



ADULT LIVING ALTERNATIVES

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We have to make many choices in the course of our lives. Some are relatively unimportant, such as the size and composition of our morning espresso eye-opener. Where we live, who we marry, what occupations we pursue are life-defining decisions. But, no one ever chooses to be old, or to develop a disability.

The chances are that, if you live long enough, or have a disability, you must decide which care setting is best for you. The right choice will bring comfort and enjoyment. The wrong choice may cause needless suffering and disappointment.

Those who plan ahead often make the best choices. They research extensively, ask a million questions, consult with friends, professionals, etc. Rather than wait for a crisis to dictate events, they take into consideration all possible scenarios, and prepare for the worst while hoping for the best. And it doesn't hurt to have lots of money. People who plan ahead in this fashion probably account for less than 10% of the population.

The rest do the best they can until nature and bad luck upset their relatively tranquil lives and force them to make difficult decisions about where they'll live and who will take care of them. At that point I hope that they have this handbook, or something like it, in their hands.

Informed consumers become effective consumers, and cause long-term care developers and operators to be more consumer-friendly. Marketing efforts will always emphasize the appearances of facilities, but wise consumers see through the fluff of superficialities. Most of the community knows by now that the most important element of any care setting is the caregiver.

It doesn't matter if you're considering a five person foster home, or a two hundred person facility, you must learn the identity of the caregivers who will be most responsible for your health and safety, or the health and safety of your relative, client or patient. You don't just move into a home or facility, you actually put yourself in the hands of real people whose qualities and characteristics will have a major effect on your life.

The primary goal of this handbook is to have everyone understand and appreciate the ideas and sentiments expressed in the previous paragraph. Let me know if you have questions.

Rick Davison, Director

Decisions are best made jointly. Naturally, no one, including elders, wants to leave the familiar comforts and privacy of their own home. Involve your loved one in all the steps as much as possible. Be prepared to make the final decision on your own, if necessary.

Should you wish to locate an acceptable home or facility for your loved one, call us up (Adult Living Alternatives, 503-288-0686). For no cost to yourself, we will evaluate your loved one's needs and preferences, and recommend the best care settings. We maintain a database of more than 1,000 homes and facilities in the Portland metropolitan area. We have been in business since 1985.

Whatever the reason, please do not hesitate to call if you have any questions about this guide or anything else pertaining to the care of the elderly. We try to spread good will because that helps create business for us, and is a satisfying way to live one's life.

THE INTERVIEW

The primary focus of the interview is on the care needs of the person needing placement. We need to learn medical diagnoses, degree of assistance needed with activities of daily living (ADLs), sleeping habits and types of medications prescribed by a physician.

Also, we need to take into consideration preferences for location, amenities, services, appearances and length of stay. Information about the capacity to pay for long-term care is necessary for planning. Some homes/facilities are very expensive and will not accept Medicaid payments.

Following the interview, we will access our database for appropriate care settings. We will contact you and explain the reason for the recommendations.

Please keep in mind that we operate by the precept that in seeking long-term care, families are not renting a room but are hiring caregivers. Having one's care needs met are always the highest priority.

Before you go to the next step access the following website maintained by the State of Oregon to learn more about the homes/facilities we recommend, especially the violations: <https://ltclicensing.oregon.gov/Facilities>

THE SELECTION

Once you have our recommendations it is time to visit

Please try to call the home/facility operator within 48 hours. We have already spoken to them and they are awaiting your call/visit. If they don't hear from you right away, they'll call us and ask when you will visit. If you do not intend to visit right away, please let them know. Thank you.

Avoid early morning visits, the busiest time of the day. Late evenings in foster homes will usually find everyone in bed and the caregivers too exhausted to be at their best. In facilities, the employees in charge of admissions (marketing) usually call it a day by 5 PM. The caregivers at a facility may know little about the details of the facility's operation, other than their own tasks and responsibilities. It's

best to make an appointment with the marketing representative.

The best time of the day to visit, in my opinion, is late morning before lunch. Residents are usually up and about awaiting the main meal of the day. After lunch most home/facility residents retire to their rooms to nap. Late-afternoon, before or after dinner, is the second-best time to visit.

THE EVALUATION

The first part of the evaluation starts with the visit to the home or facility. Some people are perfectly content to walk around the home or facility, making note of the cleanliness and attractiveness. My suggestion is to look below the surface and get into the substance. Your loved one's safety and well being may depend on the quality and extent of your evaluation.

