

## Memory Care

By: Karla Gustafson

According to the latest figures from the Alzheimer's Association, every 67 seconds someone in the United States develops Alzheimer's. Alzheimer's and other diseases which cause the symptoms of dementia are increasing in the U.S. At present more than 5 million Americans are living with the disease. Almost two-thirds of Americans with Alzheimer's are women, this is becoming a staggering challenge as women are also the major providers of care giving for their family members. What do you do when it is the caregiver that needs care?

A relatively new alternative to at-home care for someone with dementia is a residential community that specializes in Dementia Care. Known as "memory care" or "Alzheimer's care," such housing is increasingly under development as cases of Alzheimer's and other forms of dementia rise.

Demand still outpaces supply, which can make Memory Care hard to find and get into, especially outside of larger cities. Memory care also costs more than most forms of eldercare because it's specialized, long term, and residential. On the upside, families find peace of mind in a housing setting tailored to the unique needs of someone with a progressive cognitive disorder. The cost of care like other types of senior living is private pay. Medical does not pay for senior care unless it is for short term stays or skilled nursing.

### Paying for Memory Care:

**1. Understand what you get for your money** Memory Care describes a type of care rather than a place. Sometimes found in dedicated facilities, its most often offered within an Assisted Living Community, continuing care community, or skilled Nursing facility (a.k.a. nursing home or long-term care facility). In 2010, 17 percent of Residential Care communities had dementia special care units, with 6 percent serving adults with dementia exclusively and another 11 percent having a distinct unit, wing, or floor designated as a dementia special care unit, according to the National Center for Health Statistics. Just over half of all nursing homes have a special Alzheimer's unit, according to the Alzheimer's Association's 2014 report. In a memory care unit (also called a special care unit), you can expect to find:

- knowledgeable staff who understands the special needs and changes of persons with symptoms of dementia
- secure physical environment

- Caregivers trained in validation communications developed specifically to communicate with people with symptoms of dementia.
- specialized art and music activities including reminiscence and sensory programs

*Hint:* Typically people whose dementia is in the mild to moderate stage can fare best in an Assisted Living setting, but because Alzheimer's worsens over time, this may not remain the best setting. Those in mid- to late-stage dementia (or who also have other, concurrent health problems) may require the more skilled Nursing care provided by a nursing home.

## **2. Be realistic about what this premium care costs**

Because it's specialized, Memory Care tends to cost more than regular care, requiring more training, more hands-on care, and more personnel (a lower staff-to-resident ratio). Assisted Living settings usually cost less than nursing homes (where residents require more intensive care). According to the Alzheimer's Association report, 2014 Alzheimer's Disease Facts and Figures, the average cost of memory care is \$59,250 per year (\$4,937 per month) in Assisted Living settings. Rates range widely by location. For example, according to the Genworth 2014 Cost of Care Survey, a semiprivate room in a nursing home ranges from \$94 per day to \$800 per day, with a median cost of \$200 per day. (That survey doesn't break out memory-care costs.) *Care costs will increase in a facility as the resident has increasingly more needs. Find out what the highest rate is for highest service level to plan for the long run. An individual with Alzheimer's can live ten or more years with the disease.*

*Hint:* Most rates are all-inclusive for basic care; additional required services may cost extra. A geriatric care manager or certified professional gerontologist can be a great resource to weigh in on local options; the best place for your family member isn't always the most expensive.

## **3. Leave "no stone unturned" and get help to do so**

To cover these costs, it helps to form a plan with the input of other family members as well as professionals. Remember that someone with Alzheimer's can live for many years. Consulting an elder-law attorney or Financial Planner familiar with Eldercare as you map a plan can save you money in the end.

Obvious sources of funds to explore include the person's personal savings, stocks, bonds, other investments, and pensions. Don't overlook the liquidation of jewelry, artwork, antiques, collections, or cars, all of which might benefit the owner more as

cash than as "stuff." Many families trade the prospect of heirlooms and inheritance for equally valuable peace of mind now.

*Hint:* Along with an eldercare lawyer, a senior move manager can advise about liquidating assets.

#### **4. Take advantage of applicable Veteran's Benefit**

If the person with dementia served in the active military, naval, or air service with an honorable discharge, veteran's (VA) benefits from the U.S. Department of Veteran's Affairs may apply toward housing costs. Aid may come from the VA's Community Residential Care program, which is group care in about 1,300 facilities nationwide, or from VA Aid and Attendance, which provides funds for disabled vets who require extra help. (The disability didn't have to happen during active duty, so Alzheimer's in the retirement years would apply.)

