



MOVE Consumer Guide

Person-centered Care in Oregon Long-term Care Settings¹

This Guide is for people who need to find a long-term care setting for a family member who can't live in their own home anymore. Most people in this situation want to move their family member to a setting that will provide daily care and supervision in ways that also respects them as a unique individual. They are looking for facilities that practice “person-centered care.”

As described later in this guide, person-centered care refers to an individualized approach to supporting people who need assistance with daily life with an emphasis on balancing quality of life and quality of care. In this approach, the participation of the individual needing care is of paramount importance. Therefore, although this guide is directed to family members, the person needs to be involved with planning and decision making as much as possible.

The information in this Guide will help you plan ahead for visiting long-term care settings and be ready to talk with staff about their approach to person-centered care.

First, here is some basic information about long-term care options in Oregon.

Types of Long-term Care Settings in Oregon

- An **adult foster home** is a typical residence that serves five or fewer residents.
- A **residential care facility** serves more than five residents who may share bedrooms and common bathrooms.
- **Assisted living** has private apartments with a kitchenettes and a private bathrooms for each resident or couple.

Foster care homes and residential care and assisted living residences all have trained staff on-site that provides personal care and services to residents. They all have licensed nurses available when needed.

- Many **Nursing facilities** in Oregon offer post-hospital care and rehabilitation for people who meet Medicare requirements. They provide 24-hour licensed nursing care and have licensed physical therapists, speech therapists and occupational therapists on staff.

¹ This Guide is a joint project between Oregon's Long-Term Services and Supports Unit and Making Oregon Vital for Elders (MOVE).



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- Nursing facilities may have beds available for people who need comprehensive care but don't meet Medicare requirements.
 - Residents typically share a room and a common bathroom, although some private rooms may be available.

Licensing and Oversight

Oregon's Department of Human Services (DHS) has certain requirements that facilities must meet and maintain in order to be licensed.

Residential Care, Assisted Living, and Nursing Homes are licensed by the DHS Office of Licensing and Regulatory Oversight.

Adult Foster Care Homes are licensed by their local DHS office or Area Agency on Aging.

All licensed long-term care settings are inspected periodically to make sure they continue to meet the Oregon administrative rules that are written for that long-term care type. These inspections are called "surveys." The results of all surveys are public information and long-term care organizations are required to post their most recent survey in a public place.

Long-term Care Costs

Long-term care organizations are private businesses that set their own prices. Federal and state governments do not regulate the price of long-term care. Costs can vary depending on location, the type of setting, and the amount of daily care your family member will need.

Long-term care can be expensive. Some private health and long-term care insurance policies include coverage for residential care, assisted living, and nursing facilities. Medicare does not pay for long-term care. Medicaid may pay for care if your family member meets certain financial and medical criteria.

Help with Selecting a Long-term Care Setting

DHS has several resources that can help you find the right setting for your family member.

If your family member is receiving Medicaid assistance, a DHS case manager will use state guidelines to determine what kind of setting can provide the right level of care. The case manager may be actively involved in deciding which setting is appropriate and arranging for a move-in.

If your family member is not receiving Medicaid assistance, staff called "Options Counselors" are available through Aging and Disability Resource Centers (ADRC), and they can help you answer questions like:

- How much daily care and supervision your family member will need;
- Which settings in your area can provide the care;



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- What kinds of questions to ask when you visit a setting;
 - How to compare one long-term care organization with another; and
 - How you will pay for the care.

Options counseling is free of charge.

Options Counselors can be found at your local Area Agency on Aging or Aging and Disability Resource Connection office. To find an Options Counselor in your county, go to www.adrcoforegon.org. On the Home Page, click on “Local Assistance and Help.” Then click on your county.

Other very helpful tools are located on the ADRC web site.

- From the Home Page, left side navigation bar
 - Click on *Search for Services and Licensed Facilities*
 - To locate guides and checklists to use when considering a care setting, click on: *Learn About / Community Resources* (also on the left hand navigation bar).
 - Then, click on “checklists” to find checklists for assisted living, adult foster care, nursing facilities, continuing care retirement communities and more.