We'll deal with two different types of care settings in this step: Adult Foster Homes (AFHs) and Assisted Living Facilities/Residential Care Facilities (ALFs/RCFs). Many of the same issues can apply to the other types of facilities mentioned elsewhere in this section.

ADULT FOSTER HOMES (AFHs, also referred to as Adult Care Homes, ACHs)

For the most part, the best AFHs are those where the owner lives in the AFH and is the primary caregiver. There are two reasons for this: first, the owner is invested in the success of the business; second, there is rarely frequent caregiver turnover. Do not be afraid to ask the owner if he/she is the primary caregiver. If he/she isn't, ask who is. Find out who is the primary caregiver.

- People who are foreign-born own approximately 80% of AFHs. The state tests English language proficiency, but can't guarantee that all caregivers are tested and fluent.
- Discuss with the owner the violations you found listed in the State website.
- Request references from families of present and past residents.
- Ask if physicians or nurses have written references about the AFH.
- Observe the current residents. Keep in mind that your presence is undoubtedly making them feel a little uncomfortable. They are probably silently checking you out. AFHs are filled with frail elderly people, many of whom may be suffering from dementia. If you do not spend much time around elderly people, you may think they're all suffering from dementia. You may find that some of them are not as demented as you may assume. Studies have found that AFH residents value social contacts with visiting relatives/ friends most of all. Next they enjoy interacting with caregivers. They like to chat with the other residents during the three meals served daily.

Families usually say that they're looking for an AFH that will keep their loved one until he/she dies. On the other hand, they may say in the very next sentence that they want an ACH where the other residents are no more disabled or demented than their loved one. I trust you can see the dilemma this type of thinking creates.

Do not be too concerned about the classification of AFHs, which are classified as levels one, two or

three. There is a handful of level one homes; most are level two; many are level three (supposed to handle the heaviest care), but the methodology used to assign classifications is, in most cases, a bureaucratic run-around. The Oregon Department of Aging and Disability Services, confusing matters further, in setting Medicaid rates, classifies Medicaid residents at one of five levels, based upon an arbitrary point system, complicating matters significantly. Worse, Medicaid applicants are categorized in one of seventeen "survivability" levels, based upon perceived care needs. Don't dwell too much on the levels; what you want is a good AFH with a solid track record. State and County employees, who regulate foster homes, are very flexible about allowing heavy care persons in level two homes, provided certain conditions are met.

Most people want to find an AFH conveniently located near their own homes. Most AFHs are located in the suburbs far from centrally located Portland neighborhoods. They tend to be in residential subdivisions and not along well-traveled commercial routes. For example, in Multnomah County, about 75% of the AFHs are east of 82nd Ave., and about 25% are west of 82nd Ave. On the west side, there is only one Multnomah County foster home in NW Portland between the Willamette River and the Washington County line. It's a hard lesson to learn, but people are better off selecting the most stable home rather than the most conveniently located.

There is no standardization of AFH rates for private pay persons. AFHs will ask for what they think they deserve. If they ask for too much, they will stay empty unless they offer exceptional care. If they ask for too little, they can't afford the best food and amenities, and will be less able to hire relief caregivers and will "burn out".

ASSISTED LIVING FACILITIES/RESIDENTIAL CARE FACILITIES (ALFs/RCFs)

There is little difference between ALFs and RCFs. ALFs are required to provide kitchenettes in every apartment as well as an accessible, full private bath. A few RCFs provide kitchenettes and private baths in every apartment. There are a few other minor differences, mostly involving mailboxes and whether doors can be locked by residents.

The marketing person who will show you around the facility is not a caregiver. His/her job is to fill up the facility. Charm and enthusiasm are fine qualities in a marketing representative, but, as far as your loved one is concerned, it would be better if the direct caregivers exhibited these qualities, in addition to competency, reliability and compassion.

Ask the marketing person for a copy of the Uniform Disclosure Statement. Facilities have been required since August 1st, 2002 to give this statement to all interested parties, explaining, for example, what the caregiver-resident ratio is on all shifts (the most important information you will discover during your visit), what are the costs, conditions for giving notices, refund policy, etc. Some facilities are reluctant to volunteer this statement, but don't be shy, ask for a copy. It is often included in the marketing packet given to visitors. You'll find most facilities have 1 direct caregiver on duty for every 15-25 residents during the day and 1 direct caregiver for every 30-40 residents at night.

Find out what the typical caregiver turnover rate usually is. The marketing person will probably not

have this information available. See if you can get them to talk about the continuity of caregiver staff.

Don't forget to ask about the violations listed in the State website. The marketing person may not be familiar with the violations either, but it's an important point to address.

Inquire about "self-directed care". Simply put, this encourages a facility not to provide care unless the resident asks for help. Developers of this policy wanted residents to preserve their independence and dignity. Regardless, you want the assurance that help will be available when needed.

Ask about "aging in place". Supposedly, this means that a facility will keep a resident forever. Often, the facility will ask the family to hire additional staff from the outside to supplement facility staff. This could be very costly. Ask what conditions would cause the facility to ask your loved one to leave.

I know it is hard, but try not to be taken in too much by the appearance of the facility. Facilities know that, although their primary responsibility is to the residents, they know that their "customer" is usually a family member who, initially, will be influenced by the design, furnishings and amenities of the facility. Elaborate entryways with fountains or roaring fires in the hearth are impressive.

Be aware that the sprawling dimensions of some facilities can present problems. People with mobility impairments run a greater risk of falling in larger facilities. Some residents, unable to negotiate safely the distance between their room and the dining room, become prematurely confined to wheelchairs.

Many elders in Oregon have never lived communally. They may have lived in their own homes for their entire lives. Most of their generation, especially the women, probably did not experience barracks life in the military, and may not have lived in college dormitories. Consider whether your loved one would take advantage of the recreational and socialization opportunities. Or, would he/she "hide out" (easy to do in a large facility) in his/her room? Remember, residents reserve the right to choose what to do with their time. Neither you nor facility employees can force residents to take part in activities unless they are willing.

Most socialization usually takes place at mealtime, three times a day. Many residents like to be by themselves between meals, watching TV, reading or napping. There are exceptions, of course.

Ask about the charges. You will hear about "levels" again. Levels in ALFs/RCFs have nothing to do with Adult Care Home levels. Make sure you understand what happens when your loved one is charged for a higher level. Increasingly, ALFs/RCFs have started using a point system to calculate charges instead of levels. Ask how much more staff time will be devoted to your loved one at the higher level.

Take a look at the activity schedule. Make note of the scheduled time for an activity your loved one may enjoy. Show up at the scheduled time to see how many people attend, or if the activity actually takes

place at all.

RELATED ISSUES (IN-HOME CARE, MEDICAID, SENIOR CENTERS, OVERVIEW OF LIVING/CARE ARRANGEMENTS)

IN-HOME CARE

WHAT IS IT?

In-home care provides an individual what he/she needs to remain at home. There are four principal service areas.

- Personal care is defined help with activities of daily living: bathing, dressing, toileting, mobility, eating and behavior.
- Homemaker services include shopping, cleaning, cooking, laundry, etc.
- Nursing services include changing dressings, giving injections, administering medications, checking vital signs, etc.
- Companionship.

WHO PROVIDES IT?

There are more than 100 private in-home care agencies in the Portland metropolitan area. These businesses have certified nurse's aides, homemakers and nurses.

Staff are employees of the agency, which pays all taxes and insurance. Some agencies provide only homemaker services and companionship. Other agencies offer personal care, and the availability of limited nursing services.

Most agencies have only employees who work by the hour or on shifts. Only a few will assign live-in caregivers.

The Oregon Home Care Commission can help with a search for private-duty caregivers. Their website is or-hcc-org.

Some Senior Centers keep lists of people who say they're interested in providing in-home care. Craigslist offers listings from individuals who wish to work private-duty. Portland Community College, Mt. Hood Community College, Clackamas Community College, and Portland State University operate job placement services for potential caregivers. The Oregon Employment Division is another option. Contact the Job Order Desk. None of these sources is foolproof. Always check references.

Limited services are available through local Area Agencies on Aging through a program called Oregon Project Independence. Services are usually limited to homemaker functions. Costs depend on program guidelines. Contact your local AAA office. If you don't know where one is, call the local Medicaid office listed in this handbook.

HOW MUCH DOES IT COST?

In-home care agencies are the most expensive of all options listed above. Most require a minimum of three hours at about \$25- \$40/hour. Eight-hour shifts could cost more than \$300.

Elderly persons can negotiate pay rates with caregivers not associated with in-home care agencies. Make sure the person knows what is expected of them. Compose a care plan. Check it periodically for compliance. Above all, don't take anything for granted. The law requires minimum wage to be paid. The client as employer is expected to pay withholdings. Consult Wage & Hour for guidelines through the Bureau of Labor and Industries.

MEDICAID

WHAT IS IT?

Medicaid helps pay for care and services required by eligible people. The federal government and the State of Oregon fund it. The State of Oregon and local counties administer the program. Medicaid should not be confused with Medicare, which is a federally funded health insurance that pays for hospitalization, physicians' services, rehabilitation and supplies, etc., and has no income criteria for qualification.