*Hint:* The surviving spouse of a veteran is eligible for these benefits as well. Contact a Vet Center for free advice, or call(800) 827-1000.

#### **5. Explore other benefits**

Medicaid, the joint federal-state program for very low-income elders, covers some long-term costs if the facility accepts Medicaid. Facilities aren't required to do so, however; according to a 2013 NCHS survey on Dementia Care, places offering memory care accept Medicaid less often than those without such units. Some locations set aside a limited number of beds for Medicaid patients. Coverage varies by state. (Medicare doesn't cover residential memory care.)

*Hint:* Although qualifying for Medicaid requires "spending down" most of one's assets and income, a "spousal protection rule" enables healthy spouses to maintain some assets, an amount that varies by state. In 2014, Placer County did not have any facilities that accept Medicaid residents in Memory Care. Sacramento County had two facilities that accept Medicaid residents but both facilities are skilled nursing units. You can find out more looking at the Department of Aging at [www.aging.ca.gov](http://www.aging.ca.gov). Then go to your county to see what services are available as services vary by county and city. Also check the federal [Benefits.gov](http://Benefits.gov) or ElderCare Locator for benefit information.

#### **6. Read Insurance Policies closely**

If a Life Insurance policy provides for "accelerated" or "living" benefits, you may be able to recoup half or more of the face value of the policy. Or the policy may offer a

"life assurance" benefit, which pays directly for long-term care, although at a much lower cost than the value of the policy.

*Hint:* Long-term Care Insurance pays for residential care but is probably only an option if purchased well in advance. It's perhaps better for you, the caregiver, to look into for yourself, rather than being a solution for someone already experiencing dementia. Read the policies carefully as many offer only in home care and may have a cap on amount of services. To find out more about long term care, California has a partnership for long term care at <http://www.dhcs.ca.gov/services/>

## 7. Cash in current housing

If the person in need of residential memory care still owns a home, selling or renting the property can be a way to pay for care. This financial product taps equity in your home to provide funds that are repaid when the house is sold. Well spouses or adult children should beware using a Reverse Mortgage on their home to pay for another's care, however. You may need these funds yourself down the road, and you have no way of knowing how long you'll need to pay the memory care bills. Always consult a financial planner in advance, since reverse mortgages are more complex than they might seem. By 2050 the number of those 65 and older in the United States is expected to almost double, and those 65 and older with Alzheimer's disease, the most common type of dementia, may nearly triple, from 5 million to as many as 16 million, according to the Alzheimer's Association.

*Hint:* Not all Reverse Mortgages are the same. Make sure to check out different policies go to [www.aging.ca.gov](http://www.aging.ca.gov) for more information.

## Latest Care Innovations

With the growing number of those who will need Memory Care Services, operators are implementing unique ways to serve residents and compete among industry peers. Some of the forward thinking providers are implementing the newest care options in their facilities such as:

**Snoezelen Rooms:** a multi-sensory room that has allows memory resident the ability to control their own therapy with lights, sounds, textures and aromas stimulate a variety of senses, promoting both relaxation and a sense of control. It has been shown to reduce move outs by 27%. American Journal of Alzheimer's Disease & Other Dementias found that non-pharmacological interventions, such as multisensory stimulation environments, have demonstrated the ability to reduce inappropriate behavior among individuals with Alzheimer's disease.

**Sensory Neighborhoods:** contrary to Snoezelen therapy, the multi- sensory room in the highest acuity neighborhood is meant to get residents awake and engaged, rather than enhance relaxation.

**Keeping Couples Together:** the concept enables couples to continue to live together, even when one needs memory-related care. The couple can be independent inside their units, but have the larger environment to provide support and care when they ask for it. This option has been difficult to find in existing facilities.

**Grind Dining:** food that can be enjoyed without the help of a fork, knife or in some cases, teeth. For a proportion of the aging population who suffers from memory impairment or lack of cognitive function, eating without common utensils is a daily challenge. Gone are the days when highly processed or soft foods were the only options. Research from the University of Alabama and Harvard University that found cooked and ground proteins were 24% more digestible than just cooked or raw proteins. They began adding carbohydrates and vegetables for complete meals that were nutritionally complete and didn't require eating with a fork, knife or spoon or require chewing in order to consume. The anthropologists and scientists used Burmese Pythons for their research due to the fact that the pythons don't have teeth.

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*The views expressed here are those of Karla Gustafson, CPG, and do not necessarily represent those of the Commission or individual members.*