

## Residential Care

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### Issues to Consider

When deciding on the best housing option for a person with a brain injury, there are many issues for families to consider. Persons with brain injury and their loved ones should ask:

- What kind of living situation is desired by and acceptable to the person with brain injury?
- What kind of funding is required for this program?
- What kind of living situation is needed to meet the physical, safety, intellectual, cognitive and social needs of the person with brain injury?
- How will family members be involved in the care and rehabilitation process? What demands on time and energy are realistic and feasible?
- What potential does the person with brain injury have for improvement and rehabilitation?
- What kind of living situation will best foster improvement and rehabilitation?
- How can we create a system in which the person with brain injury is able to live as independently as possible while family members and friends maintain productive lives?
- Will the housing facility create an environment that is responsive to my cultural needs and values?

### Major Factors

There are three key components to consider when attempting to identify and select an affordable and appropriately structured housing option for persons with brain injury.

- 1. Funding:** Most people cannot afford to place their loved one in a residential program without some type of public funding assistance. Placement in most housing options that accept public funding require that you work through the Local Management Entity (LME) in your area. Visit our [LME page](#) for more information about how to sign up for services. For persons who are able to pay for housing primarily through private monies, you may still have the option of working with the LME, but you may also contact a number of the programs listed below directly.
- 2. Availability:** There are a limited number of residential options available to persons with brain injury in North Carolina that are affordable, provide structured, supervised and individualized programming and then also have staff that have been specifically trained to work with the unique and sometimes complex needs of this population.

Many times families must choose the program that best fits their needs from what is available, and may not be fortunate enough to find an optimal program. In the state of North Carolina, persons with brain injuries are served in housing options with persons that have other types of disabilities, so here again, working closely with your LME is very beneficial. You will need to visit, observe, and interview all possible options provided to you and pick the best fit for your loved one. The better your situation and unique needs are known by the LME, the more likely you are to get a good fit. Also, please note that most programs have an extensive waiting list.

- 3. Level of Care:** Public funding is provided to persons with disabilities who meet a certain criteria and is then based on the level of care deemed required by the person to be served. Persons and programs receive funding based on level of care provided and/or needed. For example, there are a number of ICF (Intermediate Care Facility) level group homes in the state but only one specifically licensed for persons with brain injury. You need to work with your LME to find out what level of care is appropriate for your loved one before knowing which residential options might provide that level of care.

### **Levels of Care/Housing Options**

Many housing providers serve persons with a variety of disabilities, while others work exclusively with brain injury. Any community provider that maintains ongoing appropriate training specific to brain injury and embraces a holistic person-centered approach may be a suitable consideration.

The following housing options listed are organized from most to least independent living situations. In the case that housing outside of the home is determined to be the best for your individual circumstances, there is a list of questions to ask housing providers at the end of this section. Be sure to bring the list when interviewing and selecting a facility.

### **Living with Family**

If the person with brain injury is returning home, alterations may need to be made. For example, a person with brain injury may need a ramp to enter the home, rearranged furniture, wider doorways or a renovated bathroom. There are many contractors with specialized knowledge and skills in this area. There are several home-renovation funding sources, including low- or no-interest loans, that individuals or families may be eligible to receive. For more information about funding sources, contact your local Center for Independent Living. Before

you hire someone to work in your home, be sure to check qualifications, experience and references.

### **Home Care/Personal Care/Attendant Care**

Assistance for family members can be provided through Home Health Care agencies, Medicare, Medicaid, waivers and in some cases private health insurance. In-home assistance can also be provided through programs offered through the LME for some persons with brain injury if they qualify.

### **Respite Housing**

The purpose of respite care is to provide short-term care for individuals with disabilities while giving a temporary break to their regular caregivers. Some facilities or home health care agencies may offer respite services on a case-by-case basis. If you are in a financial position to pay for respite care yourself, more options may exist. Respite may also be offered to those who qualify through the local LME.

### **Renting**

Renting is an option for a person with brain injury who can live independently but is not able to perform home maintenance. Living expenses can be minimized if the person with brain injury is willing and able to share housing with one or more individuals. Rent subsidies or assistance may be available through the United States Department of Housing and Urban Development. For more information about eligibility and who to contact, visit their website at [www.hud.gov](http://www.hud.gov).

### **Adult Care Homes**

These homes were formerly called Domiciliary Homes, Rest Homes, Personal Care Homes, or Homes for the Aged. Some states call this type of housing "board and care." They must provide 24-hour personal care services (bathing, dressing, grooming, etc.) and supervision. However, this type of home is not required to have nurses on duty within the home. These homes are structured to provide a more social model of care as opposed to a medical model of care. Most offer private or semi-private rooms with private or shared baths. Seven beds is the minimum qualification for this type of home. Under seven beds is considered a Family Care Home (see below). They are licensed by the NC Division of Facility Services. The state contracts with each county Department of Social Services (DSS) to monitor these homes on a bi-monthly basis, but many are monitored monthly. The DSS Adult Home Specialist is responsible for this monitoring process.

## **Family Care Homes**

These are Adult Care Homes that are licensed for two to six beds.

## **Group Homes**

Adults live together in a family-like setting. Corporations run these facilities. Some facilities limit their admissions to a single age group or sex population. Some facilities will focus on brain injury while others will have a more general focus. In many homes, residents contribute to the operation of the house in terms of chores and meal preparation. In North Carolina, there are different levels of care provided in different group homes.

The two primary levels of care are generally referred to as ICF (Intermediate Care Facility) or DDA (Developmentally Disabled Adult) home. Both levels of care are licensed by the NC Division of Facility Services and programs are monitored by them annually.

## **Supervised Apartment Programs**

This type of housing describes apartments where services are offered to enable residents with special needs to live as independently as possible in a multi-unit setting often with roommates. Supervision is either provided within the apartment or within the apartment complex or both. Sometimes supervision is live-in, but most often not offered 24-hours a day/seven days a week. Residents usually sign a lease and pay monthly rent. At a minimum, one meal a day, housekeeping services and personal care services must be available. These facilities are not required to be licensed, but must be registered with the NC Division of Facility Services.

## **Adult Foster Homes/Foster Care**

A Residence can be licensed to provide personal services for persons with disabilities in private homes. Adult foster homes are very similar to adult living facilities, with the main difference being that adult foster homes are licensed private residences as opposed to corporate facilities.

## **Assisted Living**

According to the North Carolina Assisted Living Organization, assisted living is defined as a special combination of housing, supportive services, personalized assistance, and health care designed to respond to the individual needs of those who need help with activities of daily living. Supportive services are available 24 hours per day, to meet scheduled and unscheduled needs in a way that promotes maximum dignity and independence for each resident. There are

two types of reimbursement provided for assisted living, State and County Special Assistance and Medicaid Personal Care Services.

Contact the North Carolina Assisted Living Organization at (919) 467-2486 for programs in your area that may have served persons with brain injury.

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### **Long-Term Care: Nursing Homes/Assisted Living**

**For a comprehensive list of nursing homes in your area, visit [www.medicare.gov](http://www.medicare.gov), scroll down on the main page and click on “Compare Nursing Homes in Your Area.”**

Long-term care refers to a broad range of supportive medical, personal and social services needed by people who are unable to meet their basic living needs for an extended period of time. This may be caused by accident, illness or frailty. Such conditions include the inability to move about, dress, bathe, eat, use a toilet, medicate and avoid incontinence. Care may also be needed to help the disabled with household cleaning, preparing meals, shopping, paying bills, visiting the doctor, answering the phone and taking medications.

#### **Skilled Nursing Facility**

Nursing facilities are licensed by the State who determines the number of skilled and nursing home beds in the state as well as the staffing requirements.

Skilled care is the highest level of care and is defined as: 1. requiring every patient to be under supervision of a physician, 2. having a transfer agreement with a local hospital, 3. requiring 24 hour nursing supervision and 4. having a physician on-call for emergency. States also require a higher ration of RNs and aides per patient with skilled than with non-skilled care.

To differentiate them from skilled care, other facilities are often called intermediate care facilities. The on-call requirements, 24-hour nursing and staffing levels are not as stringent for intermediate care. Some facilities, called residential care -- typically 3 or 4 bedroom converted homes -- are licensed for room and board only with no formal medical staff. They provide help with activities of daily living (ADLs) but cannot handle medical problems.

In July 1999, the Supreme Court issued the *Olmstead v. L. C.* decision. The Court's decision in that case clearly challenges federal, state and local governments to develop more living opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services.

The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, requiring states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individual with disabilities." The ADA and the *Olmstead* decision apply to all qualified individuals with disabilities regardless of age.

This means that a person does not have to live in a long-term care facility if they chose not to. If you or a loved one currently resides in a long-term care facility you can request *relocation services* through your county of residence. Relocation services provide for the relocation of individuals with disabilities under the age of 65 from nursing home settings to homes of their choice in community settings. Medicare, Medicaid, waivers or insurance can help pay for Long Term Care.

### **Questions to Ask Housing Providers**

It is important to consider a number of factors when evaluating established housing options. Questions to ask vary depending upon an individual's housing needs.

#### **Potential questions include:**

- What are the fees and what will the fees cover? Will there be additional expenses?
- How is this program paid for? (private insurance, governmental assistance, etc.)
- Are the bedrooms and bathrooms private or shared?
- How are physical, cognitive, behavioral and medical challenges handled?
- What is a typical daily schedule for residents?
- What meals are provided? Do residents help with meal preparation?
- How are family members and friends included in a resident's activities?
- Is independence encouraged and supported? Can the services provided be adapted when a client demonstrates an increased level of functioning?
- What are the professional qualifications and experience of the staff?
- What are the ongoing staff training requirements?
- What is the staff-to-resident ratio? What is the turnover rate of the staff?

- How does this facility encourage optimum community involvement?
- What is your crisis plan for situations that have the potential to become unmanageable?

Try to find at least three housing providers to interview before you make a decision. Some options are listed in this Resource Book. While efforts have been made to provide as many options as possible, this is not a complete list. You are encouraged to choose a housing option that allows both the person with brain injury and the family to live as independently as possible.

Be sure to tour any housing option that you consider. Pay attention to cleanliness, safety and security, and overall atmosphere. Observe the manner in which staff members interact with residents.