The Quintessential Guide For The Unprepared Caregiver

By Tony Rovere of StuffSeniorsNeed.com
Medical Disclaimer

This book contains advice and information relating to health care and elder care. It is not intended to replace medical advice and should be used as a supplement rather than to replace regular care by your doctor. As always, we recommend that you seek your physician’s advice before embarking on any medical program or treatment.

All efforts have been made to ensure the accuracy of the information contained in this book as of the date published. The author expressly disclaims responsibility for any adverse effects arising from the use or application of the information contained herein.

Information Disclaimer

The information provided in this book is intended to give you general guidelines so that you can acquire the resources you need to assist yourself and your loved one as you care for them.

Due to the fact that certain government offices may have slightly different names in different parts of the country, we will use the most common name and leave it to the reader to determine if their local government branch goes by a slightly different name (i.e.: Your ‘Office of the Aging’ may actually be known in your area as the ‘Division of Senior Services’).

Due to this fact, if you would like help from me ascertaining what services may be available for you and your loved one, I will do everything that I can to help. Contact me by clicking here and send me your question. I will get back to you as soon as I can, but
ask you to keep in mind that you might not get an immediate response due to the large number of emails I receive.

Financial Disclaimer

This book does contain affiliate links. This means that if you were to click through to a recommended website from a link in this book I may earn a commission if you chose to purchase the recommended product.

These recommendations are taken seriously by me...because I completely understand that my professional reputation is on the line if I recommend a product that does not perform properly. In addition many, though not all, of the recommended products and services I have personally used to assist me in my caregiving responsibilities.

However, even if I feel that a product is beneficial, you should take the time to research the product yourself and make completely sure that you are comfortable with the purchase and have thoroughly researched all options.
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Chapter 1-My Personal Story

If you are reading this book, you are (or soon foresee that you will be) a caregiver and are trying to gain some insights into your new role in life as well as get as much help as you possibly can.

Now, I don't know if you want to hear my own story about my own caregiving journey, but I would ask the reader for a little patience. I will be as brief as I can but my story has lessons that I will be referring back to throughout the book. So as a frame of reference it is important that you bear with me a little. Thank you.

This story primary relates to my mother and her physical decline. It happened far earlier than I would have anticipated. She was only in her 60's as her mobility started to suffer. In 2008 she fell and broke her shoulder. In 2010 she fell again and needed to spend some time in rehab to regain her balance.

She had been staying with me for a while but because of a transfer at work I had to move. As a result she moved in with my brother.

But she continued to decline, losing mobility and starting to need assistance devices like a walker, grab bars, a raised toilet and a lift chair.

On the weekends I would visit to clear her apartment or do food shopping. My brother took care of this during the week but the strain was getting to the both of us. We were on the verge of having "the talk" with her (about the need to go to a facility for her safety) when IT happened...

At the time I was working and had gotten a text from my brother..."Have you spoken to Mom? No one can get a hold of her."
My nephew was home sick and my brother's ex-wife was hoping Mom could keep an eye on him while she went to work. I had spoken to Mom the day before but nothing seemed out of the ordinary.

So I started trying to call...10 minutes, 15 minutes, 30 minutes goes by.

At this point we are definitely worried. There is no way she was in the bathroom or away from her phone for that long. She either fell...or worse.

So my brother raced home, calling the police on the way to meet him at the house, and that's when he found Mom in her lift chair, unresponsive to any outside stimulus, barely breathing.

As the cop called for an ambulance, my brother started sending the word out about what happened and trying to also answer all of the questions from the police and the ambulance crew at the same time.

I got the following text...

"Mom is unresponsive but breathing. Going to Mather [Hospital]."

It was 11:35am, January 9, 2012. I will never forget it.

And for the next 6 months...all hell broke loose in our lives.

Obviously, our first concern was for Mom's immediate health. She was in ICU in critical condition and her long-term prognosis was up in the air. But while the doctors were doing everything they could to help Mom, my brother and I were now faced with several realizations...

- In her condition she would need to go to a nursing home.
• How were we to pay for that, being that nursing homes on Long Island were going for $10,000 a month...and up!
• How do we go about checking out a nursing home and making sure it is right for her? How do we apply for Medicaid...and to that end, how do we find all of Mom's information to apply for Medicaid?
• We don't have a Power-of-Attorney to get this information? So how do we deal with that?

And so, this is where we began, as typical unprepared caregivers.

After we left the hospital that first night we went back to my brother's house and started searching Mom's apartment for the information we would need. And we were fortunate to find enough information to give us hints where to look for the rest. For example, we found her check book so we knew which bank she was using.

But after speaking with the social worker we learned we were going to need 5 years' worth of banking records for the Medicaid application. And without the Power-of-Attorney (POA) we were dead in the water with that.

At this point in time, I needed advice. I called the Employee Assistance Hotline at my job and after relaying the situation to the counselor that was assisting me out options came down to two...

• Wait it out in the hopes that Mom would become cognizant enough to sign the POA.
• Apply for legal guardianship over her so that we could make financial decisions on her behalf.

Legal guardianship I learned was a process where I would have to hire an elder law attorney and go before a judge to have the power to make financial decisions for Mom. It would enable us to have the power to get access to all of her bank records as well as retirement information and all of the information required to proceed with the Medicaid application.

It was also going to cost several thousand dollars out-of-pocket in order to do this.
So after speaking with my brother we make the decision to first "wait it out" to see if Mom would become aware enough to legally sign the paperwork. I learned from speaking with the social worker and the notary at the hospital that this is a \textbf{VERY} common occurrence and they have experience in dealing with this situation. All that is required by the notary is that at the time of the signing the Power of Attorney is for the notary to be satisfied that Mom is aware and knows what she is signing.

That gave us some hope...especially the fact the notary and social worker had a ton of experience dealing with unprepared caregivers like the two of us.

And sure enough, in about 2 weeks, Mom started to become a little more aware of her surroundings. She was transferred to her 1st nursing home (more on why we moved her out of there later) which took residents in a "Medicaid pending" status (people applying for Medicaid who had not been approved for it yet) and I had spoken to the notary and social worker over there.

They were aware of our situation with the POA and had experienced it before as well. And fortunately, after Mom was there for about a week I was able to visit her with the notary, who explained to Mom what she was signing and why it was important. Her response was, "That's what I want", which is all the notary needed to sign off on the signature.

That was the first time (but not the last) in this process that I had left as though someone had taken an 800-lb. anvil off my chest. Because before I got that POA signed, there was a ton of information I still needed to compile for Mom, such as her bank records, retirement paperwork, copies of previous leases to prove her residency for the last 5 years...and I couldn't get any of it.

You can only imagine, if you haven't been through the situation, how frustrating it is. Because before that POA was signed I was stuck in the classic "chicken or the egg scenario". But now I could go to work...or at least I thought I could.
Nursing Home Issues

It was at this point that Mom began having to go back to the hospital. She was still in bad shape and we thought that her symptoms were related to the heart attack. She would spend no more than 3 days in the nursing home and then have to go back to Mather Hospital to deal with a weak heartbeat, excessively high (or low) blood pressure, or a urinary tract infection.

This pattern actually repeated itself three times. She would go to Mather Hospital, get better, and then go back to the nursing home and within 3 days she would be back in the hospital with the same symptoms.

It was on the third trip that the emergency room nurses pulled me aside. Mom was suffering from having a catheter improperly inserted to expel her bodily wastes. They even gave me a picture of her backside to show me the rashes from the catheter being improperly inserted and cleaned...this is what was causing the urinary tract infection which was recurring. And it was the infection that was causing the other symptoms.

I went ballistic!!!!

Note: I since learned that this isn’t proper procedure...for the emergency room staff to give such pictures to a family member. It IS however standard practice to take the pictures for their protection. This way they are documenting the injuries and bruises of a patient upon admitting to the hospital.

I took a few copies of the pictures and confronted the nursing home administrator, who at first was "in a meeting". The receptionist was informed by me that the administrator had 2 minutes to get out of the meeting or she would be talking to the 6 o’clock news that night.

So she conveniently came out of the meeting, and I let her have it regarding the neglect. I told her that I was bringing in the state Ombudsman to investigate and pulling Mom out of their facility.
What happened with the investigation I never really found out. I was interviewed by the Ombudsman and gave them the necessary information, plus a copy of the picture, but at that point my concern was to...

- Find Mom another facility that was better than the dump she was in
- Deal with the mountain of paperwork I needed to collect for the Medicaid application

So now, the most pressing need was to find a better facility that was willing to take care of Mom the right way.

There are a few tools I came across that can help. I have written about one of these on my blog, StuffSeniorsNeed.com, the Medicare Nursing Home Finder. But the other is to just start asking friends, co-workers and colleagues if they can give you any recommendations.

And the great part for me was that I got recommended to the same nursing home by two different people...one of whom was a nurse who had looked at a dozen nursing homes in my area before picking this one for her mother.

So I began the process with this new facility. They accepted residents on a "Medicaid pending" status as well and I am happy to say that this nursing home took has taken far better care of Mom.

So once Mom was stabilized in a safe environment it was now time for me to turn my attention back to the mountain of paperwork awaiting me.
Dealing with the Government

I talked a little bit above about the Power of Attorney and how I had FINALLY gotten it. That was half the battle. The next half of the battle was getting the information.

NOTE: As I went through the process, the social worker that was assisting me said that I was one of the most expeditious persons she had worked with in 20 years in terms of getting the information together as quickly as possible. For me, it was about just getting through the red tape and getting it done.

Evidently, most people drag this process out.

Now, why you would choose to do this is beyond me but this seems to be the way most people do it. I would HIGHLY recommend putting your nose to the grindstone and getting this done as quickly as possible. As I relay actually what happened through the Medicaid process, you will see why this is the best way to go.

So the first stop was to Mom's bank (it was a Chase) and to put the POA on file. I spoke with the branch manager, presented the POA and stated that I needed to get 5 years of banking records for the Medicaid application.

Here is a great tip for you.

When you go to the bank, whoever you speak with (try and get the branch manager if possible) make sure that you speak with this one person throughout the process, this way you don't have to continue repeating yourself to different people. This was very important for me because I found out you will have to make multiple trips to the bank to deal with this, because...

1) There could be an error with the request initially, as there were with mine…
In my case, this wasn't the banks fault, although it did require some investigating by them. It turns out when I received the initial request of the 5 years of bank records (2007-2012), January 2007 through July 2008 came back blank!!!!

I had about 200 blanks sheets of paper. This wasn't going to fly with Medicaid.

After investigating the issue with the branch manager it turns out that in July 2008 Mom changed bank accounts. She was never able to tell us why but after investigating this we were able to find the older accounts and then were able to request the information on this older account and get a complete summary of her banking history.

2) The Clarification Process

After you send in the initial package for the Medicaid application, which detailed EVERYTHING in Mom's financial life (more on this below), you and the social worker assisting you through the process will receive a letter from Medicaid asking for clarification on any information they find in the bank records.

In this respect, the social worker I was working with helped me invaluably, as did the branch manager at Chase.

First, the social worker went through every deposit Mom had made in the last 5 years, because Medicaid wants to know the source of the money. The social worker assisting me with the application would say "Your mother make a $237 deposit on March 9, 2008. Do you know what it was for?"

How the hell was I supposed to know that?!

Fortunately if you get the deposit statement from the bank and provide them to Medicaid this is acceptable and requires no further clarification.
Note: What the social worker did was highlight the deposits that Medicaid would ask about BEFORE MEDICAID ASKED FOR THEM. Basically anything that wasn’t a standard paycheck. And as long as you present Medicaid with the bank deposit slip that is acceptable.

So before Medicaid asked for this information I was able to visit the branch manager at Chase with dates and amounts of deposits that I would need the deposit slips for. And this alleviated most of the problem.

In addition, it is normally a $6 a month fee to get bank records. But because my request was for a Medicaid application, they fees are waived, saving $300 in the process.

