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Issues

Information and ideas for those
 serving seniors.

on Aging

Leaving Home

As people age, the decision to leave one's home and move into smaller, less independent accommodations is often agonizing. Many seniors say emphatically that they will *never* leave the home they established with their spouse and where they raised their families. Even though the home may be too large and challenging to maintain, partly inaccessible due to physical limitations, or in a neighborhood grown dangerous, many people resist moving despite urgings of their children and friends.

WHY PEOPLE RESIST MOVING

Understanding why seniors cling so desperately to their home is the first step in helping them make a move when it's necessary. To some degree, many older people have many of these reasons, as well as other less tangible factors, why they resist moving.

- **IDENTITY REASONS:** For some seniors, living in their home is the most tangible indicator of their independence. To give up their home and move into some type of congregate housing may seem like an intolerable loss of independence, self-esteem and identity.
- **EMOTIONAL REASONS:** For others, the ties to their home are primarily emotional – reminders of rich, important relationships and cherished events which happened within their walls. They may fear losing these precious memories if they relocate.
- **HISTORICAL REASONS:** In the past, moving from one's home often meant going to the “old folks’ home” to die. In earlier times, care facilities were often dreary, malodorous places where people were sent when they had no other

place to live. They bore little resemblance to the many bright, cheerful, home-like living facilities available to most people today.

- **FINANCIAL REASONS:** The financial costs of moving and again paying for housing may seem unreasonable to many depression-era seniors, for whom home ownership was the hallmark of financial independence.
- **BEHAVIORAL REASONS:** Sometimes seniors develop cognitive and mental impairments or paranoia which affect their ability to understand why their children or others believe they should move.
- **PHYSICAL REASONS:** Nearly all people who have lived in one house for so many years find the thought of physically accomplishing the tasks of moving too overwhelming to even contemplate let alone carry out.

CRISIS CIRCUMSTANCES CAN MANDATE A MOVE

Despite an elder's resistance to moving, circumstances sometimes make a move necessary. A significant medical problem, such as a hip fracture, usually results in the senior's admission to a skilled care facility for rehabilitation. While the individual is often obsessed with the idea of returning home, effective discharge planning can ascertain whether the home can be adapted to meet the needs of the senior, or whether a different type of living situation would be more appropriate. When returning home is medically unfeasible, it is important to help the senior manage the transition in healthy ways, discussed in detail later, so that the change doesn't lead to depression with physical and mental decline.

CREATIVITY NEEDED IN ABSENCE OF CRISIS

In the absence of a crisis, it can be more challenging to engage the reluctant party in accomplishing a move. When a mentally competent senior resists moving despite the obvious need to relocate, the responsible persons in his/her life will need to use compassionate and creative means to accomplish a move. It is important that the senior understand the reason for the move, have an opportunity to grieve the loss of their home, and be involved in choosing a new accommodation to facilitate their adaptation to their new living situation. These elders will often respond well to a plan in which family, friends or other responsible persons:

- meet with the senior to discuss why moving is necessary
- respectfully hear and validate the senior's objections to moving
- develop a timetable to accomplish the move
- ensure that financial matters will be handled properly
- offer support in managing the overwhelming tasks of moving
- help the senior explore and tour other housing options
- encourage the senior to reminisce and grieve the loss of the home
- help the senior move treasured belongings to the new residence
- stay involved, helping the senior establish new relationships and routines

WHEN THE PROBLEM IS COMPETENCE

Confused, cognitively impaired or mentally ill elders present greater risks in remaining at home and different challenges in accomplishing an appropriate move. There are individuals who become so paranoid they believe that everyone, even family and old friends, intends to harm them in some way, and so they physically restrict access to their homes. Persons helping these elders may require the assistance of paramedic or police personnel to gain access to their homes and transport them to a hospital where they can be evaluated and treated for their mental problems. Confused elders who cooperate with their responsible party may benefit from a thorough geropsych evaluation to determine whether their condition can be improved with treatment before selecting a new living situation. Seniors who are unable to care adequately for themselves and their

property will require a close family member, their attorney-in-fact, a professional care consultant or conservator to choose an appropriate living situation and arrange a move.

