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Care Options and Issues During the Post-COVID Era

Family Matters
IN-HOME CARE

Presentation Agenda

01 Types of post-acute, institutional, residential, and community-based settings for older adults

02 Types of clients served in select settings

03 Facility and patient demographics

04 Payment and cost of long-term care

05 Community Living Assistance Services and Supports program (CLASS Act)

06 Initiating the process and making challenging decisions

07 Transitioning from one setting to another

Long Term Care Defined

“Health, mental health, residential or social support provided to a person with functional disabilities on an informal or formal basis over an extended period of time with the goal of maximizing the person's independence. Services change over time as the person's and caregivers' needs change."

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IN-HOME CARE

LONG TERM CARE CATEGORIES

HOME CARE	Services (as nursing or personal care) provided to a homebound individual (as one who is convalescing, disabled, or terminally ill). Informal care refers to long-term services carried out by families and unpaid caregivers, whereas, formal home care service involves the aid of paid care.
INDEPENDENT LIVING	Residents in Independent Living are just that - totally independent. Independent living residences provide meals and services as required. Some people confuse Independent Living and Assisted Living and justifiably so - they are very similar. Assisted Living residences provide two or more meals, and offer Planned Care.
ASSISTED LIVING	A subcategory of residential care that includes, "housing and limited care that is designed for senior citizens who need some assistance with daily activities but do not require care in a nursing home —usually hyphenated when used attributively
NURSING HOMES	A facility licensed with an organized professional staff and inpatient beds and that provides continuous nursing and other health-related, psychosocial, and personal services to patients who are not in an acute phase of illness, but who primarily require continued care on an inpatient basis.

Long Term Care Categories

CHRONIC CARE FACILITIES	Long-term care of individuals with long-standing, persistent diseases or conditions. It includes care specific to a problem as well as other measures to encourage self-care, promote health and prevent loss of function.
ACUTE CARE PROGRAMS	Medical care administered, frequently in a hospital or by nursing professionals, for the treatment of a serious injury or illness or during recovery from surgery. Medical conditions requiring acute care are typically periodic or temporary in nature, rather than chronic.
HOSPICE CARE	Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible.

TYPES OF CLIENTS SERVED

Home Care (formal) Community: resident individuals who require ADL aid beyond the capabilities and/or availabilities of family members and friends.

Assisted Living: Individuals "who are not able to live independently, but do not require the level of care provided by a nursing home."

Nursing Homes: Individuals in poor health who need aid in performing daily activities.

Hospice Care: Individuals who need supportive and palliative care at the end of life.

TYPES OF CARE

AT HOME

Caring for someone with dementia at home is usually where most families start.
A home environment may be preferable if it provides the socialization, comfort and security to keep the individual with the disease content and engaged.
The presence of family and friends can be very important for quality of life. However, safety can become an issue and lack of stimulation may lead to apathy or depression.

TYPES OF CARE

ASSISTED LIVING FACILITY

Can be an appropriate care option for people with dementia in the early and moderate stages (and in some cases, through the late stages of the disease). When the effects of dementia become severe and the individual is no longer able to make any decisions, or stay safe when unsupervised, an assisted living environment for dementia care may be an appropriate choice.

TYPES OF CARE

ADULT DAY CARE

If a loved one with dementia is living at home, there may come a time when adult day care is a good way to give respite to the family member and provide stimulation to the person with dementia. Some may have only complete day programs or they may offer half-day care and overnight care as well.

TYPES OF CARE

SKILLED NURSING

Skilled nursing and rehabilitation staff manage, observe and evaluate care. Examples of skilled care include intravenous injections and physical therapy. Care that can be given by non-professional staff isn't considered skilled care, according to the Medicare website (www.medicare.gov). Medicare covers skilled care services that are needed daily for up to 100 days.

RESIDENT RIGHTS

Resident Rights: While living in a nursing home or a long-term care facility, a resident is entitled to receive quality care, experience quality of life, and exercise their rights.

The 1987 Nursing Home Reform Law: requires each nursing home to care for its residents in a manner that promotes and enhances the quality of life of each resident, ensuring dignity, choice, and self-determination.