Other Information Required

Now, what I have talked about so far was the banking records alone. There was plenty of other information needed...

- Social Security Card [I had my mother's Social Security award letter, which was acceptable]
- Marriage certificate, separation papers, divorce decree or spouse's death certificate.
- If not born in the U.S., certificate of naturalization, resident alien card, passport, visa or alien registration card
- Birth certificate [this can be ordered online. I did a Google search for "How to get a copy of my birth certificate in NY" and got a link to the New York City office that handled it.]
- If you own your house, you need to submit a copy of the deed, mortgage statement, property tax bill, homeowners insurance and two utility bills.
- If you rent, statements from the landlord indicating length of stay, current rent and a copy of the lease with a recent utility bill and the last three cancelled checks for the rent. [In my instance, my mother was living with my brother. Therefore my brother provided a letter stating that she was living with him. Also, because it is a 5-year look back we had to go to her previous landlord and get a copy of that lease to establish her residency for 5 years]
- Documentation of any loans due
- Documentation of child support or alimony payments [being received or being paid out]
- Any paid or unpaid medical bills for the last three months [for Medicaid to pick you up you must have unpaid medical bills, but if you run into a situation like we did…my mother's heart attack…that won't be a problem. There will be plenty of medical bills].
- Health insurance cards [for us this was Mom's Medicare card and then her Blue Cross Senior card, which was the Medicare Advantage Plan she joined, leaving government Medicare]
- Documentation of health insurance premiums
- Military discharge papers, which is the DD214 if you were in the military.
- All savings accounts, stocks, bonds, CD's and retirement information

And with every one listed above, I had to present that Power of Attorney, get access to her accounts and request the information.

The amazing part is that like most seniors, Mom didn't save a ton of cash. She rented and didn't own her home, had a 2000 Hyundai Accent and a few thousand dollars in a retirement account. But even in this case with such a small amount of cash the stack of paperwork was massive...

So after this mass of paperwork is compiled and copied, off it goes to Medicaid. Are you done yet?
Of course not!

You will remember the Clarification Process I mentioned above...the government bureaucrat on the other end receiving the paperwork does that for EVERYTHING you send in. And it can be infuriating, mainly due to the fact that most times I found that the information the bureaucrat is requesting clarification on is information YOU ALREADY PROVIDED THEM...IF THEY ONLY KNEW HOW TO READ IT!!!

Case in point.

Mom had a $10,000 term life insurance policy. A TERM life insurance policy does not have a cash-value that builds up in the policy.

Not only that, but I had attached the declarations page for the policy to the Medicaid application...saying there was no cash value.

Nevertheless, the government bureaucrat wanted me to get a letter from the insurance company saying there wasn't any cash value in the policy.

After some screaming on my part and educating the empty suit on the other of the phone as to what they were looking at, the information I originally sent was accepted.

But the best advice I could give you is to be prepared for this type of thing.

Knowing the incompetence is coming will help you, in a small way, to deal with it when it does.
Issues to Deal with Post-Medicaid

The time eventually came when I received the Medicaid award letter. When you receive that information, there is no feeling like it in the world. The weight that is lifted off your shoulders feels like you are on top of the world.

But the feeling doesn't last forever. There have been problems since then, but nothing that I couldn't manage.

There have been care plan meetings (yearly reviews of Mom's condition and recommendations for her care), doctors' visits, and meetings with social workers and dealing with the remaining aspects of Mom's financial life.

To this day I receive letters from attorneys regarding her past due bills. She did have several credit cards that there was no way for her to pay for.

A simple letter from me explaining the situation, accompanied by letters from the nursing home as well as a copy of the Medicaid award letter normally is enough to get them off our backs.

So things have settled down, as calm as they are likely to, with the primary focus being on making sure Mom is as happy as we can make her and also as safe as she can possibly be.
Well, now that you have read my story, I am now going to focus on two aspects of my journey that you can benefit from...

- The things I should have done to prepare
- The mistakes I made

My hope is that by processing my story you will be in a position where you can proactively move forward now and as a caregiver be ready when "it" happens.

Assumed That I Had Time

This was the biggest mistake by far, and as a result all of my other mistakes were compounded as a result of this one. Mom was 5 days past her 68th birthday. There was no way you could have convinced me that something like this could have happened to her.

Yes, she did not take care of herself, and yes, she was deteriorating physically. The one topic that I was thinking about bringing up to my brother was the possibility of the two of us talking to Mom about needing a nursing home or home health care agency to assist her. At the time she was staying in an apartment in my brother’s basement (it was the only place we had for her) and I was personally expecting a war with her over this.

The heart attack eliminated the need to fight that battle...but it brought on a whole slew of other problems which were far more difficult to deal with.

So figuring that I had plenty of time to deal with this "caregiving stuff" was the biggest mistake I had ever made. If I had it to do all over again, the first thing that I would do is make sure that I had the following information and paperwork available, or at least a means of collecting it...
Power of Attorney

A power-of-attorney (POA) is a legal document which gives one person the ability to act for another person in regard to their personal finances if that person is unable to make those decisions for themselves. I relayed the horror story in Chapter 1 of eventually getting the POA signed but you do not want to have to go through this process.

Now, I am not a lawyer and am not giving legal advice here, but in my circumstance I found a sample POA that was about 4 pages long giving me blanket power to handle Mom’s finances. She signed it and I was off to collect all of the information I related previously.

Based upon your own individual situation with your parents, you may need something more elaborate or need to speak to an experienced elder law attorney to deal with your unique situation.

Health Care Proxy

What a POA is for your parent’s finances, the health care proxy is for making health decisions. In my case, even though we didn’t have the proxy we were still making health decisions as the next-of-kin but after Mom was settled in her nursing home, she signed a health care proxy so that we could legally make these decisions for her if she was unable to do so on her own.

Note: For both the POA and the Health Care Proxy, they do not override the wishes of the person signing them. It is not the case where I can authorize a treatment that Mom does not want if she is cognizant enough to make the decision on her own.

It only allows me to legally make decisions for her in the event she cannot make those decisions for herself.
Medical Directives

Medical directives (also known as advanced directives) deal with end of life issues. Here I am discussing a Do Not Resuscitate order (DNR). And I can tell you that this led to some problems between my brother and I while Mom was in critical condition.

This was one of the few things that I had talked about with Mom...the fact that she did not want to be artificially resuscitated. Of course, like everything else, it wasn't in writing so Mom's wishes didn't apply.

And when we were being asked in those days right after the heart attack when Mom was in ICU, the question from the ICU staff was whether we would be signing such a form on her behalf.

I was for it because I had these talks with my mother. My brother was against it because he didn't want her to suffer and die in a situation where she might be able to be saved.

Now, there was no way I was going to sign it under those circumstances. That could have led to a schism between my brother and I for the rest of our lives if something happened to her and the hospital or nursing home didn't begin to try and resuscitate her.

A lot of this was the result of our mutual confusion over what a DNR covers and what it doesn't. As the nurse explained, it doesn't mean that if Mom was sick or in pain she wasn't going to be treated. All it meant was if her heart stopped they wouldn't begin chest compressions.

It wasn't until a few months later, when Mom was finally settled in at the 2nd nursing home that she made the decision to sign the DNR.

But I would HIGHLY recommend that you have this talk with your parents and they put their wishes in writing via a signed and notarized document regarding this issue. You
don't want the stress of having a family fight compounding an already bad situation. Have the talk and have your parents put their wishes in writing.

**Mom's Full Health Situation**

I had taken her to doctors' visits as she started to decline physically. But I didn't have a list of these doctors, the long term prognosis, the medications she was on, etc...

My brother, when he was first dealing with the paramedics, was just going around giving them the medicine bottles he could find in the apartment.

That's not the way to do it.

And also, I understand that your parents may not want you to be treating them like a kid in this (or any other) instance, but if they had a pill box organizer or a dedicated spot in the house where they kept their medications (i.e.: on top of the frig) that you knew about it can make dealing with an emergency situation a lot easier.

**Mom's Health Insurance**

I didn't know if she was on Medicare through the government or through a Medicare Advantage plan (which is the private version of Medicare). More to the point, and this was a few years ago so it is tough to remember, I do recall that there was a duplicate insurance issue with some of Mom's bills. Both insurance companies were claiming they were the secondary and the other was the primary.

That situation got eventually worked out but the point I am making is that you do need to understand the ins and outs of Medicare and Medicaid.

Don't panic. I will give you a primer on both topics...as simply as I possibly can...later on.
Personal Finances

Here, I am not talking about having access to her money, but I am talking about knowing how to access her financial information if need be. Where did she have a bank account? What bills did she have? Where was her retirement savings? Did she have life insurance? What kind? How much?

At the moment of the heart attack, we had very little information on any of these topics. And while these may be some of the things that you initially think of, there are others that you will have to access throughout your role as a caregiver...

- Where was her Social Security card?
- Where was her Medicare card?
- Where is her birth certificate?

Unfortunately, I don't know isn't going to cut it. And if you the "normal unprepared caregiver" you don't have a clue where any of this information is either.

So don't feel bad about that now. Now you know. The key is for you to have "the talk" with your folks about preparing for the future. And I will be providing tips and ideas for how to have "the talk" in a later chapter.

And by far my biggest mistake was...

Focusing more on the financial aspects of caregiving than making sure Mom was being cared for correctly.

This is almost embarrassing to admit right now, but if this book is to give the best possible information for caregivers, I have to tell the truth.

You see, about a year-and-a-half before the heart attack, Mom fell and needed a 3-week stint in rehab. The facility she went to then was actually her first nursing home.
Because she had been there previously and loved the place, I trusted them way too much and focused more on running around and getting all of the information for Medicaid than I did on watching the staff.

And as I related in Chapter 1, it was the third time that Mom went back to the hospital that we had firm evidence of the neglect taking place. It was at that point that called in the State Ombudsman and moved Mom to another facility.

When she went to the 2nd nursing home, I watched them like a hawk…especially at first. This included…

- Going at different times of the day
- Going on different days during the week
- Participating in all care plan meetings
- Meeting not only the aides who are most responsible for the individual care of the residents, but also knowing the charge nurse in Mom’s wing, the nursing supervisor, recreational director, doctors and the administrator of the facility

The more active you are (and I know this can be tough with you having to take care of your own family) the easier it will be to make sure that things do not go astray.
I've titled this chapter "Resources to Assist Caregivers" because I want to differentiate it from "Caregiver Burnout", which will be the next chapter. I will list all of those resources there.

However, in this chapter I am going to deal with as many of the governmental and charity-based resources out there (that space permits) that can assist you as a caregiver to get the help you need to take care of your loved one properly.

And while I will be as extensive as possible, there is no way I could list all of the services, as many new ones are coming into fruition all the same (and sadly, some are being eliminated due to budget cuts).

So while I will be putting together as encompassing a list as I can, my first responsibility is to explain to you how you can go about finding the resources in your area...

**Office of the Aging**

For senior citizens who are facing tough times, help can be found at the Office of the Aging. After all, you should not have to make the choice between feeding yourself and paying the rent or for your medications.

For this reason there are government services that are able to assist you.

The most likely place to look for these resources would be at your local Office of the Aging. It may go by another name in your area…the most common variant is “Division of Senior Services”…this organization exists to help seniors in any way that they can.
Now, the services can vary from one office to another...mainly due to budgetary issues...but the only way that you are going to be able to find out is if you make the time to call them or visit them to see what type of help is available in your local area.

Local Volunteer Organizations

There are many that aid seniors and their caregivers, Meals-On-Wheels, the Lion's Club, etc...but I am going to focus here on the National Aging-In-Place Council.

DISCLOSURE: I currently serve and volunteer as co-chair of the Long Island Chapter of the National Aging-In-Place Council.

Senior citizens are the most vulnerable people in our society. So these seniors, and their caregivers, are looking for people they can trust.

