



# *Where Do We Begin?*

A Guide To  
Elder Caregiving

HOME CARE

NURSING HOME

ASSISTED LIVING

INCAPACITY

FAMILY

LEGAL CONCERNS

PRIVATE DUTY

RESPIRE

HOSPITALIZATION

FINANCES

VISION IMPAIRMENT

SAFETY

WANDERING

HOSPICE

# WHERE DO WE BEGIN?

## *A Guide to Elder Caregiving*

### **Understanding Your Loved One's Needs**

Every family is unique, and your family's needs may differ from those of others. But most families share some things in common when caring for an elderly loved one. This guide can help you answer the common questions. This guide also attempts to answer frequently asked questions and provide resources families can use to begin navigating the maze that is elder care. It is the author's hope that families will use this book to plan proactively before a crisis occurs. In addition, it may be helpful to consult a professional in the elder care field before making any major decisions. Some of the questions you may have include:

- Is what is happening to my loved one normal?
- Is my loved one safe living at home without assistance?
- When do I, or other family members, need to step in for the sake of our loved one?
- What are the best housing choices?
- How do we pay for long-term care?



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## What Kind of Care Does My Loved One Need?

### Care Assessment Checklist

As our loved ones age, they may find it harder to do certain daily activities. When should this become a cause for concern? When should we think about bringing services into the home? When are home based services no longer enough?

The following checklist can help you decide what help, if any, your elderly loved one may need now. It can also help prepare you for what might come in the future. This checklist is only a tool. It cannot make decisions for you. Talk with a doctor, health care or geriatric care manager to seek their guidance on your loved one's specific situation and what assistance, if any, is needed.

Repeat this assessment regularly to track changes and adjust care as needed. It is possible for your loved one to become suddenly more dependent—for example, after an injury or illness. It is also possible for your loved one to regain some independence after treatment and rehabilitation.

Choose the one statement for each item that most closely fits your loved one at this time. Add up the numbers at the end of each statement to get a total. Then go to the end of the checklist to see what this may mean.

1. Able to take care of the house and yard
  - o Without help (1)
  - o With some help (2)
  - o No (3)
  - o Lives in housing where this is not an issue, or already has assistance (1)
2. Able to clean house and do laundry
  - o Without help (1)
  - o With some help, or with reminders (2)
  - o No (3)
  - o Lives in housing where this is not an issue, or already has assistance (1)
3. Able to identify strangers and seek help, if necessary
  - o Without help (1)
  - o No (3)
4. Able to get help in an emergency

- o Without help (1)
  - o With some guidance, or instruction (2)
  - o No (3)
5. Able to drive
- o Without help, or uses public transportation (1)
  - o Does not drive and needs help with other forms of transportation (2)
  - o Requires special medical transportation (3)
6. Able to participate in social activities
- o Without help (1)
  - o With some help (reminders, scheduling, transportation) (2)
  - o Only with help and supervision (3)
7. Able to manage own money (balance checking account, pay bills, etc.)
- o Without help (1)
  - o With some help (reminders, writing out checks, reviewing mail) (2)
  - o No (3)
8. Able to shop for food
- o Without help (1)
  - o With help (2)
  - o No (3)
9. Able to make or arrange for meals
- o Without help (1)
  - o With help (including Meals on Wheels-type assistance, home care agency staff) (2)
  - o No (3)
10. Able to feed themselves
- o Without help (1)
  - o With help (because of physical difficulties, reminders) (2)
  - o No (including any conditions due to swallowing difficulties) (3)
11. Able to recognize surroundings
- o Always alert and aware of day, time and place (1)
  - o Sometimes confused about day, time and place (2)
  - o Always confused about day, time and place (3)

12. Able to make and keep appointments
  - o Without help (1)
  - o With some reminders (2)
  - o Only with help (3)
13. Able to understand and follow directions
  - o Without help (1)
  - o Only after checking directions several times (2)
  - o Not even with help (3)
14. Wanders or has gotten lost
  - o No (1)
  - o Yes (3)
15. Able to do personal grooming (brush teeth, comb hair, shave, etc.)
  - o Without help (1)
  - o With reminders (2)
  - o Only with help (3)
16. Able to dress
  - o Without help (1)
  - o With some help (reminders, choosing what to wear, etc.) (2)
  - o Only with help (3)
17. Able to bathe or shower
  - o Without help (1)
  - o With some help or supervision (2)
  - o Only with help (3)
18. Able to control bladder and bowels
  - o Yes, or can use incontinence products without help (1)
  - o With reminders to use the toilet, or help with using incontinence products (2)
  - o No (3)
19. Able to walk
  - o Walks on own without falling (with or without cane or walker) (1)
  - o Has trouble walking alone and/or has fallen during past 6 months (2)
  - o Needs help to walk or stand (3)

20. Able to transfer (from chair to walker, walker to bed, wheelchair to car, etc.)
  - o Without help (1)
  - o Only with help (3)
21. Therapy and rehabilitation (physical, occupational or speech)
  - o Does not need therapy or rehab (1)
  - o Takes care of therapy or rehab without help (1)
  - o Needs some help to manage therapy or rehab (2)
  - o Needs medical monitoring (3)
22. Able to manage medicines
  - o Without help (1)
  - o With help (to identify, open bottles, reminders) (2)
  - o No (3)

When you have completed this checklist, add up the numbers. Then look at the following totals to help guide your next steps. This assessment is not the same as a cognitive or physical assessment done through a medical clinic. You may want to consider involving others in your decision-making process, particularly for those who have scored above 31. As you learn more about next steps, you will want to use the remainder of the book to read up on the different resources and services that are available to your family.

**If your total is 30 or less:**

Your loved one can function well, without much help, at this time. There may be no need for special services at this time. Although there may not be a present need for special services at this time, it is still a good time to start planning for your loved one's possible needs in the future.

- **Plan:** What medical, financial and legal arrangements are in place, or need to be put in place?
- **Ask:** What are the thoughts, wishes, feelings and preferences of your loved one and family? You may want to ask the elder to define their goals for ongoing living arrangements, or what they would want to have happen in the event that they got to a place where they needed more assistance.
- **Facilitate:** What can be done to help your loved one remain as independent as possible? Review the home safety checklist to make adjustments now, before a fall or incident occurs.
- **Learn:** What community resources are available.

Here are some things that you may want to do:

- Review all financial and legal documents. Make sure that all forms are up-to-date and reflect the current situation.
- Complete an Advance Directive if there isn't one already in place. Review any previous advanced care plan documents to ensure they continue to reflect the elder's health care wishes.
- Consider utilizing a non-medical home care provider to provide homemaker or companion services. Starting early with short hours of care will cement the relationship between the elder and the home care agency. The care can increase with the needs of the elder.
- Assess the home for safety and accessibility. There are several simple and inexpensive things that you can do to reduce the risk of falling and make the home safer for your loved one.

**If your total is between 31 and 50:**

Your loved one can no longer do many daily activities without help or supervision. You may want to consider some of the following options for community-based services and senior housing.

***Community-Based Services***

Most communities offer a broad spectrum of services to seniors. You will have to decide which, if any, of these services are practical and affordable for you. Some seniors may qualify for economic assistance through their county, or state, social service office. Home services are often an option. Home-based services can work very well when a couple are involved with different levels of need. Here are some types of community-based services:

- **Adult day care:** A community-based program offering structured activities and meals. Some health care services (such as toe nail care, showers, and blood pressure checks) may be offered for an additional fee. Transportation may be provided. Most programs operate during the week and can be attended on a full- or part-time basis.
- **Home care/Companion program:** An in-home service in which companions/caregivers help with shopping, meals, housework and other daily tasks. Some providers can also provide assistance with personal care, such as bathing, dressing, grooming and medication reminders. They usually come into the home for at least a minimum of two hours at a time and for as long as 24 hours or Live-in services, are also available.
- **Home health care:** Medical care services provided in the home. These services may be provided by a nurse, occupational therapist, speech therapist, and/or physical therapist. Home health aides may also be available as part of the plan of care along with social



work and spiritual care. These types of services are often covered under Medicare, but will also require a physician's order and a skilled service need. Examples may include after a hip fracture and return from a rehab facility; wound care; new diagnoses; or exacerbation of an illness that requires registered nurse (RN) monitoring.

