

Assisted Living or Memory Care

Making an informed decision

When caregivers are faced with a loved one who can no longer live independently at home, they can become overwhelmed by one of the hardest decisions they will ever have to make. Since the 90's the Twin Cities senior housing market has been growing much faster than the rest of the country. We are faced with a wide variety of services and choice for seniors which has is one of the reasons Minnesota was ranked as the "Best State to Retire In" by AARP.

One of the decisions families have to make is deciding between assisted living or memory care for their loved one. We wrote this article because family members tell us they have questions they just can't answer for themselves. "What kind of care does Mom need" – "What is the difference between Assisted Living and Memory Care?" - "Mom doesn't wander can she be in assisted living?" - "How do we know what's best for Dad?"

Two of the fastest growing types of housing are Assisted Living and Memory Care, but what are the differences between the two and why would you choose one over the other for your loved one? Let's take a look at them side by side.

Assisted Living (AL)	Memory Care (MC)
<p>Definition: Assisted Living (AL) bridges the gap between living independently and living in a nursing home. ALs typically offer a combination of housing, meals, supportive services, and health care. AL residences generally provide 24-hour staff, recreational activities, housekeeping, laundry, and transportation. Residents may choose which healthcare services they receive from the facility such as help with bathing, dressing, eating, or medication reminders. Costs vary depending on the services provided. The federal government does not regulate ALs and definitions of AL vary from state to state. AL communities may or may not offer services specifically designed for people with dementia, so it is important to ask.</p> <p>Source: http://www.alz.org/care/alzheimers-dementia-residential-facilities.asp#ixzz41Cbjh03B</p>	<p>Definition: Memory Care (MC) is designed to meet the specific needs of individuals with Alzheimer's disease and other dementias. MCs can take many forms and exist within various types of residential care. Such units most often are cluster settings in which persons with dementia are grouped together on a floor or a unit within a larger residential care facility. Some states have legislation requiring nursing homes and assisted living residences to show exactly what specialized services their MC provides, including a trained staff, specialized activities, ability of staff to care for residents with behavioral needs, and fees. When you visit a facility, ask for their disclosure form.</p> <p>Source: http://www.alz.org/care/alzheimers-dementia-residential-facilities.asp#ixzz41Cc6qgg7</p>
<p>Environment: The layout and décor/amenities is what varies the most between ALs. The majority are apartment-style complexes with multiple floors and styles of apartments. Some communities separate their AL apartments with Independent apartments and some can have AL units located anywhere in the building. Campus sizes vary greatly from smaller buildings to larger, multi-building communities.</p> <p>Types of Apartments: Studios 1 Bedrooms 2 Bedrooms + Den + Deck</p>	<p>Environment: The layout and design can also vary greatly between MCs. Whether the MC is part of a larger community (in a separate wing or floor) or other setting, the environment is designed to better suit Alzheimer's and dementia residents so that behaviors are reduced and the environment is easy to navigate.</p> <p>Special environmental features for MC:</p> <ul style="list-style-type: none"> • Simple, calming décor • Barrier free (avoid long hallways, elevators, etc.) • Security features on all entrance/exits • Open floor plan • Secured outside area • Internal and external walking paths

