## 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

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



#### **Step 1. Consider Needs** What do I need help to: (Check any that apply) you need ■ Eat, get dressed, bathe, go to the toilet or get around the house. help with? 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 I have help from: (Check any that apply) you? ☐ 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. I want to live at home for now: (Check only one) Where do vou want Yes, because being at home is the most important thing to me. to live? ☐ 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		<u>Optic</u>	Options at a residential setting		
	Adult Day Health Care		Adult Family Home		
	Home Based Primary Care		Assisted Living		
	Homemaker/Home Health Aide		Domiciliary Care		
	Hospice and Palliative Care		(in a State Veterans Home)		
	Program of All-Inclusive Care for		Medical Foster Home		
	the Elderly (PACE)	<u>Optic</u>	ns at a nursing home		
	Respite Care		Community Living Center		
	Skilled Home Health Care		(VA Nursing Home)		
	Telehealth		Community Nursing Home		
	Veteran-Directed Home and		State Veterans Home		
	Community Based Services				
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.					
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Step 3. Involve Others							
Who is							
in your long te care planni	erm	<ul> <li>□ Spouse or partner</li> <li>□ Family member/friend</li> <li>□ Social worker/case manager</li> <li>□ Mental health provider</li> </ul>		Nurse care manager Primary care provider (physician, nurse practitioner, physician assistant) Other			
Doonle	o who o	anaa with my favarita land	T town	n agra antion(s) area			
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+							
<u>Options at my home</u>			Options at a residential setting				
	Adult D	ay Health Care		Adult Family Home			
	Home B	ased Primary Care		Assisted Living			
	Homem	aker/Home Health Aide		. J			
	Hospice	and Palliative Care		(in a State Veterans Home)			
	•	Program of All-Inclusive Care for	U Onf	Medical Foster Home  tions at a nursing home			
		e Elderly (PACE)					
	Respite Skilled	Home Health Care		(VA Nursing Home)			
	Telehea						
<b>J</b>	Veteran-	Directed Home and nity Based Services		State Veterans Home			

## Step 4. Vcng Cevlqp ☐ 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. Bring to your next visit: **Veteran:** Name: This Worksheet after you fill it out Date: The Caregiver Self-Assessment A list of your questions **Care Team or Social Worker contact:** Name: \_\_\_\_\_ ☐ Someone who can support you Phone: