



MOVE Consumer Guide

A guide for navigating person-centered long-term care options

Making Oregon Vital for Elders

ORCultureChange.org

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MOVE Consumer Guide for Person-Centered Long-Term Care Options

This guide is for people who cannot live in their own home anymore and who need to find a long-term care setting. Most people in this situation want to move to a setting that will provide daily care and supervision in ways that also respects them as unique individuals. They are looking for communities 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, the person who will be moving 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 settings in Oregon.

Types of Long-term Care Communities in Oregon

- An **adult foster home**, also known as an adult care home, is a residential home that serves five or fewer residents. Residents typically have their own room but may also share a room or bathroom.
- A **residential care community** serves more than five residents who may share bedrooms and common bathrooms.
- An **assisted living community** has private apartments with kitchenettes and private bathrooms for each resident or couple.

Adult foster care homes, residential care, and assisted living residences all have trained staff on-site who provide personal care and services to residents. They all have licensed nurses available when needed.

- Many **nursing communities** 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.

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

Community setting	Memory care	Direct care staff licensing	Nurse support
Independent living	No	None	None
Assisted living	May be offered	Unlicensed	Available 24 hours, may not be onsite
Residential care	May be offered (may have locked unit)	Unlicensed	Available 24 hours, may not be onsite
Adult foster home/care home	May be offered	Unlicensed	Available 24 hours, may not be onsite
Nursing communities	May be offered (may have locked unit)	Licensed	Registered Nurse onsite 24 hours x 7 days per week



The table below will help you understand the different education of staff in long-term care communities.

Direct care givers	Not licensed. No formal education programs.
Certified nursing assistants (CNA)	Must complete a multi-week Board approved nursing assistant education program, pass a state test (written and skill) and be certified by the state Board of Nursing.
Licensed practical nurse (LPN)	Licensed by the state Board of Nursing.
Registered nurse (RN)	Requires more education than LPN. Registered and licensed by the state Board of Nursing.

Licensing and Oversight

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

Residential Care, Assisted Living, and Nursing Homes are licensed by the ODHS Safety Oversight and Quality (SOQ) unit.

Adult Foster Care Homes are licensed by their local ODHS 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 type of long-term care. 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 location. You can find information about long-term care communities, their inspections, violations, and survey reports on the ODHS licensing site: <https://ltclicensing.oregon.gov/>. You can also find and compare nursing homes, hospitals, and other providers on the Nursing Home Compare website: <https://medicare.gov/care-compare>.



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 required.

Long-term care can be expensive. Some private health and long-term care insurance policies include coverage for residential care, assisted living, and nursing communities. Medicare does not pay for long-term care. Medicare may pay for some skilled therapy services that may be co-located in long-term care buildings. Medicaid may pay for care if your family member meets certain financial and medical criteria. Medicaid is a federal and state program that helps with healthcare costs for some people with limited income and resources. The ADRC has tools available in the [Planning for Your Future Toolkit](#) to assist with financial planning for long-term care.

Contact your Medicare customer service representative to learn about the benefits of your Medicare plan.

Support for Selecting a Long-term Care Setting

ODHS has several resources that can support you to find the right setting.

Start by reviewing the [Planning for Your Future Toolkit](#).

If the person moving into long-term care is receiving Medicaid assistance, an ODHS 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 the person moving into long-term care is not receiving Medicaid assistance, staff called “Options Counselors” are available through Aging

MEDICARE VS. MEDICAID

Medicare is a health insurance program for people 65 and older and some people living with disabilities.

Medicaid provides health coverage to low-income adults and children. Medicaid may pay for long-term care.



and Disability Resource Centers (ADRC), and they can assist you to answer questions such as:

- How much daily care and supervision will be required;
- Which settings in your area can provide the care;
- 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 counselors are 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.adrcforegon.org.

When you have an idea what services you are seeking you can look for communities in your geographic area. ODHS has a map and search feature on their website. <https://ltclicensing.oregon.gov/Facilities>

Oregon Long-term Care Ombudsman's office provides advocacy for individuals living in long-term care. You can contact their office at 1-800-522-2602 or 503-378-6533 or visit <http://www.oltco.org/oltco/index.html>

Choosing the Right Long-term Care Community

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

1. Can this organization provide the best quality of life possible for you?
2. Is this place located where people can visit and medical care is available when needed?
3. Can you afford the costs of care in this setting?

The information 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 in Long-term Care Residential Settings

Because a person's increased need for assistance with activities of daily living and managing a medical condition are usually the reasons they need a long-term care setting, many people 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** the person moving into long-term care 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 lifetime of determining how to live their lives and making their own choices. A person-centered community 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 community 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, long-term care settings 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, supports staff in getting to know residents as unique individuals, and trains staff to understand the choices and preferences most important to residents. Some ways that community 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 share information with each other about changes in residents’ care needs, activities, and feelings 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.



What is Important TO the Person

The answers to the following questions will help staff understand the importance of specific daily routines, preferences, and people by answering the following questions:

		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 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 activities do you enjoy doing with others?				
16.	What activities do 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 to you for having a good day?

a. _____

b. _____

c. _____

d. _____

e. _____



What Is Important FOR the Person

Activities of Daily Living <i>(check all that require assistance 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 assistance needed)</i>	
To manage _____, assistance is needed for:	
To manage _____, assistance is needed for:	
To manage _____, assistance is needed for:	
To manage _____, assistance is needed for:	



What is Important FOR the Person *(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 the person, understand their preferences and keep them involved in activities.

	How difficult is it for the person 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 their 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 their way around the house/apartment?	1	2	3	4	5
G	Speak in sentences?	1	2	3	4	5
H	Recognize people they know?	1	2	3	4	5



Person-centered Care Questions for Management and Staff

1. How will you get to know the person moving into long-term care?

- Their daily routines
- What makes a good (or a bad) day for them
- Who is important in their life
- Important experiences in their life

*What should I
listen for or
observe?*

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

2. How will the staff accommodate personal preferences?

- How will the staff share information about the person with each other?



Will the same staff take care of the person most days of the week?

Will the person have a say in who provides their care?

- *Time for staff to share information is built into the daily routines. An example is daily “huddles” at shift change.*
- *“Consistent assignment” is used.*
- *The person may request a specific direct care worker.*
- *Direct care workers who know the person best participate in care planning activities, including quarterly care conferences.*
- *When scheduling care conferences, the community will make every effort to include who the person wants to have there.*

What should I listen for or observe?

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 in 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 are encouraged to share them with others.*

Questions for Residents and Family Members

- When you moved in, what did the 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, and 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, and an atmosphere conducive to pleasant dining

What about touch?

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

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