These guides provide specific information about the kind of care that each setting provides as well as how the costs of care are determined. They have checklists of what you should look for and what questions to ask when you are considering a facility.

Once you have narrowed your choices to three or four places, you can contact the Oregon Long-term Care Ombudsman’s office. They can talk with you about each organization’s most recent state survey results and any protective service complaints that are on file.

Call 1-800-522-2602 or 503-378-6533 or visit www.oregon.gov/ltco.

Choosing the Right Setting

Three things to consider in making your decision are location, costs, and quality of life. You will want to answer these questions:

- Is this place located where people can visit your family member and medical care is available when they need it?
- Can you afford the costs of care in this setting?
- Can this organization provide the best quality of life possible for your family member?

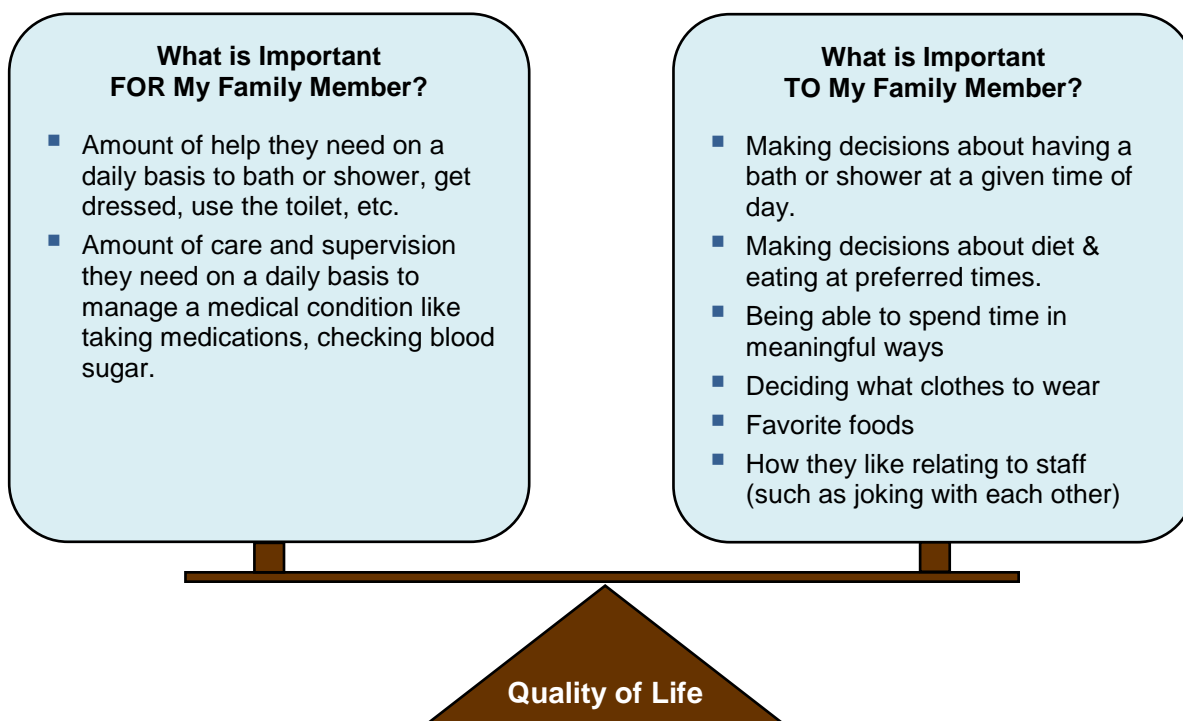
The guides and checklists on the ADRC website can help you locate facilities and determine the costs of care. This Guide focuses on quality of life. Quality of life is important to the well being of your family member, but often takes a back seat to other considerations.



Quality of Life in Long-term Care Residential Settings

Because a person's increased need for help with activities of daily living and managing a medical condition are usually the reasons they need a long-term care setting, many families focus primarily on what is important **FOR** them. However, the person's overall quality of life will be much greater if an organization provides those services and supports in a way that honors what is important **TO** the person -- their goals, needs, preferences and cultural traditions. This is called person-centered or person-directed care.

