Staffing-**

The health care industry has a lot of staff turnover because the work is difficult, challenging and stressful. This is the most crucial area for good, quality care.

- Is there a nurse or access to a nurse or other licensed medical professionals?
- Are the staff Certified Nursing Assistants?
- What kind of experience does the owner/manager/administrator have?
- What is the staff to resident care ratio each shift?
- Are the staff clean and well groomed? Ask about the continuity of staffing-does the facility retain their staff for several years? A lot of staff turnover can indicate problems. Facilities that are frequently running ads for all departments can mean problems with the organization.
- Is there separate, dedicated staff to do the cleaning, laundry, cooking and activities, or are direct care staff doing that in addition to providing care? That means less time to do resident care.

### **Training-**

- What kind of training do staff receive to assist with Activities of Daily Living skills (transfers, mobility, bathing, eating, grooming/hygiene, dressing and personal care)?
- What kind of emergency training do staff receive?
- Is the staff knowledgeable and trained to care for persons with dementia (communication techniques, behavioral interventions, re-direction and distraction)?
- How often do they receive training?

### **Activities of Daily Living (eating, walking, toileting, hygiene, grooming, bathing, transfers)**

- How often is a resident bathed?
- If they are incontinent are they bathed more frequently?
- What kinds of assistance is provided for eating, walking, toileting, hygiene, bathing, grooming and transfers (cueing, prompting, and guiding, reassuring, hands on, total assistance)?
- Are residents encouraged to do as much on their own before being assisted to maintain those skills?
- Do they use a toileting schedule to help minimize accidents?
- What kind of precautions are taken if a person is a fall risk?
- Are hairdresser and barber services available and at what cost?

### **Activities**

- What kind of life enrichment is provided?
- Do they ask about current and past activity interests?
- Is there a calendar of activities posted and are those activities actually taking place? Is there variety?
- Is there an Activity Director? Additional activity staff and or volunteers?
- How are residents encouraged to participate?
- Do they take into consideration the individual interests of the residents?
- Are there opportunities for residents to worship or visit with a member of the clergy?

### **Nutrition**

Food is very important to many older adults.

- Can the setting accommodate special dietary needs? Who prepares the food?
- Is there dedicated staff to prepare the food?
- Is there someone who provides nutritional oversight? Do they have a dietitian?
- Can family and friends have a meal? Are snacks offered?

### **Environment**

- Is the home safe? Is there a security system/alarms for those who may wander?
- Are there working smoke detectors, an emergency fire sprinkler system and fire/emergency drills?
- Is the building pleasant? Good lighting? Comfortable surroundings? Is it clean and odor free?
- Are there seasonal decorations to help with orientation?
- Are there windows and things to look at outside (scenery, traffic, bird feeders, flowers, holiday lights)? –What kind of setting does the person prefer? Small home-like places or large with lots of people traffic?
- Are there areas to socialize and also have privacy?
- Are family and visitors welcome to visit at various times?
- Is there a secure outdoor area?
- Can a resident bring their own furniture and other belongings?

### **Discharge-**

- What reasons would prompt a discharge by the facility? Behaviors, a decline in health?
- Is the staff willing to work with health care professionals to solve the problem?
- What kind of notice is given when the facility initiates a discharge?
- What kind of notice is required if the person is moving out of the facility?

### **Extended Care-**

- When care needs change, what happens? Is the family expected to pay extra for more care or to hire additional care to come in?
- How long can they accommodate the resident? Until death?
- If not, is there someone to assist with admission to another care setting?
- Do they have a relationship with a hospice agency? Can you choose your own hospice service?

For information on specific services or agencies contact 2-1-1 or Region VII Area Agency on Aging at 893-4506.

To check on the current licensure of an adult foster care home or home for the aged, go to:

[www.Michigan.gov/lara](http://www.Michigan.gov/lara). At the site, click on Community and Health Systems (on the left hand side), then click on Adult Foster Care, then click on Search for Adult Foster Care and Home for the Aged facilities, then enter the information for a search to be conducted.

If you are concerned that a friend or loved one is not receiving the care they deserve in a nursing home, home for the aged or an adult foster care home contact:

Lakeshore Legal Long Term Care Ombudsman Office: 1-866-485- 9393.