
HOUSING OPTIONS FOR SENIORS

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HOUSING OPTIONS FOR SENIORS

I. INTRODUCTION

As longevity increases, more and more Americans need to consider how and where they will spend their senior years. The infirmities that often accompany aging necessitate careful planning prior to the onset of physical and/or mental decline. All of us want to maintain good physical health and mental acuity, and die peacefully in our sleep, at home, and at a ripe old age, having all of our mental faculties. Not all of us are able to do so, and accordingly, we must consider a future where we may be beset with impaired physical mobility and mental capacity.

While there are various housing options available to seniors, the most popular option among many of our older clients, is to age in place, that is, to stay home. Some people, however, are unable to do so and alternative living arrangements include assisted living communities, continuum of care retirement communities, adult care homes, living with family members, and federally subsidized housing. The choice will most likely be dependent upon an individual's needs, preferences, and financial status.

II. ASSESSING INDIVIDUAL NEEDS

The individual exploring housing alternatives, including aging in place, should consider certain basic questions in assessing their needs.

1. Does my living arrangement permit me to retain maximum possible independence?
2. Is this a comfortable place to live?
3. Is this a safe place to live?
4. Is the environment supportive?
5. Are health care services available?
6. If I cannot drive, is transportation available?
7. Are social activities available, including community and religious activities?
8. Will I be near my family and friends?
9. What community services are available?
10. If I cannot care for myself, would I prefer to remain in my home with hired attendants, move to an assisted living facility, personal care home, or nursing home? Do I want to

live with relatives? Is living with relatives feasible?

11. How will I finance my care?
12. Can I walk independently or do I need a cane, walker, or wheelchair?
13. Do I need assistance in an emergency situation?
14. Do I require assistance because of confusion, poor vision, or weakness?
15. Do I require assistance in taking medications?
16. Am I able to prepare my own meals?
17. Am I able to bathe and dress myself?
18. Do I require assistance with shoelaces or zippers?
19. Do I need assistance with housekeeping?
20. Am I able to do the laundry?
21. Am I continent? Am I able to use the toilet without assistance?
22. Is the individual oriented to time, place and person?
23. Does the individual behave appropriately for the situation?
24. Can the individual deal with others?
25. Can the individual deal with his emotions?
26. Is the individual angry, agitated, anxious, abusive?

III. HOME SWEET HOME

Many clients prefer to remain in their own homes and in their own communities as long as possible. Whether they can do so depends upon their physical and mental health, their financial resources, and what type of assistance is available in the community. Another consideration is whether the individual would be better off at home, where their only company may be that of hired caretakers, or in a group facility such as an assisted living facility which has planned activities and opportunity for social contact with those other than that the caretaker.

A. MODIFICATIONS TO HOME

If the individual wants to remain independent and at home as long as possible, but has some physical impairments, all that may be required is some basic modifications to the home environment: grab bars in the tub, grab rails, stair lifts, handicapped ramps, shower seats,

replacing doorknobs and faucets with lever handles and with faucet levers, remodeling the home to make it wheelchair accessible if necessary, providing good lighting for failing eyesight and removing throw rugs so as to lessen the possibility of falls.

B. CARETAKERS

If the individual is mentally impaired, or physically impaired to the extent that he cannot care for himself, who will arrange for and supervise caretakers? How will the caretakers be paid? What will happen if a caretaker doesn't show up? Who will be responsible for appointments with doctors, dentists, podiatrists and other medical providers? Who will do the grocery shopping? Supervise nutrition? Provide for physical therapy? Who will provide respite care for the primary caretaker? What happens if grandma's jewelry begins disappearing? What happens when grandpa loses his wallet?

C. GERIATRIC CARE MANAGER

One option is to hire a geriatric care manager. Such a care manager assists the client and his family to develop a care plan. The care manager will assess the individual's needs, develop, implement, and monitor a care plan. The care manager can arrange for various paid services including home health care, transportation, meals, adult day care, assistance in selecting alternate living facilities such as assisted living facilities and nursing homes suitable for the individual who no longer is able to reside at home.

1. COSTS

The cost of assessing the individual's needs, developing, implementing, and monitoring a care plan is paid for by the client on a private pay basis. These costs are *not* covered by Medicare or Medicaid and are generally paid for by the client and/or his family.

2. LICENSING

Geriatric care managers are generally licensed as social workers or nurses. The National Association of Professional Geriatric Care Managers has developed standards for its members. Their website, www.caremanager.org will provide a list of care managers in the

client's area. See **Exhibit A** for a listing of care managers in Houston.

