

CAREGIVING WITH CONFIDENCE

TAKE THE *GUESSWORK* OUT OF CAREGIVING!



PAMELA C. REYNOLDS

INITIAL CAREGIVER SELF ASSESSMENT

How prepared are you in these five key areas? This assessment will help you identify weak areas and prioritize your planning.

(Give yourself 1 point per “yes” answer)

Advocacy - To advocate you must have both the authority and knowledge necessary to step in and speak on your care recipient’s behalf when they cannot speak for themselves.

My care recipient has completed the necessary legal documents appointing an agent for healthcare and financial power of attorney. Yes__ No __

I know where my care recipient’s legal documents are stored and/or how to access them. Yes __ No __

I have enough personal information about my care recipient to identify them and verify my position as a caregiver (this means demographic information such as legal name, date of birth, location of birth, and social security number).

Yes __ No __

I have enough information about my care recipient’s medical record to make decisions about their care and speak to physicians and care providers on their behalf (this means medical information such as diagnosis, providers, allergies, medications, and blood type). Yes __ No __

I know who my care recipient’s trusted advisors are and I have their contact information. Yes __ No__

I feel comfortable that the support team my care recipient has in place will be able to help me when needed. Yes__ No__

I have a clear understanding of my care recipient’s end of life wishes.

Yes: __ No: __

Total Score __ out of 7

Medical - To have the ability to assist your care recipient in managing their medical conditions and care needs over time.

I am confident in my understanding of my care recipient's current medical conditions and how they manage them (in other words, I could explain it to someone else).

Yes: ___ No: ___

I have a current list of my care recipient's medications (including the prescribing physician, dosage, route, and frequency and the pharmacy that fills it). Yes: ___ No: ___

I know who my care recipient's medical providers are and have their contact information. Yes ___ No ___

I regularly attend my care recipient's doctor's visits, or, if not, they keep me informed and I am confident that the report they give me is accurate and complete.

Yes: ___ No: ___

I keep track of my care recipient's medical condition (things like blood pressure, weight, symptoms, etc. as applicable). Yes: ___ No: ___

I am confident in my knowledge of the medical system my care recipient relies on. Yes: ___ No: ___

I know how to access my care recipient's medical records. Yes: ___ No: ___

I have a good understanding of my boundaries (what I am and am not comfortable doing) for my care recipient if and when they become incapable of caring for themselves. Yes: ___ No: ___

Total Score ___ out of 8

Environmental - To ensure the physical living conditions are safe and optimal for your care recipient.

My care recipient's current living situation is safe. Yes: No:

We have made necessary accommodations and I feel confident that my care recipient's current living situation is ideal for their current needs. Yes: No:

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My care recipient's living situation can be adjusted to accommodate future needs. Or, if not, I am prepared with alternative plans should they no longer be able to live where they are. Yes: No:

I am familiar and comfortable with the emergency preparedness plan that my care recipient has in place. Yes: No:

I am prepared to enact an alternative arrangement should my care recipient need more care than I can provide. Yes: No:

I am knowledgeable of the options available if my care recipient needs in-home support. Yes: No:

I am knowledgeable of the options available for senior living if my care recipient could no longer live at home. Yes: No:

Total Score out of 7

Social - To have awareness of the social factors which affect your care recipient's situation.

I believe my care recipient's current social/emotional needs are being met.

Yes: __ No: __

My care recipient has a strong social network. Yes: __ No: __

My care recipient's social network can provide the support they (and I) need.

Yes: __ No: __

If needed, I am knowledgeable about the mental health resources that are available for my care recipient. Yes: __ No: __

My care recipient is still driving and I feel safe with them doing so, or if not, my care recipient has reliable transportation to get to and from appointments and activities of their choosing. Yes: __ No: __

I live within driving distance of my care recipient, or, if not, I am confident in the support system in place where my care recipient lives. Yes: __ No: __

Total Score __ out of 6

Financial - To have a comprehensive understanding of your care recipient's finances as well as the costs and payment options related to long term care and senior care services.

I am confident in my understanding of Medicare and Medicaid and how they work. Yes: __ No: __

I know what Medicare plan and/or supplement policy my care recipient has and what their coverage and benefits include. Yes: __ No: __

I am knowledgeable about the costs associated with the long term care services my care recipient is likely to need in the future. Yes: __ No: __

I know the status of my care recipient's financial situation. Yes: __ No: __

I know where my care recipient's financial resources are held and who to contact about accessing funds when needed. Yes: __ No: __

I feel comfortable that the resources my care recipient has available will be enough to fund their long term care needs. Yes: __ No: __

I am free from the burden of bearing any of the financial costs of my care recipient's care. Yes: __ No: __

Total Score __ out of 7

TOTAL SCORE: __ out of 35

1-12: Underprepared – take comfort in knowing you are in good company, as this is the most common result. You can't be expected to know what you don't know. Reading this book and completing the associated preparation activities will help you improve your score immensely in a relatively short time!

13-24: Above Average – you are probably well prepared in some areas but unprepared in others. That is ok! If there is a section you scored particularly low on, you can certainly hone in on that area to strengthen it. Let this book serve to help you navigate from moderately to fully prepared in no time!

25-35: Well prepared – you are significantly more prepared than the average caregiver. This probably isn't your first time doing this, or you have been fortunate to have had excellent guidance thus far. You may want to use this book as a refresher if you have not reviewed your plans lately as they tend to get outdated relatively quickly.

NECESSARY LEGAL DOCUMENTS

This checklist outlines the documents your care recipient needs*, and that they are less than 5 years old:

- Will or Trust
- Living Will/Advance Directive
- HIPAA Release (the Living Will/Advance Directive may include this)
- Medical Power of Attorney
- Financial Power of Attorney

What to do with the documents:

- Discuss them- ensure a clear understanding of what is being expected of you as the agent, and how your care recipient wants you to act on their behalf when they cannot speak for themselves
- Give copies of the Living Will/Advance Directive and Medical Power of Attorney to the medical providers
- Give a copy of the Financial Power of attorney to banks and financial institutions
- Check to see if your care recipient's state offers an online registries the Living Wills/Advance Medical Directives
- If they have a DNR, put it on the refrigerator
- Store the originals in a secure but accessible place
- Review them at least every 5 years

**You should consult with an attorney for advice specific to your care recipient's situation.*

GUIDANCE FOR FINANCIAL AGENTS

This guide will provide guidance for those who are serving as a financial Power of Attorney.

- Be an authorized signer, not a joint account holder.
- Do not co-mingle funds of yours or anyone else's.
- The agent should keep a written record of expenses paid.
- The agent should never borrow from the account.
- The agent should always write reasons for the expense in the memo of the checks.
- The agent should keep detailed records and be transparent with others involved in the care recipient's care.
- Work with your care recipient's financial advisors and bankers to stay on top of cash flow and financial projections.
- For agents who are being paid as a caregiver to the principal, there should be a well-organized agreement between the two outlining the terms of the arrangements. The agent should not be writing checks to themselves.
- Agents should never attempt to influence their care recipient's plans for distributing assets upon their death.
- If there are ever conflicts or discrepancies, seek impartial counsel right away.

VITAL INFORMATION FOR AGENTS AND PERSONAL REPRESENTATIVES

This checklist outlines the pertinent information you should have (or know how to gain access to), as an agent or personal representative. This information will allow you to more easily identify your care recipient and validate your authority, and advocate effectively for them.

Personal Information:

- Full legal name including middle names, maiden or previous names, and aliases
- Date of birth
- Place of birth
- Parents names
- Social Security Number
- Medicare/insurance policy numbers

Financial Information:

- Important contacts:
 - >Attorney(s)
 - >Banker(s)
 - >Financial Advisor(s)
 - >Insurance agent(s)
 - » Personal Property and Casualty
 - » Life
 - » Health
 - » Disability
 - » Long term care
- Location of Important Legal Documents
- Insurance policy information
- Bank accounts
- Net worth statement
- Household finance information

- Location of safety deposit boxes

Household Information:

- Utility contacts:
 - >Water
 - >Gas
 - >Electric
 - >Other
- Maintenance contacts:
 - >Maid services
 - >Lawn care
 - >Laundry Service
 - >General maintenance
 - >Other
- Location of appliance records/manuals
- Pet information
- Alarm/security codes or passwords

PUTTING TOGETHER YOUR ADVOCACY TEAM

This Guide includes individuals and professionals to be considered for inclusion when putting together the Advocacy Team.

The primary types of professionals I recommend hiring for your Advocacy team include:

- Medical/Healthcare: Physicians, specialists, geriatric mental health counselor or licensed clinical social worker, *Aging Life Care Manager, Pharmacists
- Legal: Elder law attorney, Estate Planning Attorney
- Financial: Bankers, financial advisor, CPA

**The Aging Life Care Manager or similarly credentialed professional should serve as your "coach". Seek out this person first.*

A secondary list (these may not be necessary, they may be necessary only for a short time, or they may be interchangeable with others listed above, depending on your situation):

- Bookkeeper or Daily Money Manager
- Medicare expert and/or insurance specialist
- Home health care professionals, therapists
- A Seniors Real Estate Specialist
- A Senior Move Manager
- An Aging in Place Specialist
- Senior Living Placement Specialist
- You may need other types of legal counsel for specific situations

UNDERSTANDING YOUR CARE RECIPIENT

This checklist outlines what you should know about your care recipient's medical condition and baseline. This will equip you to answer medical provider's questions and make care decisions.

Medical Information:

- Primary diagnoses
- Secondary diagnoses
- Primary care physician's name and phone number
- Specialists names and phone numbers
- Known Allergies
- Health History
 - > Hospitalizations
 - > Surgeries
 - > Recent tests
- Blood type
- Family medical history
- Location of Medical Records
- End of Life Wishes
- DNR if applicable

Medication List*:

- Prescribed Medications
 - > Prescriber info
 - > For what diagnosis is is prescribed
 - > Where is it filled (pharmacy)
 - > Dose and frequency
 - > Form (pill, liquid, injection)
 - > Route
 - > Record of side effects noticed
- Over the Counter Medications
- Vitamins and supplements

**Have multiple copies of the medication list. Keep one with you so that you can reference it when needed.*

CAREGIVING BOUNDARIES ASSESSMENT (ADL AND IADL)

Use this checklist to assess your care recipient's ability to perform the task on their own. Additionally, assess your comfort level with assisting if needed.

IADLs Baseline (mark the ones your care recipient is able to do on their own):

- Driving
- Preparing meals
- Cleaning
- Shopping
- Managing Household finances
- Medication Management

IADLs I am comfortable (and able to) assisting with if needed:

- Driving: Yes__ No__
- Preparing meals: Yes__ No__
- Cleaning: Yes__ No__
- Shopping: Yes__ No__
- Managing Household finances: Yes__ No__
- Medication Management: Yes__ No__

ADLs Baseline (mark the ones your care recipient is able to do on their own).

- Bathing
- Dressing
- Brushing and flossing teeth
- Grooming (such as brushing hair and trimming nails)
- Eating (Feeding oneself)
- Toileting
- Ambulation (walking)

ADLs I am comfortable (and able to) assisting with if needed:

Bathing: Yes__ No__

Dressing: Yes__ No__

Brushing and flossing teeth: Yes__ No__

Grooming: Yes__ No__

Eating (Feeding): Yes__ No__

Toileting: Yes__ No__

Ambulation: Yes__ No__

SAMPLE CAREGIVER LOG

This guide includes recommended information to keep track of each day.

Medical:

- Blood pressure
- Weight
- Temperature
- Blood sugar if applicable (diabetic)
- Pulse oximetry if applicable (on supplemental oxygen)

Medications:

- What was taken, when, and how much.
- Include vitamins, supplements, and over the counter medications
- Record any side effects noted or reported

Nutrition and Hydration:

- What was eaten, when, and how much.
- How much fluid was consumed throughout the day.

Output:

- How many times urinated throughout the day
- How many bowel movements throughout the day
- Record any difficulties noted or reported with either

Sleep:

- When did they sleep, for how long?
- Was sleep interrupted at all?
- Include nap times and duration

Mental Health:

- Attitude/demeanor
 - > Positive observances may include: Happy, excited, friendly, peaceful, joyful, etc.
 - > Negative observances may include: Irritated, annoyed, impatient,

unhappy, tired etc

- >At any point during the day did they seem depressed or anxious?
- >Did they express feelings of hopelessness, worthlessness, or despair?
- >Did they at any point become tearful for no apparent reason?
- >Were there any apparent triggers if they exhibited any of the above?
- Behaviors (if anything out of the ordinary occurred):
 - >How long did the behavior last?
 - >Were there any apparent triggers for the behavior?

Activities:

- Calls and/or visits by friends, family and others:
 - >Who visited, when, and for how long.
 - >What occurred during the visit.
- Exercise
 - >Record any physical exercise including type, frequency, duration.
 - >If the exercise is part of a care plan ordered by a professional, be sure to make notes for the professional to review.
- Outings/Appointments
 - >Doctor Appointments
 - >Other
- Leisure activities
 - >Take note of any leisure activities they participated in such as reading, journaling, art, or listening to music.

Incidents:

- Record any incidents such as a fall or other type of accident.
- If the incident resulted in injury, document the specifics of what the injury is. For example, for skin tears write down the size and shape of the skin tear. Record what first aid measures were taken, if any.
- Remember to call 911 or report to the Emergency room for any of the following:

- >Chest pain
- >Unconsciousness
- >Signs of a stroke (slurred speech, drooping of the face)
- >Difficulty breathing
- >Severe nausea/vomiting/diarrhea
- >Inability to have a bowel movement for 3 or more days
- >Blood in stool
- >Abnormal or increased confusion

**You can use either a paper log or an electronic one to record your care recipient's daily routine and activities. Keeping good records will help you identify patterns and triggers of certain symptoms.*

PREPARING FOR DOCTOR'S VISITS

This guide includes suggested questions you may want to be prepared with for your doctor's visit.*

- First, be sure to talk with your care recipient before the appointment and review the care log to determine any specific concerns you want to address during the appointment.
- Also remember to bring your current medication list to the appointment. Have multiple copies so the doctor can keep one.

Questions may include:

- Review vitals. Are there any concerns?
- Is there a concern/risk for any particular health conditions?
- How could current conditions affect health down the road?
- Is there any preventative care we should be doing?
- Understand the prescribed medications. Ask clarifying questions such as:
 - > If there are multiple medications for the same condition, why?
 - > Are all prescribed medications necessary? Can anything be discharged?
 - > Should any vitamins or supplements be added to our regimen?
 - > If medication management is becoming difficult, ask for help with structuring the daily medication regimen to make it easier.
- New medications or treatments:
 - > Why are you prescribing this medication or treatment?
 - > How does this medication, treatment or procedure work?
 - > How long will it be needed?
 - > When should improvement occur?
 - > Understand potential side effects and drug interactions.
- Discharged Medications:
 - > Ask for instructions for disposal of unused medications safely
- Are there any diet recommendations?
- Are there any current vaccine recommendations such as flu,

pneumonia, or shingles.

- Bring up any issues with sleep.
- Understand any tests or labs that are to be done.
- If you don't understand any of the doctor's instructions, ask for clarification. If you cannot read written instructions, ask the doctor to "translate" their handwriting. Be sure you have a good understanding of what they recommended and why.
- If there is a need, ask a recommendation for a specialist, physical therapy, nutritionist, etc
- Discuss end of life planning: Understanding advance directives and DNR status.
- When should we come back?
- Is there anything we should work on before next visit?

**This list is not comprehensive and should be tailored for each visit.*

HOSPITAL DISCHARGE CHECKLIST

Use this checklist to ensure that you are fully prepared for your care recipient's hospital discharge.

New Medical Diagnosis:

- Understand fully any new diagnosis, prognosis and treatment plan
 - > Ensure you have been given education about managing the new diagnosis both verbally and in writing that you can understand
- Know what symptoms should you be aware of or looking out for going forward
- Know if there are dietary restrictions or suggested changes for your care recipient's diet
- Know what follow up appointments are needed, and whether they have been scheduled

New/discontinued/changed prescriptions:

- Ensure you have been educated on the dosage, route, frequency, and possible side effects and interactions
- Ask if their insurance cover the medication and if not, ask about less expensive alternatives
- Ask for physical prescriptions

Safety, Services and Equipment

- Find out if your care recipient's functional status changed (refer to the ADL checklist)
- Find out if there are any physical accommodations they might need at home to be able to maneuver safely
- Ask if they will need any adaptive equipment or medical supplies, and if so, find out if those have been ordered or if you need to get them
- Ask what specific tasks you are going to be entrusted with as their caregiver (don't be afraid to speak up if you are uncomfortable)
- Ask for training for any task you may be uncomfortable or unfamiliar with

- Ask if there is a need for services such as home care and if so, find out if referrals been made for these services and get the contact information for the providers (remember - you should be given the opportunity to vet them yourself)

Post-Discharge:

- You should be provided with assistance making transportation arrangements if necessary
- Ensure that hospital records are going to be sent to your care recipient's Primary care physician
- Learn what you should do if you have any questions or concerns within the hours and immediate few days post-discharge
- If you are worried about your care recipient managing at home, voice your concerns and ask a case manager or discharge planner to help arrange alternative plans

DEMENTIA SIGNS AND SYMPTOMS

Use this guide to help you determine whether what you are observing is normal, or if it may be the early warning signs of dementia.*

- Losing Things and not being able to retrace steps
- Inability to learn new things and/or following basic directions
- Difficulty carrying through a conversation
- Difficulty starting and/or completing tasks
- Difficulty adjusting to changes in routine
- Getting lost on familiar trips
- Difficulty planning things (such as a meal or a trip)
- Difficulty focusing
- Emotional outbursts/extreme mood swings
- Trouble expressing oneself appropriately
- Trouble managing a personal schedule
- Exhibiting poor judgment and decision making (for example, not dressed appropriately for season or occasion)
- Forgetting important/significant dates
- Repetitive questions
- Difficulty identifying familiar objects
- Reduced ability to solve problems
- Social withdrawal
- Difficulty handling finances (when they normally were skilled at this)

**If you are beginning to notice any of the signs on this list, you should seek a medical opinion to rule out other possible causes and discuss the possibility of cognitive decline.*

DEMENTIA COMMUNICATION TIPS

This guide provides tips to help you communicate effectively with your care recipient about day to day tasks and their care.

- Remain patient and calm
- Approach from the front, and at their eye level
- Speak clearly and slowly; you may need to repeat yourself
- Smile and make eye contact
- Be as clear and direct as possible, particularly when you are asking them to do something
- Do not give multiple steps at once
- Try to avoid causing unnecessary confusion; use terms and phrases they will understand
- Use comforting physical touch when appropriate
- Ask simple yes and no questions
- Do not give too many options
- Give them ample time to think and reply
- You may need to reword or rephrase your question, for example, instead of asking them what they would like for dinner, offer a choice: "Would you like chicken or fish for dinner?"
- Don't correct or argue with them
- Look for clues; try and determine what they are trying to tell you based on the context and their body language- this may help alleviate frustration
- Provide reassurance to them, especially when they seem overly confused and anxious

Other helpful tips:

- Keep tasks and routines simple and consistent
- Keep the environment calm and soothing; free of distractions
- Focus on what they can do, not their deficits
- Using picture cards can be helpful, for example, you could have a card with the picture of food and show it when asking if they are hungry

AGING IN PLACE VS. ASSISTED LIVING

This guide provides a simple comparison of the two options*

Aging in Place	Aging in Place with home care	Assisted Living
Familiar environment and routine	✓	
Convenience: everything in one place	✓	
1:1 care	✓	
Assistance with ADLs	✓	✓
Assistance with IADLs	✓	✓
Housekeeping	LIMITED	✓
Assistance with Medications	LIMITED	✓
Medical oversight	LIMITED	✓
Meals provided	✓	
Easy access to socialization/activities	✓	
All inclusive pricing: no maintenance or upkeep	✓	
Ability to use long term care insurance	✓	✓
Ability to utilize home equity to pay for care	✓	✓
Safe for Dementia	LIMITED	LIMITED
Ability to have pets	✓	LIMITED

**Home care companies and assisted living facilities offer varying services, amenities and pricing structures.*

EMERGENCY PLANNING

This checklist will help you plan for emergencies and natural disasters for a care recipient aging in place.

Consider putting together a disaster kit that contains the following:

- Approximately three to five days worth of water, canned or dry food that do not require cooking
- Current Medication List and ample supply of medications
- Copy of health insurance cards
- Medical supplies like syringes
- Copies of all important legal documents
- Copies of identification
- Flashlight and extra batteries
- First aid kit
- Lighters and matches
- Thermal blanket or clothing
- Sleeping bag
- Extra pet supplies if they have pets

Create a list of important contact persons and phone numbers:

- Primary Care Physician
- Medical Specialists (if applicable)
- Medical Agent/Power of Attorney
- Pharmacy
- Local Family or Primary point of contact
- Out of area Primary POC
- Support Persons/Care Providers:
 - > Professional Caregivers
 - > Pet sitter/walker
 - > Housekeeper/maid
 - > Other
- One or two neighbors

- Utility Companies
 - > Electric
 - > Water/Sewer
 - > Gas
 - > Other
- Pet's Veterinarian (if applicable)

MULTIGENERATIONAL LIVING

This guide will aid you in considering multi-generational living.

Consider Beforehand:

- Where in the home is the ideal space for them to move into? Do you have a separate living space, or will they share all of the same living spaces with you?
- Will it be necessary to make renovations or physical accommodations to the home?
- What are the potential safety concerns that need to be considered?
- How will their presence in the home affect your daily routine and schedule?
- What are the financial implications of bringing them into the home?
- Do you and your care recipient fight/disagree often? Can you have open discussions about your feelings with one another?
- Do they smoke or drink, and if so will you allow this in your home?
- Do they have any pets to bring along? If so, how will they get along with your pet(s)?
- How will this arrangement affect the other family relationships (spouse, children, etc.)?

Discuss Openly:

- Will they be expected to contribute, financially or otherwise to the household?
- Will you be compensated now or later for providing this support? Will other family members contribute and if so, how?
- Will they participate in all or some of the family activities/meals/etc.?
- How will privacy and independence be maintained?
- Will they need help with their personal care, hygiene, etc.?
- What will they bring with them? (such as furniture and other large items).
- Discuss whether in-home care will be necessary, and how it will be paid for.

- Will they be expected to contribute, financially or otherwise to the household?
- What will their role be in caring for children (if applicable)?
- Address fears, concerns, expectations of all parties involved. Talk through your emotions and be supportive of one another
- Give consideration to the logistics of the move itself and make a plan for the first few weeks after the move. Who will do what?

RED FLAGS

Use this guide to help you identify red flags which may indicate that your care recipient is in need of more care*

- Forgetting to put on glasses or hearing aids
- Drastic/sudden weight gain or loss
- Difficulty with mobility (for example, having a hard time getting up and out of a chair)
- Uncleanliness or household tasks going unattended
- Frequent falls (more than 1 in 6 months)
- Being unkempt or inappropriately dressed for the weather or occasion
- Insufficient personal hygiene
- Difficulty managing medications
- Stacks of mail or mail piling up in the mailbox
- Unpaid bills, debt collectors calling or bounced checks
- Lack of food or spoiled food in the home
- Pets are being neglected
- Medications not filled or out of date
- Frequent driving incidents
- Lack of socialization
- Safety hazards, such as leaving the stove or iron on and walking away

**If you do notice some of these signs the best action to take is to discuss your concerns with your care recipient and potential next steps.*

HOME CARE AGENCY INTERVIEW

This checklist will help you when you interview home care agencies.

- How long has the agency been in business?
- Who are the owners of the company? Why did they open the company?
- How do they select and train their employees?
- Are the caregivers they employ legal employees or independent contractors?
- What type of background checks do they perform?
- Do they provide their employees with benefits?
- What insurance policies do they have (malpractice, worker's comp, etc.)
- How are call-offs handled?
- What procedures are in place to handle off hours emergencies?
- What is their policy related to employee theft or abuse?
- Does a licensed nurse oversee the services? Do they provide support in the home?
- How often are care needs assessed? What is involved with plan of care changes?
- Ask what the agency's policy is on changing out a caregiver if it isn't a good match.
- If you have long term care insurance, how do they handle claims?
- Ask for written information on:
 - › Billing policies and procedures
 - › Policies related to confidentiality
 - › Policies and procedures related to handling complaints

CHOOSING A SENIOR LIVING

This checklist will help you when touring senior living facilities.

- Are you welcomed warmly? How long does it take for someone to help you?
- Ask how long has the facility been in business?
- Ask about the owners of the facility. How long have they owned it?
- Ask if they are required to have a state license? If so, what state agency governs them?
- Ask for a copy of their most recent state survey (if applicable)
- Observe staff and residents engaging with each other and take note of their interactions
- Ask for a copy of the activity schedule. Take note: are the scheduled activities happening?
- Ask for a sample menu. Better yet, ask to participate in a meal
- Observe the cleanliness of the facility. Take notice of any unpleasant odors
- Take note of the building's layout and design features
- Is the facility well kept? Well lighted? In good repair?
- Ask to see the exact suite that is available for your care recipient to rent, if possible
- Be sure to ask to see any outside recreation areas
- Ask if they provide transportation services and learn about the options available
- Ask what services are provided on site
- Take notice or or ask what security measures they have in place
- Find out if a nurse is on duty or on call 24/7
- Ask what doctors and other healthcare professionals are contracted with the facility
- Ask what hospital they use for emergencies
- Find out about staffing ratios on all shifts
- If it is a secure dementia facility, ask what security system do they use, and what procedures do they use to ensure the safety of the

residents?

- Ask about their financial policies
- Ask about how they handle complaints
- Ask about their move out policies
- Ask what they will do if there comes a time they cannot meet your care recipient's needs

Interview Questions for the “Big 3” (Executive Director, the Director of Nursing, and the Director of Dining Services).

- How long have they been working there?
- What is their professional background?
- What made them choose to work there?
- What do they like about the company they work for? What do they not like?
- What do they think makes their facility better than the competition?

LONG DISTANCE CAREGIVING

This guide includes suggestions which will aid you in caring for an older adult from a distance, or for “snow-birds”.

- Encourage them to use a national bank, pharmacy, etc. (this way, there will likely be an accessible branch near them and also near you)
- Set up online accounts for everything (all bills, services, vendors, etc.) and keep a list of the websites and passwords; this will allow you to quickly gain access in an emergency
 - › Most healthcare systems have an online portal for medical records, labs, test results, etc.
- Ensure that they always keep up with prescription refills, but don't use a mail order system (this will avoid any issues with the medications going to the wrong place when they are visiting you or their other residence)
- It could be easier to use Original Medicare and a national supplement that can be utilized wherever they are nationally, as opposed to any local or regional plans*
- Help them embrace technology within their comfort level (staying connected is much easier with technology)
- Estate planning: using a Living Trust vs. a Last Will and Testament can make handling their estate when they pass much easier on the Trustee/Executor**
- Understand their legal residency status
 - › There is a difference between “domicile” and “residency”; “domicile” refers to a taxpayer's primary and permanent home (a taxpayer can only have one, which is considered for estate tax purposes), while a taxpayer can have more than one “residence” if they have homes in more than one state.
- Enlist an advocate- ask someone local to help you keep an eye on your care recipient and alert you of any concerns (this could be someone such as a friend, neighbor, or member of their church, or, you could hire an Aging Life Care Manager)

**Consult with a qualified Medicare consultant for personalized guidance.*

***Consult with an estate planning attorney for personalized guidance.*

MEDICARE COVERAGE AND NON COVERAGE LIST

In general, you can expect Original Medicare to cover*:

- Inpatient hospital stays (when you have met the admission criteria)
- Skilled nursing facility care (when you have met the admission criteria)
- Hospice care
- Home health care
- Medically necessary ambulance transportation
- Durable Medical Equipment
- Outpatient therapy
- Doctor's visits
- Preventative vaccines such as flu shots
- Preventative health screenings
- Medically necessary labs, x-rays and tests
- Medically necessary surgeries (not optional or cosmetic surgeries)

In general, you can expect Original Medicare to not cover:

- Long term care in a nursing facility or other senior living community (custodial)
- Most dental and vision care (including dentures)
- Routine podiatry care
- Hearing aids
- Prescription drugs (unless you are enrolled in Part D)

**You are responsible for deductibles and copayments*

MEDICAID PLANNING PREPARATION

This checklist will help you when preparing for a Medicaid planning consultation with an elder law attorney.*

- Copies of Medicare and any other insurance cards
- Identification/proof of citizenship
- Proof of all sources of income (check stubs, direct deposit summary)
- Proof of residence.
- Recent property tax bills (including their primary home and any other property they own or partially own)
- Bank statements for all financial accounts (at least 12 months). This includes investments, stocks, Bonds, etc.
- Most recent income tax return
- Registration for any vehicles in their name
- All insurance policy information
- A list of all recurring expenses. For example: mortgage or rent, utilities, car insurance, health insurance premiums, etc.
- Face and cash values of all life and long term care insurance policies
- Documentation related to any prepaid burial or funeral plans
- Copy of Will/Trust
- All marriage and divorce certificates for any legal marriage

**Every state has different Medicaid eligibility rules. This guide is meant to provide basic organizational advice to help you be prepared and the process go smoothly.*

LONG TERM CARE INSURANCE CLAIMS

This guide outlines the process to submit a long term care insurance claim.

