Seniors Making Difficult Decisions:
Transition into Supportive Care Settings

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My elderly neighbor is experiencing an all-too-common incident in her family: a sister with advancing dementia and her elderly husband needing assistance in day-to-day living. Of course, they are both frightened to leave their home, but making a transition is long overdue for those folks. The husband has suffered a debilitating illness as well as dementia and the sister (also with some dementia) is unable to care for his needs without assistance. Their daughter has been encouraging a move for some time, and had previously taken possession of their car and provided shopping and housekeeping resources.

In my professional career, providing primary care for elderly patients in the office, I saw this type of situation frequently. Most people in the advancing-years-stage do not like to think ahead to "what's next". Downsizing and arranging assistance gets put off year after year until a catastrophic event precipitates an urgent transition. It is very stressful and downright terrifying not to be able to control your own living circumstances. That is why I recommend you make arrangements, according to your preferences, long before it is necessary. Sometimes the planning is delayed so long that the control automatically shifts to the person's next of kin, usually the children. This makes it imperative that you discuss all your preferences and choices with your next of kin as early as possible.

Many people fear the thought of needing a "nursing home". This term is not as applicable today as in years past. Senior care has evolved exponentially over past decades. Historically, previous to 1935, care for persons unable to provide for themselves could be relinquished to "poor farms". When a person was too debilitated to contribute with labor to such institutions, their care would be relegated to care institutions, usually religious based. In 1935, President Roosevelt's Social Security legislation was amended to include publicly funded health care. In 1965, the Medicare and Medicaid programs were established.

Nursing Home care regulation in the immediately following decades was inconsistent from state to state and, in many instances, facilities were lacking in rehabilitation and pro-active care plans. In order to maximize patients' participation in personal activities of daily living, these features have been proactively introduced and improved over time.

In more recent years, there is better access to care settings which offer a spectrum: from totally independent living to varying degrees of assistance, such as meals and housekeeping. These settings may also include amenities such as rehab resources and transportation. Amenity possibilities can be very broad or very narrow and will be reflected in the cost of the living setting. *Medicaid* would only apply if the individual is quite dependent upon nursing assistance with most activities of daily living, such as medication administration, toileting,

ambulation and hygiene i.e., *long term care*. This would be the individual who its dependent on others to complete the basic self-care and funds have been depleted. This person would be a candidate for what we have previously termed "nursing home" care.

You or your loved one may be quite hesitant to imagine the "what's next" in terms of living the years extending through senior adulthood and a geriatric stage of life. Following are some reasons for such hesitancy; they are important to recognize in ourselves as well as those we think may benefit from a change in living setting.

- **Unwillingness to leave a home we know:** Transitioning from independent living at home to a community with access to assistance can be a difficult life change and a definite challenge to our adaptability. We also may be reluctant to leave behind some meaningful possessions we value.
- **We like a routine:** We develop a specific routine that keeps us comfortable in its predictability. We may have made social relationships, e.g., with hairdressers, doctor's office staff, church friends, etc. We are reluctant to lose those social relationships.
- **We are afraid to lose our independence:** A significant concern among seniors is a loss of independence. Freedom of activity can be impaired with sensory and cognitive deficits, and this causes us to hold on to as much freedom of choice as possible. We may fear that having to live more closely with other people could take away some of that freedom.
- **Finances might be a challenge.** The last thing any of us want is to be a financial burden to others. It is intimidating to think about the impact of assisted living on our budget.

So, what can we do to help a loved one or other member of our community through such a difficult transition, if it should come about?

- **Do some of the research required.** Inquire into community resources. Gather printed material. You might plan a visit to an appropriate facility if there is some acceptance of that idea. Allow plenty of time to review brochures, tour facilities and ask questions.
- **Express empathy with their fears.** Let them discuss the challenges of the situation without offering judgement. If they are resistant to the idea of downsizing or thinking about a more accommodating living situation, acknowledge the difficulty of such a challenge. You might point out certain benefits, such as access to social activities, meal provision, convenient transportation, housekeeping and lack of yard and home maintenance. These might be attractive from the perspective of less stress to daily life, especially if their partner is more severely impaired.
- **If you know the children of the person(s), confer with them.** They will be the persons most involved in the eventual care of their parents. Sometimes it *must* be the child who intervenes and makes arrangements, although this is the intervention we would hope to

prevent. The primary health care provider may also be able to participate in advising the family.

How do I figure out the best retirement plan to fit *my* needs? First, make sure you understand terms that will apply if there is a change in health care status, e.g., Financial Power of Attorney (POA), the Will, Health Care POA, Living Will, Advance Directives and Do Not Resuscitate (DNR) orders. Discuss all these with your partner. Disclose all your arrangements with the person(s) who will be helping manage your estate eventually.

I personally think that the best course of action is to start planning early with help from a legal expert and/or certified financial planner or estate planning attorney. They specialize in eldercare law and know the ins and outs of your state's Medicare and Medicaid regulations. If this planning is done *well* before needed, it lends confidence in its security. The way to secure your independence is to do all this planning on your own, so that your wishes *must* be accommodated.

Here are some websites that you can paste into your search engine, to investigate transitional opportunities in the privacy of your home: www.senioradvisor.com; aplaceformom.com; www.fivestarseniorliving.com; www.carearizona.org; www.azhca.org.

References:

Agingcare.com; EpiscopalRetirementServices.com; MissionHealthServices.com; https://www.assistedliving.org/arizona; Marketingcharts.com.