

How Much Support is Enough?

Last time I shared some thoughts on the idea of “aging in place.” I have so many smaller conversations that I am often surprised when I hear someone say “we residents don’t know how to go about getting the care we’ll need.” So let’s look at that question today, especially in terms of *where* and *how much*.

As was presented last time, the issues to consider when life alone becomes challenging are first, someone’s safety, then how much privacy and/or control they are willing to yield, and of course how deep the treasure pile is. The ability to live at home, or even in a supportive group setting assumes that someone is able to make most decisions for themselves. When it is a case of even severe forgetfulness, if the person doesn’t wander or act in too unpredictable or erratic a fashion, partners or paid caregivers can usually provide the intermittent supervision and assistance needed. The less able someone is to direct their own self-care, the more time will be needed for another to step in. *If that is paid assistance in the home, the price in our area averages around \$24/hr.* Remember that Home Care agencies have two hour per visit minimums. Arranging with a private individual may be more flexible but doesn’t provide the same dependability or legal protection (see the Handbook for Lathrop’s policy on this.)

Most people who ultimately need care in the home do so because of functional rather than supervisory needs. While this may be as result of cognitive decline, it is often a result of loss of mobility. Here again, outside of a major event like a stroke, functional decline usually comes gradually, and adding help is often gradual as well: shower supervision once or twice a week, getting stockings on or even just shopping and making the bed. This kind of help can be more challenging to arrange in a private home due to its small or intermittent scale. Add the general support of medication cuing or ensuring that someone is eating well, and one can see how brief visits throughout the day in an apartment style setting can be more cost effective, especially if we are talking about care that is needed every day.

The kind of care we are discussing above is funded out of pocket. While some have insurance policies that cover general supportive care, most of you with typical Long Term Care policies do not. These policies typically define qualifying care as a deficiency in two of six activities of daily living (ADL’s): *bathing, toileting, dressing, transferring, ambulating, and eating*. That is, one must be able to document daily need of assistance in doing any of these basic self-care tasks. Further, most policies have an exclusionary period of 90 days, meaning one must show evidence of getting this care for 90 days before it will start being reimbursed. Most professional agencies, and all assisted living communities, including the Lathrop Inn Support Services will provide you with the documentation needed. Needless to say the insurance companies do not make it easy. I’m happy to sit down with you to look carefully at your policy.

In any case, unless one needs full memory care (which may or may not qualify for LTC policy pay out) most Lathrop residents and their loved ones will find themselves navigating the edges of too little care versus too much. Most people don’t need someone sitting waiting for them to need help but will need help spread out during the day or week. We know that having the support that’s needed reduces the likelihood of the capsizing events that can take away independence. The Wellness team at Lathrop is here to assist with assessing what type of assistance you might need to make living in your home safe

and secure. Over the next several weeks we will be sharing more about plans to make supportive care part of every new Inn resident's agreement. We hope to make living at the Inn a more easeful and cost effective option for Lathrop residents when the decision to add some care is made.