*Quality of life depends on finding the right balance between what is important **FOR** your family member and what is important **TO** him or her. Here is how the balance looks.*



Person-centered Care

To get the right balance between “important for” and “important to” factors for each of their residents, many long-term care providers are putting person-centered care practices in operation. The three most important practices are:

1. Staff **knows the people** they are caring for. A person-centered organization makes it a priority to know each person's life story, personality, values and patterns of daily living.
2. Staff supports **autonomy and choices**. Most people come into long-term care after a life time of determining how to live their lives and making choices. A person-centered facility



tries to honor this whenever possible, often balancing freedom and choice with safety. They will honor the person's right to take risks and make poor decisions so that he or she has maximum control over their own care and environment.

3. Staff encourages **relationships**. Most people come into long-term care wanting to stay connected to their family, friends and community. A person-centered facility will encourage these relationships by including family members as part of the care team, as well as by facilitating new relationships with staff and other residents.

To provide person-centered care, facilities have to make sure that the staff is well-connected to the residents and their family members. A strong connection nurtures relationships between staff and residents, helps staff get to know residents as unique individuals, and helps staff understand the choices and preferences most important to residents. Some ways that facility managers encourage this connection include:

- Assigning direct care staff to provide daily care to the same residents each time they are at work. This practice is often called “consistent assignment.”
- Ensuring that staff shares information with each other about changes in residents' care needs, activities, and moods on a daily basis.
- Including direct care staff in developing daily care plans for residents.
- Creating a person-centered work environment for the staff where staff are respected, have manageable workloads, receive adequate training, and are encouraged to be involved with residents in making decisions that affect care.

Tips for Visiting Long-Term Care Settings

- ✓ Call and **make an appointment** to meet with someone on staff who can talk with you about services provided, staffing, and costs. This person will likely be the administrator or someone on the facility's management team.
- ✓ To **get other opinions about the facility**, ask if you can also talk to staff members who provide daily care to residents and residents or their family members.
- ✓ Plan to **visit a second time without an appointment**. Pick a different day of the week and different time of day than your first visit so that you can compare your observations.
- ✓ Be prepared to **describe the “important for” and “important to” information** about your family member. Staff needs this information to decide if the facility can provide the care that's needed. Use the worksheets on pages 6 and 7 to organize the information. It is best to ask your family member directly about what is important to them. Although your own observations and insights will be important, what is important to a person may change over time.
- ✓ Be sure to **ask questions about person-centered care** and how the facility makes sure it is happening. Use the sample questions on pages 8 and 9 as your guide.





What is Important TO My Family Member

The answers to the following questions will help staff understand the importance of specific daily routines, preferences, and people. Ask your family member:

		Answers	Not Important	Somewhat Important	Very Important
1.	What time do you like to get up?				
2.	What time do you like to go to bed?				
3.	When do you like to eat breakfast?				
4.	Do you prefer a tub bath, shower, bed bath, or sponge bath?				
5.	Do you want to choose what clothes to wear?				
6.	What are your favorite foods?				
7.	What are foods you do not like?				
8.	What kind of music do you like?				
9.	How do you prefer to stay connected with family and close friends?				
10.	What kinds of things do you like to read (or listen to)?				
11.	How do you like to keep up with the news?				





12.	Do you like to be around animals?				
13.	What are your preferences for spending time outdoors?				
14.	What religious activities do you participate in?				
15.	What are activities you enjoy doing with others?				
16.	What are activities you enjoy doing on your own?				
17.	What are things you have done in your life that you would like others to know?				

