

Western Connecticut Area Agency on Aging



# Family Caregiver Guide



*Western Connecticut  
Area Agency on Aging*



# **FAMILY CAREGIVER GUIDE**

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**Caring for a family member or friend who has become ill or incapacitated can be a daunting task. Whether you became a “family caregiver” suddenly or over a period of time, you are probably overwhelmed with everything you need to do and to know.**

The Western Connecticut Area Agency on Aging is a “no wrong door” provider of information, assistance, and services for seniors, the elderly, and participants in the family caregiver system. WCAAA and its partners have designed this packet to help you throughout your caregiving “career”. Each page presents an individual topic and includes a list of additional resources. We put it in this packet form so you can use each page when it’s most helpful to you.

PLEASE NOTE: The terms “parent, spouse, Mom, Dad, husband and wife”, etc., are all used interchangeably. They are intended to avoid more formal terms like “care recipient”.

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## THE ROLE OF CAREGIVER

The National Family Caregiver Support Program defines a caregiver as “anyone who provides full or part-time care to older parents or relatives still living in their own home or now living with others”. Caregivers come in all shapes and sizes and provide care in many different ways.

Often people who are assisting others with a variety of tasks do not identify themselves as caregivers because they think that a “caregiver” provides full-time, hands-on care. Or because the person being cared for is a spouse and that is simply part of the relationship – “for better or worse”.

The following situations are those often faced by adult children of aging parents, the wife or husband of an ill or frail spouse, a family relative, or a close friend:

**Does a parent or relative live with you?** You’re clearly a caregiver.

**If your parent or relative still lives in his or her own home**

- Do you help with the yard work?
- Shop for groceries? Pick up the prescriptions at the drugstore?
- Clean the house? Take home the laundry?
- Pay the bills? Take Mom or Dad to the doctor?
- Spend more and more time visiting because your aunt is afraid to be alone?
- Arrange for a companion or homemaker to come in several times a week?
- Did you have a Personal Emergency Response System (PERS) installed because you’re afraid your father or mother might fall?
- Do you worry every time the phone rings that it will be another crisis?
- Feel guilt because you’re not doing enough?
- Feel anger and resentment because no matter what you do, it’s not appreciated?
- Feel manipulated because every time you try to get away for a day or two, Mom gets sick and you can’t go?

**If you are married and your spouse or significant other is beginning to fail, has a debilitating illness or disease, or has suffered a stroke or a fall**

- Do you find yourself waiting on him or her more than you used to?
- Have his or her attitudes or behavior changed? Has he or she become more demanding or even belligerent?
- Do you find that you can’t participate in your usual activities because you just can’t get away?
- Do you find yourself exhausted with the additional responsibilities? Is your own health failing?
- Are you angry or resentful at having to play a new role in the relationship?

**If you answered yes to any or all of these questions, you are a caregiver, whether you live with the person for whom you are caring full time, you live next door, or you live in the next town or in another state.**

**Whether you are an adult child, a spouse, or other relative, taking on the role of caregiver presents a whole new set of challenges for which most of us have had little preparation and no training.**

**These are some key things to realize when you become a caregiver**

- The role of caregiver is not one that we choose. We want our parents and our spouses to stay healthy and live a long active life.
- We are usually unprepared to be caregivers. We often become caregivers as the result of a crisis, or because we're in denial of the slow failure of a loved one – until we simply can't deny it any longer.
- Taking on a caregiving role often means reversing roles in a relationship: i.e., adult children begin to parent their parents; the more passive spouse is often forced to take on the more active role.
- Families sometimes also play out old conflicts. Dysfunctional families may become more dysfunctional, especially in times of crisis. Family members too often don't share equally in caregiving tasks, which can cause further strain in an already difficult situation.
- Caregivers often juggle numerous responsibilities; they may lose time or productivity at work, feel they're shortchanging their own families, or may find their own health suffering due to increased responsibilities.
- Caregivers' emotions run the gamut – from an increased sense of caring and affection to frustration, guilt, anger, and resentment.
- Caregivers often have a hard time setting limits and arranging to take a break from their caregiving responsibilities.
- Caregivers may experience the most frustration around lack of information about what to do and where to go for help.

If you are a caregiver, or know a caregiver, **we're here to help!** This packet of information produced by the Western Connecticut Area Agency on Aging is designed to provide you with basic resources to help you in your role as caregiver.

In addition, the Agency's caregiver support programs provide individual counseling, information and assistance, and a library with materials useful to caregivers. We also have limited funds to arrange for respite care and supplemental services to help caregivers provide the best possible care (see insert on **RESPITE PROGRAMS TO PROVIDE A BREAK FOR CAREGIVERS**).

# ASSESSING YOUR CAREGIVING RESPONSIBILITIES & CAPABILITIES

## TAKING CARE OF YOURSELF: MANAGING CAREGIVER STRESS

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Although becoming a caregiver is a role you assumed by chance, it's important to step back and get a clear picture of your responsibilities and your capabilities. This checklist can help you to assess the situation and plan realistically for what's ahead.

### How much help does the person you care for need?

(Make a note about what they need and how much time you spend helping out with the following)

- housecleaning
  - shopping
  - meal preparation
  - bathing or showering
  - laundry
  - paying bills
  - transportation to the hairdresser and doctors' appointments
  - other things \_\_\_\_\_
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### Is the housing situation safe and healthy?

- appliances working properly
- adequate lighting
- clutter or scatter rugs removed that could cause a fall
- sturdy handrails on stairs
- doorways and thresholds not a hazard or barrier
- bathroom fixtures easy to use, tub or shower easily accessible

Is there a regular system of contact set up with family, friends, neighbors, and/or a phone reassurance program?