	<p>More on Environment: Less is more! Units can vary from single bedrooms to one bedroom apartments. For safety, many units do not have full kitchens or baths, allowing the resident to safely age in place. For those that have these features, it is important to have the ability to turn off the stove/oven or safeguard other potential risks that these features may be to the person with dementia.</p>
<p>Staffing/Supervision: Although AL generally provides 24 hour staffing, it is important to ask more in depth questions about how the community is staffed. Even though they have staff available 24 hours a day, much of the assistance they provide is scheduled and they might have 20+ other residents they need to visit in the same building.</p> <ul style="list-style-type: none"> • Is the care giving staff licensed? • What type of training do they receive both initial and ongoing? • Do you perform background checks? • How many residents do they care for during their shift? Staff to Resident Ratio? • How is the staff notified when a resident needs assistance? • Is the night staff awake? • On Site Nursing availability and services? • Is Nursing onsite 24/7 or on call? 	<p>Staffing/Supervision: Asking the same questions for MC is just as important.</p> <p>Here are just a few differences MC has in their staffing models compared to AL.</p> <ul style="list-style-type: none"> • Memory Care units are required by the state to provide specialized dementia training to all staff. • Most MCs offer a 1:6 ratio (or better) between caregivers to residents. • MCs provide 24 hour supervision which is different than 24 hour staffing. • Residents in MC are going to have more access to staff consistently throughout the day and provide a higher level of care need. • A high level of redirection, guiding, and escorting are provided by staff throughout the whole day. • General nursing and other medical needs are handled by the campus nurse, very similar to AL. • Some MCs provide additional clinical support through Occupational Therapists, Social Workers, Physicians, Nurse Practitioners, etc.
<p>Activities/Programming: ALs provide a variety of recreational activities. These activities are offered to whole community and accessible in their community spaces. Transportation to appointments and outings are often offered in AL settings as well.</p>	<p>Activities/Programming: Memory Care units have specialized activities for individuals with dementia. Activities are generally offered more often, in one centralized location and throughout the day. The more structure, the better an environment can serve dementia residents. Successful MC activity programs offer activities 7 days a week, including evenings, to help with reducing anxiety and sundowners. Activities need to be led by trained staff that invite and escort residents often throughout the day. Approach is key when it comes to participation and success in activities. Some MCs offer limited outings and supplement activities with outside therapies. (ie music therapy, pet therapy, etc).</p>
<p>Level of care need: Assistance in daily living activities such as help with bathing, dressing, eating, or medication reminders can be provided by ALs. Each AL is different on how involved they can be in these care needs or in the level of dementia care they can effectively provide. Housekeeping, laundry, and transportation are also common supportive services available in most ALs. Healthcare services provided by RNs may also be provided but can vary from community to community.</p>	<p>Level of care need: Very similar to level of care ALs provide, however, in MCs they are provided more often and staff are trained on special care approaches when doing cares with residents with dementia. A higher level of supervision is provided consistently throughout the day in MC where as in AL the supervision is provided on scheduled basis. Most MCs provide an “Age in Place” philosophy and partner with Hospice providers for end of life comfort care.</p>

Level of Dementia Care:	Level of Dementia Care:
<p>See Allen Cognitive Scale (ACL) Scale below for more information on the stages of dementia</p>	
<p>Early Stage (ACL 5.0 – 6.0) Beginning of Middle Stage (ACL 4.4 – 5.0)</p> <p>Many Assisted Living settings can manage minimal dementia care in their community while some ALs are able to manage more due to their staffing and size. It is important to ask questions to understand at what point someone would no longer be able to stay in their AL apartment or if desired, what services can be brought in to help support dementia as it progresses. Some ALs have Care Suites for advanced needs. Care Suites can also be a great options for later stage dementia.</p>	<p>Beginning of Middle Stage (ACL 3.8 – 4.5) Middle Stage (ACL 3.3 – 3.8) Late Stage (ACL 3.2 and under) End of Life Stage</p>
<p>Cost: Costs vary depending on the services provided and apartment size.</p> <p>Assisted Living can range from \$2400 - \$10,000 a month depending on apartment size and services provided.</p> <p><i>According to the 2015 Genworth Financial cost of care survey, the average cost of assisted living in Minnesota is \$3,468 per month.</i></p>	<p>Cost: Costs vary depending on the services provided in MC as well, however you may see many MCs having a base monthly fee that incorporates many room and board items together.</p> <p>Memory care can range from \$4,500 - \$10,000 a month depending on apartment size and services provided.</p>

ALLEN COGNITIVE SCALE

The Allen Cognitive Scale is just one of several tools we use to create a personalized plan for care. Created by occupational therapist Claudia Allen, it's a sophisticated way to highlight a resident's abilities, identify needs over time, help plan treatment and guide placement in our residences

There are six levels in the Allen Scale, 1= severe cognitive impairment and 6= normal cognition

LEVEL 6: independent in daily care, finances and decision-making skills; is comfortable learning information

LEVEL 5: independent in daily care; may need assistance with finances, decision making and organizational skills; may encounter subtle problems with memory; is comfortable learning new information

LEVEL 4: physically independent with daily care, but needs assistance to initiate or monitor quality of care; needs increased assistance with all cognitive skills; memory challenges have increased; may not anticipate possible dangers or consequences; success is noted with structure and repetition; needs assistance to live in the community

LEVEL 3: Full assistance is required with daily care, including cognitive skills such as initiatives, sequencing, judgment, problem solving and decision making; has significant memory impairment; has difficulty with language and expressing needs, as well as understanding others; requires 24-hour supervision

LEVEL 2: Dependent on care providers; has significant impairment of all cognitive skills, including loss of language skills, and a decrease in motor, visual and perceptual skills. requires 24-hour supervision

LEVEL 1: All basic needs must be met by a caregiver

LEVEL SUMMARY AND RECOMMENDED SERVICES:

