Residential & Facility Placement Considerations for the Older Adult

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Abstract

Being able to navigate the myriad of options and make appropriate housing recommendations is becoming more complicated but remains a necessary skill set in the field of life care planning. The generation of now older adults, who were brought up to care for their parents, are experiencing the trend where adult children live at a distance and have two-income households. This creates an increased need for dependency on other support services outside of the family network, including home care and facility placement. The Life Care Planner should be knowledgeable about the different levels of care, how to recommend the appropriate residential facility and understand the method for costing out care for each level of care. With advances in medicine, longer-term survival with comorbidities, and the aging baby boomer generation, life care planners can see increased opportunities to cater to the non-forensic population. Life care planners will find there to be a demand for professionals who are proficient and knowledgeable about aging life care, especially with respect to housing and facility considerations.

Keywords: Life care planning, case management, elder care living alternatives, senior living alternatives, older adults living alternatives, care management, life care management, facility placement, levels of care, assisted living, CCRC, long term care, home care, cost of home care, cost of facility care, senior living

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Older Adults and Living Considerations

With advances in medicine, longer-term survival with comorbidities, and the aging baby boomer generation, the silver tsunami has finally arrived (Brown, 2021). This generation of now older adults, who were brought up to care for their parents, are experiencing the trend where adult children live at a distance and have two-income households. This creates an increased need for dependency on other support services outside of the family network, including home care and facility placement. The Life Care Planner should be knowledgeable about the different levels of care, how to recommend the appropriate residential facility and understand the method for costing out care for each level of care.

Zydowicz-Vierling (2019) notes "In many cases, a life care plan is developed for litigation. In geriatric care, however, it is most likely compiled for long-term care planning, transitions, or family and support structure education. A life care plan in elder care management is distinguished from life care planning for litigation support in three ways:

1. The life care plan is an outcome of elder care/case management services.

2. The life care plan is developed in collaboration with the individual and support system without regard to personal injury legal parameters.

3. The life care plan identifies community resources and health care options from which the individual and family may choose." (p. 595)

Baby boomers were born between 1946 and 1964 making the current age of baby boomers between 57 and 75 years old. By 2030, all boomers will be at least 65 years old, creating an even larger demand. By 2030, the older population, age 65 and older, will be about 1 billion (12% of the total population, and by 2050, 1.6 billion (17%) of the total population (Robers et al., 2018). With advances in health care, people with disabilities are living longer. The number of disabled in the United States is 26% and growing (Centers for Disease Control (CDC), 2016). The highest percentage of adults with functional disabilities is due to difficulty walking or climbing stairs making up 13.7% of those with disabilities followed by 10.8% of those with cognitive disabilities (CDC). There is a need for care both in the home as well as facility care, and the need is growing. Being able to navigate the many options and make the most appropriate recommendations is becoming increasingly important in the field of life care planning.

Most people prefer to live in their home as they age versus a facility (Binette & Vasold, 2018). The percentage of Americans aged 65 and over who are residing in a facility has decreased over time with one study finding only 2.6 % of the population over the age of 65 are nursing home residents (Centers for Medicare & Medicaid Services (CMS), 2015). Nursing home percentages increases to 9.5% for the 85 and older senior population (Centers for Medicare & Medicaid Services (CMS), 2015). Although many more Americans live in the community, it is imperative to know when it may be time for the recommendation of a facility and what level of care is needed, so appropriate care can be given with emphasis on achieving an optimal quality of life. Facilities can be a place for community, socialization, and friendships. But when individuals are placed in a facility that does not align with their current needs, wishes, or abilities, the outcomes can be unfortunate. This process can also be

tricky in situations involving mild memory loss or other cognitive decline. The preparation and care plan should be thoughtful and strategic.

Limitations to living at home

Whether an individual has family or friends that can help with caregiving greatly influences the need for facility care. "Fifty percent of the elderly who have a long-term care need but no family available to care for them are in nursing homes, while only 7% who have a family caregiver are in institutional settings" (Institute on Aging, 2021). Typically, if a person needs assistance from more than one caregiver, this creates a need for placement in a facility that can handle such care. Sometimes the home setting is no longer deemed safe enough or there are limitations in the available supports.

Living at home can also involve many moving parts. Someone must oversee all the services needed such as transportation, physician visits, home care, medication management, possible home modifications, home maintenance, and the need for coordination of care may increase as the individual ages (Crowley & Huber, 2021). When individuals have several needs which require support and are limited in available capable helpers, there should be a mechanism to help bring in (and pay for) professional care management services to provide coordination and oversight.

Limitations to facility care

Falls are the number one cause of injuries and death from injury among older adults (Centers for Disease Control (CDC), 2016). When individuals begin falling at home, it can become unsafe. Families often believe that placement in a facility is a safer option when falls occur. Living in a facility, however, does not decrease the chance of falls, it only provides some oversight by the caregiver at the facility to check-in at times, often after the event has occurred. Living in a facility gives a false sense of security that falls will not occur in the future. Depending on the level of care at the facility, the older adult could be left alone daily for quite some time as well, without further safety measures in place such as a personal emergency response system.

Facilities can be a breeding ground for germs, such as bacteria and other viruses. For those with weakened immune systems or not able to properly fight off disease, facility placement can be detrimental to their health (Rosner, 2020). Even when older adults are healthy, they will have increased susceptibility, as we have seen with the COVID-19 virus.

Additionally, facilities each have their own protocols outside of those enforceable through regulatory oversight. Sometimes, these include rules and restrictions which are perceived as limitations or barriers to personal autonomy and freedom. This may negatively impact the resident, which was demonstrated during the lengthy facility lockdowns during the recent Coronavirus pandemic. Nearly all residential care communities no longer allowed residents to freely come and go from the facility nor participate in congregate meals, leading to isolation, de-conditioning, and loneliness.

For many, the loss of their "home" as they know it, along with many of their personal belongings because of downsizing, creates sadness, and sometimes despair, if the placement is not done thoughtfully and a transition plan put in place.

Some may have no choice but to enter a facility. The right facility will help foster a person-centered approach which helps the individual thrive and prosper while having their care needs safely met.

Understanding housing options

Understanding housing options will help the life care planner recommend the most appropriate living situation in the life care plan. Understanding the different options and levels of care will assist the life care planner with costing out the appropriate care which has variability in pricing.

The first option for housing is aging in place at home. This is typically preferred by most, to remain in their own home if possible. An assessment of needs is helpful to recommend appropriate community resources to support the individual in the home. Home care can be expensive, so costing out the care over life expectancy is advisable. Accounting for any anticipated increase in care as the individual ages should be done to confirm appropriate funds are set aside and that funding is sustainable.

The life care planner should recommend community resources to support the individual in the home. These may include support services such as day programs.

Independent Living

The independent living facility, more closely resembling an apartment or small home, typically provides socialization through available activities, meals, maintenance, and peace of mind. These are more often a part of larger communities and appeal to older adults looking to downsize and have fewer daily household tasks. Active adults may seek this type of arrangement to simplify their life and having peace of mind knowing they can bring in help if they need it. Some independent living communities contract with home care agencies to provide limited care, but that is not customarily included. Independent living is for individuals that do not need care and are independent, just as the wording suggests.

Assisted Living

Assisted living is for individuals that need care, although the amount and type of care is usually limited. Assisted living is a concept that was introduced in the 1970s (American Senior Facilities, 2014). Assisted living consists of care that offers a level of attention and independence between a nursing home that has a high level of care and independent living, offering little to no care (Crowley & Huber, 2021). Some assisted living facilities offer a flat fee service. Most assisted living facilities have a base cost for the room and board, then an added fee, depending on the level of care needed. Life care planners should account for the range of care needed as sometimes the care needs can change over time. There may be unexpected changes in roles and requirements due to the assisted living facility's protocol. An example would be an individual who manages their own medications before moving into assisted living. When they move into the facility, it can be easier and less chance for error if the medication is organized and administered by staff. Or the policy is such that the staff must handle all medication administration and no medications are kept in the individual apartments. Oftentimes, medication management as well as other "add-on" services can quickly increase the cost of care.

Long-term Care Facilities

Long-term care facilities, often called skilled nursing facilities, are for clients with more complex needs. If a client requires two-person assist, meaning it takes two people to transfer, bathe or get them out of bed, they are most likely a candidate for long-term care. If the individual has a pressure sore, tube feedings, or other complex medical needs that require daily nursing care, the individual would be a fit for long-term care. This care is costly because of the amount of increased available staffing around the clock. These rooms typically resemble more of a hospital feel than apartment living such as with assisted living facilities. Most long-term care facilities have a flat fee or daily rate since the care is almost always complex. Long-term care is often part of a skilled nursing facility.

Skilled Nursing Facilities

Skilled nursing facilities also assist with short-term care for individuals who have suffered an injury or health setback and need to receive additional help before returning to their current residence. Individuals must have at least one therapy need and have daily skilled nursing needs. Typically, a skilled nursing facility placement is after a hospitalization. The goal is for rehabilitation for helping return to baseline. Sometimes, individuals in short-term skilled nursing will return to a setting that is different from their home, such as assisted living or memory care. Other times, they may enter into a "long-term care bed," never leaving the facility or transitioning to another facility which is most appropriate.

