



BRINGING CARE HOME...



*Beginning the important conversation
about what we want as we age*

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Pennsylvania Homecare Association

www.pahomecare.org



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INTRODUCTION

At the Pennsylvania Homecare Association, we hear every day from our members about the thousands of families throughout the state who are looking for ways to enable their aging loved ones to remain at home.

While planning for aging, illness and end-of-life care may not necessarily be topics that people are eager to discuss, they are important and critical conversations that families need to have. Many people are not planning ahead for the inevitable – that one day their parents, spouses and even themselves, will not be able to do everything they once could.

Just like that infamous moment when parents impart the wisdom of the “birds and the bees” on their budding teenagers, we believe this is another “must have” conversation on the continuum of life – the talk about what our parents’ – what OUR – wishes are as we grow older.

We encourage you to watch the documentary video following our three families as they seek resources and make decisions related to the care

and well-being of their parents, and eventually themselves. And then use this guidebook as a roadmap to have this important conversation with your parents or loved ones. It is our hope that this resource will also plant a seed for baby boomers, who are now taking care of their aging parents, to start to think about what they want as they age.



George and Gloria Hart built their house 43 years ago and raised five children in their happy home. But when Gloria was struck with heart disease, her complicated medication regimen and frequent trips to multiple physicians caused her family to worry whether staying at home was the best option for her.



Jake and Pat Barrick raised their four children in the “dream home” they built and designed themselves on top of a mountain, but a stroke for Jake and an Alzheimer’s diagnosis for Pat jeopardized their retirement dream of living at home.

And following the passing of his wife, Ronnie Michelone wanted nothing more than to spend the rest of his life at home surrounded by family when he was given a cancer diagnosis. Loving family members and dear friends made sure his wish came true by bringing care to him in partnership with a local hospice.

While we frame a lot of the scenarios in this guidebook as children caring

for aging parents, this information also applies to caring for other aging family members, friends, neighbors and even ourselves. Again, it is never too early to begin planning ahead for what we want as we age.

We know that caregiving at home can be overwhelming. Chances are you have a great deal of questions but don’t know where to turn for answers. We’re counting on this guide to get you started. It’s simple, yet chock full of powerful information and tips that helped George and Gloria, Jake and Pat and Ronnie have the conversations they needed to help them and their families make the right decision that was best for them.





I. STARTING *the* CONVERSATION

It is a simple fact that many families avoid having that conversation – the one centered on getting their affairs in order. We don't like talking about money or wills, nor do we like thinking about what life could be like if our health declines as a result of a broken hip, a stroke or heart attack.

But not having that conversation can spell disaster for families. Too often the conversation occurs during a crisis, when people are filled with emotion and not at their best. Whether it's quickly drafting a will, figuring out who should make healthcare decisions or deciding how to protect assets, none of these decisions will be given the attention or research they deserve if they're made without thoughtful planning.

So let's take a look at the steps you can take to address these issues.

I. Playing Out “What If” Scenarios

One of the best ways to begin the advance work of caregiving is to play out “what if” scenarios when your parents or family members are not yet facing them. Imagining hypothetical situations is not nearly as stressful as the “real deal,” and people are much less defensive because they aren't being forced to make an all-or-nothing decision on the spot.

Start the conversation by letting your parents or family members know that you want to do

what's best for them in the event they need help. One way of doing that is to think in advance about “what if” something went wrong and you needed assistance. Tell them you'd like to go over a number of possibilities and start planning now. Ask whether they would mind if you took notes.

Here are some examples of “what if” scenarios:

- If you had a stroke and were told at the hospital that you needed to find a place to recuperate and receive physical therapy before you went home, where would you like to go?
- If you had a heart attack, what hospital would you want to treat you?
- If you had a stroke or, perhaps for some other reason, your doctors felt it would be wise for you not to live alone, where would you like to live?
- If you broke your hip and could go home from the hospital only if you had home health care, is there an agency you prefer?
- If you could no longer drive, how would you like to get to places? What places, events and friends are most important to you?
- If you had cancer, would you want to try alternative treatment and/or receive chemotherapy and radiation?

- If you needed end-of-life care, would you want us to call hospice? Would you like to be at home?

In discussing the answers, you might discover that neither you nor your parents are sure if a home health agency can provide the care you may need. Many people don't realize that hospitals only focus on acute care and a short stay for recuperation. Upon discharge from the hospital, a social worker or discharge planner will hand your loved one a list of homecare agencies that provide both medical and non-medical services to help people recover from strokes and broken bones in the comfort of their own homes.

You and your parents should interview homecare agencies and choose the one you like. Go through the initial intake process, which might require completing a nursing assessment and completing insurance forms and other paperwork. Then if your parent ever needs any of their services, the process can be initiated with a simple phone call. You'll find this especially helpful if you are a long-distance caregiver.

Discussing the "what if" scenario of where your parents would like to live if a doctor tells them that it's not wise to live alone any longer helps explore whether they'd like to live with a family member, bring in live-in help, hire a full-time caregiver or pursue assisted living. This is the

perfect time to elevate the discussion to another level and approach a sensitive topic that many people prefer to ignore.

When you're done with all your research, create a "rainy day" folder that contains your parent's or family member's wishes and the results of your "what if" scenario discussions. Share it with your parents and make sure they are in agreement. Get their approval to share it with other family members so that all of you will be on the same page.

2. How To Talk About Advance Planning Documents

Some parents hesitate to talk about a will and other legal documents because it's a sign that their role in the family is changing and diminishing, or they interpret the discussion as a signal that their health is declining and they are becoming more dependent. Or maybe they feel that it's bad manners to talk about personal finances on their part and yours.

If your parents have taken the steps to write a will, it's helpful to know what they have planned. If they haven't taken those steps, it is worthwhile to approach the topic so they can protect their assets and keep peace in the family.

Here are some tips to help you begin the conversation about advance planning and what to discuss once you've begun:

- Open the conversation by explaining to your parents that you want to know what they want. Try something like, “Mom and Dad, I really want to carry out your wishes, but I need to better understand them. Some people use a will to pass down property, some want to draw down money to help meet costly healthcare bills and others use estate planning to avoid high taxes and lengthy **probate**. What do you want? How can I be helpful?”
- One way of subtly approaching the issue is to share your experience of setting up a will or doing your own estate planning. Perhaps you’ve learned strategies from your lawyer to better protect your assets, or you’ve read an article that you can share. Try something like, “Mom, I just filled out a durable healthcare power of attorney for my husband. It was really easy – here’s how it works.” Or you could share an actual story of someone’s lack of a will that caused a great deal of family friction and lost family wealth to taxes, lawyers and probate.

Definition

Probate is a court in which creditors of the person who has died are paid and in which the estate is divided among the heirs after death. This is the court that also administers any estates without wills.

- Let your parents know that planning tools like a will, advance directive, power of attorney and durable healthcare power of attorney will keep them in control, not the government or court-appointed strangers through lengthy court proceedings. Nor is this about you taking over. So be sure to stay focused on your parents’ concerns, not what you want from them or for them.
 - Throughout the conversation, acknowledge that you realize this is their money, not yours. Emphasize that they should use their assets to enjoy a good quality of life and to care for each other, in case either of them becomes sick. If they openly discuss their intent to leave you and your siblings an inheritance, certainly be appreciative, but again reinforce that their careful savings has led to their ability to care for themselves and that, too, is a gift.
- If your parents are uncomfortable talking about this with you, share names of elder law attorneys and financial estate planners that can assist them.

Most elder law attorneys have undergone special training to understand the needs of the elderly and their families beyond all of the technical and legal expertise they have gained. Because of their interest in serving a geriatric population, they've learned how to relate to an older clientele, their spouses and families. They can assist on a wide range of legal matters such as:

- Administration and management of trusts
- Writing wills
- Fighting for pension, retirement and disability benefits
- Drafting power of attorney, durable health care power of attorney, conservatorships and guardianship papers
- Appealing insurance denials including Medicare and Medicaid rulings.

Finding an Elder Law Attorney

The **National Academy of Elder Law Attorneys** lists by location elder law lawyers and cites those who are certified in elder law at www.naela.org. They also provide helpful consumer material and can be contacted at **(520) 325-7925**. The **National Elder Law Foundation** offers the only national certification of Certified Elder Law Attorneys (CELA) approved by the American Bar Association. Visit their site at www.nelf.org to find certified lawyers in your state.

When you've narrowed your search down, there are a number of questions you'll want to ask:

- How long have you been practicing in elder law?
- Have you received any special training in elder law?
- Do you have a CELA (Certified Elder Law Attorney) designation? Do you belong to any professional organizations?
- What percentage of your practice is dedicated to elder law?
- What are your specialties in elder law (e.g. Medicaid and Medicare denials, estate planning, disability and insurance claim appeals, elder abuse and recovery)?
- Is there a charge for a consultation?

When you meet with the lawyer, be sure to prepare and organize all of your parent's materials, and then ask:

- How do you propose addressing my parent's case or needs?
- What is your hourly rate?
- Are there any other courses of action? What are the pros and cons of each?
- How much time do you think it will take to resolve and address this matter?
- Can you project the success rate on cases similar to my parent's? Or how my parent's

needs will be met with the work you propose?

- Will you be handling my parent's work or will another attorney, and if so, what is her or his experience on such issues?

Most elder law attorneys do not work on a contingency basis and charge for the initial meeting, so be sure to ask what the amount is before meeting. If you will be placing the lawyer on retainer, then carefully read over the retainer agreement before signing. And don't be shy about asking for references of clients who use his or her services.

3. Power of Attorney, Durable Health Care Power of Attorney, Will, Living Will and POLST

These five documents are very important tools when it comes to planning ahead so your loved ones can remain in control of their independence and living options. Let's go over each.

General Power of Attorney

General Power of Attorney provides a vehicle for one person (the principal) to authorize another person (the agent) to handle his or her business and personal matters. But depending on how complex those transactions are, you might be smart to use a lawyer after all.

Powers of attorney, for example, can pay bills, handle checking and savings accounts, make

decisions on renovating property or whatever else the principal wants them to do. The principal can spell out the range of decision-making responsibilities the agent has and on what matters in the document. The power given to an agent can be revoked at anytime, whereas the principal remains competent.

There are basically four types of power of attorney:

- *General durable power of attorney* remains in effect for the duration of the principal's life. When the principal dies, it is no longer in effect. (This is when the executor of a will takes over.) It stays in effect, even if the principal becomes incompetent from a stroke, for example. In this event, it saves the family from seeking court action to handle the principal's affairs. As long as the principal is competent, either he or she can make a decision and manage the business and personal matters, or he or she can ask the power of attorney to do so.
- *Nondurable power of attorney* remains in effect during a specified period of time. It terminates if the principal becomes incapacitated.
- *Springing power of attorney* "springs" into action at a specific start date or specification of an event or condition. In this instance, the principal can specify that the agent has power when he or she is incapacitated.

- *Limited power of attorney* is in effect for only the duration of time needed to carry out specific purposes, with given start and end dates cited in the document.

The power of attorney must follow the laws of the state where the agent will carry out his or her duties. Your parent can identify co-agents who must act in agreement in fulfilling his or her duties and co-sign all transactions.

Your parent has several options on what kind of power of attorney vehicle meets his or her needs. In any event, it's a resource your parent and you should use.

Durable Health Care Power of Attorney

Durable health care power of attorney is broader than a living will or advance directive. It empowers an "agent," appointed by the individual signing the document, to make healthcare decisions on the person's behalf in case he or she becomes incompetent. This agent can make decisions about admissions to and discharges from healthcare facilities, gain access to medical records, determine whether to authorize an organ donation, authorize whether to move the patient, make arrangements for home health care and accept or refuse treatment that affects the physical and mental health of the patient. These medical decisions come into play at all levels of health care, not just when death is imminent.

You don't have to be a lawyer to be designated as durable health care power of attorney. The word attorney simply means "designated agent." The power of attorney takes effect only when an individual is determined to be legally incompetent. For example, your dad might not be able to communicate following a stroke or might be too confused following surgery to make decisions. In that case, you'll be the one to decide whether it's safe for him to go home or what home health care agency to hire to help him with his recovery. However, as soon as he has recovered and is competent, your father resumes the power to make his own healthcare decisions. Your parent must sign the durable health care power of attorney when he or she is competent and in front of a witness.

Will

A will is simply a legal document that provides instructions on how your parent wants property to be passed on to heirs after he or she dies. Witnesses (who don't benefit from the will) are needed, and the will must be in writing and clearly dated. It must also follow state laws.

People write wills, create trusts and conduct estate planning for three main reasons:

- They want to pass their assets to their family members rather than hand it over to the courts to decide.

- They want to keep peace in the family by preempting squabbles among family members by identifying who gets what when they die.
- They want their wishes to be followed and want to provide for their spouse and children.

Don't consider a will to be written in stone. Families and circumstances change, and so should wills. Many experts recommend that each parent have his or her own will to avoid the complications of a joint one. This is especially true if your parents have remarried.

Wills usually describe assets, property and personal possessions and how they are to be distributed after someone dies, according to the owner's wishes. Most often the will passes assets to a surviving spouse and then to children. In a will, your parent needs to identify who will administer his or her estate – meaning pay taxes and outstanding bills – and ensure that the instructions in the will are carried out. The person who does this is known as the executor (if a man) or executrix (if a woman).