WHO QUALIFIES?

There are several Medicaid programs. This guide is limited to those people with disabilities, and people aged 65 and older who are in need of one or more of the following services: In-Home Care, Adult Foster Home, Residential Care Facility, Memory Care Center, Special Needs Facility, Assisted Living Facility, Adult Day Health Care, Nursing Facility, plus standard medical services.

Oregon evaluates applicants' monthly income and assets, as well as care needs to determine eligibility.

To qualify under ordinary circumstances an individual's monthly income may be no more than \$2742. Applicants with income above \$2742 may become eligible for Medicaid by creating an "Income Cap Trust" with the help of an attorney. Liquid assets (savings, investments, vacation property, and other assets that may be liquidated) cannot amount to more than \$2,000. Assets that are not counted include an applicant's home (as long as the applicant or the applicant's spouse lives in it, or the applicant anticipates only a brief stay in a care facility), a car, most personal possessions, and a burial fund or life insurance policy amounting to \$1,500.

In the case of married couples, the spouse that does not need care may retain up to \$148,000 as the Community Spouse Resource Allowance. In some cases, the spouse that does not need care may also be able to retain some of the monthly income that is in the applicant's name. Please use these amounts as a guide. They can change.

WHAT ELSE?

If an individual gives away assets, trades assets, or sells assets for less than fair market value within five

years prior to the date of application, he/she may not be eligible for a period of time depending on the assets' value.

The state does not put a lien on an applicant's home, but does make a claim against the estate when both an applicant and an applicant's spouse die.

WHERE TO APPLY?

People may apply at their local Medicaid office. Intake workers will discuss the above issues in great detail. Here is a list of Medicaid offices in the Tri-County area:

Clackamas County Department of Human Services Seniors and People with Disabilities

Canby

214 SW 2nd, Canby, OR 97013-4140

Main Phone: 971-673-8900

FAX: 503-263-6655

Milwaukie

4382 International Way, Suite C, Milwaukie, OR 97222-4627

Main Phone: 971-673-6600

FAX: 971-673-6637

Estacada

320 Zobrist Ave, Estacada, OR 97023

Main Phone: 971-673-7070

FAX: 503-630-5600

Oregon City

221 Molalla Ave, Ste 104, Oregon City, OR 97045

Main Phone 971-673-7600

FAX: 971-673-7637

Multnomah County Aging and Disability

East Area Office

600 NE 8th St., Room 100, Gresham, OR 97030

Main Phone: 503-988-3840

Fax: 503-988-5676

Mid-County Office

10615 SE Cherry Blossom Dr, Portland, OR 97216

Phone: 503-988-5480

Fax: 503-988-3490

North/Northeast Office

5325 NE MLK Blvd, 322A, Portland, OR 97211

Main Phone: 503-988-5470

Fax: 503-988-5430

Southeast Office

4610 SE Belmont St., Ste 102, Portland, OR 97215

Phone: 503-988-3660

Fax: 503-988-3784

West Area Office

421 SW Oak St., 1st Floor, Portland, OR 97204

Main Phone: 503-988-5460

Fax: 503-988-3560

Washington County Aging and People with Disabilities

Hillsboro

5240 NE Elam Young Pkwy., Ste 200, Hillsboro, OR 97124

Main Phone: 971-673-5100

Fax: 503-693-6815

Tigard 11515 SW Durham Rd., Ste 5, Tigard, OR 97224

Main Phone: 503-968-2312

Fax: 503-624-8128

Beaverton 4805 SW Griffith Dr., Ste B, Beaverton, OR 97005

Main Phone: 503-627-0362

Fax: 503-671-9076

Some people may wish to consult an attorney if their estate is considerable, or complicated. Knowledgeable attorneys may give advice about planned gifting, changing non-exempt assets into exempt assets, re-allocating liquid funds, etc. Their services are expensive, but may result in spouses and heirs

retaining the bulk of an applicant's estate.

Here's a law firm we've worked with for years:

Law Offices of Nay and Friedenber

6500 SW Macadam Ave., Ste 300, Portland, OR 97239

Main Phone: 503-245-0894

Volunteer elder law attorneys offer free legal advice at many local senior centers. Call to see if any of the senior centers listed below are scheduling appointments with volunteer attorneys.

