Placement Predicaments!

Clients may need help with placement and knowing where to start and how to find the best fit is a challenge.

Some placements are needed urgently due to a medical incident or accident, or sudden change in supports at home, like a death of a spouse or partner. If the need is due to hospitalization or rehab it is good to understand the priorities of the hospital or rehab discharge planners.

-Priorities of a hospital or rehab facility when it is time to discharge-

Hospital or rehab case managers assist patients leaving their care with referrals to placement agents for residential placement, if needed, or to resources for home health, home care, meals, equipment, transportation, etc., if returning home.

Deciding factors for discharge service referrals:

Timeliness of discharge?

Safety at home (steps, accessible bed, grab bars, handheld shower, etc.)

Equipment needed (wheelchair or walker, shower bench, bedside commode, etc.)

Ability to manage activities of daily living (bathing, dressing, toileting, continence, transferring, ambulating, eating) the person's cognitive status, and amount of assistance needed.

Any skilled treatments needed such as nursing (wound care, medication adjustment, etc., physical therapy, occupation therapy.

Ability to manage independent activities of daily living (shopping, cooking, banking, transportation).

Support at home or from friends or family, or neighbors helping neighbors.

Financial resources (income, assets, LTC insurance, ALTCS application)

Resources to pay for Home CARE?

Is residential placement needed?

-**Types of residential placements** licensed through the <u>Arizona</u> <u>Department of Health Services</u> for **elderly and disabled adults**:

Independent living

Adult day programs, adult foster homes, assisted living centers, assisted living facilities, assisted living homes.

-Levels of care:

Independent living

Supervisory care, personal care, and directed care

(See attachment: Assisted Living Provider type definitions from the Arizona Department of Health Services website: <u>https://hsapps.azdhs.gov/ls/sod/alprovtypes.aspx</u>)

Skilled nursing facilities (SNF)- Few people live in nursing homes. They provide skilled medical services including nursing, physical, occupational, and speech therapy. The patients must have a skilled need to be there. Most SNF placements are short term. SNF stays are usually covered for Medicare eligible people if the person was in-patient in a hospital for three midnights prior to transfer to the SNF.

If the patient has <u>original Medicare</u>, nursing home coverage is as follows:

Days 1-20: \$0.

Days 21-100: \$209.50 each day.

Days 101 and beyond: You pay all costs.

Medicare does NOT pay for custodial care.

Medicare Advantage plans (PPO Or HMO policies) contract with specific nursing homes. <u>*Check*</u> each plan to see what they cover.

Assisted Living Facilities Provider Type Definitions



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Division of Licensing Services

Assisted Living Facilities Provider Type Definitions and Related Definitions

For the official definitions (including additional related definitions), please visit the Arizona Revised Statutes and Arizona Administrative Code.

Adult Day Health Care Facility: means a facility that provides adult day health services during a portion of a continuous twenty-four-hour period for compensation on a regular basis for five or more adults who are not related to the proprietor.

Adult Foster Care Home: means a residential setting that provides room and board and adult foster care services for at least one and not more than four adults who are participants in the Arizona long-term care system pursuant to chapter 29, article 2 of this title or contracts for services with the United States department of veterans affairs and in which the sponsor or the manager resides with the residents and integrates the residents who are receiving adult foster care into that person's family.

Assisted Living Center: means an assisted living facility that provides resident rooms or residential units to eleven or more residents.

Assisted Living Facility: means a residential care institution, including an adult foster care home, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuous basis.

Assisted Living Home: means an assisted living facility that provides resident rooms to ten or fewer residents.

Directed Care Services: means programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.

Personal Care Services: means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to title 32, chapter 15 or as otherwise provided by law.

Supervisory Care Services: means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in selfadministering prescribed medications.

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Residential placements <u>through the Arizona Department of Economic</u> <u>Security</u>/*Division of Developmental Disabilities*.