Is company provided by family and friends, or is your father or mother alone most of the day?

Is there a plan in place if the power fails or the phone goes out?

Is Dad or Mom still driving? Should he be driving?

Are medications being taken properly?

Does Mom fall or have a medical condition that causes dizziness or fainting?

Is your father or mother still able to cook meals? Is he eating regular nutritionally well-balanced meals, or have you noticed some weight loss?

Does your father or mother keep her financial information safe? Does he or she know not to give out any credit card or bank account information over the phone?

Is the situation likely to change? Will it improve? Or will it deteriorate over time? Do you think your Dad or Mom is able to continue to live safely in his own home?

Who provides the care now? Is it just you, or are there other people who are able – and willing – to help with care?

Are there other family members who help out? Have you had a family meeting to discuss the situation? Is everyone in agreement about how things should be handled?

Do you work full- or part-time? Do you have children still at home?

Are you doing more than you can really handle? If so, what are some options for reducing your responsibilities?

If professional care is needed, how will it be paid for? Do you have a realistic picture of the financial situation?

What is the long-term plan for care?

**Hopefully you now have a better idea of the situation and can make a realistic plan for fulfilling your role as caregiver.**

**The other important piece of caregiving is to take very good care of yourself.** Studies have shown that the stress of caregiving can result in chemical changes in the body that may lead to serious illness. Making time for yourself does not mean you are being selfish; it means that you will maintain your own health so that you can continue to be a good caregiver.

- Use the checklist above to regularly reassess the situation.
- Speak to your doctor about a professional assessment by a geriatric care manager or a WCAAA assessor.
- Get help when you need it: ask family and friends; hire an aide if you need to.
- Arrange for respite care to give yourself a break: adult day care programs, in-home help, or temporary stays in assisted living or a nursing home.
- Accept help: make a list of specific things people can do when they offer to help.
- Set limits and stick to them. You don't have to jump every time you're called!
- Schedule a regular "time-out".
- Get enough sleep, and exercise regularly.
- Eat properly and take vitamins. Avoid junk food; limit alcohol and caffeine.
- See your doctor on a regular basis and follow his or her advice.
- Attend a support group.
- Consider seeing a counselor or therapist if your caregiving responsibilities are creating family discord call WCAAA to discuss your options.
- Consider nursing home care if necessary; sometimes there is simply no other choice.
- Finally, give yourself a pat on the back – you are doing a wonderful job!

### **Support Groups**

Call WCAAA at 1-800-994-9422 or 203-757-5449 or visit [www.wcaaa.org](http://www.wcaaa.org)

Ask your doctor or local hospital

Alzheimer's Association at 1-800-356-5502, [www.alz.org](http://www.alz.org)

American Cancer Society at [www.cancer.org](http://www.cancer.org)

Infoline at 211 or [www.211infoline.org](http://www.211infoline.org) for general support groups

## FINANCIAL TIPS FOR CAREGIVERS

### KEEPING YOUR AFFAIRS IN ORDER

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It is important to help organize the personal papers of the person you care for before an emergency so that as a caregiver you will be able to find all of the documents that may be needed. Unfortunately most of us carry this information in our heads and never think of discussing it with our families. A failure to have the affairs in order can result in some of the assets going unclaimed, which may result in them being turned over to the government. State treasuries are currently sitting on billions of dollars of unclaimed assets!

**Caregivers should know where important documents are filed. The “Keeping Your Affairs in Order” worksheet in this packet may help you get organized. Additional resources are listed at the end of this sheet.**

Some of the documents that should be kept in a safe place where you as a caregiver can find them include:

- Income tax returns
- Bank accounts – including account numbers, bank location, and the types of bank accounts. Also note the names of other(s) who are authorized to sign checks.
- Safe deposit box(es) – Note where the bank is located and where you have put the key(s). Also list the contents of the safe deposit box.
- Credit card information – including the names of credit card companies, the name(s) on the cards and the credit card account numbers.
- Insurance policies – such as life insurance, disability, health, auto, long-term care. Include the names of the insurance companies, policy numbers, location of the policies and any beneficiaries stated on the policies.
- Stocks, bonds, or money in mutual funds.
- Pensions, retirement accounts, or annuities, including the name and phone number of your broker or banker.
- Birth certificate, Social Security, and Medicare numbers (and Medicaid number if applicable).
- Legal documents – such as will, living will, advance directives, and Power of Attorney documents.
- Do you want donations made to a specific charity? Instructions for funeral services and burial along with name and location of the funeral home. Note if arrangements have already been made (and if there is a pre-paid burial plan). Do you want flowers sent?
- Deeds and titles to all properties or real estate you own.
- Properties owned with others.
- Properties leased to others.

- Names, addresses, and phone numbers of professionals you use, such as lawyer, accountant, trust officer, and executor.
- Loans, mortgages, and any other liabilities – note who owns them and if there are any death provisions.
- If any of this information is stored on a computer, the caregiver needs to know where the computer is and how to access the files, including whether a password is needed. If there is a password needed, what it is.

#### Services/Products/Publications That May Help You Get Organized

- On-line banking – accessible, safe and inexpensive
- On-line trading
- Personal Financial Software – to help organize a variety of tasks, such as banking, paying bills, tracking investments, tax planning
- Complete **“KEEPING YOUR AFFAIRS IN ORDER”** worksheet in this packet, and keep it with your records. Be sure that anyone in your family who needs this information has a copy.

## LEGAL ISSUES FOR CAREGIVERS

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This section was authored by Attorneys Michael Giardina and Alyson Marcucio, both of whom are WCAAA Board members and have long histories of providing guidance on matters of elder affairs, probate & estates, tax and real estate. Atty. Giardina is a member of the Henry & Federer Law Firm. Atty. Alyson Marcucio is a member of the Ackerly Brown Law Firm.

Talking to your parents about their wishes for healthcare decisions, their plans for giving away property during their life, or leaving their property to family members or others after their death are all very difficult decisions. If you're fortunate, your parents will initiate these conversations and will tell you their wishes and the plans they have made. If they never bring up these subjects, you may want to find opportunities to open up a dialogue with your parents about these topics.

There are several things that caregivers should be aware of when assisting their parents in making legal arrangements. Your parents can make some arrangements on their own without legal advice; however, there are some decisions that should be made after consulting with an attorney. Even for those documents that do not require an attorney, we recommend that you consult with an attorney who concentrates their practice in elder law and/or estate planning, especially if there are significant assets or complicated issues.

The following documents can be prepared without the help of an attorney, but they must be witnessed and notarized. If you are consulting with an attorney to prepare a Will or a Durable Power of Attorney documents, you might want to have the attorney assist you with the following documents as well.\*

- **Power of Attorney** is a document in which a person names another person to be his or her "attorney-in-fact". The person signing the Power of Attorney is called the "principal" and the attorney-in-fact is called an "agent". A general Power of Attorney authorizes the agent to act on behalf of the principal. Depending on the language in the document, the agent's authority can be limited to certain transactions or may be limited in duration, including stating a specific expiration or termination date. A Durable Power of Attorney (see other side) is recommended over a Non-durable Power of Attorney as it continues in force even if the principal becomes incapacitated; a Non-durable Power of Attorney terminates if the principal becomes incapacitated. All Powers of Attorney terminate upon the death of the principal.
- **Health-Care Representative or Agent (or Proxy) and Healthcare Directives** outline the healthcare decisions a person would make if he or she were capable of making them, and names the person(s) who will make those decisions if he or she is not able to do so.
- **Living Will** is used to express the wishes of the person as to medical treatment if he or she becomes incapacitated or otherwise incapable of communicating meaningfully with medical or hospital personnel. A Living Will typically spells out what types of treatment the person wants and/or does not want in the event that their condition is terminal or if he or she will be in a permanent vegetative state. People often request that no heroic measures be used to sustain life, and that they be kept comfortable and free of pain.
- **Do-Not-Resuscitate Order (DNR)** can be obtained through a doctor. A DNR spells out the person's wishes not to have CPR performed in the event the heart has stopped or he or she has stopped breathing. In Connecticut, for those wishes to be carried out when the ambulance arrives, the person *must be wearing* a DNR bracelet. An attorney cannot write a DNR order.

Copies of these documents should be given to family members, health-care representatives or agents, lawyers, doctors, hospital or nursing home staff – anyone who may be involved when decisions have to be made.

\*Caution should be taken if you decide to prepare them yourself. Some of the stationary forms are due a charge as a result of a change in the law, therefore forms that can be found at local stationary stores or on the internet may be outdated.

## You Should Consult With an Attorney for the Following Documents

- **A Durable Power of Attorney** is recommended over Non-durable Power of Attorney because it will contain specific language indicating that it remains in effect even if the principal (the person who signed the Power of Attorney) becomes incapacitated. Durable Powers of Attorney must be executed while the person is still competent.
- **A Will** (or Last Will and Testament) is a document signed by a person to direct the distribution of his or her “probate” estate after death and to appoint an **executor or co-executors** for that purpose. The executor is the person responsible for submitting the person’s will to the Probate Court; an executor has no legal authority to do anything until he or she is confirmed by the Probate Court. **“Letters of Instruction”** are often drawn up to spell out disposition of property not listed in the will. For example, your grandmother may want to leave you her diamond ring and leave Grandpa’s WWII medals and effects to your brother; a Letter of Instruction can do that. An attorney is not necessary to write these up, but they may be included along with the will.  
While any Letter of Instruction may be morally binding on your heirs, it is not legally binding. Therefore, it is important to discuss this matter thoroughly with your Executor to ensure your wishes are understood. The only way to make sure that your property passes to those you intend is for it to be stated in your Will.  
Understand that only your “probate” assets will be distributed in accordance with your Wills and Trusts. All of your jointly held assets will pass to the co-owner and any assets with beneficiary designations will pass in accordance with the designations you have filed with the financial institution which hold that account (such as Life Insurance Policies, IRAs or 401(k) plans, or Annuities).
- **Trusts** – there are different types of trusts that can be set up: living trusts and testamentary trusts. They are too complicated to go into here; consult an attorney.

If your parents or relatives do not have these documents, there may come a time when you have to apply for a **Conservatorship** through the Probate Court if they become incapable of handling their own affairs. There are two types of Conservatorships – **Conservator of the Person**, makes decisions about the person’s care, and **Conservator of the Estate**, take charge of the person’s finances. For more information, contact the Probate Court for your town or consult with an attorney that concentrates their practice in elder law.

## Some Questions to Ask an Elder Law Attorney

What is your background? How many years have you concentrated your practice in elder law? Do you belong to elder law professional associations? How much will this cost and what will we get for that?