Historically, volunteer attorneys have offered free legal advice for 30 minutes:

SENIOR CENTERS

Clackamas County

Canby Adult Center

1250 S. Ivy, Canby, OR 97013

Main Phone: 503-266-2970

Estacada Community Center

200 Clubhouse Dr., Estacada, OR 97023

Main Phone: 503-630-7454

Gladstone Senior Center

1050 Portland Ave., Gladstone, OR 97027

Main Phone: 503-655-7701

Hoodland Senior Center

65000 E Hwy. 26, Welches, OR 97067

Main Phone: 503-622-3331

Lake Oswego Adult Community

Center 505 G Ave., Lake Oswego,

Main Phone: 503-635-3758

Milwaukie Center

5440 SE Kellogg Creek Dr., Milwaukie, OR

97222 Main Phone: 503-653-8100

Molalla Adult Community Center

122 Grange Ave., Molalla, OR

97038 Main Phone: 503-829-4214

Pioneer Community Center

615 5th St., Oregon City, OR
97045 Main Phone: 503-657-8287

Sandy Senior & Community Center
38348 Pioneer Blvd., Sandy, OR 97055
Main Phone: 503-668-5569

West Linn Senior Center
1180 Rosemont Rd., West Linn, OR
97068 Main Phone: 503-557-4704

Wilsonville Community Center
7965 SW Wilsonville Rd., Wilsonville, OR
97070 Main Phone: 503-682-3727

Multnomah County

Asian Health & Service Center
9035 SE Foster Rd, Portland, OR 97266

Main Phone: 503-872-8822

Ecumenical Ministries of Oregon
0245 SW Bancroft St, Portland, OR 97239

Main Phone: 503-221-1054

El Programa Hispano
333 SE 223rd Ave, Suite 100

Gresham OR 97030

Main Phone: 503-669-8350

Friendly House
1737 NW 26th Ave. Portland, OR 97210
Main Phone: 503-224-2640

Hollywood Senior Center
1820 NE 40th Ave., Portland, OR 97212
Main Phone: 503-288-8303

IRCO

10615 SE Cherry Blossom Dr, Portland, OR
97216 Main Phone: 503-988-5480

Native American Rehabilitation Association

1776 SW Madison St, Portland, OR 97205
Main Phone: 503-224-1044

Neighborhood House

7780 SW Capitol Hwy. Portland, OR 97219
Main Phone: 503-244-5204, Ext. 106

Portland Impact

4610 SE Belmont St., Ste 102, Portland, OR 97215
Main Phone: 503-988-3660

Urban League Multi-Cultural Senior Center

5325 NE Martin Luther King Blvd., Portland, OR 97211
Main Phone: 503-280-2600, Ext. 638

Washington County**Hillsboro Community Center**

750 SW 8th Ave., Hillsboro, OR
97123 Main Phone:
503-648-3823

Elsie Stuhr Center

5550 SW Hall Blvd., Beaverton, OR
97005 Main Phone: 503-629-6342

Forest Grove Senior Center

2037 Douglas St., Forest Grove, OR
97116 Main Phone: 503-357-2021

Sherwood Senior Center

885 North Sherwood Blvd., Sherwood, OR
97140 Main Phone: 503-625-5644

North Plains Senior Center

512 SW Commercial, North Plains, OR
97133 Main Phone: 503-647-5666

Tigard Senior Center

8815 SW O'Mara St., Tigard, OR
97223 Main Phone: 503-620-4613

Tualatin Senior Center

8513 SW Tualatin Rd., Tualatin, OR
97062 503-692-6767

ADDITIONAL PLACEMENT RESOURCE

Here's a program that will arrange placement, provide medical care, etc.:

Providence ElderPlace

PACE: All-inclusive Care

A care model that combines medical care, long-term care, and social services all in one program.

Providence ElderPlace is a PACE program. Those enrolled with ElderPlace receive complete medical care, medications, medical supplies, adult day care, in-home care, care coordination, transportation and more. All the care

and services covered by Medicare and Medicaid are included, when authorized by your health care team. Most ElderPlace enrollees are eligible for both Medicare and Medicaid benefits, but this is not a requirement.

Here's the contact info: 503-215-6556

Locations are in Portland, Beaverton, Gresham, Milwaukie and Seaside.

