

## LONG-TERM CARE ACCOMMODATIONS

Compiled by  
Tri-County Office on Aging (TCOA)

Most older adults live in their own home or apartments including those with long-term care needs. Many people think of nursing homes when they hear the words "long-term care" (LTC). In fact, the vast majority of people receiving long-term care assistance are living at home with the help of family, friends and community agencies. Alzheimer's Disease, diabetes, arthritis, heart disease and surgical recovery are some of the reasons why an individual may need long-term care.

The Tri-County Office on Aging (TCOA) wants Clinton, Eaton and Ingham County seniors and their families to be aware of all the different services and payment sources that are a part of the long-term care continuum. Decisions about LTC often are very difficult to make and the different options should be looked at and discussed by all concerned. TCOA's Project Choices program, as described under "House or Apartment" below can assist individuals in all types of living environments, from a home to nursing homes.

The following describes settings where long-term care is provided:

### HOUSE OR APARTMENT

In-home services are available for people who need some help at different times throughout a day or week. Individuals may need assistance with meal preparation, bathing, transportation, housework, etc. Most people obtain this type of help from family and/or friends and community agencies. When a person is medically eligible for institutional placement, but wants to remain at home, TCOA's Project Choices' staff can help assess a

person's total care needs, arrange services and coordinate their delivery. Long-term care problems rarely occur one at a time. Nurse and social work staff coordinate a comprehensive care plan. Many people with multiple service needs are able to live at home with care management assistance. Most people prefer to live at home and the cost is usually less than that of a nursing home.

Full-time in-home care may be appropriate when an individual is very confused and disoriented, medically needy and/or bed bound. This should be determined on an individual basis. Persons who need 24-hour care cannot be left alone in their home and need either constant supervision or assistance in activities of daily living (toileting, transferring, bathing). Usually a spouse or child provides this type of care. It can be strenuous - taking it's toll, physically and mentally, on a caregiver's own well-being.

There are both in-home respite and adult day-care assistance for caregivers in the tri-county area. Also, in-home 24-hour care can be purchased privately through a home health service (consult the yellow pages) or by finding a provider on your own. This level of care is usually expensive and no payment source will cover 24-hour care.

### SENIOR CITIZEN HOUSING

Senior citizen housing is the term used generally for large apartment buildings or retirement centers for seniors. The Tri-County Office on Aging can provide you with a complete listing of Senior Citizen Housing (887-1440) for our area. Some are subsidized by the government; others accept only private payment. Meals, assistance with housework, social events and other activities are frequently available, usually at an extra charge. In subsidized units, rent is based on income. The amount

does not exceed 30 percent of monthly income. Carefully review your lease, which states the rent and names other protections for renters. Non-subsidized housing has no rent ceiling.

For many disabled and elderly people, senior citizen housing provides the companionship and services needed to live independently. Community agencies, such as Project Choices can provide in-home services to people living in senior citizen housing.

### ADULT FOSTER CARE, HOMES FOR THE AGED & ASSISTED LIVING

Adult Foster Care Homes (AFC) provide room and board as well as supervision and some personal care to persons over the age of 18. Residents pay for their own care with personal income and, if financially eligible, Supplemental Security Income (SSI). Medicaid may pay a limited amount for personal care for eligible clients. Medicare pays no portion. Residents on either of these health plans will continue to receive their medical benefits as if they lived in their own home or apartment.

Some AFC homes specialize in providing care to the elderly. Most are privately owned and operated, and house from one to 20 people.

**Homes for the Aged (HFA)** provide care, similar to that of adult foster care homes. Their fees are paid in the same way. Homes for the Aged house 21 or more people who are at least 60 years of age. Like AFC, Homes for the Aged do not provide medical or continuous nursing care, although some are attached to nursing homes and may provide nursing care on a limited basis. Citizens for Better Care (1-800-292-7852) has lists of local AFCs and HFAs and other helpful information.



The terms Assisted Living and Alternative Living Centers often mean that various services are available in the home or apartment or an additional charge. Services purchased by the resident may be negotiated into a contract or delivered within bounded choice. Assisted Living may be offered in an AFC, HFA or Retirement Center. Assisted Living and Alternative Living Centers are a marketing concept and not a licensed care category. This means the law does not regulate things like staff certification or staffing ratio.

It is always wise to research and visit any long-term care accommodations that you are interested in.

## **NURSING HOMES**

Nursing home residents require more nursing and personal care than can be provided in any long-term care setting. Nursing homes are licensed by annual visits from the Michigan Consumer and Industry Services. About 70% of Michigan's nursing home residents rely on Medicaid to help pay for their care. There are two levels of care available in nursing homes under Medicare: skilled and basic.

**Skilled Care** provides daily medical attention from a licensed health professional, such as a registered nurse, licensed practical nurse or physical therapist under orders from a doctor. Skilled care may include administering tube feedings, treatment of severe wounds, physical or speech therapy, etc. Medicare (for a limited time) and Medicaid will both pay for this type of care. If you have been denied Medicare coverage for skilled care and want to appeal the decision, contact Sixty-Plus Law Center at 334-5760.

**Basic Care**, sometimes called "intermediate" or "custodial" care, is what most nursing home residents require. Basic care includes

assistance with activities of daily living and periodic observation and assessment of nursing care needs. A basic care resident may need assistance with skin care, medications, assistance or training in feeding, bathing, walking, grooming or toileting. Although residents may need "total care" an individual's needs are considered "basic" if none of their care needs fall within the criteria for skilled care. Medicaid pays for basic care costs for eligible clients who cannot cover costs privately. Medicare does not pay for basic care.

Waiting lists for nursing home placements are common. If you anticipate the need for this type of care, it may be wise to get on a waiting list for the nursing home(s) you prefer. Tri-County Office on Aging's Project Choices program can help you explore alternatives to institutionalized care. Citizens for Better Care can provide information on individual homes.

## **HOSPITALS**

To receive hospital services, a patient must have an acute care need. A physician must also order and monitor care on a daily basis. Like nursing homes, hospitals are licensed by the Michigan Consumer and Industry Services and can be certified if Medicare and Medicaid quality standards are met.

✦ If you are a Medicare beneficiary and believe you have experienced the following: been refused hospital admission, improper or premature hospital discharge, poor quality or inadequate care - you (or a family member or friend) should discuss your concerns with your doctor and/or the hospital's patient representative or discharge planner.

If you remain dissatisfied, you or your representative should contact the Michigan Peer Review Organization (MPRO) at 1-800-365-5899. Citizens for Better Care and Sixty-Plus Law Center can also help you

with problems regarding hospital discharge issues. Finally, the American Association of Retired Persons (AARP) has an informative booklet on hospital discharge issues, *Knowing Your Rights*, 1985. Write to: AARP, 1909 K St. NW, Washington, DC, 20049.

### ***Services offered through the Tri-County Office on Aging:***

*Adult Day Services  
Caregiver Information & Assistance  
Case Coordination & Support  
Chore Services  
Crisis Services for the Elderly  
Elder Abuse Prevention & Education  
Emergency Food  
Energy Assistance  
Homemaker Services  
Independent Living Coordinator  
Information & Assistance  
In-Home Respite Care  
Kinship Care Respite  
Legal Services  
Long-Term Care Ombudsman  
Meals-On-Wheels  
Medicare/Medicaid Assistance  
Personal Care  
Project Choices  
Outreach Services  
Senior Dining Sites  
Senior Fitness  
Spanish Speaking Information  
& Assistance  
Tax Assistance  
Volunteer Transportation*

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