

# THE CONSUMER'S GUIDE TO Senior Housing



*A White Paper Presented by:*



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A white paper presented by

The Society of Certified Senior Advisors

## **FOREWORD**

More than 70 percent of people over the age of 65 will require some amount of long-term care services during their lifetimes, according to a study by the U.S. Department of Health & Human Services (HHS). If that isn't enough, consider that HHS also says that anyone over the age of 65 also has a 40 percent chance of needing care in a nursing home with a 20 percent chance of staying there for at least 5 years. While long-term care doesn't always translate to a stay in a nursing home (other options include private pay assisted living or community-based services), the huge percentage of our population that is projected to need some form of care makes it imperative to understand the intricacies of the wide assortment of senior housing options available today

A change in a person's ability to care for himself, whether because of physical or mental limitations, is typically the catalyst for initiating the search for a different level of care. The need for care can occur as a slow progression or as the result of sudden illness or injury. When a person reaches the point of requiring assistance, it can be difficult to quickly find the right solution.

Locating the best housing solution for yourself or a loved one encompasses factors from financial limitations, lifestyle goals, level of care needed and amount of familial support. How well these elements are assessed and managed determines the ultimate outcome for both the family and the senior.

This guide provides a detailed look at all of these factors and offers steps for putting together a senior housing plan that will give the individual the highest quality of life. It helps the reader understand what is involved in making an informed and confident decision when faced with this issue and presents comprehensive checklists and guides.

I hope you enjoy this white paper and the strategies inside. If you find it valuable, please share it with your friends and colleagues by using the options below.



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## **BUILDING A POWERFUL PLAN**

### **Planning Ahead is the First Step**

How much care a person or their loved ones will need and at what point in life it will be needed are considerable unknowns. The needs for long-term care not only vary from person to person, but also over time as each person moves through the different stages of health. Long-term care is defined as assistance given over a sustained period of time to people who are experiencing long-term difficulties in functioning (Kane, Kane, & Ladd, 1998). It is care that becomes enmeshed in the very fabric of people's lives.

However, the range of available care services is wide, encompassing in-home help with meals and cleaning to live-in facilities that provide skilled nursing. Furthermore, the period of time that care is needed is unidentifiable, even while it is being given.

Therefore, planning ahead for senior housing is not easy. The best anyone can do is to first become informed. Then, communicate early and often about the eventual life transitions. Next, organize the legal paperwork and start planning financially for long-term care. When the need arises make an educated and possibly even a professionally-supported decision about the best possible living situation. This includes evaluations of certain aspects of an individual's current daily living and his long-term outlook.

### **Emotions and Long-Term Care**

When discussions start about the need for long-term care, whether informal or formal, emotions tend to run high for both the senior and their family. Transition of any kind is difficult, but the changes associated with this type of transition are larger and more deeply felt than most. It can include feelings of decreased independence, loss of control and the fear of an unknown future. As with anyone going through change, the senior and their family members may all need time to adjust to the idea of a different level of care or housing situation.

The families in these situations not only have to guide their loved one through this process but they have their own emotions to deal with along the way. It is common to feel guilt over not being able to care for your loved one, turning their care over to someone else, moving them into a live-in facility, or even just not knowing where to turn next. It is often difficult to realize that you cannot handle your loved one's care all on your own. Unfortunately, sometimes the loved ones contribute to that feeling of guilt by resisting the idea of others caring for them. This can leave the adult children "parenting the parent" where they are not only determining what is best for their loved one but also navigating the emotions around this change.

*"We long to spare our loved ones from the ongoing progression of disease and death – but we cannot save or rescue them. As caregivers, I sometimes think we have placed on ourselves an unattainable goal. Deep inside we begin to believe that we are responsible for the life or death of our loved one,"* states an article by Dorothy Womack on Caregiver.com

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Finding a professional who can assist everyone involved with evaluating the need for change and providing solutions can ease the emotions inherent in these discussions. Professionals can include medical personnel such as physicians or nurses, geriatric care professionals such as a Geriatric Care Manager, other industry professionals such as a Patient Care Navigator or even in some cases, a senior housing or home care professional can provide objective support.

Caregiver support groups and/or books related to that topic can also be a good place to start. One book which offers some suggestions for caregivers is Ann Cason's *Circles of Care: How to Set Up Quality Home Care for Our Elders*. She recommends setting up a 'circle of care' which may include family, neighbors, healthcare providers and paid caregivers who all will offer support for the senior. This action alone can lessen the burden on any one person who may be in charge of overseeing the senior's care.

### **Communicate Early and Often**

Because a person's need for care will change over time, and because talking about these changes in a person's life is often more productive *before* a crisis occurs, a good rule of thumb is to communicate early and often. These conversations are usually started by the person who realizes first that a need is approaching and is ready to take a realistic approach. Often the initial conversation can be met by a reluctant conversational partner—whether the senior or the family members. Be aware that this can be a tough topic to face and may require several conversations over a long period of time. Creating a foundation of open communication that works for both parties takes time and effort.

