



Housing Considerations and Options for Seniors

When asked about their preferences for housing, most people prefer their own home to anywhere else. The person's home represents familiarity, independence and security to most Americans.

To live alone, however, most people must, at least, be able to drive, go shopping, cook, do household chores, sometimes do outside chores, take medications as prescribed, take care of personal hygiene, dress themselves and make good decisions. Many of us will lose one or more of these abilities as we age.

One option is to purchase in-home services to assist with some of these needs. For a fee, you can hire someone to come to your home and do household chores, prepare meals, do your shopping, help you with your medications and medical appointments. They will even help you with your bathing and dressing if need be. This may be the option for you, depending on the amount of help you need. However, unless one has had the foresight to have purchased long term care insurance, which often covers services in the privacy of your own home, this can be costly and does require a bit of management and coordination.

For those seniors who are willing to investigate alternatives to either living alone or hiring in-home care, options abound. There are numerous terms used to describe these alternatives. You may hear terms such as "Board and Care", "RCFE", "Residential Care Facility for the Elderly", "Residential Care", "Care Home", "Elder Care", etc. All of the above-listed terms refer to some form of "assisted living".

Housing Options

Housing options generally fall into three categories, based on level of services/care provided:

- 1. Independent Retirement Housing** – providing congregate meals, activities, housekeeping services, and transportation. This option is appropriate for more active seniors needing only limited support services.
- 2. Assisted Living/RCFE** – providing a combination of housing and supportive services for seniors needing assistance with personal care and/or medication management while promoting maximum independence.
- 3. Skilled Nursing** – providing housing combined with nursing care services for seniors who become temporarily ill, are recovering from surgery, or who require long term health care.

By far, the most popular of the three housing options is the RCFE/Assisted Living option. Accommodations and services vary greatly from one facility to another. Assisted Living could be anything from just a couple of seniors in a home to hundreds of seniors in a multi – level structure. In the state of California, both the facility and the person running the facility (known as the Administrator) must be licensed. The philosophy of Assisted Living is to maintain the right of the individual to make choices.

Costs of Assisted living facilities vary greatly based on location, amenities, services provided, services needed, the size of the room, and whether or not you are willing to "share" a room with another resident. While the cost of Assisted Living may be considerably less expensive than Skilled Nursing care (usually about half the cost) as a rule, Medicare does not pay for any time spent in an Assisted Living facility and, under certain conditions, may pay for a portion of a Skilled Nursing stay. Some private health and long term care insurance policies do pay, at least a portion of the monthly cost of Assisted Living.



In California, there are over 7000 licensed residential care facilities for the elderly. The term “residential care” refers to a system of non-medical custodial care that can be provided in a single-family residence, a retirement residence or in any appropriate care facility. More than 90% of the residential care homes are licensed for six or fewer seniors housed in a private residential home setting. There are facilities licensed to care for more than six residents. In this setting the facility is often called an Assisted Living Facility.

It is important to note that both Residential Care and Assisted Living facilities operate under the same regulations regarding care services and the differences, if any, are due to a particular facility’s policies and procedures rather than differences in Community Care Licensing regulations.

In California in the early 1970’s the residential care system was established to provide non-institutional home based services to dependent care groups such as the elderly, developmentally disabled, mentally disordered and child care centers under the supervision of the Department of Public Social Services. At that time homes for the elderly were known as Board and Care Homes and the name still persists as a common term to describe a licensed residential care home. In the vernacular of the State these homes are known as RCFE’s (Residential Care Facilities for the Elderly).

Residential care facilities are not allowed to provide medical services. They can, however, provide assistance with all activities of daily living. Most elderly find that their needs fall beneath having to access skilled nursing services and therefore don’t need to be housed in a nursing home. The small residential care home provides a safe, comfortable and dignified environment for those who need help intermittently throughout the day and night.

For those elderly suffering from dementia the small residential care facility can be an ideal setting. There are fewer people for the resident to deal with, the number of staff is small, and usually consistently, the same one or two caregivers, and there is close supervision and support for the resident which can lower anxiety and stress for someone with dementia. Some residential care facilities utilize community resources such as social day care programs for their residents that addresses the need for stimulating activity, both mental and physical.