If your parent dies without a will, it's known as dying intestate. In this instance, the state determines the rightful heirs and how much they receive. The state and Uncle Sam take a greater chunk of your parent's estate than if he or she had a will. Even probate costs are higher.

Finding Affordable Legal Advice

The **Nolo** website (www.nolo.com) offers free legal articles, videos and legal explanations, as well as do-it-yourself online forms for wills, advance directives and power of attorney. It also allows you to search for a lawyer in your area.

AARP offers its members a free 45-minute consultation with lawyers in partnership with Allstate. If you decide to retain the lawyer, you'll receive a 20 percent discount on the attorney's usual and customary rates. Go to www.aarpls.com (AARP Legal Services Network) or call **1-866-330-0753**.

For seniors with low incomes, contact **Eldercare Locator** to access legal helplines and seek out Legal Aid Societies in your community. Call **1-800-677-1116** or visit www.eldercare.gov, choose "Search by Topic" and then click "Legal Assistance."

The courts appoint someone to manage the distribution of your parent's estate for a fee. And it takes longer to process than if your parents had a will. You really don't want to end up here.

In addition to a will, your loved one can include a Personal Property Memorandum or Letter of Instruction. This is an informal memorandum that describes your parent's wishes to distribute

tangible properties such as jewelry, household furniture, dishes, books, paintings, baseball card collection and pets that are not listed in the will for disposition. The memorandum is a convenient tool for your parents to list and distribute small personal effects without needing to go back and change the will should they change their mind, circumstances change or they acquire additional items that they want to pass down to a specific heir.

TIP

Aging with Dignity offers an excellent “Five Wishes” living will that is very complete and helpful. It takes you through common-sense questions to help you make end-of-life care decisions. Order a copy at www.agingwithdignity.org or call **1-888-5WISHES (1-888-594-7437)**. Many hospitals also offer copies of living wills upon admission. The living will does not have to be notarized or executed by a lawyer. Be sure to give copies of it to physicians and the hospital.

Living Will or Advance Directive

Living wills, also known as advance directives, focus on end-of-life decisions and enable you to express your wishes about medical care in case you face a life-ending condition or enter a state of permanent unconsciousness and can no

longer make your own medical decisions. The living will takes effect when a doctor determines that death is fairly certain or that the person is in a persistent state of unconsciousness. The living will directs a physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of dying. However, the directive also states what measures should be taken to provide comfort and relieve pain. Most living will documents state whether the individual does or does not want any of the following forms of treatment:

- Cardiac resuscitation
- Mechanical respiration
- Tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water)
- Blood or blood products
- Any form of surgery or invasive diagnostic tests
- Kidney dialysis
- Antibiotics

The living will declaration becomes effective when your doctor receives a copy of it and determines that you are incompetent and in a terminal condition or a state of permanent unconsciousness. In most states, you must sign the document in front of two witnesses who are 18 or older.

In some states, a living will is not effective in the event of a medical emergency that involves ambulance personnel as paramedics are required to perform cardiopulmonary resuscitation (CPR) unless they are given separate orders that state otherwise. These orders are commonly referred to as “out-of-hospital do-not-resuscitate (DNR) orders” and are designed for people who are in such poor health that they would receive little benefit from CPR.

In Pennsylvania, you must have an attending physician write the order on a form supplied by a Department of Health designated vendor. The order will direct Emergency Medical Service providers to withhold CPR from the patient in the event of cardiac or respiratory arrest. At least one of the following must be displayed with the individual or provided by the surrogate for the order to be recognized and implemented by an EMS provider:

1. Completed ORIGINAL out-of-hospital DNR order
2. Out-of-hospital DNR bracelet
3. Out-of-hospital DNR necklace

Ask your physician to assist you in acquiring the order along with a bracelet or necklace.

POLST (Pennsylvania Orders for Life-Sustaining Treatment)

In Pennsylvania, more and more doctors are using the POLST (Pennsylvania Orders for Life-Sustaining Treatment) form to discuss and honor their patients’ end-of-life wishes. The POLST form is a medical order form that gives patients more control over their care. It specifies the types of medical treatment that a patient wishes to receive and is signed by either a patient’s physician, physician assistant or certified registered nurse practitioner and the patient or the patient’s surrogate.

The POLST is not intended to replace an advance directive document or other medical orders. It is just one step in the process of a patient’s decision-making. However, there are significant advantages in using this form, which contains standardized language and is produced in a distinctive and easily recognizable format.

Differences Between POLST and Advance Directive

Characteristics	POLST	Advance Directive
Population	Seriously ill	All adults
Timeframe	Current care	Future care
Who completes the form	Healthcare Professionals	Patients
Resulting form	Medical Orders (POLST)	Advance Directives
Healthcare agent or surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete
Portability	Provider responsibility	Patient/family responsibility
Periodic review	Provider responsibility	Patient/family responsibility

**Courtesy of Aging Institute of UPMC Senior Services and the University of Pittsburgh*

II. DETERMINING WHAT KIND of CARE is NEEDED to REMAIN at HOME

The majority of people want to continue living at home for as long as possible. And given the great number of community and home health services, telehealth devices and universal design features to make living at home easier, more people are able to enjoy staying at home as they age while managing their chronic conditions.

Yet, there will be times when health conditions interfere with the tasks of daily living such as taking a shower safely, preparing meals, needing assistance to walk or get in and out of a chair, shopping or doing the laundry. When this occurs, assistance from family, friends, homecare aides and other professionals can make all the difference in being able to remain independent.

In this section, we'll review how to assess what you or your parents need to stay safely at home and the resources needed to make it possible. Once you know these two important factors, then you're in a position to create a plan.

1. Identifying Caregiving Needs and Tasks

Rarely is there a shortage of topics when it comes to identifying caregiving needs among older relatives. Social workers use extensive assessment tools to identify the needs of older clients and the level of help they need to address each. You'll hear geriatric professionals reference two basic categories: activities of daily living

(ADLs) and instrumental activities of daily living (IADLs). ADLs refer to personal care activities that are essential to caring for oneself and maintaining independence. IADLs involve activities that are associated with the tasks and ability to live on one's own. The degree to which a person can perform these activities is used to determine how much and what type of care they need.

Free Caregiver Forms

Go to www.lindarhodescaregiving.com and click "Resources" to download, save and print the Caregiving Task Assessment and Caregiving Resource Assessment worksheets discussed in this section. They are an easy way to keep track of the tasks you perform, what your loved one needs and the resources required. You can also use them to inform other family members of what's needed and what they can do to help.

You can also download a Medical Biography form, a Med Minder List of all of your parent's medications, a contact sheet of all healthcare providers and an emergency medical contact form.

Assessment Worksheets

The ADLs and IADLs are rated on a scale to determine how much assistance is required, for example: no assistance, some assistance or a lot of assistance. Using the Caregiving Task Assessment Worksheet can help you identify the caregiving needs of a loved one.

Let's start with assessing the tasks of daily living on the personal level.

Caregiving Task Assessment Worksheet			
<i>Part 1: Adult Daily Living Tasks</i>			
Task/Activity	Level of Help Needed		
	None	Some	A Lot
Bathing	_____	_____	_____
Sponge bath	_____	_____	_____
Shower	_____	_____	_____
Full bath	_____	_____	_____
Dressing (putting on clothes)	_____	_____	_____
Grooming (hair, shave, teeth)	_____	_____	_____
Assistance with walking (a person must help)	_____	_____	_____
Uses walker	_____	_____	_____
Uses wheelchair	_____	_____	_____
Uses cane	_____	_____	_____
Getting in and out of bed/chair	_____	_____	_____
Assistance with going to the toilet	_____	_____	_____
Incontinence care (adult briefs, catheter)	_____	_____	_____
Meal preparation (make the meal)	_____	_____	_____
Arrange food on plate, cut food	_____	_____	_____
Place food in mouth	_____	_____	_____
Medication reminder (hand the person pills)	_____	_____	_____
Medication organizer (sort/place pills in dispenser)	_____	_____	_____
Socializing: How much are they interacting with others	_____	_____	_____

Now let's take a look at instrumental adult daily living tasks:

Task/Activity	Level of Help Needed		
	None	Some	A Lot
Shopping (groceries, clothes)	_____	_____	_____
Light housekeeping	_____	_____	_____
Doing laundry	_____	_____	_____
Handling the mail	_____	_____	_____
Scheduling doctor's appointments	_____	_____	_____
Providing transportation (driving)	_____	_____	_____
Managing medications (order refills)	_____	_____	_____
Managing money (paying bills)	_____	_____	_____
Handling household chores (garbage, repairs)	_____	_____	_____
Handling health insurance matters	_____	_____	_____
Number of hours can be left alone	_____	_____	_____

After you've gone over these two worksheets, take out the tasks that involve "Some" or "A Lot" of assistance. If your answer to "Socializing" was "None" or "Some," then include that as well. Most ADLs do not include this item, but it is integral to a person's physical and mental well-being, so let's include it.

Now take your complete list of tasks requiring “Some” or “A Lot” and enter the tasks on the Caregiving Resource Assessment Worksheet.

Caregiving Resource Assessment Worksheet			
Task/Activity	Time Required Hours Per Week/Month	Resource Person(s)	Cost Per Week/Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Now take your complete list of tasks requiring “Some” or “A Lot” and enter the tasks on the Caregiving Resource Assessment Worksheet.

Identify how much time each of these tasks requires on a daily, weekly or monthly basis. For example, your dad might need his medications organized and you bought a 30-day organizer from the pharmacy. It takes you two hours once a month to sort and place the pills in each compartment. You also call him every day to make sure he takes his pills, plus you keep track of when he needs a refill and you pick them up at the pharmacy. You figure out that these three tasks involve at least another two hours every week.

Identify who completes each task: Is it you? Another family member? A friend? Someone you’re paying? A volunteer? Your parent? No one?

After you’ve completed these steps, you’ll have a pretty good assessment of your loved one’s personal caregiving needs, along with the time, resources and costs required to perform each of them. Tasks and activities for which the resources are minimal, too demanding or unreliable are problem areas to solve.

Here's an example for Sharon, who cares for her mother, Claire, who lives alone.

Caregiving Resource Assessment Worksheet			
Task/Activity	Time per Day/Week/Month	Resource	Cost
Bathing (shower)	2 hrs (3x/wk)	Mom	\$0
Shopping for groceries	3 hrs (1x/wk)	Sharon	\$0
Organizing medications	1 hr (2x/mo)	Neighbor	\$0
Taking to doctor visits	3 hrs (2x/mo)	Sharon	\$30
Paying bills	1 hr (1x/mo)	No one	\$0
Handling insurance matters	1 hr (1x/mo)	No one	\$0
Clean the house	2 hrs (4x/mo)	Service	\$200

Let's go over the example. Sharon, the daughter, is performing the bulk of the tasks for her mother, Claire. It's taking her about six hours every week. She works full time and has two teenagers at home. Those six hours a week have become more demanding on her. The neighbor has not been so well herself and missed organizing Claire's medications last week. Even though Claire has been taking showers by herself, when Sharon completed the chart she indicated that it requires "Some" assistance because Claire has been complaining of dizzy spells. Claire is resorting to sponge baths and would like Sharon to visit on weekends so she can help her with her shower.

Sharon has also noticed during her visits that bills have been piling up on her mom's desk, as have several insurance claims attached with

letters asking for more information. No one seems to be handling them.

Clearly, the resources to help Claire are becoming demanding for Sharon. Claire taking showers on her own isn't safe or sustainable. Depending on a neighbor for such an important function as organizing medications has turned out to be an unreliable resource, at best.

In terms of costs, the only out-of-pocket expense is currently the \$30 Sharon pays for gas to the doctor appointments, but it should also account for the six hours she takes off work and loses \$25 per hour, or \$150.

Sharon has six problems to address, all of which require a game plan.

2. Creating A Game Plan

Once you've identified the care needs required to enable your parent or loved one to remain independent, you'll then be in a position to explore solutions that address each need. It's good to think through what a workable solution should do. For example, it should be safe and acceptable to both the person receiving the care and family members providing or arranging it. It should also be affordable and not endanger the well-being of either caregiver or care receiver.

Let's go back to Sharon and her mother, Claire. As you might recall, Claire would like to take a full shower at least once a week and also needs help organizing her medications. Until now, Sharon has been able to carve out six hours a week doing her mother's grocery shopping and taking her to doctor's appointments, but the added work of organizing her medications and giving her a shower is placing too much of a burden on Sharon. She and Claire had a long talk and agreed on these criteria for any solutions they would entertain:

- Claire will remain living independently at home.
 - The medication solution will be reliable, safe and easy for Claire to follow.
 - Sharon will be able to dedicate six hours a week in caregiving tasks.
 - Claire will consider outside help if it is affordable and she likes the aide.
- Claire values Sharon's presence at her doctor's appointments and would like her to continue to accompany her.

Given these criteria, Claire and Sharon can explore a number of solutions:

- They could hire a homecare agency to send an aide to help Claire bathe once or twice a week. Many of these agencies have a special two-hour rate of less than \$40 to assist with bathing.
- Because Claire has been complaining of dizzy spells, Sharon will contact her primary care physician to see whether an appointment is needed to review her medications, evaluate her blood pressure and perform a physical to see what's going on.
- Now that Claire lives alone, she and Sharon will feel more secure if Claire wears a Personal Emergency Response System (PERS) pendant or necklace. Sharon has asked her sister, who lives out of town, to research different models and plans.
- Instead of spending three hours doing grocery shopping every week, Sharon could order Claire's groceries online. They could be delivered, or Sharon could pick them up when she comes to visit her mother to save on the delivery charge. That way, Sharon could spend more time visiting Claire than going up and down

grocery aisles. She could also look into volunteer programs at local churches, synagogues or the local high schools to see whether someone would be willing to pick up and deliver the groceries. Sharon could also ask her sister to make the orders online.