DIGNITY & COMMUNICATION

To be accorded dignity in their personal relationships with staff, residents, and other persons.

To be granted a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the Internet, and meetings of resident and family groups.

PRIVACY

To be accorded dignity in their personal relationships with staff, residents, and other persons.

To be granted a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the Internet, and meetings of resident and family groups.

PURSUING RIGHTS

To be encouraged and assisted in exercising their rights as citizens and as residents of the facility.

Residents shall be free from interference, coercion, discrimination, and retaliation in exercising their rights.

To be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment.

CARE AND FOOD

To make choices concerning their daily life in the facility.

To fully participate in planning their care, including the right to attend and participate in meetings or communications regarding the care and services to be provided and to involve persons of their choice in the planning process.

The licensee shall provide necessary information and support to ensure that residents direct the process to the maximum extent possible, and are enabled to make informed decisions and choices

DIGNITY AND RESPECT

To be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse.

To present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, coercion, discrimination, reprisal, or other retaliatory actions. The licensee shall take prompt actions to respond to residents' grievances.

FACILITY RULES / ADMISSION

To be fully informed, as evidenced by the resident's written acknowledgement, prior to or at the time of admission, of all rules governing residents' conduct and responsibilities.

To receive in the admission agreement a comprehensive description of the method for evaluating residents' service needs and the fee schedule for the items and services provided, and to receive written notice of any rate increases.

CAPACITY

CHANGES FROM DAY TO DAY

CHANGES FROM HOUR TO HOUR

CAPACITY ISSUES DENIED VISITATION

The most common way a facility will deny visitation is to claim that some third party, usually an agent under a Power of Attorney or a family member, has refused to allow it.

Third parties generally do not have the legal authority to control a person's visitation. The legal theory behind this fact is that interacting with other human beings is a basic human right.

VISITATION CASE SCENARIO

Resident “Alice” has been with us for the past 2 years. Her daughter, Nancy is her POA. Nancy claims that her brother, Paul is mentally ill and is not allowed to visit nor talk with their Mother, Alice. Paul is not held under a restraining order and Alice has not stated that she does not want her son to visit or call.

What do we do if Paul attempt to visit or communicate with Alice?

RESIDENT RELATIONSHIP CASE SCENARIO

Betty and Jim, both dementia residents have lived in the same residential, secured community for the past two years. Both have “well” spouses not living in the residential facility. Betty and Jim are together the majority of the time, spending significant portions of this time in one of their rooms. The “well” spouses are sure these two are engaged in an intimate relationship and have requested the staff keep them apart at all times.

What is our obligation?

LTC PAYMENT

Medicare, Medicaid, the Veterans' Affairs, Long-term care commercial insurance, and private pay are the most significant sources

Medicare offers only short-term assistance because individuals have to be deemed in need of "skilled care," rather than "custodial care," in order to qualify

- Custodial care is what many of those seeking long-term care need – i.e. help with activities of daily living

Medicaid covers long-term care for those without other resources to pay for it. Rules vary by state, but to qualify for Medicaid coverage in a long-term residential facility in most states, an individual with savings must first "spend down" most of their assets. Generally, spouses are entitled to keep some of the assets, however.

LONG TERM CARE COSTS

Continued

NURSING HOME

$110,000/year

ASSISTED LIVING

~ $70,000-$80,000/year

SMALL RESIDENTIAL CARE FACILITIES

OFFER CARE AT MUCH LOWER COSTS

Private long-term care insurance plays a minor role in the US – less than 10% of the total long-term care is covered by private policies. Long-term care insurance products are sold on the private markets to individuals – both through employers and individually – and usually cover nursing homes, assisted living facilities, or home care for those who require help.

INITIATING THE PROCESS

Choosing a long-term care option is a difficult task. However, this process becomes even more difficult if all members of the family aren't on the same page.

For instance, how do you breach the subject of LTC to a person who may be completely unaware or disagree that they need/should seek help?

And, of course, the terms "need" and "should seek" are very subjective.