18. What are some of the most important things that help you have a good day?

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____





What Is Important FOR My Family Member

Activities of Daily Living <i>(check all that require help from another person)</i>	
<input type="checkbox"/> Bathing or showering	<input type="checkbox"/> Walking
<input type="checkbox"/> Dressing	<input type="checkbox"/> Getting around outside
<input type="checkbox"/> Eating	<input type="checkbox"/> Getting to the toilet
<input type="checkbox"/> Getting in and out of bed or chairs	<input type="checkbox"/> Using the toilet
Managing Health Conditions <i>(write in the name of the condition and list the type of help needed)</i>	
To manage _____, my family member needs help to:	
To manage _____, my family member needs help to:	
To manage _____, my family member needs help to:	
To manage _____, my family member needs help to:	
To manage _____, my family member needs help to:	

See next page for more “What Is Important FOR” questions





What is Important FOR My Family Member *(continued)*

Cognitive Functioning

Staff will want to know if your family member has any memory or related problems to help decide things like how much daily care and supervision will be needed. They will also need this information to determine how best to get to know your family member, understand their preferences, and keep them involved in activities.

	How difficult is it for your family member to:	Not difficult at all	Just a little difficult	Fairly difficult	Very difficult	Can't do it at all
A	Remember recent events?	1	2	3	4	5
B	Know what day of the week it is?	1	2	3	4	5
C	Remember his/her home address?	1	2	3	4	5
D	Remember words?	1	2	3	4	5
E	Understand simple instructions?	1	2	3	4	5
F	Find his/her way around the house/apartment?	1	2	3	4	5
G	Speak in sentences?	1	2	3	4	5
H	Recognize people that he/she knows?	1	2	3	4	5





Person-centered Care Questions for Management and Staff

1. How will you get to know my family member?

- Her/his daily routines
- What makes a good (or a bad) day for him/her
- Who is important in her/his life
- Important experiences in his/her life

What should I listen for or observe?

- *Genuine interest in learning about your family member, beyond physical care needs—including the information you provide about what is important to them.*
- *Interest in your family member’s history as well as their current health situation.*
- *What they will do to get to know your family member, including the assessment and social history forms they use; whether they talk to your family member directly; and how they will include you and others who are important to your family member, especially if your family member has some cognitive impairment.*
- *Respectful interactions between staff and residents.*

2. How will the staff accommodate my family member’s preferences?

- How will the staff share information about my family member with each other?
- Will the same staff take care of my family member most days of the week?
- Will my family member have a say in who provides their care?

What should I listen for or observe?

- *Time for staff to share information is built into the daily routines—for example, daily “huddles” at shift change.*
- *“Consistent assignment” is used*
- *Your family member may request a specific direct care worker.*
- *Direct care workers who know your family member best participate in care planning activities, including quarterly care conferences.*
- *When scheduling care conferences, the facility will make every effort to include you.*





3. How do you build a sense of community here?

- How do you help residents adjust to living here?
- How do you involve families?
- How are residents given a voice in decisions about how things are done?
- How do you accommodate the range of interests of those who live here?

What should I listen for or observe?

- Residents are engaged in their environment, whether individually, in small groups, or larger gatherings.
- Common space is in use.
- A range of activities are provided, not just large group activities.
- Residents' talents and special interests are recognized and they're encouraged to share them with others.

Questions for Residents and Family Members

- When you moved in, what did staff do to get to know you?
- Does the staff here take into account your preferences? Do they do things for you the way that you like them to be done? Can you give me an example?
- Does the same staff take care of you most days of the week?
- What is the turnover like here? (for direct care workers, nursing, and management)
- What are some of the most enjoyable events that have happened here during the last two weeks?

What should I listen for or observe?

- Residents or family members have a positive relationship with staff and management
- Residents feel that staff know what is important to them and accommodate their preferences.
- There is continuity and stability in staffing
- Residents and family report enjoyable events and convey a sense of community.
- Responses are consistent with those of management and staff.





Overall, trust your senses in this process

What do you see?

- ✓ Residents who are engaged with each other or with the staff, an environment that is inviting, rooms that are personalized, access to the outdoors, responsive staff

What do you hear?

- ✓ Respectful exchanges between staff and residents and between direct care staff and managers, reasonable noise levels

What do you smell?

- ✓ Good food smells, absence of bad odors or at least bad odors are not pervasive or linger for long periods of time

What do you taste?

- ✓ Good food, appetizing choices, an atmosphere conducive to pleasant dining

What about touch?

- ✓ Residents, staff feel comfortable with each other, residents do not appear isolated

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