- Sharon found an automatic pill dispenser that she can organize only once a month. It signals an alert whenever Claire needs to take her medication and then dispenses exactly what she needs to take. The device even has a feature that will send a text message to Sharon if her mother didn't take the medication. She and her sister can pitch in to help pay for the cost, which makes it more affordable to Claire.
- Sharon has been concerned that her mother isn't getting out much since her father died. She can talk to her mother about using a publicly-funded transportation service for seniors to take her to church and the club she belongs to.
- Sharon's sister can set up paying most of her mother's bills online and can handle all insurance claims and correspondence. Sharon can mail them to her whenever she sees them on their mother's desk.

As you can see from the list of solutions, there's a mix of resources available. Some require payment, others tap volunteers, another uses

Where To Find Devices To Help with Tasks of Daily Living

Pennsylvania's Assistive Technology Lending Library through the Institute on Disabilities at Temple University is a free service that loans assistive technology devices to Pennsylvanians of all ages and disabilities. Requests for devices can be made by you, a family member, friend or advocate or someone who is helping you with your assistive technology needs, such as a therapist, teacher or rehabilitation counselor.

For more information and to view the catalog of equipment available, visit disabilities.temple.edu/programs/assistive/atlend/ or call 1-800-204-PIAT (7428).

a publicly-funded benefit and two involve technology and assistive devices.

When you explore solutions, be sure to ask yourself, "What will a positive result look like?" Make that positive outcome your goal by finding desirable solutions that are acceptable to you, your parents and your other family members. In the next section you learn about the many resources available that make for winning answers to caregiving matters when "bringing care home."



III. UNDERSTANDING WHO DOES WHAT *in* HOMECARE

It's not surprising that most people prefer to be cared for in the comfort and dignity of their own homes. Many healthcare treatments that were once offered only in a hospital or a doctor's office can now be done at home. Homecare is usually less expensive, more convenient and just as effective as the care you get in a hospital or skilled nursing facility.

Homecare is the umbrella term for the following types of in-home care:

- **Home health agencies** help treat an illness or injury by providing skilled nursing care and other skilled care services like physical therapy, occupational therapy and speech therapy. Home health services must be ordered by a physician.
- **Personal care/private duty homecare agencies** provide assistance with activities of daily living, such as bathing, dressing and preparing meals.
- **Hospice** is designed to give supportive care to a person at the end of life. It focuses on comfort and quality of life, rather than cure. The goal is to make people free of pain so that they live their last days as fully as possible.

Advancing technology, focus on the patient and increasing affordability make homecare services an ideal solution for a wide variety of health needs – all in the comfort of home.

The field of homecare has grown exponentially during the last decade as people are living longer and better with chronic conditions. Pennsylvania is one of the grayest states in the nation, with the over-85 population growing at more than 10 times the general population. According to the Bureau of Labor Statistics, personal care aides and home health aides are the top two fastest growing occupations in the country.

In this section you'll learn more about the various types of services that “bring care home.” Learn what each offers and the in-depth questions to ask as you explore them. Today, older people are offered a wide range of services from which to choose. Find out what they are, how to access reports that rate their quality, what to look for in an agency and the factors to consider in making the best choice for your loved one's needs.

1. Home Health

Home health provides skilled services, including nursing care and physical, occupational, speech and respiratory therapy. The agency will send a licensed professional to assess home health needs and develop a complete care plan. These services are usually short-term, as in the case of a person recovering from surgery or other health issues.

Medicare will cover home health if it is ordered

by a physician and the person is homebound and in need of skilled services.

A home health care agency employs the healthcare professionals sent to the home and must be licensed by the state. Many seek additional accreditation to assure consumers that they have met quality standards. Two common accreditations are the Community Health Accreditation Program (CHAP) and The Joint Commission (JCAHO).

What's the cost and is it covered?

Medicare will cover most forms of home health care if it is ordered by a doctor. Services are usually covered for a 60-day “episode of care.” However, if an individual is enrolled in a Medicare HMO, known as a Medicare Advantage Plan, services are authorized on a per-visit basis. Be sure when you interview an agency to ask whether they are certified by Medicare and what services are covered. Long-term care insurance and Medigap plans may also cover some costs of a home health aide.

How to find a home health agency

The Pennsylvania Homecare Association website (www.pahomecare.org) includes a “Find a Provider” feature where you can search for an agency by location or by the services you need.

Home health agencies are licensed by the **Pennsylvania Department of Health**. You can also search for an agency near you on their website at www.health.state.pa.us.

Whenever anyone on Medicare is discharged from a hospital and is prescribed home health services (i.e. physical therapy following a hip fracture), a hospital social worker or case manager will present the individual with a list of Medicare-certified agencies to consider. When you find an agency, make sure it has been certified by Medicare so that the services qualify. Medicare certification also means the agency has met federal minimum requirements for quality patient care and management.

You can now search online to compare how well home health care agencies perform. To use **Medicare's Home Health Compare** tool, visit www.medicare.gov/HomeHealthCompare or call **1-800-MEDICARE**.

What to ask

When you interview a home health agency, there are a number of important questions to ask:

- Are you licensed by the state?
- Are you certified by Medicare?
- Do you have any accreditations from professional organizations? If so, please tell me about them.

- Are the workers you send your employees or contracted employees?
- What type of background checks do you conduct on your employees?
- If the worker does not show up when scheduled, will you send a replacement immediately?
- What type of progress reports can I expect from each type of professional providing care?
- Will you send a replacement if the worker is not compatible with the person receiving care?
- What can I expect to pay, if services are not covered by Medicare, Medigap, Medicaid or a long-term care insurance policy?
- Whom do I speak to regarding care status?
- How do we appeal to Medicare if we think more care is needed?
- Can you put me in touch with someone who has used your services?

2. Personal Care/Private Duty Homecare

A personal care/private duty homecare agency provides services that do not require a licensed professional or a physician's prescription. A homecare worker can help a person with activities like remembering to take medications, preparing meals, transferring from a chair, toilet or bed, bathing, getting dressed, light housekeeping or transportation to and from doctor's appointments. A homecare worker can also provide companionship to an older adult or an adult with a disability – engaging in a favorite hobby, watching movies or simply conversing.

What's the cost and is it covered?

This type of homecare is not covered by Medicare and is usually paid for by the consumer. However, there are two government-funded programs that can help. The Medicaid Aging Waiver and the lottery-funded OPTIONS

The **Home Health Compare** website gives prospective patients, their families and caregivers the chance to compare home health agencies by looking at patient survey results, which include feedback on topics that patients have identified as important to them in determining which home health agencies provide high-quality care.

For example, the survey asks patients about the care they received from their home health agency, including such topics as overall care; provider communication skills; whether care was provided in a courteous and respectful way and whether the agency discussed medicines, pain and home safety.

Visit www.medicare.gov/HomeHealthCompare or call **1-800-MEDICARE**.

program may pay for this care for eligible individuals.

Services provided by personal care/private duty homecare agencies are sometimes referred to as custodial care, assistance with activities of daily living (ADL) tasks or instrumental activities of daily living (IADL) tasks. If the person requiring care has long-term care insurance, homecare services may be covered. Call the insurance provider to find out.

If the person requiring care is an older adult who you are assisting, you might qualify for the **Pennsylvania Caregiver Support Program** offered by the local Area Agency on Aging. Visit the Pennsylvania Department of Aging website at www.aging.state.pa.us to find your local Area Agency on Aging.

How to find a personal care/private duty homecare agency

Some agencies are franchises, while others are independently owned. You will also find that some home health agencies also offer this type of personal care. **The Pennsylvania Homecare Association** website (www.pahomecare.org) includes a “Find a Provider” feature where you can search for an agency by location or by the services you need.

Personal care/private duty homecare agencies are licensed by the **Pennsylvania Department of**

Health. You can search for an agency near you by visiting their website at www.health.state.pa.us.

Be sure to find out whether the agency you use actually employs the caregiver or if it is a registry. A registry will refer, match or place a worker in your home, but the worker is not an employee of the agency.

What to ask

When you interview personal care/private duty homecare agencies, there are a number of important questions to ask:

- May I see a sample service agreement and a listing of your prices?
- Are you licensed?
- How do you supervise and oversee the care provided by your caregivers?
- Are your services covered by long-term care insurance and will you process the paperwork?
- Are the caregivers your employees or are you a referral agency (a registry)?
- What type of training do your employees receive when they’re hired? Do you provide ongoing training? Please describe it.
- Are your employees bonded?
- How long have most of your employees worked for you?

- What is the background of your average caregiver (i.e. homemaker, certified nurse aide, high school graduate, retiree)?
- How do you ensure that the caregiver and the person receiving care will be compatible?
- What happens if the caregiver doesn't show up?
- Please describe how workers have been trained to communicate with people who have cognitive (thinking) disabilities such as dementia.
- If you provide transportation, have you checked out your caregivers' driving records?
- What kind of weekly (or daily) report will I receive?
- Can you put me in touch with someone who has used your services?
- Have you received any type of national accreditation?

3. Hospice

Hospice care brings together medical care, pain management and emotional and spiritual support for terminal patients and their families. Eighty percent of hospice care is provided in the patient's home, however there are also inpatient hospice facilities. The mission of hospice staff and volunteers is to address the symptoms of

a terminal illness with the intent of promoting comfort and dignity. They are experts at pain management.

Hospice will manage your loved one's pain, help you understand what he or she is going through and help you and other family members cope with your emotions. Many of us are at a loss as to what we should do before and at the time of death. Hospice professionals help you get through a very difficult time and are there even after your loved one's death.

What's the cost and is it covered?

Medicare and Medicaid provide a hospice benefit that covers almost all of the costs of caring for a dying person during his or her last six months of life. To qualify for the Medicare hospice benefit, a person must have:

- Medicare Part A.
- A life expectancy of less than six months.
- An agreement in writing that he or she will not pursue any treatments to cure his or her illness.

The Medicare hospice benefit covers skilled nursing services, physician visits, skilled therapy (i.e. physical, speech or occupational), medical social services, nutrition counseling and bereavement counseling, most of the cost of prescription drugs for symptom control and pain relief. Short-term inpatient respite care to relieve

family members from caregiving is also covered. Medicare does not cover 24-hour round-the-clock hospice care in the home. However, in a medical crisis, continuous nursing and short-term inpatient hospice care is available. Nor does Medicare cover the room and board charges for inpatient hospice care.

How to find a hospice provider

The **Pennsylvania Homecare Association** website (www.pahomecare.org) includes a “Find a Provider” feature where you can search for an agency by location or by the services you need.

Hospices are licensed by the **Pennsylvania Department of Health**. You can also search for an agency near you on their website at www.health.state.pa.us.

What to ask

Here’s a list of questions you should ask when looking for a hospice provider:

- Are you a member of any professional organizations or are you accredited?
- Are there certain conditions that patients and families have to meet to enter the hospice program?
- Are you willing to come to the home and conduct an assessment to help us understand if this is the best option for my parent?
- What specialized services do you offer, such as rehab therapists, family counselors, pharmacists, used equipment?
- What are your policies regarding inpatient care? With which hospital(s) do you have a contractual relationship in the event my parent would need to go to the hospital?
- Do you require that there be a primary family caregiver as a condition of admission?
- What are the caregiver’s responsibilities as related to the hospice?
- What kind of emergency coverage do you offer? Who is on call? Will a nurse come quickly to the home, if needed?
- What out-of-pocket expenses can we expect?
- Will your staff handle all of the paperwork and billing?
- What are your policies on the use of antibiotics, ventilators, dialysis and/or nutrients given intravenously?
- What treatments are outside of your hospice’s purview?

If you are looking for an inpatient hospice, visit with their staff and tour their facility. The journey you are about to take will leave you with a lifetime of memories. Make sure you feel very comfortable and at peace with the hospice

professionals who will guide you along this path of letting go.

4. Geriatric Care Manager

The Pennsylvania Homecare Association’s “Bringing Care Home” video introduced us to a geriatric care manager, who can be a valuable resource as you navigate what resources are available for your loved one. A geriatric care manager is a health and human services specialist who works with families and others to provide assistance to those who are caring for aging parents or other loved ones. Geriatric care managers are experts in aging and elder care and often come from such fields as nursing, gerontology, social work or psychology.

Geriatric care managers can help you sort through all the complicated details of arranging and providing homecare for your parent or loved one. They can assess needs, organize home or long distance caregiving, monitor care providers and, in short, make homecare as stress-free as possible. They can even arrange for transportation and help with financial, legal or medical information – all the things you need to handle when an older adult can no longer manage alone.

The geriatric care manager starts by meeting the older adult requiring care, conducting

a needs assessment, determining eligibility for services and making arrangements for those services. Other services may include interviewing and monitoring homecare workers, arranging for transportation to and from doctors’ appointments and analyzing financial, legal or medical information.

What’s the cost and is it covered?

