



## Aging Wisely With Linda

Consultations/Consulting • Counseling/Coaching  
Expert on Dementia • Speaking/Teaching

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## **We have one week to find Mom a care setting!**

Jane: “My mother fell, went to the hospital, had her hip replaced and her shoulder stabilized and then she was sent to a skilled rehab center. She has only been there a week and they say she will be discharged next week! Yikes, she can’t go home – she has lots of stairs; her memory and eye site are challenged and she is still grieving the loss of our father 9 short months ago.” This is a common call and a challenge that many families are not prepared for.

Most adult children or older adults are aware that at some time in the journey of life they might need a different level of care either in their home or in a retirement setting. In reality, the majority of families have not done any homework relating to this matter. That even includes those of you who might have attended my “Aging with Eyes Wide Open” classes. There is something about human nature that procrastinates planning for something we have no desire doing. We don’t act and then we are forced to react during a crisis. Sometimes the decision is left up to family members or friends who might not have the background information or legal powers that might be needed.

Suffice to say, I am not going to tell you to go out and find the three levels of care that you would be comfortable with because the majority of you won’t do it!

## The three levels of care that you should be familiar with are:

1. Skilled Nursing (sometimes called Rehabilitation) - Most often covered by Medicare and co-insurances for short term covered stays. Long term is private pay or Medicaid.
2. Assisted Living (varying levels) – From small 6-room care homes up to medium and large size assisted living facilities that vary from totally independent living to specializations such as memory or diabetic care.
3. Continuing Care Retirement Communities (CCRCs) – This option takes the most research and planning. You typically buy into these communities and they have three levels of care within them. Most don't take residents with a progressive diagnosis, but that is up to each community.



Let's go back to Jane and her call to me about Mom needing a small residential care home. At this point she can't transfer herself, and she is wheelchair dependent (the therapist thinks that with more work she might be able to use a walker). Jane and her sister will have to choose a care setting and have a short time to do the research and the paperwork necessary to make that happen.

## What steps should you take?

1. Work with an expert who is familiar with your area. Look for a non-biased Professional Geriatric Care Manager (GCM). A private GCM charges an hourly fee similar to a therapist, but they have a code of ethics that prohibits commissions and fees for referrals. Additionally, if you use a Professional Geriatric Care Manager they can often get you a small discount on your first month's rent because the care home does not have to pay a large fee to a placement agency.

2. Avoid placement agencies that are free to you, but receive very large commissions for placing your family member. If you must use a “free” agency be sure you have received a referral from a health care professional.
3. See if the care manager can buy you more time with the skilled nursing center because there is not a safe plan for return to the primary home. If you are not working with a care manager, tell the discharge planner that you need more time. If you need more advocacy you can call a HICAPP counselor (see monthly resources). If a patient refuses therapy or is not making progress, skilled nursing will decertify the patient and try to discharge quickly. If you see your family member improving, you need to advocate for more days.
4. It is imperative that you have the legal authority to sign your parent into a care community. Is your legal paperwork up to date? Can one of you get access to Mom’s funds to pay for the care she needs? Be sure you have an Advanced Health Care Directive that tells you what Mom desires and allows you to make decisions for her.
5. Depending on the care situation, especially in small care homes, verify they have awake caregivers that can check on your family member and assist them to the bathroom overnight. This might not be important to all situations, but in Jane’s case it was. Take into consideration what your parent enjoys doing. Is there a garden to sit in, social activities to partake in or pets in the home? Can someone walk with Mom? What about special diets? Ask good questions based on Mom’s desires and values.



Having a coach will allow you to make the most informed decisions. You need someone with lots of experience that will help you with a list of questions because most families don't know what questions to ask! There are some small board and care homes that take Medi-Cal clients and you can often get a list of those homes from the Ombudsman or the Office on Aging in your community. Waiting lists frequently exist for these homes. Most private homes and assisted living facilities start around \$4,500 a month. In the San Francisco Bay Area the fees range from \$5,000-\$7,000 a month.

Be armed with knowledge and expert direction and know if it doesn't work out you can always move Mom or Dad later. Most families tell me the goal is to make one move. However, needs change, staff changes, residents change and that could mean bringing back the expert to look for another community of care.