Memory Support Facilities

Memory support facilities are residential communities that serve those who require greater supervision and security due to cognitive impairment. Increasingly, these communities are privately owned and free-standing, away from the traditional medical campus environment. There are, however, "lockdown" specialty units in long-term care facilities or assisted living facilities that may be separate or in adjacent buildings or wings of the facility. Life care planners will need to understand the implications of memory loss due to Alzheimer's Disease or related dementia and how it may impact the care plan. There is a much earlier need for greater supervision or nearly constant companionship when compared to others with chronic health conditions and no cognitive impairment (Fox et al., 1999).

Clients who have a known diagnosis of dementia should have a clear understanding of options in their community for memory support. The care of an individual with dementia is extremely taxing on caregivers due to the earlier than expected rise in care needs related to safety. This is typically due to impaired judgment and difficulty with decision-making. Paid services in homes for those with dementia can be difficult to navigate due to the workforce shortages and the lack of specially trained staff. Unpaid caregivers, thanks to family and friends, will find their work to be challenging due to a lack of respite, or adequate breaks, and the increasing burden of caring for another adult around the clock.

Continuing Care Retirement Communities

Continuing Care Retirement Communities, also known as CCRCs, are campus-like organizations that have a range of care, starting with independent living and including assisted living, long-term care, and more. They may also be called senior living or life care

communities. How they are referred may differ, depending on the state jurisdiction and company branding. Senior living is a billion-dollar industry, with the concept of CCRCs gaining traction amongst older adults with disposable income (Grand View Research, 2021).

The benefit of living in a CCRC is the client begins at a certain level, such as independent care, or assisted living, and as they need skilled care or long-term care, they transition more easily to a different apartment or area within the community. This is beneficial for families that are busy or live at a distance and do not have to worry about moving their loved ones repeatedly as their care needs change. They have peace of mind from knowing their loved one can truly stay in one place through end of life. It can be time-consuming and frustrating to have to navigate the housing maze all over again.

The CCRCs are not for everyone, just like other congregate residential communities. The client must be prepared to live in a community of a similar age group and identify with their neighbors and friends to reap the rewards of such a community. Many will love the typical setting and environment of CCRCs, which often promote a high level of engagement and living the best life possible.

It is important to discuss all these options with clients early in the process. Begin to get a feel for what their personal values, wishes, and limitations might be. For many, they have not put any previous effort into thinking about these scenarios. Re-visiting the topic and not being rushed into decision-making will help empower the individual to make their own choice, when possible, which will lead to greater satisfaction. In the non-forensic life care planning process, it is more natural to seek options which reflect all possibilities reflecting the personal desires or wishes. Inevitably the life care planner relies upon the skills of objectivity, helping educate and come to terms with that which is reasonable and prudent in the context of the individual's health, finances and cognition.

The person-centered plan: Considerations for the life care planner

The Standards of Practice for Life Care Professionals International Academy of Life Care Planners (2015) provides a foundation for life care planners working with the non-catastrophic, or non-forensic population. Essentially, the methodology when working with older adults does not change drastically from traditional life care planning. The process for developing the plan remains the same. There must be a consistent and organized approach for creating the care plan to help understand the life-long needs, which can serve as a framework for successful care management (Weed & Rutherford-Owen, 2018).

Learning about the client and the case happens naturally once the referral is obtained, and services secured. A review of records and any additional information, such as family dynamics, helps initiate a clearer understanding of the complexity of a situation and important factors for the life care planner to consider going forward. When navigating subject matter of deeply personal topics, it is important to take the time to understand the wishes and values of the person, and backgrounds, such as family proximity and any history of falling.

A variation from traditional life care planning is the focus on financials and possible payor sources. In non-litigation cases, the life care planner can give options to the family to help determine the financial sustainability and navigate payment options for long-term success. This is different from traditional life care planning in which collateral sources are not typically considered in the forensic life care planning methodology. With respect to the life

care planner working with a private party or client, all possible payor sources are explored, examined, and included in the care plan where appropriate.

Some facilities are private pay only, some accept Medicaid, or Medicaid waiver after a defined number of months of private pay which can vary for each facility. Long-term care insurance can also be a possible payor source in some situations, as well as some benefits for eligible veterans through the Veteran's Administration. Being knowledgeable about the cost and payment options helps the client and families choose the best long-term option so they are less likely to face exhausted funds and a change in residence years down the road. The same principle is applied of providing costs relative to the geographic area in which the individual resides or will reside.

The life care planner working with older adults will continue to rely on assessment skills and various resources to carry out a detailed interview for a comprehensive understanding of the given situation. The resources for completing an assessment for the geriatric client are comprised of tools such as standardized tests, forms, questionnaires, and checklists. Many tools are readily available, based on evidence-based research, and assist the professional to probe deeper into areas such as depression, nutrition, function, and memory or cognitive processing. It is not enough to solely rely upon a list of the medical conditions of a client, as this alone does not provide enough information to understand the variables which may impact daily life (Newquist et al., 2015).

