

## HOUSING AND CARE OPTIONS

There are a myriad of terms describing care and housing options for older adults. This is a list of the main terms and the details of the level of care provided, plus the basic cost information.

### Older Adult Housing Options:

	What it is...	Who is a good fit?	How does it work?	What is the Cost?
<b>Aging in Place</b>	This means that an individual continues to live where they are currently living.	This can work well for someone who doesn't need a high level of care, has a strong local support network, lives in a safe neighborhood, has transportation that's easily accessible and a home/yard that is workable in terms of maintenance.	The consistency of the environment can provide stability and comfort, but this situation may or may not be able to adequately meet the individual's care needs. Home modifications (e.g. grab bars, ramps, lighting, etc.), hiring in-home caregivers, setting up fall alert systems and communication tools may allow this set up to adequately meet the individual's care needs.	The cost varies depending on the current mortgage/rent and the additional services required to maintain the home (housekeeping, laundry service, landscaping, etc.) plus (if needed) the cost of a caregiver which is typically \$25-35/hr.
<b>Independent Living</b>	A housing community for older adults (usually 55+) that may include apartments or individual homes and is laid out as a campus type design with outdoor areas.	This living situation works well for people who do not need assistance with daily living and who value living in a community with their peers.	Meals, housekeeping and caregiving needs are up to the individual to establish and manage. Usually the grounds are maintained through a POA. Some places offer additional facilities like a gym, club house or tennis courts.	The cost varies greatly depending on the rent/lease cost, location, services/amenities provided and the additional supports required to maintain the home (housekeeping, laundry service) plus the HOA fees.

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<b>Continuing Care Retirement Community (aka Life Plan Community)</b>	Usually multi-level buildings in a complex that offers a mix of living situations that can accommodate continuing care needs including: independent living, assisted living, skilled nursing and (sometimes) memory care. The idea is that an individual can stay within the community, moving to various areas as their care needs change.	This can be good for those who want to make one move and know that as their care needs change, those needs will be met within that same environment. Some facilities have cognitive and physical health requirements for admittance.	Residents move into the living situation that best meets their care needs at that time. As their needs change, they move to the area in the community that provides those services. There are usually a range of activities available and a community dining area where meals are provided. Frequently there are commercial services (hair salon, grocery store, etc.) nearby or within the community and a van pool available for travel outside the community.	Communities have different pricing contract models. Advice from a financial advisor is often helpful to understand the contracts as they can be complex. These are usually the most expensive of the long-term care options and include an entrance fee plus monthly fees that reflect the level of care provided at the time.
<b>Assisted Living</b>	These are usually private apartments in a community that can offer a range of additional care services.	These facilities are helpful to individuals who may need help with some ADLs, but want the privacy and independence provided by their own living space. They also value the safety and security of 24/7 access to basic support and care.	Residents have their own living space, sometimes a studio or 1-2 bedroom unit. Services can include medication management, bathing, and dressing. Usually housekeeping and meals are provided in a common dining area. There usually isn't a physician or registered nurse on staff.	Prices may increase yearly due to inflation. Usually there are base fees and then additional services available (like medication management) at an extra cost. Some of the fees may be negotiable, particularly the move in fee. Facilities usually have a certain number of beds allocated to Medicaid.

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<b>Assisted Living: Memory Care</b>	Memory care communities are facilities that provide specialized care and security to residents with cognitive challenges. They usually offer shared or private rooms.	An older adult with cognitive impairments, Alzheimer's or dementia who needs specialized care and continual supervision to manage their safety and assist with most if not all ADLs.	Supervised care is provided on a 24-hour basis. The staff provides assistance with all ADLs, provides medication management, all meals/snacks, housekeeping and laundry. There are frequently common dining areas and regular activities and events. Commonly, a Memory Care facility is separate, but part of an Assisted Living facility so there are some shared grounds and services.	(The structure is the same as Assisted Living, but typically more expensive because of the higher staff patient ratio and level of care needed.) Prices may increase yearly due to inflation. Usually there are base fees and then additional services available at an extra cost. You may be able to negotiate some of the fees, particularly the move in fee. Facilities usually have a certain number of beds allocated to Medicaid.
<b>Residential Care Home (aka Adult Family Home, Board and Care Home, Personal Care Home)</b>	These are licensed care homes which are usually converted houses staffed to provide care to a small number of residents (typically 4-6 total). They can offer single or shared rooms with private or shared baths.	These can be a good fit for someone who prefers a home environment and needs assistance with ADLs. The home setting provides engagement with fewer staff so consistency of care is easier to manage and residents can become quite familiar with the staff.	The staff provides assistance with all ADLs, provides medication management, all meals/snacks, housekeeping and laundry. May or may not provide night-time care. Some have a traveling physician that comes to see patients at the home. They usually cannot meet medically related needs like injections or ports and IVs. May offer activities and events, but usually most of the energy is focused on basic care needs.	The cost depends on the amount of assistance the resident needs with ADLs. Some homes accept Medicaid from the start, others not at all and others accept Medicaid after a certain number of years of private pay. The fees are typically paid monthly. These can be less expensive than nursing homes.

