



SOUTHERN OREGON FRIENDS OF HOSPICE RESOURCE GUIDE FOR CARE OPTIONS

This guide provides information about care options for older adults and their families, helping you make informed decisions based on needs, values, and financial situation.

Mission of Southern Oregon Friends of Hospice

The mission of Southern Oregon Friends of Hospice is to sustain Celia's House in Holmes Park, ensure exceptional care for dying individuals and their families, and promote broader knowledge of the benefits of end-of-life palliative care throughout our community.

Vision

Our vision is to create a community that understands and transforms the dying process into a time of opportunity for meaningful closure—with support offered to each dying person, their family, and the dedicated caregivers who serve them.

Values

- *Providing comfort (physical, emotional, and spiritual care)*
- *Nurturing and teaching a culture of compassion*
- *Respecting the uniqueness, dignity, and preferences of each individual*
- *Seeking to be as inclusive as our resources and sustainability allow*
- *Listening for and honoring each person's experience*
- *Supporting the healing of grief and personal relationships*

Southern Oregon Friends of Hospice Resource Guide for Care Options

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All costs listed are estimates

Please contact organizations directly for accurate pricing

HOME-BASED CARE OPTIONS

I. Home Health

Ordered by a medical practitioner for *specific, time-limited* medical needs. Services must be deemed medically-necessary by a healthcare provider. The majority of care is provided by family or friends.

WHO PROVIDES CARE:

- Visiting Registered Nurses (RN)
- Certified Nursing Assistants (CNAs)
- Home Health Aides
- Physical Therapists (PT)
- Occupational Therapists (OT)

WHAT IS PROVIDED:

- Assistance with bathing and dressing
- Medical services, including wound care and IV therapy
- Medication administration and monitoring
- Education for family members on caregiving tasks
- Provision of durable medical equipment (e.g., hospital beds, oxygen tanks, etc.)

COST ESTIMATE:

- Paid by medical insurance, including Medicaid and Medicare Part A or B, or self-pay.

Note: Nurses and therapists can only be hired through licensed Home Health Agencies.

II. Caregivers or Personal Care Aides

Can be hired privately or through a Home Care Agency. The majority of care is provided by family or friends.

WHO PROVIDES CARE:

- Caregivers or Personal Care Aides (PCAs)

WHAT IS PROVIDED:

- Personal care (toileting, bathing, grooming, and dressing)
- Meal preparation, including dietary accommodations
- Light housekeeping and laundry
- Companionship and social engagement

COST ESTIMATE:

- \$35–\$40 per hour on average.
- Additional costs may include:
 - Specialized care for Alzheimer's or Parkinson's
 - Medical supplies (e.g., adult briefs, wound care products)
 - Home modifications (e.g., grab bars, wheelchair ramps).

CONSIDERATIONS:

- Agencies handle hiring, training, and background checks but may charge higher fees.
 - Private caregivers may cost less but often lack the protections provided by agencies.
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III. Respite Care for Family Caregivers

Short-term care designed to relieve family caregivers.

WHO PROVIDES CARE:

- Local Departments on Aging – Senior & Disability Services
- Private care providers

WHAT IS PROVIDED:

- Temporary in-home or facility-based care
- Supervision and assistance with daily activities
- Social engagement and recreational activities for care recipient

COST ESTIMATE:

- \$200–\$400 per day, depending on the level of care and location.

CONSIDERATIONS:

Some nonprofits or state programs offer financial assistance or vouchers for respite care. Care can range from a few hours to several weeks.

OUT-OF-HOME CARE OPTIONS

I. Adult Foster Homes (AFHs)

Offer a home-like environment in residential neighborhoods for small groups of residents.

WHO PROVIDES CARE:

- Licensed homes, often owned by certified nurses or senior care specialists
- Families can still be involved

WHAT IS PROVIDED:

- Housing and support for up to five residents
- Personalized care, social activities, and recreational opportunities
- Intimate, community-oriented setting

COST ESTIMATE:

- \$3,500–\$5,500 per month, depending on the level of care required.

CONSIDERATIONS:

- Many AFHs specialize in memory care or other specific needs.
- Medicaid assistance may be available for eligible residents.