## Resources

Friends and colleagues are often the best resource or check the yellow pages under Attorneys, Elder Law

CT Bar Association: 860-223-4400 (information on how to check out attorneys) or [www.ctbar.org](http://www.ctbar.org)

Legal assistance for Medicare patients: 1-800-413-7796

CT Legal Services, serving seniors age 60+ living in Western CT: 203-756-8074

CT Women’s Education and Legal Fund: 1-800-479-2949

CT Child Support Hotline: 1-800-228-KIDS

Statewide Legal Services: 1-800-453-3320, website: [www.slsc.org](http://www.slsc.org)

Alzheimer’s Association: 1-800-356-5502

CT National Association of Elder Law Attorneys: [www.ctnaela.org](http://www.ctnaela.org)

## FINDING IN-HOME HELP

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### When the Time Comes That a Family Member Needs a Little Help at Home, There Are Several Options for Care.

First, decide what type of help is needed – does your Dad or Mom need a little help with his or her laundry? Shopping? Meals? A shower? Does Dad or Mom need someone to keep him or her company or provide a little social stimulation? The need will determine what type of assistance you will get and whether it will be a paid service or can be provided by volunteers.

If you are really not sure what is needed, you can arrange for an in-home assessment by a case manager or RN. Case managers can help you develop a plan of care and can help you set up the needed services. The Western Connecticut Area Agency on Aging has an affordable case management program; call us at 203-757-5449 or 1-800-994-9422 to arrange for an appointment.

### Community Services

NOTE: There may be fees for some of these services. Some WCAAA programs may ask for a suggested donation with no mandatory charge.

- **Home Health Aides** – can do hands-on care such as bathing, showering, dressing, helping someone toileting.
- **Personal Care Assistants** – can do many of the same types of care as a Home Health Aide, but may be less expensive (not available at all agencies).
- **Homemakers** – cannot do hands-on care but can do light housecleaning and laundry, run errands, help with meals, etc.
- **Chore Services** – can do inside and sometimes outside chores for seniors for a minimal cost.
- **Companions** – can stay with someone who will not need much assistance. Companions can read, play cards, take someone out to lunch or to shop.
- **Meals on Wheels** – meals prepared and delivered to people age 60+ who are unable to shop for and/or prepare their own meals or travel to a site where a meal is being served. Donations suggested.
- **Adult Day Care Programs** – a good option when in-home care is not practical. They offer personal care and socialization for the person you care for, and a good break for you as the caregiver. Most provide transportation and some operate seven days a week. Services include a noontime meal, group activities, and many can do showers and hair care.

You can hire help through visiting nurse agencies, home care agencies, nurses' registries, or you can hire privately. For VNAs and nurses registries call your doctor's office, or WCAAA. Most agencies require some license or certification in Connecticut. You can check with the Department of Public Health's Institutional Licensing Unit at 1-860-509-7444. To hire privately, check the newspaper or ask friends and colleagues if they know of anyone. If you decide to hire privately, be sure to ask for references; you may even want to do a background check, ask your local police department how to go about this.

## **Volunteer Organizations are Available to Provide the Following Services**

- **Friendly Visitors or Senior Companions** – provided in many areas as a free service through your town's elderly services, senior center, or sometimes through a private agency. Friendly Visitors can visit once or twice a week and can read, play cards, etc. with your mother.
- **Parish Volunteers** – often found in churches and other religious communities through a Social Concerns Committee.
- **Telephone Reassurance Programs** – many towns have programs where a person living alone can receive a call each day to be sure they are OK.

## **Resources**

Call the Western Connecticut Area Agency on Aging at 1-800-994-9422 or 203-757-5449. We can provide with the names and phone numbers of your local home care agencies, adult day care programs, geriatric assessment and case management services, senior centers and Municipal Agents. WCAAA staff can also complete an application for Meals on Wheels for your dad or mom with you.

Connecticut Department of Public Health (to check on licenses or certifications)  
Institutional Licensing Unit  
860-509-7444  
[www.elicense.ct.gov/Lookup/LicenseLookup.aspx](http://www.elicense.ct.gov/Lookup/LicenseLookup.aspx)

Connecticut Association of Adult Day Centers for a list of Adult Day Programs  
1340 Worthington Ridge, Berlin, CT  
860-828-2903

Independence Northwest, Center for Independent Living  
1183 New Haven Road, Suite 200, Naugatuck, CT 06770  
203-729-3299  
[www.independencenorthwest.org](http://www.independencenorthwest.org)

Infoline: 211

## PAYING FOR CARE AT HOME

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In-home care can be costly. Depending on your family's financial resources, there are a number of options to consider when looking for ways to pay for care. Many people have mistaken notions of what Medicare will pay for (see **MEDICARE: WHAT IT PAYS FOR & WHAT IT DOESN'T** insert or [medicare.gov](http://medicare.gov)); in general, Medicare pays for very little in-home care.

NOTE: There are exceptions to every rule. The following list of payment sources may or may not apply to your family's situation. When significant assets and/or property are involved, consulting an attorney who specializes in "elder law" and/or "estate planning" is strongly recommended (see **LEGAL ISSUES FOR CAREGIVERS** insert).

- **Private pay** – for families with substantial income and assets (savings accounts, stocks, bonds, CD's, annuities, life insurance with cash value, etc.), paying privately may be the only option. (See note below about applying for financial assistance for care.)
- **Private insurance** – contact your insurance agent or insurance company to see if your health insurance plan provides for any in-home care.
- **Long-Term Care Insurance** – many long-term care policies (if you already have one) will pay for at least some in-home care. Consult your insurance company or agent. For more information about getting Long-Term Care Insurance, contact the Connecticut Partnership for Long-Term Care at 1-800-547-3443 or visit [www.ct.gov](http://www.ct.gov).
- **Reverse Annuity Mortgages (RAM)** – may be a solution for people who have substantial equity tied up in a home and/or property. There are different types of RAM's. Call the Connecticut Housing Finance Authority (CHFA) at 860-571-3502 or visit [www.chfa.org](http://www.chfa.org). **Also see attached page for more information about RAM's.**
- **Connecticut Home Care Program for Elders (CHCPE)** – appropriate for low- to moderate-income families caring at home for someone age 65 or over, who would otherwise be at risk of nursing home placement. There are different levels of eligibility, based on income and assets. Please see the eligibility insert to determine whether your family member may be eligible for the program. (NOTE: couples should apply for Spousal Asset Protection.)