### **Senior Housing**

- **Assisted living:** Long-term senior housing that provides more health care services and social activities than most independent living facilities. These facilities offer 24-hour security and on-site staff. Residents can purchase the level of medical and health care services that they need, or bring in services from the community. Many services, if purchased in-house, can be offered in 15-minute blocks. Meals are served and are part of the package offered. Residents have their own living area and many units have kitchenettes, most without stoves. Some assisted living facilities offer a separate secure unit for those with Alzheimer's or dementia. Assisted living facilities that don't have their own caregivers in-house will assist elders with arranging care through a non-medical home care provider.
- **Residential care or memory care facilities:** A residence specifically for those with Alzheimer's or another form of dementia. Residents may have a single or shared room. The staff are trained to manage the special needs of seniors with memory loss. This type of residence offers residents companionship, security and care in an environment developed to meet their special needs. May be free-standing or part of a larger senior care community.

### **If your total is 51 or higher:**

Your loved one can no longer take care of his or her own needs. Your loved ones may have acute or chronic medical problems as well.

### **24-hour home care**

Many seniors prefer to remain in their own home and receive 24-hour care services from a home care agency. If someone requires round the clock care, the staffing schedule will depend upon their care needs, particularly at night. You may be able to have a **live-in care service** which is where one person stays in the home 24 hours a day. This is an option only if the caregiver is able to sleep at night for at least 6-8 hours uninterrupted. If the senior needs assistance throughout the night or gets up regularly then you will need caregivers who are awake during their shifts. Shifts are often scheduled for 8-12 hours at a time. Although live-in care is less expensive than 24-hour awake care, it is not the right fit for everyone

### ***Long-Term Care Facility***

- **Nursing home/Health care center:** A facility that provides health care to people who cannot manage independently in the community, even with caregivers coming in. Often these residents have higher medical needs that require a licensed practical nurse (LPN) or registered nurse (RN) to be available round-the-clock. Nursing homes may also provide short-term rehabilitation or care for long-term, chronic conditions. Medicare only covers short-term rehabilitation in a nursing facility and does not cover long-term stays.
- **Residential care/Assisted living facility:** As discussed previously, these facilities offer senior housing with health care, meals and social activities as part of the rent or through an à la carte package. When your loved one scores 51 or higher, they will require a facility that can provide more staff interaction and supervision than what may have been needed when they first began their residency.

### ***Hospice***

Hospice includes medical and social services for terminally ill patients and their families. Hospice is not a place; it is a philosophy of care and provision of care by a team of health care providers. Individuals who are certified for hospice care are covered under Medicare and/or private insurance. Care can be provided in the individual's home or senior housing communities. Hospice care is for those individuals who have chosen comfort care and symptom management and are not actively seeking treatment for their advanced illness. Hospice provides coverage for intermittent nursing visits, social work, spiritual care, medications related to symptom management for their hospice diagnosis, and durable medical equipment. Many hospice providers also have a volunteer staff component and some may offer massage and music therapy. Nurses are available 24/7 for emergencies and to assist with questions. Hospice does not, except under certain defined circumstances, provide extended hours of care. If families are unable to provide assistance with supervision and personal care, they will be recommended to a home care provider, senior housing site, nursing home, or hospice home.



## Caring for Aging Loved Ones

As seniors age, family members are frequently involved in providing support and assistance. This can provoke a wide variety of emotions, including feeling overwhelmed. However, by knowing and understanding the needs of your elders, you can face the future, whatever it may bring.

You will need to determine what level of care you are able to provide for your loved ones. Remember that many caregiving patterns are passed from one generation to another, without question. You should decide, proactively, whether these patterns will work for you, or if you should follow an alternative path that better fits your personal strengths, resources and lifestyle.

It's important to remember that while you, the caregiver, are dealing with these questions, your elders are coping with a variety of their own issues, such as the loss of a spouse, partner or friends, decreasing abilities, loss of independence, and loneliness. Allow time for your elders to process the changes in their lives. Provide them with an atmosphere of love and acceptance and allow them a sense of self-determination as you focus on the tasks involved in caregiving.

Here are several basic tips to help ease life for both you and your loved one(s):

- **Plan:** discuss medical, financial and legal arrangements, as well as personal goals before a crisis occurs.
- **Ask:** discover the thoughts and ideas of your family members.
- **Facilitate:** help the older adult do as much as possible for themselves. Remember your other responsibilities and recognize your limitations.
- **Learn:** familiarize yourself with available community resources; keep a file of articles and advertisements for services.
- **Prioritize:** make a list and determine what could be delegated to others.
- **Keep:** a sense of humor.

### Long-Distance Caregiving:

Families are now living further apart from each other. This is difficult because your elders require ever-increasing assistance, yet the distance between you makes it difficult to perform the tasks of a primary caregiver. There are several ways to help manage long-distance caregiving.

- Try to visit as soon as possible to assess the situation. Take notes of possible problem areas and gather information about senior resources in the area.
- Make sure that legal and financial affairs are in place. Keep copies of important papers and telephone numbers (refer to contact forms). Ensure that those who have been designated as decision makers have copies of all documents.
- Plan ahead to have back-up family care providers in case you need to make an unexpected visit to your relative. It is also a good idea to bank some vacation or sick days from work for these visits as well.
- Set up a system of support. Ask a friend or relative in town to check with your parent on a regular basis. Be prepared to contact that person to learn of any changes.
- Seek the assistance of a Professional Geriatric Care Manager specializing in assessment and coordination of services.
- Consider all of the options before moving your loved one, but begin talking with them about this possibility. You could be surprised to learn that they are willing to move closer to you, but they never mentioned this before for fear of burdening you with their problems.
- Despite the resources that the internet offers, it is still highly recommended that caregivers retain a copy of a local community guide. The next time your aging loved one calls and you need to locate resources, you won't need to search out numbers or call information long-distance.
- Begin services with a Home Care agency. They can provide feedback on the needs and condition of your loved one. The goal is to proactively anticipate these needs to minimize a crisis situation.



## Your Parent and You: New Roles

The relationship between a parent and an adult child often includes a degree of unresolved emotion. This may not be completely visible when the relationship involves only occasional casual visits. However, conflicts often re-emerge when an adult child steps in to assist a parent recently requiring more assistance due to age or illness. Unfortunately, by the time a family realizes it's time to intervene, the situation is often in crisis, and there is little time to adequately resolve past issues.

Family caregivers should ask themselves the following questions as the need for care and assistance begins to grow:

- What level of care am I able to provide my parents?
- At what point will I need to involve a professional, like a care manager or lawyer?
- How has my family resolved issues in the past involving difficult or complex concerns?
- How did my parents manage the care for their aging parents?
- What is my relationship with my siblings or other care providers, and how are our roles similar or different?
- Do I have the feeling that my parents are making the right decisions about their future?  
Do my siblings agree with me?

### **PARENT RELATIONS:**

Frequently, adult children don't feel that their parents are making the right decisions. We ask ourselves, "Why can't our parents just cooperate with us?". Ongoing conflicts with siblings can dramatically increase the frustration level. I will review sibling relationships a bit later in this section.

First, it's important to reflect on what role your parents have played in developing the plan for their future. Remember that few of us will "buy into" something that we have had no part in creating. Involve your parents and other family caregivers in all conversations about their future.

Even older adults with memory loss should be included in these discussions, despite the fact that much of the information will be forgotten. The fact that you involved them in decisions will be remembered on some level.

Even for families who have involved their parents in this process, it might be impossible to agree upon a basic course of action. In this case, you must think about the following:

Are your parents a risk to themselves or others?

Separate your thoughts about "quality of life" from your thoughts about risk and danger. You might conclude that you're not comfortable with their present living situation, but your parents pose no significant risk to themselves or others. In this case, you're in the same boat as most other caregivers!

