GERIATRIC SERVICES CAPACITY ASSESSMENT

DOMAIN 4 – ALTERNATE LIVING ARRANGEMENTS

Table of Contents

INTRODUCTION

Purpose

The Geriatric Services Capacity Assessment was developed to help health plans and health systems, including community providers, hospitals, and other health care delivery organizations, evaluate their current ability to meet the needs of geriatric adults and to identify strategic opportunities for improvement.

Geriatric-competent care focuses on providing care and support for maximum function and prevents or eliminates barriers to integrated, accessible care.

Serving Senior Medicare-Medicaid Enrollees

Medicaid provides health coverage to more than 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare. Medicaid also provides coverage to 3.7 million people with disabilities who are enrolled in Medicare. In total, 8.3 million people are enrolled in both Medicaid and Medicare, which accounts for more than 17 percent of all Medicaid enrollees. Many of these beneficiaries have complex care needs; they have a significant impairment in physical functioning (some difficulty with two or more activities of daily living) and/or severe impairment in cognitive functioning. Health organizations must adapt to adequately meet the needs of this growing vulnerable population.

Medicare-Medicaid Enrollee Population

- *59 percent are elderly*
- *Compared to other Medicare beneficiaries, Medicare-Medicaid enrollees have:*
  - *More chronic conditions*
  - *More cognitive and other functional limitations*
  - *Lower income*

How to Use This Tool

Inherent in geriatric-competent care is the need to engage the individual in defining their care goals and needs. Establishing geriatric-competent care within a health plan or health system affects all functional areas of the plan or system, from direct care delivery to contract and payment modifications to management systems to the inclusion of a full range of home- and community-based care options and supports. As such, all key functional areas in the organization should be represented in the completion of the Tool.

4 ALTERNATE LIVING ARRANGEMENTS

It is important to understand the setting within which the older person lives. These possible or already existing arrangements should be discussed with all who are involved in ensuring safety, quality of life, and the least restrictive setting of care. Practitioners and other providers will want to be familiar with various living arrangements so they understand the limitations and the strengths of the setting of care within which the consumer already resides. Geriatric consumers, their family and/or their caregivers, health care providers, and others involved in their lives such as a home- and community-based provider may identify the possible need for the consumer to reside somewhere other than their own home to ensure safety and quality of life. There are a wide variety of options available to consumers seeking an alternative arrangement and the practitioner will want to be knowledgeable of the similarities and differences between the many options. Autonomy and choice is at the core of consumer-centered care and relationships. It is important to offer as wide a choice of facilities as possible and to consider geographic locations in order to facilitate existing relationships with family and friends. With the approval of participants, direct care workers and/or their supervisors can be involved in the assessment and care planning process with the IDT if not already directly involved. Included in this assessment are six major types of living arrangements within which an older person may reside: congregate housing facilities, assisted living and residential living facilities, board and care homes, residential treatment centers (behavioral health focus), State Veterans Homes, and residential nursing homes. Consumers may also choose to live with family or friends, or alone.

4.1 Congregate Housing Facilities

Congregate housing facilities provide seniors with private accommodations and some shared living spaces. Most facilities will provide at least one daily meal, social activities, and housekeeping and may provide limited assistance with activities of daily living. They do not provide 24-hour supervision or health care services, but may contract out for some assistance services. Congregate housing facilities are not licensed and are not staffed by health care professionals. These residences are well suited for individuals who are self-sufficient, require only minor assistance with basic tasks, and would enjoy the company of other residents. Seniors who need daily assistance and/or extensive services should explore other resources for more extensive in-home support. Some congregate facilities may be subsidized by state governments, via Medicaid.

4.1.1 Is staff able to offer information and resources about congregate housing facilities or refer the consumer to someone who can assist him/her with this option for living?

Organizations or practices will want to have enough knowledge about congregate housing facilities so they can suggest this option to the consumer and connect the consumer with someone who can assist the individual to explore this option for living.

4.1.2 Does staff know the functional capability a person must have to reside in this setting of care?

Organizations or practices will want to have enough knowledge about congregate housing facilities in order to understand if this is a safe solution to the older consumer's need.

4.2 Assisted Living Facilities and Residential Facilities

Assisted living facilities and residential facilities generally provide housing and supportive services for six or more residents. Both types of facilities are well suited for consumers who only need assistance with a small number of tasks, such as cooking, laundry, and taking medications. There are some structural differences for residents as indicated in the table below.