For more information about the Connecticut Home Care Program for Elders (CHCPE), and to receive an application or make a referral, call the Alternate Care Unit at CT's Department of Social Services at 1-800-445-5394 or 860-424-4904. The Western Connecticut Area Agency on Aging can also answer questions about the program.

- Depending on the income and assets (not counting a house or a car) of the person applying for the Connecticut Home Care Program, they may be expected to go onto **Title 19** (also known as **Medicaid**). Sometimes people are reluctant to go onto Medicaid because they think of it as welfare. Here's another way to think about it: Medicaid is an insurance program funded by taxes we all pay. If or when any of us needs assistance under the program, we should not hesitate to take advantage of it.

NOTE: If assets have been transferred (a house or money given away, for example), be aware of the time limits during which you cannot apply for state assistance like Medicaid or the CT Home Care Program. Also be aware of assets that spouses are allowed to keep and how to apply for "Spousal Asset Protection". For information, visit [ct.gov](http://ct.gov) or call WCAAA.

- **National Family Caregiver Support Program** (the person being cared for must be 60 or over) and the **Statewide Respite Care Program** (for those with Alzheimer's or another form of dementia diagnosis regardless of age) – can provide limited assistance for family members caring for someone who lives at home (see **RESPITE PROGRAMS TO PROVIDE A BREAK FOR CAREGIVERS** insert). For more information or to receive an application, call WCAAA.
- **Veteran Directed Home and Community Based Services** allows qualifying veterans to be an employer, to hire and supervise their own workers to help with their daily needs. An assessment will be completed to determine eligibility and level of need and to review the program, assist with care plan development. Services may include: assistance with personal care, household tasks, minor home repairs, skilled nursing, and accompaniment to medical appointments, non-medical transportation, medical supplies, participation in adult day care and more. For more information call WCAAA.

Depending on a person's income, he or she may also be eligible for additional assistance such as **Meals on Wheels, SNAP benefits** (food stamps), property tax rebates, energy and fuel assistance, home modification, cable TV and phone bill discounts. Veterans are also entitled to some benefits through the Veteran's Administration. For more information about how to apply for any of these programs contact your **Municipal Agent** or **Social Services Director** or call WCAAA.

### **Resources**

Western Connecticut Area Agency on Aging: 1-800-994-9422 or 203-757-5449

Veteran's Administration: 1-877-222-VETS (8387) or va.gov

Alternate Care Unit (Connecticut Home Care Program for Elders referrals):  
1-800-445-5394 or 860-424-4904 or visit [www.ct.gov](http://www.ct.gov)

Partnership for Long-Term Care: 1-800-547-3443 or visit [www.ct.gov](http://www.ct.gov)

# FHA REVERSE ANNUITY MORTGAGES (RAM)

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Homeowners age 62 or older who have paid off their mortgage or paid down a considerable amount, and are currently living in the home, may participate in FHA's Home Equity Conversion Mortgage (HECM) program. The HECM is FHA's reverse mortgage program that enables homeowners to withdraw a portion of their home's equity. Homeowners can also use a HECM to purchase a primary residence if he or she is able to use cash on hand to pay the difference between the HECM proceeds and the sales price plus closing costs for the property he or she is purchasing.

## How the Program Works

There are many factors to consider before deciding whether a HECM is right for you. To aid in this process, you must meet with a HECM counselor to discuss program eligibility requirements, financial implications and alternatives to obtaining a HECM and repaying the loan. Counselors will also discuss provisions for the mortgage becoming due and payable. Upon the completion of HECM counseling, you should be able to make an independent, informed decision of whether this product will meet your specific needs. You can search online for a HECM counselor or call 800-569-4287.

There are borrower and property eligibility requirements that must be met. You can use the listing below to see if you qualify. If you meet the eligibility criteria, you can complete a reverse mortgage application by contacting a FHA-approved lender. You can search online for a FHA-approved lender or you can ask the HECM counselor to provide you with a listing. The lender will discuss other requirements of the HECM program, such as first year payment limitations, available payment options, the loan approval process, and repayment terms.

## Borrower Requirements

- 62 years of age or older.
- Own the property outright or paid-down a considerable amount.
- Occupy the property as your principal residence.
- Not be delinquent on any federal debt.
- Have financial resources to continue to make timely payment of ongoing property charges such as property taxes, insurance and Homeowner Association fees, etc.
- Participate in a consumer information session given by a HUD- approved HECM counselor.

## Property Requirements

- Single family home or 2-4 unit home with one unit occupied by the borrower
- HUD-approved condominium project
- Manufactured home that meets FHA requirements

## Financial Requirements

- Income, assets, monthly living expenses, and credit history will be verified.
- Timely payment of real estate taxes, hazard and flood insurance premiums will be verified.

## For Adjustable Interest Rate Mortgages, Select One of the Following Payment Plans

- **Tenure** - equal monthly payments as long as at least one borrower lives and continues to occupy the property as a principal residence.
- **Term** - equal monthly payments for a fixed period of months selected.
- **Line of Credit** - unscheduled payments or in installments, at times and in an amount of your choosing until the line of credit is exhausted.
- **Modified Tenure** - combination of line of credit and scheduled monthly payments for as long as you remain in the home.

