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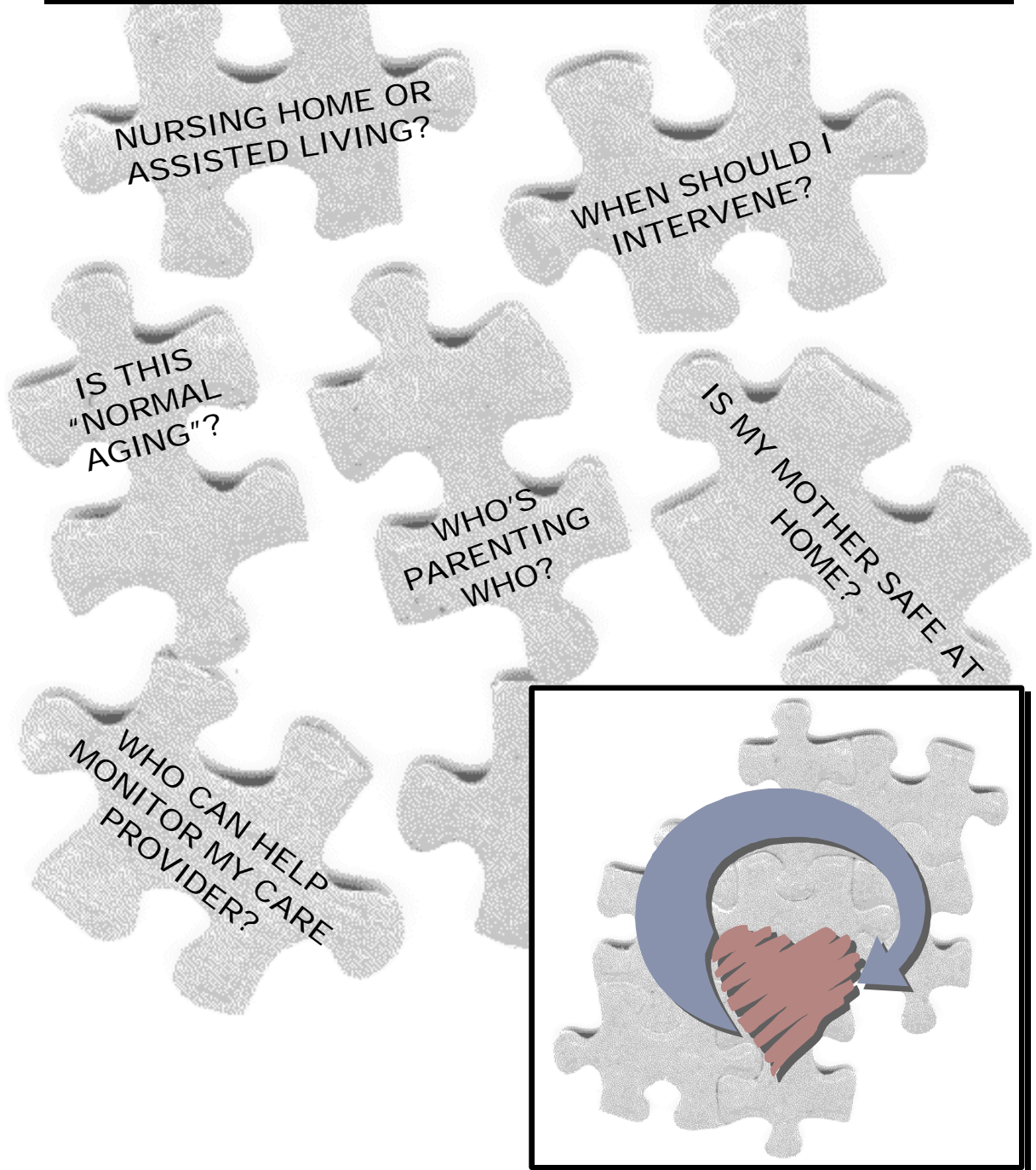
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WHERE DO WE BEGIN: A GUIDE TO ELDER CAREGIVING.



NURSING HOME OR
ASSISTED LIVING?

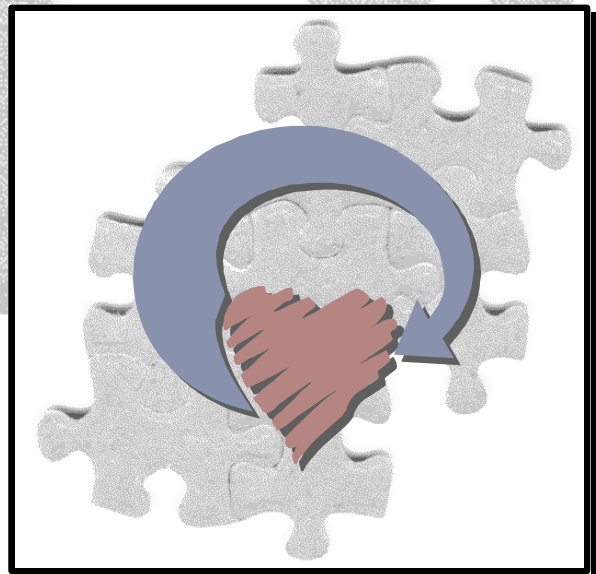
WHEN SHOULD I
INTERVENE?

IS THIS
"NORMAL
AGING"?

WHO'S
PARENTING
WHO?

IS MY MOTHER SAFE AT
HOME?

WHO CAN HELP
MONITOR MY CARE
PROVIDER?



WHERE DO WE BEGIN: A GUIDE TO ELDER CAREGIVING

Every family is unique and while eldercare needs differ for each, there are some commonalities. This guide attempts to answer frequently asked questions and provide resources by which families can begin to navigate the maze that is senior 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.

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January, 2000 Edition

ISBN 0-9659140-0-3 9.95

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CARING FOR AGING LOVED ONES

As elders age, family members are frequently involved in providing support and assistance. This can provoke a wide variety of emotions, including the feeling of being 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 your loved ones. Remember that many caregiving patterns are passed from one generation to another without question. You should decide, proactively, whether or not these patterns will work for you. Should you 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 loss of spouse or friends, decreasing abilities, loss of independence, and loneliness. Allow time for your elders to process the changes in their lives. Provide them 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 preferences before a crisis.
- Ask:** discover the thoughts and ideas of your family members.
- Facilitate:** help the older adult do as much as possible for himself. 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.**

CARING FOR AGING LOVED ONES

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 their area.
- Make sure legal and financial affairs are in place. Keep copies of important papers and telephone numbers of contacts (Refer to contact forms).
- 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 Care Manager specializing in assessing and monitoring the needs of the elderly.
- Consider all the options before moving your relative, but begin talking with them about this possibility. You could be surprised to learn they are willing to move closer to you, but they never mentioned this for fear of burdening you with their problems.
- Retain a copy of the Yellow Pages that serves your parent's community. The next time your parent calls and you need to locate resources, you won't need to search out numbers or call information long-distance.

EVOLVING ROLES IN THE FAMILY

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 mode, 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 and complex concerns?
- How did my parents manage the care of 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 my parents are making the right decisions about their future? Do my siblings agree with me?

Parent Relations:

Frequently, adult children don't feel 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'll talk about 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 we've 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 at 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 lives. Tell them your concerns, if you feel strongly. However, a better

EVOLVING ROLES IN THE FAMILY

approach is 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 clear 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, case 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 you and your sibling made a tough decision together might have been on a family vacation when you fought about who had more room in the backseat. Now, your family is in crisis mode, and you're trying to figure out how to work effectively with your siblings, like a team.

Like most teams, one of you will probably emerge as the natural leader. He might live closest to your parents, or have professional training well suited to the task (nurse, social worker, lawyer), or he might have always played this role, even as a youngster. As long as you have confidence in his ability to play the leading role, and he seems willing to carry out the plans of the group at large, try to accept him in this role. In this capacity, he'll be the one who gets the midnight phone calls, leaves work midday to accompany your parents and has to communicate status to the other siblings.

On the other hand, since you're reading this book, chances are you're 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 you have a clear understanding of what you'll be expected to contribute and a predetermined course of action.

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 and confusion. The following are suggestions to help 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 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 you may not be able to keep. It's better to say "we will work on keeping you in your home as long as you are able," instead of saying "I will never put you in a nursing home," 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 don't 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:

- Check hearing aids (if used) 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 having 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 your parent 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 undeniable 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 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 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.

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

- Assess the danger to himself and others.
- Keep sharp items and those that could be used as weapons out of reach.
- Remove the individual (if possible) from upsetting situations.
- Avoid arguing with them.
- 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.

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:

- Videotapes of family events, special outings, favorite television shows or old movies.
- Large-print books or magazine subscription.
- Long-distance phone card.
- Stationary, envelopes, variety of greeting cards and supply of stamps.
- Gift certificates to grocery store, taxi service, restaurants, or home-chore services.
- Supplies suitable for a favorite hobby or craft.
- Magnifying glass or adjustable lamp.
- 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).
- Calendar with family photo each month.

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 or case manager for assistance with the assessment. Resources are defined as follows:

- ◆ Assistance with Daily Living: Homemaker, Personal Care Attendant
- ◆ Housing Options: Assisted Living, Senior Apartment, Nursing Home
- ◆ Health Care Services: Home Health; nursing assistance, physical/occupational therapy
- ◆ Community Involvement: Adult Day Care, Meals on Wheels, Transportation
- ◆ Legal and Consumer: Attorney, Conservators, Vulnerable Adult Report
- ◆ Financial Assistance: Medical Assistance, Sliding Fees, County Subsidized Programs
- ◆ Support For Caregiver: Respite Services, Support Groups

Observations

Indications

Resources

COGNITIVE

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

Assistance with Daily Living
Housing Options
Health Care Services
Legal and Consumer

Difficulty in recognizing familiar surroundings

May require supervision to attend to daily activities. Depending on severity of memory loss, may require supervised setting

Health Care Services
Assistance With Daily Living
Housing Options

Confusion with medications or non-compliance with directions

May be due to vision difficulty or memory impairment. Could be due to lack of funds

Health Care Services
Assistance with Daily Living
Housing Options
Financial Assistance

Roaming or wandering

May require supervised setting or companion care

Housing Options
Assistance with Daily Living
Community Involvement

COMPREHENSIVE ASSESSMENT

Observations

Indications

Resources

BEHAVIORAL CHANGES

Older adult talks about their desire to die, or feel they are a burden.

May indicate depression or social isolation.

Health Care Services.
Assistance with Daily Living.
Community Involvement.

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.

Assistance with Daily Living.
Health Care Services.
Housing Options.
Legal and Consumer.

SENSORY CHANGES

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.

Assistance with Daily Living.
Health Care Services.

Squinting, pulling back to read small print, difficulty driving at night

May indicate vision impairment or medical disease. May create safety concerns or lead to isolation. Can lead to vulnerable adult issues. May require assistance with legal and financial forms.

Health Care Services.
Assistance with Daily Living.
Housing Options.
Legal and Consumer.

PHYSICAL CHANGES

Soiled clothing or neglected appearance.

May indicate poor hygiene, incontinence, and inability to properly care for self due to memory or physical impairment.

Health Care Services.
Assistance with Daily Living.
Housing Options.

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.

Health Care Services.
Assistance with Daily Living.
Financial Assistance.
Community Involvement.
Housing Options.

COMPREHENSIVE ASSESSMENT

Observations

Indications

Resources

Unsteady gait.
Repeated falls.

May need Physical Therapy for muscle strengthening, may require assistive device (cane or walker).

Assistance with daily living.
Housing Options.
Health Care Services.

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

Health Care Services.

Bruises on arms or legs.

May indicate falls due to unsteady gait or physical ailment. Could indicate vulnerable adult issues.

Health Care Services.
Assistance with Daily Living.
Legal and Consumer.
Housing Options.

DAILY LIVING

Isolation due to inclement weather.

May be due in part to adult's inability to drive or to clear safe pathway.

Assistance with Daily Living.
Community Involvement.
Housing Options.

Adult has difficulty manipulating utensils and kitchen aids.

May be due to physical impairments could require occupational therapy and adaptive equipment. If not addressed can lead to nutritional concerns.

Health Care Services.
Assistance with Daily Living.

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 homemaker to assist with meals or Meals on Wheels.

Assistance with Daily Living.
Health Care Services.
Housing Options.
Community Involvement.

Difficulty grocery shopping.

May be due to inability to access transportation, lack of funds or physical impairment. Can lead to nutritional concerns.

Assistance with Daily Living.
Health Care Services.
Community Involvement.
Financial Assistance.

Difficulty house cleaning.

May be due to poor physical condition or home environment.

Assistance with Daily Living.
Health Care Services.
Housing Options.

COMPREHENSIVE ASSESSMENT

Observations

Adult is unable to drive or access public transportation.

Difficulty maintaining yard or house.

Bills are not being paid on time, unable to balance checkbook or unable to account for spending.

Indications

May require companion services to transport or transportation services.

May be unable to manage physical labor, may indicate need to address housing situation. May indicate lack of funds.

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.

Resources

Assistance with Daily Living.

Assistance with Daily Living. Housing Options. Financial Assistance.

Financial Assistance. Legal and Consumer.

CAREGIVING CONCERNS

Caregiver is ill or unable to attend to needs.

May leave the older adult vulnerable, requiring community assistance.

Support for the Caregiver. Health Care Services.

PERSONAL PROFILE

This form is written to stress the essential viewpoint of the aging adult. The client and/or caregiver and family should complete it with as much direct input as possible from the client. The completed form will be most helpful in preparing new people to work with the client and to ease transitions from one living situation into another.

Names

I prefer to be called _____ and I like to call my caregiver _____.

Internal Clock

I start my day at _____ (time) and my first task is _____, after which I like to _____.

I end my day at _____ (time) and the last few things I do are _____, after which I like to _____, after which I like to _____.

My best time of day is _____.

My most difficult time of day is _____.

Eating and Drinking Preferences

My first meal of the day generally consists of _____. I never eat _____, but I can always go for _____.

My beverage of choice is _____. This changes depending on the time of day, so these are my other choices _____.

I like my coffee or tea (circle one) prepared _____.

I like to eat my meals in this room: _____.

I prefer you (my caregiver) to eat with me - yes or no (circle one).

My favorite restaurant is _____.

PERSONAL PROFILE

Other food preferences or allergies: _____

_____.

Dressing and Grooming Preferences

I am most comfortable wearing _____.

If I go out on an appointment or errand, I like to wear _____
_____.

If I'm going to church/temple, I like to wear _____
_____.

I can help dress or groom myself by _____
_____.

I need assistance with _____
_____.

Getting Around

I am right handed or left handed (circle one).

The following are some things I have trouble
doing _____
_____.

The following are some things I'm really good at
doing _____
_____.

I use the following equipment to help me get around:
walker, cane, wheel-chair (circle one), or: _____.

If you're transporting me to an appointment, I prefer a med/handicapped vehicle service
or a private car (circle one), or: _____.

Other comments about getting around: _____

_____.

PERSONAL PROFILE

Eye Sight

I wear glasses - yes or no (circle one). I'm near or farsighted (circle one).

I wear them at the following times or during the following activities: _____

I keep my glasses (where): _____

Due to my eyesight it helps if you _____

Hearing

My hearing is good, fair, or poor (circle one).

I am better able to understand if you _____

I wear a hearing aide - yes or no (circle one).

I require assistance with putting it in - yes or no (circle one).

I keep my hearing aide (where): _____

The following person purchases batteries: _____

Favorite Activities or Hobbies

While at home, I like having music play - yes or no (circle one).

My favorite type of music is _____, my favorite radio station
is _____. I don't like the following
music _____

My favorite television shows

are _____ day / time: _____
_____ day / time: _____
_____ day / time: _____
_____ day / time: _____

The room of the house where I like to spend the majority of my time
is _____

My favorite chair or sofa is _____

I always like to have the following items readily
accessible _____

PERSONAL PROFILE

I like to read the following types of books_____

_____.

This person can get reading materials for me:_____.

I like you (my caregiver) to read out loud to me - yes or no (circle one).

Other things I enjoy doing:_____

_____.

I am active in the following community programs_____

_____.

Disposition

Caregivers often have difficulty getting me to_____

_____.

I get agitated by_____

_____.

I calm down by_____

_____.

Special Requirements

I have Alzheimer's Disease or related diagnosis - yes or no (circle one).

I have little recollection of yesterday or my distant past (circle whichever is applicable).

I become easily confused - yes or no (circle one).

The following programming/activities help_____

_____.

When I am talking about events from the past as if they were happening in the present, it is best to:_____

_____.

PERSONAL PROFILE

Legal Aids and Decision Making Tools

I have a Durable Power of Attorney - yes or no (circle one). Please attach copy to this booklet.

I have a Living Will - yes or no (circle one). Please attach copy to this booklet and ensure that your family and physician also have copies.

I have a Durable Power of Attorney for Health Care - yes or no (circle one). Please attach copy to this booklet.

Finances: Payment Sources

I have Medicare Part A and/or Part B (circle all that apply). My Medicare number is_____.

I keep my card_____.

I have another private insurance carrier - yes or no (circle one). Please name all insurers and provide card numbers_____

_____.

I have Medical Assistance/Medicaid - yes or no (circle one). My card number is_____.

I keep my card_____.

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 or renting a home or apartment, living in a retirement community, congregate housing, assisted living facility, board and care facility or nursing home (see glossary for definitions).

ASSESSMENT:

What are the reasons 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
- Laundry
- Medication set up and reminders
- 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?

HOUSING NEEDS ASSESSMENT

⇒ Would you want access to the following?

- Meeting Room
- Craft Room
- Gardening Plot
- Library
- Beauty/Barber shop
- Guest Rooms for Visitors
- Convenience Store
- Exercise Room
- Post Office
- Music Room
- Workshop
- Garage
- On-Site Health Clinic
- Storage Room
- Physical/Occupational Therapy

⇒ Would you like a facility that has a variety of care options on one campus?

⇒ Do you have a pet?

⇒ 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?

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 service charge, and sometimes a deposit or entry fee. Private long-term care insurance may be used for some of the provided services.

Who should use Assisted Living?

Seniors often begin to explore Assisted Living 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.

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 purchase care on an as-needed basis. Many services can be purchased in 15-minute increments; those living at home requiring similar care would need to pay caregivers for a minimum of 2 hours/visit. Unlike most nursing homes, 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 choose to eat in a common dining room.

The cost for an individual to live in an Assisted Living facility is about two-thirds the cost of a nursing home, and well under half the cost of 24 hour home care.

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 a la carte for each additional service, while other residences may bundle many services together.

ASSISTED LIVING

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?

Health Care Services

- Are health care services provided by an outside agency or by in-house staff? How are questions and concerns handled if by an outside agency?
- Is health care staff on-site 24 hours a day? Is 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 diagnosis would not be acceptable 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?
- 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?

NURSING HOME CARE

The decision to place a relative or friend in a nursing home is one of the most important yet difficult decisions a caregiver has to face. 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 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 services director or other staff person who handles admissions. You might also make a later, unannounced visit 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 like are there unpleasant smells? Is the noise level unusually loud? Are the residents well groomed, dressed in day clothes, and out of bed? Are 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 you don't understand or are concerned with. Then, ask the social services director or administrator to explain or clarify these points. Ask for a copy of the Nursing Home Residents' Bill of Rights and familiarize yourself with it.

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. Still more might 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.

NURSING HOME TOUR FORM

Nursing Home _____ Phone _____

Address _____

Admissions Coordinator _____ Social Worker _____

Director of Nursing _____ Date(s) and 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 home 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 patient 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 resident's limited to the common areas on their wing or floor?
- Can families reserve rooms for private parties or meetings?

NURSING HOME TOUR FORM

⇒ 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 resident's 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:

THINGS I WANT MORE INFORMATION ABOUT:

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: PREPARING THE HOME

The following checklist provides a safety assessment for your home.

Emergency Procedures:

- Do you know how to summon for emergency assistance?
- Have you considered a personal medical alert system (e.g. Lifeline)?

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
- Is there a carbon monoxide detector?
- Does the fireplace have a smoke screen?
- Is maintenance for the fireplace / wood stove completed regularly?
- Are curtains and other flammable items kept away from open flames?
- Do you refrain from smoking, especially in bed?

Electric Outlets and Devices:

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

Floors:

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

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 light bulbs replaced?
- Are nightlights used along routes/areas traveled after dark?
- Are light switches easily visible and within reach?

HOME SAFETY: PREPARING THE HOME

Bathroom:

- Are there handgrips by the tub/shower?
- Are there handgrips 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 conveniently located 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 or trapeze?

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)?
- Are sharp objects kept in secure area out of reach of confused adults?

Miscellaneous:

- 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 wheel chair accessibility (if needed)?
- Is the water heater temperature kept below 110 degrees Fahrenheit?

Medical Equipment Management:

- Do you know the proper operation of your equipment?
- Do you understand the mechanical safety requirements?
- Do you know the proper storage and cleaning of the equipment?
- Do you understand the hazards of the equipment and how to avoid them?
- Do you 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 of oxygen cylinders?
- Do you know the appropriate placement of oxygen concentrators?

If safety hazards are identified, or you require assistance in completing a safety assessment, consult with a Care Manager or Home Health Agency.

HOME CARE SERVICES

Home Health Care services are delivered in the home to an individual who does not require or want institutional care. The services may be provided by a visiting nurse agency, home health agency, hospital or organized community group and may include nursing, speech, occupational or physical therapy, and homemaker services.

Payment and billing arrangements are made with the individual agency. Medicare or other insurance policies may cover some services. It is important to make sure that your particular insurance company certifies the agency you are considering. Older adults are able to receive care in their home to meet a variety of needs. These services may be as basic as helping with home chores and meal preparation or as medically clinical as I.V. infusion therapies. It is for this reason that families need to have a clear understanding of what the older adult needs and what services you wish to contract with a given agency.

Questions to Ask Before Choosing Home Care Services:

- Does Medicare certify the agency?
- Does the agency have a contract with your insurance/HMO?
- Does the agency bill Medicare/insurance provider or is family responsible?
- What type of training, supervision and monitoring does it provide its staff?
- Does the agency develop a plan of care - how often is it reviewed and by whom?
- Does a nurse conduct an initial assessment? Is there an additional cost for this?
- Does the agency provide family with training on high-tech equipment in the home?
- Is there a 24-hour emergency contact for questions or complaints?
- How does the agency assure that staff are available for 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?

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, Drivers license division).
- Check with the IRS about tax issues.
- Have a back-up plan for when the worker is sick or on vacation.

HEALTH CARE CONTACTS

PRIMARY CARE PHYSICIAN: _____
Address: _____
Phone/Fax: _____

CONSULTING PHYSICIAN: _____
Address: _____
Phone/Fax: _____

HOME HEALTH AGENCY: _____
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, which effect the elderly, 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 family members and health care professionals don't have to guess what the person's wishes would be.

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

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 **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.

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** you do not require a terminal condition for your agent to have the authority to act 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 execute include an up to date **Will** and a **Power of Attorney**. A **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. **Power of Attorney** can not make health care decisions.

A **Conservator** is someone appointed by a Court of Law when it has been demonstrated in a court hearing that an individual is incapable of making and/or communicating his/her own decisions. It must be proved that there are no less restrictive alternatives in meeting an individual's needs. This is an expensive 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 slightly different guidelines for many of their economic programs, it is important to seek the advice of a 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 is a program that provides medical assistance to economically impoverished persons. Eligibility is dependent on financial need, low income and low assets. Medical expenses include:

- Care from hospitals, doctors, nurses, dentists, podiatrists, etc.
- Drugs, medical supplies and equipment
- Health insurance premiums
- Transportation for medical care

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

- Aged 65, blind or disabled
- State Resident, United States Citizen
- Financial Eligibility: Income and Assets
- Application completed through local County Economic Assistance Department

Within the past year, 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 two parts: **Part A** (hospital insurance) and **Part B** (medical insurance). 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:
 - 3 day prior hospital stay
 - Admittance to a SNF within 30 days of hospital release
 - Treatment in SNF for same condition of hospitalization
 - Need for skilled care on a daily basis
 - Condition shows measurable improvement
 - Facility is Medicare certified and physician writes a care plan.

FINANCES: PAYMENT SOURCES

- ◆ Home Health Services which meet certain criteria:
 - ❑ Short term; intermittent basis for skilled nursing care
 - ❑ Physical and/or speech therapy if patient is home bound and Dr. ordered
 - ❑ 80% of durable medical equipment
 - ❑ Not in excess of 35 hours per week or 8 hours per day of skilled nursing care
- ◆ Hospice Services:
 - ❑ In-home or facility
 - ❑ Dr. certified that patient is terminally ill and prognosis of less than six months to live
 - ❑ Care provided by Medicare participating program

⇒ Medicare Part B covers:

- ◆ 80% of reasonable charges from physicians and other health care professionals after deductible is met including:
 - ❑ Medically necessary ambulance service.
 - ❑ Physical, speech, and occupational therapy.
 - ❑ Home health services, doctor certified as medically necessary.
 - ❑ Medical supplies and equipment.
 - ❑ Out patient surgery.

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

- ◆ Most nursing home care.
- ◆ Prescription drugs not given in the hospital.
- ◆ 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. While it is an individual decision as to how much you can afford and what you need, 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 "J"**, with Plan A providing a basic benefit package while the other 9 plans include the basic package plus different combinations of additional benefits. All Medigap Insurers must at least offer Plan A.

FINANCES: PAYMENT SOURCES

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 time-limited period after your Medicare becomes effective.

Managed Care Plans also called Coordinated Care or Prepaid Plans or HMO's, allow you to select care providers from those who are part of the network. You will have a primary care doctor who is responsible for managing your medical care, admitting you to a hospital and referring you to specialists. Most plans require a fixed monthly premium and small copayments when you use services. You continue to pay the Part B premium to Medicare. You however do not pay Medicare's deductibles and coinsurance.

Long Term Care Insurance are policies which 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.

PERSONAL DOCUMENTS LIST

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

Item:	Location:
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/Advanced Directives	
Durable Power of Attorney	
Health Care Directives	
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

ATTORNEY: _____
Address: _____
Phone/Fax: _____

ACCOUNTANT: _____
Address: _____
Phone/Fax: _____

FINANCIAL ADVISOR: _____
Address: _____
Phone/Fax: _____

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_____

Special wishes_____

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

GLOSSARY

Activities of Daily Living (ADL's): bathing, dressing, grooming, eating, bed mobility, transferring, toileting, and walking.

Adult Day Care Center: A community based program offering structured activities and meals. Some health services may be offered for an additional fee. Transportation may be provided. Most programs operate during the week and can be attended full or part-time.

Advanced Directives: A written statement of an individual's preferences and directions regarding health care. Advanced Directives protect your rights even if you become mentally or physically unable to choose or communicate your wishes. They provides a means to appoint an agent to make health care decisions if the principal becomes unable. A Living Will and Durable Power of Attorney for Health Care are two examples of Advanced Directives.

Assisted Living: Senior housing that provides individual apartments, which may or may not have a kitchenette. Facilities offer 24 hour on site staff, congregate dining, and activity programs. Nursing services are provided for an additional fee.

Care Manager: A social worker or health care professional who can provide comprehensive assessments to identify care needs, locate and coordinate senior resources for older adults and their families.

Chore/Housekeeping Services: Services may include yard and house maintenance, housekeeping or meal preparation, shopping and transportation. No personal or medical care is provided.

Companion: A personal care attendant who provides assistance with shopping, meal preparation, supervision, companionship, and light housekeeping. Companions usually do not provide personal care such as bathing, dressing and grooming. No medical care is provided.

Conservator: Person appointed by the court to act as the legal representative of a person who is mentally or physically incapable of managing his or her affairs.

Durable Power of Attorney: A power of attorney that stays in effect even after the principal becomes incompetent.

Emergency Response Systems: Electronic monitors on a person or in your home to provide automatic response to medical or other emergencies.

Estate Planning: Steps you can take while living to determine what happens to your property when you die.

Guardianship: An extreme measure that severely restricts the legal rights of an elder based on a court's finding of legal incompetence.

GLOSSARY

Health Care Power of Attorney:

The appointment of a health care agent to make decisions when the principal becomes unable to make or communicate decisions.

Home Health Agency: An agency that provides medical services in a home setting. Services may be provided by a nurse, occupational, speech or physical therapist, social worker, or home health aide.

Home Health Aide: Provides personal cares such as bathing, dressing and grooming. May include light housekeeping services.

Hospice: Supportive medical and social programs for terminally ill patients and families either at home or in facility.

Incapacity: May be determined due to mental or physical condition. Can be temporary or permanent. A person can be incapacitated without being incompetent.

Incompetence: Determined by a legal proceeding. Requires that the individual is incapable of handling assets and exercising certain legal rights.

Living Will: A document that makes a person's preferences regarding medical treatments at the end of life known.

Long-Term Care Facilities: A range of institutions that provide health care to people who are unable to manage independently in the community. Facilities may provide short-term rehabilitative services as well as chronic care management.

Medicaid: A jointly funded federal and state government program in which the states provide health care for people with low-income and minimal assets. This is a means tested program.

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: An individual who investigates consumer complaints against a nursing home or community resident facility.

Power of Attorney: A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real-estate transactions.

Respite: Services designed to relieve the caregiver from caregiver duties. Respite care may be from a few hours to several days. Care can be provided in a home setting or long-term care facility.

ABOUT THE AUTHORS

Carla MacGregor, MSW is the founder and President of Transitions, Inc. Elder Care Consulting -- dedicated to helping people care for themselves and family members whose needs are changing due to age or illness. Carla is a Licensed Graduate Social Worker and member of the National Association of Private Geriatric Care Managers. She provides community and corporate seminars on "Caring for Your Aging Loved Ones" and "Managing Work/Life Issues". Carla collaborates with and provides consultation for Case Managers across the nation.

Geralyn Mornson, RN has two decades hands-on experience in diversified health care settings. Previously, she was a Case Manager with Allina Health Systems, one of the leading home care agencies in Minnesota. Geralyn owns and operates a home for women with Alzheimers disease in Edina, MN.

ISBN 0-9659140-0-3 9.95