Assisted Living or Residential Care Homes

Residential Care Facilities for the Elderly (RCFE) are residential homes that have been licensed by California Department of Social Services (CDSS) to take care of individuals 60 years of age and older. The facilities are located in a residential neighborhood and range in size from 1 to 10 residents. Their function is to:

- Provide a more intimate home-like setting where the resident can enjoy a living room, backyard, kitchen/dining services which include three meals a day plus snacks and a private or shared bedroom
- Provide a higher level of assistance to the residents (as needed), such as transferring from the bed or wheelchair, ambulating, meals, dressing, incontinence care, medication management and personal hygiene.

Some of the Conditions Assisted Living and RCFE may help with:

- Alzheimer’s
- Dementia
- Some types of Wound Care
- Terminally Ill/ Hospice



- Diabetes
- Limited Mobility
- Parkinson's Disease
- Rehabilitation
- Wheel Chair Dependence
- Bed Bound
- Incontinence of the bowel & bladder
- Respite Care
- Stroke victims
- Swallow protocol
- Physical Therapy
- Fractured Bones
- Head Trauma
- Oxygen

Residential care is very cost effective as well, on the average about half the cost of nursing home care. The cost of residential care for an elderly person can range from as low as \$1500 a month on up to over \$5,000 a month, depending on the care needs, the quality of the accommodations and the location of the facility (e.g. a care home in San Francisco will cost considerably more than one in Auburn). The average cost in a six-bed home is \$1800 a month for a shared bedroom and \$2500 a month for a private bedroom. Most residential care homes have private bedrooms available for their residents as well as shared bedrooms.

The larger residential care facilities will vary in price from a low of about \$1500 a month on up to over \$4,000 a month, depending on the program, the accommodations and the needs of the residents they accept. An average cost for a shared accommodation (usually a one room apartment with a bath) is around \$1,800 a month, private apartments generally average around \$2800 a month.

In a residential care setting an elderly person still has the ability to carry on as normal a life as they wish or are able. They may go shopping, have friends and family visit whenever they want, go for walks, dine out, etc. Residential care can be a very dignified and cost effective way of dealing with not being able to live independently. Most families, if given the choice, will choose residential care over nursing home care for these reasons.

Quality of care and the quality of the homes vary greatly from facility to facility. By calling Seniors First before you begin your search we can save you considerable time and effort. At Seniors First, we have detailed information about residential care homes in Placer County . We have personally evaluated and rated most of these facilities . You can access this information at no charge and get a personalized list of referrals by calling Seniors First's Toll Free Helpline (800) 878-9222.

What is Assisted Living?

The Assisted Living Federation of America (ALFA) defines an Assisted Living residence as a special combination of housing, personalized supportive services and health care designed to meet the needs-both scheduled and unscheduled-of those who need help with activities of daily living.

What is the philosophy of Assisted Living?

ALFA members subscribe to a 10-point philosophy of care:

- 1 . Offering cost-effective quality care that is personalized for individual needs
2. Fostering independence for each resident



3. Treating each resident with dignity and respect
4. Promoting the individuality of each resident
5. Allowing each resident choice of care and lifestyle
6. Protecting each resident's right to privacy
7. Nurturing the spirit of each resident
8. Involving family and friends, as appropriate, in care planning and implementation
9. Providing a safe, residential environment
10. Making the Assisted Living residence a valuable community asset

Who lives in Assisted Living residences?

Currently, more than a million Americans live in an estimated 20,000 Assisted Living residences. Assisted Living residents may be young or old, affluent or low income, frail or disabled. A typical resident is a woman in her eighties and is either widowed or single. Residents may suffer from Alzheimer's disease or other memory disorders. Residents may also need help with incontinence or mobility.

What does an Assisted Living residence look like?

Assisted Living residences can range from a high-rise apartment complex to a converted Victorian home to a renovated school. Residences may be free standing or housed with other residential options, such as independent living or an RCFE. Non-profit or for-profit companies may operate them. Most facilities have between 25 and 120 units. There is no single blueprint, because consumers' preferences and needs vary widely. Units may vary in size from one room to a full apartment.

Requirements and licensing regulations vary from state to state contributing to the wide range of senior housing models considered Assisted Living. Most providers and their staff have special training as a result either of state requirements or company policy. Some states require special staff certification and training. Residences must comply with local building codes and fire safety regulations. Seniors First believes the most successful regulations are consumer driven, balancing the safety concerns we all share with the consumers' desires to retain their independence and freedom of choice.