II. Assisted Living Facilities (ALF)

Provide support for those needing assistance while maintaining independence.

WHO PROVIDES CARE:

- Registered Nurses (RNs)
- Medication Technicians
- Caregivers

WHAT IS PROVIDED:

- Private or semi-private apartments with staff support
- Assistance with daily living tasks, such as bathing, dressing, and medication management
- Meal preparation and communal dining
- Social and recreational activities

COST ESTIMATE:

- Basic Tier: \$4,500–\$5,000/month (minimal assistance)
- Intermediate Tier: \$5,500–\$6,500/month (multiple ADLs assistance)
- Advanced Tier: \$6,500–\$8,000/month (comprehensive assistance).

CONSIDERATIONS:

- Memory care units are available in some facilities for individuals with Alzheimer's or dementia.
- Medicaid waivers may cover certain costs for eligible residents.

III. Nursing Homes and Skilled Nursing Facilities (SNF)

For individuals requiring 24/7 care for chronic health conditions.

WHO PROVIDES CARE:

- Licensed healthcare professionals, including RNs, specialty nurses, OTs, PTs, dietitians, and Certified Nursing Assistants

WHAT IS PROVIDED:

- Round-the-clock medical care and assistance with daily living tasks
- Structured environment with therapeutic and recreational activities
- Specialized support for advanced health needs

COST ESTIMATE:

- \$8,500–\$9,500/month (semi-private room)
- \$10,000+/month (private room).

CONSIDERATIONS:

- Medicaid often covers nursing home costs for those who qualify.

HOSPICE CARE OVERVIEW

Hospice care provides comfort-focused support for individuals with terminal illnesses, prioritizing quality of life rather than curative treatments. Hospice care is appropriate when a medical provider determines the individual's life expectancy is six months or less if the illness follows its natural course. Hospice care can take place in several settings, depending on the patient's needs and circumstances:

I. In-Home Hospice Care

Allows individuals to remain in familiar surroundings, supported by family and hospice teams.

WHO PROVIDES CARE:

- Interdisciplinary Care Team: Includes hospice physicians, nurses, social workers, chaplains or spiritual advisors, home health aides, and trained volunteers.
- Family and Friends: Often serve as primary caregivers, supported by the hospice team.

WHAT IS PROVIDED:

- Medical Care and Symptom Management: Skilled nurses manage pain, administer medications, and monitor symptoms related to the terminal illness.
- Personal Care: Hospice aides assist with bathing, grooming, dressing, and other daily needs.
- Emotional and Spiritual Support: Social workers, chaplains, and volunteers provide counseling, bereavement support, and assistance with legacy-building activities.
- Medical Supplies and Equipment: Includes hospital beds, wheelchairs, oxygen tanks, and other necessary durable medical equipment.
- Education and Training for Caregivers: The hospice team provides guides patient care, recognizing signs of decline, and responding to changes in condition.

COST ESTIMATE:

- Typically covered by Medicare, Medicaid, and most private insurance plans.
- Includes medication, equipment, and services directly related to the terminal diagnosis.

CONSIDERATIONS:

- In-home hospice requires family involvement. Hospice teams visit regularly but are not present 24/7.
 - Some families may need additional support, such as hiring private caregivers for around-the-clock care.
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II. Hospice in Skilled Nursing Facilities and Assisted Living Facilities

Hospice services are delivered in coordination with the facility staff, who provide 24/7 care.

WHAT IS PROVIDED:

- Pain and symptom management, personal care, emotional and spiritual support, and end-of-life planning, with daily medical care from SNF/ALF staff.

COST ESTIMATE:

- Hospice services are covered by Medicare/Medicaid, but room and board costs may require additional funding unless Medicaid applies.
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III. Hospitals

Hospice care in hospitals is available for short-term needs, such as managing acute symptoms or stabilizing a patient's condition.

WHO PROVIDES CARE:

- Hospice services are delivered in coordination with the hospital staff, who provide 24/7 care.

WHAT IS PROVIDED:

- Intensive medical care alongside hospice support, focusing on symptom relief and comfort.

