

HOME CARE AND COMMUNITY SERVICES



Today, many seniors are able to live comfortably and productively in their homes thanks to the professionally operated and licensed network of home care and community facilities and services.

If you plan to stay at home but know you will need home care services to help with day-to-day personal care, you may want to look at your options through

home care agencies, the various community service agencies that are available and adult day care service providers. When health dictates, home care agencies can provide health care at home as well as part-time, temporary specialized or skilled nursing care. As part of their personal care services, many home care agencies will offer light housekeeping assistance.

While looking at the benefits of home care, you might also want to evaluate your home for:

- maintenance requirements;
- ease of accessibility for daily needs; and
- entrance and exit mobility features.

Home health care and other around-the-house services that help relieve responsibilities are much more popular — and therefore more plentiful — today than in the past. Home care is readily available to small towns and rural communities because of the many licensed and Medicare- and/or Medicaid-certified home health care service agencies that serve multi-county areas. While most privately owned home care services provide nursing care on a 24-hour, 7-day basis, you may want to contact them for general services during regular business hours.

If home care services are your first consideration, you may want to contact your local Area Agency on Aging 🐾, the Virginia Department for the Aging 🐾 or other state agencies such as the Virginia Department of Social Services 🐾. All of these state service groups work together for seniors and the disabled to assist them in locating nearby licensed home care 🐾 services.

NOTE: The Long-Term Care Provider Directory, available either from VHI or through the Virginia Department for the Aging, reports the Medicare certification as well as contact information for each home care agency listed at the time of the Directory is published.

TYPES OF HOME CARE

Two primary types of home care services are available:

- **IN-HOME SUPPORTIVE SERVICES** that do not require skilled nursing or medical care (referred to as personal assistance services Activities of Daily Living — or ADLs — in some health insurance plans and by some home care services); and
- **MEDICAL OR HOME HEALTH CARE SERVICES** that do require skilled or medically-trained personnel.

Most home care services require some training. Some of the services provided require more training than others. Many times, unless otherwise stipulated under the law or by a care manager, some services can be fulfilled routinely by family or friend caregivers; however, home care professional staff may also be needed periodically.

For example, a family member may be able to check someone's temperature or blood pressure checks. A trained or skilled home care worker may be required to make routine verification checks and reports to medical personnel and/or a care manager or coordinator. It is important to understand the differences in care services because it can affect the quality and cost of the care you receive.

IN-HOME SUPPORTIVE SERVICES

Supportive services provided in your home can include personal care needs such as bathing and dressing as well as light housekeeping assistance. These services can be scheduled routinely, on an as-needed basis, or specifically as primary caregiver relief. Even though your physician and assessment team may direct your care manager or coordinator to include these services, most are not medical in the sense that they must be administered by a registered nurse (RN) or physician.

For example, if you need someone to help you bathe and dress in the morning, it may seem to you to be a medical necessity. However, this type of activity is not strictly medical because it does not require a physician or a skilled nurse to perform the service. Therefore, the home care services that are requested as in-home supportive services are usually provided by home care workers or certified nurse aides (CNAs), personal care workers or companions. When



finances allow or the need is justified, live-ins are also an option. Depending on the level of care required, live-ins can be obtained at various levels of training — companions or trained aides, CNAs, LPNs or RNs.

Routine or daily health needs — for example, some oral drug administration 🗡, blood pressure or insulin checks or urine sampling — may also be carried out by a trained aide, a CNA or visiting nurse who is qualified and approved to perform the service.

So, though all of these services may be recommended by your assessment and included in your care plan, they are not always considered a medical expense; therefore, some services may not be included as covered expenses under some health care plans.

Under some special plans, in-home assistance, when ordered by a physician and when meeting the insurer's contractual requirements, may be part of the coverage — some long-term care insurance 🗡 programs for example. When and if covered, the services may only be covered for a short period of time. For example, insurers typically cover at-home health care that does not require acute-care hospitalization:

- for surgical and accident recovery;
- during various periods of illness when we can not do for ourselves and/or for some chronic illnesses or disabilities; or
- when the usual caregiver is not trained or physically able (lifting a patient from bed to chair) to provide the necessary care.

Care generally recognized as in-home supportive services may include assistance:

- getting in and out of bed or a wheelchair;
- in bathing, dressing, toileting and eating;
- in walking around the house and in taking prescribed outdoor walks; and
- in getting to and from physician or other medically necessary visits.

It may also include grocery shopping and meal preparation as well as light housekeeping needs such as watering the plants, straightening the house, making the bed and light dusting.

MEDICAL HOME CARE SERVICES

These are the services typically recognized by health care providers and insurers as constituting health or medical care. Medically-related home care services may be provided by RNs and by specially trained and/or approved LPNs or aides.

The home care services that require a registered nurse or other skilled and licensed professional — for example, rehabilitation services — are considered skilled care services. To be covered by typical health care plans, skilled nursing and rehabilitation services require a physician's order.

Most licensed and/or Medicare- and/or Medicaid-certified agencies will provide some or all of the skilled nursing services listed below:

- special nutrition services/prescribed diets;
- ostomy education and care;
- speech, physical, cardiac or occupational rehabilitation therapies;

- respiratory care;
- home dialysis; and
- the administration of fluids or medications requiring special skills, such as:
 - IM/IV antibiotic therapy;
 - insulin administration;
 - pain management;
 - parenteral nutrition (nutrients by injection); and/or
 - infusion therapy.

Some home care agencies also provide services for those who need medical in-home technology-dependent pediatric care.

COMMUNITY-BASED CARE SERVICES

Working from your assessment, your care manager or coordinator may include community-based services along with your home care services. If you or your family has the ability to transport you to group socialization activities, to physician appointments and to take you out for some meals, you may not need community-based care services.

However, for those who do not have the ability to get out-and-about on their own or with family and friends, your care plan can be designed to include community-based services. When your care includes both home and community services, your type of care will be referred to as home- and community-based care — HCBC — services.

Including these services in your care plan brings an added dimension to your home care. An HCBC plan

allows you to receive services in your home as well as services that are provided for you outside of your home, such as:

- transportation;
- home delivered meals or congregate meals, (meals served to a group at a certain place and time);
- care in an adult day care center; and
- recreation either at a day care center or through a church, synagogue or community-sponsored senior center.

MEALS, TRANSPORTATION AND RECREATION SERVICES

Three of the most important types of services for those who live at home are those services that:

- help protect nutritional health;
- provide regular socialization opportunities through recreational programs; and
- provide necessary transportation services to physician appointments and to therapies that cannot be performed at home.

Many communities, local Virginia Area Agencies on Aging, service groups and community hospitals provide these special services.

Congregate Meals — Special mealtimes are often held by community hospitals, senior centers and at other congregate nutrition sites at various locations. These meals are served to those who wish to participate in a group setting. They provide a special service in addition to nutrition; they provide recipients with the opportunity for socialization and recreation necessary to emotional health.

Home-Delivered Meals — Started in 1943, MEALS ON WHEELS provides another way to enjoy a balanced, nutritional meal at home as well as a brief visit from someone who cares. Usually supported by a combination of private and public funds, this program provides a daily meal to its recipients.

Other organizations may provide home-delivered meals and are available in most localities through federal funding 🦿. Payment for most meal delivery services varies from fixed fees to no charge depending on the sources of revenue used to provide the service and the income levels of the recipients.

Transportation — Community care can include services that provide group or individual transportation to physicians and other medical services, to senior centers, to locations providing congregate meals and, through some providers, to shopping areas. These services can be provided through various human services agencies. Elderly individuals may contact their local Area Agency on Aging or a local office of the Department of Social Services. Persons who are physically challenged may call the Department of Rehabilitative Services.

Another source of transportation is through specialized, privately operated transportation companies located in most urban and suburban areas. These health-specific transporters provide wheelchair-accessible transportation to local destinations.

Realizing how difficult it is for the elderly and disabled to navigate public bus transportation, many churches, synagogues and civic organizations have developed volunteer transportation groups. These groups are comprised of those willing to donate driving hours and their vehicle to transport the elderly and others not able to drive to medically important locations. Some organizations or groups also provide group transportation on special days to social events at the church, senior centers or other locations. Many adult day care centers also provide transportation to their facility as well as to planned recreational activities.

Recreation — Another important area in which community care benefits the aging and disabled is in recreational activities. Socialization is extremely important to those who spend a lot of time in their home. Congregate meals, educational classes, health and psychological services as well as purely recreational events — movies, dances, crafts groups — help add balance and enjoyment to limited lifestyles. Again, local churches, synagogues, some hospitals and community service organizations play a vital role in providing sources for these outlets.

Other Services — Community-based organizations, usually staffed by volunteers, may provide legal, financial and tax related services as well as counseling, rehabilitative and occupational assistance. These services may be free or may require a fee based on an ability to pay — a sliding scale fee system.