Fees for geriatric care managers range from \$50 to \$150 per hour, depending on their credentials, experience and location. Some charge by the hour, while others charge set fees for a package of services. The initial assessment may cost anywhere from \$150 to \$350 or more, depending on how comprehensive it is. After that, you and the geriatric care manager may agree on a monthly fee. It’s important that you agree upon services and costs in writing in advance.

Older adults with a low or moderate income may qualify for geriatric care management through their local **Area Agency on Aging**. Visit the Pennsylvania Department of Aging website at www.aging.state.pa.us to find your local Area Agency on Aging.

How to find a geriatric care manager

You can find qualified local geriatric care managers by visiting the **National Association of Professional Geriatric Care Managers’**

website at www.caremanager.org. On the site, you can click on “Find a Care Manager” and search for the services and qualifications of a geriatric care manager near you.

Some homecare agencies have a geriatric care manager on staff. However, because this service is essentially an unregulated industry, you need to check the prospective geriatric care manager’s references, certification, licensure and experience. Look for individuals who have received certification in the geriatric care management field. There are three basic kinds of certification:

1. Care Manager Certified (CMC), awarded by the National Academy of Certified Care Managers
2. Certified Case Manager (CCM), given by the Commission for Case Manager Certification
3. For licensed social workers, there is the Certified Advanced Social Worker in Case Management (C-ASWCM) certification or Certified Social Work Case Manager (C-SWCM) certification awarded by the National Association of Social Workers (NASW)

Individuals who have received any of these certifications cite the above abbreviations after their name. They will also cite their licensed

profession such as RN for registered nurse, NP for nurse practitioner or LSW for licensed social worker.

What to ask

When you interview a geriatric care manager, there are a number of important questions to ask:

- What services do you provide?
- What are your credentials? Are you licensed in your profession? Do you have any geriatric care manager certifications?
- How long have you been providing care management services?
- How long have you been practicing in this community?
- Do you have any affiliations and memberships in community organizations?
- Are you available to assist during an emergency? Who do you have as a backup if you are not available?
- What can I expect to learn from your initial assessment? What does it include (e.g., physical and mental status, financial resources)? What are the qualifications of the person who conducts the medical component?
- How do you perform quality checks on the service providers and referrals you recommend?

- How do you communicate information to me and how often?
- How often will you have face-to-face contact with the person receiving care?
- How many cases do you handle at one time?
- What are your fees?
- Can you provide me with references?



IV. FINDING OTHER CARE OPTIONS

Although the majority of people want to remain in their homes as long as possible as they age, sometimes staying at home just isn't possible and families must look at other care options. You must determine what's the best and most appropriate care for your parent or loved one given their needs and resources.

1. Adult Day Services

Adult day services, also called adult day care centers, are non-residential facilities that specialize in providing activities for older adults with cognitive (thinking) and/or physical disabilities. Many participants have Alzheimer's disease or another form of dementia.

If you care for an older adult who needs assistance and supervision at home, you know how demanding that job can be. Adult day service can provide a temporary break from your caregiving, give you a chance to get things done outside of the home and allow you to keep your job. Research shows that family caregivers who use an adult day service are able to provide care for older adults in their own homes longer and with less stress.

High-quality adult day care provides a safe environment that offers social activities to promote physical and cognitive functioning, in addition to health and therapeutic services. These services are designed to help people

improve memory function through activities, discussion groups, music therapy and speech therapy. Physical exercises are offered as well, and many centers provide space where people can wander safely. Mental stimulation and physical activity often improve sleep, which lightens the load for a home caregiver facing around-the-clock duties.

There are three types of adult day services:

1. Social models that cater to higher-functioning participants
2. Health-focused models that offer nursing care
3. Alzheimer/dementia care centers

Adult day centers usually operate from about 7 a.m. to 6 p.m. to meet the needs of working caregivers and can be used up to five days a week. Some also offer weekend care.

What's the cost and is it covered?

The cost for adult day care varies depending on the type of services offered. The average daily rate for programs offering nursing services is \$76. Social models cost less, charging an average daily rate of \$59. Medicare does not cover adult day services, although many long-term care insurance policies do. Medicaid (state-funded long-term care) may pay for these services if you qualify and if it prevents a nursing home

placement. To see if you qualify, call your local Area Agency on Aging. **The Veterans Administration (VA)** may also pay for this service for qualifying veterans. Contact your local VA by calling **1-877-222-8387** or visit **www.va.gov**.

How to find an adult day care center

The **Pennsylvania Adult Day Services Association** website (**www.padsa**) includes a “Directory of Providers.”

Adult day centers are licensed by the **Pennsylvania Department of Aging**. You can search for a center near you on their website at **www.aging.state.pa.us**.

What to ask

When you call a center, here is what the National Adult Day Services Association suggests you ask:

- Who owns or sponsors the agency?
- How long has it been operating?
- What is your licensure and survey status?
- What are the days and hours of operation?
- Is transportation to and from the center provided?
- Which conditions are accepted (i.e. memory loss, limited mobility, incontinence)?
- What are the staff’s credentials, and what is the ratio of staff to participants?
- What type of ongoing training do you offer your staff?
- What type of programming do you offer participants with dementia?
- What safety features do you provide so that participants don’t wander off the premises?
- What activities do you offer? Do you offer a variety of individual and group programs?
- Are meals and snacks included? Are special diets accommodated?
- How do you let a caregiver know how the participant is doing at the center?
- Do you perform a healthcare assessment or require one prior to accepting a new participant?

When you find one or more centers that meet your individual needs and preferences, visit for a day to get a sense for the people and environment.

2. Living Independence for the Elderly (LIFE) Program

The Living Independence for the Elderly (LIFE) program offers medical and supportive services to enable older Pennsylvanians to maintain

their independence in their homes for as long as possible. LIFE is a managed care program and provides a comprehensive all-inclusive package of services. The program is known nationally as the Program of All-inclusive Care for the Elderly (PACE). All of the PACE providers in Pennsylvania have the name “LIFE” in their name.

The first program was implemented in Pennsylvania in 1998. Today, the LIFE program serves more than 2,200 individuals across 15 sites in Pennsylvania.

Services available under the LIFE program include:

- Adult Day Health Services
- Audiology Services
- Dental Services
- Emergency Care
- End of Life Services
- Hospital and Nursing Facility Services
- In-home Supportive Care
- Lab and X-ray Services
- Meals
- Medical and Non-medical Transportation
- Medical Specialists
- Optometry Services and Eyeglasses
- Nursing and Medical Coverage 24/7
- Nursing Care
- Personal Care

- Pharmaceuticals
- Physical, Speech and Occupational Therapies
- Primary Medical Care
- Recreational and Socialization Activities
- Social Services
- Specialized Medical Equipment

What's the cost and is it covered?

The LIFE program integrates Medicare and Medicaid funding to provide acute and long-term services to people age 55 and older who live in the community and require nursing home level of care.

How to find a LIFE program

Contact the **Pennsylvania Office of Long-Term Living Helpline** at **1-866-286-3636** to learn more and to locate a LIFE program near you. You can also visit the **Pennsylvania Department of Aging** website at www.aging.state.pa.us for a list of LIFE programs.

3. Personal Care Homes

Personal care homes are residential facilities that offer personal care services, assistance and supervision to four or more persons. Sometimes they are advertised as “assisted living residences” or “boarding homes.” A personal care home must have a license in order to operate in Pennsylvania. There are state licensing

regulations that apply to personal care homes. These regulations are aimed at protecting the health, safety and well-being of the residents. There are no federal regulations for personal care homes.

What's the cost and is it covered?

The cost of personal care homes varies from location to location, however on average it ranges between \$1,500 and \$3,000 per month for room and board. This often includes three meals a day, but each facility designates its own costs. There is no third party reimbursement for personal care homes, but many accept residents of low income who receive Supplemental Security Income (SSI). Many personal care homes are covered by private pay.

How to find a personal care home

Personal care homes are inspected and licensed by the **Pennsylvania Department of Public Welfare**. Visit their website at www.dpw.state.pa.us for a list of all of the personal care homes licensed in the state. This directory is updated on a regular basis. You can search by county/region, zip code or facility name.

What to ask

When considering a personal care home, here are some questions to ask:

- What is the monthly rate and what is included?
- Are there other services available and at what cost?
- What happens if someone leaves the facility for medical care during their stay? Will their room be held or will the rent be refunded?
- What qualifications does the staff have? Are they specially trained or licensed?
- Is the facility staffed 24/7?
- Are staff continually re-educated on new policies, trends and techniques in elder care?
- Do the residents eat together or do they eat on their own?
- Are meals prepared? Are dietary preferences taken into consideration?
- Can the residents cook independently?
- What type of personal care assistance, such as bathing, grooming, dressing, is available?
- Is there medical care available?
- What happens when my loved one no longer meets the criteria for self-care at the facility?

- Are there any transportation services available?
- Are there regularly planned activities?
- How is payment made?
- What happens if the caregiver is sick or unavailable?

4. Assisted Living Facilities

Assisted living facilities provide residents with services that assist them with the tasks of daily living such as providing meals, housekeeping, laundry and medication reminders. They may also assist with grooming, bathing, managing bills and providing transportation. You'll often hear these services referred to as activities of daily living (or ADLs).

Assisted living makes sense for your parent if he or she needs assistance in performing the tasks of daily living. Family members also seek this type of living arrangement when they feel it's no longer safe for mom or dad to live alone.

Not all assisted living facilities take people with Alzheimer's disease or other forms of dementia. If they do, they often offer specialized floors with professional and additional staff to accommodate their needs. If you are looking at such a facility, make sure it is qualified to care for someone with dementia by asking to see any certification papers they have received from their state-

regulating agency and ask them to describe the training their staff has received to care for people with dementia.

Don't assume that your parent is receiving a great deal of one-on-one attention at the facility. They may have a person or two onsite 24/7 but they aren't providing direct care to every single resident. Be sure to ask what services are included in the monthly rate. Many facilities have a long list of fees for services you might think are included under the category of assisted living. For example, if your parent can't use a walker or wheelchair alone and needs assistance to get to the dining room, there will likely be a fee for an attendant to assist, as there will for medication reminders and bathing assistance. So be sure to look over the list.

What's the cost and is it covered?

Assisted living costs vary by region. In Pennsylvania, the median monthly cost in 2012 for a one-bedroom, single-occupancy assisted living was \$3,251. According to a 2011 MetLife Mature Market Study, the national average for assisted living base rate is \$3,477 per month and residents can typically expect an annual increase between 3-5 percent.

Assisted living residences, like personal care homes in Pennsylvania, are primarily a private pay arrangement. Some long-term care insurance policies do provide coverage for assisted living.

If you are a veteran you may be eligible for assistance from the Veterans Administration through the VA's Aid and Assistance Program.

How to find an assisted living facility

Assisted living facilities are regulated by the **Pennsylvania Department of Public Welfare**. Visit their website at www.dpw.state.pa.us for a list of licensed assisted living facilities.

Some assisted living facilities have voluntarily gone through an accreditation process and are listed at the website of the **Rehabilitation Accreditation Commission** at www.carf.org. Consider it a good sign if they've achieved this distinction. But also be aware that there are good facilities that might not have gone through the arduous process.

What to ask

- What kind of license do you have and from what agency?
- What kind of an organization is this facility (i.e. part of a national chain, non-profit, for-profit, independently owned, faith-based).
- What core services are provided in the monthly fee? (i.e. how many meals per day, room and board, other).
- What services are offered that are not included in the monthly rate and how much are they? (i.e. laundry, assistance with medications, assistance with eating, ambulating, bathing, transportation).
- If my parent is sick, can her meals be delivered to her room?
- May I see a copy of this week's menu?
- What kind of housekeeping will be done in my parent's room and how often?
- Do physical, occupational and speech therapists come to the facility and how often?
- Is physical therapy and exercise equipment on the premises?
- Is there a physician on call and/or comes to the facility?
- Do you have relationships with hospitals and skilled nursing facilities?
- In an emergency what hospital would my parent be sent to?
- If my parent is hospitalized, will his or her room be held and how long? Is there a lesser charge?
- May I see a copy of the activity calendar? (Look for many & varied activities)
- What type of evacuation plan do you have in place?
- Do you accept people with dementia, and if so, what type of care do they receive and what type of training has your staff

received in dementia care? How do you protect people from wandering off the premises?

- Is the staff bonded in case of theft?
- Are there panic buttons in the rooms, what type of emergency response systems do you offer the residents and what is the charge?
- Would you please describe the overall profile of the residents living here (i.e. number of people with dementia, those using wheel chairs, those needing assistance with eating)?
- How long does the average resident reside here and how many people reside here now?
- How many staff do you employ and in what type of positions?

5. Continuing Care Retirement Communities (CCRCs)

Part independent living, part assisted living and part skilled nursing home, Continuing Care Retirement Communities (CCRCs) offer a tiered approach to the aging process, accommodating residents' changing needs. Upon entering, healthy adults can reside independently in single-family homes, apartments or condominiums. When assistance with everyday activities becomes necessary, they can move into assisted living or nursing care facilities. These

communities give older adults the option to live in one location for the duration of their life, with much of their future care already figured out.

What's the cost and is it covered?

