

## FREQUENTLY ASKED QUESTIONS

1. How long has HOME been in business? **Proudly** serving the community since 1995!
2. HOME's service area? Greater Sacramento area, which includes Sacramento, Yolo, Placer, and El Dorado Counties.
3. How long does the process take? The process time varies depending on the completion of the forms needed for admission, the time it takes for touring the facilities and selecting the facility. After the initial intake on the phone, a personal assessment is scheduled, research begins and options are given, tours are scheduled and selection is made. Once the forms are completed the senior can relocate to their new home. The process can take a few days to several months. **Please refer to our "Home Process" sheet.**

- Physician's Report (Form 602A) is required to be completed by the senior's Primary Care Physician (PCP) before a move to **any** assisted living facility. This is a standard form from the State of California Dept. of Social Services to determine the elder care needs, diagnosis and medical history. **(See more details question #13)**
- Also required on the above form is either a recent TB Test (valid for 6 months) **OR** a Chest X-Ray (valid for 1 year) for proof of negative TB.
- Once the family, friend or contact for their loved one receives the appropriate facilities from HOME Agency, they will schedule a time to tour. This will determine the best fit for the senior based on their personal criteria.
- When a facility is selected, the facility or care home will then meet the senior for a personal evaluation to determine if they are appropriate for their specific facility. Deposit made room held up to 2 weeks.

4. Who Pays for Independent, Assisted and Residential Care?

The majority of facilities are private pay. Methods of payment/assistance include: Long Term Care Insurance, assets and resources, monthly retirement, VA Pension or "Aid & Attendance" (see #4) and/or family supplement. If you're on Med-I-Cal and your income is below \$1,400; you may qualify for the *Assisted Living Waiver Program (ALWP)*. Information on this program at: <http://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>.

5. Are there any organizations that will help supplement the monthly cost of assisted living?

The Veterans Administration has a benefit program called Aid & Attendance that can be used for in-home care or assisted living. There are specific requirements to participate in the supplemental program. You can get information on the Aid and Attendance Program at [www.va.gov](http://www.va.gov) or call your local VA office or the VA at 1-800-827-1000 for more details; **or see our VA Benefit flyer.**

6. Do the facilities require a lease? What is Respite stay?

The facilities are month to month and only need a 30-day written notice to vacate. Respite denotes short term stay – some Communities have minimum stays and charge by the day based on the individual's care needs.

7. Can I bring my own furniture and personal belongings?

Yes, the facilities encourage seniors to bring their own things so it is familiar and feels like home. Some Communities can furnish the apartment upon request. The small care homes are furnished; or a senior can bring their own belongings instead of using theirs.

8. What if the physician says skilled nursing care or 24 hour care is needed?

Some Physicians and/or Health Care Professionals are unaware of the level of care that Assisted Living and Residential Care Homes can provide. There are several prohibitive conditions (see #16). But, many facilities do provide a high level of care such as help with transfers (some have bedridden approval), help with incontinence, diabetes, Alzheimer's/Dementia and Hospice Care. Please call our office and we can help determine if the senior is appropriate for assisted living.

9. What is the difference between Independent Living/Retirement Living and Assisted Living?

Retirement Communities offer meals, housekeeping, activities and transportation services. Seniors have their own apartment and live independently with amenities offered. Assisted living offers 24 hour care and all of the

above services. They also assist with medication management, weekly laundry service, and bathing and dressing assistance. Most facilities also help with mobility issues, incontinence care, and memory care (Alzheimer's and Dementia care).

10. What is the difference between large assisted living facilities and residential care (also known as board and care)?

Both facilities are licensed the same by The California Department of Social Services Community Care Licensing. Large Assisted Living facilities have numerous Activity Programs and provide more socialization. Residents tend to be higher functioning that benefit from the stimulation and structure. Care Homes (RCFE or Board & Care) are not required to have their staff stay awake (like the larger Assisted) and provide more one on one attention. Most have a capacity for six in a home environment. Residents in smaller care homes tend to be frail and usually are not interested in being with a large group of residents or participating in activities. The care homes are more intimate settings with home cooked meals and higher staff ratios.

11. What happens when our money runs out if we are supplementing from savings?

Depending on the Elder's monthly income they could relocate to a more affordable facility in advance of running out of funds. But, if their care needs exceed what they can afford, they may need to apply for Med-I-Cal and go to a skilled nursing facility, or see if they qualify for the Assisted Living Waiver Program, ALWP. (See question #4)

12. Is the cost of care tax deductible?

It is tax deductible. Check with your accountant or CPA to get details in regards to your specific situation.

13. What facilities provide care to seniors that have Dementia/Alzheimer's care?

As mentioned in question #3 on the required doctors report needed prior to admission, facilities vary on their policy on how they accept residents with dementia. If the doctor lists Dementia/Alzheimer's as their primary diagnosis on the 602 (question #3 Primary Diagnoses) some facilities that provide memory care will want them to move directly to that unit. Other communities will allow the new resident to go to regular assisted if they don't need that level of care upon move-in. Some assisted living facilities want Mild Cognitive Impairment (MCI) or Secondary Diagnosis of Dementia/Alzheimer's or will not even accept a senior with any diagnosis other than MCI. You can discuss this with HOME on your initial intake or at the personal evaluation and with your loved one's primary care physician prior to completing this form.

14. What are Level of Care Charges?

Levels of Care are used in the multi-level model of assisted living. Each community has their own system of determining the client's "level of care" needs are. This may include a point system or a flat rate system with multiple tiers available. Based on the client's assessment and needs with medication, bathing, dressing, mobility or memory function an addition charge is added to the base rent for the room accommodations. Therefore, those needing the maximum assistance will be required to pay more than those who require less care. State licensing has no regulations pertaining to level of care charges or as to standardizing the level of care system.

15. Is assisted living required to offer 24 hour nurses on staff?

No. There are some communities that offer R.N.'s or L.V.N.'s five days per week typically Monday-Friday. A hand full offer nurses on staff 24/7. Facilities are not required to have nursing as part of their licensure. Assisted Living is considered more of a social model. Not a medical model such as Skilled Nursing Centers.

16. Are there any prohibited health conditions in Assisted Living?

Yes - there are four conditions: No Feeding Tubes; Pressures Ulcers/skin breakdown (old term bed sores) stage 2 or less is accepted-stage 3 & 4 prohibited; No IV administration-such as IV Fluids for hydration; No contagious diseases such as TB (airborne).