What can families do to mitigate any issues that may come up when initiating this process?

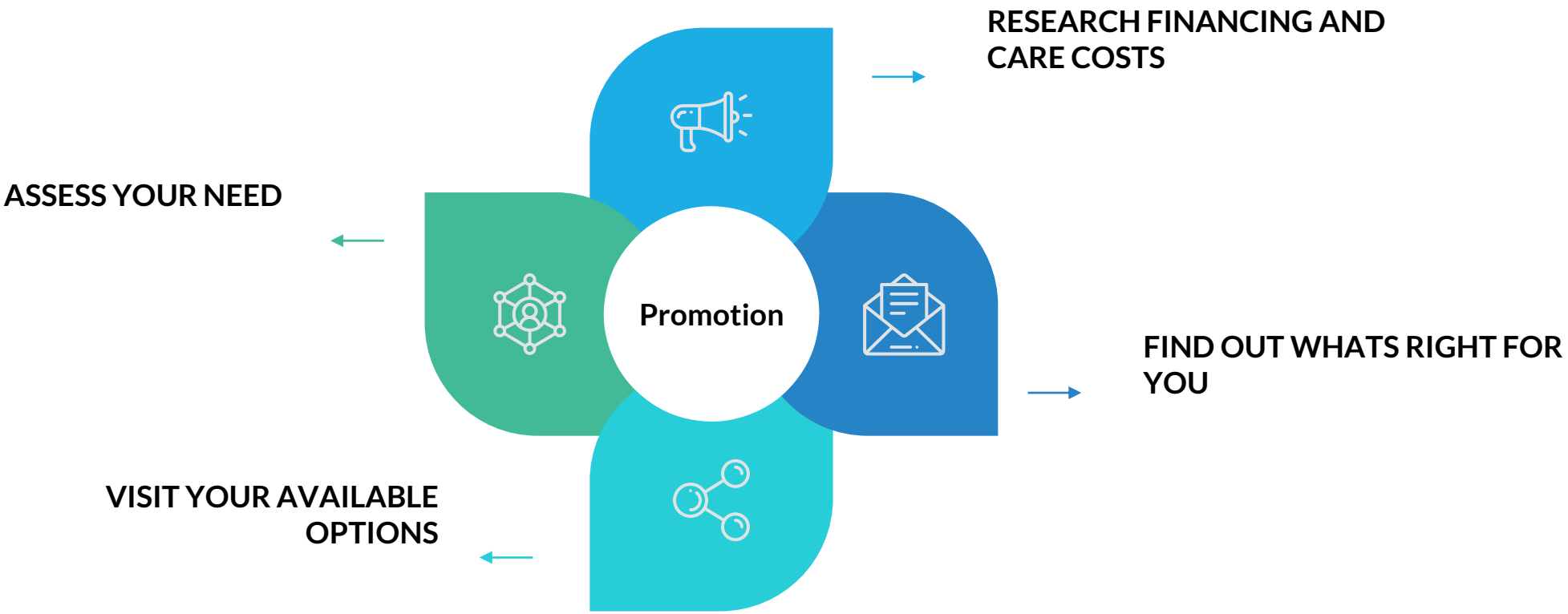
MAKING CHALLENGING DECISIONS

Making the decision to opt for long-term care, along with choosing the appropriate setting, is no easy task.

There are physical, social, and emotional factors an individual and/or his or her family must consider, not to mention cost, payment, and simply breaching the subject to initiate the process.

A diligent review of available information from credible resources is an advisable first step.

STEPS TO CHOOSING LONG TERM CARE



Medicare.gov - Steps to Choosing Long-Term Care
http://www.medicare.gov/longtermcare/static/stepsoverview.asp

RESIDENT RIGHTS

Resident Rights in Nursing Homes

Nursing home residents have patient rights and certain protections under the law. The nursing home must list and give all new residents a copy of these rights. Resident rights usually include:

RESPECT

You have the right to be treated with dignity and respect.

SERVICES AND FEES

You must be informed in writing about services and fees before you enter the nursing home.

