

The Paradox of Choice-Making a Transition to Long Term Care

At our office we help clients navigate the challenging situation of making a transition to long-term care. The usual scenario is that the family gets a call that their loved one is in a hospital or rehabilitation facility and cannot return home and will need to transition to a long-term care facility within the week. The family is given a list of facilities but has no idea where to start. Although they have freedom to choose from the list, the choice is meaningless if they know nothing about the facilities. Many family members have never even set foot in a nursing home before! How can they be expected to make such an important decision on such short notice?

While there are many resources to choose from, the most effective way to plan for this kind of life changing event is to exercise your loved one's choice of facility as soon as it becomes apparent that a long-term care facility (whether for rehabilitation or long-term care) is going to be part of one's discharge plan. This requires some planning, but well worth the effort. You can be better prepared by considering the following:

- Talk to your neighbors and friends about their experiences with facilities in the area.
- Inquire with your primary care physician to see if he/she has any recommendations.
- Obtain a list from www.Medicare.gov of the nursing facilities in your zip code area.
 Depending on the plan of care, you may wish to select a facility that accepts Medicaid in addition to Medicare if a long-term care placement seems likely.
- Contact the facilities you would like to visit and schedule a tour. Request that your tour
 be scheduled during the times that the residents are involved with activities so you can
 observe how the staff treats the patients. Take the opportunity to talk to the residents
 and staff members and ask how they like the facility.
- Some facilities have hospital liaisons to assist families in the admissions process. Once
 you have narrowed your choices, you can reach out to the facility's liaison with your
 specific questions and whether the facility has a waiting list for bed availability.
- Consult with a geriatric social worker or geriatric care manager. Anderson Elder Law has a Care Coordinator on staff that can provide valuable guidance to our clients with this process.

It may also be worthwhile to consider whether a return home is possible. Limited medical home care services may be ordered by the doctor and covered under Medicare; however, supplemental non-medical home care is often needed as well. The cost for non-medical home care is usually paid for out of pocket but could be covered by private long-term care insurance if you have this coverage. In some cases, non-medical home care can also be covered by Medicaid under the Aging Waiver program.

Having a good long-term care plan can provide you and your loved one a safe discharge from the hospital and working with an elder law attorney can give you peace of mind and help you navigate the many choices available.

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