A few tips for approaching these conversations productively include:

- Have a clear understanding of what challenges or issues the senior may be facing by spending time with him regularly. If daily or weekly visits are not possible, consider visiting for a longer period of time and/or gathering feedback from someone who does see him on a regular basis such as a neighbor or housekeeper.
- Open the conversation by drawing on personal experiences or examples drawn from the headlines: "Did you hear about that accident over the weekend? It got me thinking that I should revisit my living will..."
- Remember to engage the senior as an active partner in the conversation: you are working together towards a common goal.
- Enlist third parties to help facilitate the conversation. Possibilities include the senior's geriatric care manager or doctors, clergy members, even a good friend.
- If possible, suggest minor changes in the senior's routine rather than a radical reorganization of her life. For example, seek out social opportunities at area facilities that cater to mature adults, or try hiring in-home help on a limited basis. If it doesn't work out, it doesn't have to be permanent!

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## Organize the Legal Paperwork

There are a variety of legal documents which the senior may need to put in place before making a transition to long-term care. These include, among others a will, a power of attorney, and a health directive. These forms may vary from state to state, so be sure to obtain the correct form or follow the requirements for the state where the senior is living.

- *Wills* - A will is a written document which designates how the senior's property will be distributed after his death. The will can be drafted with or without the assistance of an attorney.
- *Powers of Attorney* - The power of attorney designates a person who is legally authorized to make decisions on the senior's behalf if she is unable to express her desires for herself. There are two kinds of powers of attorney: a Health Care Power of Attorney and a Durable Power of Attorney for Finances. As the names suggest, the first relates to medical care and the second covers anything related to money.



*Get more need-to-know information on the different types of Powers of Attorney & their roles at [www.csa.us/PowerAttorneyBasics..](http://www.csa.us/PowerAttorneyBasics..)*

- *Health Directives* - A health directive may also be called an 'advanced health directive,' a 'health care directive,' or a 'living will.' This document explains which medical interventions the senior does or does not want at the end of life in the event that he is unable to speak for himself.



*Answer questions such as 'what is an advance directive', 'why do I need one', 'what are the different types' and more at [www.csa.us/AdvanceDirectivesGuide](http://www.csa.us/AdvanceDirectivesGuide).*

## The Care Plan Team

A critical focus for the family of the senior is to create a team of people who will be part of the senior's care team. This helps relieve the burden of caregiving – the hours, the physical demands and the feeling of being overwhelmed – from resting with just one person. The team may include family members, neighbors, close friends, medical professionals, caregivers, church community members, a geriatric care manager, facility staff, and others. One or two people typically oversee the care plan and regularly monitor its effectiveness while others provide support and help to carry out the plan. Enlisting dependable people, determining what type of support each of them can offer and how often, and then deciding on the best course of action is a big job but saves time and relieves stress in the long-term.

In the in-home care situation, a schedule based on the senior's needs, can be drawn up. The people who are willing to participate in the care plan are given defined roles in

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the plan as it pertains to their own abilities and availability. A timeline for each person's caregiving role can be specified as well. Those who are overseeing the care plan should periodically check with each person on the team for feedback about the senior, the plan's effectiveness and any needed changes.

If the senior is moved to a facility, one or two people should continue to be an advocate for the senior. This includes arranging to visit the senior often, checking that the senior is getting the appropriate care such as bathing, meds, activities, meal quality, and taking inventory of the senior's belongings. Developing relationships and maintaining communication with the facility staff in charge of the senior's care is also crucial. Over time, adjustments in the care plan may be necessary as the senior's health changes. Both the facility and the family will need to be involved in the care plan and the senior's health status in order to provide the best possible care.

### **Consider the Financial Situation**

Before the need for care is evident, good planning for the costs associated with that care is essential. What makes it difficult is the uncertainty of the amount of money it will take to support a care plan. Begin by understanding that there will most likely be some type of change in the current living environment for the senior. Whether she is able to remain in her home with the support of in-home care services or is moved to a facility that offers living and medical support, costs will be involved in maintaining safety and quality of life. Financial preparation takes many forms:

#### Medicare/Medicaid

Medicare Part A helps pay for a portion of the costs of a skilled nursing facility, hospice and home health care. However, a series of strict requirements must first be met. Medicaid support may also be available to those people who meet their state's eligibility requirements which usually includes financial criteria and a minimum level of needed care requirement.

#### Long-term care insurance

Fewer than 10 percent of older adults have bought such policies, partly because the premiums are high and partly because they fear that insurance companies may not be around to pay benefits decades later (New York Times, 2010). People buy long-term care insurance to maintain their independence, to avoid being a burden on their families, and/or to preserve their assets. The insurance covers the cost of long-term care that would otherwise be paid for out-of-pocket by an individual in the event it is not covered by Medicare or Medicaid.

#### Other investments

This refers to monies which are set aside for living in retirement years. This could include 401Ks, IRAs, pensions, stocks, bonds, and much more. Such investments may be cashed out and used to cover senior housing costs as they present themselves.

### Family support

In this case it is the family, rather than the individual, planning for long-term care solutions. Typically, if family members are close by, they initially try to provide support by taking care of the senior's household chores and shopping needs. As the level of need increases, families may be willing to pay for additional support services. Families may even desire or be required to pay for moving and sustaining their loved one in an assisted or skilled living facility.



See Appendix A for a form that will help calculate monthly living expenses.

## **Determine Goals for the Ideal Living Environment**

Decisions about housing should be driven by the senior's personal lifestyle goals and optimal care needs. A powerful starting point is to get a clear picture of the individual's ideal living situation. Operating from the senior's perspective and giving him a voice in the process, rather than starting with the available facilities and simply choosing one, generally yields a better end result. With that in mind, creating the most desirable and comfortable living situation involves focusing on three major areas: quality of life, standards of care, and cost vs. value. Having a clear understanding of each area makes navigating the decision making process and finding a favorable living situation easier.

### Explore Quality of Life Expectations

Define specific attributes that are important to the individual's quality of life in any living situation. These attributes may include:

- Comfort
- Financial security
- Optimized independence
- Opportunities to socialize
- Intellectual stimulation
- Self expression and fulfillment

### *Social support*

Social networks naturally change as a person ages. Children develop their own lives; friends and neighbors may move away. However, continued access to social interaction and support is important for a person's mental and emotional health. Living in an environment that allows for ideal social networks may take some advanced planning. Recognizing that social networks change over time allows people to prepare mentally and financially to move to and live in a place that has a desired social setting.

*"Seniors actually gain from living with other seniors. They gain a sense of purpose, a sense of belonging, and a sense of intimacy with relationships that they form."* Sydney Kennedy, CSA, A Place for Mom, Inc.

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### *Lifestyle requirements and desires*

Retirement is a time of numerous changes—and may include the chance to move closer to family, to a different climate, or a place that allows for participation in desired activities such as golf. Preparation for a move of this kind includes not only financial considerations but also the need to determine lifestyle and medical support on the other end of the move and how it relates to the need for senior housing. Stability in maintaining quality of life and current and future care requirements is created by understanding what services are available and at what cost.

When actually looking at housing options, use these quality of life expectations to set expectations for and to evaluate the offerings at the facilities. Does the facility offer opportunities to create the quality of life that the senior has defined?

### Evaluate Standards of Care

The senior living options that are considered should, of course, provide the type of care that is needed. However, the determining factor here is that the senior's personal standard of care should align with the level of care provided by the care providers, the cleanliness of the home or facility, and the equipment and tools available to the staff.

- *Staff* — Whether in-home or at a senior facility, the staff should be responsive, professional and available to the senior as is appropriate for the level of care required. How they respond to a medical emergency, treat the senior, and receive visitors adds to the value of the care, comfort for the senior, and peace of mind for the family.
- *Facility* — Get a thorough look at the senior's environment. Whether in the senior's own home, an independent living facility, or a nursing home, every main traffic area should be clean and de-cluttered. Safety elements such as grab bars in the bathrooms and hallways and good lighting throughout should also be provided. The senior's safety and quality of life is greatly enhanced when the place she spends most of her time is clean and functional.
- *Equipment* — The equipment and tools used by the care providers should be up-to-date and provide accurate readings and treatment capabilities. High quality care requires good supplies and machines.

What are the senior's expectations and prerequisites involving his surroundings? Match these standards of care with the standards that the senior has established for himself and a decision about the right care choice becomes clearer.

### Relate Cost vs. Value

The best approach to pricing begins with a detailed evaluation of the senior's current expenses. Senior living options can be expensive, but considering the senior's current costs of living can quickly put the alternatives into perspective. When calculating current expenses, be sure to include the care being provided by family and friends, which *does* have a cost even if it doesn't come directly out of the senior's pocket. For example: when family members take time off work to assist the senior, they may wind up using vacation leave. Add to that gas for the car, any food or supplies purchased to provide care, and possibly a babysitter for their own children while they care for the senior.

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Next, examine the senior's bigger financial picture. Determine how much money per month can be designated for care and housing costs as well as how long the money will last to support a variety of living situations. Also, there may be insurance coverage, i.e. Medicare, Medicaid or long-term care insurance, that would help offset the cost. Complete information in this category prepares the senior and her family to align their financial requirements with options for care and housing.

Set a budget now, as housing alternatives are being investigated, to ease the decision making process. That budget can be a starting point for considering home modifications or locating in-home services or a senior living option that is affordable yet provides the most value. Like any large purchase, e.g. a car, house, or refrigerator, the buyer begins by knowing his budget and then shopping around for the best value within that budget. It works the same for senior housing decisions: as the senior and his family begins to compare care options, the relationship between cost and value becomes apparent.

### **The Big Picture**

The planning stage is an important period of transition, and significant decisions made during this time should be driven by a big picture view of the senior's needs and goals. After considering the senior's financial situation, the most powerful tools for successfully identifying the "best fit" for care and housing is careful evaluation of three influencing factors: quality of life, standards of care, and cost vs. value. The result is a more successful outcome for the senior and her family.

## THE IMPORTANCE OF ASSESSMENTS

An essential piece in determining whether the senior can stay at home or may need to move is a thorough understanding of their current situation – both the individual themselves and the condition of their current living environment. Performing a comprehensive evaluation of the overall situation brings to light any limitations for daily activities and where support might be needed. These could range from light limitations such as trouble bathing to more serious limitations such as forgetting to turn off the stove. These limitations are not often discovered until an emergency situation.

