

BELLEVUE NETWORK ON AGING

MINUTES

September 5, 2024.

8:30a – 10:30a Hybrid Meeting

MEMBERS PRESENT:

Anne Rittenhouse; Andrea Kline; Kari Marino;
Elaine White; Beth Hanley; Abigail Brown;
Bhavana Pahwa; Eleanor Lee; Joyce Hansbearry;
Shana Aucsmith

MEMBERS ABSENT:

Beverly Heyden; Julie Hart; Barbara Carey

STAFF PRESENT:

Dan Lassiter -Community Services Supervisor

GUESTS:

PRESENTER(S):

RECORDING SECRETARY: Daniel Lassiter, Bellevue Parks & Community Services

WELCOME AND ROLL CALL: The meeting was called to order by Anne Rittenhouse.

PUBLIC COMMENTS: none

APPROVAL OF MINUTES: August minutes were approved.

Presentation: Myths and Truths of the Older Adult Housing Industry – Julie Hart

Myths:

- **“I’ve got Medicare so that’ll pay for the housing and care.”**
- **“There’s no freedom, privacy or choices in an assisted living community.”**
- **“A nursing home is the only option if I need long-term care.”**
- **“Staying in my own home is the cheapest option.”**

Truths:

Medicaid funds long-term care; Medicare is for health care.

The amount of interaction, camaraderie or solitude is up to the resident.

Long-term care can be provided in many different settings.

Not all seniors can afford to pay for in-home care.

The Varieties of Housing & Care

Independent

Retirement Living

- Designed for older adults.
- Seniors must be safe and self-sufficient when alone.
- Typically offer housekeeping, meals, and activities.
- \$3,000 - \$5,000 per month.

Continuing Care Retirement Community

- Offer independent living through skilled nursing.
- Accommodate changing care needs without relocating.
- May include long-term contracts and/or buy-in fees.
- \$5,000 - \$10,000 per month.

Assisted Living

- Apartment-style housing.
- Offer assistance with Activities of Daily Living (ADLS).
- Offer 3 meals/day in a congregate dining room.
- Provide medication management.
- \$4,000 - \$11,000 per month.

Memory Care

- Caring for those with Alzheimer's or dementia.
- Provide assistance with ADLs.
- Private or shared rooms & baths.
- May offer secure unit for wanderers/exit seekers.
- \$7,000 - \$10,000 per month.

Skilled Nursing

- 24_hour nursing care.
- Hospital like setting.
- Care by medical professionals.
- Typically for rehabilitation after accident or surgery. Medicare may cover **up to 100 days of care.** . This is NOT a guarantee of Medicare paying for 100 days of care. Patients must show a continuing improvement in their condition. Once their condition recovery has “plateaued”, Medicare will withdraw funding.
- \$8,000 _ \$16,000/month.

Respite Care

- Provides care when current care provider is unable.
- May be offered by a retirement, assisted living or an adult care home.
- Allows families a break.
- Some communities cap the number of days at 30 days.

Adult Care Home

- Private and/or shared bedrooms and bathrooms.
- Licensed for up to 5 residents in OR, up to 6 in WA.
- Provide assistance with ADLs.
- Provide family style meals.
- Highest caregiver to resident ratio.
- Typically, up to eight residents per site.
- Currently about 2,500 sites in King County.
- Adult Care doesn't need a nursing assessment which may get you in a wrong living situation. (Be cautious)
- \$5,000 _ \$10,000/month

Adult Care Center

- Provide care during normal working hours.
- Three types of centers; focusing on social interaction, medical needs, or Alzheimer's care.
- Allows caregiver to work.
- Allows caregiver a break.
- Social stimulation and structured activities.
- \$25 - \$40 per hour.

When do you decide to make the move?

Some signs to look for in a senior's behavior that may signal that it's the right time to start the conversation of a possible move:

- Is the senior depressed?
- Are they feeling isolated at home due to:
 - Health issues.
 - Mobility issues.
 - Dwindling social circles.
 - Lack of transportation options.
 - Hearing issues.
 - Inability to follow a conversation Is there a decline in the senior's short-term memory.
- Is their hygiene suffering?
- Have they lost/gained weight?
- Is family struggling to manage the needs senior and take care of themselves too?