Unfortunately with the proliferation of senior scams and unscrupulous individuals who are looking to take advantage of them, the problem is how seniors and their caregivers can get the services they need from people they trust.

What is needed is a group that will look out for them, consisting of reputable members who understand that they have a fiduciary responsibility to serve their clients and put their needs first.

Such an organization exists...the National Aging-In-Place Council (NAIPC).

The NAIPC has members of each chapter that are involved in a multitude of services designed to support seniors and their caregivers. This can mean...

- Home health care
- Social workers
- Reverse mortgage specialists
- Aging in place specialists
• Contractors who specialize in “senior-proofing” a home
• Audiologists and opticians
• Nurses

You get the idea.

But the next question you may ask is, “How do I know these people are reputable?” And it is a valid point. But this is where the NAIPC stands apart from every other senior network out there.

All NAIPC members have to have a criminal background check in order to become members!

And what this does is keep the scammers and those seeking to take advantage of others out of the local chapters. It is a huge advantage to seniors and their caregivers who are looking for peace-of-mind.

So if you are in need of services as a senior, or you are the caregiver of a senior, insist that the people you work with are members of their local branch of the NAIPC. Not only will the job get done right but you can have the peace-of-mind that no one is being taken advantage of.

To find a local chapter near you visit http://www.ageinplace.org/Local-Chapters

Now it is time for the list of resources and ideas. I have done my best to only list those resources that are either free or give steep discounts to seniors and their caregivers.

There are a few that do require fees. Most are very reasonable and the few that are expensive are worth it (Project Lifesaver). But first, when dealing with the senior community, it is important to understand what the Activities for Daily Living are and how they affect the benefit options available. So let me explain that to you first, and then get into the resources...
Activities for Daily Living

The Activities for Daily Living (ADL) are classified into six separate and distinct areas.

The purpose of the ADL’s is to use them as a guide in determining whether or not a senior has the ability to live on their own or not.

Here are the six ADL’s…and after I have listed them I will bring my own perspective and experiences in dealing with my mother’s situation to each of them to assist those caregivers who are trying to figure out whether or not a loved can live on their own or not…

- **Bathing**-This is not only being able to wash or shave, but also being able to safely get in and out of the bathtub without the risk of falling, being able to brush your teeth, comb your hair and handle basic personal hygiene.
- **Toileting**-Being able to safely get on and get off of the toilet.
- **Continence**-This is being able to control your bowels and your bladder. It can also mean that someone is able to deal with their incontinence independently without the assistance of a caregiver.
- **Transferring**-Being able to walk, get in and out of bed as well as in and out of chairs, wheelchairs, beds, cars, etc...
- **Eating**-being able to feed yourself and avoid choking (aspiration) issues…it can also refer to the ability to properly prepare your own meals.
- **Dressing**-Not just putting clothes on but also being able to handle buttons, zippers, shoe laces, etc...

When it comes time to make decisions as to whether or not someone has the ability to live safely on their own, these are the six areas that you have to examine.

In my situation, this was difficult at first. My mother’s physical condition started to deteriorate but she was still able to handle the above…although with increasing difficulty.
For example, as toileting became more difficult, we installed *grab bars* as well as a *raised toilet* in the bathroom that allowed her to maintain her independence for a time.

What my brother and I didn’t have to do was try and convince my mother that the time had come where she needed permanent care. When she took her heart attack, she was unable to perform any of the ADL’s and we needed to find her a nursing home where she could get the 24-hour care she needed.

Ultimately, the Activities for Daily Living are really a guide that seniors and their caregivers can use to determine whether or not someone has the ability to maintain their independence safely.

So now that this has been addressed, let's get into the resources...
Free Cell Phone for Seniors

There are several potential of free cell phones for seniors, in particular free government cell phones.

I will take you through those options and show you how to qualify for a free cell phone for seniors.

Not everyone will qualify, but below are the three companies that will provide a free cell phone for qualifying seniors...

- Assurance Wireless
- SafeLink Wireless
- ReachOut Wireless

In order to qualify for the program, your total household income must be at or below 135% of the federal poverty guidelines in states that follow the federal eligibility criteria, OR you currently qualify for one of the following programs...

- Medicaid (this is how Mom qualified…I merely sent in her Medicaid number and 5 days later the phone arrived)
- Food Stamps/Supplemental Nutritional Assistance Plan
- Supplemental Security Income [SSI]
- Temporary Assistance for Needy Families [TANF]
- Supplemental Rental Assistance [Section 8]
- Federal Public Housing Assistance [FPHA]
- The National School Lunch Free Lunch Program
- Low Income Home Energy Assistance Plan

If you meet these requirements, go to any of the websites listed above, enter your zip code to bring up your state’s application, fill it out and follow the instructions. However, please note that currently Assurance Wireless is not available in all 50 states (at the time I write this), although the number of states grows all the time.
Free Dentures and Dental Care for Seniors

Upon retiring, many seniors lose their dental coverage, which makes finding free dentures and dental care a priority.

Now, as you might imagine, this isn’t easy to come by, but there are a few free and reduced-fee options out there for seniors without dental coverage.

So what I am going to do is to go over the organizations that can provide these services for free…

First, I would encourage you to look into the National Association of Free Clinics.

They are a nationwide group of doctors and dentists that provide free services for all age groups, including seniors.

There are financial requirements that you must meet in order to qualify but I would recommend that you take the time to investigate this resource.

Next, investigate the Dentist Care Foundation of Mercy and see if they have an event coming to your area. This is group of volunteer dentists that travel the country assisting those without dental insurance.

Another new resource available is ToothWishdom.org, which features a comprehensive listing of dental programs available in 50 states.

The Dental Research Programs Directory may be able to provide you with free services for your dental needs. You can search by state or by procedure to see if you could benefit from the free clinical trial.

In addition to those above, there are several options below:
Explore some university-based dental colleges to see if they take patients. You would have your dental needs taken care of by the students at that university under the supervision of the professors at the college.

It should be noted that this is not done for free, but would be done at a reduced rate. Call your local Office of the Aging to see if they know of any dentists in your area that would be willing to help low-income individuals or a pro-bono basis. I have many of these programs listed by state at http://stuffseniorsneed.com/blog/free-dental-care-by-state/.

Another good source for this type of information would be your local Lion’s Club. They also may be able to put you into touch with state agencies that can assist you as well.
“Free” Hearing Aids For Seniors

As a result of a recent interview I did with Dr. Stefanie Wolf, a licensed audiologist in Rockville Center, NY, (you can read that interview here) I received a great education on audiology in general and hearing aids in particular.

And as a result of that interview, it has forced me to re-think everything I had previously thought that I “knew” about free hearing aids, as much of the advice that I was giving was flat out wrong, or in some instances, I had fallen for some deceptive marketing practices put out there by hearing aid manufacturers.

But because this is the most common question I receive…how to find a free hearing aid…it was necessary for me to strive to get you the best information on the subject.

I am indebted to Dr. Wolf for that.

So what I am doing to do is list some of those deceptive marketing practices so that you are aware of my past mistakes, and also give you some solid recommendations as to find economical alternatives.

How Does A Hearing Aid Work

In order to understand things better, you need to understand how a hearing aid works. A hearing aid is a digital sound processor, NOT AN AMPLIFIER, as Dr. Wolf put it. Someone suffering from hearing loss does not need the sound of everything around them to go up, which is what an amplifier does.

So this means the person sitting next to you, as well as the crowd around you, is louder.
This isn’t going to help you hear well. This is what going to make everything louder. What do you need is a better signal to noise ratio, and this is what hearing aids do…20 times a second. Adding strength to the voices close to you while minimizing the background noise.

How This Pertains To You

A hearing aid, as you can see, is a very sensitive device, and is tuned to the individual. This is why they are so expensive and why in many instances you cannot just pick up any hearing aid and start using it…it needs to be tuned to your particular reason for hearing loss based upon whatever damage there may be to the inner working of your inner ear.

How Do Scammers Take Advantage of This

Because devices are so expensive, there is understandably a need on the part of low-income seniors to find either a free hearing aid or an inexpensive alternative.

And one of those deceptive marketing practices that I talked about above is the “clinical trial of a hearing aid”. This is actually a ploy because you still have to pay for the cost of the hearing aid (many of these clinical trials may say that you get the hearing aid for free but this isn’t the case once you get the fine print in the mail).

Other Alternatives Available To You

There are some places that you can choose to look for assistance with a hearing aid. You just need to be aware without the device being tuned especially tuned to you then there is no way for you to get the maximum benefit out of the device…
Lion’s Club

The Lion’s Club is a group of business men and women in your community who end up serving the community, volunteering their time and participating in charitable events.

The Lion’s operate not only a national hearing aid bank but many local chapters operate their own hearing aid bank on a community basis as well.

In addition, due to the fact that these are local business leaders, many of them may know of a local charity or group that may be able to help you as well.

Office of The Aging

Your local Office of the Aging [this government office could also be known as the Division of Senior Services in your area] may be in a position to help in several ways…

As the local office that assists seniors, it is entirely possible that they may know of a local agency or charity that can help.

In addition, in SOME states Medicaid can help low income individuals pay for hearing aids. You would have to apply for Medicaid and get approved first, but this could be an invaluable source of help.

Discounted Hearing Aid

The next logical question comes if you cannot get hold of a free hearing aid…after all, they are hard to come by…what do you do?
There are several sources of discounted hearing aids, most notably through AARP. AARP members can receive a 20% discount at hearingshop.com on hearing aids and a 15% discount on accessories, batteries and other hearing aid supplies.

**Other Devices That Could Help**

In talking with Dr. Wolf, it is possible for some people to experience relief by using a *pocket talker*, and the best part about these devices is that they are relatively inexpensive (around $100-$150) so that puts them within reach of most people. Note: as a professional courtesy I am informing you that Dr. Wolf does NOT specifically recommend this particular pocket talker.

What I did was research the best reviewed and most economical pocket talker to give you an idea as to the type of device you should look for.

And the one that I have pictured above works great for my mother. You can read about how this *pocket talker helped Mom regain her hearing* and see if it can help in your situation.
Free Legal Advice

**Note:** I will be discussing the steps to finding a qualified elder law attorney later. This section will deal with finding local sources of free legal advice.

There are several sources of free legal advice for seniors.

I am going to go through them…as well as give you my personal experiences having sought and found free legal help for my mother after her heart attack.

First, my personal experience with the issue.

After my mother’s heart attack as I was going through the Medicaid application, one of the things that I quickly realized was that there wasn’t going to be any money to pay her bills and therefore I needed to seek out from free legal advice.

Medicaid would eventually require all of her income to go to the nursing home…meaning that there would be nothing left for her credit cards and other debts.

There was actually about $12,000 in debts…credit cards and things like that…and no way Mom could pay for it.
What I did was contact my local Office of the Aging and explained the situation. Because they are familiar with groups that help seniors in the local area, they put me in touch with the Law Department of a local college that had a senior assistance center.

This law department helped me to write letters to her creditors to get my mother’s debts forgiven.

They also were available to help in the event that I needed help in drawing up legal papers relating to my mother’s illness, such as a power-of-attorney or health-care proxy, but that had already been done.

So in addition to the organizations that I list below, I would encourage you to contact your local Office of the Aging as well to see if they know of a local organization as well.

**FreeAdvice.com**-enables you to ask questions and get answers from a community of attorneys. While they do not represent you in court for free, they can point you in the right direction to solving your problems.

**Probono.net**-This is a volunteer website of lawyers who share their resources for the public good.

**LawHelp.org**-contains a search listing by state to allow you to access local lawyers to help you with your legal problems.
Specific State Organizations - You should also be on the lookout for state wide organizations that provide legal assistance, even if they are not totally devoted to seniors. For example, when I searched for my home state of New York I came across the New York Legal Assistance Group, NYLAG (http://nylag.org/), which provides free civil legal services to those New Yorkers who cannot afford an attorney.
Free Medic Alert System

A free medic alert system is designed to give senior citizens a way to call for help in the event of a medical emergency. It is an ideal product for seniors, especially those who live on their own.

