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Short Communication Open Access

Adult Foster Care: Relief for those who Despair in Nursing Homes

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Abstract

Adult foster care provides an alternative to nursing home care. Residents are cared for in a private home by a caregiver who provides 24 hour supervision. The caregiver receives payment for room and board and for the care services provided. States vary in their regulatory approach but are increasingly viewing this model of care favorably due to the lower costs and preference for this model of care among frail older adults and their families. Opportunities for nurses in this relatively new care environment are numerous ranging from case management to direct care provision.

Keywords: Nursing home; Assisted living; Medical foster home; Adult foster care

Short communication

As a clinician who has enjoyed providing care in nursing homes for many years, I have unfortunately concluded that regulatory burdens and medicalization of nursing homes overshadow the joys of caregiving in nursing homes. Hospitalists are moving from the hospital to the nursing home and the Accountable Care Organizations are seeking control over nursing homes as they realize they will now be responsible for 30-day re-hospitalization rates from these facilities. As practice in nursing homes becomes further removed from providing care in a "home," the concept of Adult Foster Care has begun to resonate with my desire to provide medical care to those in a home environment.

The Adult Foster Care (AFC) model of care, which in 2008 was estimated to care for 64,189 residents, unsticks much of what gets us stuck in nursing homes and may begin to substitute for custodial nursing home care [1]. As nursing homes transform into hospital step-down units, there is increasing interest among elders, family members, caregivers, geriatric specialists and policy makers to provide alternatives to institutional care. AFC is provided in a private home, often by those who have worked as nurses or certified nursing assistants and simply love caregiving in the comfort of their homes. This model has been described as a viable alternative to nursing home care for nursing home-eligible adults who prefer care in the community rather than an institution [2]. When asked why they do it, AFC caregivers cite "a calling" to support older adults. You have likely met the nurse or aid, perhaps you are the nurse or aide, who desperately wants more time with residents and fewer demands of documentation. This model provides the opportunity to provide care to a small number of residents in a home environment [1].

Adult foster care offers community-based care to adults unable to live independently due to physical or mental disabilities. Supervision is provided 24 hours per day in a home environment with generally fewer than five other residents. Ownership can take three forms, "mom and pop" or single home, owner occupied with self-referrals or referrals from state agencies; corporate chains in which a for-profit or non-profit company owns the home and is responsible for the business aspects but services are delivered by staff who live onsite; or agency-sponsored homes in which the home owner is in residence but relies on an agency for referrals, training, oversight and some business functions. In states that do not require the owner of the home to be in residence, corporate models are increasing but the majority of homes are family-owned and operated [2].

Twenty-nine states license or certify AFC while 17 states apply assisted living regulations to AFC and six states have regulations allowing participation of AFC in the state Medicaid program. The Veterans Affairs Medical Foster Home Program varies somewhat based on state regulations but in general allows for no more than three residents in the home with a primary caregiver. Payment for room and board is provided directly to the caregiver by the veteran and the VA provides all medical care through its Home Based Primary Care Program. Lab tests are generally drawn by nurses in the home but if specialty consultation or procedures are required, the Veteran is transported to the VA Medical Center by the caregiver for those services. These Veterans all meet nursing home eligibility requirements and the caregivers frequently care for Veterans will significant care needs including Veterans with quadriplegia and in some cases even Veterans with home ventilators [1].

Outcomes data are just beginning to emerge but preliminary data suggest that this model of care is valued by elders and veterans who prefer a small, home environment over a large institutional setting such as a nursing home or an assisted living facility. Despite the fact that the majority of AFC residents have high acuity needs and are often very frail, low income older adults costs are estimated to be one-third the cost of nursing home care, largely due to reductions in hospitalizations [3]. As state Medicaid budgets face major shortfalls due to the high cost of nursing home care, this model is of increasing interest to policy makers [4]. We are quite possibly at a tipping point of moving care from institutions where regulation is increasing out into homes where care providers can deliver care focused on the human aspects of caring rather than documentation. Opportunities for nursing leadership abound in this relatively new model of care. Nurses with experience in long term care who have an understanding of the demands of nursing home care are uniquely positioned to assist in the design of these programs and in case management to match residents

to resources and caregiver skills. In addition, good old fashioned nursing is needed for those living in AFC who generally have multiple comorbidities and skilled nursing needs. Alternatively, some among us, may want to become AFC caregivers. In any case, for those who share frustrations with nursing home care, and who hunger for personalized, community-based models of care, relief is on the way – find an AFC near you and odds are, they can use your expertise.

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