

# Making a Decision for Type of Care: At-Home or a Move Elsewhere

There are many instances when home care is a perfectly appropriate care choice rather than nursing home placement or a permanent move to a retirement or assisted living facility. Whether a little amount of home care is needed to help avoid a future crisis, or sporadic home care is required following an acute illness or a fall, home care can enable one to reside and recuperate in comfortable, familiar surroundings.

How does one determine if home care is the appropriate care choice for a particular person? The information below can help in the decision-making process.

## Look at Activities of Daily Living Needs When Referring for Care

**“Activities of Daily Living”** (ADLs) are simply activities in which people engage on a day-to-day basis. These activities are fundamental to caring for oneself and maintaining independence.

- Activities of Daily Living are everyday **personal care** activities such as bathing (sponge, bath or shower), getting dressed, getting in or out of bed or a chair (also called transferring), using the toilet, eating and getting around or walking.
- **Instrumental** Activities of Daily Living are activities related to **independent living** and include preparing meals, managing money (writing checks, paying bills), shopping for groceries or personal items, maintaining a residence/ performing housework (e.g. laundry, cleaning), taking medications, using a telephone, handling mail and traveling via car or public transportation.

Why is it important to be aware of a person’s limitations with **“Activities of Daily Living”** when choosing care?

- Recognizing a person’s limitations is the first step in developing a care plan (or making a referral for care) to provide the appropriate type and level of assistance.
- Determining the type of ADL care that is needed enables a clear idea of whether or not staying at home with care is an option.
- Admission policies for Adult Day Services, care communities and institutions often reflect on ADLs to determine eligibility for care and placement for a certain type of care.
- Long-term care insurance policies/programs often rely on ADL measures (the inability to perform a certain number of ADLs) to determine whether or not an individual qualifies for benefits.

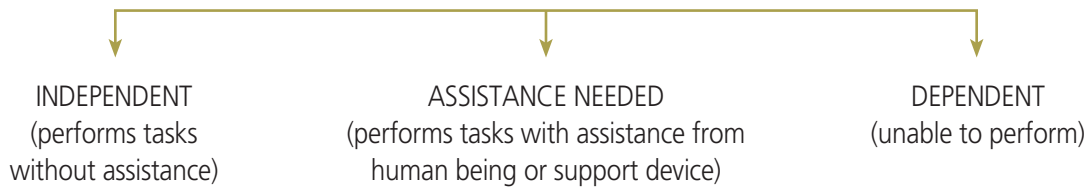


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When making a referral for care following an illness or injury, one should assess the person's physical or mental limitations. This will help to determine how restricted the person is in his/her ability to perform the activities of daily living. A three-part scale is typically used to determine level of dependence (limitation or deficit) for each activity.



When aspects of daily life become challenging, a natural reaction for many people is avoidance. Rather than enabling someone to withdraw and isolate, caregivers should develop a plan that meets the physical, social and psychological needs of the care recipient. The two types of care plans are: **“Habilitative”** and **“Rehabilitative”**.

- **“Habilitative”** care is appropriate in situations where a person is expected to gradually lose the ability to provide self-care and live independently. Since a person's dependence is expected to increase over time, the goal of a **“Habilitative”** care plan is to help the person function at his or her highest possible level in the least restrictive environment. It is in these situations where the long term care plan could include moving elsewhere to a facility that will best be able to provide for the long term needs of the person so only one dislocation in life is needed. However, sometimes culture and financial ability allow a person to remain in the comforts of home and avoid a move altogether.
- **“Rehabilitative”** care is appropriate in situations where a person is expected to make a full or partial recovery. Since a person's dependence is expected to be temporary, the focus of a **“Rehabilitative”** care plan is to assist and encourage people to relearn or regain skills with the goal of restoring independence. In these cases, staying at home with assistance is usually the best choice.

Understand that making a decision to move into a facility and sell a home is an unalterable decision, once completed. Care should be taken to perform a complete assessment of medical conditions and prognosis, formal and informal support systems available for assistance, financial ability for care, mental status and family customs prior to making any formal recommendation for long term care that involves a move away from home.

Senior Planning Services can provide a complete geriatric assessment with a suggestion for care needs.

## Decision Tree to Assist when Making a Choice for Care Needs

Follow the subject titles on the left column and circle appropriate responses for each. If more responses fall under either Home Care or Possibly Move to a Facility, strongly consider that category for the care choice. Note that the column designated "Full-Time Care" can also be accomplished at home, but the cost is usually greater at home. However, many people prefer to remain at home with full-time care and are willing to absorb the extra cost. Also, be sure to consider culture, support systems and financial ability when making a referral.

	Home Care			Possibly Move to a Facility	
	Independent	Minor Care	More Care	Full Time Care	Total Care
<b>Emergency Response</b>	Independent. Able to negotiate stairs and call for assistance.	Able to respond appropriately.	Probably needs assistance.	Needs major assistance.	Needs total supervision and assistance.
<b>Mobility</b>	Walks and transfers independently.	Walks and transfers independently. If falls, infrequent.	Transfer: stand-by assist may be needed. Falls frequent.	Transfer: needs assistance, one-person transfer.	Transfer: mechanical lift/ two-person transfer/bedfast.
<b>Activities of Daily Living</b> <ul style="list-style-type: none"> <li>• Bathe and dress</li> <li>• Toilet use</li> <li>• Grooming</li> <li>• Take medications</li> <li>• Feed self</li> <li>• Communicate</li> </ul>	Able to accomplish all without assistance. May need assistance in meals and/or housekeeping.	Needs some assistance and reminders. <ul style="list-style-type: none"> <li>• Bathe and dress</li> <li>• Toilet use</li> <li>• Grooming</li> <li>• Take medications</li> </ul> Independent to: <ul style="list-style-type: none"> <li>• Feed self</li> <li>• Communicate</li> </ul>	Needs reminders and assistance.	May need heavy assistance for all.	Total assistance in all areas.
<b>Socialization and Recreational Activities</b>	Completely able to socialize and enjoys recreation.	Would benefit from socialization and activities. May need minor encouragement.	Needs reminders/ encouragement to participate in activities.	Needs escort to participate in social activities, maintain self at home.	Encouragement/ escort to activities or one-on-one activities or visits.
<b>Mental Status</b>	Oriented to place, time and self. No memory impairment.	Oriented to place, time and self. Slight or no memory impairment.	Mild memory impairment. Sometimes disoriented.	Impaired memory. Poor orientation. Mild confusion.	Needs 24-hour supervision.