The best course of action might be to accept that your parents are still ultimately in charge of their own lives. Tell them your concerns, if you feel strongly about doing so. However, a better approach would be to provide information and options. See if your parents will tour different facilities and investigate other housing options without the pressure of imminent transition. Make it clear that the final decision will be theirs.

If you think that your parents are at risk and you have gained legal authority to proceed, (see legal aids in decision-making), then continue on your course. It may be helpful at this point to elicit the assistance of a physician, care manager, or lawyer who can offer an independent assessment of the situation and discuss the options with your parent. Sometimes an outside non-family member can have more influence than those in the immediate family.

If you believe that a risk exists, but you have no legal authority to proceed and your parents refuse to cooperate, then seek the advice of an attorney well versed in elder law and competency issues. You can also contact the County Health and Human Services Department and talk with someone in the Vulnerable Adult Division.

## **SIBLING RELATIONS:**



The last time that you and your sibling(s) made a tough decision together may have been during a family vacation when you fought about who had more room in the backseat. Now your family is in crisis and you're trying to figure out how to work effectively with your siblings as a team.

Like most teams, one of you will probably emerge as the natural leader. They may live closest to your parents, or have professional training well suited to the task (nurse, social worker, lawyer). They may have always played this role, even as a youngster. As long as you have confidence in his/her ability to play the leading role, and he/she seems willing to carry out the plans of the group at large, try to accept them in this role. In this capacity, your sibling would be the chosen one to receive the midnight phone calls, leave work midday to accompany your parents and have the responsibility to communicate their status to the rest of the family.

On the other hand, since you're reading this book, chances are you are probably the natural leader of the family and you will have to accept the leading role. It will be important for you to think about the roles that other siblings can play. Some siblings may be able to contribute financially, but not hands-on due to distance, family commitments, or other barriers. Some siblings may be available to give you a break, even if it's just once in a while. Regardless of your particular role, make sure that you have a predetermined course of action and a clear understanding of what you will be expected to contribute.

## Effective Communication

Communication can be challenging even in the best of situations. Caregivers are faced with the task of discussing many difficult issues with the older adult. The problem may be further complicated if the older adult is suffering from memory loss or confusion.

**The following are suggestions to help family members and caregivers talk with older adults:**

- Hold discussions in a quiet setting at a time of day that is best for the elder.
- Listen to the older adult. Effective communication requires listening to and acknowledging the other person's opinions and feelings.
- Stay positive; use constructive suggestions instead of blanket statements.
- Provide accurate information to the older adult - do not try to "spare" them by telling half-truths and by making promises that you may not be able to keep. It is better to say "we will work on keeping you in your home as long as we are able," instead of saying "I will never put you in a nursing facility," unless you are able to commit to 24-hour caregiving.
- Allow the older adult time to process the information, without rushing them into a quick decision. You do not want them to react out of fear or guilt. Be patient. Some older adults need extra time to express themselves and process information.
- Involve other care providers in conversations. For example, if you are discussing a legal matter, it may be useful to involve an attorney who can provide the information in a more emotionally detached manner.
- Don't be afraid to share your own feelings and emotions.

**Communicating with the hearing impaired:**

- If used, check hearing aids regularly to ensure proper functioning.

- Speak slowly and clearly; face the individual directly.
- It may be useful to write down parts of the conversation so that important points are not misinterpreted.

**Communicating with persons living with memory loss or dementia:**

- Use simple words and sentences. Speak slowly; use a calm but amply loud voice.
- Supplement your words with nonverbal cues.
- If you are giving directions, don't assume that they are being understood. Have the elder repeat instructions back to you and explain what they mean. Individuals with dementia may talk very fluidly, but the words may have no meaning.
- When communication is difficult, listen for words that are repeated or seem especially meaningful, as these may indicate the core of what the older adult is trying to communicate.

Don't provide excessive information or detail if you know the elder can't process it, and don't provide it too soon if it will only trigger weeks of disturbing thoughts.

## Managing Behavior Changes

Family members should be prepared to face certain changes associated with the process of aging: physical frailty, decreasing physical abilities, illness, or disease. More difficult to accept are the changes that impact a person's personality and memory. Witnessing such a transformation can be heartbreaking. However, there are things that you can do to help diminish some of the symptoms, including tips for coping with others and gaining assistance through outside support systems.

At the first sign of *behavioral change* it's important to seek input from the medical community in order to rule out brain impairment, neurological damage, drug-induced state or nutritional deficiencies.

For those individuals who are suffering from *memory impairments* or *dementia*, caregivers can assist the individual and diminish their own frustrations by:

- Using written cues to trigger recollection.
- Keeping the environment free of clutter and unnecessary stimulation.
- Avoiding arguments.
- Avoiding confusion by developing a structured routine.
- Responding clearly, slowly and succinctly to questions.

If an individual is engaging in *wandering behaviors*, it is important to:

- Keep the area free of hazards.
- Determine if the individual is attempting to reach a certain destination (such as food, security, or a familiar person or object).
- Provide adequate opportunities for exercise and physical activity. During certain phases of *Alzheimer's*, individuals can become restless and engage in pacing behaviors.
- Ensure that the individual has adequate supervision; you may want to alert neighbors to the individual's condition so that they can respond if necessary.
- Use a wander guard or alert system in the home.
- Have a medical alert bracelet for your family member in case they get lost and found away from the home.
- Keep an up-to-date photo available to share with the authorities if necessary.
- Engage the services of a home care agency to provide companionship and supervision

If a person becomes *combative* or *physically aggressive*:

- Assess the danger to themselves and others.
- Keep sharp items and those that could be used as weapons out of reach.
- Remove the individual from upsetting situations, if possible.
- Avoid arguing with them; redirect.
- If they are safe to be left alone in a room, try to give them some time and space.
- Seek the services of a physician to assess any neurological imbalances.
- Determine if there is a pattern to episodes and try to avoid similar situations and stimuli.

## **It's the Thought that Counts**

What is an appropriate gift for an elderly person, someone in a nursing home, or the person who has everything and needs nothing? The following are some suggestions for gift ideas:

- A DVD of family events, special outings, favorite television shows, or old movies.
- Large-print books or magazine subscriptions.
- Stationery, envelopes, a variety of greeting cards, and a supply of stamps.
- Gift certificates to grocery stores, taxi or ride-share services, restaurants, or home-chore services.
- Supplies suitable for a favorite hobby or craft.
- A magnifying glass or an adjustable lamp.
- A donation to their favorite charity in their name.
- Season tickets to local theatre, museum, or sports team.
- Newsy note or card on a regular basis (always a winner).
- A calendar with a family photo for each month.

Spending time with older adults is often the only gift they want or need. But sometimes it is difficult to come up with activities that are appropriate to their physical and cognitive skill levels. Here are some suggestions:

- Play a game of cards

- Plant an indoor garden
- Read a book together
- Rent an old movie
- Make cookies
- Look through a photo album and label old pictures
- Decorate the house for an upcoming holiday
- Write a letter to a relative
- Go to the zoo
- Get dressed up and go to dinner
- Take a walk in the mall on a cold day
- Put together a book of favorite family recipes
- Make a family tree
- Take a trip to the ice cream parlor
- Visit a pet store or humane society
- Listen to music (of all generations)
- Make a list of senior discounts in town and take advantage of them one by one
- Buy a vase and keep it filled with fresh flowers
- Go to the library
- Tape record old stories and give to family members.