### **Assessment of the Home**

When evaluating the senior's home, safety risks are sometimes revealed that can be resolved by improving the home itself or moving the senior to a safer living situation. Examples of safety hazards that are often overlooked in a senior's home are clutter around walking areas, carpet that is too shaggy or wrinkled and slippery bathing set-ups. All of these represent a falling risk which is one of the most common methods of injury for seniors and can cause devastating changes in health status and independence. Addressing just these simple problems can immediately improve the level of safety in the senior's environment. Again, it takes a concentrated and thorough approach to complete a full evaluation of the senior's home.



*Want a form to assess safety conditions in the home? Get the SCSA white paper, Home Safety for Seniors, at [www.csa.us/HomeSafetyGuide](http://www.csa.us/HomeSafetyGuide)*

### The Caregiver's Role in Home and Safety Improvement

Caregivers are responsible for the safety of the senior in their care and may have a closer look at safety conditions within the home. Some impairments may warrant safety measures not initially considered. The caregiver should always be on guard to watch for safety issues. If the caregiver is not a family member, then feedback will need to be coordinated with the family members.

### Top 11 Home Improvements

The U.S. Department of Housing and Urban Development reported that these items were most often installed in a senior's home:

1. Levered doorknobs
2. Grab bars in bathrooms
3. Levered faucets in kitchen sink
4. Handrails on both sides of stairwells and on front and rear steps
5. Grab bars in showers
6. Removal of any door threshold
7. Movable shower heads for those who must sit
8. Portable shower seats
9. A bathroom with a bath/shower and a bedroom on the first floor
10. Widened doors to accommodate wheelchairs
11. Ramps for those using walkers and wheelchairs

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For a complete list of safety suggestions for all areas of the home, see the SCSA white paper, *Home Safety for Seniors*, available at [www.csa.us/HomeSafetyGuide](http://www.csa.us/HomeSafetyGuide).

## Assessment of the Individual

Before determining the level of care needed, a thorough understanding of the physical and health limitations of the senior is necessary. Ask the senior what particular areas of the home are difficult to navigate, e.g. stairs, pathways, bathrooms, kitchen, etc. Next, observe the senior in the home to gain clues about what he may be struggling with on a regular basis. This may include bathing and grooming, making meals, taking medicine, answering the phone, and cleaning or other household chores. An occupational therapist, geriatric care manager, or other professional who works with seniors can also do an assessment of the home and the senior. Typically this is accomplished through an assessment of Activities of Daily Living (ADLs) which measure the functional status of a person.

### Activities of Daily Living

For people with chronic health issues and people with no health issues, this piece is difficult to map out and plan for in advance until a true need for support develops. At the time physical or mental capabilities are compromised, a physician, a professional geriatric care manager and/or others involved in caring for an individual can help establish what the needs are for required support. ADLs are broken down in two categories – Basic and Instrumental ADLs.

Basic ADLs are fundamental self-care tasks. These include:

- Personal hygiene and grooming
- Dressing and undressing
- Feeding
- Transferring – moving on and off of a chair or bed
- Toileting

Instrumental ADLs are not necessary for fundamental functioning, but they allow an individual to continue to live independently. These include:

- Housework and shopping for groceries
- Meal preparation
- Taking medications
- Managing money
- Telephone use

While assessing ADLs is not the only method of determining a care need, it certainly brings into focus the areas where support and care are needed the most, therefore more easily establishing a complete plan for care. Depending on the findings of this individual assessment, the senior may be able to stay in her home with some improvements made to the property, or it may be time to find a more suitable living situation that provides support in the necessary areas.



See Appendix B for a long-term care assessment form.

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# HOUSING OPTIONS FOR SENIORS

## 1. Stay in current home

Seniors who decide to and are able to stay in their homes have a few options. Remodeling or upgrading a home to include safety features can save the senior from moving completely, but can vary widely in cost. Installing ramps for wheelchairs and grab bars in hallways and bathrooms, de-cluttering traffic areas, and creating better lighting are a few examples of these safety measures. More in-depth information on safety in the home is available in the SCSA guide, *Home Safety for Seniors*, at [www.csa.us/HomeSafetyGuide](http://www.csa.us/HomeSafetyGuide)

If further assistance is needed with tasks around the house or personal care, these options are available:

### Homemaker Services (Non-medical home care)

- These services provide assistance with household tasks that an individual cannot manage alone. Support with minor chores including cleaning house, cooking meals, and running errands make it possible for a senior to remain in his home.
- Family, friends or neighbors typically provide these support services initially as the senior's needs increase.
- Also known as 'companion care', 'personal care' and others.

### Home Health Aides (Medical home care)

- A more extensive personal care option than that typically provided by family, friends, neighbors or homemaker services.
- Providing 'hands-on' personal care in the home. The coordination of care may be directed by the individual's physicians and other health care providers.
- Seniors receive assistance with activities such as bathing, dressing, eating, transferring, assisting with maintaining continence, laundry, shopping for and preparing food, and medication management (under the supervision of an RN or LVN following a physician's dictates).
- May provide rides to the doctor.
- May act as an advisor to patients and families on certain issues; provides support by instruction or psychologically.
- Also referred to as 'home care aide,' 'home caregiver,' 'patient care technician' and others.

