

Livingston County

Senior Citizen Caregivers Guide



Questions? Answers! Concerns? Options!
Need help? Read on!

A publication from your Livingston County Consortium on Aging, a collaborative group of public and private agencies and individuals providing services and advocating for senior citizens in Livingston County. Visit our website: LivingstonCOA.org

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So who is a Caregiver?

Anyone assisting another person with “Activities of Daily Living” (ADL) or “Instrumental Activities of Daily Living” (IADL):

- ADL's are defined as self-care activities, things we normally do... such as feeding ourselves, bathing, dressing, grooming, work, homemaking and leisure.
- IADL's are not necessary for fundamental functioning, but they allow an individual to live independently in a community. These include housework, meal preparation, taking medications, managing money, shopping for groceries, telephone use and using technology.

Caregivers are young and old, caring for children, parents, grandparents, siblings and friends. They need and seek information from medical professionals, media, friends and social service agencies.

Many Caregivers are dutiful family, friends or neighbors. They are usually unaware of available support services such as transportation, nutritional care, financial counseling, home safety, respite and home care.

Livingston County Consortium on Aging

The Livingston County Consortium on Aging is a 501(c)3 collaborative group of public agencies, private vendors and individuals interested in addressing the needs of the county's aging citizens. Membership is open to all who have an interest in furthering our mission.

The Consortium has been meeting for over 25 years, sponsors two annual events: a Caregiver Fair in the Spring and Senior Power Day in the Summer, and publishes two guides: this Caregiver Guide, and a companion county Senior Housing Guide.

Proceeds from the two annual events are granted back to community nonprofits to further their missions in supporting seniors. In 2014, the Consortium surpassed \$50,000 in grants awarded to 24 agencies over the past four years.

Visit the Consortium website for further information. www.livingstoncoa.org

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Livingston County Senior Caregivers Guide



You Are Not Alone

There are currently 44 million non-paid caregivers in the United States; 33 million of them are assisting a person age 65+. And while some topics in this booklet may be unsettling, they are real for many seniors and not meant to offend. This guide's goal is to help you think like a senior; anticipating needs, wants, and concerns. Aging is a natural, healthy and exciting progression in this journey we call a lifetime.

What this Guide Is... and Is Not

Definition of Caregiver: While an inclusive and legally accepted definition of Caregiver encompasses both paid and unpaid, and those caring for a disabled child or adult under age 65, this guide is generally intended for those voluntarily assisting people age 65+. And while this guides topics are universal, an additional goal is to direct you to Livingston County, Southeastern Michigan, state, federal and Internet resources.

Developing and Building the Relationship

Remember, it is the senior's life, and their right, to live it as they wish. Your role is not to decide “what is best for them”, but rather help them decide what is best for themselves and then help make it happen.

Terms you May Hear

ADL: Activities for Daily Living - This term refers to personal assistance for an activity deemed necessary to get through the day. Legally, these include eating, dressing, bathing, walking, stair-climbing, bed mobility, toileting, bladder and bowel function, wheeling, transferring and general mobility. A senior's level of ADL proficiency will establish whether the service provided is deemed un-skilled (light household duties, bathing, general hygiene, etc.....) or skilled (nursing duties, medications,.....) Many service-providing agencies will use ADL's to determine a level of care, and fees if applicable. This term is also used to determine if someone qualifies to receive Medicare or Medicaid benefits.

IADL: Instrumental Activities of Daily Living – This term refers to the type of activities that allow an individual to live independently in a community. Activities may include housework, meal preparations, taking medications, managing money, shopping, telephone use, care of pets, etc. Many service-providing agencies will use ADL's and IADL's to determine a level of care, and fees if applicable. These terms are also used to establish and determine Medicare or Medicaid benefits.

How to Use this Guide

First of all, this guide cannot be comprehensive. The topics herein are many, and the answers can be complex. This booklet will offer a general discussion of each topic. There is also a wealth of information available via the Internet, see Appendix A; and/or for a listing of area agencies and businesses which can assist you, see Appendix B.

Information and Assistance

There are numerous agencies and resources to approach for assistance. Many seniors will have a network of friends, neighbors, their senior center, social or church circles, who may have insights or be able to assist you.

Area Agency on Aging 1-B (AAA 1-B) (see Appendix B)

A regional non-profit organization dedicated to assisting seniors and the disabled access local services, including housing, transportation and mobility options counseling, nutrition, in-home assistance, caregiver relief and government-funded long term care programs. AAA1-B provides both referral and direct services.

Livingston County Catholic Charities (see Appendix B)

LCCC offers support service and programs (regardless of race, religion, gender, disability or financial status). Senior services include: Volunteer Caregiving Program, to help seniors stay in their home, and may be able to provide transportation for medical needs, shopping or errands; Senior Resource Advocacy, which assigns a specific counselor to assist seniors and their family's access needed services; and Be Our Guest Adult Day Service, providing on-site care for memory impaired adults. LCCC also offers educational programs and coordinates support groups.

Livingston County United Way (see Appendix B)

A county agency which can assist with many senior issues, particularly for the home-bound senior.

Love, Inc. (see Appendix B)

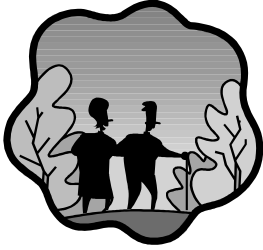
Love, Inc. is a collaborative of county churches marshaling resources to both access and provide services.

Oakland Livingston Human Services Agency (OLHSA) (see Appendix B)

A county agency, OLSHA can provide income-based assistance with most human needs services, including: housing, home repair, heating assistance, weatherization, lawn care and snow removal, supplemental food programs, health care, transportation and informational/educational programs.

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Dialing “211” will access an information and referral specialist for county human service agencies. 211 is a collaborative effort of Livingston County United Way.



Their World

Their first, and your first, concern is personal physical safety. By example, a fall can lead to loss of driving privileges, loss of independence, and perhaps even loss of their home. 85% of seniors, given their choice, would prefer to live and die in their own home, and maintain that independence as long as possible. And a majority of senior hospital admissions are fall-related. Don't be surprised, or offended, if they don't want to get out and about as often. Don't want to go out after dark. Don't want to join in on family outings. These are natural progressions of an adult's desire to maintain that independence and dignity for as long as possible. Ambulation, endurance, hearing, eyesight may be in decline, so it is normal to attempt to reduce one's chance of a fall. Wherever they live, your first concerns are personal safety and fall prevention. Read the sections below regarding housing choices and home modifications. Given choices most seniors will stay in their own home as long as possible. A second choice would be to live with or amongst people of their own age, with as much freedom of choice as possible. They share generational experiences, have common physiological needs and wants. Don't be surprised, or offended if they resist "moving in with the family." That said, for others a multi-generational living situation can be an exhilarating and positive experience for all. And don't be surprised if the "retirement community" is rejected. While fine, and desirable for those who are just naturally sociable, and a "joiner", there are also those who enjoy and prefer solitude, and "wish everybody would just mind their own business." If this guide is being read by a younger family member, only you and your family know the dynamics of relationships and situations that can make their house a home.

Hearing

High octave hearing may diminish, explaining difficulty in hearing television with its ranges, or understanding young children. There are many hearing aid options, but be aware of their limitations. They only amplify what the senior could already hear, not expand octave reception. They are also non-discriminatory, that is they amplify every sound equally. The senior will hear every sound in the room, based on volume. That makes it harder to carry on conversation in a crowded room. And with some aids, the assist declines as the batteries wear out, much as a flashlight will diminish its light output as the batteries weaken. In many cases, it's a slow process, and the senior may not even notice or forget to change batteries. Also to consider: one hearing aid or two, ease of battery replacement and insertion, appearance and vanity issues, possible loss or misplacement, cost, insurance. Telephones: Land line phones are available with large numbers and sound amplifiers. Limited-use cell phones may be available for free (contact your sheriff's department), and phones with limiting and oversized features are available from companies, such as the Samsung Jitterbug.

Eyesight

For a typical 80 year old a 100 watt light bulb has the same light value as a 20 watt bulb for a 40 year old. Adjusting to light intensities is more difficult. Night driving, even ambulating from room to room. It is also common for distance eyesight to “improve” with age. Reading can also be relaxing and rewarding for many. As the eye muscles continue to relax, it is important to schedule more frequent eye examinations. These can also catch the development of cataracts, macular degeneration, and even diabetic or nutritional issues. But: there are many wonderful resources available out there if things become more severe or dangerous. Communal support groups, books on tape, “sideband” regional-talk radio stations, possible home modifications, transportation options. In many cases eyesight diminishes slowly. Investigating the options with the senior beforehand can ease the transition, the anxieties, and not diminish but expand their horizons.

Nutrition

(See Appendix B)

Smaller portions, snacking, blander and familiar foods. Many seniors have dentures, so for example apples or a salad can be a challenge. Lack of appetite, or a loss in interest in food can intensify. This is normal. Not to be morbid, but for the extremely elderly, this is a natural way for the body to begin the process of shutting down, and preparing for death. It’s perhaps better to emphasize the social aspects of meals than the content. There are congregate senior meal sites around the county and home-delivered meals are also an option. If finances are an issue, there are numerous food programs and pantries. Contact Oakland Livingston Human Services Agency or Livingston County United Way for a listing.

Social

Most seniors will gravitate to social settings with people of their own generation. Studies have shown that when a senior leaves their home their most-frequent destinations are: visiting with family and friends, the community or senior center, the library, their church and grocery shopping. There are five factors at work here: they know how to get there and home, they know the facility and can feel physically safe, they can socialize, they can control their expenditures, and it’s preferably during daylight hours. Don't be patronizing, but a suggestion: Don't just expect them to adapt to your world, adapt to theirs. The more you immerse yourself in their world, the better you'll understand, relate and work together. Note: The county's six senior centers are great socializing destinations, and Livingston County Catholic Charities also offers an adult day care service for dementia and Alzheimer's impaired adults. (see Appendix B.)

Mobility

Mobility can mean safely navigating about the home or out in the community. In either case, fall prevention is the primary concern. (It is the number one reason for seniors' hospital and nursing home admissions.) Our parents would tell us the pride we all exhibited when we stood and took our first steps. As we age, balance again becomes an issue. Uneven ground, steps, loose or wet surfaces, lighting are a challenge. Using an aide, a cane, a walker, or a wheel chair can help. For the senior, it will be a matter of pride, and maintaining self-sufficiency. Most senior centers and hospitals provide or can direct you to fall-prevention classes, and search the internet for home modification checklists.

Driving

(see Appendix A)

For many of us, the most significant indicator of our independence is that car. The freedom to go where we want and when we want. It also factors in where we live, where we go, what we do, and who we socialize with. The given joke around the retirement homes is that the most popular guys are the ones with cars, and can still drive...safely. One of the hardest conversations you'll ever have is when its time for them to give up the keys. And note the difference; you're not taking them away, they're giving them up. At tip: the conversation need not be "Dad/Mom, we're afraid you'll get hurt." Rather, its "Dad/Mom, you could hurt someone else." And another tip: statistics say the conversation goes easier if daughters talk to fathers and sons talk to mothers. Note: The AARP website offers self-evaluation, checklists, and refresher classes. Some senior centers also offer on-site classes, sponsored by the Southeast Michigan Council of Governments (SEMCOG). Visit their website. Why not take a class together? Note: Michigan's Secretary of State also offers residents a non-driving state ID. This is a good alternative for border crossing, check cashing or other identification needs. And, consider this: the average senior "out-lives" their ability to drive by 7 years. This factor is also a consideration in living arrangements.

Transportation

(see Appendix B)

Family members, fellow seniors, neighbors, buses, taxis all are options for vehicle transit. Livingston County Catholic Charities may also be able to assist with drivers. Livingston Essential Transportation Services (LETS) also provides curb-to-curb in-county bus or van services on a call-in basis, Monday through Saturdays. Most LETS buses and vans are equipped for wheelchairs. Other agencies can provide off-hour, out-of-county or specialized services. Also, consider the neighborhood. Can they walk or ride a bike? Are there safe sidewalks, adequate lighting, a walking buddy, safe biking conditions? Perhaps a three wheeled bike or a power scooter.

Pets

Most of us have had pets in our lives. And we may have heard of the great benefit of pets for seniors: companionship, physical exercise, the routine of feeding, and a responsibility that can give them a sense of purpose. On the other hand, before you rush out a get then a cat or dog, consider a few things. 1) Its their life. Do they a want all of the above, or perhaps a freedom to travel? 2) Have they had pets in the past, and show interest? 3) Is there a move in their future, will pets be allowed, and if not are you ready to take on this responsibility? 4) Dogs and cats dart around, are unpredictable, could get underfoot or jump up, and cause a fall. 5) Most of us think of pets in terms of cats or dogs. Perhaps consider a rabbit, a bird, a fish or even, believe it or not, a rat. They're very sociable.

Finally, if you jointly decide on a pet, travel together to the store or shelter. It's their choice and their pet.

Also to consider: do other family members have pets, particularly larger dogs? Your senior may not want to visit for fear of a fall.



Medical Issues

Chronic

Physical decline is a normal process: loss of dexterity, loss of agility. It is natural for eyesight and hearing to diminish. A senior, by nature, will adapt to these conditions. On the other hand, chronic can mean constant physical pain. Arthritis, osteoporosis, diabetes, obesity; all require monitoring, perhaps adjusting lifestyles, and in many cases medications to ease the debilitating nature.

Medications

Medications may be a short term solution to an immediate problem, perhaps a headache or a minor muscle strain. These might typically fit the definition of an over-the-counter medication. Or they may be to treat an ongoing situation as described above in the Chronic section. These might fit the doctor-monitored, prescription drug category. It is important for you to know what medications they may be taking. For example, they may cause drowsiness, behavior change, or ambulation issues. A statistic: the typical 65 year old takes 6 medications daily. Drug interactions, prescriptions from multiple doctors, missed or inaccurate dosages, all can have unintended or unanticipated effects. Make a list of medications and dosages, post them on the refrigerator door (911 responders will check there), have the senior carry it, you carry one. And discuss the medications with their doctor.

Dementia and Alzheimer's

(see Appendices A & B)

Often merged in discussion, there are medical distinctions. A general descriptor would define them both as involving a decline in intellectual functioning over time. They may both also be linked to genetics. They diverge in diagnosis and treatment. Dementia is often seen as part of the normal aging process, with onset occurring typically after age 70, and in some cases never. While there is no “cure”, the effects of dementia can be reduced with regular exercise, a healthy diet, mental stimulation, establishing and maintaining a life routine, minimizing stress and eliminating tobacco and alcohol use. You may also try use of the “3 R's method” of Repeat, Reassure and Re-direct. Alzheimer's, by contrast, is a disease of the brain. It can onset as early as age 45, and can lead to total debilitation, and eventually death. Symptoms can progressively include severe agitation, hallucinations, sleep disorders, and psychotic or dangerous physical behavior. Caregiver tools may include the (above) dementia techniques, but certainly require a doctor's intervention. While there are no proven curative medications for dementia or Alzheimer's, there are management techniques and drugs that can reduce stress and the more dangerous symptoms.

Hospital Discharge

Shortly after a hospital or rehabilitative nursing home admission, or when conditions stabilize, ask for a meeting with its discharge planner. She/he can help you understand your considerations and options: living arrangements, possible future procedures, recognition of symptoms, Medicare or other insurance coverage, training and techniques such as bed-to-chair transfers, personal care, medications, community support agencies, etc. While this planning is of a short term nature, it can also be an opportunity for frank family discussion about longer term options.

Insomnia

Sleep patterns can vary as we age. There can be many causes. A general recommendation is to reduce the overall time spent in bed, get up at the same time each day, don't go to bed until you are sleepy, and don't stay in bed if you are not sleeping. Medications and alcohol consumption can also disrupt normal sleep.

Veterans Services

(see Appendices A & B)

Not to go into great detail, but find out if they are a veteran. If so, there are many services available they may not have even thought of at a younger age. From medical, to home care assistance, to residential facilities, to burial. Every community has contacts and assistance to research options.

Medicare

(see Appendix A)

Medicare is a citizen's federal health insurance program for age 65+, and or under age 65+ with certain disabilities. The enrollment period begins 3 months prior to the 65th, the month of, and 3 months following the 65th birthday. The card will be red, white and blue and will be needed to verify payments and receive covered services. Most seniors automatically have what is known as Parts A and B. Optional, and for additional cost, are Parts C & D. (See below.) Premiums for Parts A & B are typically deducted from their Social Security check, Parts C & D are optional. (if your charge is age 62-65, they may be receiving Social Security, but do not automatically receive Medicare. They may be able to buy into the program, but that's beyond this discussion.) Note: Help navigating is available from the (Michigan) Medicare & Medicaid Assistance Program (MMAP), at 1800 803-7174, or the Internet at Medicare.gov.

Medicare Part A

In short, Part A covers hospital stays, skilled nursing homes and hospice. These programs have many requirements, limitations and co-payments.

Medicare Part B

In short, Part B covers doctor services, outpatient care, some home health services, medical supplies, and some preventative services. These programs also have requirements, limitations and co-payments.

Medicare Part C

This is optional supplemental health insurance sold by private vendors to cover some, most, or all Part A/B co-payments. All Part C policies must meet minimum federal standards. They compete in price, additional or customized services, and acting as your intermediary in billing and payments. These policies are commonly referred to as Medigap or Medicare Advantage policies.

Long Term Care Insurance

(see Appendix B)

Broadly defined, long term care insurance pays for the care for those unable to care for themselves. It may be in various settings, including in-the-home, adult foster care, or a nursing home, and can be for an extended period of time. Consider that in 2012, the average cost of nursing home care was more than \$80,000 a year. LTCI insurance is sold by private insurance agencies, with many variables to consider. Each family should consider its care options and finances.

Medicaid

(see Appendix B)

Medicaid is an income based government guaranteed access to medical services. For seniors, services are mostly similar to those covered by Medicare, the difference being a sliding fee, or in some cases no-cost. There are means tests for income and assets, which adjust annually based on inflation. Contact your local Department of Human Services or AAA 1-B for assistance. Be aware that some doctors do not accept Medicare or Medicaid patients. Consider supplemental insurance or long term care insurance if the person's finances are sufficient.

Medicare Part D

Optional prescription drug coverage for non-hospital drugs; with a note: While enrollment is optional, there is an escalating financial penalty for not signing up for a program at age 65. Part D is offered by private vendors, and they are required by the federal government to meet minimum criteria. A term of interest: the 'formulary'. Each vendor will have a list of covered drugs, typically in 3 tiers, with ascending co-payments required. Your concern will be to assure the applicable medications are covered, and in which tier they fall.

Note: Statistically, the average senior takes 6 prescribed drugs. Little research has been done on interaction between various drugs, but recent data shows an increasing propensity for falls with increased usage. Have a list of the senior's medications and discuss it with their doctor/s. It could be redundant, no longer needed, or even compounding problems. In addition, many seniors will forget to take, take the wrong amount, or misplace their medications. Be watchful for change of moods, behaviors, communications, eating habits and gait.

Affordable Care Act

The Affordable Care Act has many provisions of benefit to seniors. It begins with a free "Welcome to Medicare" physical exam provided by any physician accepting Medicare patients, which is to be followed by free annual "Wellness Visits". You may research the full law and benefits with an Internet search to www.healthcare.gov.

Talking to their Doctor

Establish a relationship with their doctor. Discuss their overall health, chronic conditions and treatment plans, medications and their side effects. And if appropriate, end of life wishes. Many states and nursing homes suggest or require medical powers of attorney. Let your doctor know one exists, some may wish a copy. There are also publications for end-of-life planning: a popular one is called Five Wishes. Local senior-serving agencies may have one for you, or you may search online for "Five Wishes".



Finances

(see Appendices A & B)

Another difficult transition. You're invading their privacy and control. Basically, we all have expenses we hope to cover with our income or our savings. Over time, you should have been getting a reasonable grasp of their assets, liquid and not so liquid. So, we'll limit this to two concerns. Do they have enough to cover normal expenses, and are they competent? It is normal for a senior to spend less; they need less. But are they skipping meals, medications, or social outings? Are there late payment notices or bills piling up? One can be a sign of frugality, after all most of us don't know how long we will live, and don't want to be a physical or financial burden for loved ones. The other can be forgetfulness or disinterest in daily routine. This should be of greater concern as it can be a declining health issue.

In addition, be very aware of the possibility of scamming and/or, sorry to say, family member financial abuse. Be sure you come to understandings and transparency regarding financial decisions, transactions, and actions. Be cautious of "co-signing". This could lead to your financial liability for their unintended or unexpected expenses. Banks can put account cautions on unusual spending, or limit cash withdrawals.

Social Security & Supplemental Security Income

(see Appendix A)

There are a plethora of agencies and contacts for detailed information regarding Social Security and Supplement Security Income. So simply said, most seniors, and some disabled, qualify for a federal monthly check, as a result of years of employment and or/spousal benefit, or a disability. This check may be an automatic bank deposit or come in the mail. Assuming they are now receiving Social Security, to consider: 1) Are they a surviving spouse? 2) Are they employed? 3) Is a remarriage a possibility? All of these are reportable and can impact the benefit amount. Also remember, at death it is your responsibility to contact Social Security to discontinue the payments.

Pensions/Benefits

Some retirees receive financial pensions, or often health benefits from past employers. No detail here, but gather account numbers and have an understanding of any spousal or survivor benefits.

Long Term Care Insurance

(see Appendix B)

Encompasses a wide range of assistance, services, or devices provided over an extended period of time and designed to meet medical, personal and social needs in a variety of settings or locations to enable a person to live as independently as possible. Includes three levels of care: skilled care, intermittent care, and custodial care. Sold by private vendors, LTCI may dictate fixed dollar amounts, inflationary escalation, specific covered services, and/or a fixed period of benefits. Each family should consider its care options and finances and consult with a licensed, certified long term care insurance agent if appropriate.

Reverse Mortgages

(see Appendix A)

A standard home mortgage is pretty straightforward. You borrow money from a lender, then pay principle and interest. Over time you build equity (an increasing percentage of ownership), until eventually, and hopefully, you own the home outright. A reverse mortgage, simply put reverses the process. The lender agrees to put money into the owners account in return for an (over time) increasing percentage of ownership. In general, the owner must be at least 62 and it must be a primary residence. Procedurally, the home is appraised and a dollar amount established based on an actuarial table. The money can be received in a lump sum, or over time, or on-demand. The more the home is worth, the older you are, and the lower the interest rate, the more you can borrow. And as long as the senior resides in the home, they cannot be evicted, even if they exceed the loan balance. At death, the heirs can pay off the balance accrued, or accept a negotiated balance. All reverse mortgage candidates must receive prior counseling from a HUD approved reverse mortgage counselor. There are numerous reverse mortgage counselors and lenders in Livingston County. An Internet search for HUD reverse mortgages will outline guidelines, criteria, and includes a search engine for qualified lenders. Loan calculators are also available via the Internet.

Wills

In short, a will (or a trust) helps put assets in an orderly fashion, and gives a clear message to its intentions and desires. Many people die without a will. A will may be self-composed, dated and signed, and becomes a viable document. Note “viable” is different than legal. There is no filing of a will with any government agency. Sign it, date it, make copies, keep one safe, give one to your attorney, your pastor, a trusted friend and/or family members. At death, the will is presented to the probate court and becomes a public document. There are procedures for legally publishing the death and, for example, asking for any outstanding creditors to come forward.

Advantages to having a will: It can be a clear directive as to the wishes. It may designate specific assets to specific recipients.

Disadvantages of having a will: It becomes a public document. The probate system can be lengthy and costly.

Disadvantages of not having a will: The estate will still go to probate. As a rule, all assets must be liquidated (irregardless of sentimental values), and then distributed with an established lineage formula.

Estate Planning

(see Appendices A & B)

Estate planning is an orderly process of dispersing an individual's assets accumulated over a lifetime, primarily those with monetary value. Proper planning can be particularly critical if, for example, there is a business ownership, there are multiple marriages or properties in multiple states. Planning will typically incorporate the establishment of a trust, and should be considered only with the assistance of a qualified attorney.

Trusts

In short, there are revocable (still living) and irrevocable (at death) trusts. If your senior's estate is sizable, or perhaps holds properties in multiple states, a trust may conserve assets, reduce estate taxes, avoid probate, and can be customized.

Simply, a revocable trust is a "what-if" document. The originator, if still competent, may dissolve or amend it at any time simply by directive

An irrevocable trust may anticipate incapacity or, for example, delay asset distributions or have other unique stipulations other than a standard probate formula. Once signed, it can be very difficult to amend, even by the originator.

.A trust should be drawn with the assistance of a qualified attorney. At death, the attorney will then assist with any filings and hearings. Copies of the trust remain with the attorney, the owner, and select trusted individuals. No legal filing is required.

Guardianship

Guardianship is a probate court process for taking on decision-making responsibility for your charge. Some duties may include: domicile, care and comfort including food, clothing and shelter, obtaining needed services, authorizing or refusing medical treatment, taking care of personal possessions. And, if a conservator is not appointed (by probate), receiving monies and using it for his/her needs. Note: Guardianship typically requires regular reporting back to probate of your actions.

Conservatorship

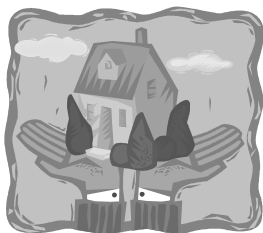
Conservatorship is a probate court process specifically for financial management and decisions. The conservator may be an individual or an institution. Note: Conservatorship typically requires regular reporting back to probate of your actions.

Power of Attorney for Financials

Not requiring probate, this document can be used for what may be a short term incapacitation and revoked at any time. Readily available online, this document designates the individual responsible for managing finances. It is typically signed by the senior, the designee and witnesses. As with any binding document, if the finances complicated or family harmony suspect, an attorney's assistance could be reassuring. Also, be aware accepting guardianship or power of attorney could make the designee responsible for expenses beyond the estates assets. (See the section below outlining an additional Power of Attorney for Medicals.)

Household Management/Administrative Assistance (see Appendix B)

There are agencies which can assist with household duties that are not health related, such as managing mail, paying bills, home maintenance and cleaning, grass mowing, shopping and stocking groceries, etc. They will work closely with the caregiver to cover tasks the senior can no longer handle, never has or is neglecting.



Home Safety

Housing Options

This booklet will primarily discuss accommodating a senior who wishes to stay in their own home. For those desiring a relocation, the Consortium on Aging has a sister publication, the Livingston County Senior Housing Guide. It has a primer and county inventory. You may access the guide by visiting our website, at www.livingstoncoa.org, or contact a human service providing agency for assistance.

Home Modifications

(see Appendix B)

Most seniors wish to remain in their own home as long as possible. This can be for financial, emotional and physical reasons. In addition to memories, they have a neighborhood and friends to maintain the connections. And, as they physically age they make accommodations to decline; they are familiar with the home's layout. That said there are Internet-accessible checklists for simple actions: removing loose throw rugs, increasing bulb wattages. In addition, there are private companies with expertise in modifying the home for safety. They can assist with ramps, door widening, lowering cabinets, installing grab bars, etc. See Appendix B for a listing of area certified aging-in-place builders (CAPS).

Assistive Devices

(see Appendix B)

There are many devices that can help with a senior's daily living needs. Grab sticks, walkers, wheelchairs, canes, commodes, safety-grip walking shoes and slippers. There are also numerous new electronic technologies for in-home monitoring: fall sensors, medication reminders, remote video, etc. Some may qualify for a Medicare subsidy.

Loan Closets

(see Appendix B)

Loan closets can assist with short term needs at little to no charge. Walkers, commodes, wheelchairs, etc. Oakland Livingston Humans Services Agency, as well as some senior centers and churches maintain closets. Most will also accept donations. Call 211 for current information and referral.

Home Care & Service Providers

(see Appendix B)

Typical services range from housecleaning, meal preparation and assistance, medications, bathing, etc. A distinction to note: primarily these services are "in-home" only, but could include such things as grocery shopping or transportation for doctor's appointments. Discuss these options in an interviewing process. Services may be contracted for by-the-hour, or based on services provided. Note: Some provider agencies are Medicare/Medicaid or Veterans Administration certified, or may be experienced with long term care insurance programs, and can help you with billing and payments. Some agencies are private pay only. Be sure to ask in your vetting process.

Home Safety & Medical Alert systems

(see Appendix B)

Home safety devices range from wireless tv monitors to motion sensors which can alert for unusual behavior or inactivity.

Medical alert systems are intended for a stay-at-home senior in jeopardy of a fall or other incapacity. The personal alert system consists of a necklace or wristband which, with a push, will send a distress alert to the monitoring company. These companies may also have medication-taking reminder alarms or dispensaries.



End-of-Life

(see Appendices A & B)

Advanced Directives - (“Power of Attorney for Health Care”)

A legal document assigning responsibility for a senior’s health care decisions to another individual, should the senior become incapacitated. They outline acceptable/unacceptable life-sustaining measures, religious beliefs, end-of-life wishes, and even organ donation wishes. Be aware: most hospitals and nursing homes will ask for a health care designee. Better to have the conversation and document beforehand as part of an overall planning discussion. The primary care physician should also be aware, and may ask for a copy. This document requires the senior's signature and two witnesses.

Advanced Directives - (“Living Wills”)

Some overlap with Power of Attorney for Health Care, the primary difference being the Power of Attorney determines who makes decisions, the Living Will outlines what the decisions should be. A Living Will is also useful if the Power designee is unavailable for any reason. Note: Michigan currently does not legally recognize Living Wills as legal documents.

Hospice & End-of-Life nursing care

(see Appendix B)

Hospice, by definition, is intended to assist the patient, and family, during a life-threatening period. Hospice services can include assistance in planning, outlining options, doctor consultations, in-home or facility care and, if desired, grief counseling. Hospice workers may not, but can request a doctor's or nurse's administration of pain relievers or other medications. Hospice services are typically covered by Medicare.

Funeral Planning

If a passing is likely, initiate a discussion with a funeral home. Pre-planning or pre-paying can reduce stress for all involved and bring order to an unsettling experience. They will assist you in the process, whether you ultimately use their services or not. They will discuss your options: cemeteries, burial, cremation, ceremonies, veteran's benefits, transporting a body, approximate (then specific) costs. Note: embalming is required by state law if the remains are not cremated or buried within 48 hours of death. Note: cremations require permission of the County Medical Examiner, and written permission from next of kin.

Autopsies

At the discretion of the County Medical Examiner when a death occurs from any cause without a physician present or under any suspicious circumstances. No family member may prohibit an autopsy and no permission is required. Next of kin may grant or deny an autopsy to a hospital where the death occurred.



The Caregiver

Team Effort

You are not alone in your efforts. As many as 1/3 of the general population are caregiving for an elder; with approximately 1,490,000 in Michigan. Dedicated websites, publications, local agencies and support groups can assist you. A good team should include yourself and other family members, the primary care physician, medical specialists, nurses, dietitians, social workers, home care agencies, hospice, their senior center, pastor, friends and neighbors and of course, the senior. Don't be afraid to ask for help.

Self-Care

Stress, a feeling of isolation and exhaustion are the typical signs of overworking yourself. If you are not healthy in body and spirit, you cannot help others. Do your best to eat well, get rest and maintain a social life. Consider respite. It's ok, really!

Respite

(see Appendix B)

Respite is for you! It can be as little as time for an uninterrupted nap, to a much-needed vacation. It can mean a family member, a trusted neighbor, or an agency providing volunteers or paid staff. It can be in-home, day, overnight or longer. Some foster care homes also provide out-of-home day, overnight, or longer stay respite services. Note: AAA1-B offers a respite bed in Livingston and each of its 6-county SE Michigan service area.

Support Groups

(see Appendix B)

If you've read this far, you now know you are not alone. Support groups exist for chronic disease and cognitive issues. Hospitals, churches and service agencies are contacts for an inventory.

Long Distance Caregiving

(see Appendix A)

Approximately seven million Americans are caring for a relative more than one hour away. So again, you are not alone. Start the process with a visit, if possible. Evaluate their living arrangement. Alone? In their own home? Is the home free of clutter, or loose rugs that could cause a fall? Kitchen and general hygiene issues? Mail stream current? Chronic health or cognitive issues? Contact and visit with the local social services agency, and perhaps their banker. Compile a list of medications and phone numbers. Discuss finances and other day-to-day needs. This may be an appropriate time to discuss powers of attorney and/or a living will.

This Document

This Livingston County Caregivers Resource Guide is a publication of the Livingston County Consortium on Aging. The Consortium also publishes the Livingston County Senior Housing Guide.

Hard copies of these guides are available at Livingston County Planning Dept., Livingston Catholic Charities, and Livingston County United Way.

Visit the Consortium website for further information at www.livingstoncoa.org

Pamela Bolam, Chairperson, Livingston County Consortium on Aging

Appendix A Internet Websites

| | |
|--|---|
| www.nfcacares.org | Nat'l Family Caregivers Association |
| www.caregiving.org | Nat'l Alliance for Caregiving |
| www.mayoclinic.org | (health) Diagnosis and treatment options |
| www.alz.org | (nonprofit) Alzheimer's Association |
| www.aarp.org | American Association of Retired Persons |
| www.aaaseniors.com | (national) senior drivers/advice, checklists, self-test |
| www.benefitscheckup.org | (national) basic needs programs and assistance |
| www.nia.nih.gov | (federal) caregiver resource/questionnaires |
| www.aoa.gov | (federal) Administration on Aging |
| www.medicare.gov | (federal) Medicare |
| www.healthcare.gov | (federal) Affordable Care Act provisions |
| www.ssa.gov | (federal) Social Security |
| www.va.gov | (federal) Veterans Administration |
| www.alzheimers.nia.nih.gov | (federal) Information and publications |
| www.hudreversemortgage.org | (federal) Dept Housing and Urban Development |
| www.seniorbrigade.com | (state) programs and information |
| www.michiganlegalaid.org | (state) legal forms |
| www.mmmap.org | (state) Medicare/Medicaid Assistance Program |
| www.clickonaging.com | (Southeast Michigan) information |
| www.aaa1B.com | (regional) Area Agency on Aging 1-B |
| www.olhsa.org | (county) human services provider |
| www.livingstoncatholiccharities.org | (county) human services provider/counseling |
| www.lcsnp.org | (county) home delivered meals |

Appendix B Community Agencies & Support Services

Below are some agencies and businesses known by Consortium on Aging members to have an interest and experience in working with and for seniors. It is not exhaustive. Nor is a listing an endorsement.

| | |
|---|------------------------|
| Alzheimer's Association Great Lakes Chapter | 1 734 369-2716 |
| Area Agency on Aging 1-B | 1 800 852-7795 |
| Family Impact Center | 1 517 223-4428 |
| Gleaners Food Bank | 1 866 GLEANER, ext 335 |
| Livingston County Catholic Charities | 1 517 545-5944 |
| Livingston County Essential Transportation | 1 517 546-6600 |
| Livingston County Senior Nutrition Program | 1 810 632-2155 |
| Livingston County United Way | 1 810 494-3000 |
| Love, Inc | 1 517 586-4007 |
| Oakland Livingston Human Service Agency | 1 517 546-8500 |
| Veterans Affairs (county office) | 1 517 546-6338 |

Appendix B Private Vendors and Provider Agencies

Assisted Living/Retirement Communities

Please access [Livingston County Senior Housing Guide](#) for descriptions of alternative housing options, checklists and inventory. Available at www.livingstoncoa.org or from a county human service agency.

Estate Planning/ Senior Issue Specialists

| | |
|--|----------------|
| Estate Planning and Elder Law Services | 1 888 PLAN-050 |
| Family & Aging Law Center | 1 248 278-1511 |
| The Health Law Center, PLC | 1 517 552-8850 |
| Matecun, Thomas & Olson, PLC | 1 517 548-7400 |

| | |
|--|----------------|
| Nawrocki Center for Elder Law, Special Needs & Disability Planning | 1 866 737-5007 |
| Alvin Rightler, Legal Services for Seniors | 1 810 225-1893 |
| Laura L. Quinn, Attorney, Elder Law & Estate Planning | 1 586 242-2772 |

Financial Planning/Insurance

| | |
|---|-----------------------|
| Kristine Aretha, LUTCF, Aretha and Associates | 1 517 548-1538 |
| Executive Financial Planning | 1 810 229-6446 Ext 18 |
| Family Insurance Resource | 1 517 292-9452 |
| M3 Investment Service | 1 248 543-3400 |
| Kokopelli Financial | 1 810 360-0068 |
| Patrick Financial Group | 1 810 225-9876 |
| Senior Benefits Group | 1 800 724-2660 |
| Strive Financial/Met Life | 1 517 548-7059 |

Food and Nutrition Services

| | |
|---|----------------|
| Community Supplemental Food Program | 1 517 545-8500 |
| Food Pantries (Liv.County United Way maintains a current list) | 1 810 494-3000 |
| Gleaners Shared Harvest Pantry | 1 517 548-3710 |
| Livingston County Senior Nutrition Program – Meals on Wheels (LCSNP also serves lunch at most county senior centers) | 1 810 632-2155 |
| St George Food Pantry | 1 810 333-1349 |

Geriatric Assessment Services

| | |
|--|----------------|
| Area Agency on Aging 1-B | 1 800 852-7795 |
| St. Joseph Mercy Senior Health Services | 1 734 712-5189 |
| Turner Geriatric Clinic (University of Michigan) | 1 734 764-6831 |

Health Care (home visits or income-based clinics)

| | |
|--------------------------|----------------|
| At Home Dental Service | 1 810 231-9855 |
| Faith Medical Clinic | 1 734 474-4627 |
| Go Docs Go | 1 734 222-8200 |
| Michigan Visiting Nurses | 1 800 842-5504 |
| VINA Dental Clinic | 1 810 844-0240 |
| Visiting Physicians | 1 734 975-5000 |

Home Care & Service Providers

| | |
|---|----------------|
| Accredited Home Care | 1 888 813-6244 |
| Action Home Health Care | 1 810 227-4868 |
| Aim Home Health Care | 1 810 225-9600 |
| BrightStar Home Care | 1 810 225-4000 |
| CarolCan! | 1 517 285-4016 |
| ChelseaCare Home Health | 1 734 593-5780 |
| Choice Senior Home Care | 1 517 304-3069 |
| Classic Home Care | 1 810 229-2271 |
| ComForcare Home Care | 1 248 623-6500 |
| Comfort Care Home Care | 1 810 225-2003 |
| Comfort Keepers | 1 810 229-0200 |
| Compassionate Home Health Care | 1 810 225-8710 |
| Compassionate Senior Care | 1 517 545-5500 |
| Country Home Health Care | 1 248 887-7292 |
| Faithful Assisted Living (and in-home care) | 1 248 252-0083 |
| First Choice Home Health Care | 1 810 750-6511 |

| | |
|--|----------------|
| Graceful Living Home | 1 248 648-0203 |
| Great Lakes Home Health | |
| - Brighton | 1 810 225-3374 |
| - Howell | 1 517 545-0161 |
| Griswold Home Care | 1 810 360-0068 |
| Health Care Innovations | 1 810 227-7544 |
| Heartland Home Health Care | 1 877 290-1170 |
| Home Helpers | 1 810 844-2113 |
| Home Instead Senior Care | 1 810 844-2180 |
| Homestead Health Care | 1 517 540-0226 |
| Housekeeping Associates | 1 734 741-8822 |
| In Home Rehab Therapy Services | 1 888 779-1337 |
| Innovations Home Care Nursing Services | 1 248 623-6500 |
| Independent Home Care | 1 810 750-2713 |
| Metro Personal Care | 1 517 545-7740 |
| National Staffing & Home Care | 1 734 449-9050 |
| New Life Home Health Care | 1 517 586-4013 |
| Nurturing Home Care | 1 734 525-4830 |
| OK Custom Cleaners | 1 810 459-5227 |
| Right at Home | 1 810 225-4724 |
| Simplify Your Move | 1 888 887-7562 |
| Synergy Home Care | 1 734 433-9007 |
| United Home Health Services | 1 810 772-0518 |
| Visiting Angels of Southeastern Michigan | 1 810 844-0210 |
| Watson Health Care | 1 810 991-1179 |

Home Delivered Meals

Livingston County Senior Nutrition Program 1 810 632-2155

Home Modifications

Contact the Livingston County Planning Department for a current list of Certified Aging-In-Place Specialists (CAPS) remodelers and builders. 1 517 546-7555

Below is a listing of some area CAPS as of spring 2014:

| | |
|----------------------------|----------------|
| Agewise Home (remodeling) | 1 810 602-1018 |
| Atlas Home Improvement | 1 810 552-7642 |
| Belanger Construction | 1 810 227-6118 |
| Caremor, Inc. | 1 810 225-2956 |
| Deline Construction | 1 517 545-7342 |
| Elder Living Construction | 1 888 248-3510 |
| Paulson's Construction | 1 517 545-8651 |
| TK Design and Architecture | 1 517 548-7274 |
| Tri-Square Construction | 1 810 229-8444 |

Hospice

| | |
|--|----------------|
| Arbor Hospice | 1 800 997-9266 |
| Compassionate Care Hospice | 1 888 983-9050 |
| Diversified Hospice Care | 1 248 633-8488 |
| Heartland Hospice | 1 877 290-1170 |
| Hospice of Michigan | 1 888 247-5701 |
| In-House Hospice Solutions | 1 517 540-9720 |
| Metro Personal Care | 1 517 545-7740 |
| St Joseph Mercy Hospice and Home Care Livingston | 1 517 540-9000 |

Seasons Hospice and Palliative Care 1 800 370-8592

Hospitals (with Senior Health Services)

VA Ann Arbor Healthcare System (veterans) 1 734 769-7100

Chelsea Community Hospital 1 734 475-1311

St. Joseph Mercy Hospital (Ann Arbor) 1 734 712-5189

St Joseph Mercy Hospital (Howell) 1 517 545-6023

East Ann Arbor Health and Geriatric Center (U of M) 1 734 647-5715

Household Management/Administrative Assistance

Creative Eldercare Consultants 1 800 355-8932

Nurse Concierge (Medical Needs Coordination) 1 810 923-1456

Next Step Options 1 586 242-2772

Seniors Helping Seniors 1 810 229-6400

Medical Durables Loan Closets

Some county senior centers have loan closets, and/or may accept apparatus donations.

Oakland Livingston Humans Services Agency 1 517 546-8500

St George Food Pantry (loan closet also) 1 810 333-1349

Legal Issues

Dispute Resolution Center 1 734 794-2125

Law & Dispute Resolution Office of Donna Craig 1 517 552-8850

Michigan Legal Aid

www.michiganlegalhelp.org

Health, Medicare and Long Term Care Insurance

Many full service insurance agencies offer long term care insurance. Listed below are Consortium on Aging members who can assist.

| | |
|---|-----------------------|
| Executive Financial Planning | 1 810 229-6446 Ext 18 |
| Family Insurance Resource | 1 517 292-9452 |
| Kristine Aretha, LUTCF, Aretha and Associates | 1 517 548-1538 |
| Strive Financial/Met Life | 1 517 548-7059 |

Medical Equipment

| | |
|-------------------------------|--------------------------|
| Advanced Medical Solutions | |
| - Brighton | 1 810 225-7701 |
| - Fowlerville | 1 517 223-8243 |
| - Howell | 1 517 548-1443 |
| First Choice Home Health Care | 1 810 750-6511 |
| Genesys Medical Equipment | 1 810 750-5450 |
| J & B Medical Supply | 1 800 737-0045, ext. 444 |
| Mitchell Home Medical | 1 810 229-9200 |
| Oxygen Plus | 1 734 429-7444 |

Medical Alert/Wireless Home Safety systems

| | |
|-----------------------------|----------------|
| Comfort Care Home Alert | 1 810 225-2003 |
| Guardian Medical Monitoring | 1 888 349-2400 |
| Intelli Home Systems | 1 734 395-3534 |
| St. Joseph Mercy Lifeline | 1 800 242-1306 |

Real Estate (Senior Specialization)

| | |
|---------------------------------|----------------|
| Barnwell Professionals | 1 810 534-2060 |
| Prudential Heritage Real Estate | 1 517 404-3622 |

Respite Services

Livingston and surrounding counties – in licensed-care homes – AAA1B 1 800 242-1306

| | | |
|-------------------------------|---------------------------------------|----------------|
| Dementia/Alzheimer's | - Be Our Guest Adult Day Services | 1 517 546-9910 |
| In-Home | - BrightStar Home Care | 1 810 225-4000 |
| Overnight or extended stay | - Patty Lewis Care Home | 1 517 545-1275 |
| Volunteer caregiver's program | -Livingston County Catholic Charities | 1 517 545-5944 |

Note: Only a few are listed here. Numerous adult foster care homes also offer respite. You may access a listing of state-licensed AFC homes via the Internet at www.michigan.gov/dhs Under "Online Lookups" choose "Adult Foster Care/Homes for the Aged Facilities."

Senior Centers

| | |
|-------------------|----------------|
| Brighton | 1 810 299-3817 |
| Fowlerville | 1 517 223-3929 |
| Hamburg Township | 1 810 222-1140 |
| Hartland | 1 810 626-2135 |
| Howell | 1 517 545-0219 |
| Putnam Township | 1 810 878-1810 |
| Unadilla Township | 1 734 498-2502 |

Skilled Nursing and Rehabilitation Facilities

(Access our Senior Housing Guide for further discussion regarding this topic.)

| | |
|--|----------------|
| Caretel Inns of Brighton | 1 810 220-5222 |
| Medilodge of Howell | 1 517 552-5679 |
| South Lyon Care and Rehabilitation | 1 248 437-2048 |
| WellBridge of Brighton | 1 517 947-4400 |
| White Pine Rehab & Care Center of Howell | 1 517 546-4210 |
| Whitehall Healthcare Center (Ann Arbor) | 1 248 437-2048 |

Support Groups

| | | |
|--|--|----------------------------------|
| Alcoholics Anonymous | | 1 810 227-1211 |
| Alzheimer's/Dementia | -Livingston County Catholic Charities | 1 517 545-5944 |
| Alzheimer's Support | -Independence Village of Brighton Valley - St Pat's Catholic Church | 1 517 546-9910 1 734 369-2716 |
| Breather's Club (respiratory) | - Howell St. Joseph Mercy Hospital | 1 517 545-6020 |
| Caregiver's Support | -Livingston County Catholic Charities | 1 517 546-9910 |
| (CPAP) Obstructive Sleep Apnea | - Brighton Pulmonary | 1 810 220-5400 |
| Grief Support | - St Joseph Mercy Hospital Livingston | 1 517 540-9125 |
| Stroke Club | - St Joseph Mercy Hospital Livingston | 1 517 545-6710 |
| Visually Impaired and Blind of Livingston County (VIABL) | | 1 810 231-1277 |
| Veterans | -National Staffing and Home Care | 1 734 449-9050 |

Transportation

| | |
|--|----------------|
| Blue Car Taxi | 1 810 360-5212 |
| Brighton Cab Company | 1 810 227-6500 |
| Brighton Senior Center | 1 810 229-3817 |
| Hartland Senior Center | 1 810 626-2135 |
| Livingston Essential Transportation (LETS) | 1 517 546-6600 |
| Livingston County United Way | 1 517 546-3000 |
| Mobility Management | 1 866 797-4337 |
| People's Express | 1 877 214-6073 |

Appendix C: A checklist:

A simple review of the Activities of Daily Living for persons in the home

| | <u>Independent</u> | < | > | <u>Totally dependent</u> |
|------------------------------------|--------------------|---|---|--------------------------|
| Housekeeping | 0 | 1 | 2 | 3 |
| Recognizes as friends or strangers | 0 | 1 | 2 | 3 |
| Driving | 0 | 1 | 2 | 3 |
| Social Interaction | 0 | 1 | 2 | 3 |
| Grocery Shopping | 0 | 1 | 2 | 3 |
| Eating | 0 | 1 | 2 | 3 |
| Recognizes surroundings | 0 | 1 | 2 | 3 |
| Follows instructions | 0 | 1 | 2 | 3 |
| Wandering | 0 | 1 | 2 | 3 |
| Personal Hygiene | 0 | 1 | 2 | 3 |
| Dressing | 0 | 1 | 2 | 3 |
| Balance/Gait | 0 | 1 | 2 | 3 |
| Transferring | 0 | 1 | 2 | 3 |
| Toileting | 0 | 1 | 2 | 3 |
| Taking medications | 0 | 1 | 2 | 3 |
| Getting emergency help | 0 | 1 | 2 | 3 |
| Preparing meals | 0 | 1 | 2 | 3 |
| Communications | 0 | 1 | 2 | 3 |
| Bathing | 0 | 1 | 2 | 3 |
| Keeping appointments | 0 | 1 | 2 | 3 |
| Managing finances | 0 | 1 | 2 | 3 |

Total score _____

Total 30 or under – A person with this score can typically function independently.

Total 31-50 - A person with this score could benefit from in-home care or assisted living.

Total 51 or higher – A person with this score should consider assisted living or a nursing home.