The premise is simple. A pendant is worn either around the neck or attached to the wrist like a watch.

This pendant has a two-way receiver so that in the event of an emergency you can activate the medical alarm and are immediately connected to the central station monitoring service of the medic alert company you have chosen.

You are then able to talk to the monitoring service, giving them information regarding the medical emergency and they can assist you in calling the police, an ambulance and your relatives. What I have done is broken the information you need down in a clear and unbiased way:

First, I was amazed when I was looking into these for my parents how many biased reviews were out there by websites just looking to make a quick buck by making an affiliate sale. But what I realized is that most can be obtained for free, and for seniors looking to maintain their independence having access to a medical alarm system is very important.

[When I say free, I mean that you do not need to purchase the medic alert system. You will have to pay a monthly fee for the central station monitoring.]
Next, I will go through other options for you as well. These will include… Medic alert bracelets and medic alert watches, which will relay to emergency services any medical conditions you are suffering from even if you are incapacitated.

Most of all, I tell you what to look for in a medic alert system and what not to look for (see below) And finally, if you ever have a question regarding medical alarms or anything else on this site please let me know and I will be happy to assist you.

**Medic Alert System Reviews**

As my parents aged, looking for medic alert systems reviews online and understanding how to compare medic alert systems became more of a growing concern. The reason was simple…I wanted to make sure that if either of them chose to purchase a device they were making the right investment with the right company.

But I have to say in all honesty that I was terribly disappointed with the so-called 'medic alert system reviews' that I found online. As I stated above, most were just someone pitching an affiliate program to make a few bucks as opposed to really giving the RIGHT type of information that senior citizens need to make an informed choice.

**The Most Important Factor**

So rather than try and push one system on you and make a quick buck like so many others, let me instead tell you what you should be looking for, and what you need to watch out for, when you are looking into medic alert system reviews.
The single most important thing to check is… The quality of the central station monitoring!

**THIS IS THE SINGLE MOST IMPORTANT FACTOR WHEN CONSIDERING ANY TYPE OF MEDICAL ALARM.**

Why? Because many of these companies outsource the monitoring service.

**UNDER NO CIRCUMSTANCE SHOULD YOU EVER PURCHASE A MEDIC ALERT SYSTEM IF THEY OUTSOURCE THEIR MONITORING.**

The reason you are buying the service is so if you need help in an emergency the company can properly respond. If they outsource the monitoring then they have no control over the training of the operators or the standards and procedures that the outsourcing company will use.

This is horrendous and the sad part was that I looked at DOZENS of medic alert system reviews online that never brought this fact up. Thankfully, from my own research I realized the importance of this and want to stress this to you as well.

When you are contacting companies about their service or reading medic alert system reviews, this is the most important thing to ask…
Do they train and operate their own central-station monitoring service or do they outsource the service. If it is outsourced, move on!

…All of the other factors you could consider, installation, price, accessories, shipping costs, discounts, etc…pale in comparison to this point. Make sure the company operates and trains its own central-station monitors!

Other Factors to Consider

Now, there are other things you should check as well, **AFTER** ensuring that the company operates its own monitoring service.

So when looking comparing medic alert systems, check also…

- Do you have to sign a contract or is the service available on a month-to-month basis? This can be important if you do not like the service you are receiving. So make sure to check the medic alert system reviews for this.
- How much is the device itself? It **SHOULD** be free.
- Is there a shipping fee? Normally there is not.
- What accessories can I obtain? Two to be on the lookout for are an extra pendant for a spouse and a lock box key you can attach to the door handle of your front door. This would hold the key to your front door so that emergency services such as the police or paramedics can access your house. Central station monitoring would have the code to give to emergency services so they can access the key.
- Is the pendant you wear on you waterproof? You want to wear it in the shower so this is a very important feature in the event you slip and fall in the shower or bathtub.
Food Stamps

Food stamps are a program administered by the Federal government (actually the U.S. Department of Agriculture) to provide low-income individuals with assistance to purchase food for themselves and their family.

To apply for food stamps, you will need to call the local office to request an application. You can go to the SNAP office to get the list of offices by state here. From there, scroll to the bottom of the page and click on your state. Once you do that pick the office closest to you and contact them.

The next thing you need to know is the application process and eligibility requirements. The local Supplemental Nutritional Assistance Program office will help you through the application process and also the eligibility requirements.

I would definitely suggest, if at all possible, to speak with someone at the office and not put your application in online.

Eligibility for Food Stamps

As far as the eligibility requirements, you would save yourself time by looking at the requirements on the Supplemental Nutritional Assistance Program website. This website will tell you not only the income and resource requirements, which vary based upon the size of your family, but also the maximum benefit that is allowed to you as a SNAP recipient.
This is also based upon the size of the family you are supporting. A family of one person is currently eligible for $200 in benefit while a family of eight can receive up to $1,202 in SNAP assistance...as I write this. Note that these numbers change over time.

In addition to the Supplemental Nutritional Assistance Program, there may be benefits available at the state and local level as well.

For example, at your local Office of the Aging they may have information about senior nutrition sites which can provide seniors with a nutritious meal and the opportunity to socialize, and may be able to provide for a home delivered meal as well. So it is important to check into these options as well.

Regardless of the situation, food stamps are a part of the social safety net that allow low income seniors to maintain their standard of living throughout their retirement years.
Medicaid Payments to Caregivers

Is there a way to receive Medicaid payments if you are a caregiver? It is a topic that more and more is coming to the forefront of our society. And as our population ages and more people become seniors, this means that their children will become their primary caregivers on a more frequent basis.

And for those caregivers, who currently number 34,000,000 in the United States spend out of pocket an average of $5,531 a year as part of their caregiving responsibilities. And while some of these expenses are tax deductible, this still amounts to a huge burden on the caregiving population.

Medicaid Payments

Now, Medicaid payments to caregivers do occur. Here are the particulars. If the person you are caring for has been accepted into Medicaid, you can qualify for direct cash payments through Medicaid’s Cash and Counseling Program.

The way that the cash and counseling program works is that it provides direct cash payments for the hiring of personal services, to purchase assistance items like wheelchairs and walkers, and to make home improvements that allow for easier access and mobility for those seniors who have difficulty getting around.
Drawbacks

The biggest drawback to receiving Medicaid payments as a caregiver is that as I write this, only 15 states have the Cash and Counseling program…


However, from my research it appears that this has been a very successful program because not only does it assist seniors and their caregivers but it also helps to keep the overall costs of the Medicaid program down by keeping seniors out of managed care facilities where the Medicaid costs are far higher.

As a result, you can expect this program to expand over time, so make sure to keep checking with your local Medicaid office if the program has come to your state if you are not on the list.

In addition, as a caregiver if the person you are caring for happens to have a long-term care insurance policy that allows for payments to caregivers (so do but not all) you can receive payments through this policy as well.
Qualifying For Cash and Counseling

As a joint Federal/State program, the requirements in each state may be slightly different. Normally, after you have been accepted to Medicaid first and then apply for a waiver in order to participate in the cash and counseling program.

The best thing would be for you to speak to your Medicaid office or social worker for them to give you all the details on a local level.
SCAT Bus For Seniors

In this case, SCAT stands for Suffolk County Accessible Transportation.

(I live in Suffolk County, NY and am writing about the local program in my area. In all likelihood you have a similar program in your area that goes by another name. Check with your local Office of the Aging for details).

The purpose of the program is to provide seniors who no longer drive or have the ability to use mass transit, like buses or the train, to get around.

The program complies with the Americans with Disabilities Act (ADA) to provide curb-to-curb paratransit services for anyone who because of a physical or mental disability is unable to use the regular bus.

Most programs such as this will require either a doctor’s note to apply or for the doctor to complete a medication certification form in order for the application to be processed.

Typical Procedures and Guidelines for SCAT Use

Reservations for a SCAT bus are on a first-come/first-served basis SCAT-bus-wheelchair-ramp
Reservations may be made for up to 5 days in advance, but must be made at least one day in advance, multiple reservations may be made but you are not guaranteed of having your time slot available.

In my area, the first pick-up is at 6am (7am on the weekends) and service continues until 8:30pm. This excludes holidays, when there is no service.

The fare is (as I write this) $4 one way and $8 round-trip. Check to see if exact change is required.

If you require a Personal Care Attendant (PCA) they travel free of charge (it will be noted on your ID card whether or not you require the PCA).

The program takes a dim view of late cancellations or no shows. You will quickly lose your privileges.

It must be emphasized again that SCAT is curb-to-curb, meaning that there is no assistance by the driver to get in and out of the vehicle. Your local SCAT bus may have a wheelchair lift but it will be the responsibility of the PCA to assist person in transit, not the driver.

Drivers also won’t carry any packages for you…so if you are going food shopping bring a cart.
Lastly, there is a 1/2 hour window for your pick up. That means it you schedule a bus for a 1pm pick it will be there between 12:45pm and 1:15pm, so make sure you are ready early.

**Conclusion**

As I said, SCAT is the name for the bus in my area. It provides a fantastic service for immobile seniors, but you will have to call your local Office of the Aging to see what the name of the program is in your area and what the specific requirements and regulations are.
Silver Alert Program

A silver alert is a missing person’s identification system similar to the Amber Alert for children.

The silver alert is designed to help locate senior citizens suffering from mental illness, dementia, Alzheimer’s or other cognitive disorders who get lost.

While the silver alert program functions nationwide, it does work a little different from state-to-state. As an example, there isn’t a single name that the program goes by…I have seen “Golden Alert”, “Missing Adult Alert”, and “Missing Senior Alert” among others…and in other states the silver alert system is part of a larger system to find all missing persons.

So I will give you some of the basics as well as highlighting some specific programs on the local level that I feel are of benefit.

First of all, let me explain to you how the program works in my area…

The silver alert program is coordinated with the local police department. A caregiver would register their parent or other loved one with the local police department giving their name, physical description, etc… The caregiver is then mailed a free medic alert bracelet (they don’t even pay for the shipping) which contains a distinctive identification number.
That I.D. number and the information attached to it is available for first responders or the general public to contact the police and reunite the wandering senior with their family.

**How to Find Out More Info in Your Area**

The way to do this is to contact either your local police department or your local Office of the Aging. They will be able to direct you to the right agency in your area handling the silver alert program.

Once you find the right agency, the caregiver will be sent a registration form to fill out. In my area, once the form is filled out and a picture of the person being registered is sent in you will then receive the silver alert bracelet. Simply strap it on their wrist so that in the event of an issue the police can help track them down.

**My Analysis of the Silver Alert System**

This is a terrific idea, and I personally believe that my local police department got it right. There has been some criticism of Silver Alerts, in the sense that if there are too many alerts being sent to the public (Amber Alerts for children, Silver Alerts for seniors, Blue Alerts for those who attack or kill a law enforcement official) the public may become tone deaf to them and ignore them.

This was one of the reasons the Silver Alert was vetoed statewide in New York in 2003.
After all, a wandering senior with dementia isn’t going to get very far on their own. That’s why I say that my local police department got it right with the free medic alert bracelet. By providing that bracelet it makes identification so much easier and because the person in question will be wandering, it enables the local population to help in their recovery.
Project Lifesaver

I was introduced to Project Lifesaver by Officer Stoothoff of the Suffolk County Sheriff's Office. He recently attended a breakfast meeting of the Long Island Chapter of the National Aging-In-Place Council.

Project Lifesaver is an emergency response locator service capable of finding individuals diagnosed with cognitive impairments which may cause them to wander and become lost…and is far better than a Silver Alert bracelet.

There is an emphasis for this device to be brought on a national basis, although not all areas of the country are serviced yet.

Project Lifesaver combines proven radio technology with specially trained search and rescue teams, typically comprising local police and/or sheriff's office.

The client wears a personalized one-ounce battery operated transmitter bracelet which emits a tracking signal every second, 24-hours a day.

