

## Educational Institute on Aging Continuum of Care Summary

<b>CATEGORY</b>	<b>Independent Living</b>	<b>Assisted Living</b>	<b>Nursing Home</b>
<b>DESCRIPTION</b>	Covers a broad range of housing options for older persons who are functionally and socially independent most of the time. <i>Not regulated except by local authorities.</i>	Provides 24-hr room and board to adults who are aged, mentally ill, developmentally disabled or physically handicapped, who need personal care, supervision, and protection, but do not require continuous nursing care. <i>Licensed by the Texas Department of Human Services.</i>	Provides a living arrangement, which integrates shelter and food with medical, nursing, psychosocial, and rehab services for persons who required 24-hr nursing supervision. <i>Licensed by the Texas Department of Human Services or may be registered by other local authorities.</i>
<b>PRIMARY SERVICES</b>	<ul style="list-style-type: none"> <li>▪ Environmental Security.</li> <li>▪ Facility may coordinate services for resident, i.e., transportation and housekeeping.</li> <li>▪ Opportunities for socialization.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Room and board.</li> <li>▪ Housekeeping and Laundry.</li> <li>▪ Three meals a day.</li> <li>▪ 24-hr supervision.</li> <li>▪ Assistance with personal care.</li> <li>▪ Protection.</li> <li>▪ Supervision of and assistance with medications.</li> <li>▪ Availability of transportation (as indicated in the resident's service plan).</li> <li>▪ Organized Activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 24-hr nursing supervision.</li> <li>▪ Room and board.</li> <li>▪ Housekeeping and Laundry.</li> <li>▪ Three meals a day.</li> <li>▪ Assistance with personal care.</li> <li>▪ 24-hr protective oversight.</li> <li>▪ Administration of medications.</li> <li>▪ Opportunities for socialization.</li> <li>▪ Social Services.</li> <li>▪ Organized Activities.</li> </ul>
<b>FUNDING</b>	Private Pay <i>OR</i> HUD assisted.	Private Pay <i>OR</i> Limited assistance through Texas Department of Human Services.	Private Pay <i>OR</i> Medicaid <i>OR</i> Medicare -specific limitations and limited time frames (Generally 21-120 Days)

### Guidelines for Assessing an Individual's Capabilities and Needs

<b>MOBILITY</b>	Capable of moving about independently. Able to seek and follow directions. Able to evacuate facility independently in emergency. <i>OR</i> Ambulatory with cane/walker. Independent with wheelchair, but need help in an emergency.	Ambulatory with minimal or no assistance. <i>OR</i> May require supervision with mobility, transfers from bed, chair, or toilet.	May be independent. <i>OR</i> May require assistance with transfers from bed, chair, and toilet. <i>OR</i> Requires transfer and transport assistance. Requires turning and positioning in bed and wheelchair.
<b>NUTRITION</b>	Able to prepare own meals. Eats meals without assistance. <i>OR</i> Arranged through outside source such as, family, friends, home health agency, meals on wheels, etc.	May be independent. <i>OR</i> May require minimal assistance with eating.  Three meals per day provided by facility.	May be independent. <i>OR</i> May be unable or unwilling to go to dining room. May be dependent on staff for eating/feeding needs. <i>OR</i> Totally dependent on staff for nourishment (includes reminders to eat and/or feeding).
<b>HYGIENE</b>	Independent and capable of bathing and personal laundry. <i>OR</i> May require assistance obtained by resident through home health agency or other outside source.	May require assistance with bathing or personal hygiene/grooming. <i>OR</i> May require assistance, initiation, structure or reminders but resident may be able to complete the task.	May be independent. <i>OR</i> May require assistance with bathing or personal hygiene/grooming. <i>OR</i> Totally dependent on staff for all personal hygiene/grooming.