- **Modified Term** - combination of line of credit plus monthly payments for a fixed period of months selected by the borrower.

For fixed interest rate mortgages, you will receive the Single Disbursement Lump Sum payment plan.

### **Mortgage Amount Based On**

- Age of the youngest borrower or eligible non-borrowing spouse
- Current interest rate; and
- Lesser of appraised value or the HECM FHA mortgage limit of \$625,500 or the sales price

If there is more than one borrower and no eligible non-borrowing spouse, the age of the youngest borrower is used to determine the amount you can borrow.

### **Costs**

- **Mortgage Insurance Premium** - The mortgage insurance guarantees that you will receive expected loan advances. You can finance the mortgage insurance premium (MIP) as part of your loan.
- **Third Party Charges** - Closing costs from third parties can include an appraisal, title search and insurance, surveys, inspections, recording fees, mortgage taxes, credit checks and other fees.
- **Origination Fee** - To compensate the lender for processing your HECM loan, the lender can charge the greater of \$2,500 or 2% of the first \$200,000 of your home's value plus 1% of the amount over \$200,000. HECM origination fees are capped at \$6,000.
- **Servicing Fee** - Lenders or their agents provide servicing throughout the life of the HECM. Servicing includes sending you account statements, disbursing loan proceeds and making certain that you keep up with loan requirements such as paying real estate taxes and hazard insurance premium. Lenders may charge a monthly servicing fee as well.

SOURCE: HUD Website [www.HUD.gov](http://www.HUD.gov)

### **Resources**

Mortgage Lenders Association: visit [www.reversemortgage.org](http://www.reversemortgage.org)

AARP: 1-800- 424-3410 or visit [www.aarp.org](http://www.aarp.org)

Fannie Mae at 1-800-732-6634 or visit [www.fanniemae.com](http://www.fanniemae.com) for a reverse mortgage information booklet.

Connecticut Housing Finance Authority (CHFA): 860-571-3502 or [www.chfa.org](http://www.chfa.org)

National Reverse Mortgage Lenders Association: 1-866-264-4466 or [www.reversemortgage.org](http://www.reversemortgage.org)

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## MEDICARE: WHAT IT PAYS FOR & WHAT IT DOESN'T

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Many people are under the false impression that Medicare will pay for most health care when they reach the age of 65. Medicare does pay for some care under certain circumstances, but caregivers should be aware that there are many things that Medicare does **not** cover. Always check [medicare.gov](http://medicare.gov) for updates.

**Medicare Part A (Hospital Insurance)** which most people get automatically when they turn 65 and do not have to pay for, pays limited coverage for:

- **Inpatient Hospital Care** – after the patient (or insurance) pays a deductible, Medicare pays the full amount of care up to 60 days. After 60 days, the patient pays partial cost per day for days 61 through 90, and a higher amount for days 91 through 150.
- **Skilled Nursing Facility Care (Nursing Homes or Rehabilitation Centers)** – following a minimum three-day stay in the hospital, Medicare pays the full cost for the first 20 days. After 20 days, the patient pays partial cost for days 21 through the 100. If there has not been a three-day hospital stay, Medicare will not pay any of the cost of nursing home care.
- **Home Care Coverage** – Medicare pays for some home health care under the following conditions: the doctor must sign a plan of care; the person must be “homebound” except in certain circumstances; the person must need a skilled nurse to visit periodically, or need physical or occupational therapy. The care must be provided by a Medicare-certified home health agency. When the agency “discharges” you, ask your doctor to issue a new order.
- **Hospice Care** – available when a person is determined by a doctor to have a terminal illness and is not expected to live more than six months. Hospice is not available to those who are pursuing treatment in hopes of a cure.

**Medicare Part B (Medical Insurance)** which most people pay for through deductions from their monthly Social Security checks, generally pays 80% of the Medicare-approved cost (after an annual deductible) for:

- Doctors’ visits (except routine physicals)
- Some home health care
- Diagnostic tests like X-rays and blood tests
- Diabetes monitors and testing strips
- Outpatient hospital care like radiation therapy
- Surgical dressings, splints and casts
- Prosthetic devices, therapeutic shoes, braces, trusses, artificial limbs and eyes
- Some ambulance services
- Kidney dialysis
- Some medical equipment for use in the home
- Some mental health services
- Some preventive services like colorectal screening, pap smears, mammography, diabetes screening, bone mass screening, prostate exams, some vision testing
- Certain vaccines like flu, pneumonia, and Hepatitis B

**Medigap or Supplemental Insurance Medicare** only pays for a portion of the costs under Parts A and B, so many people buy supplemental insurance, or “Medigap”, which pays some of the remaining costs of Medicare-approved services. (NOTE: if Medicare doesn’t pay, the supplemental insurance will not pay.)

There are also **Medicare Savings Programs** for people with limited incomes. These programs will pay the premiums that are taken out of Social Security checks for Part B; for those on even lower incomes, the programs may also pay the hospital deductible, the 20% co-insurance that Medicare doesn’t cover for services and the Part D premium and deductibles. Visit our website, [www.wcaaa.org](http://www.wcaaa.org), for information on income limits, assets are not counted.

## What Medicare does NOT pay for

Many people are surprised to find how limited Medicare coverage is for some services.

- If someone needs to go to a nursing home for rehabilitation but has not been in the hospital for at least three days, Medicare will not pay for the nursing home stay.
- When someone goes into a nursing home and is not expected to come home, Medicare will not pay any of the cost unless there has been a minimum three-day stay in the hospital.
- Medicare may not pay for in-home help if there is not a three-day hospital stay: for example, following surgery that requires less than a three-day stay, or that is done on an outpatient basis. However, if skilled care is required, the doctor can order a visiting nurse and aides.
- Will not pay for ramps that allow someone in a wheelchair to get out of his or her home.
- Will not pay for lift chairs, chairs that have a mechanism that helps a person get up out of the chair. Medicare will pay 80% of the cost of the motor in the chair, but will not pay for the chair itself.
- Will not pay for stair glide systems, even when there is no other way for someone to get to an upstairs bedroom or bathroom.
- Most bathroom equipment is not covered by Medicare: raised toilet seats; grab bars for the toilet, tub or shower; tub or shower seats, or transfer benches, etc.

Medicare is complex and it can be difficult to understand what is and what isn't covered. We recommend that you read up on current Medicare regulations to be sure you have the most up-to-date information. Read through the **"Medicare and You"** booklet sent to Medicare recipients each fall. If you still have questions, call the **CHOICES Program** at **WCAAA** to receive current Medicare information, 203-757-5449 or 1-800-994-9422.

### Medicare Part D (Medicare Prescription Drug Plan)

Medicare Part D is mandatory, unless you receive Medicaid or if you have credible drug coverage through a former employer or have Veterans coverage. Anyone on Medicare is eligible to enroll in a plan, several plans are available through private companies to Medicare beneficiaries in Connecticut.

- **Initial Enrollment** in Medicare Part D is during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.
- If you sign up or switch plans during **Open Enrollment** (call WCAAA for dates) your coverage will begin on January 1 of the following year.  
Note: If you choose not to enroll during these dates, you may pay a higher premium if you decide to sign up later.
- If you are on Medicare and have limited income and assets, there may be financial assistance available to help pay for a plan.
- Some lower-income Medicare beneficiaries can choose a Medicare Benchmark Prescription Drug Plan which will be offered at a reduced rate.

Remember: If you need help with Medicare (Parts A, B, or D), Medigap or Supplemental insurance plans or the Medicare Savings Plan, the CHOICES Program at WCAAA is available Monday through Friday at 203-757-5449 or 1-800-994-9422. Please do not hesitate to call to speak with a certified CHOICES counselor.

### Resources

For general Medicare questions: 1-800-MEDICARE or 1-800-633-4227 or visit [www.medicare.gov](http://www.medicare.gov)

For Medicare Part A: 1-800-442-8430 (1-800-492-6879 for Spanish)

For Medicare Part B: 1-800-982-6819

To appeal Medicare denials, call the Center for Medicare Advocacy: 1-800-262-4414

## MAINTAINING GOOD HEALTH

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Maintaining good health can be challenging as a person ages. Caregivers must pay close attention to be sure the person they care for is eating enough, consuming enough liquids, taking medications properly, maintaining good hygiene, and seeing the doctor on a regular basis. Improper use of medications, inadequate nutrition, and dehydration are leading causes of hospitalizations for older people.

Caregivers should also be aware of signs that indicate possible neglect, self-neglect, or even abuse.

### Doctor's Appointments

- Be sure your Mom or Dad sees the doctor regularly and that the doctor takes the time to thoroughly check out what's really going on.
- Before the visit, **keep notes about any changes** and **make a list of questions** to ask while you're there. If you think you may need more time, **ask for a double appointment**.
- **Take any medications with you**, along with a list.
- **Be sure you are with the person in the examining room** (unless your parent refuses to have you there) and that your concerns are addressed. A second set of ears is important.
- **Write down what the doctor says.**

### Medications

- **Know what medications your parent or spouse is taking** and why he or she is taking them. You can ask the doctor to have the pharmacy make a note on the medication label what the medication is for – especially helpful when a person is seeing more than one doctor.
- **Make a list of the medications**, doses, the times of day they must be taken, and whether they should be taken with or without food. **Keep a copy of the list on the refrigerator door**, or with the medications if they are in an easily identified location. Keep another list in your Mom's wallet and one in yours. **Update the list after any change in prescriptions** and **list any over-the-counter medications**, including laxatives, vitamins and herbal supplements. Also note whether there is any **alcohol use**.
- **Store medications properly.** Unless otherwise specified, store medications in a cool dry location, away from extremes in temperature. Do not refrigerate unless specified. Do not store in direct sunlight or in the bathroom "medicine chest" where steam and heat can affect the quality. If grandchildren will be visiting, store medications out of sight and out of reach.
- Be sure the medications are **being taken correctly**. Know how many pills are in the bottle and check often on the number remaining. Refill promptly when needed.
- If you detect a problem, **consider setting the medications out weekly in a pill box** (different types are available in the drug store). If there's still a problem, investigate the possibility of installing a **Medication Monitoring System**.
- **Be aware of changes** that may occur as a result of a new medication or a change in the dose. Dizziness, lightheadedness, fainting, confusion, and signs of delirium can all be caused by medication changes. Of course there may be something more serious going on, but be sure to tell the doctor, paramedics and/or emergency room staff about any changes in medications.
- Also tell the doctor about **severe constipation and/or urinary incontinence**.

Call the doctor or pharmacist for any questions you may have about medications. You may find that the pharmacist is available to take your calls more often than the doctor.

### Live Well, Chronic Disease Self- Management Program

Attend a free, six week Live Well workshop and learn skills to understand and take control of your long term health condition. Learn about tools to deal with pain, fatigue, difficult emotions, anxiety, stress, easy exercises to help improve or maintain strength and energy, and ways to improve your nutrition, and appropriate use of medications and more. There is also a Diabetes specific Live Well

program. Call the Western Connecticut Area Agency on Aging, 203-757-5449, for information about workshops near your home.