If a person is eligible for services through the Division of Developmental Disabilities (DDD) and eligible for ALTCS, the residential placement must be contracted with ALTCS and with DDD.

(Information directly from the Arizona Department of Economic Security website: https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services)

"Independent Living Option

• Individually designed living arrangements (IDLAs): Homes rented or owned by members in the community. IDLAs provide teaching support and personal care for members. This type of setting may also be called "Supported Living."

Licensed Homes

- Developmental Home: A Developmental Home is a family home in which a licensed caregiver provides full-time care and supervision for up to three individuals with developmental disabilities. Child Developmental Homes serve members under the age of eighteen and Adult Developmental Homes serve members ages eighteen and over.
- Group Homes and Nursing Supported Group Homes
 - Group Homes: Provide staff who are awake 24 hours a day to meet a member's needs and help them learn skills. Ideal for members who need more assistance with independent skills, including cleaning, hygiene, self-help, etc. Most homes are licensed for three to four members (no more than six).
 - Nursing Supported Group Homes: Similar to Group Homes, but Members living in nursing supported group homes must be assessed to receive skilled nursing assistance as part of their DDD Person-Centered Service Plan.
- Assisted Living Centers/Homes: A residential care facility licensed by the Arizona Department of Health Services (ADHS) to provide supervisory care, personal care, or direct care services as defined in the Arizona Administrative Code (A.A.C.), Title 9, Chapter 10, Article 8. These settings are designed for members who are unable to live in their own home, but do not need nursing facility care.
- Intermediate Care Facilities: An institutional setting for members with Intellectual Disabilities (ICF/ID) that requires specialized services and active treatment. Services are provided at both private and state operated facilities."

Things to know:

Anyone can **check inspection reports** for assisted living homes or facilities here: <u>ADHS - Public</u> <u>Health Licensing - AZ Care Check</u>) The website was just recently update and is experiencing some glitches.

Continuing Care Retirement Communities (CCRC) offer multiple levels of care from independent living to skilled nursing.

Things to watch: HB 1567 regarding fines for licensing inspection deficiencies. This may have a significant impact on the number of smaller homes owned by individuals.

Many people think moving to a community in independent living is safer than remaining at home. In independent living, you are paying rent, housekeeping, some meals, and usually someone at the front desk who can call 911 for assistance if needed. Often people are hesitant to acknowledge that they need assistance, move to independent living, and then are surprised when help is not available immediately when needed.

Additional help is generally available for an additional fee either through an onsite vendor or outside agencies providing home CARE services.

Assisted living homes may be a better choice for some people since the homes have ten or less residents, fewer staff members, and usually, less staff turnover which. Since they are smaller physical settings, staff may be more likely to hear if someone falls or calls for help. They may not offer the frequency and variety of activities offered in larger places.

How much will this cost me and how is that calculated?

Cost for assisted living and memory care range from approximately \$3,500/month up to \$12,000/month.

Most have a move-in non-refundable fee and require 30-day notice to terminate the lease/care agreement.

Base monthly cost is usually determined by the floor plan, view, or size of apartment or room you choose.

The cost of care is additional and is determined after an assessment of the person's needs, level of care needed, how many medications they take, and how many times a day they take medication.

Ways to pay for residential care

Long Term Care Insurance may cover the cost of assisted living and / or care in the home. Every policy is different.

Evaluations for claim eligibility are like the Pre-Assessment Screening tool (PAS) for ALTCS and the evaluation for VA Aid and Attendant care. However, some LTC policies have specific definitions and different activities of daily living.

A benefit of filing an LTC claim is that most policies have a **waiver or premium** with an active claim.

Many people never use their policies or wait so long to file the claim they never get through the elimination period.

Some policies have a waiver of elimination period if the person starts with home care.

ALTCS – Arizona Long Term Care System

See attachments from the Arizona Department of Health Services and Arizona Department of Economic Security/Division of Developmental Disabilities websites

Each person must pass both financial and medical screenings to qualify for coverage for Arizona Long Term Care services.