Including options in your care plan

Living arrangement options can be applied to the life care plan to account for multiple scenarios. An example is creating a life care plan with the cost of the individual living at home with the recommended home care services and home modifications (Option A) and a separate life care plan costing out the appropriate level of care needed such as long-term care in a facility (Option B). A life care planner can provide opinions and recommend the option they believe is best for safety, quality of life, and individual wishes. Providing two options helps all parties have a better understanding of the range of costs to be expected.

Transitional planning works very well for helping individuals and families be more strategic and better prepared for their eventual needs. Especially in situations involving a known progressive illness that is anticipated to get worse over time, or likely to aggravate normal aging-related changes. An example is an individual with cognitive impairment, caused by a dementia diagnosis, who also has multiple health conditions which are chronic and require routine management. An individual with a dementia diagnosis will need to plan for the eventual rise in care needs which typically starts with in-home supports and transitions to residential care in a memory support community.

Including care management in your life care plan

The life care planner may offer their care management services, resulting in a dual relationship. The Standards of Practice for Life Care Planners states this situation to be permissible but there should be clarification that helps define the limits of participation of the life care planner along with a justifiable reason for the recommendation (International Academy of Life Care Planners, 2015).

Life care planners may not desire the additional role of providing continuation of care as a care manager. In this situation, it is important to understand the options when seeking a professional to refer to for ongoing management. The life care planner is adept at finding solutions, discovering associated costs, and making valuable connections. However, novice life care planners may not be familiar with the valuable role and extent of involvement of a life care manager and how to locate professionals.

What is Care Management?

Care Management, also known as Life Care Management, is defined in the Life Care Management Handbook as "a field of practice, utilizing education and experienced professionals specializing in assessment and care planning, connecting to vital services and resources, coordinating care through collaboration, managing care and providing professional oversight and helping resolve issues to achieve optimal health regardless of age or ability" (Crowley & Huber, 2021, p.3). When clients need help with coordination of services, transitions, or have complex health needs, a care manager would be beneficial to improve outcomes and help navigate resources. The care manager, plainly put, implements the life care plan's provisions.

Other professions that are similar and have some overlap include specialty practices by nurses, social workers, and rehabilitation counselors such as case management and patient advocacy, to name a few. Care managers tend to focus their core work on the geriatric population. Care management programs have become more widely adopted to improve coordination and integration of services for the complex, frail, and aging populations (Donelan et al., 2019).

Care managers typically work locally and are the valuable team player who helps the client or support systems understand the person-family centered perspective and communicate needs while providing education, support, and professional oversight. The care manager helps clients to reach their goals and provides encouragement, promoting independence and self-management where able. The care manager may be the lifeline for the continuation and implementation of the life care plan to help continue efforts by a life care planner, who has likely taken considerable time to identify measures and recommendations for optimal wellbeing.

It could be argued the translational care provided by a care manager may help ensure successful implementation of a life care plan, helping all parties gain confidence in knowing there is a greater likelihood of success, along with the effective and efficient utilization of resources identified in the life care plan. Additionally, there is good potential for life care managers who are also life care planners to offer significant value to their clients through their expertise in identifying options, working collaboratively to create the comprehensive care plan, and providing cost projections. All parties benefit when there is a capable professional who pays attention to details, has a good perspective about the client and the situation, and has a positive working relationship with community partners in the home health, residential, and facility sector. This helps ensure clients are cared for and will receive more personal assistance in the event of a problem arising or change.

To find a care manager near the individual in need of service the Aging Life Care Association®(ALCA®) offers a search for care managers across the United States at www.aginglifecare.org.

Housing and facility considerations

Additional items to review and consider when researching facility placement include:

- Payor sources
- Level of care charges system without regard to personal injury legal parameters.
- Other fees (neighborhood/community entry fee, carpet replacement surcharge, costs for activities, bed holds, housekeeping, etc.)
- Pet fees
- Rate increases
- Cultural considerations
- Need for respite services
- Technology assistance to aid in aging in place
- Faith and spirituality/religious beliefs
- Special food and dietary needs

The life care planner will find increasing opportunities to work with the non-forensic population or work collaboratively with the life care manager in the community to help carry out a multi-faceted plan. While the methodology does not differ from traditional life care planning, there are areas of focus which may be less familiar to the life care planner who has only worked in litigation. With a better understanding of the types of housing available to the aging industry as well as special considerations, the life care planner will be adept at providing tremendous value for not only individuals and families, but also for attorneys and other stakeholders who seek expert opinion in this area. The life care plan provides a tool, or a written resource, for individuals and their support systems to follow. The life care planner may find it satisfying to work with the non-forensic population, allowing for a more creative process as community resources are discovered and collateral sources identified while taking into consideration the family dynamics, personal values, finances, and more. The life care planner can have an interconnected role with the life care manager to help serve aging and at-risk populations.

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