

Finding Long Term Care

Lisa Kjer-Mooney, LCSW

Recognizing that you need additional care in the home and/or need to find out of home placement can be a long, difficult and emotional process for all members of the family. It can be challenging to find local facilities that can meet the care needs or are willing to accept an HD person. Emotionally, it can be a time filled with guilt, sadness, grief, fear and anxiety for all family members including the HD person. It is NEVER easy to accept help or move a loved one, however is often necessary for the well-being and safety of the entire family. The first step to is to plan early. Do not wait until you need assistance or placement to begin your search.

What kind of care is needed?	What does the person need help with?	How will the care be paid for?
<ul style="list-style-type: none"> • In home care • Out of home placement 	<ul style="list-style-type: none"> • Dressing • Bathing • Eating • Meal Preparation • Medication management • Toileting • Grooming, etc 	<ul style="list-style-type: none"> • Privately/Out of Pocket • Long Term Care insurance • Medi-Cal

Costs of Long Term Care (Monthly): **Genworth Cost of Care Survey for California 2020**

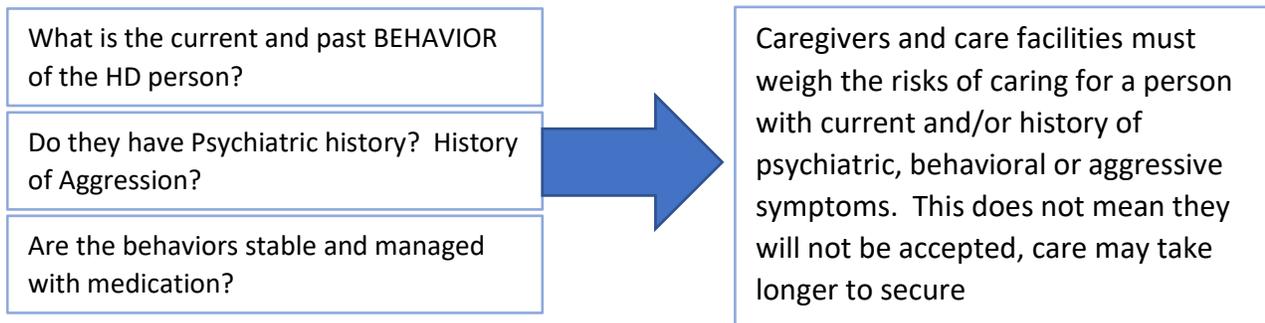
<https://www.genworth.com/aging-and-you/finances/cost-of-care.html> Costs will vary by location.

In Home Assistance	Adult Day Health Care	Out of Home Placement
<ul style="list-style-type: none"> • \$5,529 per month 	<ul style="list-style-type: none"> • \$1,733 per month 	<ul style="list-style-type: none"> • Assisted Living \$5,000+ per month (depends on care needs) • Nursing Home \$9,247+ per month

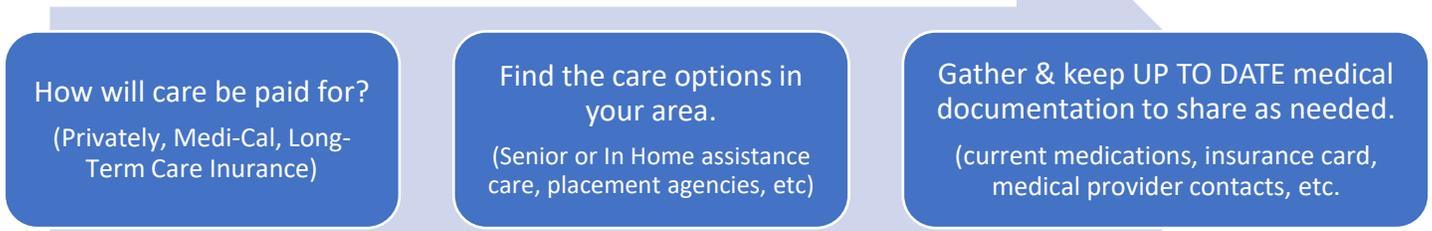
Types of In-Home Care & Out of Home Placement

<p style="text-align: center;">In Home Assistance</p> <ul style="list-style-type: none"> • Paid privately or by long term care • Provides "custodial" care services <ul style="list-style-type: none"> • dressing, bathing, grooming, toileting, bathing, meal preparation, light housekeeping, transportation, household shopping, companionship, etc • cost is by the hour and usually has a per day or week minimum 	<p style="text-align: center;">Home Health/Hospice</p> <ul style="list-style-type: none"> • Medical care that is covered by medical insurance • Must be ordered by a physician • Is only for SHORT TERM (up to 6 weeks) • Does not provide custodial care as discussed to the left 	<p style="text-align: center;">In Home Support Services (IHSS)</p> <ul style="list-style-type: none"> • Only available to persons that have MEDI-CAL insurance coverage • This program covers in home care paid by Medi-Cal for custodial care needs as discussed under In Home assistance in this table • Is not available 24/7, limited to the number of hours authorized by Medi-Cal based on their assessment of the persons needs
<p style="text-align: center;">Residential Care Facility/Board and Care Home</p> <ul style="list-style-type: none"> • Small group homes with 24/7 care provided by nursing assistances, vocational nursing, in home assistance providers. Assistance includes bathing, grooming, eating, using the toilet and walking, and they also provide socialization and recreational activities. Monthly costs for these homes vary and are usually negotiable. 	<p style="text-align: center;">Assisted Living</p> <ul style="list-style-type: none"> • Offers independent studio/apartment style accommodations and offer daily supervision and assistance with house chores and/or personal care. Meals, light housekeeping and other amenities are provided. For additional costs assistance with bathing, grooming, eating or using the toilet can be provided. The monthly charge for assisted living is determined by how much care a person requires. 	<p style="text-align: center;">Skilled Nursing Facilities</p> <ul style="list-style-type: none"> • offer 24 hour personal and medical nursing care for persons unable to care for their own needs and safely be independent.

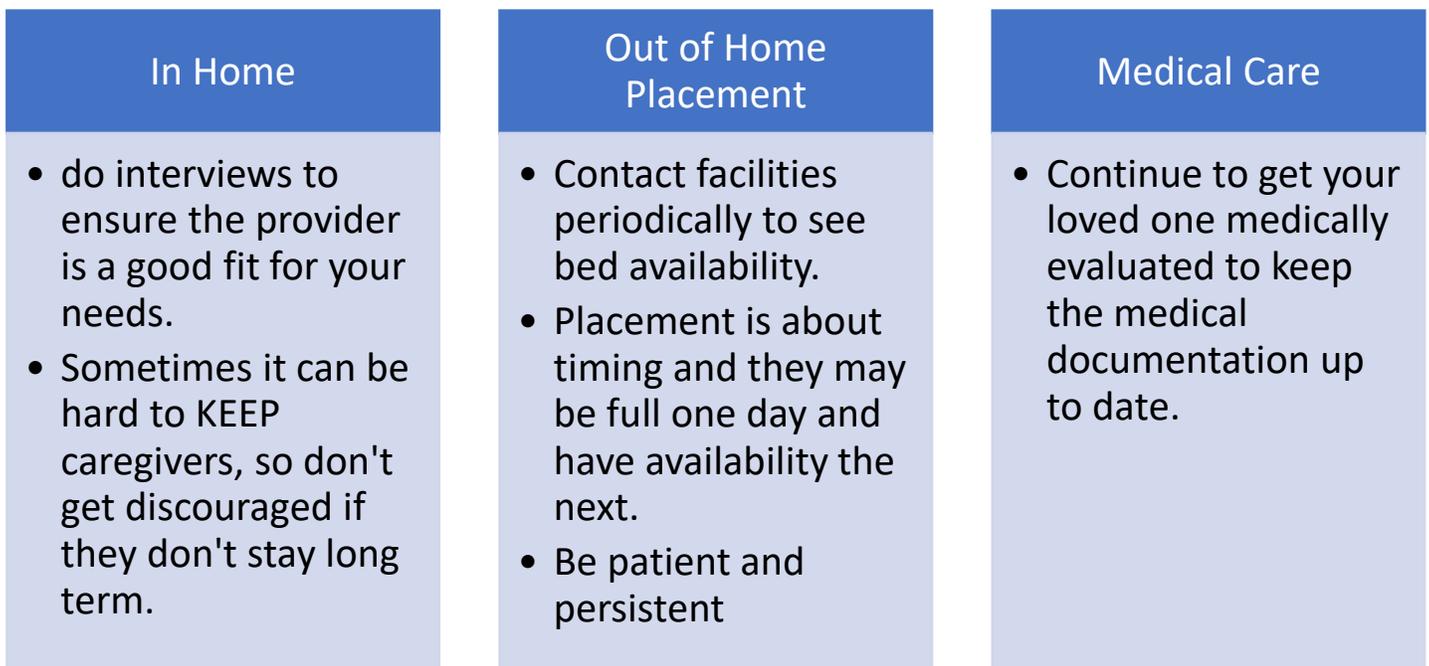
Things to CONSIDER when finding CARE



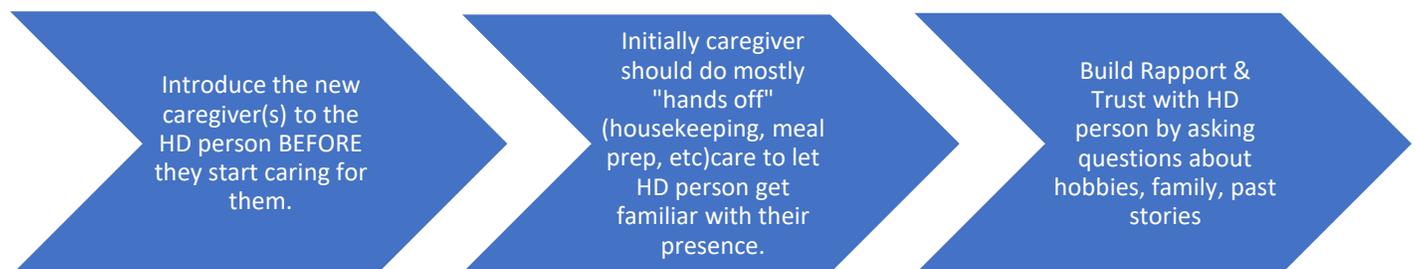
Steps to Planning Early:



Follow Up with Potential Providers:



Transitioning from family care to hired caregivers:



Transitioning from Home to Facility:



"I don't want to go"

- Rarely do HD persons choose to go to facility on their own.
- They will likely constantly ask to "go home", if this happens assure them they are safe and getting good care and you will visit often.
- Try to distract loved one from this topic, sharing stories, going for walk, etc.



Family Feelings about move

- grief, guilt, sadness, anxiety, relief, etc are NORMAL feelings family members have when placing a love one.
- Placement will allow you to move from nurse (make sure they bathe, eat, brush teeth, etc) to spending quality time holding hands, talking, watching t.v., etc.
- Set up visitation schedule that is realistic
- Share written resources with facility about HD so they get more understanding of HD.



Moving In

- put familiar items (pictures, blankets, music, decorations) in the room for added comfort.
- Consider having favorite foods/drinks available.
- Coordinate with care staff how to help your loved one be most comfortable (food, t.v. shows, etc)
- Some facilities will allow residents to leave with family for holidays, special events.

Finding resources in your area:

Medicare

California for Nursing Home Reform (CANHR)

HD Support Groups

HD Social Worker

Area Agency On Aging

Internet search for the service you are looking for