One of the most expensive of all long-term-care options, CCRCs require an entrance fee as well as monthly charges. Entrance fees can range from \$100,000 to \$1 million - an upfront sum to prepay for care as well as to provide the facility money to operate. These fees are dependent on a variety of factors including the health of your loved ones, the type of housing they choose, whether they rent or buy, the number of residents living in the facility and the type of service contract. Additional fees may be incurred for other options including housekeeping, meal service, transportation and social activities.

6. Skilled Nursing Facilities or Nursing Homes

Although most of us want to remain in our homes for as long as possible, it is possible that your parent or loved one may eventually need this level of care if it is unsafe for them to remain at home. Skilled nursing facilities, also known as nursing homes, provide 24-hour nursing care for residents who demand much higher levels of care than those residing in assisted living facilities. For example, more than half of all residents in U.S. nursing homes have dementia and/or lack bowel and bladder control, 80

percent or more have great difficulty bathing, walking, eating and transferring, and nearly half of the residents are 85 years of age and older. Nursing homes offer skilled nursing care, rehabilitation, medical services and protective supervision, as well as assistance with the activities of daily living. People with long-term mental or physical conditions that require a 24-hour protective environment offering medical and healthcare services can benefit from nursing home care.

What's the cost and is it covered?

One devastating myth is that Medicare covers nursing home care. With the annual price tag hovering at \$80,000 a year, it's a myth that every family wishes were true. But it's not. Medicare *may* cover up to 100 days after an immediate hospitalization that required three nights at a hospital. But that's it. Most people entering nursing homes begin paying with their own funds, but it doesn't take long for them to "spend down" all of their wealth. Many must turn to the state for financial assistance through Medicaid. It explains why more than 60 percent of residents in nursing homes rely on Medicaid as their primary source of payment.

If your parents have a long-term care policy it will surely help, but it rarely covers the full cost of care. Ask the admissions staff to give you a complete list of all their charges and an explanation of their refund policies if they

require a deposit in advance. Read their contract carefully, especially language that speaks to their rules on discharge and how long they will hold a room for your parent should he or she become hospitalized. Don't accept any language that exempts them from being held responsible for injuries, falls or missing belongings.

How to find a nursing home

The **Centers for Medicare and Medicaid Services (CMS)** require annual inspections of all nursing homes and they post their five-star ratings on these homes at **www.medicare.gov**. On the home page choose "Quality Care Finder." You'll be able to search and compare nursing homes by zip code, county and state. Contact information, type of ownership (i.e. for profit, nonprofit or public), number of beds and whether or not the facility accepts Medicare and/or Medicaid is also given. The five-star ratings are issued for three categories: health inspection results, nursing home staffing ratios and quality measures.

You can review the individual results for each of these categories by clicking onto the name of the nursing home. You'll be able to see how the nursing home fares against state and national averages among specific measures or whether or not a deficiency has placed residents in danger of harm on a four-point scale from "least to actual." Measures that should be of special interest to you are staffing levels, use of physical restraints,

pressure sores, catheter use and urinary tract infections, weight loss, medication errors and infection control. Facilities that have a pattern of placing residents at risk for “most or actual” harm on Quality of Care Measures are absolute red flags.

Nursing homes are regulated by the **Pennsylvania Department of Health**. Visit www.health.state.pa.us to review survey reports and get more detailed information on facilities near you.

What to ask

All of these steps provide great information so

TIP

Every nursing home is assigned an “ombudsman,” usually employed by an Area Agency on Aging or an objective, third-party organization contracted by the agency. An ombudsman helps solve issues, concerns and problems between residents, their families and the staff of the long-term care facility. Ask the nursing home for the contact information of the ombudsman or visit the Pennsylvania Department of Aging website at www.aging.state.pa.us to locate your local Area Agency on Aging.

Ask the ombudsman if there has been any recent complaint activity about the facility and if it has an ongoing record of consistent deficiencies.

you can assess the quality of care at a nursing home or skilled nursing facility. But there’s nothing like making your own site visit. Here’s where instincts and an observant eye make a powerful combination. Even better, bring a friend or family member along with you.

To get you started, here is a list of what to look for:

- Does it feel like home? Do you feel good about the facility as soon as you walk in?
- Is the staff interacting in a friendly manner with each other and the residents?
- Is the facility free of odors? Is it clean? Well lit?
- Is the temperature comfortable? Stop by a few rooms to see. Many older folks like their rooms warm, is it too cold?
- Are residents well groomed? Are they dressed appropriately for the time of day? Do they look sedated?
- Where are the residents? In halls? In group activity rooms? In their rooms appearing isolated?
- Is there a wandering alert system?
- Is there an activity calendar? Are there pictures on the bulletin boards showing recent activities? Are the activities interesting and varied?
- Are there active volunteers helping out?
- Are lavatories clean? How do they smell?

- Are food trays left sitting out and do you see a lot of leftover food on the trays?
- Usually above each room in the hallway there is a light alerting staff that a resident has pushed a call button for help. How many are lit up and for how long?
- View the menus. Are the meals appetizing? What are the qualifications of whomever oversees the menus? Taste the food.
- Are there any safety hazards? (i.e. cluttered halls or is there a lack of ramps, rails, grab bars to prevent falls).
- Does the equipment look up to date and in good condition?
- Is the outdoor area secure so that no one can wander off into an unsafe area? Is it well landscaped?
- Go to the dining room. Are residents enjoying themselves? Is it pleasant? Are staff interacting with the residents?
- Are bed linens and towels cleaned daily? Ask what the laundry department does to prevent pressure sores?
- Are soiled linens piled up in the hallways or in residents' rooms?
- Are showers clean? Look for safety devices to prevent falls.
- Is there fresh water on nightstands easily accessible for residents?
- How comfortable and homey are the rooms? Do residents personalize them with their own pictures, artifacts and small furniture?

V. MAKING HOME SAFE *and* LIVABLE

Given a choice, nine out of 10 people want to remain at home for as long as possible. This is especially true for a generation that takes great pride in owning their homes. Living on their own, whether it's in an apartment or a house, also represents independence and self-reliance – two hallmark traits of the older generation. It's no wonder, then, that even when illness or physical disabilities befall your loved ones, they'll likely want to stay at home. The challenge is doing so safely and without becoming isolated when getting out is difficult.

Living at home can be a viable option even if your loved one lives alone, has physical challenges or suffers from mild memory deficits. So let's take a look at several strategies, resources, devices and products to make it work.

1. Safety Tips Throughout the Home

A “fall-safe” home is one that has been set up to avoid falls, a major cause of injury in older adults. Every year, one in three women 65 years of age and older and one in three men 80 to 84 years old experiences a fall. The result – fractures and broken hips – can be life-altering, as they strip people of their independence. Worse yet, half of the injuries caused by falls result in death. The good news is that taking just a few senior safety measures in our checklist can go a long way toward elderly fall prevention.

Use this simple safety checklist for elderly fall prevention:

1. In all rooms

- Move newspapers, boxes, electrical and phone cords, plants and furniture from traffic areas, especially hallways.
- Store clothing, bed coverings and other household items where they can be easily reached.
- Keep hallways clutter-free: avoid small tables covered with knick-knacks.

2. On stairways

- Make sure all handrails are in good shape and are securely fastened, and that they're located on both sides of the steps.
- Check carpet and rubber mats on the steps: are they secure and not frayed?
- Place brightly colored adhesive tape on the edge of each step – it's a good way to signal you've reached the drop-off point.
- If the carpet on steps is old, frayed or generally slippery, consider replacing it.

3. On floors

- Make sure all floorboards are even.
- If possible, remove area rugs. If they must remain, secure them to the floor with tacks, non-skid pads or double-sided tape.
- Use non-skid floor wax.

4. In the bathroom

- Make sure there's enough room to move around safely and that getting in and out of the tub or shower is not a problem.
- Remove soap build-up in the tub or shower on a regular basis.
- Place non-slip strips in the bath/shower.
- Install an adjustable-height shower head.
- Mount bathroom grab bars with secure reinforcements on the wall near the toilet and inside the bath/shower.
- Secure bath mats with non-slip, double-sided rug tape.
- Make sure the shower curtain isn't held up by a tension rod that could easily come down if it's grasped or tugged. Install a rod that's bolted to the wall.
- Attach a liquid soap dispenser in the shower to avoid slipping and falling when trying to retrieve a dropped bar of soap.
- Make sure the water is set at a safe temperature (120°F or lower). Many older people lose temperature sensitivity and can scald themselves.

5. In the kitchen

- Make sure items that are used frequently are placed within easy reach.
- Keep a sturdy step stool handy, preferably one with a grab bar at the top.

- Install Lazy Susans (circular trays that hold items and spin) inside cabinets, so that frequently used dishes, pots, pans and cooking materials are easy to reach. Reaching too high or too low can easily throw someone off balance.
- Replace standard dials on the stove with large ones that are easy to read. Make sure the "off" button is very visible (consider marking it red).
- Purchase real pot holders instead of small towels or aprons and make sure they're used to pick up hot pots and plates. Store pot holders within easy reach.

6. Household lighting

- Place night lights in hallways, bedrooms, bathrooms and stairways. Movement-activated lights are helpful when one gets up in the middle of the night.
- Install light switches at the top and bottom of stairs.
- Place a lamp (and a telephone) near the bed.
- Maintain uniform lighting in each room and add lighting to dark spaces.

7. Outside the house

- Repair holes and uneven joints on walkways.
- Arrange to have leaves, snow and ice removed from stairs and walkways.
- Check outside lighting in entryways and other walk areas.
- Install securely fastened handrails on both sides of steps.

Don't forget, shoes also play an important role in fall prevention. Make sure your parents are wearing sturdy shoes with thin, non-slip soles. Avoid sneakers with thick soles that can cause tripping.

If money is a problem, there are several resources that may be able to assist you:

- See if your local Area Agency on Aging offers or knows of programs that provide low or no-interest loans, tax credits or other programs for home modifications or safety.
- Visit the Pennsylvania Department of Aging website at www.aging.state.pa.us to find your local Area Agency on Aging.
- **Rebuilding Together** is a national organization that repairs and modifies homes of older, low-income homeowners, helping them to age in their own homes. Call **1-800-473-4229** or visit www.rebuildingtogether.org.

2. Assistive Devices

The assistive devices industry has created thousands of products to make the activities of independent living easier for seniors. Yet, far too many people don't know that assistive technology exists or where to find assistive devices. Here's what you need to know.

Adaptive products for better living

The world is full of creative people looking for ways to solve routine problems. They invented a stocking aid with long strings that keeps you steady and gets your socks on without the usual stumbling. Is juggling a cane and a flashlight making you unsteady? There's a path light cane that lights the way to where you're going. About ready to throw out your shirts or blouses because buttoning them has become an anger-management issue? There is a simple button hook that makes buttoning up your shirt easy. The examples of senior help are endless.

So, where do you find these clever lifesavers that are so helpful for independent living? The most objective and comprehensive list of assistive devices is compiled by **Abledata**, a program sponsored by the National Institute on Disability and Rehabilitation Research (NIDRR). Their website (www.abledata.com) allows you to search for assistive devices in 19 categories ranging from architectural elements, including lighting, sensors, lifts and ramps, to

transportation, including ways to get around easier.

You can access customer reviews of products and link directly to the manufacturer to buy the product. All you do is enter a word or phrase in the search box and in seconds you'll find plenty of products to choose from. If you cannot access the website, you can call 1-800-227-0216. Abledata does not send out catalogues, however for a small fee they'll print out copies of what you may be interested in and send it to you. You don't have to pay anything for them to search for assistive devices for you over the phone.

Pennsylvania's Assistive Technology Lending Library through the Institute on Disabilities at Temple University is a free service that loans assistive technology devices to Pennsylvanians of all ages and disabilities. Requests for devices can be made by you, a family member, friend or advocate, or someone who is helping you with your assistive technology needs, such as a therapist, teacher or rehabilitation counselor. For more information and to view the catalog of equipment available, visit disabilities.temple.edu/programs/assistive/atlend/ or call 1-800-204-PIAT (7428).

Establishing your needs

Your physician can give you a sense of what you need. First, ask him or her to prescribe occupational therapy. Occupational therapists

(OTs) help people perform the activities of daily living (eating, bathing, using the toilet, cooking, dressing and doing basic household chores). A therapist can come to your home and identify ways to make it safer, and show you how to use adaptive equipment and devices. The OT can also get you involved in creative activities during occupational therapy to help you with daily functioning. OTs have received special training and are licensed.

3. Durable Medical Equipment

Medicare refers to devices and items that provide independence for individuals with an illness or injury that can withstand repeated use in the home and serve a medical purpose as durable medical equipment (DME). This includes:

- Prostheses (limb, facial, breast and ocular), orthotics (custom-made footwear, shoes suitable for diabetics and insoles) and cochlear implants
- Supplies cover materials often used just once, i.e. test strips and lancets used with blood-glucose monitors or supplies used with respirators and wound care
- Equipment that can be reused, such as walkers, hospital beds and wheelchairs

What's the cost and is it covered?

Medicare covers a great deal of these costs under the category known as Durable Medical

Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). In many cases, durable medical equipment is rented by Medicare and when you are finished using it, you return it to the supplier.

Generally, you pay 20 percent of the Medicare-approved amount for the product you receive, while Medicare pays the remaining 80 percent. If you have a Medigap policy, it may pick up the remaining 20 percent. DMEPOS benefits are paid through the Medicare Part B plan after you have met your annual deductible. Check the *Medicare and You* handbook mailed to you each year to find out what is covered under this benefit. Participating suppliers must accept assignment for all supply categories, which means they must accept Medicare's approved payment amount as payment in full for all claims. The decision to become a participating supplier is made on an annual basis for each calendar year.