## 2. Independent Living Facilities

- Designed for independent and active adults who have few or no health care needs but who choose to downsize from their current homes.
- Built to accommodate an active senior lifestyle by providing recreational, educational and social activities such as exercise classes, guest speakers and organized outings to the theater.

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- May or may not include hospitality and support services such as meals and assistance with Activities of Daily Living. If residents need extra help with their ADLs, they may privately contract with an agency to provide care services.
- Constructed for a physically safer environment, i.e., handrails in the bathrooms and 24-hour emergency response systems.
- Not regulated by state or federal licensing departments.
- Also referred to as 'active lifestyle communities,' 'retirement communities' and 'senior living communities.'

### 3. Adult Day Health Care (ADH)

- A facility where the adult patient who needs supervision and assistance is dropped off just for the day.
- Programs typically provide meals, personal assistance, medication management, social interaction, therapeutic activities and more.
- Transportation to and from the facility may be provided.
- Three types of Adult Day Health Care Models:
  - Social Model – For individuals who do not need medical based services. Provides basic care, supervision, meals, recreation, and social activities.
  - Medical Model – For individuals who require medical monitoring because of health conditions. May also offer physical, occupational and/or speech therapies.
  - Combination Model – Both social and medical models are incorporated.

### 4. Assisted Living Facilities (ALFs)

- An apartment-style housing setting where an individual has moved out of her home and into this community facility to have access to consistent support with Activities of Daily Living or supervision while still maintaining a level of independence.
- Some states have smaller licensed homes (usually six beds), offering a higher ratio of caregivers to residents for more frail seniors without complex medical needs.
- Complex medical care is not provided. Some states allow medication assistance and/or reminders at ALFs.
- Individuals who live in ALFs tend to be less impaired, have fewer health problems, and may not require medical supervision.
- Costs are usually paid by private funds or long-term care insurance. A few states offer Medicaid assistance through waivers for those who meet their state's financial eligibility criteria and minimum level of needed care requirement.
- Regulated at the state level.

## 5. Nursing Homes and Skilled Nursing Facilities

- Provide shelter and care for seniors who have more serious health problems, functional impairments or cognitive deficits.
- Services can include: personal care, assistance with ADLs, room and board, supervision, medication, therapies, rehabilitation and 24-hour skilled nursing.
- May include programs devoted specifically to the care needs of individuals with Alzheimer's or dementia.
- Costs may be covered by Medicaid for those people who meet their state's financial eligibility criteria and minimum level of needed care requirement.
- Regulated by state and federal laws.

## 6. Continuing Care Retirement Communities (CCRCs)

- A full continuum of housing and services within the same community— independent living, assisted living and skilled nursing facilities.
- Caters to seniors ranging from those who are relatively active to those who suffer from serious physical and mental disabilities and chronic health problems.
- As the senior's needs change, he or she moves to the next 'area' within the community that is able to address his or her needs.
- The various levels of shelter and care are housed on different floors or wings of a single high-rise building, in physically adjacent buildings (garden apartments, cottages, duplexes, mid- and low-rise buildings), or spread out in a campus setting.

## 7. Alzheimer's/Dementia Facilities

- These facilities may have programs and skilled caregivers devoted specifically to the care needs of Alzheimer's and dementia patients.
- These facilities are typically assisted living or skilled nursing facilities, but can include other types of housing facilities.
- Communities are secured and typically have more caregivers than regular ALF's. The caregivers may be awake and working 24/7 according to the needs of the residents.
- Regulated by state and federal laws.

## EVALUATING SERVICES AND FACILITIES

Whether the final decision for the senior is to stay in the home with supportive services or move to a different residence, a thorough evaluation of the services and/or facilities is essential. This is an emotional decision and taking logical steps to find the best solution can help relieve the anxiety in this process.

### **Homemaker Services and Home Health Aides**

Bringing support services into a person's home allows for to 'aging in place' with a tailored level of assistance. From simple household tasks and running errands to more extensive assistance with bathing and dressing, these options can relieve family members while providing consistent care for an individual.

When a person—a stranger—comes into the home to provide care, it is a big adjustment for the senior. This person will be in a space that the senior is used to being in alone and may be physically involved with helping the senior maneuver through his routine, requiring a hands-on approach. It is natural for the senior to feel quite uneasy about the situation, especially at first. Finding the right match of skill, personality, temperament, and schedule between the caregiver and the senior can take some time. Involving the senior in the process will help alleviate some of the anxiety because he will have full understanding of what is involved in his care and will meet the people or agencies who are being interviewed along the way.

Finding a reputable provider in your area can be tricky. Here are a couple of tips to get the best result.

- A good starting point is to get referrals for a service or individual care provider from friends, neighbors, health care providers, or colleagues.
- When interviewing potential caregivers, ask open-ended questions so the candidate can provide answers that may give you insight into their care methods and experience.
- A background check on all top candidates for the job is necessary. Either the caregiving agency or the senior's family can do the background check.
- Once a hired caregiver is in the home, check regularly on the care being given and solicit feedback from both the caregiver and the senior.



*See Appendix C for a complete list of considerations and questions for home care companies.*



*See Appendix E for the "Caregiver Rights" document.*

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## Preparing for a Move to a Different Residence

A move to an assisted living facility or nursing home can be daunting and confusing for both seniors and their families. After a lifetime of independent living, a move of this magnitude alters what is familiar and comfortable. Adjusting to new surroundings, new routines, new people, and uncertainties about the future all take time.

However, information is power. The more information that is gathered prior to the move, the easier it will be to find the right environment and have a smooth transition into a new lifestyle. Once the senior and/or her family have decided that an assisted living or nursing home environment is required, asking friends, neighbors, health care providers, or colleagues for referrals is a good start to locating quality facilities.

Ask to take a tour of each facility and come prepared with questions. It's best to make an appointment for the tour so that you meet the people best prepared to answer your questions. If you drop in, you could have a tour with the maintenance man or receptionist who may not be best able to answer your questions. Asking the same questions and making consistent observations from one facility to the next will provide a method of comparison that will present the best feedback.



*See Appendix D for a complete list of considerations and questions for senior housing facilities.*

## **RESOURCES FOR FAMILIES**

There are many organizations that provide resources or support for seniors and their loved ones in relation to care or senior housing. Some of these include:

**Area Agency on Aging (AAA)** - The local AAA ([www.n4a.org](http://www.n4a.org)) in your area can help seniors and their caregivers find specific information and assistance services in their communities about senior housing, in-home care, caregiver support, transportations, elder abuse, and more.

**Ombudsman** - a government official charged with representing the interests of the public by investigating and addressing complaints reported by individual citizens. Check with your state about how to locate an ombudsman.

**Adult Protective Services (APS)** - are social services provided to abused, neglected, or exploited older and/or disabled adults. APS is typically administered by local or state health, aging, or regulatory departments. The services offered range from investigation of mistreatment to legal intervention such as court orders or surrogate decision makers who act as legal guardians. [www.apsnetwork.org](http://www.apsnetwork.org)

**Eldercarelocator.gov** – is a comprehensive website that is a public service of the U.S. Administration on Aging which connects you to services for older adults and their families. 1-800-677-1116 or [www.eldercare.gov](http://www.eldercare.gov)

**Society of Certified Senior Advisors (SCSA)** – can help you find Certified Senior Advisors (CSAs) in your area and has many free resources available for seniors and their families (like this white paper) 800-653-1785 or [www.csa.us](http://www.csa.us)

**Medicare.gov** – has a Nursing Home Compare site with information about every Medicare and Medicaid-certified nursing home in the country.  
[www.medicare.gov/NHcompare](http://www.medicare.gov/NHcompare)

**Healthcare.gov** – a website managed by the U.S. Department of Health & Human Services with information on healthcare and government benefits.  
[www.healthcare.gov](http://www.healthcare.gov)

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## **CONCLUSION**

Planning for how you or someone you love will live in the future is not an easy task. Even a well thought out plan will be influenced by the potential of unidentifiable issues including health, finances, type of care needed, length of care needed, and available support systems. A durable senior housing plan can be created with full understanding of what is involved in the decisions surrounding this issue - ultimately giving someone more proactive control of his or her future.

Our hope is that this guide presents you with information that is useful to discovering the most favorable approach to creating a living environment that aligns with your desires and needs for happy and productive senior years.

### **About the Society of Certified Senior Advisors (SCSA)**

SCSA is the world's largest membership organization educating and credentialing professionals who serve seniors. SCSA was founded in 1997 with the input of doctors, attorneys, gerontologists, accountants, financial planners and other experts who believed there was a need for standardized education and a credential for professionals who work with seniors.

SCSA's mission is to educate professionals to work more effectively with their senior clients. For those who work with seniors, this means understanding the key health, social and financial factors that are important to seniors—and how these factors work together. CSAs are able to integrate this into their professional practices, no matter what field they're in. They've learned how incredibly gratifying it is to help seniors achieve their goals, and the seniors they've worked with have learned how important it is to work with someone who truly understands their age-related circumstances.

For more information about SCSA, please visit [www.csa.us](http://www.csa.us).

*Note:* The *Consumer's Guide to Senior Housing* is intended to provide strictly factual information about housing options for seniors. SCSA does not take a stance on senior housing options and this white paper is only intended to help seniors interpret the vast amount of information available on this issue.

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## APPENDIX A

### MONTHLY EXPENSE COMPARISON

Use this chart to compare your current monthly living expenses with the monthly rate for housing and services in the facilities you are considering.

Fixed Monthly Expenses	Your Cost
Mortgage / Rent	\$
Local Property Taxes	\$
Property Insurance	\$
Household Utilities	\$
Water & Sewer	\$
Yard Maintenance	\$
Rubbish/Garbage Removal	\$
Snow Removal	\$
Home Repair & Maintenance	\$
Housekeeping Services	\$
24-Hour Emergency Response System	\$
Transportation	\$
Social Activities	\$
Wellness/Fitness Program	\$
Laundry (linens)	\$
Groceries & Meal Preparation (2-3 meals daily)	\$
Home Care (Personal Care)	\$
Home Health Care - Medication Management	\$
<b>MONTHLY TOTAL</b>	<b>\$</b>

#### Facility Monthly Rates:

##### Facility A

Name: \_\_\_\_\_

Cost: \_\_\_\_\_

##### Facility B

Name: \_\_\_\_\_

Cost: \_\_\_\_\_

##### Facility C

Name: \_\_\_\_\_

Cost: \_\_\_\_\_

##### Facility D

Name: \_\_\_\_\_

Cost: \_\_\_\_\_

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## APPENDIX B

### ASSESSING THE NEED FOR LONG-TERM CARE

Many people prefer the idea of staying in their homes as they age. However, care needs can change over time making continual assessment a priority. Asking a professional such as a doctor, nurse, geriatric care manager, or hospital discharge planner to assist you in filling out this assessment may be helpful.