MONEY

You have the right to manage your own money or to choose someone else you trust to do this for you.

PRIVACY

You have the right to privacy, and to keep and use your personal belongings and property as long as it doesn't interfere with the rights, health, or safety of others.

MEDICAL CARE

You have the right to be informed about your medical condition, medications, and to see you own doctor. You also have the right to refuse medications and treatments.

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INFORMED CONSENT

According to the American Medical Association, informed consent "*is a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo a specific medical intervention.*"

WHY MIGHT THIS BE AN ISSUE IN THE LONG-TERM CARE SETTING?

Like many other groups of patients (e.g. those with linguistic, cultural, and emotional challenges), long-term care patients are not always able to provide informed consent.

Functional limitations may prevent a patient from providing consent that is truly informed.

This is an issue that requires more attention as there is not much literature on informed consent in the long-term care setting.

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TRANSITIONS

There are challenges that can occur when an older adult transitions from one setting to another. This can cause a great deal of stress and anxiety for individuals and their families.

The main concern during these transitions is the health of the individual and the potential for there to be a temporary lapse in critical health care.

Strategies to reduce abrupt changes to routine, comfort level, and medical care should be adopted.

MOVING FROM ONE FACILITY TO ANOTHER

“Transitions between care settings – in which family members play an important role – bring the varied elements of health and long-term care together for a fleeting but critical moment.” (Levine et al., p. 120)

Miscommunication and medication error can lead to significant “lapses in patient safety.”

“In turn these lapses can lead to costly and traumatic rehospitalizations, and repeated cycles of transitions to rapid deterioration and even death.” (Levine et al., p. 120)

OTHER TRANSITION ISSUES

“Hospital-based nurses who have not practiced in home health care may find it difficult to anticipate patients’ needs during the transition from hospital to home.” (Drury, 2008)

Clear, concise and accurate information about patients’ preferences and goals might not be a part of [transitions of care between home and different care facilities].” (Hauser, 2009)

Medication error: “Discrepancies in certain drug classes more often caused ADEs (adverse drug events) than other types of discrepancies in hospitalized nursing-home patients.” (Boockvar et al., 2009)

SMOOTHING THE TRANSITION

Clear communication and cooperation between both types of caregivers – family and professional – is central to a smooth transition.

“Improved transitional care…depends on family caregivers’ involvement. Yes explicit attention to family caregivers is largely absent.” (Levine et al., p. 122)

“The ability to develop strong relationships with family caregivers and provide necessary training and support throughout the continuum of care should be defined as a core competency for all health care professionals and built into professional training and continuing education.” (Levine et al., p. 122)

TRANSITION SUMMARY

On the continuum of care, transition between care settings is managed with difficulty. For example:

Hospital to Home
Hospital to Nursing Home
Nursing Home to Hospital
Nursing Home to Nursing Home
Department to Department within a Hospital

KEYS TO SUCCESS

Good record keeping
Coordination
Planning
Follow-up

Family Matters

IN-HOME CARE

FAMILY OWNED

QUALITY CARE

CARING SERVICE

WHAT OUR CLIENTS HAVE TO SAY

Family Matters provided me with excellent care over an 8-week period… The caregiver had a positive attitude, was helpful with any tasks as needed, and helped to provide support as I regained my strength. She was skilled in personal physical care, household chores, cooking, and cleaning tasks, and encouraged my rehabilitation.

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M.S. Baldwin

I can't say enough about Family Matters In-Home Care. They are probably the most professional care provider and deliver a beyond-all expectations experience. I had two different caregivers, due to needing surgery and then an unexpected follow up surgery. Both times I was unprepared for the level of responsible care that was given. They did the kind of job that raises the bar and standards for in-home care.

Jim G.

Working in social services at a skilled nursing facility, I'm always providing resources to my patients and their families to ensure a safe discharge plan is in place. Many of my patients have chosen this company for their care needs and have called with feedback on how wonderful their caregivers are. Knowing their level of satisfaction makes me confident in referring Family Matters to my future patients.

Rochelle H.