IV. SERVICES FOR SENIORS/ADULT DAY CARE

If your client wishes to remain at home and has the means to do so, adult day care programs and services should be investigated. The University of Texas Health Science Center at Houston has a website which provides information on elder care resources. Go to worklife.uth.tmc.edu/eldercare.html. In addition, ARISE (Aging Resource Information, Support and Education) under the auspices of U.T.-Houston, provides a broad range of age related information, referrals, education, counseling, geriatric support services and care management. Call 713-520-8252.

A. MEALS ON WHEELS

This program provides hot lunches for those who are housebound. Oftentimes, the volunteer delivering the meal is the only person the housebound senior sees during the day. A useful website which lists all Meals on Wheels programs in Texas is www.seniormag.com/services/mow/tx.htm.

B. ADULT DAY CARE

Adult day care programs generally provide activities appropriate to seniors with cognitive impairments. Such programs enable the senior the opportunity to live at home, enjoy social interaction, and participate in various activities geared to the senior's particular needs. Such programs also provide respite care for the primary caregiver.

In looking for an adult day care facility, look for one that provides transportation to and from the facility, is licensed to administer medicine, provides nutritional meals and provides activities that are appropriate to the individual. Many such centers plan activities that help the cognitively impaired retain and/or learn skills that will help them in their daily living. See **Exhibit B** for a list of adult day care providers in Houston.

V. GUIDELINES FOR EVALUATING AND SELECTING ALTERNATIVE LIVING FACILITIES

In the event the client doesn't wish to remain at home, does not have the support services to do so, or staying at home is not in the client's interests, the following may serve as a guide to evaluating a living facility, whether it be an assisted living facility, a continuum of care facility, a personal care home or a nursing home.

Determine what is available in the community. Visit various facilities. Talk to the residents. Most residents will be happy to visit with you and offer their opinions about the staff, the food, the activities, their apartments or rooms, and their happiness (or lack thereof) with their living arrangements. What different types of apartments or rooms are available? Tour the facility. Are there areas for the residents to congregate and socialize? Are they clean and inviting? Is the facility free of safety hazards?

Meet not only with the administrator of the facility, but also with the staff members who will be helping with the daily care of your relative. Do they seem caring, compassionate, and patient? Are they attuned to resident's needs? What is the ratio of staff to residents and the staff turnover rate? Visit at different times during the day. Stay for a meal.

Ascertain what steps will be taken to integrate your relative into the new living environment. Are activities offered that your relative will enjoy? Are there "off campus" outings? Are the residents engaged or are they parked in front of the television?

Learn what is included in the basic monthly charges. Are there extra charges? If you are considering a nursing home, is the home Medicare or Medicaid certified?

Consult with a physician and an elder law or estate planning attorney about the reputation of the facility in the community. Verify that the facility has appropriate state licenses. Ascertain whether any complaints have been made against the facility. The Texas Department of Human Services, 1-800-458-9858, will provide you with information about complaints.

Individuals seeking entrance into an assisted living facility or nursing home should make sure

estate planning documents, including a will, durable power of attorney, medical power of attorney, and directive to physicians are up to date.

A useful website for evaluating the individual's need and determining what type of facility would best meet those needs is www.springstreet.com/seniors/select_care/evaluate.jhtml. This site provides a checklist for evaluating needs and questionnaires to help determine whether independent living communities, assisted living communities, nursing home, continuing care retirement community, or Alzheimer's facility is appropriate.

Finally, try to choose a facility close to your home so that you will be able to visit your loved one frequently.

VI. ASSISTED LIVING

Assisted living facilities generally provide studio and one bedroom apartments, meals, social activities, medication management, personal care, housekeeping and support services for their residents, 24-hour security, health and exercise programs, and laundry services for their residents. While apartments may have a small refrigerator and sink, meals are generally taken in a common dining area.

A. SERVICES

Assisted living facilities provide their residents with assistance in the activities of daily living, i.e. dressing, bathing, feeding, toileting, and walking. Such facilities also may provide sections for residents who have Alzheimer's or other serious mental impairments, often in a secured area apart from other residents. Staff is on duty 24 hours a day. Some facilities have a nurse on duty 24 hours a day.

B. RESIDENTS

Residents in assisted living facilities may have some physical and/or cognitive impairments, or they may just wish to live in a community where they have their own apartments but no longer have to cope with housekeeping, cooking, and home maintenance. Most of the residents are widowed females.

Many assisted living facilities provide separate areas for those who are able to manage some or all of the activities of daily living independently and have separate areas for those who are suffering from Alzheimer's or dementia and need greater supervision. An assisted living facility which cares for Alzheimer's patients must be certified by the Texas Department of Human Services as an Alzheimer's facility. For information about Alzheimer's facilities, call the TDHS Consumer Information Hotline at 1-800-458-9858. The Quality Reporting System (QRS) of the Texas Department of Human Services evaluates assisted living facilities; evaluations are available on-line at facilityquality.dhs.state.tx.us. See **Exhibit C** for *Long Term Quality Care Reporting System and How QRS Evaluates Assisted Living Facilities*.