HOUSING AND CARE OPTIONS

Retirement Homes	Assisted Living Facilities	Residential Care Facilities	Adult Foster Homes	Nursing Facilities	Memory Care Centers
Unlicensed. More than 50 in tri- county area.	Licensed by state agencies. More than 70 in tri county area.	Licensed by state agencies. More than 50 in tri county area.	Licensed by state and county agencies. More than 900 in tri-county area.	Licensed by state agencies. More than 50 in tri- county area.	Licensed by state agencies. More than 50 in metropolitan area.
Rent ranges from \$1,500 to more than \$5,000 a month.	Rent ranges from \$3,500 to more than \$9,000 a month.	Rent ranges from \$2,000 to more than \$9,000 a month.	Rent ranges from \$3,000 to more than \$12,000 per month.	Rent ranges from \$10,000 to more than \$18,000 per month.	Rent ranges from \$5,500 to over \$15,000 a month.
Private studio, one-bedroom, or two-bedroom apartments. Some cottages.	Private studio, one- bedroom, or two- bedroom apartments.	Mostly private apartments. Residents could be required to share rooms.	Private and a few semi- private rooms.	Private, semi private, 3-bed and 4-bed rooms.	Some private rooms; mostly semi-private rooms.
No Medicaid.	Most facilities accept Medicaid.	Most facilities accept Medicaid.	Most homes accept Medicaid.	Virtually all facilities accept Medicaid.	Most facilities accept Medicaid.
Independent in activities of daily living. No caregivers. Residents hire outside help, if Necessary. Facility staff may help in the hiring of outside caregivers.	Assistance with medication management, bathing, dressing, incontinence, behavior and mobility. Residents hire outside help, if necessary.	Assistance with medication management, bathing, dressing, incontinence, behavior and mobility. Residents hire outside help, if necessary.	Assistance with all activities of daily living. Some specialized homes: ventilators, dementia, chronically mentally ill, brain injured, intellectually disabled, quadriplegics, ventilators.	Intermediate and skilled nursing care. Rehabilitation therapy available at skilled facilities. Some facilities specialize in dementia.	Assistance with all activities of daily living. Specialize in care of memory impaired persons. All units are secure.
At least one daily meal, weekly housekeeping, linens, activities and some transportation	All meals, housekeeping, laundry, activities and some transportation provided.	All meals, housekeeping, laundry, activities and some transportation provided.	All meals, housekeeping, laundry, some activities provided, transportation will be arranged.	All meals, housekeeping, laundry, activities provided.	All meals, housekeeping, laundry, activities provided.

provided.					
Some retirement homes have on site caregivers employed by third- party home care services, hired on an hourly basis.	One caregiver for every 15 -25 residents, on average (day shift). One caregiver for every 30-50 residents at night. Ask for uniform disclosure statement. Facility may require residents to hire outside help.	One staff for every 15 residents, approximately, during the day. At least one staff for every 50 residents at night. Actual staffing ratios vary. Ask for the uniform disclosure statement. Facility may require residents to hire outside help.	Maximum of five residents in Oregon. Most homes have two caregivers on duty much of the time. Some homes have intensive staffing at night.	Varying staffing ratios, ranging usually from one caregiver for every eight residents during the day to one caregiver for every sixteen residents at night. Not all facilities have RNs around the clock.	Ranges from one caregiver for every seven residents on the day shift to one caregiver for every 20 or so residents on the night shift.

TYPES OF LIVING/CARE SETTINGS

RETIREMENT HOMES

WHAT ARE THEY?

Retirement Homes (RETs) are semi-independent facilities, known by some as independent living facilities. Residents live in private apartments (studios, one bedroom, or two bedrooms) and take anywhere from one to three meals a day in the central dining room. Facility employees handle all landscaping and maintenance. Some Retirement Homes offer free standing private homes or garden apartments. Several Retirement Homes are located on properties which may include an Assisted Living Facility, a Nursing Facility or a Memory Care Center.

Retirement Homes are considered semi-independent facilities because they offer meals in a community dining room and include housekeeping and flat laundry services.

WHO REGULATES THEM?

No governmental agency regulates Retirement Homes, other than building and health department inspectors.

WHO LIVES IN THEM?

Elders independent in activities of daily living live in Retirement Homes. No Retirement Home routinely admits younger persons. The minimum age for admission varies from facility to facility. Most facilities are 55 or older.

WHAT TYPE OF CARE IS PROVIDED?

Retirement Homes have no caregivers. Residents must be able to care for themselves or hire third-party caregivers. Retirement Home employees will call 911 in the event of an emergency.

WHAT SERVICES ARE PROVIDED?

Aside from meals, Retirement Homes provide weekly housekeeping and linens. There usually is an activity program. Some transportation may be offered. A few Retirement Homes are very near golf courses.

HOW MUCH DOES IT COST?

Costs range from about \$1,500/month to more than \$5,000/month.

WILL MEDICAID PAY?

Medicaid will not pay for Retirement Homes.

ASSISTED LIVING FACILITIES

WHAT ARE THEY?