## **Comprehensive Assessment**

Scientifically, our bodies begin to "age" after thirty. At some point during this aging process, we begin to have more difficulty performing everyday activities. At what point do we need to be concerned about the capabilities of an older adult and consider putting services in place? To zero in on a person's abilities, one needs to make careful observations. Consider for a moment what triggered the initial concern. The following assessment tool can assist individuals in determining

the appropriate resources to utilize. It may be necessary to consult a health care provider or care manager for assistance with the assessment. Resources are defined as follows:

- **Home Care:** Homemaker, Companion, Caregiver, Certified Nursing Assistant (C.N.A.)
- **Housing Options:** Assisted Living, Senior Apartment, Nursing Facility
- **Health Care Services:** Physician, Home Health, Nursing Assistance, Physical/Occupational/Speech Therapy
- **Community Involvement:** Adult Day Care, Meals on Wheels, Transportation, Durable Medical Equipment or Home Modification, Home Maintenance Services
- **Legal and Consumer:** Attorney, Conservator/Guardians, Adult Protection
- **Financial Assistance:** Medical Assistance (Medicaid), Sliding Fees, County Programs, VA Aid and Attendance
- **Support for Family Caregiver:** Respite Services, Support Groups

<b>Observations</b>	<b>Indications</b>	<b>Resources</b>
<b>Cognitive</b>		
Consistently forgetful of appointments and commitments	May indicate memory loss or sensory impairments. May lead to vulnerable adult issues, requiring a Power of Attorney or Guardianship. May lead to problems in other areas of daily living.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Housing Options</li> <li>• Health Care Services</li> <li>• Legal and Consumer</li> </ul>
Difficulty in recognizing familiar surroundings	May require supervision to attend to daily activities. Depending on severity of memory loss, may require supervised setting.	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care Living</li> <li>• Housing Options</li> </ul>
Confusion with medications or non-compliance with	May be due to vision difficulty or memory impairment. Could be due	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care</li> <li>• Housing Options</li> </ul>

directions	to lack of funds.	<ul style="list-style-type: none"> <li>• Financial Assistance</li> </ul>
Roaming or wandering	May require supervised setting or companion care.	<ul style="list-style-type: none"> <li>• Housing Options</li> <li>• Assistance with Daily Living</li> <li>• Community Involvement</li> </ul>
<b>Observations</b>	<b>Indications</b>	<b>Resources</b>
<b><i>Behavioral Changes</i></b>		
Older adult talks about their desire to die, or feels they are a burden	May indicate depression or social isolation.	<ul style="list-style-type: none"> <li>• Immediate Medical Assessment for Suicide Risk</li> <li>• Health Care Services</li> <li>• Home Care</li> <li>• Community Involvement</li> <li>• Ongoing Therapy Services</li> </ul>
Older adult has become more verbally or physically belligerent	May indicate physical ailment or medication side effects. Can lead to vulnerable adult concerns. May lead to safety concerns.	<ul style="list-style-type: none"> <li>• Home Care.</li> <li>• Health Care Services</li> <li>• Housing Options</li> <li>• Legal and Consumer</li> </ul>
<b><i>Sensory Changes</i></b>		
Saying "what?" a lot, turning volume up, or staring vacantly while others talk	May indicate hearing loss or medical disease; can lead to avoidance. Can lead to vulnerable adult issues.	<ul style="list-style-type: none"> <li>• Audiologist</li> <li>• Home Care</li> </ul>
Squinting, pulling back to read small print,	May indicate vision impairment or medical disease. May create safety concerns or lead to isolation. Can	<ul style="list-style-type: none"> <li>• Eye Doctor</li> <li>• Vision Loss Services</li> <li>• Home Care</li> </ul>



difficulty driving at night	lead to vulnerable adult issues. May require assistance with legal and financial forms.	<ul style="list-style-type: none"> <li>• Housing Options</li> <li>• Legal and Consumer</li> </ul>
<b>Observations</b>	<b>Indications</b>	<b>Resources</b>
<b><i>Physical Changes</i></b>		
Soiled clothing or neglected appearance	May indicate poor hygiene, incontinence, and inability to properly care for self due to memory or physical impairment.	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care</li> <li>• Housing Options</li> </ul>
Adult has lost or gained significant amount of weight	May indicate physical impairment or medication side effect. May indicate depression, or memory impairment. This could also be indicative of lack of funds or difficulty with cooking and/or grocery shopping.	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care</li> <li>• Financial Assistance</li> <li>• Community Involvement</li> <li>• Housing Options</li> </ul>
Unsteady gait.  Repeated falls	May need physical therapy for muscle strengthening, may require assistive device (cane or walker). May indicate need for evaluation of a physician.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Housing Options</li> <li>• Community Involvement</li> <li>• Health Care Services</li> </ul>
Difficulty chewing, swallowing, or frequent choking	May indicate physical impairment or need for dental check; can lead to nutritional concerns. May require evaluation from speech therapist	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care</li> <li>• Dentist</li> </ul>
Bruises on arms or legs	May indicate falls due to unsteady gait or physical ailment. Could be side effect of medication. Could indicate vulnerable adult issues.	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care</li> <li>• Legal and Consumer</li> </ul>
<b>Observations</b>	<b>Indications</b>	<b>Resources</b>

<b>Daily Living</b>		
Isolation due to inclement weather	May be due in part to adult's inability to drive, or to clear a safe pathway.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Community Involvement</li> <li>• Housing Options</li> </ul>
Adult has difficulty manipulating utensils and kitchen aids	May be due to physical impairments that could require occupational therapy and adaptive equipment. If not addressed can lead to nutritional concerns.	<ul style="list-style-type: none"> <li>• Health Care Services</li> <li>• Home Care</li> </ul>
Difficulty cooking or using appliances safely	This may occur due to memory impairment. Might need to shut off gas line due to safety concerns. May need Meals on Wheels or homemaker to assist with meals.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Health Care Services</li> <li>• Housing Options</li> <li>• Community Involvement</li> </ul>
Difficulty grocery shopping	May be due to inability to access transportation, lack of funds, or physical /memory impairment. Can lead to nutritional concerns.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Health Care Services</li> <li>• Community Involvement</li> <li>• Financial Assistance</li> </ul>
Difficulty house cleaning	May be due to poor physical condition or home environment.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Health Care Services</li> <li>• Housing Options</li> </ul>
Adult is unable to drive or access public transportation	May require companion services to transport or transportation services.	<ul style="list-style-type: none"> <li>• Home Care</li> </ul>
Difficulty maintaining yard or house	May be unable to manage physical labor; may indicate need to address housing situation. May indicate lack of funds.	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Housing Options</li> <li>• Financial Assistance</li> <li>• Community Involvement</li> </ul>

Bills are not being paid on time unable to balance checkbook or account for spending	May be due to lack of funds, requiring financial assistance, or be due to confusion and forgetfulness indicating the need for a Power of Attorney. May indicate deficiencies in other areas.	<ul style="list-style-type: none"> <li>• Financial Assistance</li> <li>• Legal and Consumer</li> <li>• Health Services for Cognitive Assessment</li> </ul>
<b>Observations</b>	<b>Indications</b>	<b>Resources</b>
<b><i>Caregiving Concerns</i></b>		
Family caregiver is ill or unable to attend to needs	May leave the older adult vulnerable, requiring community assistance.	<ul style="list-style-type: none"> <li>• Support for the Caregiver</li> <li>• Home Care Services</li> </ul>

## Housing Needs Assessment

As people age, their needs change. For many, the ability to independently care for their own personal needs, while keeping up a residence, can become overwhelming. Today, there are many types of housing options available depending on an individual's health care needs, financial assets, geographical location and social habits. Senior housing options include owning/renting a house or apartment; living in a retirement community, congregate housing, or assisted living facility; residential care facility or nursing facility (see glossary for definitions).

### ASSESSMENT:

- What are the reasons why you are looking for different living arrangements?
- In your present living arrangement do you miss, or want, more social interaction?
- Does your social activity change depending on the weather and accessibility?
- Would you like to participate in
  - Planned activities
  - Prepared meals
  - Group shopping
  - Pharmacy delivery service
- Would you like help with
  - Shopping
  - Cleaning
  - Cooking

- o Laundry
  - o Medication set-up and reminders
  - o Personal care
  
- Would one-level living be more suitable for you or your partner?
  
- Would a contact system for emergencies ease your mind?
  
- Would a security system make you feel more comfortable?
  
- Would you feel more secure with access to 24-hour staff?
  
