

Guide to Long Term Care

Explore Your Options

Shared Decision Making Worksheet *for Veteran's long term care needs*

Shared Decision Making is a process where Veterans work with their social worker, care team and informal caregivers, like a family member or friend, to make plans and decisions about long term care.

Veterans and Caregivers can use this Worksheet to:

1. Identify long term care needs
2. Explore long term care options
3. Involve others in your planning
4. Decide next steps

Use this Worksheet with the online Guide to Long Term Care and the Caregiver Self-Assessment

Your eligibility is based on clinical need and service or setting availability.

www.va.gov/Geriatrics/Guide/LongTermCare



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Step 1. What Are Your Needs?

What do you need help with?

I need help to: *(Check any that apply)*

- Eat, get dressed, bathe, go to the toilet or get around the house.
- Do chores such as fixing meals, paying bills and shopping.
- Get care that requires a nurse or therapist.
- Check my blood pressure or blood sugar, keep track of medical visits or fill my pill box.
- Deal with my drug or alcohol issues.
- Deal with my mental health concerns.
- Make decisions and remember things I need to do.
- Do social things with family or friends.
- Other: _____

Who helps you?

I have help from: *(Check any that apply)*

- My spouse or partner.
- Family member or friend who lives with me.
- Family members or friends who come over to help me.
- Paid caregiver.
- I do not have any regular help.

Where do you want to live?

I want to live at home for now: *(Check only one)*

- Yes, because being at home is the most important thing to me.
- Yes, I want to be at home if my health needs are met.
- Yes, I want to live at home, but it is not best for me now.
- No, I need to live somewhere else that gives me more care.

Step 2. Explore Long Term Care Options

Long term care options I would consider are:

(Check your choices – to learn more, click on the links below or go to www.va.gov/Geriatrics/Guide/LongTermCare)

Options at my home

- Adult Day Health Care
- Home Based Primary Care
- Homemaker/Home Health Aide
- Hospice and Palliative Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Respite Care
- Skilled Home Health Care
- Telehealth
- Veteran-Directed Home and Community Based Services

Options in a residential setting

- Adult Family Homes
- Assisted Living
- Community Living Centers (VA Nursing Homes)
- Community Nursing Homes
- Medical Foster Homes
- State Veterans Homes

I chose these options because it is important to:

(Examples: stay at home, be close to friends/family, have help at night)

1. _____

2. _____

3. _____

Step 3. Involve Others in Your Planning

Who is involved in your long term care planning?

People that help me make decisions about long term care are: *(Check any that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Nurse care manager |
| <input type="checkbox"/> Family member/friend | <input type="checkbox"/> Primary care provider (physician, nurse practitioner, physician assistant) |
| <input type="checkbox"/> Social worker/case manager | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental health provider | _____ |

People who agree with my favorite long term care option(s) are:

People who disagree with my favorite long term care option(s) are:

Long term care options we agree could be right for me are:

(Check your choices – to learn more, click on the links below or go to www.va.gov/Geriatrics/Guide/LongTermCare)

Options at my home

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Step 4. Decide Next Steps

- Use the Guide to Long Term Care at: www.va.gov/Geriatrics/Guide/LongTermCare
- Talk with my care team about my health needs
- Talk with my mental health provider about my care needs
- Talk with my social worker about getting long term care services
- Get support from my family and friends
- Use the website links in the Guide to Long Term Care for more information
- Write down my questions and bring them with me to my next visit
- Other: _____

Questions:

1. _____

2. _____

3. _____

4. _____

Bring to your next visit:

- This Worksheet after you fill it out
- The Caregiver Self-Assessment
- A list of your questions
- Someone who can support you

Veteran:

Name: _____

Date: _____

Care Team or Social Worker contact:

Name: _____

Phone: _____