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<b>Nursing Home (aka Skilled Nursing)</b>	A facility with (mostly) shared rooms that provides 24-hour supervised custodial care to individuals who are unable to care for themselves and need help with most if not all ADLs. These usually feel more like a "facility".	Individuals who need continual supervised care and support with meals, health management and personal care. It's best for those who are unable to care for themselves.	These usually have a part-time or on-call doctor as the medical director who supervises the nurses on staff. The facility may also have physical and occupational therapists on staff to provide care.	The cost depends on the level of care needed and is usually paid on a month to month basis. Some facilities accept Medicare, at least to cover 100 days per benefit period. After that time has passed, payment is made through private pay or Institutional Medicaid.

### Other terms:

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<b>Adult Day Care</b>	A program that offers drop in daytime (not residential or overnight) care to older adults. Small or rural communities may not have these programs.	Individuals who: either have or don't need care overnight, are isolated at home and want daytime activities and socialization, individuals who don't need active medical care during the day, those whose family caregivers need a respite break or regular care support.	Individuals who are admitted into a day program have full access to the activities and services. Different programs provide different levels of support on site, from healthcare visits, hair and nail services to social and fitness activities. Individuals are provided meals and medication management while they are at the center. Some programs offer pet therapy, support services for caregivers and transportation to/from the center.	There is a range of private pay programs and Medicaid funded programs. (PACE is one of the Medicaid funded day programs.) Private pay pricing varies but may be \$85/full day or \$35-40/half day. Some private insurance companies cover the cost of Adult Day Care.

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Home Health Care	This requires a written order from a physician. Care is provided by skilled medical professionals who come into the home.	Individuals recovering from a serious health challenge or hospital stay who are able to recover safely in their home with some support.	Medical professionals provide specialized care (physical therapy, wound care, etc.) typically with an approved number of visits and/or a care goal. Home health care and home care are often paired together.	Usually this is covered by Medicare as it is a service prescribed by the physician.
Home Care	This refers to professional paid caregivers who come to an individual's residence to help them with non-medical care support and companionship.	Individuals who don't need 24-hour medically skilled supervision or care, but would benefit from support with ADLs, companionship, meal preparation, medication reminders and housekeeping.	Individuals can hire caregivers independently or through a caregiving agency to come into their residence to provide services. The individual defines the scope of work based on the situation and needs. Home care and home health care are often paired together.	Caregivers typically charge between \$25-35/hr. Caregiver agencies typically have a minimum of 4 hours per work shift. Some agencies require contracts.

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Respite Care	Temporary care help intended to allow the primary (unpaid) caregiver to have a break from caregiving.	A family caregiver who needs a break from the responsibilities and demands of their caregiving role.	Respite care can be provided in a range of ways: there are grants that can be applied for, paid caregivers can be hired to come into the older adult's residence to cover care, facilities that offer day-time care programs, residential and nursing facilities that offer daytime or extended temporary care. Typically there is no ongoing commitment for engaging respite care services.	Awarded grants provide a set number of hours of care for a set period of time for no cost, daytime programs range from \$50-85/full day or \$35-40/half day. Caregivers typically charge between \$25-35/hr. Temporary care in a residential or nursing facility for 14-30 days starts at about \$255/day.
Palliative Care	An approach providing the best quality of life possible based on the individual's needs, not the prognosis. The approach can be used even when there is hope for a cure and recovery.	An individual suffering from the stresses and symptoms of a serious illness.	The objective is to alleviate symptoms and provide relief from the pain and emotional stresses of the illness. A care plan is determined and managed by a specially trained palliative care medical team.	Care is engaged through a physician or hospital team. The cost varies depending on health insurance coverage and use of out of network specialists. Often it is covered under Medicare.

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Hospice Care	This is care for an individual with a life expectancy of six months or less. It involves a palliative care approach in an attempt to allow an individual to live as comfortably as possible with dignity and support.	An individual whose physician has determined that they have a life expectancy of six months or less. Hospice care can extend beyond the six month mark. It is also possible for an individual to "graduate" from hospice and no longer need care. Additionally, hospice can be extended longer than six months if needed.	Compassionate care is focused on the quality of life for individuals and their caregivers. Care is provided by trained hospice providers and can take place in an individual's residence or a hospice care facility. Trained hospice providers can administer pain management options that are not available in residential care environments or to family caregivers. Hospice providers can be a tremendous support to both the individual and their loved ones regarding what to expect with end of life dealings. The hospice program can also provide respite care for unpaid family caregivers.	Like palliative care, this care approach is established through a physician or hospital team. The cost varies depending on health insurance coverage and use of out of network specialists. Often it is covered under Medicare.

ADL - Activities of Daily Living, e.g. walking, dressing, bathing, grooming, toileting, eating, etc.

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