How to find suppliers of devices, supplies and durable medical equipment

In order to qualify as a Medicare supplier, a vendor must be accredited by a professional entity such as The Joint Commission (TJC) or the Community Health Accreditation Program (CHAP).

You can find approved suppliers in your area by going to **www.medicare.gov**. Look under "Resource Locator" and click on "Medical Equipment Suppliers." Once you have entered

your zip code, you'll find names and contact information for suppliers in your area, as well as what services and products are provided.

What to ask

- Ask suppliers for their Medicare number to verify that they can bill Medicare. If they are not enrolled, Medicare will not pay your claim.
- When your physician or licensed professional writes a prescription for devices, durable medical equipment or supplies, ask him or her to also submit a Certificate of Medical Necessity to Medicare. Your claim will not be covered if you do not have both a prescription stating that it is medically necessary and approval from Medicare.
- Ask suppliers if they accept "assignment," which means they will accept whatever Medicare assigns as payment in full and will not require you to pay the balance between what they charge and what Medicare actually covers.

4. Personal Emergency Response System (PERS)

Personal emergency response systems (PERS) give older adults and other at-risk individuals around-the-clock access to assistance at the press of a button. If your parent or loved one lives alone, PERS enable continued independence

while at the same time allowing both of you to feel secure in knowing that in case of a fall or accident, emergency assistance can be easily summoned. You can search online for the keywords “Personal Emergency Response Systems.” Many hospitals and home health agencies also offer these systems.

How it works

A PERS user wears a wristband or pendant with a button to push in case of an emergency. This sends a signal to the company’s call center, alerting a responder that assistance is needed. The responder then calls the user’s phone and, using a speaker device, asks if the user needs help and, if so, who should be called. If there’s no answer, the responder calls 911.

The emergency operator has pre-programmed information on each user, including location, medical history, prescribed medications, preferred hospital and contacts (family, neighbors, doctors). If the user is able to talk with the operator, he or she can direct the operator to call contacts (adult child, neighbor, friend) who can come over immediately. However, if the operator is unable to make voice contact or thinks the situation requires medical help, emergency personnel are contacted right away.

Most PERS plans charge a monthly fee ranging from \$30 to \$70, depending on the options selected.

What to ask a prospective PERS company

- How long have you been in business? Would I be able to speak with a few of your customers?
- What is your average response time?
- What kind of training does your response staff receive?
- Is there a trial period or a minimum contract period for the service?
- Are there any advance notices or deactivation fees if I’m not satisfied with the service?
- What kind of range will the user have with the system? How far in the yard? As far as the mailbox? What about the basement? If you decide to try a system, be sure to test it to confirm its range throughout the house and how far you can use it outdoors, such as to the mailbox.
- What formal relationships do you have with local emergency response services?
- If the operator calls a non-emergency contact (a family member, for instance), how long does he/she wait for a response?
- Does the operator maintain contact with the user until someone arrives?
- If English is a second language for you or the user, be sure to ask whether the company has an interpreter on staff.

New automatic alert systems

As the market for PERS has grown, new technologies have been developed that can detect the trajectory of a fall, which automatically triggers a call to the company's call center rather than requiring the user to push the button on the wristband or pendant. This is especially helpful if an individual has been knocked unconscious due to the fall or has had a stroke.

5. Technology for Better Healthy Living

Technology is going gray and that's a good thing. Technology can enable your parent or loved one to live at home even when he is unwell. It can detect a fall and dispatch help even when he is unconscious, help restore his balance to actually prevent him from falling, keep his brain in tip-top shape, dispense medications on time each and every day and allow him to receive email from the grandkids without using a computer. It won't be long before we can subscribe to a service that places sensors throughout our homes to flag a problem before it even happens.

Many homecare agencies offer telehealth. Telehealth is the use of devices in patients' homes to monitor their vital signs every day and relay the information back to the homecare agency. The devices also remind patients to take medications and answer simple questions about their condition in the comfort of their home. A telehealth nurse will train the patient to

interpret his or her blood pressure, oximetry levels, pulse rates and weight with equipment installed in their home. The patient will transmit their results to the agency for review daily. If any readings are outside the parameters set by the physician, an immediate home intervention will take place to address the patient's needs.

There are many high-tech products that can make senior living and at homecare a bit easier, safer and a whole lot more fun for all involved. Visit the **Pennsylvania Homecare Association** website at **www.pahmcare.org** for more information.

Medication Dispensing

One out of 10 hospital readmissions of older adults is caused by a medication error. There are medication dispensing products for those individuals who take quite a few medications, especially those who live alone. A caregiver or nurse fills the electronic dispenser that can cover up to 40 days of medications. An audible reminder will tell the individual that it's time to take the prescribed pills and dispenses the accurate amount. If the patient hasn't taken the pills, a sensor triggers a phone or text message that is sent to a family member or designated caregiver who can follow up to see what's happened.

Alzheimer's Wandering Safety

The Alzheimer's Association has paired up with the MedicAlert "Safe Return" program. You can purchase a bracelet for your loved one, and if the individual becomes lost, you can call an 800 number to activate a search via a community support network that includes law enforcement agencies. If someone encounters a person who has wandered, they'll find the words "Memory Impaired" on the bracelet along with an 800 number directed to the MedicAlert "Safe Return" Program.

6. How To Keep Your Home From Looking Like A "Sick Room"

When someone is chronically ill, it's very easy for the bedroom to look and feel like a "sick room," which doesn't help to make anyone feel better. This guide provides tips on how to convert a "sick room" into a "living room."

All too often, bedrooms of people who are ill are characterized by pill bottles on the nightstand, lots of medical supplies lying around and drapes closed, which can become depressing. If your parent is bedroom-bound, you can turn it into a living room by following these steps:

- If your parent does not take medicines on his own, then place the medicine bottles out of view. Create a shelf in a closet or keep the medications in a drawer. The pill bottles are a constant reminder that he's

sick. Of course, if he needs to reach the pills, then they must be next to him. Even so, use daily pill dispensers so he doesn't confuse when to take what.

- If it's difficult for your parent to get in and out of bed, then get a hospital bed. Medicare usually covers this cost, but check first. Most companies will let you know and will deliver it to your home.
- Get rid of all clutter and supplies that remind your parent he's sick, such as adult briefs, bed pads, gauze and bandages. Put them in the closet.
- Set up a table next to the bed where he has easy access to fresh water, the telephone, the remote control for television, his glasses and anything else he needs to use frequently. Try not to clutter it.
- If there's enough room, set up a little visiting area with a table and chairs so people can visit with him and get him out of bed.
- Purchase an egg-crate or memory foam mattress. Make sure he repositions himself every two hours to prevent bedsores.
- Give your parent the security of being able to contact household members by purchasing a room monitor (such as a baby monitor) so he can call without yelling or ringing a bell, which grates on everyone's nerves.

- Hopefully, your parent's bedroom is next to a bathroom. If not, you can get portable commodes through a durable medical equipment (DME) company. Medicare usually covers this expense. You can even purchase a decorative screen so that it's not in full view.
- Liven up the room with a few plants placed throughout. If your parent likes the sound, get him one of those small fountains or waterfalls. You could be more adventurous and get a goldfish or aquarium.
- It's very easy to become disoriented when you spend so much time in one room, so place a large clock and calendar in the room. If your loved one has dementia, it's helpful to have a magic marker board

where you can write down things like what he just had for lunch or dinner, or what time you're coming back. Keep the room fresh.

- New and comfortable bedding, soothing curtains and pillows give a room a warm feeling. Make sure the designs are quiet and subtle rather than loud and dramatic. Large, bold patterns may confuse or aggravate him if he has dementia.
- Consider redesigning the downstairs dining room to make it into a bedroom for your parent for two reasons: it's less isolated from the hub of family life and there are no steps. Most families today aren't using the formal dining room and find it an easy space to convert.



VI. PAYING *for* CARE

Costs for homecare and institutional care vary widely.

The Cost of Care	
Type of Care	Average Cost
Home Health Aide	\$19/hour
Homecare/Personal Care	\$18/hour
Adult Day Services	\$61/day
Personal Care Home	\$1,500-\$3,000/month
Assisted Living	\$3,300/month
Nursing Home	\$222/day

The **Pennsylvania Caregiver Support Program** helps qualifying caregivers with a one-time grant for home modifications. Call your local Area Agency on Aging to see if you qualify. Visit the Pennsylvania Department of Aging website at www.aging.state.pa.us to find your local Area Agency on Aging.

There are several options available to help pay for long-term home care and lighten your family's financial burden while helping your loved one remain at home.

1. Medicaid

Medicaid is a jointly-funded, federal/state healthcare program for lower income residents. In 2012, the income limit for an individual applying for Medicaid was \$2,094 per month.

For a couple, the limit was \$3,033 per month. If one spouse is applying for Medicaid and the other is not, joint income can be shifted to help the applicant qualify.

Medicaid provides care for acute medical needs, rehabilitation and long-term care at home and in nursing homes. There are also numerous community-based programs, including adult day care, and assistance with local transportation.

Aging Waiver & OPTIONS Program

Medicaid covers Home and Community-Based Services through its Home and Community-Based Waiver programs. The Aging Waiver is for low-income residents over the age of 60 to enable them to continue to live in their homes and communities with support and services.

Services include:

- Adult Day Services
- Community Transition Services
- Counseling Services
- Environmental Modifications
- Home Delivered Meals
- Home Health
- Transportation Services
- Personal Care Services
- Personal Emergency Response System
- Respite Services
- Specialized Medical Equipment and Supplies
- TeleCare Services

There is no cost sharing and no contributions allowed. Eligibility is based on income and functional assessment.

The OPTIONS Program is lottery-funded and provided by local Area Agencies on Aging to help older adults remain in the community.

Consumers who receive these services are normally 60 years of age or older and experience some degree of frailty in their physical or mental health. They range in functional need from being eligible for a nursing facility to needing basic personal care services such as help around the home.

There is no financial eligibility requirement for OPTIONS based services. However, consumers may be required to make a co-payment, which is determined by their income level.

2. Medicare

Medicare is health insurance for people 65 years and older and for people who are younger with certain disabilities. It also covers anyone no matter what their age if they suffer from permanent kidney failure that requires dialysis or a kidney transplant known as End-Stage Renal Disease (ESRD).

Medicare has four different parts that cover specific services classified as Parts A, B, C and D.

Hospital Insurance: Part A

Medicare covers inpatient care in hospitals, skilled nursing facilities and hospice. It also covers home health services. All those federal Medicare taxes that your parent or loved one paid during their working years (40 quarters or more of Medicare-covered employment) have finally paid off with Part A coverage. As a result, few people pay a premium for this coverage. If they don't automatically receive Part A, then they should approach Medicare and determine if they can enroll by paying a premium. However, they do need to meet an annual deductible for inpatient stays. For example, in 2012 the deductible was \$1,156 during the first 60 days of an inpatient stay.

Medical Insurance: Part B

Medicare significantly covers physician services, office visits and other licensed healthcare providers such as physical therapists, respiratory therapists and occupational therapists. All of those outpatient care visits, treatments and procedures are also covered under Part B, including home health. Wheelchairs and other durable medical equipment and supplies are covered under Part B.

Preventive screenings like mammograms, prostate tests, colonoscopies and others are provided by Part B and no longer require a co-pay. Unlike Part A, your parent will need to pay a Part B premium that Medicare sets every year. It is automatically deducted from Social Security payments and is not increased if there has been no Cost of Living Allowance. For example, in 2012 Medicare Part B premium was \$99.90 per month. People with higher annual incomes above \$85,000 (single) and \$170,000 (couple) will pay more for their premiums. Seniors who have low incomes can receive assistance with their Part B premiums through their state Medical Assistance Office.

The level of payment Medicare provides for services under Part B Medical Insurance is usually 80 percent of the cost of the service after an annual deductible (\$140 in 2012) has been met. Medicare assigns a set amount for reimbursement to healthcare providers. On

certain services there will also be co-payments. As a result most Medicare beneficiaries that participate in “Original Medicare” purchase a health insurance policy sold by private firms to cover the 20 percent “gap” known as “Medigap.” Each year an enrollment period is available to sign up for such a policy.

Medicare Advantage Plans: Part C

Beneficiaries can opt to receive Medicare in one of two ways. The first is called “Original Medicare,” some also call it “Traditional Medicare” or Fee-For-Service. Under this option, your parent chooses his own doctors and Medicare pays them predetermined fees for their service known as assignment. He may go to any hospital or physician he wants, where and when he wants, and Medicare will pay them directly.

In contrast, if he opts for a Medicare Advantage Plan then he is essentially joining a Medicare-approved Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) run by a private company. Medicare pays these companies a monthly fixed amount for your parent’s care. By law they are required to provide your mom and dad all the services and care he or she would receive from Original Medicare – it must be “equal to or more.”

The “advantage” of these plans is that they often provide extra coverage such as vision care, wellness programs and, depending on the plan,

some dental and hearing coverage. They provide prescription coverage, as well (Part D). If your parent signs up for an Advantage Plan, he does not need to pay for a Medigap policy, which can be a sizable savings, running close to \$300 a month.