What types of services are offered in Assisted Living residences?

Services provided in Assisted Living residences usually include:

- Three meals a day served in a common dining area
- Housekeeping services
- Transportation
- Assistance with eating, bathing, dressing, toileting and walking, as needed
- Access to health and medical services
- 24-hour security and staff availability
- Emergency call systems
- Health promotion and exercise programs



- Medication management
- Personal laundry services
- **Social and recreational activities**

What about Assisted Living costs?

Costs vary with the residence, room size, and the types of services needed by the residents. In Placer County, daily basic fees range from approximately \$100 to \$200 a month – generally less than the cost of home health services and nursing home care. A basic Assisted Living fee may cover all services or there may be additional charges for special services. Most Assisted Living residences charge month-to-month rates, but a few residences require long-term arrangements.

Who pays the bill for an Assisted Living residence?

Residents or their families generally pay the cost of care from their own financial resources. Depending on the nature of an individual's health insurance program or long-term care insurance policy, costs may be reimbursed.

Intermediate Care or Skilled Care Facility

These facilities are designed for people who need continuous, professional care at some level. Ask doctors, hospital discharge planners, social workers and friends for suggestions. You can also obtain a catalog of nursing homes from your state department of health or state agency on aging.

Discuss with your loved one what might happen if you can't maintain the level of care needed for him at home. Often people dread the idea of nursing homes and hospitals, but they may become necessary. On the other hand, these options may be out of financial reach so all other options must be exhausted first. Remind your loved one that the final

decisions will depend largely on his health and finances at the time. Explain that you will try to carry out his preferences, but don't make promises you may not be able to keep.

What is a Skilled Nursing Facility?

A Skilled Nursing Facility (SNF) is a state licensed health care facility that provides care 24 hours a day. SNF care is for patients who do not need (or no longer need) the intense care provided in an acute care hospital. A SNF has registered nurses and/or licensed vocational nurses on site 24 hours a day, with certified nursing assistants and other staff to assist them. Physical Therapists, Occupational Therapists, and Speech Therapists are available for residents who need them. Physicians and Nurse Practitioners visit as needed. Most SNFs provide two levels of care: Skilled Nursing Care and Custodial Care.

The following three factors (as determined by a physician) must be met in order to qualify for Skilled Care:

- The care requires the skills of a licensed nurse or therapist
- The skilled care is required on a daily basis
- The skilled care cannot be provided reasonably and safely at a lower level of care, such as through Home Health Services or in an Outpatient Clinic

If a patient does not meet all three criteria, then he/she is at a custodial level of care, even though they may require some skilled services. In most cases, the patient's condition must also make improvement in response to care. Excluded from this are patients with certain chronic conditions, where there is no potential for improvement.



What is Custodial Care?

Custodial Care is less intensive and complicated than skilled care and is rendered to a patient or resident who:

- Is disabled mentally or physically and such disability is expected to continue and be prolonged, and
- Requires a protected, monitored, or controlled environment whether in a skilled nursing facility or a residential care facility,
- Requires assistance to support the essentials of daily living such as personal hygiene, dressing, eating, etc.

ADDITIONAL INFORMATION

At Seniors First, our goal is to enable you to make a well-informed decision about placement for yourself or your loved one.

Please note this is only a guideline and does not guarantee acceptance into a care facility. Remember that:

- The individual seeking RCFE or Assisted Living always needs to be evaluated by the Licensed Administrator of the chosen facility. Also, a standard Physician's Assessment form must be completed by the applicant's physician.
- Overall health conditions and level of care play a big part in the process of selecting the right facility and being accepted into the community of that facility
- All admissions are done on a case by case basis

Additionally, fluctuating health conditions of senior residents may require licensees to provide varying levels of care within the facility. To address this, Licensing allows certain health conditions in an RCFE when specific requirements are met. Allowable conditions change at a rapid pace, so you should check with the California Department of Social Services or contact your Seniors First representative at 1-800-878-9222 whenever you are not sure about a condition. In many cases, exceptions must be approved prior to accepting or retaining the resident.

To speak to a housing expert call Seniors First at (530) 889-9500 or toll free at 800-878-9222 and a counselor will explain what is available and provide you with a personalized list of homes that meet your needs and budget.