C. COSTS

The cost of assisted living facilities is generally borne by the resident and/or his family. The size of the apartment and the individual needs of the resident determine the cost. For example, if the resident requires that his medications be administered, there will be a monthly charge for the administration of medication. If the resident requires more than basic assistance, the rate will be determined by the type of assistance the resident requires. Sometimes long-term care insurance will include coverage for assisted living facilities.

D. LICENSING

Assisted living facilities are licensed by the state, in Texas, pursuant to Chapter 247 of the Texas Health and Safety Code, *Assisted Facility Licensing Act*.

E. ADDITIONAL INFORMATION

For information about assisted living facilities, contact the Assisted Living Federation of America (ALFA), Phone: 703-691-8100, Fax: 703-691-8106, E-mail: info@ALFA.org, Americans Senior Housing Association, Phone: 202-659-3381, Fax: 202-775-0012, and the National Elder Care Locator Service, Phone: 800-677-1116.

VII. PERSONAL CARE HOMES

Personal care homes are also sometimes known as board and care homes or adult foster care

homes or adult care homes. Room, board, meals, and some help with activities of daily living are provided, including dispensing of medication, and assistance with eating, bathing, and grooming. Linens, laundry service, and furniture is provided. Generally, such homes are private residences, licensed by the Texas Department of Health. They often house between 2 and 8 persons. Such homes are not nursing homes. They are alternatives to nursing homes for those who do not require the level of care which a nursing home provides. They are less expensive than nursing homes and assisted living facilities and provide a viable choice for those with limited incomes or those dependent upon supplemental security income.

VIII. NURSING HOMES

A. NURSING HOME POPULATION

Nursing homes provide custodial care and skilled nursing services. Residents of nursing homes generally are the elderly, the frail, and/or those suffering from cognitive deficits and requiring assistance with the activities of daily living. In 1997, approximately 5% of those over 65 lived in a nursing home, and 15% of those over 85 lived in a nursing home. Foundation/National Legal Assistance and Elder Rights Project, *Nursing Home Law Training Module 1* (Mar. 1998). Approximately 70% of nursing home residents are admitted after stays in hospitals while approximately 30% are admitted from their homes. *Id.* at 3.

B. RESIDENT ASSESSMENT

Nursing homes are federally regulated pursuant to the Nursing Home Reform Act of 1987 42 U.S.C. §§ 1395i-3; 1396r, as well as by state agencies, in Texas, the Texas Department of Human Services. The Texas Department of Human Services develops standards for nursing home licenses and certification which must comply with federal regulations. Tex. Health & Supply Code Ann. § 222.0255. Chapter 242 of the Texas Health and Safety Code establishes the standards for nursing homes, convalescent homes and related facilities. The Nursing Home Reform Act provides that each nursing home must have an individualized care program for each resident based on the resident's background and condition. The plan must be in writing and must establish goals for improvement of the resident's condition. 42

U.S.C. §1395i-3(b)(4)(B). In addition to a care plan, activities and social services to the resident must be provided for. 42 U.S.C. §1396r(b)(1).

The nursing home must assess the resident within 14 days of admission and when there is a significant change in the resident's condition. 42 U.S.C. §1395i-3(b)(C)(i)(I) & (); 42 U.S.C. §1396r(b)(3)(C)(i)(I) &(II).

C. EVALUATING NURSING HOMES

The Texas Department of Human Resources' Quality Reporting System (QRS) provides information about how facilities are evaluated. See **Exhibit D**. The TDHS website allows the user to compare various nursing facilities. The web site is facilityquality.state.tx.us. The U.S. Department of Health And Human Services Centers for Medicare & Medicaid Services publishes *Guide to Choosing a Nursing Home* which is available online at www.medicare.gov. It also provides an easily navigable site, "Nursing Home Compare," which allows the user to compare various facilities. See also, **Exhibit D**, "Nursing Home Checklist."

D. PATIENTS' RIGHTS

There is no substitute, however, for family participation in the care plan, and family members should make certain that the assessment is accurate, that a comprehensive plan has been developed that accurately reflects the resident's needs, that the resident's medical providers were involved in assessing the needs, and that the plan is being implemented. At the time of admission, the resident should be given a written "Residents' Bill of Rights." 42 U.S.C. §§1396i-(3)(1)(B)(i)(ii), 1396r(c)(1)(B)(i)(ii). See, "Residents' Rights," **Exhibit E**.