Talking about the move.

- Everyone involved needs to be open and honest about their feelings and have as many conversations as necessary to reach common ground.
- Start the conversation about the move BEFORE a crisis forces the issue.
- Decisions are harder and offer less options when a crisis dictates the timeline.
- This is a subject best discussed multiple time. Broaching the subject may make the senior defensive; be patient and keep trying.
- Ask the senior what they would want to see happen for themselves and their family providing their care.
- Cite scenarios where family has had to step in to handle chores or care situations and how that impacts the lives of those providing the care.
- Be open and honest, don't hold back.
- Get input from the doctor or care management team at your clinic.
- If the senior has a friend whose already made the move, get their help in relating their story of their move and the changes it's made in their lives.

Understanding some industry common terms.

Activities of Daily Living (ADLs)

- Term used to discuss senior housing options.
- The ability to perform ADLs are often markers used in determining care cost add-ons.
- The basic ADLs include bathing, feeding, toileting, dressing, hygiene, and
- medication management.

Aging in Place

- Aging in place relates to living independently in your own home and community, continuing to stay in familiar surroundings by planning ahead or making adaptations as needed; home modifications such as installing grab bars in bathrooms, or widening doorways and hallways to accommodate wheelchairs.
- Home health care providers can enable people with chronic medical issues to remain at home longer.

In-home Care

Home care allows a person with special needs to stay in their home. It might be for people who are getting older, are chronically ill, recovering from surgery, or disabled.

Home care services include:

- Personal care: bathing or getting dressed.
- Homemaking, house cleaning, yard work, laundry.
- Cooking.

In-home healthcare

Provides a wide range of health care services administered in a private home.

Service may include:

- Occupational therapy
- Physical therapy

- Speech therapy
- Skilled nursing tasks

Washington does have the WA Care Long Term Care which has a \$36,000 cap which helps get a support for a care facility or to use caring for a loved one in your home.

How to home-finders fees work?

Cost to use an agent to seek out a home is many times the cost of the first month fee by the home chosen. Therefore, the chosen home does not get a payment until the second month of residency.

What are the staffing requirements of these living situations?

Some have awake 24hr staff but unsure if there is a ratio that must be held to.

Do most Assisted Living sites allow hospice to come in and stay with the resident when needed?

Yes.

Does Medicare help cost in Skilled Nursing Facility?

A person needs to be admitted and in a hospital for three full days before Medicare funding will pay for services. However, the amount of funding can decrease day by day according to the changing condition of a person. If you are seeking Medicare you need to hire an advocate to seek the service.

- Julie recommends getting an RN assessment for a person in a change of life situation as it can be a great tool in getting into a home.

Human Services Report – Christy Stangland

No report this month.

COMMITTEE REPORTS: Members were asked to read the committee reports before the meeting for discussion.

Advocacy Committee Report – Abigail

No meeting held in August. Nothing to report.

Outreach Committee Report – Shana

The Bellevue Farmers Market is today. We will have five older adult vendors in attendance, and each will have a stamp to mark customers passport. When the passports are full the customer can enter the passport for a drawing for baskets provided by the sponsor Aegis Living. This will hopefully entice customers to visit the tables.

Andrea has invited BNOA member to do a tour of Silver Glen as she is the Wellness Committee Chair and would do the tour for the group.

Housing and Transportation – Anne

Anne indicated the H & T minutes were complete and to refer to them if anyone had questions or comments. No further discussion was had.

Community Meetings and Events Attended

Hannah indicated the Crossroads area is scheduled to have a community plan and has asked that BNOA get involved in it with input.

Old Business –

Status of Pembroke Meadows in Bellevue has asked for a presentation – Elaine. Ann and Beth will present on October 16 at 12:30 and will talk about what the BNOA does and will likely take the items used to table an event.

Status of Legal Resource Flyer is that Andrea has one item needing completed then Bhavana will review prior to printing. Andrea, Bhavana

New Business

Recruitment for BNOA was selected by Anne, Andrea, Bhavana, and Elaine volunteering to be on the committee. Flyers are being updated and input will be inquired by Dan to the team and then a Public Service Announcement will be sent out by the City of Bellevue. Interviews will hopefully commence mid Octobers.

The meeting was adjourned at 10:27 a.m.