COST ESTIMATE:

- Covered by Medicare, Medicaid, or private insurance for terminal diagnosis-related care.
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IV. Dedicated Hospice Residences (e.g., Celia's House)

WHO PROVIDES CARE:

Interdisciplinary Care Team: Includes hospice physicians, nurses, social workers, chaplains or spiritual advisors, CNAs, caregivers, and trained volunteers.

WHAT IS PROVIDED:

- Full hospice care focused on personalized, 24/7 support in a peaceful environment.

COST ESTIMATE:

- Typically covered by self-pay, Medicaid, or financial assistance for qualifying families.

CONSIDERATIONS:

- In-Home Care: Best for patients with family support who wish to stay in familiar surroundings.
 - SNFs/Nursing Homes: Ideal for individuals requiring continuous medical supervision
 - Hospitals: Appropriate for managing acute or complex symptoms requiring advanced medical resources.
 - Hospice Residences: Suitable for those seeking a dedicated environment focused entirely on end-of-life care.
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GLOSSARY OF TERMS

Activities of Daily Living (ADLs): Basic tasks such as bathing, dressing, eating, toileting, and mobility.

Durable Medical Equipment (DME): Medical tools like wheelchairs, hospital beds, and oxygen tanks.

Home Care Agency: Provides non-medical caregiving services with trained, vetted caregivers.

Medicaid Waivers: State programs using Medicaid funds for non-institutional care options like assisted living or adult foster homes.

Memory Care: Specialized support for individuals with Alzheimer's or dementia, including secure environments and structured activities.

Respite Care: Temporary care for loved ones to relieve family caregivers.

Skilled Nursing Facility (SNF): Licensed facilities providing 24/7 medical care and rehabilitation services.

Tiers of Care: Levels of assistance in assisted living facilities, from minimal to comprehensive.

Common Positions in Elder Care

Registered Nurse (RN):

A licensed healthcare professional who provides medical care, administers medications, monitors patients, and coordinates care plans.

Certified Nursing Assistant (CNA):

Provides hands-on care for daily living needs such as bathing, grooming, dressing, and mobility under the supervision of an RN or LPN.

Personal Care Aide (PCA):

Assists with non-medical needs like bathing, dressing, meal preparation, and companionship, either in a home or care facility.

Home Health Aide (HHA):

Provides similar services to a PCA but may also assist with limited medical tasks, such as checking vital signs. All under the direction of a healthcare professional.

Physical Therapist (PT):

Specializes in rehabilitation and improving mobility through exercise, treatment plans, and assistive devices, often after an illness or injury.

Occupational Therapist (OT):

Helps individuals regain independence in daily tasks, such as dressing, eating, and using adaptive equipment, particularly after injury or illness.

Dietitian (RD) or Nutritionist:

Develops and monitors dietary plans to meet nutritional needs, often in healthcare or long-term care settings.

Social Worker (SW):

Provides emotional support, counseling, and assistance navigating resources and care plans for patients and families.

Hospice Chaplain:

Offers spiritual and emotional support for patients and families during end-of-life care, respecting their beliefs and values.

Hospice Volunteer:

Provides companionship, emotional support, and non-medical assistance to patients and families in hospice care.

Respite Caregiver:

Temporarily takes over caregiving duties to give family caregivers a break, providing supervision, personal care, and companionship.

FINANCIAL OPTIONS FOR CARE

1. **Long-Term Care Insurance:** Covers certain elder care services but may have exclusions or waiting periods.
2. **Medicaid:** Available for low-income individuals; covers many elder care options.
3. **Personal Savings and Assets:** Commonly used for out-of-pocket expenses, such as private care or facility costs.
4. **Home Sales:** Many families sell homes to fund elder care.
5. **Important:** Medicare does not cover most long-term care costs, such as assisted living or nursing homes.

This guide intends to assist families in navigating the complex landscape of elder care with clarity and confidence. If you need additional assistance, local aging resources are available to help tailor care options to your needs. RVCOG Senior & Disability Services: Phone: (541) 664-6674. All costs listed are estimates – please contact organizations directly for accurate pricing.