

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. Consider needs
 2. Explore options
 3. Involve others
 4. Take action
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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



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Step 1. Consider 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 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)

Options at my home

- Adult Day Health Care
- Home Based Primary Care
- Home Maker/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 at a residential setting

- Adult Family Home
- Assisted Living
- Medical Foster Homes
- State Veterans Homes

Options at a nursing home

- Community Living Centers (VA Nursing Homes)
- Community Nursing 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

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+

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Step 4. Vcmg'Cevkqp

- Use the Guide to Long Term Care at: www.va.gov/Geriatrics/Guide
- 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: _____