What to Consider When Making Decisions About a Loved One’s Needs

Types of Care

Senior Centers – Adult Social Day Services
1) Must be in generally good mental and physical health
2) Major focus is interaction with peers
3) Works for seniors interested in activities
4) Some offer skill training, education and information programs
5) Flexible participation and use policies; drop-ins welcome
6) No contracts or minimum participation requirements

Senior Day Health Services
1) Generally intended for seniors with age-associated disabilities
2) Accept clients with physical frailties
3) Accept clients with early-stage dementia
4) Offer programs with mental and physical stimulation
5) May offer medical services
6) Generally operated by not-for-profit organizations
7) May be associated with assisted living centers
8) Seniors must be ambulatory
9) Seniors must not be severely cognitively or physically impaired
10) Source of respite care for family

Home Care
1) Appropriate for senior determined to stay at home
2) Non-medical or mild medical issues
3) Assistance with Activities of Daily Living (ADLs)
4) Flexible scheduling, anywhere from 2-3 hours/week to 24/7
5) Not all CGs drive
6) Private pay/Long Term Care Insurance
7) Most important factor is bond between Client and CG
8) Questions to ask – Hand Out
9) 3 kinds of AGencies:
   1. Caregiver Registries
      • CGs are not employees
      • Screened but may or may not be bonded
      • Minimal Training
      • No taxes, insurance
   2. Caregiver Agency
      • CGs may or may not be employees
      • Screened, trained, minimally supervised
      • Payroll taxes and bonded.
   3. Full-service agency
      • CGs are employees
• Screened, trained, bonded, insured, supervised
• Professional staff to support Clients and CGs
• Payroll taxes and insurance included in service fee

10) Referral
• CGs referred by agency for a one-time fee
• Agency may/may not screen CG for criminal background, drugs, TB
• Agency may produce payroll for additional charge
• Client is employer of record of CG: payroll, taxes, insurance
• As employer, Client determines schedule and responsibilities

11) Private Hire
• Generally found through word of mouth referrals
• Client and CG negotiate rate of pay and responsibilities
• Client is employer of record of the CG

Types of Facilities

Independent Living
• Typically for the “younger” senior
• Tend to be oriented either to recreation or lifetime security
• May be associated with organizations offering accelerated services depending on changing needs
• Range from luxurious to moderate in cost
• A variant (continuing care retirement communities) is oriented to provide care over the long term and accommodate changing needs

Continuing Care Retirement Communities (CCRCs)
• Will take care of residents for the rest of their lives
• Independent living, AL, SNF and some have ALZ/dementia facilities
• Apartment style living with common dining areas
• Enter as healthy and fully independent
• Generally a large up-front fee
• Monthly charge for services and amenities

Assisted Living (ALFs)
• Appropriate for seniors between retirement communities, where seniors are mostly on their own, to SNFs, where seniors are under the constant supervision of nurses and others
• For seniors who have begun to decline physically or mentally
• Attractive to families who live too far away to provide support
• Residents come and go freely
• No mandatory meals, bed checks or other appointments
• Studios or one-bedroom apartments
• Helpful, adaptive services
• Some have section to support ALZ, dementia

Skilled Nursing
• Senior who needs skilled medical care and intense supervision
• Best are staffed with teams of well-trained professional nurses, CNAs and nearby physician support
Federal and state governments attempt to uphold standards, monitoring nutrition and medication of residents and their treatment by staff.

Once admitted, many residents will live out their lives there and most are likely aware of that.

Important for family to stay involved.

To qualify for Medicare-paid SNF benefit, patient must have spent three nights in the hospital and must enter the SNF within thirty days for rehabilitation for same condition treated in the hospital – Medicare then fully covers the first 20 days of care and partially for up to the next 80 days.

Medicare only covers short-term care and then only when it is measurably rehabilitative.

Medicaid may take over payment when patient exhausts all assets paying privately (if the SNF participates in the state-run welfare program).

Alzheimer’s and Dementia

- Early to mid-stage dementia
  1. Home care
     a. Family CG training and support
     b. Agency CGs with special training
  2. Adult day care
  3. Some Assisted Living with focused care for early stages
  4. CPMC and UCSF specialized diagnosis and care

- Late stage dementia
  1. Memory Enhancement Units
  2. Alzheimer facilities
  3. Skilled Nursing Facilities

Who Can Help

Geriatric Care Managers
Discharge Planners
Social Workers
American Society on Aging
Office of Aging and Adult Day Services