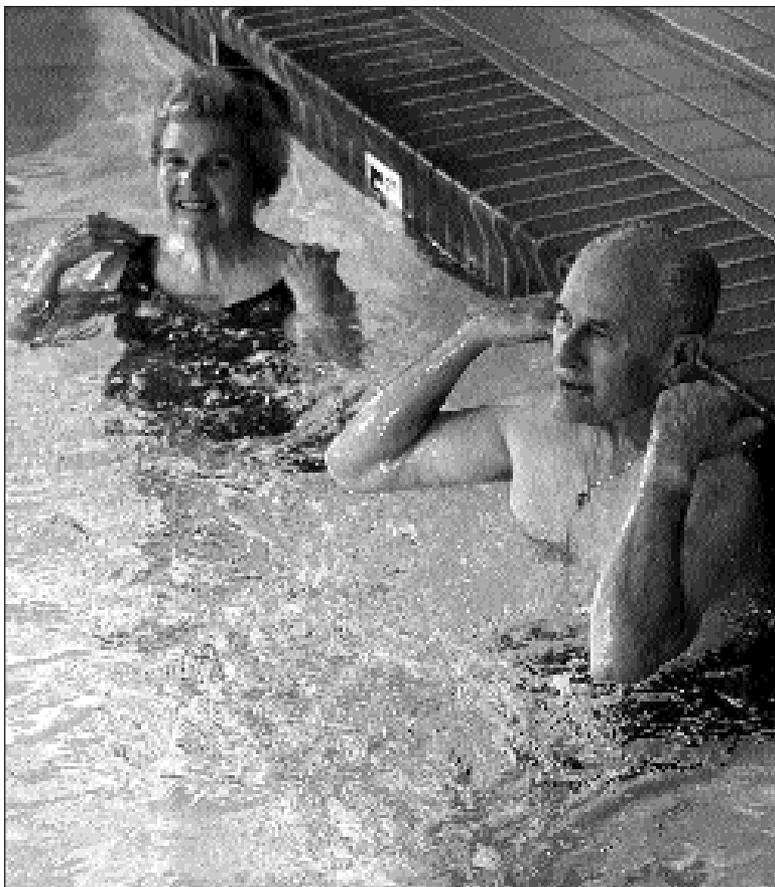
ADULT FOSTER/FAMILY CARE

Adult foster care differs from other residential care settings in two ways: the size of the home (four or fewer residents) and the family nature of the care setting. The value of family-based care is that it allows older persons to remain in the community with a consistent and predictable source of support.

Generally, adult family foster care participants are placed directly by the local department of social services or referred through the local Community Services Board. The Department of Social Services carries the responsibility for approval, oversight and payment of providers. Virginia does not use formalized standards to certify or approve adult foster care homes. Instead, the state opts for a system of guidelines with latitude for local interpretation and implementation.

- FOR OTHER INFORMATION ON HOME CARE ALSO SEE
 - HOME-CARE CHECKLIST
 - LONG-TERM CARE INSURANCE
 - MEDICAID
 - MEDICARE
 - VHI LONG-TERM CARE PROVIDER DIRECTORY
 - VIRGINIA, CODE OF
 - MEDICATION (PRESCRIBED DRUGS)
 - ADMINISTRATION PERSONNEL QUALIFICATIONS
 - VIRGINIA, STATE OF
 - AGING, DEPARTMENT FOR THE
 - AREA AGENCIES ON AGING
 - SOCIAL SERVICES, DEPARTMENT OF

ADULT DAY CARE CENTERS



Virginia's adult day care centers are a vital social service providing supervised day-time assistance and recreation to thousands of seniors and the disabled every year.

Available to those 18 and over, Virginia's licensed adult day care centers provide adults with a regulated facility that ensures reduced-risk activities and services

conducive to the well-being of those in its care. Virginia adult day care centers are licensed or approved by Virginia's Department of Social Services 9. Only those centers operated for profit are required to be licensed; nonprofit centers may be licensed upon request.

Adult day care centers provide supplementary care and protection during part of the day to aged or infirm and to disabled adults who reside elsewhere 9. Adult day care centers licensed by the Department of Social Services cannot be located in a facility or portion of a facility licensed by the State Board of Health or the State Board of Mental Health, Mental Retardation and Substance Abuse Services or in the home or residence of an individual who only cares for persons related by blood or marriage.

Some unlicensed adult day care centers are operated in homes or other facilities to provide primarily socialization and recreation programs for adults. For example these may be found as senior centers, in churches and synagogues or may be operated by a governmental unit, corporation or association. Regardless of operational organization or location, if licensed, the license to operate as an adult day care center must be posted clearly within public view.