Assisted Living Facilities (ALFs) resemble Retirement Homes, but differ in that they employ caregivers. Residents live in private apartments (studios, one bedroom, or two bedrooms) and take all meals in the central dining room. All apartments contain a kitchenette and a full private bath with a wheelchair accessible shower.

WHO REGULATES THEM?

Oregon Aging and People with Disabilities Department regulates Assisted Living Facilities. Re-licensing visits are conducted every two years.

WHO LIVES IN THEM?

Elders in need of assistance with activities of daily living reside in Assisted Living Facilities. Most Assisted Living Facilities admit younger people with disabilities.

WHAT TYPE OF CARE IS PROVIDED?

Assisted Living Facilities can provide assistance with medication management, bathing, dressing, behavior, incontinence and ambulation. There are no set staffing standards for Assisted Living Facilities. Staffing ratios differ from facility to facility. Most Assisted

Living Facilities ask residents to hire additional help if care needs are unable to be met by facility staff.

WHAT SERVICES ARE PROVIDED?

Assisted Living Facilities provide housekeeping, linens, assistance with personal laundry, activities and some transportation.

HOW MUCH DOES IT COST?

Monthly fees can range from about \$3,500 to more than \$9,000.

WILL MEDICAID PAY?

Medicaid will pay for most Assisted Living Facilities. Some ALFs will not admit people currently on Medicaid. Many ALFs will limit Medicaid recipients to approximately 20% of the facility population.

RESIDENTIAL CARE FACILITIES

WHAT ARE THEY?

Residential Care Facilities (RCFs) are diversified. Some are modern and attractive. Others are older and modest. All serve meals and provide care. There are private rooms as well as shared rooms. Some only admit individuals with dementia.

WHO REGULATES THEM?

Oregon Aging and People with Disabilities Program regulates Residential Care Facilities. Licensing visits occur every two years.

WHO LIVES IN THEM?

Elders in need of assistance with activities of daily living live in Residential Care Facilities. Several Residential Care Facilities have a significant population of younger persons with disabilities.

WHAT TYPE OF CARE IS PROVIDED?

Residential Care Facilities can provide assistance with medication management, bathing, dressing, behavior, incontinence and ambulation. Some Residential Care Facilities specialize in the care of individuals who are suffering from a chronic

mental illness.

WHAT SERVICES ARE PROVIDED?

Residential Care Facilities provide housekeeping, linens, personal laundry, activities and some transportation.

HOW MUCH DOES IT COST?

Monthly fees can range from about \$2,000 to more than \$9,000.

WILL MEDICAID PAY?

Medicaid will pay for most Residential Care Facilities.

ADULT FOSTER HOMES

WHAT ARE THEY?

Adult Foster Homes (AFHs), also known as Adult Care Homes (ACHs) are private residences that, in Oregon, house up to five residents. Meals are served in a central dining room. There are private rooms and a few shared rooms. Adult Foster Home operators must pass a basic skills test and a language proficiency test, document verifiable work experience, undergo an FBI criminal background check and prove financial stability.

WHO REGULATES THEM?

Oregon Aging and People with Disabilities Program and local county offices regulate Adult Foster Homes. Evaluations are made annually. Unannounced monitoring visits take place if there is cause for concern.

WHO LIVES IN THEM?

Elders in need of assistance with activities of daily living as well as nursing services live in Adult Foster Homes. Many foster homes admit younger persons with disabilities.

WHAT TYPE OF CARE IS PROVIDED?

Adult Foster Homes can provide assistance with medication management, bathing, dressing, behavior, incontinence and ambulation. Some Adult Foster Homes employ

additional staff to provide care at night.

WHAT SERVICES ARE PROVIDED?

Adult Foster Homes provide housekeeping, linens, personal laundry and some activities. A few Adult Foster Homes provide transportation.

HOW MUCH DOES IT COST?

Monthly fees range from about \$3,000 to more than \$12,000.

WILL MEDICAID PAY?

Medicaid will pay for most Adult Foster Homes.

MEMORY CARE CENTERS

WHAT ARE THEY?

Memory Care Centers (MCCs) are secure facilities. Most have shared rooms, but there are some private rooms. Some are part of, or attached to a Nursing Facility. A few are licensed as Assisted Living Facilities. Most are licensed as Residential Care Facilities. In an effort to simplify things this section will deal only with MCCs, no matter the type of license they hold.

WHO REGULATES THEM?

Oregon Aging and People with Disabilities Department regulates Memory Care Centers. Licensing visits take place every two years.

WHO LIVES IN THEM?