Financial eligibility(See attachment from the AZDES website: https://www.azahcccs.gov/Members/Downloads/Publications/DE-828_english.pdf)

VA home care and residential care:

If a Veteran or surviving spouse is financially eligible, the VA may provide funds to assist in paying for assisted living,

https://www.va.gov/health-care/about-va-health-benefits/long-term-care/

Arizona State Veterans Home- Eligibility for this home depends on disability rating and need for assistance.

(See attachment from https://www.va.gov/pension/aid-attendance-housebound/)

"Am I eligible for VA Aid and Attendance or Housebound benefits as a Veteran or survivor?

VA Aid and Attendance eligibility

You may be eligible for this benefit if you get a VA pension, and you meet at least one of these requirements.

At least one of these must be true:

- You need another person to help you perform daily activities, like bathing, feeding, and dressing, **or**
- You have to stay in bed—or spend a large portion of the day in bed—because of illness, or
- You are a patient in a nursing home due to the loss of mental or physical abilities related to a disability, **or**
- Your eyesight is limited (even with glasses or contact lenses you have only 5/200 or less in both eyes; or concentric contraction of the visual field to 5 degrees or less)

Housebound benefits eligibility

You may be eligible for this benefit if you get a VA pension, and you spend most of your time in your home because of a permanent disability (a disability that doesn't go away).

Note: You can't get Aid and Attendance benefits and Housebound benefits at the same time.

How do I get this benefit?

You can apply for VA Aid and Attendance or Housebound benefits in either of these ways:

By mail

Fill out VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance), You can have your doctor fill out the examination information section.

Get VA Form 21-2680 to download

You can also include with your VA form:

- Other evidence, like a doctor's report, that shows you need Aid and Attendance or Housebound care
- Details about what you normally do during the day and how you get to places
- Details that help show what kind of illness, injury, or mental or physical disability affects your ability to do things, like take a bath, on your own

Learn about the evidence you'll need to support your claim

If you're in a nursing home, you'll also need to fill out a Request for Nursing Home Information in Connection with Claim for Aid and Attendance (VA Form 21-0779). <u>Get VA Form 21-0779 to download</u>

Mail your completed form, and any evidence or additional information, to this address:

Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365

In person

You can bring your information to a VA regional office near you. Find your nearest VA regional office

Reverse Mortgages:

https://consumer.ftc.gov/articles/reverse-mortgages

https://www.hud.gov/program_offices/housing/sfh/hecm/he cmhome

https://www.consumerfinance.gov/ask-cfpb/what-is-areverse-mortgage-en-224/

<u>Websites</u> that list multiple residential placements - free to you. They are paid by placements if you move in.

Are they the best place to start?

Websites offer information on local resources and may be a place to see information about a number of residential options, however, if you register with the website, you may end up getting loads of mail, email and phone calls from sales reps from all the places in town. They may have a privacy option where you can opt out of them sharing your contact information. The websites are frequently outdated and may only list places *that have paid to be included* on their website. They may have local representatives.

Are the websites helpful? It can be quite overwhelming to get a mailbox full of brochures and marketing people eager to show you their place, especially if you are new to looking at retirement or assisted living communities.

Check websites for disclaimers about any vetting they do or do NOT do.

Websites can be a helpful place to see a number of possible placements listed. If you do not register on the website and just go directly to the websites for the individual places you are interested in, you will get the information you want and not a pile of brochures to recycle.

If you register with a website, and later want to work with a placement agent, your registration may create a problem. Only one payment for placement will be made.

<u>Placement Agents</u>- a free service for you that get paid by the placement after you move in.

Most people are not aware of the ins and outs of the industry, most do not know what to ask or look out for. It is an unlicensed industry.

Placement agents or specialists get paid 50-100% of a month's rent when you move into a placement where they referred you. They contract residential placements and most likely will not show you places where they do not contract. Most do not offer to show homes covered by ALTCS.

Due to the controversial nature of the industry, the **National Referral and Placement Alliance** (**NPRA**) was formed to try and show some standards of practice and a code of ethics. There are a lot more agents in Tucson than are members of the Alliance. Do your research and ask a lot of questions before you commit to an agent. Membership in the NPRA is not a requirement to do placement.

There are some wonderful helpful agents out there. There are also some (as in any industry) you want to avoid.

Things an agent should do:

Disclose that they will get paid by the placement if you move in.

Meet you or the person needing placement.

Evaluate the level of care needed

Ask your preferences and priorities.

Ask if anyone else will be affected by your placement.

Ask your budget.

Ask what part of town you prefer.

Ask where your medical providers are and if you plan to stay with them.

Ask if you have pets that you want to keep.

Offer to schedule tours for you.

Offer state inspection reports.

Offer pertinent information about the settings and staffing, potential sale, etc.

(This list is not all inclusive)

Things to ask a placement agent before you commit:

Ask for references.

Do they regularly visit each of the placements?

Will they tell you if they are aware of any current issues at the placement? (high turnover, no director, recent sale of the property)

Will they just give you a list of places or will they take you on tours?

How many places will they offer you? Is there a limit?

Will they show you someplace if they do not contract, but you want to see it?

If you do not care for any of the placements offered, what happens next?

Will they get you copies of the most recent state inspection reports?

Will they assist you with the admission paperwork if you need assistance?

What happens if the placement does not work out?

Will they help troubleshoot if there are issues?

Things to ask a placement before you commit:

Do they have set visitation hours? Visitors should be able to visit during reasonable hours without an appointment, being aware that at certain times of day staff may be busy bathing or assisting with meals.

How is the food and meal schedule? Will they accommodate your dietary needs and mealtime preferences?

Can you stay up as late as you want and sleep in if you like?

How often will someone help you bathe? Can you bathe at a time of day you prefer?

What is the staff to resident ratio?

Is there someone awake at night?

Is there a nurse on site or on-call?

What kind of activities do they have?

Is transportation provided to medical appointments or to stores?

Who are the medical providers who come there? (Most places have medical providers who make house calls.)

Do they allow pets?

Can you continue to use your pharmacy, or will you be asked to change? Some places charge a fee if you use a different pharmacy than they do.

Options other than moving out of your home:

Stay at home or move to independent living -There are many **ancillary services** that can be arranged to help keep someone at home or provide support in independent living. Home CARE, meal delivery, personal emergency call systems, mobile chefs, transportation, housekeepers, house-call medical providers, and having someone else take over managing the household can all help people stay at home longer and safely.

Most neighborhoods have some type of **helping neighbors volunteer program** for friendly visits, rides, assistance with bill pay, etc. They do not provide hands-on care.

There are a variety of options for care available and many details to consider identifying the best fit for your needs.

Home CARE: Due to caregiver shortage, many agencies now require a minimum number of hours per shift and some also have a weekly minimum of hours. Going rates range from approximately \$35/hour to \$80/hour depending on the length of shift. The shorter the shift, usually the higher the hourly rate.

Medicare does not cover Home CARE.

ALTCS may cover some home and community-based care, but not 24-hour care.

Long Term Care Policies may cover Home CARE.

The VA may cover some home and community-based care.

Hiring a live-in caregiver. If you choose to hire a live-in-caregiver or even an hourly caregiver, working independently, for everyone's safety, it is always best to do a background check (regardless of references and word of mouth reviews), and get a worker's comp policy. Keep in mind that if you hire an individual and they get sick you may have anyone available to help. You will need to handle the payroll.

There are companies that vet live in caregivers. The intermediary is cut out after you pay the finder's fee (usually a percentage of the caregiver's annual salary).