The transmitter itself is smaller than a quarter and each transmitter has its own unique frequency.
Once a caregiver has notified the local search-and-rescue team (i.e.: police and/or sheriff) that a client is lost, this search-and-rescue team is dispatched to the last known location of the client.

While en-route they activate a vehicle-mounted locator tracking system and begin searching. A hand-held unit is used for areas inaccessible by the search vehicle. The transmitter signal can be scanned for from the ground or the air from a distance of several miles.

**How to Enroll**

You need to first determine whether or not the device is accessible in your area. To do this contact I would recommend visiting their national website and using their locator to find the nearest law enforcement agency that acts as the local search-and-rescue team.

From there, your local office will send you an enrollment application.

**Criteria to Determine Eligibility**

- Clients must be a resident of the municipality that the search-and-rescue team serves.
- Person's with a history of wandering related to cognitive impairments such as Autism, Alzheimer’s, Dementia, Down Syndrome, Mental Retardation, etc...are considered for enrollment
- Clients must have informed consent of their legal guardian and/or caregiver
- Caregivers/legal guardians must comply with their obligations and responsibilities in testing the transmitter on a daily basis making certain the battery is operational
- Caregivers/legal guardians must understand and agree that the locating technology used in the Project Lifesaver program is not intended as a substitute for responsible elder care.
• Client must have a 24/7 caregiver (see below for alternate plan if 24/7 caregiver isn't available)

**Client Equipment**

The following equipment is provided to the caregiver upon enrollment in Project Lifesaver...

• One transmitter
• 12 vinyl strips
• 12 batteries
• One battery tester

**Equipment Purchase**

The purchase of a one-year kit (outlined above) costs approximately $300.00 plus tax and shipping charges.

**Maintenance**

The wristband must be firmly fastened around the client’s wrist or ankle and not be removed. If removed then the search-and-rescue teams cannot determine the clients’ location. The transmitter’s battery must be checked daily by the caregiver of the client using the provided battery tester to ensure that the transmitter is sending out a signal.
Frequently Asked Questions

Applications can be requested via your local Project Lifesaver affiliate. After receipt of the application, that affiliate will meet with the caregiver and client to make sure that they residence is safe and to assist with the necessary paperwork. Once the equipment comes in (2-3 weeks after initial application) the program starts immediately.

What If A 24/7 Caregiver Isn't Available?

Project Lifesaver requires a custodial caregiver to check the transmitter battery each day as well as notify the affiliate agency if the client wanders and is lost. If your loved one does not have a live-in caregiver Project Lifesaver offers the PAL (Protect and Locate) Device. For more information visit http://www.ProjectLifesaver.org.

What Happens If A Client Wanders?

Caregivers should notify the local law enforcement affiliate at the contact number they provide to initiate a search.

Is The Transmitter Waterproof?

Yes, clients can shower while wearing the device.
Is The Device Cost Covered By Insurance?

You will have to check with your insurance provider. You can get a "Letter of Medical Necessity" from the local police affiliate if needed for insurance purposes.
Veterans Aid and Attendance Program

This is a little known government program that can assist veterans and their spouses.

It provides benefits to qualifying individuals who need help performing any of the six Activities for Daily Living.

This care can be provided at home or at an assisted living facility and can be needed because a qualifying veteran is blind, disabled or mentally handicapped at this point in life.

Qualifying for Benefits

In order to qualify for the program, a veteran or their spouse must be able to certify through a physician that you need assistance in at least one of the following areas...

- Dressing and undressing
- Bathing
- Cooking
- Eating
- Taking a prosthetic device on and off
It is important to note that you do not need to require assistance in every single area listed above in order to qualify for the Veteran Aid program. You only need to require assistance in one area to qualify for the program...

**Applying For Benefits**

In addition to requiring you to possess a DD-214, the applicant must also file a...

- Form 21-526 if you are a veteran
- Form 21-435 if you are a surviving spouse
- A medical evaluation from a physician stating that you need the help
- A listing of all current medical issues
- A net worth statement
- A listing of all current out-of-pocket expenses

**Total Benefit You Can Expect**

The benefit will depend on whether you are a veteran, the surviving spouse or are applying as a couple…

- Veteran - $1,732.00 a month maximum benefit
- Spouse - $1,113.00 a month maximum benefit
- Couple - $2,054.00 a month maximum benefit

And these numbers do change over time so the benefit you receive may be slightly different.
How Do I Go About Applying

The best resource online which states the application process can be found by going to http://www.veteranaid.org/apply.php.

The entire process, where to mail your application and all the required documentation is listed right there.
Prescription Drug Assistance Programs

For those seniors who cannot afford their medications, there are prescription drug assistance programs that can be accessed in addition to standard services such as Medicare Part D and Medicare Extra Help.

To that end, I am going to do give you tips, resources and ideas to enable you to receive your prescription drugs at sharp discounts, or maybe even free!

**NeedyMeds**

NeedyMeds is one of the best websites I have seen. Not only does it help those who are looking for prescription drug assistance programs, but there is a drug discount card that you can download that is accepted at over 62,000 pharmacies.

These pharmacies, which include Walgreens, Wal-Mart, CVS and Rite-Aid, take the card and there is a search box on the NeedyMeds website which will help you find other pharmacies in your area that accept the card.

To get your card, go to page 68 and I have the link for the card right there.
Partnership for Prescription Assistance

This is an interactive site that will allow you to search for not only for private prescription drug assistance programs but also for local and state programs that may be able to provide you with assistance as well.

You will insert the appropriate information, such as your age, state you live in, medications you require, your income, your current insurance information [Medicare Part A, Part B, Part D, Extra Help, etc...] and the interactive system will give you the programs that will provide you the most assistance.

Rx Assist

The Rx Assist Patient Center functions in a similar but noticeably different fashion…and it may be a little simpler to operate for seniors.

All you do is plug in the prescription medication that you need assistance with….but can't afford…and you will be given a link to an online application to apply for the prescription drug assistance program relating to the medication you are taking.
National Alliance on Mental Illness

NAMI has put together a list of prescription drugs that assistance is available for as well as the companies offering the assistance and the phone numbers to call and start the application process.

Rx Outreach

Rx Outreach provides much of the same information that the other websites provide. They provide you with income eligibility guidelines, a list of prescription medications covered as well as an online application to apply for the programs.

These programs, as well as those provided at the state level [through state pharmaceutical assistance programs] and at the Federal level [through Part D and Medicare Extra Help] are designed to assist seniors and other low income individuals to obtain the prescription medications they need.
Prescription Drug Discount Cards

A pharmacy discount card have been in the news as of late…and I personally feel that most of that has to do with the fact that there is a lot of confusion as to how they actually work and who can benefit from them.

So to clear up the confusion, and to show you the benefits of a pharmacy discount card (you can get yours below for free!!!) I am going to explain exactly how they work and who can benefit the most from them.

**Note:** You can [click here](http://www.stuffseniorneed.com) to access your own free copy of a prescription drug discount card.

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**How the Pharmacy Discount Card Works**

The pharmacy discount card is a free card which, when presented to the pharmacist when ordering your medications, will help decrease the amount of money that you spend on your prescription medications.
The card does not require to be registered or activated. You only need to show it to the pharmacist at a participating pharmacy to get the discount.

The holders of the card (that number is in the tens of thousands throughout the country) act as if they are a union, negotiating prices. And this actually benefits the pharmacies as well due to the increased amount of business they receive by participating in the program.

**Who Can Use It**

The card can be used by anyone. While my synopsis of the card may lean towards senior citizens there are no age or income restrictions on the cards use. That means that at any time anyone is in need of medications this pharmacy discount card can provide savings to them.

**Is The Card An Insurance Plan?**

No. This is not insurance. It only provides discounts on medications. But because it is not insurance, there are no deductibles or restrictions (like pre-existing conditions) that would accompany insurance.

**Who Can Benefit the Most Using the Card?**

Because the card is not insurance, pharmacy discount cards are not valid if they are used in conjunction with insurance or with a government-sponsored health plan like Medicare Part D or Medicaid.

The best candidates for effective use of a pharmacy discount card are those who…
• Have no insurance
• Need to take a prescription that is not covered by their existing medication
• Have to deal with a high co-payment/deductible where the discount card would offer a more economical alternative
• Are in the Medicare “Donut Hole”

**How Much Money Can I Save?**

The savings are significant, but vary from drug to drug so there is no way to say for sure. The average is around 45% and you may save up to 80% on your medications.

**How Many Pharmacies Can I Go To?**

The card is accepted by over 63,000 pharmacies throughout the USA. And all of the larger chains accept it, such as Wal-Mart, Walgreens, CVS, Rite-Aid, etc…as well as most supermarkets throughout the country.

**Does This Work For Pet Medications?**

Yes. So long as the prescription is written by a veterinarian and the pharmacy participates in the program, you will receive the same benefits off of pet medications as well.

**What’s In It for the Pharmacist?**

This was the part about pharmacy discount cards that really threw me at first. Why would the pharmacy agree to give you your medications for 1/2 off? Well, there are a few compelling reasons…
They make a sale they wouldn't ordinarily make...and they are still profiting on the transaction...so they gain a customer they otherwise wouldn't have had.

They get you in the store...and most pharmacies today sell a lot more than medications. This means that their participation in the pharmacy discount card program allows them to sell more of the other items they sell.
Joint Emergency Evacuation Program for Seniors

Many seniors, part of the greatest generation, will remember the venerable Jeep, one of the iconic symbols of World War 2.

The little Jeep was one of the most versatile vehicles on the battlefield. Eisenhower even said that the Jeep was one of the three vehicles most important to the Allied victory in WW2.

Whenever there was an emergency, the Jeep was there to bail the GI’s out of trouble.

Now, let’s fast forward 60 or 70 years, and talk about another Jeep that is designed to get seniors out of trouble…the Joint Emergency Evacuation Program (JEEP).
This is a program that was begun in my area (Long Island, NY) right after Hurricane Sandy hit when many seniors were left in areas where they needed help, but they weren’t evacuated before the storm.

This creates a major problem for emergency first responders, who now may have to venture into areas they otherwise wouldn’t go into in order to save seniors trapped.

This causes a strain on precious resources in an emergency, and puts our first responders at unnecessary risk.

This is what the Joint Emergency Evacuation Program (JEEP) is designed to deal with.

JEEP consists of an online database of at-risk seniors and other individuals who will need to be evacuated in the event of an emergency.

The main benefit is that these people can be evacuated before the disaster strikes, first responders then are able to deal with the aftermath of a storm without having to deal with the flood of emergency calls from seniors who could have been evacuated before the storm hits.

Now, as with most of the programs that I write about, a similar program in your area might go another name. Therefore I think the best way of finding out about involving seniors in an emergency evacuation plan in your area is to call your local Office of the
Aging, the Office of Handicapped Services or a local politician at the town of county level and ask them if a program like that exists in your area.

If so, you will have to see if you or your loved one qualify to be part of the database. This is dependent not only upon the physical ability of seniors but also on the availability of other evacuation options for you as well.

It will be your responsibility to keep your address updated in the database, and there may other local requirements. But the time to check on these things is now. Expect the phone lines to be constantly busy about programs like this if a Category 5 hurricane is scheduled to hit tomorrow. Therefore, consider this to be a situation whereby you need to plan now to avoid the emergency ahead.
LifeLine Phone for Seniors

For seniors who are looking for help for telephone services, there are several government options available.

There are two government programs that can help, known as the LifeLine phone and LinkUp.

Both are detailed below, but to give you a brief synopsis, both programs are designed to provide seniors with discounts on monthly telephone bill as well as to help pay for the initial setting up of the phone line.

Benefits of the LifeLine Phone

The Lifeline phone has been designed to give eligible individuals a discount on a phone line. This discount can apply to either a land line or to wireless service. This discount applies to only one phone line per person. You cannot have multiple discounts on multiple phone lines. The discount varies from state-to-state, but can be as much as $10 or more monthly.
Benefits of LinkUp and Lifeline phone

Whereas the Lifeline phone is designed to help seniors pay for the cost of monthly phone service, LinkUp is designed to help pay for the initial setting up of telephone service.

This discount, which is up to $30 a month, can apply to either the cost of setting up a land line or to the initial activation costs for setting up a cell phone.

As with the LifeLine service, you cannot have more than one phone line where you receive assistance with LinkUp.

Qualifying for LifeLine and LinkUp

Both programs are available in every state…however it is important to note that the eligibility and income requirements vary from state-to-state…but some basic guidelines that are followed are that the qualifying applicant must have an income close to the Federal poverty guidelines or be on one of these forms of public assistance.

- Medicaid
- Supplemental Security Income (SSI)
- Food Stamps
- The National School Lunch Program’s Free Lunch Program
- Temporary Assistance to Needy Families (TANF)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Assistance, otherwise known as Section 8
To see what the exact requirements are in your state, go to the LifeLine and LinkUp websites [http://www.lifelinesupport.org/ls/](http://www.lifelinesupport.org/ls/) or you can call them at 1-888-641-8722.

Now, when you go to their site, just click on your state and then choose your telephone provider. At that point the exact discounts this company provides will appear as well as eligibility requirements and how to apply.
The low-income home energy assistance program (also referred to as the LIHEAP program) is a federally-funded program that allows low-income residents to receive utility assistance to help pay for either cooling or heating bills.

This program provides direct payments to individuals that qualify.

**Qualifications**

You qualify if you are considered ‘low-income’ by the government…and this definition changes from year-to-year.

For the most explanation of "low income" [click here](#).

Even if you are slightly over these limits, I would still recommend contacting the LIHEAP office and applying anyway…you could be eligible for partial benefits. You will never know unless you ask.
How to Apply

Even though this is a federal program, it is coordinated at the state and local level. For this reason your point of contact will be your local Office of the Aging, State LIHEAP office or your local power company.

How to Find Your Local Office of the Aging

For those of you who are unfamiliar, I put together a quick video to show you how to find your local Office of the Aging...you can view it here.

Finding Your Local LIHEAP Office

Regardless of where you live, there is a great website that will help with this process at LIHEAP.org.
Federal Weatherization Assistance Program

The Federal Weatherization Assistance Program (known as WAP) works similarly to the LIHEAP outlined above, but instead of making payments to assist low-income families with their heating or cooling bills, WAP provides funds so that low-income families can save money by making their homes more efficient to use less energy.

This will allow these low-income families to permanently reduce their utility bills.

The services that are performed (just to give a few examples) can include adding insulation to attics and walls, weather stripping doors and windows or insulating piping.

Qualifications

Being that this program is administered at the local level, the requirements do vary from state-to-state and municipality-to-municipality, however they are similar to the LIHEAP program described above.

You should be aware that preferential treatment is given to seniors and to families that have children or those with disabilities.

Work Done

All work done is weather-related…and does not include siding, new roof, etc…
How to Apply

You will need to contact your local state agency handling the WAP program. Click here to go to a project map, select your state and find out the contact information to get started.
Doctors That Accept Medicaid

Finding doctors that accept Medicaid can be challenging but worth it for seniors and their caregivers who have limited resources and health insurance.

I am going to take you through the steps to find a local doctor that does take Medicaid, and also some of the challenges that the recent passage of the health care law.

Not all doctors do but you can start your search by doing a search of your states Department of Health, which normally keeps listing of doctors and dentists that accept Medicaid.

For my home state of NY, you can take a look at the list of dentists accepting Medicaid by clicking here.

The surprising thing is that while it was easy to find a listing of dentists, I could not find a listing online of doctors that accept Medicaid (more on why that might be below).

So instead on an online listing the next best thing would be for you to call your state health department and ask them if they maintain a list or a database of doctors and dentists that accept Medicaid.
To get a listing of the contact information, I found a list of all 50 states Department of Health contact info here for you. You can view it by clicking here.

In addition to the state office, you might want to try your local Department of Social Services or your local Office of the Aging if you are a senior citizen. They may keep a local database of this type of information.

**Charities**

I would also seek out charities or public clinics if you cannot find a local doctor that takes Medicaid. The first charity I thought of was Catholic Charities, and they are accessible throughout the USA at [http://www.catholiccharitiesusa.org/](http://www.catholiccharitiesusa.org/).

Contact them and see if they can offer assistance.

As far as seeking out a public clinic, I found a nationwide database of clinics maintained by the Department of Health and Human Services which gives the contact information for local clinics in your area. [Click here to access a local public health clinic](http://www.catholiccharitiesusa.org/).

**Why Some Doctors Are Not Taking Medicaid**

While researching this book, as I know that this topic will be of interest to seniors and their caregivers, I came across some disturbing information about the future of medical professionals willing to take Medicaid and the newly passed health care law.
According to a recent Washington Post article, about 1-in-3 doctors will no longer accept Medicaid as a result of changes in the nation’s health care system.

The findings of the article state that on a state-by-state basis (because states have flexibility over how much they pay doctors for Medicaid treatment) doctors in certain states, such as New York and New Jersey, are less likely to accept Medicaid than doctors from states like Alaska and Wyoming where Medicaid reimbursements are higher.

What it means is simple…as states deal with budget crunches, more and more doctors could opt out of accepting Medicaid. And that could be very bad for seniors.

Conclusion

In a lot of ways I could have gone on forever, but the point of Chapter 3 was to show you that there is plenty of help out there.

But most of the above was designed to help our parents, the seniors in our lives to get by.

What about us? The caregiver. While we can access plenty of the resources listed above, the thing that we need the most help with is avoiding caregiver burnout.

And being able to assess and find remedies for caregiver burnout is the purpose of Chapter 4.
Caregiver burnout is exactly what it sounds like. You, as a caregiver, hit your mental and physical limit and need a break...you need help.

I will start with an assessment to gauge your level of burnout and then follow that with a series of stress-busters and a guide to respite care.

**Caregiver Burnout Assessment Form**

This caregiver burnout assessment is designed to give you an idea of the areas of stress in your life. These stressors are in addition to your typical caregiving duties, so they are only hurting you...not helping you.

Take a moment and do the assessment. Add up the points as you go through this and then take a look at where you rate on the scale at bottom.

**Caregiver Burnout Assessment**

1. Do you drive in heavy traffic to work? Score 1 point.
2. Do you often feel drained of energy? Score 1 point.
3. Do you regularly eat breakfast? Deduct 1 point.
4. Do you feel yourself irritated by small things? Score 2 points.
5. Do you find yourself growing more critical of your job? Score 2 points.
6. Have you read a good book in the last few weeks? Deduct 1 point.
7. Do you feel yourself without the time to plan as you should? Score 1 point.
8. Do you have a pet? Deduct 1 point.
9. Do you find yourself thinking there is more work to do than you practically have the time to do? Score 2 points.
10. Do you feel organizational politics and “new directives” are getting in the way of doing a great job? Score 2 points.
11. Are you a daily outdoor walker? Deduct 1 point.
12. Do you feel under an unpleasant level of pressure to succeed? Score 2 points.
13. Do you have a newborn, 2-year old, teenager or dementia patient in your house? Score 2 points.
14. Have your employer recently reorganized or restructured? Score 2 points.
15. Have you argued with someone in the last day or two? Score 1 point.
16. Is your new “boss” wanting to “fix” things? Score 2 points.
17. Do you sleep 6-8 hours each night? Deduct 1 point.
18. Do you listen to music? Deduct 1 point.
19. Do you feel unappreciated? Score 1 point.
20. Do you feel that you are not getting what you want out of your job? Score 2 points.

Results

- Burnout (18-24 points)
- Irritable/Unhappy (11-17 points)
- Worried/Tense (4-10 points)
- Mellow (1-3 points)
Caregiver Burnout

Caregiver burnout is plaguing caregivers throughout the world…and as our society ages, this phenomenon will become more and more apparent.

The resulting stress that gets imposed on the ‘sandwich generation’, who have their own children to take care of in addition to their aging parents, becomes more and more difficult to deal with. The feelings of helplessness begin to take hold as you see yourself being ‘chained’ to the person you are caring for.

Combine this with the feelings of guilt you have for feeling this way and you have a classic case of caregiver burnout. I am going to give you some ideas, as well as the resources available, to help you care for your loved one, live your own life and not feel overly guilty or stressed about it.

Signs of Caregiver Burnout

First of all, let’s go over some of the classic signs of caregiver burnout. If you or someone around you notices these symptoms then you can dealing with burnout and need to get help…

• Overreacting to criticism
• Feeling fatigued even on nights you can get enough sleep
• Increased use of nicotine, alcohol, or drugs…or engaging in self destructive behavior like chain smoking
• Decreased productivity at work
• Not caring for your own personal grooming
• Loss of interest in hobbies
• Return of a chronic health condition, like an ulcer
• No time for friends
• Overeating, emotional eating or not eating enough
• Experiencing feelings of helplessness
• Refusing (or unable) to take vacations
• Feeling like a martyr, hoping the world keeps sorry for you
• Being overly emotional
• Increasing feelings of resentment

The bad news is that caregiver burnout won’t go away on its own. You need to do something about it. The good news is that help is available for you if you need it.

Getting Help for Caregiver Burnout

Below I have several ideas/solutions to caregiver burnout. It is important to note that not all of these solutions may apply to your situation (i.e.: if you are the only family member living nearby then having a family meeting and dividing up responsibilities is not practical) but the suggestions below will give you suggestions to help as well as expose you to the resources that are available for assistance.

• First of all, it’s time to arrange for a family meeting. You need to sit down with the other siblings and loved ones and explain that you cannot handle the burden alone. Be very specific as to the areas in which you need help (i.e.: shopping for mom, cleaning her house, taking her to medical appointments) without being judgmental or making yourself out to be a martyr (i.e.: “I do everything for Mom while the rest of you do nothing”). Explain calmly that you are just asking for everyone to do their fair share and to give you a break.

• Consider bringing in a home health care agency to relieve you of some of the burden.

• Take some time for yourself. YOU ARE ALLOWED TO. Many times care givers feel so guilty doing anything pleasurable that they wind up never doing anything for themselves. You have to make time for you. Whether it is a hobby, exercising, a weekend getaway or just a walk around the block, you need to start doing things for your enjoyment. This is something that also should be brought up at the family meeting, in a nice way.

• Start taking care of your needs. Most care givers end up treating themselves awfully. They do not eat right or get enough sleep and they stop exercising. You should also schedule a complete physical for yourself, especially if you have been exhibiting any of the signs of caregiver burnout.
• Contact your local Office of the Aging and your state’s Office of the Aging to see if they have resources to support caregivers, or if they know of any support groups near you, such as senior day care centers or know of volunteers looking to help in your area.

• Seek out sources of respite care. This is, literally, an agency or an individual that will be a ‘substitute caregiver’ for a few hours several days a week.

• Churches, synagogues, mosques and other houses of worship typically have the names of services and volunteers willing to help you. Utilize them if you have access to them.

• If your loved one is suffering from a specific disease (i.e.: Alzheimer's, Parkinson's, etc…) there are specific support groups to handle the issues caregivers face. You should look into those as well.

• If others want to help you, SAY YES! A classic sign of caregiver burnout is making yourself out to be a martyr by doing everything. It is due to the frustrations associated with the difficult situation at hand and the feeling that no one is willing to help. But friends and family will offer to help. Take them up on the offer.

NOTE: This was a big problem for me. Not only was I seeing myself as a martyr, I started to derive a sense of satisfaction from it. I could say at the family meetings that ‘I was doing everything for Mom.’

But the thing that I eventually realized is that this was MY problem, no one else’s, and the way to fix it is to just say yes when someone wants to help.

It certainly isn’t easy to deal with, and there are no “one size fits all” solutions out there. The most important things to remember are that…

• You are not alone
• Help is out there
Sources Of Respite Care

A Relative

This is the simplest solution, which is having a sibling or relative take over the caregiving duties for a specified period of time. This can be anything from a few hours at a time up to a week in special situations.

However, if you are reading this then this option is in all likelihood not available to you. But I do list it as the simplest option.

Stay In Touch Programs

These types of programs, which consist of volunteers that either make telephone reassurance calls or actually visit elderly residents, are designed to ease the social isolation of seniors living on their own.

They also assist caregivers in having another individual to "check in" on our loved ones to make sure they are ok.

Your local Office of the Aging or a local volunteer organization will normally run these types of programs.
Adult Day Care

If the person you are caring for doesn’t require constant attention that they would get in a nursing home, yet is also not steady enough to be left alone to care for themselves, then an adult day care center may be the answer for you.

You may even be able to arrange for free transportation to and from the facility, depending upon the facility.

Here are a few basic points…

- By contacting your local Office of the Aging you may be able to find free adult day care centers in your area.
- The Office of the Aging may help with the free transportation as well.

In addition, I would look into local charities and houses of worship to see if they have any type of day activities available that can give you a break.

In Home Respite Care

If not provided by a relative (see above) then this would be a home health care agency that comes in and assists you for a certain amount of the time during the day or the week.

I personally would recommend that you find such respite care through a Medicare-certified home health care agency.
I have laid out a tutorial for how to do this here as well as including information for how to find other local help and how to get Medicare to pay for most of the services offered.

**Temporary Stay Respite Services**

These will not be available in all areas, but if you can make this type of arrangement, it is a godsend for stressed out caregivers. This is how it works (at least in my area of the country, Suffolk County, NY).

Respite care services are available on a limited basis through the Office of the Aging with one nursing home in the county or in the home of the older relative being cared for. The person being cared for has to meet minimum requirements to require the care and then the maximum stay in the facility is 5-7 days over a 12-month period.

The program also offer “time off” periods, around 4 hours at a time, for caregivers as well.

Now, due to budgeting constraints i am not sure if this type of program applies to every Office of the Aging throughout the country, but my suggestion is to contact your local or state office and see what type of help they can send you.
Paying For Respite Care

Amazingly, many of the services above are actually free…yes, I said free. This applies to the “stay in touch” programs and most of the services offered by the Office of the Aging, like the adult day care centers (some of these may charge you a fee, but it is nominal).

Of course, not all of it is free. And here I am referring to bringing in a home health care agency or the temporary respite care services through a nursing home.

For the home health care agency, Medicare will cover 80% of the approved amount…the remaining 20% either being paid out-of-pocket or through your Medicare Supplemental Insurance Policy.

For the nursing home, that will need to be covered by Medicaid, as Medicare only provides limited coverage of facilities like nursing homes.

The best thing to do would be to call your local Office of the Aging to see if these programs are available in your area and if they are, contact a social worker at the facility you are attempting to get respite care from in order to find out the exact procedures to go about financially qualifying.

The reason I say this is that Medicaid is a joint Federal/State program…meaning there are 50 different sets of rules that apply and the information I give you may not necessarily be applicable to where you live.

So the best thing for you to do is get the information from a social worker. That social worker will be very familiar with the local rules and will be able to guide you in the right way.
Chapter 5: Nursing Homes and Assisted Living

If you have needed to move past the home health care agency that was mentioned in the chapter on caregiver burnout, then the housing options seniors will be faced with will be either an assisted living facility or a nursing home.

And as a caregiver you will need to know a few things about this…

- Having “the talk” with your parents about how they can no longer live on their own
- How to properly check out the facility they are interested in
- How to pay for it
How To Talk To Your Parents About Caregiving

Boy…is this a tough one. And it is something that the children of elderly parents have to think about everyday…how do I talk to your parents about their care giving needs?

After all, you have a lot of issues that you are dealing with…

- Your parents have been the “power” in the relationship since you were born…and now they have lost this power as they are losing their independence.
- Now, you as the caregiver start to come across as the authority figure…and they do not like you telling them what to do.
- The issues that you are dealing with are not the types of subjects someone would be comfortable talking about in the first place (such as their lack of mobility, incontinence, your parents’ health and your parents finances’)

And as I write this, let me say that these are struggles that I deal with on a daily basis. Dad is ok, but Mom is constantly telling me that she is physically capable of doing things that the staff at the nursing home tells me she cannot do and that would be dangerous for her.

So with this in mind, I want to talk about some of the tips I have picked up for how to speak to your parents about caregiving while covering the main points you will be dealing with, money and their health.

Hear Them Out

The first part is letting them have an honest and open airing of their feelings. Listen to what they have to say, regardless of the subject matter. You are going to hit a massive amount of resistance to any point you are trying to make if your parents feel that you do not care what they think.
So even if they are being completely unreasonable with what they are asking for (and God knows as caregivers we have heard plenty of unreasonable requests) you have to listen to them intently.

**Feed It Back**

Summarize their point of view in your own words. The key to the psychology of this point is that they fully understand that you understand their point of view.

**State Your Feelings on the Subject**

Now it’s your turn. As Stephen Covey said in “The 7 Habits of Highly Effective People” you must first seek to understand… **THEN** to be understood. The key to explaining your point of view is to…

- Do it calmly (even if you have been over the same point 20 times and want to scream)
- Don’t talk down to your loved one, as you would to your child. Making your parents feel like your kids is not the answer

Most of all, let your feelings be known from either a personal safety standpoint (at it relates to transporting or other physical activities) or a financial safety point of view (that you don’t want them to be defrauded or taken advantage of). And this can be a very difficult situation for you, because as a caregiver you will hear the gamut of responses.

On more than one occasion my mother has accused me of being happy she is in a nursing home and conspiring with the staff to keep her there, so I definitely feel your pain. I have to listen to this from a woman who cannot perform any of the 6 Activities for Daily Living on her own.

I know that it isn't “her” talking, it’s her frustration with losing her independence. But that doesn’t mean that it’s easy to listen to without exploding.
If They Still Don’t Listen…

If you are in my position, this is where you will be…with your parents still insisting that they can do what is now impossible for them. The way I handle this is to closely coordinate with the staff at the nursing home and the psychologist that is working with Mom…and have them explain the situation is as “dispassionate” a way as possible.

That is because these professionals have a respect level with my mother that I don’t have…and I don’t mean that in a bad way. It’s just that Mom will listen to them in a way that she is unwilling to listen to me. And I have to say they are a great resource and a great aid to me in my endeavor to keep Mom safe.

What If You Don’t Have That Kind of Help

If you are reading this and do not immediately have access to this type of help, then I would call your local Office of the Aging. They may be able to put you in touch with a counselor who can act on your behalf in this matter and provide an impartial voice to the situation.

Aside from that, you may need the services of a geriatric care manager who is well versed with these situations.

You can find one at the website for the National Association of Professional Geriatric Care Managers.
The Difference Between Assisted Living and a Nursing Home

There are a few differences between a nursing home and an assisted living facility…

Price

An assisted living facility runs about $5,000 a month, while nursing homes are more than $10,000 a month. This number varies throughout the country but the “step-up” from assisted living to nursing home is consistent throughout the country.

Who Pays

Assisted living facilities are private pay. That means the money comes out of your pocket. Medicaid and Medicaid do not cover assisted living facilities, except under the rarest of circumstances which are few and far between.

Medicaid will cover extended stays in a nursing home after you go through the qualifications that I mentioned in Chapter 1.

Medicare only offers extremely limited coverage in a nursing home and certainly cannot be relied upon for long term needs.
Services Offered

Assisted living facilities do not offer the extensive medical services that nursing homes do. They may help to administer medication but they do not help residents get in and out of bed, toilet, etc…

The typical resident will still need the ability to perform the Six Activities of Daily Living (ADL’s) to physically qualify to be in an assisted living facility.

Nursing homes, on the other hand, perform all of the medically necessary services for a resident, including the 6 ADL's.
How To Check Out A Nursing Home

When you make the decision that it will be necessary for your loved one to enter an assisted living facility or nursing home, you are going to want to make sure they are going to the best possible facility with the best ratings.

This is how you should go about checking out nursing homes for your loved one.

First of all, pick a nursing home or assisted living facility that is convenient for you. It should be at a reasonable driving distance from your home, if possible.

The way to do this general search is to start online with two great websites:

- Eldercare Locator, from the Department of Health and Human Services, and…
- Nursing Home Comparison from the Official Government site on Medicare. Both tools will allow you to access Medicare and Medicaid certified nursing homes.

The search parameters vary between the sites, but will allow you pick up a special facility based upon the unique symptoms your loved one is experiencing (ie: Alzheimer’s, dementia, diabetes, etc…) within a specified geographic area (state, county, zip code).

In addition, you need to be aware of the payment options that are available. Most nursing homes do take Medicaid, but the application process can take months.

This is why if you are in the process of applying for Medicaid you must check with the admissions office to make sure that the nursing homes you are looking at accept
“Medicaid pending” patients. What this means is that the nursing home is willing to wait for payment from Medicaid.

Now, after the search results are displayed through the online locator’s, you will have access to a wealth of information about the facility, including…

- Name, address and phone number for each facility matching your search criteria.
- Initial date of certification
- Type of ownership (for profit, non-profit, etc.)
- Do they take Medicare/Medicaid as payment or are they private pay.
- Quality ratings for the staff and health inspections

Use this information as the first step in the process of determining the three or four facilities you are going to visit in order to make a final decision for your loved one.

Depending upon the situation, you may also have access to a social worker who may be able to guide you through this process.

When my mother fell and was in the hospital, I received plenty of support and feedback from the social workers at the hospital she was receiving care in. They helped me to pick the right facility close to me with a good reputation and quality control where she stayed until she was able to come home. So if you have access to such advice, use it.

Now that you have narrowed your choices to the three of four facilities that will fit the needs of your loved one, you now need to make arrangements to visit them. As you go on the tour, you need to be like a sponge, absorbing as much information as you can and being as observant as you can.

Whoever is taking you on the tour will undoubtedly be highlighting the good points of their facility. But these are some of the things that you want to be watching for…
- Is the staff pleasant with the patients at the facility? Do they treat the residents with dignity or like children?
- Does the staff seem like they care or is this just a job?
- Does the staff know the names of the residents?
- Did the staff greet you as you entered the facility?
- Does the staff appear rushed? Or are they working at a pace that appears calm and steady.
- Take a moment and listen. Do you hear any laughter? How about friendly conversations between residents?
- Are the residents clean and well groomed? Is their home combed? Are their nails clipped?
- Are residents allowed to move about the facility?
- Observe how quickly it takes for the staff to respond to call lights and buzzers. If they cannot respond quickly enough in the daytime when you are taking the tour, imagine how long it will take at night when they aren’t as well staffed. Typically, a ‘good’ response time is under 5 minutes.
- Look for the proper use of safety equipment, such as handrails in the hallways and the bathrooms. In addition, rooms and hallways should be well lit and rooms should be uncluttered.
- Observe the smell of the facility. Does it smell like it’s been cleaned regularly or does it smell like human waste.
- Try and sample a meal from the kitchen if possible. Does, for example, the pizza taste like pizza…or egg noodles and ketchup on dried cardboard. I am not telling you to expect a seven course meal but you do want quality and nutritious meals for your loved one.

And here are some questions for the facilities administrators:

- What is the turnover rate for the staff? Retention of the staff means that the residents have the same aides over and over, building a level of familiarity and trust between staff and resident.
- If your research came up with any potential red flags or violations, even if they were fixed, ask. You are putting the administrators on notice that you have done your research.
- Are nurses available 24/7 including holidays?
- Do residents have a say in who their roommate is, if they are in a shared room?
- Ask for the facility’s most up-to-date survey report. Every Medicare/Medicaid facility submits to this inspection once a year. It is an unannounced visit and a thorough inspection of every aspect of the facility, normally taking 3-5 days to complete. All violations will be noted in the report. (NOTE: There is no facility out there that is
perfect. Almost all inspections find some form of violations. Some may appear mundane. But pay attention to the one’s that appear to put resident safety at risk.