Fill out the form by indicating if you currently require help—and how often—for the following activities.

<b>Do you need help with this activity?</b>	<b>No</b>	<b>Yes</b>	<b>If yes, is it sometimes or always? How many times per day/per week?</b>
Bowel/bladder control			
Eating			
Toileting			
Dressing			
Bathing			
Transferring			
Walking - indoors			
Walking - outdoors			
Go upstairs/downstairs			
Driving			
Cooking			
Housekeeping			
Yard Work			
Laundry			
Shopping			
Using the phone			
Managing finances			
Taking medications correctly			

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**Are you currently receiving care or supervision each day?**      YES    NO

Provide details in the table below

FOR WHAT:	HOW OFTEN:	WHO IS PROVIDING THE CARE:

List any assistive devices, i.e., cane, walker, grab bars, bed rails, modifications to communication or listening devices, oxygen, shower seat, medication reminder, Personal Emergency Response System, etc.

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List any other restrictions that you have:

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Do you prefer having someone with you during the day?      YES    NO

Do you feel isolated or lonely?      YES    NO

Are you able to call someone for help if you need it?      YES    NO

Are you comfortable with someone coming into your home?      YES    NO

Describe any other assistance needs or concerns you have that have not been asked already:

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## APPENDIX C

### HOME CARE EVALUATION CONSIDERATIONS

#### Qualifications

- Is the agency licensed by the state? Most states require agencies to be licensed and reviewed regularly. Reviews may be available on request through your state health department.
- Is the agency certified by Medicare to meet federal requirements for health and safety? If not, ask why.
- References - Ask for a list of doctors, hospital discharge planners or other professionals who have experience with the agency, as well as a list of former clients.
- Ask doctors, family and friends for agency recommendations.
- What are the aide's credentials? Make sure you're comfortable with the aide's training and experience.
- Can the aide provide references? Take time to check the aide's references thoroughly. Ask doctors, family and friends for home health aide recommendations.
- Does the agency perform background checks on all caregivers?

#### Quality of Care

- How does the agency hire and train caregivers? Does the agency provide continuing education?
- Are the caregivers licensed in their fields and insured?
- How and how often does the agency's supervisor evaluate the quality of home care?
- Do the agency's employees seem friendly and helpful? Make sure you feel comfortable with the agency's representatives.
- Does the home health aide have a good temperament? Make sure you or your loved one feels comfortable with the home health aide.

#### Service Costs

- How does the agency handle expenses and billing? Ask for literature explaining all services and fees, as well as detailed explanations of all the costs associated with home care.
- Will agency fees be covered by health insurance or Medicare? Find out what arrangements may be in place for specific health insurance plans.
- What resources does the agency provide to help with financial assistance, if needed? For instance, is a payment plan option available?
- How much does the aide charge for home health services? Make sure you're comfortable with the fees and the included services.
- Does the aide require payment for sick days, vacation days or holidays? If so, clarify how many sick and vacation days are allowed, as well as which days are considered holidays.

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## Understanding Services

- Will you receive a written care plan before service begins? The care plan should include details about medical equipment and specific care needs, and it should be updated frequently. Such documentation can help prevent misunderstandings.
- Will you receive a list of the rights and responsibilities of all parties involved? This is sometimes known as a patient's bill of rights.
- Will the agency provide you or your loved one with the services of nurses or therapists? Will the agency work directly with you or your loved one, family members and health care providers?
- Must you identify a primary family caregiver? If so, what's required of that person?
- Are there any limits on the types of tasks performed? If so, what are the limits?
- When will service be provided? Is care available round-the-clock, if necessary?
- What procedures are in place for emergencies? Ask how the agency or home health aide will go about delivering services in the event of a power failure or natural disaster.
- How are problems addressed and resolved? Who can you or another family member contact with requests, questions or complaints?
- How quickly can services begin?
- Should services need to be terminated, what is the procedure?

## Monitor Your Homecare Services

After you've found a home care services provider, monitor the situation. If you're concerned about the care or services provided, discuss it promptly with the agency or home health aide. If necessary, involve your doctor or your loved one's doctor as well.

