

EVALUATING SENIOR FACILITIES

Please make as many copies of this as you need to compare your options. Some facilities you visit may not offer all types of living arrangements or levels of care in this checklist.

Life at _____

Independent Living

What services and assistance are provided? _____

Is any of this at an additional cost? _____ If so, what are the costs? _____

Which of your doctors comes here? _____

Which do not? _____

How would you get to your doctors, your dentist, your ophthalmologist or other medical providers? _____

Would someone accompany you to take notes? _____

If so, who? _____ How much would you pay? \$ _____

Would they share information from and with this facility? _____

If so, how? _____

How would your doctor's observations and recommendations be communicated? _____

Even very expensive Continuing Care Retirement Communities ("CCRCs") may have an arrangement with one general practitioner or internist and perhaps a geriatric psychiatrist who come to the CCRC. All residents must see this person or make their own arrangements to see someone else, just as they must to see another specialist. Some doctors, nurse practitioners, dentists and lawyers do make house calls.

Will you be allowed to remain in independent living while receiving some help with medication management and "activities of daily living" (bathing, dressing, toileting, continence, moving from one position to another ["transferring"] getting sufficient nutrition and hydration)? _____

If so, which activities? _____

If so, who provides this help? _____

Is there a cost? _____ If so, what? \$ _____

Are you allowed to hire people from outside to help? _____

If so, who? _____

How much would it cost? _____

Assisted living

What is the entrance fee? \$ _____

What is the monthly charge? \$ _____

What does it include? _____

Is the payment all inclusive, a la carte, based on service level? _____

How is it determined? _____

If this is part of a CRCC, are people living in Independent Living at the CRCC given a waiting list preference? _____

If this is part of a CCRC, what help could you receive in Independent Living while waiting for a place in assisted living? _____

What is the certified nurse's assistant ("CNA") patient staffing ratio at different times of day? _____

How is medication dispensed? _____

When are R.N.s present? _____ On call? _____

Is a physician on call? _____ If so, when? _____

Can you hire whomever you want or are you restricted to the assisted living facility's affiliated home health agency? _____

Will your bed/room/apartment be held if you enter a hospital, rehabilitation or nursing facility? _____ If so, for how long? _____

What happens if you decide to enter a facility somewhere else? _____

Memory care

If this is part of a CCRC, is there an additional entry or monthly fee? If so, how much? _____

What is the staffing at different times of day and on weekends? _____

What services are provided? _____

What is the physical layout like? _____

Are people moved from one room to another? If so, why? _____

What is the written policy on administering psychotropic drugs? _____

Nursing home

Most of us go directly to a nursing home from our own home. The average nursing home stay is two years; 20% of nursing home stays are for more than 5 years. Many of us die in a nursing home.

For those of us who go for "rehab" following a three night inpatient hospitalization, stays are generally about 30 days (21 at Green House nursing home "cottages.") Most last no more than 90 days, too short to trigger payment under most long-term care insurance policies. For these stays, Medicare pays without a co-pay for the first 20 days (and with a \$197.50/day co-pay for another 80 days).

*Visit and talk with people who live there and with their families.
Consider attending a meeting of the resident's family committee. Also
look at*

www.medicare.gov/nursinghomecompare
www.projects.propublica.org/nursing-homes/
www.nursinghome411.org

If the nursing home is part of a CCRC, is there an additional entry,
monthly or daily fee for the nursing home? If so, how much? \$ _____
Are private rooms available? ____ If so, are they only available if
"medically necessary"? ____ What is the additional cost? \$ _____
How many Medicare beds are available? _____
What is the turnover? How does that relate to Medicare payments? ____

How many Medicaid beds are available? _____
How long can you afford private pay at current rates? _____
How are nonprescription medicines, disposable items, communication
and entertainment devices and other personal needs such as lotions
and booties paid for? _____

*Medicaid permits a person to keep only \$75/month for these; the VA
adds \$90. Medicaid planning before or early in retirement is ideal.
After entering a nursing home but before applying for Medicaid other,
more limited planning can be done.*

If there is no bed (or no Medicare or Medicaid bed) available, what arrangements are made? _____

If you enter a hospital or rehabilitative facility, how long will your bed be held? _____

How can you move between the nursing home, assisted and independent living? _____

What is the CNA/patient staffing ratio during the day? ___ in the evenings? ___ at night? ___ on holidays? _____

How is medication dispensed? _____

What is the L.V.N./patient staffing ratio during the day? ___ in the evenings? ___ at night? ___ on holidays? _____

Is there an R.N. present? _____ When? _____

Is there an R.N. on call? _____ When? _____

Is there a physician on call? _____ When? _____

What is the staffing hierarchy? _____

Generally speaking, the fewer levels and more autonomy, the better and less expensive.

What is the CNA absentee rate? _____ What is the turnover rate? _____

Nursing homes typically have a high CNA absentee rate and a 100-170% turnover rate.

Are you permitted to hire a private duty nurse? _____

If so, how much would that cost? _____

Continuing Care Retirement Community

What is the provider's background and experience? *"Sponsorship" by a church or other nonprofit does not equate to legal control or financial responsibility.* _____

Is the provider financially strong? Does the facility have sufficient financial reserves? *Be sure to have a professional review the financial, actuarial and operating statements.* _____

Are all levels of care state licensed? _____

How does the facility assure quality of care? _____

What is the entrance fee? _____ What is the monthly fee? _____

How can it be increased? _____

What happens when you can no longer pay? _____

Is there a benevolent fund? _____

How does it operate? _____

What, specifically, is included? _____

How might this change? _____

Is there a residents' association? _____ What are its powers? _____

Is there a Families' Council? _____ How does it operate? Talk with some members. _____

Is there a Residents' Council? _____ How does it operate? Attend a meeting. _____

How are complaints, disputes and requests for exceptions handled? _____

What choice do you have about your unit and how it is furnished or decorated?

Will your unit or payments change if you marry, divorce, become widowed or have a friend or family member move in?

What happens if you and your spouse require different levels of care?

Hospice

Does hospice care involve additional costs?_____ If so, what?_____

Are there facility requirements for receiving hospice care?_____

Previously Medicaid hospice services were only provided to a person whom a doctor certified could be expected to live no longer than six months. Now it is recognized that certain progressive diseases, such as ALS and Parkinson's, have no clear progression timeline. Medicaid also no longer always requires giving up "cure" to receive pain management and related palliative care, including hospice.

What services does this hospice provide?_____

Some include companionship, a chaplain, and counseling for the family continuing for up to 13 months after the person's death.

Do hospice workers come to you and follow you through various levels of care? _____

Long-Term Care Insurance

Is the facility currently licensed for the type of care covered by the policy in the bed and building in which you would reside? (check www.dads.state.tx.us) _____

Is it also licensed for the bed and building in which you might reside in the future? _____

Does it provide the R.N. availability required by the policy in the bed and building in which you would reside? (get this in writing) _____

In which you might reside in the future? (get this in writing) _____

If your policy covers home health care, does it include or exclude locations at the facility where you would reside now or might reside in the future? For example, does it limit home health care to "your own home" and exclude "assisted living"? What does the policy provide regarding "assisted living" or "independent living" or "facility?" _____

How does this fit with this facility's rules? _____

Before signing any facility contract, get specific, written pre-approval from your long-term care insurer including a doctor-specified plan of care and the number of hours or visits and amount of money the insurer will reimburse, including payment terms. Make sure that it is just what the doctor ordered and that it can be easily and quickly changed to meet your changing needs.

The written contract governs, not what you are told. Read it carefully, twice.