

Alzheimer's Disease: Live-Alones

AL-CARE

Serving Clients with Dementia who
Live Alone



Developed by the
District of Columbia Office
on Aging, AL-CARE

Alzheimer's Disease Demonstration Grants to State Program

A Program of the U.S. Administration on Aging

Live-Alones

Client Services

The AL-CARE Program has successfully served live-alone clients in the District of Columbia for over six years. For example, live-alone clients sometimes forget what to do when a meal arrives from Meals on Wheels, and the Home Care Aide can prompt them to eat. At other times adult day care is available but live-alone clients may need someone to remind them when to go and where the day care is located.

Currently, the average live-alone client uses approximately \$3,000 per year of AL-CARE services. This can be compared to \$165 per day for nursing home care, which is the only other option available for live-alone clients with dementia in the District of Columbia.

In the later stages of Alzheimer's disease, the need for care becomes extensive. Clients who require more care than can be subsidized by this program may purchase additional services at private pay rates. Home care is provided until the Case Manager, the family, or a guardian decides that it is unsafe for the client with dementia to continue living alone. That decision may result from excessive wandering by the client, a deterioration of physical health, or extreme problems with home hygiene.

Finding Live-Alones who Need Services

When the District of Columbia Office on Aging asked the service network providers to identify an underserved dementia population in the District of Columbia, it was discovered that there were numerous persons with dementia

living alone. At the time, AL-CARE was the only home care program exclusively serving clients with dementia. Because of AL-CARE's focus on caregiver respite, individuals without live in caregivers had not been eligible for the services. With the advice of the Senior Network, the District of Columbia Office on Aging proposed to use Alzheimer's Demonstration funds to target the live-alone population. Currently, more than half of AL-CARE's clients are live-alones.

How the Program Works

As a member of the active Senior Network in the District of Columbia since 1986, AL-CARE has provided services to families of persons with dementia. The Senior Network includes over 30 agencies funded by the Office on Aging. Service is provided at over 100 sites.

Because AL-CARE was already a trusted and participating member of the provider community, issues of trust building and awareness did not warrant special attention. Most service providers in the District of Columbia area were well aware that there was a large, unserved population of elderly persons with dementia who were living alone in the District. Following a survey sponsored by the District of Columbia Office on Aging, providers merely needed to acknowledge that the population existed and to make the commitment to serve them.

AL-CARE initially expanded its base by beginning to serve individuals with live-in caregivers who were at work or otherwise out of the home during the day. AL-CARE distributed a brochure in the community that described its services to

live-alone clients. Using the Senior Network communication structures (newsletters, quarterly meetings, etc.) providers were notified of AL-CARE's new focus. Referrals began as soon as providers became aware of the service availability. Thus, AL-CARE had very little start-up time and was at capacity soon after the Alzheimer's Demonstration grant was awarded.

The next initiative for AL-CARE and the District of Columbia Office on Aging is to work with other providers in the Senior Network to encourage them to begin providing services to the live-alone population.

Barriers and Obstacles

Among the barriers to providing services to the live-alone population was skepticism within the community at large that individuals with dementia could or should live alone in the community.

Additionally, liability and service agreement issues had to be handled differently because there were no live-in caregivers to give consent. For example, it was necessary for AL-CARE to change consent forms that had been geared toward a population that lived with a caregiver. It was sometimes necessary to find relatives or other persons responsible for live-alones to obtain consent to serve the client. Access to homes had to be negotiated in different ways because live-alone clients may not remember to be home for, or to let in, their respite aides. Safety issues were more prevalent in this population and thus also needed more attention. Home care aides must be constantly vigilant about safety issues because there is no caregiver at home to assist the individual with dementia.

Benefits of Service to Live Alones

In addition to offering a low-cost service to a segment of the population that previously had few options, the AL-CARE live-alone project broadened awareness about dementia and helped alleviate the misconception that persons with dementia cannot live alone.

Generating New Funding

The agency has received contributions of over \$40,000 from relatives or financial guardians of live-alone clients. Stories of live-alone situations are effective for fundraising. AL-CARE regularly applies for grants from foundations and other organizations with interests in supporting programs for live-alone persons with dementia.

The Costs of the Program

The costs for expanding the program included additional training for home care aides, increased professional staff support, and flexible scheduling.

Increased training and supervisory costs are minimal and can be incorporated into existing training protocols with existing staff. However, flexible scheduling may lead to more significant costs, depending upon how an agency compensates its home care aides. There are occasions when a home care aide may go to a client's home only to find the client absent or unwilling to let the home care aide into the home. Provided the home care aide makes every effort to find the client or gain access to the home, the AL-CARE home care aide is paid for the whole visit, regardless of whether the aide got into the home or not. These paid

visits can become expensive because this situation occurs about three times a month with live-alone clients served by the District of Columbia program.

Keys to Success

1. Make a commitment to serve clients with dementia who live alone.
2. Hire and train appropriate aides.
3. Insure that aides are absolutely honest, sensitive, and caring.
4. Emphasize the importance of good communication skills in training aides.
5. Insure that everyone is flexible and creative in meeting various needs.

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The Administration on Aging is the official Federal agency dedicated to policy development, planning and the delivery of supportive home and community-based services to older persons and their caregivers through the national aging network of state and local agencies on aging, tribal organizations, service providers and volunteers.