MATCHING SENIORS' NEEDS WITH HOUSING AND SERVICES

It is important when planning a move to make sure that the selected housing facility has sufficient services available to meet the senior's current needs as well as some future needs. Those assisting with a move should consider whether the senior requires help with Instrumental Activities of Daily Living (IADLs), and which of these services are offered by the living facility. Some of these services may be included in the rent, such as weekly housekeeping or transportation to shopping, and some may be available for an additional fee. Any senior housing facility that provides two or more Supportive Services (see definition below) for a fee must specify in their contract the fees

for Supportive Services and the provider of these services. Keep in mind that every individual must have a method of meeting these needs. If the need can't be met by the facility, it must be met in another way.

When planning a move, it is also necessary to determine how much help the senior needs with Activities of Daily Living (ADLs) and the availability of Health-Related Services (see definition below) in the proposed environment. In many senior living facilities, these services can be purchased in 15 minute increments which is often a cost-effective way to obtain the required help with ADLs. In facilities which provide housing primarily for seniors, all such Health-Related Services must be provided by a licensed home health agency contracted with or run by the facility.

Service Packages in Senior Housing

HOSPITALITY SERVICES

Some Hospitality Services may be included in the base rent, with others available for an additional fee. Hospitality Services include:

- Meals (1-3 per day)
- Housekeeping
- Organized activities
- Transportation to shopping
- Escort services
- Linen change

SUPPORTIVE SERVICES

Supportive Services may be included with the rent, or may be available for an additional fee. Any establishment providing sleeping accommodations to one or more adult residents, at least 80% of whom are 55 or older, and offering for a fee, two or more regularly scheduled supportive services, must register with the Minnesota Department of Health and operate as a Housing with Services provider. Supportive Services include:

- Personal laundry
- Handling or assisting with residents' personal funds
- Arranging for medical, health-related or social services
- Transportation for medical, health-related or social services

HEALTH-RELATED SERVICES

Health-Related Services may be included with the rent, but are more typically purchased on an "a la carte" basis. All Health-Related Services must be provided by a licensed home care agency contracted with or run by the establishment. Any establishment providing sleeping accommodations to one or more adult residents, at least 80% of whom are 55 or older, and offering for a fee, one or more regularly scheduled health-related services, must register with the Minnesota Department of Health and operate as a Housing with Services provider. Health-Related Services include:

- Help with Activities of Daily Living
- Medication setups, reminders and administration
- Nursing assessment
- Skilled treatments
- Central storage of residents' medications

NURSING CARE

Facilities providing intermittent or 24-hour nursing care must be licensed by the Minnesota Department of Health as a Nursing Facility. These Nursing Services are included in the daily room rate:

- Nursing assessment
- Nursing observation and monitoring
- Nursing care plan development
- Delegated medical treatments
- Medication administration
- Central storage of medication
- Assistance with Activities of Daily Living

Instrumental Activities of Daily Living

- Money management
- Shopping
- Transportation
- Meal preparation
- Homemaking
- Equipment use
- Telephone use
- Social participation
- Medication management

Activities of Daily Living

- Bathing
- Dressing
- Grooming
- Eating
- Toileting
- Transferring
- Walking

A WEALTH OF HOUSING OPTIONS

Once it's accepted that an elder must move, it is important to consider the range of housing options available

within the community and determine what level of care is most appropriate. Choosing the right level of care the first time will facilitate adjustment, maximize independence and self-esteem, and will avoid the need for a stressful, expensive, and possibly demoralizing second move. Nursing professionals who work with older adults are generally skilled in evaluating the individual's needs and abilities and matching them with an appropriate level of residential care.