	Assisted Living Facilities	Residential Facilities
Room Accommodations	Private, independent apartments ranging from a studio to one or two bedrooms. Wheelchair accessible.	Shared accommodations with shared bathrooms or common bathrooms. No private kitchenettes.

In most states, neither facility is required to have licensed registered nurses on staff 24-hours-a-day. Duties and qualifications of direct caregivers will vary among facilities. Staff to resident ratio will typically be lower than what is required for nursing homes. Residents may also have home health nursing services (including visits by licensed nurses, physical therapists, occupational therapists and nurse aids) for a short-term skilled medical need or through private payment means to augment the limited assistance they receive in the assisted living facility. Residents typically pay monthly rent as well as additional fees for the services they require. In some states, publicly supported assisted living options may be available. Geriatric providers will want to maintain familiarity of and communication with assisted living facilities in the region.

4.2.1 Can you offer information and resources about assisted living facilities and residential facilities?

Practitioners and the IDT need not be experts on the financial requirements and functional criteria necessary to reside in these settings of care, but should be aware of the general parameters of care provided. In doing so, further assessment of whether the setting is appropriate, safe and adequately meeting the needs of the consumer for activities of daily living is possible. Assisted living and residential facilities vary in the degree of support for person-centered living and consumers should be encouraged to visit, meet the care team, and ask questions about consumer choice, autonomy, activities and involvement in the residential community. Facilities also vary in the preparation and training of direct care workers in supporting persons with dementia, including Alzheimer's. Geriatric providers know approximate costs for facilities in the consumer's locale or who to contact to facilitate assessment of the consumer for this level of care and to assist with transition if needed. Local aging networks and agencies serving the geriatric population are the best source for further information on board and care facilities.

4.2.2 Do you know the functional capability a person must have to reside in this setting of care?

It is important to have a general knowledge of the support assisted living facilities and residential facilities can reasonably be expected to provide to the older adult. Knowing the capabilities of the consumer facilitates assessment of whether the setting of care is appropriate and, as changes occur in the older person's abilities, that the arrangement still ensures safety and well-being. It also assists the practitioner and family/caregiver to understand what can or cannot be accomplished within this setting of care (e.g., does the facility remind a consumer of the need to take a medication) or social dynamics that may impact the consumer's well-being (e.g., a room-mate is wandering around and interrupting the consumer's sleep).

4.3 Board and Care Homes and Adult Foster Homes

A board and care home is a group living arrangement that meets the needs of individuals who do not require nursing home services but also cannot live as independently as someone is an assisted living or residential facility setting. Care is usually offered within private residences to not more than 5-6 persons at a time. The homes typically offer assistance with daily, routine activities such as providing meals, doing laundry, and providing transportation and socialization. In some states, adult foster homes or adult family care is a more structured service that may include assistance with personal care (such as eating, bathing or dressing) and training and supervision for direct care providers. Private long term care insurance and medical assistance programs may help pay for this alternate living arrangement. People often choose this setting of care because it is more affordable than other facilities and it is more of a homelike setting.

4.3.1 Can you offer information and resources about board and care homes and adult foster homes?

Geriatric providers will want to be aware of board and care options and adult foster home options in the region and be able to assist members with finding more information. Local aging networks and agencies serving the geriatric population are the best source for further information on board and care facilities.

4.3.2 Do you know the functional capability a person must have to reside in this setting of care?

Board and care homes and adult foster homes generally provide a significantly lower level of care than a traditional nursing home and would be best suited for individuals that only need assistance with daily living activities. Regulation and monitoring of these facilities varies significantly by state and, therefore, the level of care that each facility provides may also vary. A provider can assist in matching a particular facility to an individual's functional capacity, financial resources, and geographical preferences (e.g., one that is located closer to a relative that can visit frequently).

4.4 Residential Treatment Centers

Residential treatment centers are facilities for individuals suffering from mental illness, including substance abuse. Also known as rehabilitation programs, these facilities provide a slower paced, more repetitive treatment plan for residents and, if targeted for geriatric consumers, will also demonstrate competency in aging issues. These centers will vary in the types of conditions that they treat. For example, centers specializing in the treatment of substance abuse will typically offer a shorter term treatment plan than those specializing in the treatment of behavioral disorders. Residential treatment centers may also specialize in serving a particular population (e.g., women, children, seniors). The most common services provided by these facilities include assistance and training with daily living activities, medication management, client advocacy and case management, and individual counseling.