- Would you want access to the following?\_
- o Meeting room
  - o Craft room
  - o Gardening plot
  - o Library
  - o Beauty/Barber shop
  - o Guest rooms for visitors
  - o Convenience store
  - o Exercise room
  - o Post office
  - o Music room
  - o Workshop
  - o Garage

- o On-site health clinic
  - o Storage room
  - o Physical/Occupational therapy
- Would you like a facility that has a variety of care options on one campus?
- Do you have a pet? Is it imperative that the pet lives in your new home, or can at least visit?
- Do you have a car?
- What are your smoking preferences?
- Are you aware of all additional costs in the housing agreement such as association dues or maintenance charges?
- What level of care needs can this housing arrangement accommodate, and when will the older adult's needs exceed these limits?
- Are you able to sub-lease or rent your unit, if you need to be out of town or in an alternative facility for a short period of time?
- If you have an established relationship with a home care agency, can that caregiver/companion continue to provide care if we move to this facility?
-

## **Assisted Living**

Assisted living facilities offer a wide range of personal and health care services in a professionally managed residence. These residences are designed to respond to individuals who need assistance with activities of daily living. Residents can live in their own individual apartment. They pay privately for this type of housing in the form of rent, rent plus a service charge, and sometimes there is a deposit or entry fee. Private long-term care insurance may be used for some of the provided services and some may be covered by state and county programs (these financial programs will often limit the option of facility). Every state defines *assisted living* differently. It is important to compare “apples to apples,” so ask the same questions when you tour each facility.

### **Who should use assisted living?**

Seniors often begin to explore assisted living options when they are no longer able to continue living independently, but they do not yet need nursing care on a daily basis. Residents may suffer from Alzheimer's or other memory disorders. Other residents may need assistance with bathing, dressing, or mobility. Still others choose this type of housing for the companionship, social activities and more comprehensive dining options.

### **How does assisted living differ from other senior housing options?**

Assisted living facilities provide more health care services than most independent living retirement communities. Twenty-four hour security and on-site staff are standards in the industry. Residents can often purchase care on an as-needed basis. Many services can be purchased in 15-minute increments. Unlike most nursing facilities, assisted living facilities take a more residential approach. Residents have their own living area, which can be as large as a two-bedroom apartment. Many units have kitchenettes, although residents may also choose to eat in a common dining room. Residents can bring in their own caregivers from outside agencies.

The cost for an individual to live in an assisted living facility is about two-thirds the cost of a nursing home.

### **What to consider when choosing an assisted living residence**

You will want to tour several different assisted living facilities before making your final decision. Because the facility of your choice may have a waiting list, it will be important to begin looking before the need arises. When trying to compare residences, you should determine what is included in the monthly rent. Some residences may quote a low basic rate, then charge à la carte for each additional service, while other residences may bundle many services together.

### **Atmosphere**

- Are the common areas kept clean? Do residents use common areas, or does it appear that most residents stay in their own apartments?
- Is the staff visible and available to residents?
- Is there a safe and accessible outdoors area for walking and congregating?

### **Apartment-Unit Types**

- What are the various apartment floor plans? Can you make changes to a unit once you are a resident?
- Do the bathrooms have accessible showers? Is there a tub room in the building?
- Is there a full kitchen in the unit? Can stoves be disabled if a resident is unsafe to cook?
- Are there emergency call cords in all rooms of the apartment? Do residents also wear an emergency pendant that is active throughout the building?

### **Services**

- Are housekeeping services included in the rent? Are linens provided?
- Is there a laundry facility on every floor? Is there an additional charge for the machines?
- Are "I'm OK" checks available? How is this service charged?
- Is there an activities director on staff? Is a van service available? What are the costs? How often does it run? Is it used only for facility-sponsored events?

### **Home Care/Personal Care Services**

- Are home care and health services provided by an outside agency, or by in-house staff? How are questions and concerns handled if provided by an outside agency?
- Is health care staff on-site twenty-four hours a day? Are staff available to meet unscheduled needs? How are health care services billed? Do you receive a separate accounting for these services?



- Are any health care services included in the monthly rent?
- Is there a written plan of care for all residents in the facility? How often are these plans evaluated?
- What medical diagnoses would not be acceptable or be a good fit for this facility?

## **Meals**

- How many meals (if any) are included in the monthly rent? Is tray service available, and at what cost?
- Do residents order from a menu with choices, or are the menus set?
- Are there set meal times, or is it more open access?
- Can guests eat in the dining room? Are there assigned seats in the dining room?

## **Contracts and Lease Terms**

- Do the residents sign an annual lease, or are the terms month to month?
- Is a security deposit required? Is this refundable or non-refundable?
- What kind of penalty is there for terminating a contract? Can the penalty be waived due to medical need?
- Is there an entrance fee? If so, what happens to the principal upon death or transfer?

## **Nursing Facility**

The decision to place a relative in a nursing facility—or health care center, as many are now called—is one of the most important, yet difficult, decisions that a family caregiver has to make. The goal of a nursing home is to help people care for themselves and to assist them in returning home as appropriate. Choosing a nursing home depends on the needs of the individual. Knowledge is an important tool in making the right decision. Don't be afraid to ask questions.

When visiting a facility, talk with staff from various departments: nursing, dietary, social services, activities and administration. Talk with residents and their families, and listen to their impressions of and experiences with the facility. Involve the prospective resident with visiting and choosing the facility as their situation allows.

Tour several facilities. This is a critical step in the process and gives you a chance to do some "comparison shopping." Make an appointment with the social service director, or other staff members, who handle admissions. You might also want to consider making an unannounced visit later at a different time of day. Let your senses guide you during your visit. If something doesn't seem right, it probably isn't. Your senses can help you question things: are there unpleasant smells? Is the noise level unusually loud? Are the residents well groomed, dressed in day clothes, and out of bed? Are the residents actively participating in activities? Does the facility feel warm, or impersonal? Does the facility look clean? Does the staff greet you and appear friendly?

While an attractive lobby and pleasing furnishings may make a good first impression during your tour, it is important to consider the overall "feel" of the facility. Don't discount those facilities that aren't the "prettiest."

Pick up a copy of the facility's admissions agreement. Read it carefully and mark any areas that you don't understand, or are concerned with. Then, ask the social services director or administrator about these points. Ask for a copy of the Nursing Home Residents' Bill of Rights and familiarize yourself with it. You can also visit [Medicare.gov](http://Medicare.gov) to compare local nursing facilities.

Today, nursing facilities are safer and better managed than ever before. This is due in part to improved regulation and inspection. Unfortunately, some facilities still do not meet the legal standards set by a state. There may be other facilities that do not meet your own minimal standards for a comfortable living arrangement. Therefore, it is important to choose carefully and continue to periodically monitor the care of your loved one(s) over time.

Many elders are spending short stays in transitional care units or rehab centers that may be part of a nursing facility. These stays may come after a hospital admission where the patient needs to have additional care, or rehabilitation with a physical, occupational or speech therapist before they can return home. Medicare may pay for these short-term rehabilitation stays if certain criteria are met.

## Nursing Facility Tour Form

Nursing Facility \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Admission Coordinator \_\_\_\_\_ Social Worker \_\_\_\_\_  
Director of Nursing \_\_\_\_\_ Date(s) / Time(s) Visited \_\_\_\_\_

### CHECKLIST OF ITEMS TO REVIEW:

- Facility complaint records and annual inspection reports
- Admissions contract and other financial documents

### MEDICAL CARE

- How does the facility assure regular medical attention? How often do physicians visit?
- Is there on-site physical and occupational therapy?
- Are there regular nursing in-services and educational programs for staff?
- What is the turnover rate for nurses and nursing assistants?
- What is the staff-to-resident ratio?

### OUTSIDE GROUNDS and OVERALL ENVIRONMENT:

- Are the grounds well lit?
- Is staff present when residents are outside?
- Are special considerations taken in the design of outside areas for residents with memory loss or wandering issues?
- Are exits clearly marked?
- Is there someone at the front entrance to greet you and sign in visitors?
- Is there ample parking space for visitors?
- Is the facility on a bus line?

### INTERIOR SPACE AND ROOMS:

- Are rooms clean and cheerful?
- Is there a urine smell throughout the building?
- Are rooms well lit?
- Do rooms have accessible call bells?
- In shared rooms does each resident have private space, room for individual belongings and space for visitors?
- Does the facility or family furnish the room?
- How are room changes and roommate concerns addressed?