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## APPENDIX D

### **SENIOR HOUSING FACILITY EVALUATION CONSIDERATIONS Nursing Home, Skilled Nursing Facilities & more**

#### **Facility Information**

- Is the facility Medicare certified? Medicaid certified? Nursing Home Compare is a tool available through Medicare.gov which has detailed information about every Medicare- and Medicaid-certified nursing home in the country.
- Ask to see the most recent state inspection report. If there were deficiencies, ask if they were addressed.
- Is the facility accepting new patients?
- Is there a waiting period for admission?
- Is the type of living arrangement you seek available to you?
- Is the home and the current administrator licensed?
- Does the home conduct background checks on all staff?
- Does the home have abuse prevention training?
- Ask for a sample contract.
- Ask if the facility has a written statement of resident rights and responsibilities.
- How is the initial needs assessment done?
- What is the move in/move out process?
- Is the facility affiliated with a hospital?
- Is resident parking assigned?
- How are visitors accepted into the building? Are there restricted visitation hours?

#### **Staff**

- Ask questions about staff turnover. Is there frequent turnover among certified nursing assistants (CNAs)? What about nurses and supervisors, including the Director of Nursing and the Administrator? If staff changes frequently, ask why.
- While the number of nursing staff is important to good care, also consider other factors, such as education and training. How many registered nurses (RNs) are on the staff, and how many available on each shift? What kind of training do certified nursing assistants (CNAs) receive?
- How does the nursing home ensure that all staff receive continuing education and keep their knowledge and skills up-to-date?
- Are nursing staff members courteous and friendly to residents and to other staff?
- Do nursing staff respond in a timely manner to residents' calls for assistance such as help getting in and out of bed, dressing and going to the bathroom?

#### **Quality of Life**

- Can residents make choices about their daily routine?
- Is the interaction between staff and patients warm and respectful?
- Is the home easy to visit for friends and family?
- Does the nursing home meet your cultural, religious or language needs?
- Are doorways, hallways and rooms accommodating to wheelchairs and walkers?

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- Does the nursing home smell and look clean and have good lighting?
- Is the home maintained at comfortable temperatures?
- Do the resident rooms have personal articles and furniture?
- Do the public and resident rooms have comfortable furniture?
- Are the nursing home and its dining room generally quiet?
- May residents choose from a variety of activities that they like?
- Does the nursing home have outdoor areas for resident use and does staff help residents to get outside?

### **Quality of Care**

- Has the facility corrected any Quality of Care deficiencies that were in the State inspection report?
- May residents continue to see their personal physician?
- Are residents clean, appropriately dressed and well groomed?
- Does the nursing home staff respond quickly to requests for help?
- Are nursing staff members courteous and friendly to residents and to other staff?
- Do the administrator and staff seem comfortable with each other and with the residents?
- Do residents have the same care givers on a daily basis?
- Is there enough staff at night and on weekends or holidays to care for each resident?
- Does it appear that there is sufficient staff to assist residents who need help in moving or getting in and out of chairs and bed?
- Are nursing staff members courteous and friendly to residents and to other staff?
- Do nursing staff respond in a timely manner to residents' calls for assistance such as help getting in and out of bed, dressing and going to the bathroom?
- Does the home have an arrangement for emergency situations with a nearby hospital?

### **Nutrition and Hydration (Diet and Fluids)**

- Is there are enough staff to assist each resident who requires help with eating?
- Do all residents who need assistance with eating get help?
- Does the staff give each resident enough time to chew food thoroughly and complete the meal?
- Does the food smell and look good? Is it served at proper temperatures? (Try a sample.)
- Are residents offered choices of food at mealtimes?
- Are there water pitchers and glasses on tables in the rooms?
- Does the staff help residents drink if they are not able to do it on their own?
- Are water and nutritious snacks available during the day and evening?
- Does the environment in the dining room encourage residents to relax, socialize, and enjoy their food?
- Is the residents' weight routinely monitored?

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## Safety

- Are there handrails in the hallways and grab bars in the bathrooms?
- Are floors made of non-skid material and carpets in good condition?
- Are exits clearly marked?
- Are spills and other accidents cleaned up quickly?
- Are hallways free of clutter and well-lit?
- Is there enough staff to help move residents quickly in an emergency? Is there an evacuation plan?
- Does the nursing home have smoke detectors and sprinklers?

## Residents with Behavioral Symptoms

- What management and/or medical approaches for behavioral symptoms are being used by the nursing home?
- How does staff handle residents that have behavioral symptoms such as calling out or yelling?
- Ask whether residents with behavioral symptoms are checked by a doctor or behavioral specialist.
- Ask whether staff get special training to help them to provide care to residents with behavioral symptoms.

## APPENDIX E

# CAREGIVER'S BILL OF RIGHTS

by Jo Horne

Author of 'Caregiving: Helping an Aging Loved One'

**I have the right:**

To take care of myself. This is not an act of selfishness. It will enable me to take better care of my loved one.

**I have the right:**

To seek help from others even though my loved one may object. I recognize the limits of my own endurance and strength.

**I have the right:**

To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself.

**I have the right:**

To get angry, be depressed and express other difficult emotions occasionally.

**I have the right:**

To reject any attempt by my loved one (either conscious or unconscious) to manipulate me through guilt, anger or depression.

**I have the right:**

To receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return.

**I have the right:**

To take pride in what I am accomplishing and to applaud the courage it sometimes takes to meet the needs of my loved one.

**I have the right:**

To protect my individuality and my right to make a life for myself that will sustain me when my loved one no longer needs my full-time help.

**I have the right:**

To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made toward aiding and supporting caregivers.

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