PROTECTED, ENJOYABLE ENVIRONMENTS

As with other types of long-term care facilities and services, adult day care centers should be able to meet each participant's needs under the program as it is offered. Therefore, all licensed adult day care centers require an entrance assessment profiling each

applicant's capabilities and needs. These profiles also document special health needs that must be met such as:

- medication administration 🐾;
- allergy and/or food intolerance and
- other physical or emotional restrictions that may apply.

PARTICIPANT ACTIVITIES AND RECREATION

Virginia's licensed adult day care centers are required to schedule individual and group activities for their participants. Because viewed together the participants' assessments form a profile of the group's abilities, activities can be designed to match the abilities and skills of all participants. This approach promotes a high level of independence and individuality. An individual's economic limits are also recognized in the planning of activities.



Providing Good Nutrition — Licensed adult day care centers are required to provide meals and snacks for their participants. Even when participants choose to bring their own food, they are usually encouraged to eat the center's food because it is nutritionally balanced and designed to provide a set percentage of

the current recommended dietary allowances as set by the federal government.

As you can see, Virginia's licensed adult day care centers are regulated to provide positive environments for their participants. If you, a family member or friend need these services, you can feel assured that licensed or approved Virginia centers provide a very good option for care.

Providing Rehabilitative Opportunities — Some licensed adult day care centers can provide rehabilitative services at the center through full-time staff or through a special arrangement for those services. Ask the centers you interview about their capabilities in rehabilitative services. You may also find out about the nearest options by calling the Virginia Department of Rehabilitative Services 🗑️.

- 🗑️ SEE ADULT DAY CARE CENTERS
 - AMBULATORY DEFINED
 - PARTICIPANTS' RIGHTS AND RESPONSIBILITIES
 - STATE REGULATIONS SUMMARIZED
 - ADULT DAY CARE SERVICES/FACILITIES CHECKLIST
 - NATIONAL ADULT DAY SERVICES ASSOCIATION
 - VHI'S LONG-TERM CARE PROVIDER DIRECTORY
 - VIRGINIA, CODE OF
 - ADULT DAY CARE CENTERS DEFINED
 - VIRGINIA, STATE OF
 - REHABILITATIVE SERVICES, DEPARTMENT OF
 - SOCIAL SERVICES, DEPARTMENT OF

RESIDENTIAL LONG-TERM CARE: LIVING WITH BUILT-IN SERVICES



CONTINUING CARE RETIREMENT COMMUNITIES
ASSISTED LIVING FACILITIES
NURSING FACILITIES



COMPARING APPLES WITH APPLES

Looking at advertisements, sales brochures — even the yellow pages of the phone book — can leave even the most long-term-care-knowledgeable individual a little unclear on exactly how or if a facility is licensed. Learning about the levels of care offered by specific kinds of residential facilities or special units in the facility can make identification of each type of facility easier. It's important to work your way through this quick learning process so that you have a clear basis for comparison options — apples with apples, oranges with oranges. Only when you clearly understand how each is equipped, staffed and licensed can you accurately differentiate your options.

As you start to shop your options, you may cull some information from friends and relatives, some from the yellow pages and other long-term care advertising and from your physician. Then, if you're like most people, you'll balance what you've learned and heard against your personal preferences and instincts. Then we hope you'll take everything you've learned and visit different types of residential facilities and several of the type in which you're interested — ones under different ownership perhaps, others that vary in size or mission. And we hope you'll use the data and general information in this guide and in the LONG-TERM CARE PROVIDER DIRECTORY available from VHI and VDA.

LEARNING MORE ABOUT THE FACILITIES, SERVICES

Word of Mouth — One way to get to know a residential care facility is to talk with people who live there or have friends and relatives who live there. It's a firsthand report on the quality of the care you can expect to receive and on the overall performance of the physical facility. However, as you listen, remember that what you are hearing can be biased by the person's own beliefs and needs. Listen, but keep an open mind.

Advertising — To add another dimension to your research, look at the facilities' advertisements.

- What words do they use to describe themselves and the care they provide?
- What overall picture are they painting of their facility and staff?

Keep in mind that the size of a facility's advertisement is not necessarily an indicator of quality care. But ads are a good starting place — along with this guide — to check out options. It is in ads that you may find

the greatest disparity of language concerning residential care facilities. They may have chosen advertising classifications or headings that do not necessarily accurately profile their services as licensed.

Some examples of terms used in retirement and long-term care facility marketing are:

- independent living
- assisted living, assisted living community
- permanent residential care
- lifecare retirement community
- nursing care
- retirement community
- senior campus lifecare communities
- continuing care retirement communities

Use THE LONG-TERM CARE PROVIDER DIRECTORY to pinpoint how a facility or service was licensed at the time of publication. The category under which they are listed in the directory will tell you how they are licensed by Virginia. The directory lists options in your area, in nearby communities and across Virginia. You can also request verification by contacting the appropriate licensing entity. If you cannot find the residential unit in which you are interested in THE LONG-TERM CARE PROVIDER DIRECTORY — there may be facilities that have opened or closed since the directory's publication date — you will want to contact the facility directly and/or call a Virginia licensing or regulating department for information. You can contact the Virginia Department of Health 🏠 to verify a nursing facility's status or the Virginia Department of Social Services 🏠 to verify an assisted living facility's status. For peace of mind and specific information about a

facility, it's a good idea to check the credentialing and/or licensing status of all services and facilities you consider.

Your Physician — No one knows your medical needs, your physical and mental limitations, and, in some cases, your preferences about lifestyle, better than your physician. However, he or she may not know about your financial capability, so you will have to factor that into your thinking after you know what your physician thinks is in your best interests. When a preadmission assessment is performed, your physician will be instrumental in helping the assessment panel and care manager or coordinator profile your needs. This group will know what the criteria are for admission to each facility type as well as financial eligibility requirements. Their balanced input can be very valuable in your long-term care decision-making process.

VISIT, VISIT, VISIT

Almost everything you will read about long-term care stresses the importance of visiting the facilities you are considering — and not just once. You will find a visitation checklist in this guide as well as a directory of options. Don't be shy. Don't be concerned about how your visits appear to the administrators and staff. It is in everyone's long-term interest — yours and the provider's — for your placement to be one that is satisfying and lasting. You can minimize the likelihood of a later relocation with frequent visits to the facilities you are considering before you make a final decision.

- ✦ SEE LICENSING AND REGULATION AUTHORITIES
VIRGINIA, STATE OF
HEALTH, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF

CONTINUING CARE RETIREMENT COMMUNITIES

Today, many people look forward to retirement with a strong desire to simplify their lives. CCRCs offer this opportunity.

The goal of many retired persons is to find housing that removes most of the duties and obligations of caring for a home. Choosing a Continuing Care Retirement Community — a CCRC — can accomplish this goal and can also:

- provide some of the most advanced thinking in geriatric care;
- provide the ultimate security of lifetime care — complete health care for as long as it is needed;
- allow residents to remain in familiar surroundings free of the threat of a move required by failing health; and
- provide a nutritional and social structure that promotes physical and mental health.

By offering these benefits to the residents, CCRCs also provide peace of mind to the retiree's family. It is the CCRC's special design under the law that includes the requirement to make continuous or lifetime care available that earns CCRCs their name. CCRCs should not be confused with the retirement communities that — though free of contractual obligations and entrance fees — are limited by design to offering residential, recreational and possibly light housekeeping services with no provision for lifecare health and medical services.

Unlike other residential and assisted living facilities, a CCRC's goal is to provide a lifelong residential

retirement solution with the inclusion of health and medical care throughout the remainder of the resident's life. When a CCRC makes a lifetime commitment to a resident's health and welfare, the CCRC can require a reciprocal financial commitment from the resident. Take time to investigate the financial possibilities with the facility in which you are interested. It makes good sense to ask about assistance as you explore.

To meet the Code of Virginia's definition for a CCRC 🐾, a CCRC must provide:

- board (meals) and lodging or shelter; and
- access to nursing services

in consideration of the payment of an entrance fee.

Most of Virginia's CCRCs are also equipped and staffed to provide some or all of the following to meet the requirements of a TYPE A, B or C contract or profile as a TYPE A, B or C facility:

- housekeeping and/or laundry services;
- congregate dining areas;
- recreational and emotional needs services;
- vendor service shops such as a small grocery store, drug store, laundry/dry cleaner, beauty/barber shops and usually a bank or ATM;
- group and/or individual transportation services;
- all facility maintenance and grounds keeping, utilities (phone is typically responsibility of ambulatory residents); and
- security services.

Additionally, CCRCs promote healthy lifestyles through wellness programs to improve the health status and

quality of life for residents. Entrance assessments — required by all CCRCs — are updated regularly through routine physical examinations and emotional inventories. Care plans are drawn, modified and followed by CCRC care managers or care coordinators.

