

Veteran Decision Aid for Care at Home or in the Community

- Consider your needs and preferences for long term services and supports.
- Visit www.va.gov/Geriatrics to learn more about long term services and supports in VA and the community.
- Talk with your caregiver or family support person about Advance Care Planning.
- Talk with your social worker and care team about the home and community services that are best for you.



VA | Defining
HEALTH CARE | **EXCELLENCE**
in the 21st Century
www.va.gov/Geriatrics

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

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 small 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: *(Check only one)*

- In my home because that is the most important thing to me.
- In my home, if my health needs are met.
- In my home, but it is not best for me now.
- In a different home, but closer to VA services and supports.
- In a different place where I can receive more care.

Step 2. Explore Options

Long term care options I would consider are:

(Check your choices – to learn more go to www.va.gov/Geriatrics)

Options at my home

- Adult Day Health Care
- Home Based Primary Care
- Homemaker/Home Health Aide
- Hospice Care
- Palliative Care
- Respite Care
- Skilled Home Health Care
- Remote Monitoring Care
- Veteran-Directed Care

Options in a residential setting

- Adult Family Home
- Assisted Living
- Community Residential Care
- Domiciliary Care (in a State Veterans Home)
- Medical Foster Home

Options at a nursing home

- Community Living Center (VA Nursing Home, also called CLC)
- Community Nursing Home
- State Veterans Home

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 care choices are:

People who disagree with my care choices are:

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

(Check your choices – to learn more go to www.va.gov/Geriatrics)

Options at my home

- Adult Day Health Care
- Home Based Primary Care
- Homemaker/Home Health Aide
- Hospice Care
- Palliative Care
- Respite Care
- Skilled Home Health Care
- Remote Monitoring Care
- Veteran-Directed Care

Options in a residential setting

- Adult Family Home
- Assisted Living
- Community Residential Care
- Domiciliary Care (in a State Veterans Home)
- Medical Foster Home

Options at a nursing home

- Community Living Center (VA Nursing Home, also called CLC)
- Community Nursing Home
- State Veterans Home

Step 4. Take Action

- Use the www.va.gov/Geriatrics website
- 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 home and community services and advance care planning
- Get support from my family and friends
- 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 Decision Aid after you fill it out
- The Caregiver Self-Assessment, if it applies
- A list of your questions
- Someone who can support you, if available

Care Team or Social Worker contact:

Date: _____

Name: _____

Phone: _____