Most large communities will have the following levels of care available in various privately-paid and publicly-supported facilities:

- Condominium communities – These are apartment or townhouse units which are purchased. Most do not offer any specialized services for seniors, such as meals, unless they are part of a Continuing Care Community.
- Cooperative communities – Through the purchase of shares of stock in the cooperative, individuals are entitled

to occupy a specific living unit in the building. Unless the cooperative is designed for seniors, few services will be available.

- Apartment communities – Subsidized and market-rate rental apartments are available in nearly every community. Apartment complexes may accept residents of any age, or may cater to seniors. Senior apartments tend to offer more services, such as meal plans, contracted home health care, activities, and transportation, than do all-age units.
- Housing with Services – sometimes called “Assisted Living” includes a number of different living situations, such as individually-rented apartments with supportive and health services; board and lodging facilities with supportive and health services; or specially designed buildings where each resident has a private room and bath with shared living and dining rooms. These are

Senior Housing Continuum

TYPES OF HOUSING

SERVICES OFFERED

Apartment (rental)	Possibly some Hospitality services.
Senior Apartment (rental)	Possibly some Hospitality Services Possibly some Supportive Services.
Continuing Care Retirement Community (purchase)	Hospitality Services Supportive Services Health-Related Services 24 Hour Nursing Services
Cooperative apartment (purchase)	Possibly some Hospitality services.
Condominium/Townhome (purchase/rental)	Usually does not offer services.
Housing with Services/Assisted Living /	
Board and Lodging (rental)	Hospitality Services Supportive Services Health-Related Services
Adult foster care home (rental)	Hospitality Services Supportive Services Health-Related Services
Boarding care home (rental)	Hospitality Services Supportive Services Intermittent Nursing Care
Nursing home (rental)	Hospitality Services Supportive Services 24 Hour Nursing Care

often market-rate rentals but some care may be paid by the state for eligible residents. While services vary widely, they often include, depending on the rates,:

- one to three meals daily
- home health aides on duty part of the day
- medication set-ups, reminders and administration
- nursing services purchased in 15 minute increments
- housekeeping and laundry services
- planned activities
- memory loss management

■ **Adult Foster Care Homes** – This is a living arrangement in single family homes for up to five adult residents.

They are licensed by the Minnesota Department of Human Services, monitored by county social services, and accept public or private payment. They may limit residence to men or women only, may exclude dementia clients or may specialize in the care of dementia clients or others needing a specific type of care.

■ **Nursing Facilities** include:

- **Boarding Care Homes** – These facilities provide three daily meals, laundry, housekeeping and some nursing services 24 hours per day. Often they provide some social services, activities, and some transportation. They accept private or public payment but are

not eligible for Medicare payment. They are licensed by Minnesota Department of Health. Most limit their acceptance to patients with Case Mix Levels A-D.

- **Skilled Nursing Homes** – Most of these facilities participate in the Medicare and Medicaid programs and accept private payment as well. They provide a full range of 24 hour nursing services, as well as all laundry, housekeeping, activities and social services. Most residents require considerable help with their Activities of Daily Living and medication administration.

How Matrix Can Help

Our goal is to help clients resolve health and social problems, including obtaining appropriate, cost-effective long term care services. Our registered nurse Care Managers are knowledgeable about the health needs and problems of older adults and people with disabilities. In addition, they have a wealth of information about many types of community services that provide varying levels of care, as well as Senior Housing options.

By working with clients and families to identify needs, goals and objectives, Care Managers recommend health,

social services, and home services which meet clients' needs and help them achieve their goals.

Trustees, attorneys, clients and families have found that working with a Care Manager can result in a positive outcome even when there are extensive health and social needs. Matrix recognizes the importance of these issues, and can arrange for a Care Manager to visit within 24 hours when necessary. In the metro area, please call 560-1010 for more information; in greater Minnesota, please call 800/560-0961.