CCRC CONTRACTS

The combination of services and the method of payment for those services is stipulated in the continuing care contract — an applicant and CCRC enter together. The contract forms the basis for the commitment by the CCRC to the resident and the resident's return commitment — financial and otherwise — to the CCRC.

There are three standard CCRC contracts as delineated by the AAHSAH — the American Association of Homes and Services for the Aging. These contract types may also be used to describe the type of CCRC facility. You may want to review these contracts in this guide's RESOURCES A to Z section to gain an understanding of CCRC inclusions and limitations. You may also want to review the Code of Virginia excerpts in RESOURCES A to Z that define CCRCs and their entrance fees.

The three types of contracts or facility types generally associated with CCRCs are:

- **TYPE A CONTRACT/FACILITY:**
Comprehensive or Extensive Entrance and Monthly Fee Required
- **TYPE B CONTRACT/FACILITY:**
Modified
Entrance and Monthly Fee Required
- **TYPE C CONTRACT/FACILITY:**
Fee For Service
Entrance and Monthly Fee Required

CCRC agreements contractually stipulate the CCRC's and the applicant's choices in services, payment arrangements and agreed upon duration. Pursuant to the Code of Virginia, a CCRC contract must be for not less than one year to meet the operational definition for a CCRC.

Note: A TYPE D contract, by nature of its short contract life and reduced service access terms, falls outside of the Code of Virginia's definition for CCRCs and is, therefore, usually offered as a 'special situation' option to a TYPE C contract rather than a separate contract.

CCRC ENTRANCE AND MAINTENANCE FEES

An entrance fee can be thought of as a security deposit that is reserving your home for you for the rest of your life and committing the services to you that you will want and need from the CCRC you have chosen. As a resident in a CCRC, an entrance fee works for you in several ways.

- It contributes to the many services provided by the CCRC facility.
- It acts as a down-payment on your personal CCRC housing; and, along with other CCRC funds, it contributes to the support of the facility's buildings, grounds and amenities you will enjoy.
- The entrance fee also works to buy down or offset the costs of routine health care, of special wellness programs and for nursing services you may need over the long term.

In addition to an entrance fee, most CCRCs require a monthly maintenance fee usually covered by a resident's social security and/or pension.

CCRC FINANCIAL ASSISTANCE

Because many of Virginia's CCRCs are nonprofit organizations, benevolent care or financial assistance funds may be available to those in need through the CCRC's charitable trusts and endowment reserves. These trusts and reserves are the result of donations from large corporations, religious organizations, wealthy benefactors and from the fund-raising efforts of the CCRC staff and auxiliaries themselves.

From the income generated by these trusts and reserves, CCRCs often make annual awards to Virginians for CCRC housing and care. If the facility you are exploring is operated by a for-profit corporation, you may want to inquire about financial assistance options during your interview with the facility administrator or manager.

REGULATION OF CCRCs

In terms of the future and stability of CCRCs, Virginia allows CCRCs to collect entrance fees to build and maintain financial reserves, to expand facilities and services and to start a new CCRC or add residential units to current facilities. It is important to remember that entrance fees are subject to special requirements and may not be refundable. Carefully review all contract terms with an attorney, a financial advisor and with someone who has an understanding of your needs.

Financial Regulation — In Virginia, there are specific requirements and limitations governing the use by a CCRC of its residents' entrance fees. These require-

ments and limitations are itemized and defined by the Code of Virginia. The use of entrance fees by a CCRC forms a part of its financial statement each year, including any funds held in escrow (pursuant to the Code of Virginia).

All CCRCs in Virginia are required to register with the State Corporation Commission  and to submit their annual detailed disclosure and financial statements to the State Corporation Commission for review. Their financial statements must also be disseminated to the CCRC's residents as well as to prospective residents.

Health Related Regulation — CCRCs in Virginia are regulated by the Virginia Department of Health  and the Virginia Department of Social Services .

All facilities licensed as CCRCs are required to maintain compliance with the Code of Virginia. The Department of Health (nursing facilities) and the Department of Social Services place certain health regulations on various levels of health and medical care provided by CCRCs. These regulations must be met or exceeded by CCRCs.

Additionally, CCRCs are required to demonstrate that their services promote their residents' abilities to maintain the highest functional level. Meeting these criteria allows a CCRC to maintain its licensure and state and federal funding options. The two departments responsible for the regulations perform surveys throughout the year to make sure a facility is in compliance with applicable requirements.