Step 1: Opening the Claim

- The policyholder (or their agent) must contact the insurance carrier to open the claim (the telephone number of the carrier is typically listed on the first page of the policy)
- Note: If the caller is not the policyholder, the policyholder will be required to give permission to speak to the caller
 - › If the agent is to be the ongoing point of contact, the carrier will likely require a copy of their Power of Attorney
- Have the following ready for the call:
 - › The policy number
 - › The policyholder's current address
 - › The first four consecutive digits of the policyholder's social security number
- The carrier will request documentation from the facility or home care provider to determine that they are an eligible provider
 - › This may include their state license and/or business license, insurance policies or other documentation

Step 2: Eligibility determination

- The carrier will sometimes require the policyholder to undergo a screening by a licensed Health Care Practitioner (HCP)*
 - › Typically, it will be necessary for claimant to require assistance with 2 out of 6 Activities of Daily Living (day to day activities, such as bathing, dressing, toileting and ambulation), or to be considered to have a serious cognitive impairment such as Alzheimer's disease
 - › The carrier may request additional medical records or information from the policyholder's physician to provide support for the claim
- The carrier determines if the policyholder's care provider meets the policy requirements and notifies the policyholder in writing

Step 3: Elimination period

- Almost all policies have an elimination period, which is a waiting period before benefits are paid; it is usually between 60-120 days in duration
- During this time, the policyholder must pay for service while remaining eligible for benefits, similar to a deductible

Step 4: Submitting invoices

- The policyholder must submit written invoices for covered services in to receive policy benefits
- The carrier may also request copies of the care plan and care related documentation
- Most policies will reimburse the policyholder for qualifying expenses (in some cases, the policyholder may choose to have the carrier pay the service provider directly- this is called an Assignment of Benefits)

Step 5: Ongoing Eligibility Determinations

- The carrier will review the Long Term Care Insurance claim periodically to ensure the policyholder remains eligible for benefits
- The carrier may on occasion request an updated care plan from the provider of services

**I recommend having an advocate (a family member or caregiver) present with the care recipient during the assessment by a Health Care Provider. Older adults tend to answer questions hesitantly and don't like to admit shortcomings, so having someone there that can give an accurate picture of their needs is very helpful to avoid unfair denials. For example, your loved one may say "yes I can bathe myself." But you know that how they do so is very unsafe, and having a skilled caregiver present would make bathing much safer and easier for your loved one. Therefore, you can interject with "while my loved one does bathe herself, it is a struggle, and having supervision to do so would be a much safer option."*

SUPPORT GROUPS

There are many types of support groups. This guide will help you find the right one for you.*

- **Disease specific:** If your care recipient has a chronic illness or diagnosis, you could turn to the local foundation chapter for the disease for support groups in your area (for example, the Alzheimer's Association)
- **Senior Living Communities:** Oftentimes families of residents in the same senior living community will ban together and create support groups (ask the activities coordinator or resident council president at the community where your care recipient lives)
- Check with your local Department of Veterans Affairs for support groups for **military veterans and their families**
- **Grief:** Your local Hospice company is a good resource for grief support groups
- **Faith based:** check with your church or place of worship for support groups based on your faith
- **Online/virtual:** An online or social media support group can be more flexible for working caregivers
 - › On Facebook there are the Caregivers Hub, Caregivers Connect and Memory People
- **Adult Children of Aging Parents:** This organization is still relatively in its infancy but growing fast – acapcommunity.org
- **Death Cafes:** open honest discussion about death and dying – deathcafe.com
- **Book clubs:** if the structure of a support group is not favorable for you, try a book club instead as you may still find support and community that you are looking for without feeling intimidated

**If you can't find one you like that fits your schedule, consider starting your own. The chances are someone else is out there looking for the same thing and not finding it. So, blaze the trail! Place an announcement in the paper or do a social media post to make others aware of what you are doing and get started.*