The Medicare Advantage Plans can charge various out-of-pocket costs such as deductibles and co-pays and they have their own rules (though these must be approved by Medicare) as to what doctors your parent must see within their network. You continue to pay the Part B premium and they provide Medicare's services covered under Part A and Part B. The plans set a yearly limit on the amount of out-of-pocket expenses you can amass. It's a limit you surely want to check in to.

Do your research before you switch

If your parent has complex needs and has been seeing specialists that she really likes, then she might want to think twice about joining a Medicare Advantage Plan. Make sure her specialists are in their network – can she accept using their physicians, specialists and hospitals rather than freely finding physicians on her own?

Go to www.medicare.gov and click “Compare Drug and Health Plans” and you'll be able to compare Advantage Plans offered in your area and compare what they cover, their deductibles, co-pays, premiums, quality measures and patient satisfaction ratings.

One final word of caution: Medicare Health Plans can drop out of the Medicare program any time they want, so look for a plan with a solid financial history. On the other hand, you can leave a Medicare Health Plan at any time, for any reason. If you choose to go back to Original Medicare, call 1-800-MEDICARE to re-enroll.

Medicare beneficiaries have the opportunity to enroll in Medicare Advantage Plans and Prescription Plans once a year, usually held in the fall of the year lasting for a few months. It's known as the “Open Enrollment” period.

Prescription Drug Coverage: Part D

Medicare beneficiaries are offered the opportunity to enroll in a Part D Prescription plan provided by private companies that are approved by Medicare. The beneficiary is responsible for paying a monthly premium and co-pays for the plan. It is a voluntary program, however, if you don't subscribe you will pay late enrollment penalties should you choose to enroll later. Your premiums will be considerably higher for every year you wait.

People with Original Medicare should definitely look for a Part D plan. The costs for premiums, deductibles and co-pays vary by plan. Beneficiaries who enroll in a Medicare Advantage Plan rarely need to do so, as it's included in the plan. But always ask before you enroll.

Both plans are affected by what's known as the "donut hole" which is basically a period where there is a gap in coverage for prescriptions and you pay nearly all of your prescription costs up to a limit. Beneficiaries, however, can receive a 50 percent discount on brand named covered drugs. Between 2011 and 2020 the Affordable Care Act will gradually reduce your share of out-of-pocket expenses, effectively closing the donut hole by 2020.

How to Compare Plans

You can compare drug plans offered in your area by going to www.medicare.gov and choosing "Compare Drug and Health Plans." Be sure to have a list handy of all the prescription drugs your parent takes and the pharmacies that he receives them from. This way you can determine if the plan you're considering covers his prescriptions, at which pharmacies and for how much.

Your parent can also receive extra help to pay for a Part D Plan if he has a limited income. Go to www.benefitscheckup.org to see if he qualifies or contact your state's Medical Assistance Office.

When you're reviewing plans, be sure to look for any restrictions that might be imposed on drugs that your parent takes. Plans categorize drugs into tiers – the higher the tier, the higher

the co-pay or they may be required to take a lesser expensive drug deemed equivalent. Even if your parent has been in a plan for a year or two, always check during the Open Enrollment period as to what the plan covers. The plans have formularies, or a list of the drugs they cover under their plan. They can decide to change what's on the list from year to year, so if there is a drug that's vital to your parent's health, verify that it will continue to be covered.

3. Veterans Administration

According to the Veterans Health Care Eligibility Reform Act, any veteran who wants to receive Veterans Administration healthcare services must enroll. The veteran must fill out Form 10-10EZ and there are three ways to receive it:

1. Visit, call or write a local VA care or benefits office listed in the blue pages of the phone book under federal government.
2. Call the VA Enrollment Center at **1-877-222-VETS**.
3. Download the form and file it electronically by going to the VA website at www.va.gov.

Veterans need to present their Honorable Discharge Certificate (DD-214) and once enrolled, he or she will be assigned one of two eligibility categories: must-do or may-do. The VA must

provide hospital and outpatient care to veterans in the “must-do” group, consisting of veterans who have a service-connected disability, former POWs, World War I veterans and low-income veterans. Depending upon funding, the VA may also offer some nursing home care to this group.

The VA may provide health care services to the “may-do” group, depending upon the resources available to the Department of Veterans Affairs. These veterans will have to pay a co-payment for the care.

In addition to an eligibility category, the veteran will be assigned to one of seven priority groups. Vets with a service-connected disability that is 50 percent or more disabling are given priority one status. Most veterans of WWII fall into priority group five – they don’t have a disability connected to the war, but their annual income and net worth are considered “low income” as determined by the VA system. Those who have higher incomes can still receive services, but they pay a higher co-pay.

Veterans accepted for enrollment in the VA healthcare system can receive inpatient and outpatient services, including preventive and primary care. Prescriptions are covered when veterans receive their treatment from a VA medical facility.

Veterans may be eligible to receive primary care from outpatient clinics, community-based care, some nursing home care, home-based primary care, adult day care, rehabilitation, diagnostic and treatment services and hospital (medical and surgical) inpatient care. If the VA doesn’t operate a facility where you live, they can send your parent to one located nearest to you or subcontract with another provider for him to receive the service.

The Veterans Administration also provides a “**VA Caregiver Support**” program. If a veteran is unable to perform an activity of daily living or needs supervision or protection based on an impairment or injury (such as dementia, stroke or Parkinson’s) then the caregiver may qualify for up to 30 days of respite care per year, support groups and education and training on caregiving. The veteran may qualify for a wide range of long-term care services, including home modifications, medical equipment and vehicle modification. Visit www.caregiver.va.gov or call the National Caregiver Support Line at **1-855-260-3274**.

4. Long-Term Care Insurance

Long-term care policies usually offer one or all of the following kinds of care:

Home health care

These are services provided at home and include occupational, physical, respiratory and speech therapy, nursing care, social work and nursing assistant services. This benefit is very helpful as it gives your parent an alternative to nursing home care and allows them to remain in their own home for as long as possible.

Personal Care / Private Duty Homecare

These services provide help with the activities of daily living such as assistance with bathing, transferring in and out of beds and chairs, meal preparation and medication reminders.

Respite care

This is temporary care to relieve a caregiver who provides full-time care to the insured person. For many companies, this is an add-on to a regular policy.

Nursing home care

This means skilled nursing care at a long-term care facility. Some nursing homes also provide custodial care and assisted living, which would not be covered under the skilled nursing care provision of the policy. So don't assume that if the care is provided by a nursing home, the care is automatically covered. Be sure to ask for clarification. Nursing homes are licensed by the state and, if the facility is Medicare-certified,

then they are also monitored by the federal government. Nursing-home care is the major reason most people buy long-term care policies. It's no wonder when people can expect to pay on average \$80,000 a year, depending upon where they live.

Most insurance companies divide care into three levels:

- Skilled care that requires doctor's orders and is provided by physicians, nurses and registered therapists
- Intermediate care that requires trained personnel who are under the supervision of a doctor or nurse
- Custodial care that requires personnel to help with the activities of daily living.

If your parent lives alone and you do not live nearby, you might want to consider the benefit of homecare. Your parent could be recovering from a bad flu and not need a registered nurse, but could use someone to cook his meals, shop, get his prescriptions filled, give him a bath, monitor his health and alert you if he needs to get to the doctor.

Homecare, in many cases, can avert going down a slippery slope towards frail health and dependency. If your parent has long-term care insurance, make sure the agent clearly spells out what the company defines for each level of care

and have them tell you who makes care level decisions.

Most companies require that your parent cannot perform at least two activities of daily living (ADL) tasks before coverage kicks in (i.e. eating, bathing, using the toilet, walking and dressing). They frequently send out a company nurse to assess his or her condition. Ask the insurance agent about any restrictions surrounding hiring help (i.e. whether you can hire a relative who is a nurse's aide) and what is the appeal process if you disagree with the level-of-care decision made by the company.

Also, be sure the policy is a tax-qualified one. Federal law now allows individuals to deduct a portion of the premium. Check to see if your state has a 30-day "free look" provision for a long-term care policy so you can cancel it within

30 days of enrolling should you change your mind.

Choose a policy that allows you to redirect your benefits from homecare to nursing home care and vice versa. For example, if you exhaust your nursing home benefit but have untapped home health care benefits, the company should add the home health care amount to your nursing home care. Or, if receiving care in the home is what you need to recover from a hip fracture, for example, it would be helpful to tap into the nursing home benefit.

Policies are expensive and the rate increases with age. **Long-Term Care Quote** is a national resource center and independent agency specializing in long-term care insurance that offers easy-to-understand, free comparative quotes to consumers. Visit www.longtermcarequote.com or call **1-800-352-9742**.

Anticipate the Future

Consider "compound-inflation rider coverage" guaranteeing that the daily benefit will increase over time. If you buy a policy today that pays out \$110 per day, in 20 years, a modest 5 percent inflation rate would generate a nursing home daily rate of \$292 – nearly three times the amount you'd receive. With the rider, your premium will cost more, but inflation protection assures that it's worth what you'll really need.

5. Reverse Mortgages

A reverse mortgage is essentially a loan against your parent's home that she doesn't have to pay back for as long as she lives in it. Thus, she can turn the value of her home into cash, giving her the ability to afford the remodeling she needs or maybe long-term care services that are not covered by Medicare. When she moves, sells the home or dies, the money is then paid back. The loan can be paid to your mother in various

ways. She could receive it as one lump sum, as a regular monthly cash advance like a paycheck, as a credit line that she draws against whenever she needs the funds or a combination of any of these methods. One word of caution: if she receives public benefits such as SSI, make sure that her new income doesn't throw her over the eligibility limits. Check with your local Area Agency on Aging to make sure she'll still be eligible. Reverse mortgages are available to people who are 62 and older and own their home. The major benefit with this type of loan is that your mother doesn't have any monthly payments to make and she won't need a certain income to qualify.

Here are some of the basics of reverse mortgages:

- There will be financing fees such as closing costs and interest.
- Your mom will remain the owner of her home; thus she's responsible for property taxes, repairs and insurance just as she always has been.
- When the loan is finished, your mom or her heirs must pay back all of the cash advances plus interest.
- The lenders aren't interested in owning and selling her home, they just want their money back.

One of the most important features of a reverse mortgage is the "non-recourse" limit. This means

that the lender does not have any recourse to secure payment for the loan from any other source, including your mother's heirs, assets or income. The only legal recourse they have is limited by the value of your mom's home. This is an important protection: your mom will never owe more than what her home is currently worth when the loan is to be repaid.

There are three major kinds of reverse mortgages:

Single Purpose Loans

Some state and local governments offer single purpose loans, for example to pay property taxes or to make home repairs, but there are usually income caps to qualify.

Multipurpose loans

Multipurpose loans can either be in the form of federally-insured Home Equity Conversion Mortgages (HECM) offered by banks and mortgage companies, or more expensive "proprietary" reverse mortgages.

Proprietary Reverse Mortgages

Proprietary reverse mortgages, offered by private companies, would enable your mother to use the money to, for example, both repair her home and receive a monthly income.

As with any decision of this magnitude, take the time to research all of your options. **AARP** offers

a handbook on the topic called “Home Made Money.” Call **1-800-424-3410** to request a free copy or visit **www.aarp.org/revmort**.

The **National Reverse Mortgage Lenders Association** has set best-practice benchmarks for their members, and you can find out who has met these guidelines by either calling them at **1-866-264-4466** or visiting **www.reversemortgage.org**.

6. Caregiving Tax Credits and Deductions

Tax deductions for caregiving expenses can be deductible. There are two ways to approach it:

Claim your father as a dependent.

He does not need to live with you to be declared your dependent. However, you and he do need to meet two tests to be eligible for the dependent care deduction:

- Your father’s income, not including Social Security income, must be under a certain limit set each year by the IRS. He must declare income from pension benefits, interest and dividends from investments or withdrawals from any retirement savings plans, like IRAs.
- On your end, you need to prove that you cover more than half of your dad’s costs for long-term care or in-home care, such as housing, food, transportation, medical care and other necessary living expenses.

If your father does live with you, the IRS will also allow you to include a percentage of your mortgage, utilities and other shelter-related expenses and count those toward meeting the expense threshold. If you father qualifies as a dependent, you’ll also be able to claim him as a personal exemption, further reducing your taxable income.

Claim your father’s medical expenses.

Even if your father doesn’t qualify as your dependent, you may be able to include his medical care deductions on your tax return. The best way to find out what you can deduct is to check out IRS Publication 502, Medical and Dental Expenses. To claim these deductions, you still need to show that you pay for more than half of your father’s support, but in this case he does not need to meet the dependent income test described above.

If your dad’s medical and long-term care expenses, combined with your own medical expenses, exceed 7.5 percent of your Adjusted Gross Income (AGI), you would be able to claim the medical deductions that exceed this amount. For example, if your AGI is \$40,000, you’d be able to report medical care deductions expenses that exceed \$3,000 (7.5 percent of \$40,000). If, on the other hand, expenses for both of you came to \$2,600, you wouldn’t be allowed any medical care deductions because they don’t

amount to more than 7.5 percent of your AGI.