### **COMMUNITY LIVING SPACE:**

- Do residents have access to common areas throughout the building?
- Are residents limited to the common areas on their wing or floor?
- Can families reserve rooms for private parties or meetings?

### **DINING:**

- How are the dining rooms staffed?
- Are snacks available upon request?
- Can families be present during meal times? Can they purchase meals?
- Are residents permitted to have food/snacks in their rooms?
- Is there a set mealtime, or a range of meal hours?
- Are seating arrangements flexible? Are residents assigned a placement?

### **ACTIVITIES:**

- How is the therapeutic recreational department staffed? Are community volunteers encouraged?
- Where are the majority of activities held?
- Are activities tailored to different resident groups?
- Are there activities outside the facility? Is there an additional cost?
- Are there structured activities on weekends and evenings?
- Are residents personally encouraged to participate in activities?
- Are there established visiting hours?

- How are activities broadcast to residents?

**RESIDENT SELF-DETERMINATION:**

- Does the facility have an active resident and family council? Do facility staff or volunteers facilitate these groups?
- Are there support groups sponsored by outside agencies such as the Alzheimer's Association, Stroke, Parkinson's or Multiple Sclerosis organizations?
- Are residents encouraged to participate in developing their care plan?
- Is there someone on staff to address residents' concerns or complaints?
- How are discharge plans developed for residents returning to the community?

**RELIGIOUS AFFILIATION:**

- Are various religious services held?
- Is there a chaplain/rabbi on staff?

**OVERALL IMPRESSIONS OF THE HOME:**

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**THINGS I WANT MORE INFORMATION ABOUT:**

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Families considering a specific nursing or assisted living facility, should review the facility's most recent inspection survey. Information concerning facility complaints can be obtained from the State Department of Health and Long-term Care Licensing Division.

## Home Safety/Home Environment Assessment

The following checklist provides a safety assessment for your home.

### Emergency Procedures:

- Do you know how to summon assistance in an emergency?
- Do you have a personal medical alert system?

### Fire Response:

- Do you have a home fire safety/drill plan?
- Are exits available from all locations in the house?
- Do the following areas have smoke detectors?
  - Hallways
  - Kitchen
  - Bedrooms
  - Attic
  - Basement
  - If there are issues with hearing impairments, do the detectors use lights to indicate warning?
- Is there a carbon monoxide detector?
- Does the fireplace have a smoke screen?
- Is maintenance for the fireplace/wood stove completed regularly?
- Does anyone smoke in the home?

### Electric Outlets and Devices:

- Are outlets used properly, avoiding multiple plugs and extension cords?
- Are appliances disconnected when not in use?
- Are electrical cords free from fraying or cracking?
- Do electrical plugs fit snugly into their sockets?
- Do electrical cords run along walls and not across rooms?
- Do you know the proper use of heating pads and space heaters?
- Does the electrical system meet the power requirement for special medical equipment such as ventilators or oxygen concentrators? Has the power company been alerted to

your electrical needs for medical equipment so that you are a high priority in a power outage?

**Floors:**

- Is nonskid wax used on floors?
- Are scatter rugs secured at the edges?
- Are pathways and hallways clear of excess furniture and clutter?

**Stairwells:**

- Are there nonskid treads on stairs?
- Are different colors used to mark changes in levels?
- Are handrails present and securely fastened?

**Lighting:**

- Is lighting adequate throughout the house?
- Are burnt-out lightbulbs replaced?
- Are nightlights used along routes/areas traveled after dark?
- Are light switches easily visible and within reach? (glow-in-the-dark tape on the switch is one option)

**Bathroom:**

- Are there secured grab-bars by the tub/shower?
- Are there grab-bars by the toilet?
- Is there a nonskid mat in the tub/shower?
- Is there a secure seat in the tub/shower?
- Is there a seat by the sink?
- Is the bathroom easily accessible in the home?

**Bedroom:**

- Is a bedside commode available, if necessary?
- Is there a telephone within easy reach?
- Is there a need for a hospital bed/trapeze or hoyer lift?

**Kitchen:**

- Is the kitchen free of clutter?
- Are expired foods thrown away?
- Are cabinets easily and safely accessible?
- Are adaptive devices required (e.g. extended graspers or eating devices)?

**Home Environment:**

- Are the following items out of reach of confused adults? Medications, dangerous tools / equipment, cleaning substances, poisons (bug/weed killer)?
- Is snow and ice removal adequate and efficient?
- Are sidewalks, curbs, and outside stairs maintained?
- Is there a ramp for wheelchair accessibility?
- Is the water heater temperature kept below 110 degrees Fahrenheit?

**Medical Equipment Management:**

- Does the elder/family know the proper operation of the equipment?
- Does the elder/family know the proper storage and cleaning of the equipment?
- Does the elder/family understand equipment hazards and how to avoid them?
- Does the elder/family know who to contact if the equipment malfunctions?

**Oxygen Safety:**



- Are you aware of the dangers of smoking in the presence of oxygen equipment?
- Is a "No Smoking" sign posted?
- Do you know the appropriate storage protocol for oxygen cylinders?
- Do you know the appropriate placement procedure for oxygen concentrators?

## Home Health Care Services

Home health care services are those that meet Medicare/insurance guidelines. These are often short in duration, as the elder needs to be homebound to qualify. In addition, there needs to be a medical reason for the service and a physician needs to certify that you need one or more of the following: intermittent skilled nursing, physical therapy, speech-language pathology, or continued occupational therapy. Examples could be an elder recovering after an accident/hip fracture who needs assistance and guidance from a physical or occupational therapist. There may be a new medication or diagnosis where a registered nurse (RN) needs to monitor the side effects or symptoms.

The agency providing home health care must be approved by Medicare (“Medicare certified”). Often, elders who are receiving home health care services also require additional support and supervision. These types of custodial needs are not covered under Medicare and would need to be met by the family or by utilizing a home care (non-medical) agency. There are some Medicare Advantage plans (Part C) that do offer home care services as part of their supplemental benefits. These need to be pre-authorized by the insurance case manager.

Home health services may also include medical social work services, part-time home health aide services for a scheduled bath visit, and medical supplies or durable medical equipment for use in the home.

Medicare does not pay for the following:

- 24-hour care at home
- Meals delivered to the home (may be covered under certain Medicare Advantage plans)
- Homemaker services (may be covered under certain Medicare Advantage plans)
- Personal care services (may be covered under certain Medicare Advantage plans)
- Assistance with errands and transportation that is not medically necessary (may be covered under certain Medicare Advantage plans)

## Home Care Services

Home care services are non-medical in nature. These are services that are not covered under Medicare but may be covered under a long-term care insurance policy or certain Medicare Advantage plans (Part C). These services may be needed only a few hours a week up to 24 hours per day. The types of care that can be provided are broad. These can include:

- Companionship
- Supervision
- Transportation and errands/appointments
- Homemaking
- Meal preparation
- Medication reminders
- Assistance with personal care (bathing, dressing, grooming)
- Assistance with mobility and transferring around the home
- Specialized memory care

### Questions to ask your home care provider:

- What type of training, supervision, or monitoring does it provide its staff?
- Does the agency develop a plan of care? How often is it reviewed, and by whom?
- Does the agency provide your family with training on high-tech equipment in the home?
- Is there a 24-hour emergency contact for questions or concerns?
- How does the agency assure that staff are available at the requested times?
- How does the agency insure consistency of care providers?
- Is there a charge for canceling a scheduled day?
- How does the agency screen their staff? Are criminal checks completed?

Hiring caregivers through an agency offers elders and families a variety of assurances. The agency is responsible for the background and reference checks. In addition, the agency is covering insurance, worker's compensation, and bonding. If a caregiver through an agency is off work for any reason, they have back-up providers who have also been pre-screened and trained. The home care agency is responsible for paying all employee taxes and Social Security.

If you want to utilize a long-term care insurance policy, the majority of insurance plans require that you are working with a home care agency that abides by the state and local licensure and registration requirements and will not reimburse care provided by a private individual.