What is the staff-to-resident ratio at the facility? This is a indicator of the quality of the care that your loved one will receive. Here are acceptable levels of nurses’ aides to residents:

A. Night shift: One aide for every 14 patients  
B. Evening shift: one aide for every 10 patients  
C. Day shift: one aide for every 6 patients

Finally, as you leave the facility, just ask yourself, “Would I want to spend the last years of my life here?” And the answer to that question will determine whether or not this is the place for your loved one.

And the last test I want to mention is that parking lot test. When you think you have 1-2 facilities that are the best candidates, go to both on a weekend and start to talk to some of the visitors going in and out.

This “parking lot test”, which is really interviewing the family members of the residents, should give you the final determination as to whether you have picked the right facility or not.
How To Spot Nursing Home Abuse/Neglect

Nursing home abuse is a major issue and that means that caregivers need to understand how it occurs, what to look for as far as warning signs and then ultimately how to report elder abuse.

In addition, because I went through this with the first nursing home that my mother was in, I am going to explain to you the steps you can take now only to prevent elder abuse but also how to report nursing home abuse if you feel that someone you care about could be a victim.

First of all, it is important to understand that most elder abuse takes place from relatives, not from strangers. And this abuse can take many forms, whether it be financial (stealing from seniors), emotional or the threat given to seniors that they will not be taken care of.

So when talking about how to report elder abuse, if this abuse is from a relative, there only two people to contact:

• Another caregiver, who will take better care of the senior.
• The police, in terms of financial issues such as theft.

But in terms of a nursing home resident, the easiest way for me to explain the process is to explain what happened to my mother and the steps that I took after finding out that she was being neglected by the nursing home staff.
My Personal Story with Nursing Home Neglect

After my mother’s heart attack, it became obvious that she would need nursing home care. Now, we initially picked her first nursing home because of several factors…

- It was very close to the hospital she was admitted at
- Mom has spent three weeks there previously the year before recovering from a fall and the rehab part of the facility treated her great.

So based upon our familiarity with the nursing home we made what we felt was the natural decision and went through the admissions process. She was accepted and we entered the nursing home as a “Medicaid pending” patient.

But unfortunately within three days of her admission Mom ended up back in the hospital with a urinary tract infection (UTI) which was also causing other complications, such as low blood pressure and a heart arrhythmia.

Mom was treated for this and returned to the nursing home about 4-5 days later. And within 72 hours the UTI returned again. Same problems.

Now, in all sincerity this should have set the alarm bells off but didn’t. The reason it didn’t is that I was so preoccupied with the Medicaid application and the associated meetings with lawyers, social workers, care planners, etc…that I didn’t pick up on the signs. I saw that Mom was in bad shape and figured that this was part of Mom’s physical situation.

It wasn’t until the same thing happened a third time, where Mom caught another UTI within 72 hours of the release from the hospital after the second UTI that I grew suspicious. I asked the emergency room staff to check her and when they examined Mom what they found horrified me.
They found deep wounds all around Mom’s buttocks from improperly installed catheters. That’s what was causing the UTI’s, the neglect from the nursing home!

The first thing I did was took the pictures that the emergency room staff took and confronted the nursing home administrator with the visual evidence.

When I got there, I was initially told that she was “in a meeting” and couldn’t be disturbed by the receptionist.

My response was simple...she had two minutes to get out of the meeting of these pictures were going to the Channel 2 troubleshooter. And she probably wouldn’t like me doing interviews with the news crew in their parking lot.

Needless to say, she got out of her meeting and I chewed her out royally. Eventually, they blamed the entire episode on the hospital, saying that my mother shouldn’t have been discharged to them in the first place.

This sounded like a complete cop out to me and I did report the incident to the state Ombudsman’s office to investigate, although between the Medicaid application and trying to find a new nursing home for Mom I have to admit that I didn’t follow up to find out what happened.

**Reporting Nursing Home Abuse**

But as far as how to report nursing home abuse at a nursing home, here are the steps you need to take.

1) Immediately confront the nursing home administrator. After finding out about the way the nursing home staff was neglecting my mother, the first thing to do is to bring this to the attention of the administrator as I outlined above.
So the next thing for me to do was to contact...

2) Bring In Your Ombudsman. In the halls of every nursing home there is a listing who to contact in the event that you have a problem with the nursing home. This is required by law.

In addition, at my mother’s new facility, Affinity Skilled Nursing Facility in Oakdale, N.Y. they actually distributed the flyer below to all residents to advise them of their rights as well as the contact information for the Ombudsman.
You can think of the Ombudsman’s office as your union rep in the facility. They will investigate complaints and make sure that you are treated with respect and that your concerns are addressed with the staff.

So whether you are a senior or a caregiver, you need to know how to report elder abuse in a nursing home, and it is easy to find the contact information. Just look for the sign in the lobby, where it must be posted (or in another conspicuous place).
Chapter 6: Medicare & Medicaid...What’s The Difference?

This will be a primer for the caregiver on government health care, presented in as simple a way as possible…

There are big differences when it comes to comparing Medicare vs Medicaid…and even though the names are similar they serve completely different purposes.

**Medicare**

First, Medicare is a Federal health insurance program that helps those over age 65 to pay for their health-related expenses, whether those expenses are hospital stays (Medicare Part A), doctors’ visits and durable medical equipment (Medicare Part B) or prescription drugs (Medicare Part D).

**Medicare Part A** is your coverage for in-patient hospital stays. For most people, there is no monthly premium to receive Medicare Part A benefits.

**Medicare Part B** is medical insurance, and it covers trips to the doctor as well as durable medical equipment.

The current monthly premium for Medicare Part B is $104.90 (high income individuals will pay more) and Medicare Part B covers 80% of the costs related to doctors’ visits and durable medical equipment. To pay for the remaining 20% of these costs, many seniors choose to purchase Medicare Supplement Insurance Plans. Be aware that the $104.90 a month is subject to change.

**Medicare Part D** is the Medicare prescription drug benefit. These policies are reasonably priced, come with affordable co-payments and can assist seniors in lowering their prescription drug costs.
Medicare Advantage Plan is the private version of Medicare. You own a policy from a company like United Health Care or Humana and they provide all of the services that you would get through Medicare Part A, Part B and Part D in that one policy.

Medicaid

Medicaid is far different. Medicaid is a joint Federal and State program to provide part of the social ‘safety net’ for the elderly and the poor.

Due to the fact that the focus here is on senior citizens, when discussing Medicare vs Medicaid I will be discussing Medicaid from the perspective of senior citizens.

Medicaid for seniors exists for those who are unable to pay for their own health insurance. It exists in two parts, community Medicaid and long term care Medicaid.

Community Medicaid will pay for home health services for very-low-income individuals. I personally went through the process for this for my mother when she fell and spent some time in rehab before her heart attack as I related in Chapter 1.

It requires a 90-day look back on her financial records as well as providing other information such as birth certificate, social security card and proof of citizenship.

Each state has its own requirements so you will need to speak with your state Medicaid office or your local Department of Social Services to determine the exact information needed.

One of the big differences when assessing Medicare vs Medicaid is the spend-down provision, which my mother got hit with.
The spend-down occurs when you exceed your state’s income guidelines and you have to pay a certain amount of money out-of-pocket on a monthly for these services before Medicaid will begin payments.

Once my mother needed to be a resident in a nursing home due to a heart attack that is when I became familiar with long term care Medicaid, which is a much more involved process.

There is no comparison with Medicare vs Medicaid in this regard.

Medicaid will look back on the applicants financial records for 5 YEARS!!! And they will question everything (you can see my mother’s pile on paperwork right here. That is the result of 4 months of research into every facet of her life).

What they are looking for in this instance is if the applicant transferred any money out of their name into a relative’s account so that they could financially qualify for Medicaid. And with the cost of a nursing home at around $400 a day, Medicaid will take this look back seriously.
I would suggest you do the same. Under no circumstance should you ever consider lying or misrepresenting information on the application. That is called fraud and there are severe criminal and financial penalties for that.
Chapter 7: Finding The Right Elder Law Attorney

I present this as a guide for some things that you can do in your local area to find a qualified elder law attorney if you feel you need one.

As I explained when detailing my own story about applying for Medicaid, Mom didn't have assets to protect so I did the Medicaid application with the assistance of the social worker at the facility.

However, if you or your parents have substantial assets to protect, then you need to know how to go about finding the right elder law attorney.

So, how do you go about finding an elder law attorney? Just pick up the phone book, check “Attorneys” and then pick one that says, “Divorce/Real Estate/Corporate Law/Probate/Elder Law”, right?

Absolutely not.

You need to find a qualified attorney who specializes in the Elder Law field. Now, of course you may luck out and get a great referral from another caregiver who has gone through the Medicaid planning process and had a great experience with a particular Elder Law attorney, but let’s say you aren’t that fortunate.

Here are some ideas for where to look…
Elder Law Attorney Through NAELA

The first place to look is the National Association of Elder Law Attorneys (NAELA.org). NAELA is open to ANY attorney, so just because an attorney forked over a few hundred dollars in membership fees doesn’t make them an expert on Medicaid planning in your state, but it is a good place to start because at a minimum membership in NAELA signifies that the attorney is at least interested in the Elder Law topic.

The way to find NAELA members in your area is for you to go to their website and click on the red “Find and attorney” button.

From there you can search through a variety of criteria for an attorney in your area.
As far as the information that can be found from the individual listings, I have to say I found it pretty limited. Other than the phone number, email address and the website for each attorney, there wasn’t much there.

However, you can gain a wealth of information from each attorney by visiting their websites. I have to say they ranged from the very professional looking to those that I couldn’t connect to and appeared to be out of business.

One other thing that may be important for caregivers. I did notice that several of the attorneys had “free” seminars that you could attend on a variety of topics. Now, I put “free” in quotation marks because they would not be giving this information for nothing.

They want your phone number and other contact information to obtain business, but you will also get the opportunity to meet them, get a “feel” for each attorney in the office and get your questions answered.

So this may be line way that you can go about finding an elder law attorney in your area.

Another potential avenue for you to narrow down your selections is to use the “experience listings” feature. This will lead you to another page where you can click among several elder law topics, such as…

- Age discrimination in housing and employment
- Elder abuse
- Medicaid
- Estate tax and gift planning
- Disputed tax matters
- Reverse mortgages and home equity conversions
- Guardianship
And about 20 other topics

This should get you started working with NAELA in order to find the right elder law attorney for you.

Here is another too for you...

This one comes courtesy of K. Gabriel Heiser and his fantastic book, “Medicaid Secrets: How To Protect Your Families Assets From Devastating Nursing Home Costs”.

Go to the website of the Bar Association in your state. Look for the list of past and current continuing education courses, also known as “CLE’s”. Find the one in the area of specialty you are seeking (here it would be elder law) and write down the names of all of the instructors who teach the course.

You can be guaranteed that your state bar association would not have some fly-by-night attorney teaching the CLE course to all of the other attorneys in your state.

You will also be able to view the attorneys experience because the brochures for the course (normally available online) will typically have a short bio with a listing of their own firms website. This is another great tip and idea to find the right elder law attorney.
Conclusion

I hope that you have benefited from the information in this book. I tried it write it as the book that I wish had existed three months before Mom’s heart attack.

Personally, I feel that it could be a lifesaver for seniors and their caregivers to know that this type of information is available.

Plus, if you have a question that wasn’t covered in the book, feel free to ask on my Facebook page. It would be easier if you posted questions there because this way the community gets the opportunity to see the answers.

Plus, you can also keep in touch with the latest news for caregivers by getting free access to my newsletter, where I will continue to share these types of ideas with my subscribers.