If you qualify, here are some of the medical expenses you would be able to deduct:

- Transportation to medical appointments, including ambulance transport
- Long-term care insurance premiums
- Prescription drugs
- Medicare Part D premiums
- Privately hired in-home health care
- Nursing care
- Chiropractor visits
- Dental treatment
- Hearing aids and eyeglasses
- Nursing home care
- Out-of-pocket medical expenses resulting from surgeries and procedures

You may also deduct modifications you've made to your home in order to care for your father, including constructing access ramps, widening doors, installing railings and making modifications to the bathroom, kitchen, stairs

and entry/exitways. If a capital improvement will actually increase the value of your home (i.e. installing a stair lift or adding a new room to the house), then the cost of the improvement is reduced by the increase in the value of your property.

If you'd like free help filing your taxes, be sure to look into the **AARP Tax Aide program**. This program is run by volunteers who can walk you through the kinds of deductions we've discussed and can help you file your tax return. Many AARP Tax Aide locations have the capacity to file your return electronically. Call **1-888-227-7669** to find a tax counseling site near you or visit **www.aarp.org/taxaide**. These sites operate from Feb. 1 through April 15 each year.

Be sure to check with your tax preparer or accountant on filing for tax deductions, as tax laws change. This guidebook is not meant to replace tax advice from either the IRS or your financial advisor.



VII. OTHER RESOURCES

Tracking down services and identifying financial resources that make living at home possible and affordable is no easy task, especially when it comes to getting through the Medicare maze or navigating long-term care insurance. Yet, it's definitely worth the effort as a little bit of research can yield much-needed resources. In this section, you'll learn how to access a central source that can help you identify benefits for which you qualify, discover "go-to" websites and how to deduct caregiving and home modifications on your tax return. You'll "meet" your Area Agency on Aging and find out how a wide range of services in your community may be yours for the asking. You'll also learn how to turn your home into income and how the Veterans Administration can provide services that make staying at home doable.

1. Pennsylvania Homecare Association – We're just one call or click away!

The **Pennsylvania Homecare Association** is a statewide organization of more than 500 home health, hospice and homecare providers. Members provide quality care and serve as advocates for their patients and clients on a variety of healthcare related issues. PHA and its members work hard to improve professional standards and ensure access to quality homecare throughout the Commonwealth.

Call **1-800-382-1211** or visit **www.pahomecare.org** to take advantage of the following resources:

- Find a Provider – Search for a home health, personal care or hospice provider near you with just a few clicks
- Questions to ask when looking for a homecare provider
- Hotlines and resources linking you to all of the state and federal agencies regulating the homecare industry

2. My Learning Center

My Learning Center is a collection of more than 40 free, online training videos for family caregivers. Topics include Alzheimer's and dementia care, seniors and aging, infection control and safety and handling emergencies. Each video ranges from five to 25 minutes and features first-hand accounts of families, seniors, caregivers and experts on the issues caregivers face each day.

The site is maintained by the Pennsylvania Homecare Association and funded by a grant from the Pennsylvania Department of Aging.

My Learning Center is online at **learningcenter.pahomecare.org**. A free brochure with a complete listing of video courses is available by contacting PHA at **1-800-382-1211, ext. 22**.

3. Area Agency on Aging

Area Agencies on Aging (AAA) receive funding from states and the federal government through the Older Americans Act. They act as your county's centralized advocate for issues facing older people and chief planners for aging services in your community. They also act as a major provider and subcontractor of aging services dedicated to giving older adults the option to live at home and remain in their communities. Senior centers, home-delivered meals and shared ride programs receive funding from your local Area Agency on Aging. And, it's your AAA that acts as a watchdog protecting vulnerable elderly from physical, mental or financial abuse and neglect rendered by family members, strangers or in a care facility.

Here are just three of the major ways you can take advantage of your local Area Agency on Aging:

Information hub

Since the agency is responsible for planning aging services for the whole community, they'll know just about every program in the region. Many of them offer guidebooks of all the services available. Your local AAA can tell you what community services are available, advise you on eligibility criteria of various programs and give you contact information.

Several types of community services helpful for those who live at home are:

- Shared ride programs offering subsidized transportation via buses, vans and cabs to and from senior centers, doctors' appointments and other venues.
- Home-delivered meals or "Meals on Wheels" providing daily meals for those who are homebound and most often live alone. Sign up through local senior centers, faith-based groups or the AAA.
- Senior Centers offer a wide range of programs for older people that include meals, socio-recreational activities and educational programs. Some offer primary health care onsite and all centers provide information and referral services.
- APPRISE program offers free advice on Medicare, long-term care insurance and Medigap policies. Counselors are often available at senior centers to guide people through the insurance maze especially during "Open Enrollment" periods.
- Friendly visitor and companionship services are often offered by volunteers who are members of churches and synagogues. Many don't require those who receive the service to be members of the congregation.

Link

Aging and Disability Resource Centers (ADRC) are a nationwide effort to take a seamless approach in the way we assist seniors and adults with disabilities who need help with activities of daily living. The ADRC in Pennsylvania is known as the **Link**. Pennsylvania has established 52 Links that cover all 67 counties to improve access to long-term care supports through an integrated network of local partners committed to expanding the use of community-based solutions, promoting consumer directed decision making and improving quality of services regardless of age, physical/developmental disability or ability to pay.

Because of PA Link collaborations, partner agencies are more efficiently and effectively assisting individuals to navigate a complex system of federal, state and local programs.

Visit www.aging.state.pa.us to connect with your local Link.

Pennsylvania Caregiver Support Program

The Pennsylvania Caregiver Support Program, which is administered by local Area Agencies on Aging, is a terrific program designed to reinforce the care being given to people over the age of 60 or adults with dementia. The program is largely supported by the Pennsylvania Lottery.

As a primary caregiver, you may qualify for financial help to cover out-of-pocket expenses and receive a grant to modify your home or purchase helpful devices. Some families have used the money to install a stair climb or modify a bathroom. Eligible services for reimbursement include homecare, medical equipment and supplies, personal care, respite care and assistive devices.

The program operates on a sliding fee scale, so it's not a poverty-restricted program. Caregivers must submit receipts for services and products in order to receive financial reimbursement.

Stipends to help with the care and support of a senior family member or friend range from \$200-500 per month. They are also eligible to receive reimbursement for home modifications up to \$2,000.

Call your local Area Agency on Aging to see if you qualify. Visit the Pennsylvania Department

of Aging website at www.aging.state.pa.us to find your local Area Agency on Aging.

4. Benefits Check-Up

The **National Council on Aging (NCOA)** offers a helpful screening service that will help you find and enroll in federal, state, local and private programs that help pay for prescription drugs, utility bills, meals, health care and other needs. Visit www.benefitscheckup.org and fill out the questionnaire. It only takes 10 to 15 minutes to complete. You'll enter basic information about your parent, including income, all of which remains confidential.

Once you've entered the data, the "Benefits Checkup" will search thousands of benefits against your parent's information. Within seconds, you'll receive an "Eligibility Report" that will identify potential benefits for which your parent may be eligible. The report will include all of the information that you will need to contact agencies to determine whether or not your parent actually qualifies. You will be given local names, addresses and 800 numbers, along with application forms that you simply download and send in to the appropriate agency. This resource is a great timesaver!

The NCOA website also allows you to apply for Medicare's "Extra Help Prescription Drug Coverage" for people with lower incomes who

qualify for Medicare Part D co-payments. And, if your parents can't afford to keep good food on the table, they can apply for the Supplemental Nutrition Assistance Program or "SNAP," formally known as the Food Stamp Program. The Benefits Checkup website is especially helpful if you live in a different state than your parents, as it searches thousands of programs by state and gives you local numbers to contact.

5. Helpful Websites

The Internet is amazing, if not overwhelming, when it comes to finding out all kinds of information on just about every topic imaginable. As baby boomers age and become Internet savvy, websites on aging are popping up faster than the speed of light. A simple keyword search on "caregiving" will pull up millions of hits. Where to begin?! Here are some key websites that will get you well on your way to navigating the resources that await you in cyberspace:

Pennsylvania Homecare Association www.pahomecare.org

Search for a home health, personal care or hospice provider and access hotlines and resources linking you to all of the state and federal agencies regulating the homecare industry. You can also access My Learning Center, a collection of free, online training videos for family caregivers, on the PHA website.

National Council on Aging “Benefits Check-up”

www.benefitscheckup.org

Simply fill out a simple online questionnaire and immediately find out if your parent qualifies for benefits and prescription discounts. The site provides forms and contact data once you know you're eligible for a benefit.

Medicare

www.medicare.gov

Medicare is the centerpiece of your parents' health care. What's covered and what's not are always changing, but the site does a nice job of making it understandable with an online guide to just about every question you might have on Medicare. They also provide ratings and comparison shopping reports on nursing homes, home health care agencies, hospitals, medigap policies and drug plans.

Locating Eldercare Services Nationwide

www.eldercare.gov

If you're looking for community-based services in another state, this site is a one-stop shop. Go to their Quick Index so you can easily link to all of the services offered by the Administration on Aging. You can track down the Area Agency on Aging closest to your parent(s) and access other caregiving websites.

MedlinePlus

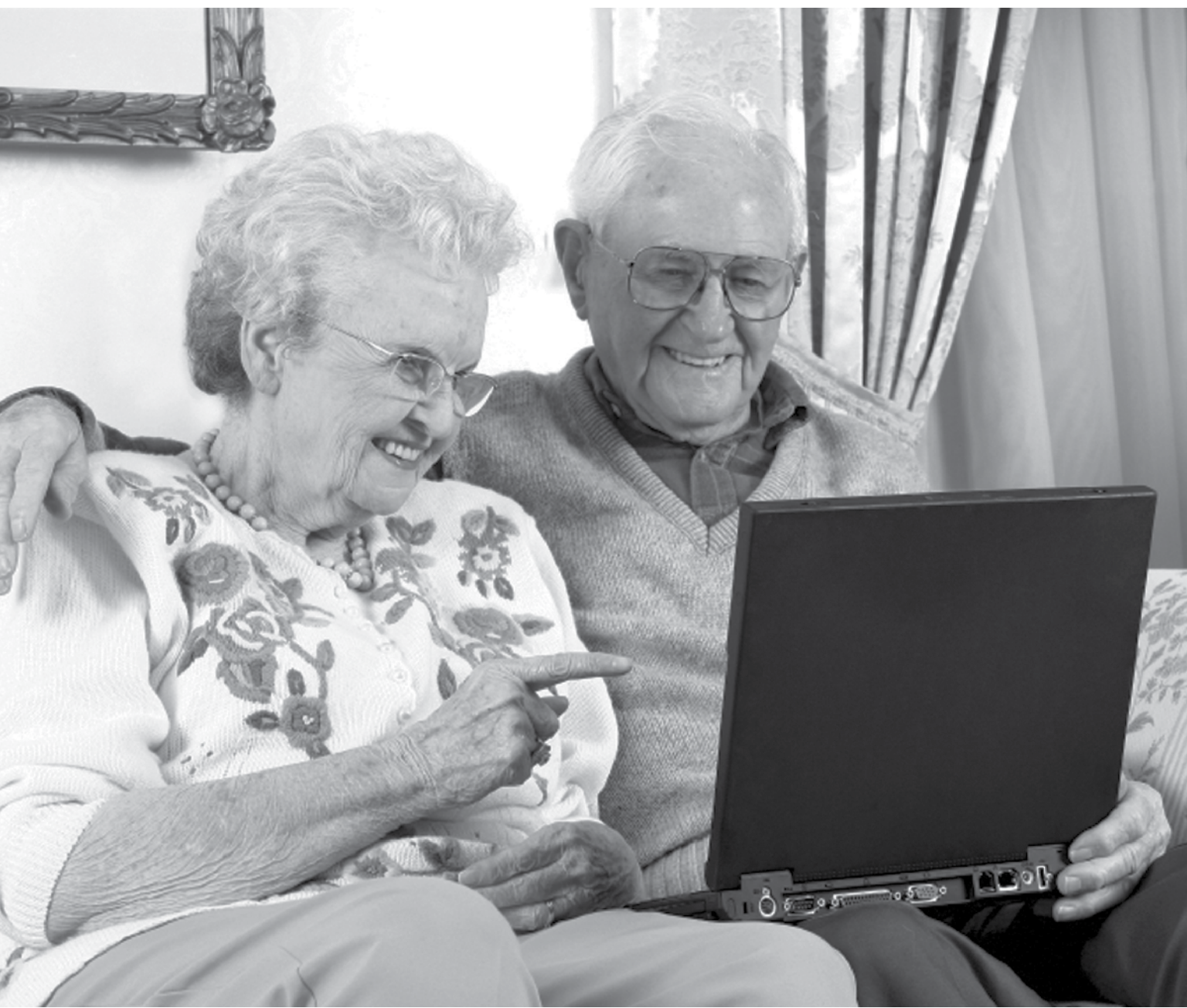
www.medlineplus.gov

MedlinePlus answers a wealth of questions on hundreds of health conditions and thousands of medications, including herbs and vitamins assembled by trusted authorities from the National Library of Medicine, the National Institutes of Health, other government agencies and health-related organizations. You'll also find an illustrated medical encyclopedia, interactive patient tutorials and the latest in health news.

AARP

www.aarp.org

Even though this is a commercial website, when it comes to senior issues, it is top-notch in giving you easily understandable consumer information from A to Z. They provide you with the latest news, helpful links and printable versions of many of their excellent publications. You don't have to be a member of AARP to use it.





Pennsylvania Homecare Association

www.pahomecare.org

BRINGING CARE HOME...

*Beginning the important conversation
about what we want as we age*