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<b>TOILETING</b>	<p>Independent and completely continent. <i>OR</i></p> <p>May have incontinence, colostomy or catheter, but independent in caring for self through proper use of materials/supplies. <i>OR</i></p> <p>Arranged through home health agency.</p>	<p>May be independent. <i>OR</i></p> <p>May require assistance with toileting.</p>	<p>May be independent. <i>OR</i></p> <p>May have a problem with incontinence, colostomy/catheter, and require assistance. <i>OR</i></p> <p>Totally dependent and/or unable to communicate needs.</p>
<b>HOUSE KEEPING And LAUNDRY</b>	<p>Independent in performing housekeeping functions, including making bed, vacuuming, cleaning, and laundry. <i>OR</i></p> <p>May need and arrange for limited assistance with certain housekeeping functions. <i>OR</i></p> <p>Arranged through home health agency.</p>	<p>Individual may do their own laundry and take care of their own housekeeping. <i>OR</i></p> <p>Provisions for laundering of a resident's personal laundry and housekeeping available. <i>OR</i></p> <p>Laundry and housekeeping may be provided by facility.</p>	<p>Housekeeping provided and laundry services provided as requested.</p>
<b>DRESSING</b>	<p>Independent and dresses appropriately. <i>OR</i></p> <p>Arranged through home health agency.</p>	<p>May be independent. <i>OR</i></p> <p>May require assistance with dressing or use of medical appliances.</p>	<p>May be independent. <i>OR</i></p> <p>May be dependent on staff for dressing. <i>OR</i></p> <p>Relies totally on staff for dressing.</p>
<b>MEDICATIONS</b>	<p>Responsible for self-administration of all medications. <i>OR</i></p> <p>Arranged through home health agency.</p>	<p>May be able to self-administer medications. <i>OR</i></p> <p>May need minimal reminders and/or assistance. <i>OR</i></p> <p>May be dependent on staff to assist with administration of medications.</p>	<p>Medications administered by licensed nurses or Certified Medication Aides.</p>
<b>MENTAL STATUS</b>	<p>Oriented to person, place, and time. <i>AND</i></p> <p>Memory is intact, may have occasional forgetfulness without consistent patterns of memory loss. <i>AND</i></p> <p>Able to reason, plan, and organize daily events. Mental capability to identify environmental needs and meet them.</p>	<p>May need occasional direction or guidance in getting from place to place. May have mild impairment of judgment. <i>OR</i></p> <p>Orientation to time and place may be impaired and may require consistent assistance and guidance. May have moderate impairment of judgment. <i>OR</i></p> <p>May need very secure physical environment. (See Certified Alzheimer's Rules)</p>	<p>Judgment may be good or poor. Resident may not attempt tasks, which are not within capacities. <i>OR</i></p> <p>May require strong orientation and reminder program. May need guidance in getting from place to place. <i>OR</i></p> <p>Disoriented to time, place, and person. <i>OR</i></p> <p>Memory is severely impaired. Usually unable to follow directions.</p>
<b>BEHAVIORAL STATUS</b>	<p>Deals appropriately with emotions and uses available resources to cope with inner stress. <i>AND</i></p> <p>Deals appropriately with other residents and staff.</p>	<p>May have no behavioral problems. <i>OR</i></p> <p>May require periodic intervention by staff in order to facilitate interaction with other residents or appropriate display of emotions. <i>OR</i></p> <p>Note: Residents with mentally disturbing behavior are not appropriate, except perhaps in a Certified Alzheimer's Assisted Living.</p>	<p>May require regular intervention from staff to facilitate expression of feelings and to deal with periodic outbursts, anxiety, or agitation. <i>OR</i></p> <p>Maximum staff interventions required to manage behavior and to prevent becoming a threat to safety and physical well-being of self or others.</p>
<b>NURSING CARE</b>	<p>Individual contracts with a home health agency for services needed.</p>	<p>Home health agency provides intermittent/ episodic services as needed. Some facilities will be able to provide some services, but usually at an additional cost.</p>	<p>Provides continuous nursing care and hospice care as contracted.</p>