**If you are hiring a home care worker not affiliated with an agency, it is important to:**

- Check references.
- Check with any state licensing boards (e.g. Board of Nursing).
- Complete a criminal background check (e.g. local police, sheriff, Bureau of Criminal Apprehension, driver's license division).
- Check with the IRS about tax issues.
- Have a back-up plan for when the worker is sick or on vacation.
- Discuss workers comp insurance to cover any injury a private caregiver could incur.

## Health Care Contacts

**PRIMARY CARE PHYSICIAN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**CONSULTING PHYSICIAN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**HOME HEALTH AGENCY:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**HOME CARE AGENCY:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**HOSPICE:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**PHARMACY:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**HOSPITAL:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

## Legal Aids in Decision-Making

Legal issues affecting the older population are growing in number. Laws and regulations can be complex and confusing. It is important to plan proactively to ensure that one's wishes about the future will be respected. There are times when a person becomes incapacitated through accident, terminal illness, or advanced chronic illness (such as Alzheimer's disease). Planning in advance is important so that family members and health care professionals don't have to guess what the person's wishes would be. The following is not intended to serve as legal advice. If you have questions about estate planning documents, you are advised to speak with an elder law specialist.

There are two types of written documents, called *advance directives*, that can guide health care decisions in the event of a person's incapacity: the *Living Will/Health Care Directive* and the *Durable Power of Attorney for Health Care/Health Care POA/Health Care Agent*.

A *living will* is a legal document in which a person can specify the types and extent of health care treatment they prefer if they become terminally ill, and are unable to make their wishes known and cannot participate in the health care decisions. The law states that you are *terminally ill* if you have a condition that is incurable or irreversible, and for which medical treatment will only prolong the dying process.

A *Health Care Directive* is a legal document that is used to specify the types and extent of health care treatment the person prefers in a health care crisis where the individual cannot communicate their wishes to the health care team. This document does not require a terminal condition. Every state has different statutes governing which type of forms should be completed. You can check with your health care provider or download information from your state's government website.

A *Durable Power of Attorney for Health Care* is a legal document that allows you to appoint an agent to make health care decisions for you if you are unable to make decisions due to incapacity. It is important to include written instructions so that future care decisions will be based upon your beliefs and preferences. An individual needs to have capacity to complete and sign this document, so these need to be completed prior to a change in cognition or cognitive ability.

Some states have combined the Durable POA for Health Care with the Health Care Directive and use the designation of health care agent.

The *Living Will* and *Durable Power of Attorney for Health Care* differ in two ways. First, with the *Durable Power of Attorney for Health Care* a terminal condition is not required for your agent to have the authority to act on your behalf. Your agent can be called to communicate your health care wishes if you are unable to do so or if you specify that you want your agent to speak on your behalf. Secondly, the *Durable Power of Attorney for Health Care* does not specifically allow you to express your beliefs. It allows you to appoint an agent(s) to make health care decisions for you without specific instructions. It is advisable to have both a living will and a durable power of attorney for health care decisions to be sure that your wishes will be respected.

Additional documents that are important to explore with a licensed attorney include an up-to-date *Will* and a *Financial Power of Attorney*. A *Financial Power of Attorney* is a document by which one person authorizes another to act legally on his or her behalf to sign checks, enter into contracts, and buy or sell properties. It will not strip an individual of their own legal powers; they can still make decisions, vote, and control their own legal and financial affairs. It simply names a deputy who can handle some or all of these matters. A *Durable Power of Attorney* will remain in effect even if someone is deemed incompetent. Upon death, the *Power of Attorney* is no longer valid. *Financial Power of Attorney* cannot make health care decisions.

There are times when the courts need to become involved because someone is incapable of making and/or communicating his/her own decisions and they have not formally/legally documented a decision-maker. A *Guardian* is appointed to make decisions about health care, living arrangements, and other personal decisions for a protected person. This person is referred to as a *ward*. A *Conservator* is someone appointed by the court to make financial decisions on behalf of the protected person.

Guardians/Conservators may be family members or paid professionals who are under the court's oversight. It must be proved that there are no less restrictive alternatives in meeting an individual's needs. This can be an expensive, emotional, and time-consuming option, so it is important to plan ahead with other forms of decision-making powers.



## Finances: Payment Sources

Understanding the "ins and outs" of health care financing can be as confusing as finding the resources themselves. Because everyone's financial situation is unique and each state has different guidelines for many of its economic programs, it is important to seek the advice of a certified financial planner or attorney specializing in elder care.

The following attempts to clarify several financing programs. It is important to understand what costs you may be facing, how they have been determined, and how they will be paid.

*Medicaid/Medi-Cal/Medical Assistance (Name dependent on state)* are programs that provide medical assistance to economically impoverished persons. Eligibility is dependent on financial need, low income, and low assets. Medical expenses may include:

- Care from hospitals, doctors, nurses, dentists, podiatrists, etc.
- Drugs, medical supplies, and equipment
- Health insurance premiums
- Home-based services that are more cost effective than nursing home care
- Transportation for medical care

To qualify for *Medicaid*, an individual must meet four levels of eligibility:

- Based on income and family size
- State resident (each state has their own guidelines)
- United States citizen (there are some emergency programs for noncitizens)
- Financial eligibility: income and assets
- Application completed through local County Economic Assistance Department

Over the past several years, the federal and state governments have imposed stricter regulations on the transfer of assets prior to applying for *Medicaid*. It is important to talk with an experienced attorney or estate planner before transferring any assets.

*Medicare* is a federal health insurance program that assists individuals age 65 and older (as well as some disabled persons under age 65). Eligibility is linked to eligibility for Social Security or Railroad Retirement benefits. Unlike Medicaid, Medicare is not a means-tested program.

Medicare is divided into three parts: *Part A* (hospital insurance), *Part B* (medical insurance), and *Part D* (prescription drug coverage). Part B benefits require a monthly premium and entitlement to Part A. Medicare has co-pays and deductibles.

**Medicare Part A pays for the following:**

- Cost of normal hospital services.
- Extended care services in a "skilled-nursing facility" assuming the following:
  - Three-day prior hospital stay
  - Admittance to a skilled nursing facility (SNF) within 30 days of hospital release
  - Treatment in a SNF for same condition of hospitalization
  - Condition shows measurable improvement
  - Facility is Medicare certified and your physician writes a care plan.
- Home health services which meet certain criteria:
  - Short-term; intermittent basis for skilled nursing care
  - Physical and/or speech therapy if patient is homebound and therapy is prescribed
  - 80% of durable medical equipment
- Hospice services:
  - In-home or facility
  - Doctor certified that patient is terminally ill and has a prognosis of less than six months to live
  - Care provided by Medicare participating program

**Medicare Part B generally covers:**

- 80% of reasonable charges from physicians and other health care professionals after the deductible is met, including:
  - Medically necessary ambulance service.

- o Physical, speech, and occupational therapy.
- o Home health services, doctor-certified as medically necessary.
- o Medical supplies and equipment, as long as medically necessary and prescribed by doctor.
- o Outpatient surgery.

**It is important to be aware of what Medicare *does not* cover:**

- Most nursing home care.
- Prescription drugs not given in the hospital or covered by hospice benefit. (Review Part D coverage options)
- In-home daily routine care/maintenance.
- Routine physical exams and X-rays.
- Hearing aids and hearing loss examinations.
- Dental care.

## **Filling Medicare's Gaps:**

Given the expense of medical care, individuals are searching for ways to fill Medicare's gaps. The following are several options that provide additional coverage:

1. Medicare supplements
2. Managed care plans
3. Long-term care insurance

**Medicare Supplements** are designed to supplement Medicare's benefits. Federal and state law regulates these policies. These policies range from **Plan "A"** through **Plan "N,"** with Plan A providing a basic benefit package while the other nine plans include the basic package plus different combinations of additional benefits.

**Medigap** policies pay most, if not all, Medicare coinsurance amounts and may provide coverage for Medicare's deductibles. Some of the benefits have dollar limits, unlike some types of health coverage that restrict where and from whom you can receive care. Medigap policies generally pay the same supplement benefits regardless of your choice of health care provider. Enrollment in Medigap supplements can be purchased within a limited time period after your Medicare becomes effective.