E. COSTS

Costs for nursing home may be paid privately, through long term care insurance or through Medicaid. The average cost of a nursing home in Texas is \$2,900 per month and even if residents have the resources to be initially admitted on a private pay basis, they often exhaust their resources and the costs are then subsidized by Medicaid. See "How to Pay for Care," **Exhibit F**.

IX. CONTINUING CARE RETIREMENT COMMUNITIES (CCRC)

A. CARE OPTIONS

CCRCs provide a care system provide for a broad range of care options ranging from independent living to nursing home and/or Alzheimer's care all in one facility or on one campus. Initially, individuals or couples may live in individual apartments. They are able to handle their activities of daily living although meals, housekeeping and other services may be provided. If an individual becomes unable to handle the activities of daily living, he or she will be transferred to an assisted living facility where a greater degree of assistance will be provided, including help with bathing, dressing, toileting, walking, taking of medication. If a resident has a short term illness, he or she may be transferred to the nursing facility on campus until recovery. If long-term skilled nursing is necessary, the resident will be transferred to nursing facility on a permanent basis. Such facilities usually provide nursing care for the cognitively impaired as well as for those physically impaired.

B. COSTS

CCRCs often charge significant entrance fees; in addition, monthly fees may be high. Payment options vary.

CCRCs get their income from entry fees, monthly charges, and ownership fees. Entry fees are generally a one-time upfront fee which the resident pays at the time of entry. The fees vary, depending upon the type of unit and the type of agreement the resident selects. Some entry fees are refundable on a declining scale and others are nonrefundable. Some facilities require no entry fees and only charge monthly fees dictated by the living unit, services desired, and care costs. Others require monthly fees in addition to an entrance fee. In some CCRC facilities, the resident owns a condominium or cooperative on campus and services are sold as packages at additional cost. *Id. at 309 [C][1] [a]-[d]*. See also, American Association of Homes and Services for the Aging, *Selecting a Continuing Care Retirement Community* (2001), **Exhibit G**. AAHSA's website provides useful information. www.aahsa.org/public.

1. EXTENSIVE CONTRACT

Such an agreement includes costs of housing, services and amenities. The facility then offers unlimited health related services, often with no cost or minimal increase in cost. Begley & Jeffries, *Representing the Elderly Client*, §3.04 [A][2][a], (Panel Publishers 2000).

2. MODIFIED CONTRACT

This type of agreement offers the same services as the extensive agreement except only a specific amount of long term care will be provided without an increase in payment. A resident may receive only a limited number of days of nursing care, depending upon the agreement, without an increase in cost. After the days are utilized, either a discounted rate or a standard rate would apply. *Id.*

3. FEE FOR SERVICE CONTRACT

The same house, services and amenities are included, but the resident pays for health care as the services are needed. While a fee for service agreement may initially be cheaper than an extensive agreement or a modified agreement, the resident bears the risk of higher fees if long term nursing care is necessary. *Id.*

X. SUBSIDIZED HOUSING

The Department of Housing and Urban Development provides assistance to approximately 1.5 million elderly low income renter households. Administration on Aging, *Housing Options for Older Americans*, (2000). The Supportive Housing for the Elderly program, was established pursuant to the National Housing Act of 1959 and codified at 12 U.S.C. §1701q. It is commonly known as Section 202 housing. Section 202 housing is housing for low income elderly persons and families. Section 202 housing is owned and operated by nonprofit organizations, generally

community and faith based. Rental assistance is provided for low income elderly and disabled renters. HUD determines how much housing should cost for an individual or family and determines what that individual or family should pay. If it is determined that the payment should be \$300 per month, and that the individual should pay \$100 per month, HUD will pay the \$200 balance and furnish the rental payment directly to the operator of the housing. To apply for Section 202 housing, the applicant should call the property manager of the particular apartment complex in which the applicant would like to live. For a list of Section 202 properties and information on Section 202 housing, see **Exhibit H.**

XI. CONCLUSION

There are many different housing choices within each category. One way we can assist our older clients is to familiarize ourselves with the housing choices available in our communities, the costs of such housing, and the requirements for residence. We also must help our clients plan for incapacity and encourage them to make decisions concerning their care before the need arises and to communicate those decisions with those who will be responsible for caring for them.

XII. EXHIBITS

Exhibit A - Geriatric Care Managers in Houston
Exhibit B - Index of Adult Day Care in Houston
Exhibit C - The Texas Department of Human Resources' Long Term Care Quality Reporting System (QRS)
Exhibit D - Nursing Home Checklist
Exhibit E - Residents' Rights
Exhibit F - How to Pay for Care
Exhibit G - Selecting a Continuing Care Retirement Community (2001)
Exhibit H - Section 202 Supportive Housing for the Elderly and List of Section 202 Properties in Houston.