Elders in need of a secure setting live in Memory Care Centers. Most admit younger persons with disabilities and with dementia diagnoses.

WHAT TYPE OF CARE IS PROVIDED?

Memory Care Centers provide care for memory-impaired persons with dementia diagnoses. Violent behavior is not tolerated. Facilities designated by the State of Oregon as Memory Care Centers must provide extra training for the staff.

WHAT SERVICES ARE PROVIDED?

Memory Care Centers provide housekeeping, linens, personal laundry, and activities. Some provide transportation.

HOW MUCH DOES IT COST?

Monthly fees can range from about \$5,500 to more than \$15,000.

WILL MEDICAID PAY?

Medicaid will pay for most Memory Care Centers.

NURSING FACILITIES

WHAT ARE THEY?

Nursing Facilities (NFs) are either freestanding institutions, or connected to some other type of facility. Most rooms are shared, but some are private. There can be as many as four in a room. There are two types of Nursing Facilities: Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs). Skilled Nursing Facilities must have Registered Nurses on duty at all times as well as Physical Therapists, Occupational Therapists and Speech Therapists. Most Intermediate Care Facilities do not have Registered Nurses on duty at all times. Intermediate Care Facilities are always in the same building as a Skilled Nursing Facility.

WHO REGULATES THEM?

Oregon Seniors and People with Disabilities Department regulates Nursing Facilities. Inspections take place every year. In addition, there is an annual review by the Federal Government. Federal rating systems can be viewed here:

<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs>

WHO LIVES IN THEM?

Elders in need of rehabilitation or continuous nursing care live in Nursing Facilities. SNFs usually house short-term residents in need of rehabilitation. ICFs offer personal care services to mostly long-term residents. Virtually all Nursing Facilities admit younger persons with disabilities. Some Nursing Facilities specialize in juvenile or pediatric care.

WHAT TYPE OF CARE IS PROVIDED?

Nursing Facilities provide a full range of care including skilled nursing services and rehabilitation. There is unlimited assistance with incontinence and ambulation. Some Nursing Facilities specialize in providing care to persons with memory problems.

WHAT SERVICES ARE PROVIDED?

Nursing Facilities provide housekeeping, linens, personal laundry, and activities. A few provide some transportation.

HOW MUCH DOES IT COST?

Monthly fees can range from about \$10,000 to more than \$18,000. Typically, people discharged from an acute care hospital to a SNF will have 100% of their stay covered by Medicare for the first 20 days. Medicare will pay for 80% of days 21-100. All Medicare payments must be approved by Medicare Quality Control. People undergoing rehab may only obtain Medicare approval for a couple of weeks. Please do not confuse Medicare with Medicaid. Virtually every American aged 65 and older is eligible for Medicare. Medicaid, of course, is only for those that meet certain financial eligibility requirements.

WILL MEDICAID PAY?

Medicaid will pay for virtually all Nursing Facilities.

CONTINUING CARE RETIREMENT COMMUNITIES

WHAT ARE THEY?

Continuing Care Retirement Communities (CCRCs) are also known as life care communities. Independent residents live in private apartments (studios, one bedroom, or two bedrooms) and take anywhere from one to three meals a day in the central dining room. Separate living quarters with assisted care are usually available. Dependent residents may live in a NF or MCC on the property.

WHO REGULATES THEM?

Oregon Seniors and People with Disabilities Department regulates the nursing, memory care or assisted care sections.

WHO LIVES IN THEM?

Both independent elders and those in need of assistance live in Continuing Care Retirement Communities.

WHAT TYPE OF CARE IS PROVIDED?

Continuing Care Retirement Communities can provide all types of care, depending on the care setting in which residents reside. Some Continuing Care Retirement Communities contain only a Retirement Home and an Assisted Living Facility. Others offer a Skilled Nursing Facility and a Memory Care Center

WHAT SERVICES ARE PROVIDED?

Aside from meals, Continuing Care Retirement Communities provide whatever services residents wish. Weekly housekeeping and linens are available to all residents as well as activities, transportation and personal care.

HOW MUCH DOES IT COST?

Entry fees usually are no less than \$20,000, and can be more than \$ 1,600,000. Monthly fees vary widely, but are often at least \$1,500 and can be more than \$10,000.

WILL MEDICAID PAY?

Medicaid generally will not pay for Continuing Care Retirement Communities. They are rare exceptions to this policy. Some people confuse CCRCs with Campus of Care Communities (CCCs). CCCs are month-to-month facilities with no buy-in or life care guarantee. CCCs may offer the same range of living arrangements as CCRCs. Many CCCs accept Medicaid payment.