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We have one week to find Mom a care setting!

By Linda Fodrini-Johnson



Linda Fodrini-Johnson, MA, MFT, CMC, is a Licensed Family Therapist and Certified Care Manager. She has been practicing professional care management since 1984. Linda founded Eldercare Services, a full-service care management and home care company in 1989. Eldercare Services is now a division of Home Care Assistance and continues to provide Bay Area families with care management, advocacy, counseling, support groups and education.

to each community.

Let's go back to Jane and her call to me about mom needing a small residential care home because at this point she can't transfer herself, she is wheel chair dependent, even though the therapist thinks with more work she might be able to use a walker. The daughter and her sister will have to choose a home and have a short time to do the research and the paperwork necessary to make that happen.

What steps should you take?

1) Work with an expert who might know the small homes in the area - look for a non-biased Professional Geriatric Care Manager (GCM) and avoid the placement agencies that are free to you but receive very large commissions for placing your family member. A private GCM has an hourly fee, similar to a therapist, but they have a code of ethics that prohibits commissions and fees for referrals. If you must use a "free" agency be sure to have received a referral from a health care professional. www.AgingLifeCare.org

2) See if the Care Manager can buy you more time with the skilled nursing center because there "is not a safe plan" for her to return to her home. If you are not working with a care manager - tell the discharge planner that you need more time and if you need more advocacy you can call a HICPP counselor - see monthly resources. If a patient refuses therapy or is not making progress skilled nursing will de-certify the patient and try to discharge quickly. If you see your family member improving, you need to advocate for more days. <https://www.shiptacenter.org/>

3) You need to be sure you have authority to sign your parent into a care community - is your legal paper work up to date? Can one of you get access to mom's funds to pay for the care she needs? Be sure you have an "Advanced Health Care Directive" that tells you what mom desires and allows you to make decisions for her.

4) Depending on the care situation - especially in small care homes - be sure they have awake caregivers that can check on your family member and assist them to the bathroom during the evening hours. This might not be important to all situations - but in Jane's case it was. Also, what does your parent enjoy - is

"My mother fell, went to the hospital and had her hip replaced and her shoulder stabilized, and then she was sent to a Skilled Rehab center just a week ago and they say she will be discharged next week!" Jane exclaimed over the phone. "Yikes! She can't go home - she has lots of stairs, her memory is challenged as is her eye sight and she is still grieving the loss of our father that was just nine months ago." This is a common call and a challenge most families are not prepared for.

Most adult children or older adults are aware at some time in the journey of life they might need a different level of care in the home or in a retirement setting. But, in reality, most families have not done any homework nor have older adults - even those of you who might have attended my "Aging with Eyes Wide Open" classes. Something about human nature that we don't want to plan for something we have no desire to do and subconsciously we don't act, which leaves reacting during a crisis or even leaving the decision up to family members or friends who might not have a clue let alone legal powers that might be needed.

Just in case you are curious, there are three levels of care that you should be familiar with: Skilled Nursing, sometimes called Rehabilitation settings, are most often covered by Medicare and co-insurances. Then there are many levels of assisted living - such as small six-room care homes, medium to large size assisted living that differentiate between totally independent to memory care or diabetic care. The third level of care takes a little more pre-planning and that is "Continuing Care Retirement Communities (CCRCs)" - these you buy into and they have three levels of care and most don't take residents with a progressive diagnosis - again that is up

there a garden to sit in, pets in the home, can someone walk mom, activities, what about special diets - ask good questions based on mom's values.

There are some small board and care homes that take Medi-Cal clients and you can often get a list of those homes from the Ombudsman or the Office on Aging in your community (waiting lists exist for these homes). However, most private homes and assisted living start around \$4,500 - some can be less but in the San Francisco Bay Area the fees are more around \$5,000-\$7,000 a month.

Do your best with some expert direction and know if it doesn't work out you can always move mom or dad later - the first home gives you a longer window to find a better match for the longer journey when necessary. Most families tell me they only want to make one move - and that is the goal. However, needs change, staff change, residents change and that will mean bringing back the expert and looking for another community of care.

I will be doing a free zoom class at 11 a.m. April 9 called "Dementia: From Home Care to Placement" which will cover how to choose home care, the different options and the emotional stumbling blocks to bringing in care. Also, we will cover costs and how to make these hard decisions when there is resistance or family conflict. To register, visit: www.LindaFodrini-Johnson.com and look under classes.

Reach the reporter at: info@lamorindaweekly.com

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