**Medicare Advantage Plans (Part C)** are an alternative to original Medicare. If you enroll in a Medicare Advantage plan, you remain in the Medicare program; however, you will get your Part A, B and D benefits through the Medicare Advantage plan.

**Long-Term Care Insurance** policies can cover nursing home care costs as well as some home health care costs (depending on your policy). While premiums for these policies can be more expensive than other types of insurance, they are a good protection against long-term care costs that can be devastating. Look to your financial advisor or insurance agent specializing in long-term-care insurance to discuss the appropriate policies for you. Long-Term Care Insurance must be in place prior to the need for care benefits.



## Personal Documents List

It may be helpful for you and/or your elder to compile an inventory that lists important legal and financial matters. The location of the records should also be included.

<b>Item:</b>	<b>Location:</b>
Birth certificate	
Citizenship papers	
Passport	
Social Security card	
Medicare card	
Medical assistance card	
Health insurance policy and card	
Disability insurance policy	
Safe deposit box key(s) and bank name	
Checkbook	
Bank book	
Income tax returns	

Home insurance policy	
Will	
Living Will/Health care directives	
Durable Power of Attorney/Health Care Agent	
Pension and retirement information	
Marriage license	
Divorce/Separation decrees	
Military records	
Property deeds and titles	
Mortgage	
Auto Title(s)/Registration	
Auto insurance policy	
Letter of Instruction in Case of Death	
Funeral instructions	
Burial property certificate	





**Legal and Financial Contacts**

**ACCOUNTANT:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**ATTORNEY:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**Bank:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**Bank:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**FINANCIAL ADVISOR:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**INSURANCE AGENT:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**LONG-TERM CARE INSURANCE AGENT:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_

## **Funeral Planning**

**Funeral Home** \_\_\_\_\_

**Prepaid papers/certificate location** \_\_\_\_\_

**Cemetery** \_\_\_\_\_

**Type of casket** \_\_\_\_\_

**Head stone/marker** \_\_\_\_\_

**Crypt or vault** \_\_\_\_\_

Type of service—religious, fraternal, military, civil\_\_\_\_\_

Preferred readings\_\_\_\_\_

Officiator\_\_\_\_\_

Information for newspaper obituary\_\_\_\_\_

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Special wishes\_\_\_\_\_

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**PEOPLE TO NOTIFY UPON DEATH:**

- Doctor
- Funeral director/Funeral home
- Cemetery
- Family/Friends
- Employer of deceased
- Insurance agents
- Local Paper
- Religious, fraternal and civic organizations
- Attorney, accountant, executor of estate
- Social Security office

**Elder Care Glossary**

**Activities of Daily Living (ADLs)**

Bathing, dressing, grooming, eating, bed mobility, transferring, toileting, and walking.

**Adult Day Care Center**

A structured program, usually weekdays, which may feature activities, meals, health and rehabilitative services for the elderly in a supervised setting. Transportation is sometimes included in the fee.

**Advance Directives**

These are a way for an individual to accept or refuse medical care. They can protect your rights even if you become mentally or physically unable to choose or communicate your wishes. Living Wills and Durable Power of Attorney for Health Care are two examples of Advanced Directives.

**Assisted Living**

A facility that provides individual living units, which may or may not have a kitchenette. Facility offers 24-hour on-site response staff. Additional nursing or homemaker services can be provided at an additional fee.

**Case Manager (Care Manager)**

Typically a registered nurse (RN) who works for an insurance company to help ensure that the patient is getting the services that they need. Helps navigate them through the health care and treatment process.

**Chore/Housekeeping Services**

Services include yard and house maintenance, home and appliance repair, housekeeping or meal preparation, shopping and transportation. No personal care is provided. Not covered by Medicare.

**Companion**

A companion provides assistance with shopping, meal preparation, escort, companionship, and home upkeep. No personal care or nursing care is provided.

**Conservator**

Someone appointed by the Court to make financial decisions on behalf of the protected person. The protected person is determined to be mentally or physically incapable of managing his or her own affairs.

**Durable Medical Equipment (DME)**

Medical equipment including but not limited to walkers, wheelchairs, hospital beds, oxygen, commode or Hoyer lifts. Medicare and Health Insurance may cover some or all of the costs associated with certain DME items.

**Durable Power of Attorney**

A power of attorney that stays in effect even after the maker becomes incompetent.

**Emergency Response Systems**

Allows for 24-hour monitoring and response to medical or other emergencies.

**Estate Planning**

Steps that you can take while living to determine what happens to your property when you die.

**Geriatric Care Manager**

A social worker or health care professional who evaluates, plans, locates, coordinates and monitors services with an older person and the family. Acts as a long-term care concierge. This is typically a private-pay program.

**Guardianship**

is appointed to make decisions about health care, living arrangements and other personal decisions for a protected person. This person is referred to as a ward.

**Health Care Power of Attorney**

Allows the holder to decide on the health care of another after appointment in a legal document, when that person is no longer able to communicate their health care wishes to their care provider.

**Home Care Agency**

Non-medical care in the home. Services may include companionship, homemaking, and assistance with personal care, medication reminders, errands and transportation.

**Home Health Agency**

Medical care in the home. Services can include nursing, occupational, speech or physical therapy,

and social work. Medicare usually only covers this care during an acute period of illness, for short intermittent visits by staff.

### **Home Health Aide**

Provides personal care: including but not limited to bathing, dressing and grooming.

### **Hospice**

Medical and social programs for terminally ill patients and families either at home or in a facility.

Hospice care is covered under Medicare or health insurance when certain criteria are met.

Hospice is a choice for patients who want comfort care and symptom management and are not wishing to seek active treatment.

### **Incapacity**

Can be mental or physical, temporary or permanent. A person can be incapacitated without being incompetent.

### **Living Will**

A document that makes a person's wishes regarding medical treatments at the end of life known.

This is a legal document and needs to comply with State guidelines.

### **Long-Term Care Facilities**

Institutions that provide nursing care to people who are unable to care for themselves and who may have health problems ranging from minimal to serious. These facilities are often used for short-term rehabilitation after hospitalization.

### **Long-Term Care Insurance**

A privately paid policy which provides money for pre-determined health care costs after policy holder meets certain medical requirements.

### **Medicaid / Medical Assistance**

A federal and state government program in which the states provide health care for low-income people.

**Medicare**

Federal program providing health care coverage/insurance for people over 65 and some disabled. Part A covers in-patient care, skilled nursing facility, hospice and short-term health care. Part B covers doctors' services, outpatient hospital care, and durable medical equipment. It does not provide for long-term care of the elderly except under limited conditions.

**Ombudsman**

A person who investigates consumer complaints against a nursing home or community resident facility.

**Palliative Care**

A care approach aimed at improving the quality of life of those with advanced and life-threatening diagnosis. Patients can continue to receive treatment for their diagnosis

**POLST form**

A physician or provider order for life sustaining treatment. This health care provider signed document encourages health care providers to speak with patients to develop specific medical orders to be followed during a medical crisis. This form is state-specific.

**Power of Attorney**

A legal document allowing one person to act in a legal matter on another's behalf.

**Respite**

Designed to relieve the caregiver from caregiver duties either in the home, community setting or care facility. Care may be from a few hours to several weeks. Respite can be provided by caregivers through home care agencies.



## About the Author

*Carla MacGregor Sutter*, MSW, C-ACSW is the Director of Operations at SYNERGY HomeCare. The original printing of this book was completed during her tenure as founder and President of Transitions, Inc. Elder Care Consulting, Minneapolis, MN. Carla has dedicated her career to helping clients and families care for themselves and others whose needs are changing due to age or illness. She has provided training to companies and individuals throughout the United States and Canada.

Carla has worked as a Geriatric Care Manager and as a Hospice Social Worker. She also worked as the Director of Internet Services for a Long-Term Care Trade Association which developed an online assessment tool to access housing resources for seniors throughout the State of MN.

Ms. Sutter has been certified as an Advance Care Planning and End of Life Decision Making Instructor and Facilitator.