4.4.1 Can you offer information and resources about residential treatment centers?

Providers serving geriatric consumers are able to identify residential treatment centers in the state that specialize in serving older adults with behavioral concerns, mental illness and substance abuse. They will want to be able to discuss different levels of treatment offered by the facilities. A familiarly with state regulations is also prudent; each state regulates these facilities differently and assigns a state-specific designation based on the level of care offered. It is prudent that any discussion of residential treatment involve communication with a behavioral health practitioner[1].

4.4.2 Do you know the functional capability a person must have to reside in this setting of care?

Residential treatment centers offer high intensity services in a specialized care setting and are designed for individuals with low functional and mental capability. Consumers in these facilities are cognitively impaired because of mental illness and/or substance abuse and typically lack the social network and resources needed to manage their illness. A key issue for practitioners and other providers is to discern if a residential treatment center also is knowledgeable and sensitive to aging issues. Consumers with higher functional capability may be able to receive rehabilitation services in an alternate care setting, such as a State Veterans Home, a board and care home or a halfway house. Consumers at higher risk may need constant one-on-one monitoring in a 24-hour psychiatric intensive treatment setting.

[1] Finding or training geriatric behavioral health practitioners is an ongoing challenge in most localities; an increasing and diversifying geriatric population has resulted in a critically low number of behavior health providers that are able to serve these consumers. One strategy is to contract with health plans/providers that co-locate mental health services in primary care clinics or place primary care providers in mental health clinics.

4.5 State Veterans Homes

State Veterans Homes provide skilled nursing homes, domiciliary care (or residential nursing homes), and adult day care, in facilities that are owned and operated by state governments. Eligibility depends on clinical need, setting availability, and other criteria that are specific to each state, and Veteran status. Some facilities may admit spouses and gold star parents[2]. The Department of Veterans Affairs does not manage these facilities, but does certify and survey the facilities annually before they receive funding from state governments.

4.5.1 Can you offer information and resources about State Veterans Homes?

A Veteran Affairs (VA) social worker is the best resource for further information and for assistance in determining the needs of a specific consumer. VA social workers can identify the nearest State Veterans Homes and can help consumers determine a plan for paying for the services. A VA social worker can be contacted at any VA medical center. A list of State Veterans Homes can also be found on the website for the National Association of State Veterans Homes.

4.5.2 Do you know the functional capability a person must have to reside in this setting of care?

State Veterans Homes vary in the types of services that they offer. If the services provided do not meet the needs of a consumer, then the consumer may need assistance from a caregiver in addition to the State Veterans Home. Determination of functional capability involves open communication among the consumer, the provider, the VA social worker and relatives.

[2] A gold star parent is a mother or father of a service member who lost their life in service to the country.

4.6 Residential Nursing Homes

Residential nursing homes (sometimes referred to as custodial) and hereafter in this document referred to as nursing homes, offer a permanent residence for members who are of limited functional ability to care for themselves at home. Skilled nursing homes or facilities (SNF) should not be confused with a nursing home; however, the latter may be a wing or section of designated rooms within a skilled nursing facility. In a skilled nursing facility, a consumer generally stays for a short term (e.g., approximately 2-3 weeks) after an acute care hospitalization because he or she needs additional "skilled medical" care or rehabilitation services. This type of skilled nursing care stay is covered by Medicare. Residential nursing homes, in contrast, are intended to provide a more intensive level of residential, health, nursing and personal care support than can be provided in the community. The residential nursing home offers a wide array of services and is generally staffed by nursing assistants supervised by licensed vocational nurses and/or registered nurses with a medical director who is available as needed. The costs of residential nursing homes are typically subsidized by Medicaid if a consumer meets long term care (LTC) eligibility requirements. Residents may have some share of costs for the room and board aspect of the care. State agencies conduct routine inspections of nursing homes, and these reports are available online.

4.6.1 Can you offer information and resources about Residential Nursing Homes?

Given the high volume of nursing homes in the United States and use of this option to provide care for the older generation, providers will want to be able to guide members in comparing different nursing homes and determining one that will best meet the consumer's needs. The Centers for Medicaid and Medicare Services maintains a robust database of residential nursing homes in the United States and allows consumers to compare services offered by various facilities: http://www.medicare.gov/nursinghomecompare/search.html. The Center also provides a checklist guide for assessing a nursing home: http://www.medicare.gov/NursingHomeCompare/checklist.pdf. Nursing homes vary in the degree of person centeredness and consumers should be encouraged to visit, meet the care team and ask questions about consumer choice, autonomy, activities and involvement in the residential community. Facilities also vary in the preparation and training of direct care workers in supporting persons with dementia, including Alzheimer's. States are interested in and supporting waivers in LTC eligibility requirements to facilitate older individuals to return to community settings of care. Practitioners and providers working with care managers can identify, assess, and support this option of living in the least restrictive setting of care. Consumer involvement in decision-making and preparation for transition to a residential nursing home is important to post-relocation adaptation and well-being. Geriatric providers are aware of evidence-based guidelines to facilitate consumer well-being during the relocation process.

4.6.2 Do you know the functional capability a person must have to reside in this setting of care?

A consumer must complete a state-specific functional assessment to qualify for Medicaid reimbursement for residential nursing home services. Consumers must meet functional limitations and disability criteria that differ by state. Geriatric providers are knowledgeable of the criteria that apply to their region and be able to discuss whether or not a consumer may be eligible.

4.7 Living with a family member or friend

Living with a family member or a friend is an option for older individuals who have a higher functional capability and a caregiver willing to assist them. Programs such as Meals on Wheels, shopping services, and adult day care are available in most communities and can complement assistance provided by a caregiver. Consumers can also arrange for aids to visit the home on a routine basis to assist with, for example, bathing. Some agencies will provide respite care for a few days if consumers need short-term care while the caregiver takes a break or is called away on an emergency. Funding for these in-home services may come from Area Agencies on Aging or various state-funded programs. Your state's Medicaid agency may offer waivers that provide partial or full reimbursement services received in the home rather than in institutional settings.

4.7.1 Can you offer information and resources about residential nursing homes?

Providers serving geriatric consumers are typically familiar with the various services that can reach consumers at home and can complement assistance from friends and relatives. A referral coordinator can maintain a database of in-home services providers in the region, as well as the state's waivers and available programs. Any discussion of living at home should involve open communication with all caregivers, friends and relatives.

4.7.2 Do you know the functional capability a person must have to reside in this setting of care?

The functional capability of a consumer living with a friend or relative can vary widely based on the assistance that the caregiver is able to provide (commonly referred to as natural support) and the in-home services that the consumer is able to afford. A consumer's ability to live at home will also depend on the home's accessibility. Depending on a consumer's functional capability and on Medicaid waivers available in your state, a consumer may qualify for reimbursement for certain in-home services that help them with their ADLs.

APPENDIX A:
REFERENCES AND RESOURCES

Included in this appendix are references that were utilized and consulted during the development of this Tool or augment the information contained in the assessment tool. References are links to government websites, resources provided by professional organizations, or publications in academic journals. The references are divided by domain for ease of use.

Introduction

- **Slow medicine:**
  http://www.nytimes.com/2008/02/26/health/views/26books.html?_r=1&
- **Geriatric Competencies:**
  http://www.pogoe.org/gwiz
- **Geriatrics Competent Care Webinar Series:**
  https://www.resourcesforintegratedcare.com/Geriatrics_Competent_Care_Webinar_series

4. Alternate Living Arrangements

- **Residential Facilities:**
  http://store.samhsa.gov/shin/content//SMA06-4166/SMA06-4166.pdf
- **Substance Abuse:**
  http://www.ncbi.nlm.nih.gov/books/NBK64409/
- **Alternative Living Arrangements:**
  http://www.medicare.gov/nursing/alternatives/other.asp
- **Board and Care Homes:**
  http://aspe.hhs.gov/daltcp/reports/1993/rn06.htm
- **State Veterans Homes:**
  http://www.va.gov/geriatrics/guide/longtermcare/State_Veterans_Homes.asp#
  http://www.socialwork.va.gov/socialworkers.asp
  http://www.nasvh.org/StateHomes/statedir.cfm
- **Board and Care Homes**:
  http://www.vda.virginia.gov/boardandcare.asp
- **Residential Nursing Facilities**:
  http://www.medicare.gov/nursinghomecompare/search.html.
- **Nursing Homes**:
  http://www.medicare.gov/NursingHomeCompare/checklist.pdf

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This document represents one domain of an eight-part self-assessment tool. To access additional domains, or to see the tool as a whole, please visit: https://www.resourcesforintegratedcare.com/. We also welcome any feedback to RIC@Lewin.com.