### **Powerful Tools for Caregivers**

Powerful Tools for Caregivers is a free, dynamic course that offers family members, friends or neighbors the tools they need to take care of themselves while caring for others. Over six weeks, participants learn to reduce stress, improve self-confidence, better communicate feelings, make tough decisions and locate helpful resources. Attend a class and learn how to balance your life. Call the Western Connecticut Area Agency on Aging, 203-757-5449, for information about workshops near your home.

### **Local Health Departments**

Your local health department is dedicated to improving and maintaining a high level of health in your community by offering prevention programs and services as well as responding to urgent public health situations. For information about flu clinics, emergency preparedness and healthy home programs, and more, call your local health department.

## BETTER NUTRITION

Often as people get older, their appetites decrease. Illness, a change in medication, or early stages of dementia may affect a person's sense of taste and/or smell. Shopping for groceries and cooking meals may have become difficult or impossible.

If, as a caregiver, you have assumed the shopping and cooking duties, keep these tips in mind:

- Explore why there has been a **change in appetite**. A new medication can affect a person's sense of taste. Ill-fitting dentures can make it difficult to chew. Does Dad or Mom eat well when he or she is with you or others, but doesn't eat when alone? If he or she just doesn't feel like cooking, try **Meals on Wheels**. If he or she doesn't like the idea of eating alone, maybe attend a **Senior Center** or an **Adult Day Program** that serves lunch. Perhaps a companion through a **Senior Companion** or **Friendly Visitor Program** to have lunch with him or her.
- Before shopping for groceries, **do an inventory** of what is on hand; take note of what is needed. It's a good opportunity to find out what food has expired and should be tossed out.
- Sit with him or her to **make a list**. Think about what he or she likes and what he or she will eat, not necessarily what you think he or she should eat. Ask what tastes good. Offer suggestions, but don't put things on the list he or she tells you he or she won't eat. Try for nutritionally-balanced meals, but remember, it's not worth arguing!
- Keep in mind the **ability to open cans and packages** due to arthritis or weakness.
- **Buy small portions** that can be used up before they spoil. Look for things that can be divided and frozen.
- If Dad or Mom already uses a microwave, you can buy **small microwaveable meals**. However, if he or she has never used a microwave, it probably is not a good idea to try to teach her to use one now. A toaster oven may be better; the settings are more like a traditional oven and metal containers can be used safely to heat foods.
- If weight loss is a problem, look for **snack foods or supplements** that can add calories to the diet (keeping in mind of course any dietary restrictions like diabetes, lactose intolerance, allergies, or low-fat requirements). Try Ensure, Boost, and other nutritional supplements, yogurt, pudding, ice cream, even instant breakfast mixes. Ask the doctor about vitamins.
- After you've done the shopping a few times, you can **make a checklist, organized by the aisles in the grocery store**. This will also help you to be sure you don't forget things like toilet paper, soap and other essential non-food items.
- Many grocery stores can deliver for a small charge. Ask if your grocery store if they do.

### Tips for Restricted Diets

If you are overseeing the diet of a friend or family member who has been told by a physician to reduce his or her sodium, fat, or cholesterol, the following tips will help you make good choices:

#### Reduce Sodium in the Diet

At the grocery store...

- Read the Nutrition Facts labels on your foods: entrees should have LESS THAN 500 mg of sodium per serving; other foods should have less than 200 mg of sodium per serving.
- Buy naturally low-salt foods like fresh or frozen fruits and vegetables, and fresh meat, poultry, or fish.
- Control the amount of salt in packaged foods by buying ones with "no salt added." Instead, add herbs, spices, or just a pinch of salt to flavor them just the way you like them.

When cooking your own foods...

- Start your recipe with low-sodium foods; use herbs and spices to give flavor to your recipes.
- Use only ½ of the salt your recipe calls for.
- Try recipes without any salt added and see how they taste.

#### Choosing Lower Fat Foods

- Most whole grains, breads, pastas and cereals are naturally low in fat.
- Fruits and vegetables are full of vitamins, fiber, and contribute little fat to the diet.

- Choose lean meats, beans, and low-fat dairy products.
- Limit your intake of processed foods: crackers, cookies, cakes and higher fat snacks.
- Go easy on fast food.
- Check the label if you're unsure about the amount of fat in a particular food.
- When cooking: broil, bake, grill and roast instead of sautéing or frying.
- When shopping, remember that "fat-free" means a product contains no fat or an insignificant amount of fat (less than 0.5g) and "low-fat" means that a product contains no more than 3 grams of fat, and no more than 1 gram of saturated fat.
- When eating out, look for broiled, baked, grilled or roasted menu items. Ask for reduced-fat items or look for a healthy heart symbol on the menu. Choose low-fat salad dressing or have the dressing on the side so that you can limit the amount used.

### **Reducing Cholesterol in the Diet**

#### **At the grocery store...**

- Purchase foods with fiber, such as fruit, vegetables, and whole grains. Fiber helps to lower cholesterol.
- Remember that saturated fat raises cholesterol levels. Saturated fat is found in animal products such as meat, butter, whole milk, cream and cheese.
- Limit purchases of margarine, crackers, cookies, snack foods, and desserts. These foods often contain trans-fats, which raise cholesterol levels.
- Read labels, look for words like "hydrogenated," "partially hydrogenated," or "vegetable shortening." These words mean the food contains trans-fat.
- Choose leaner cuts of meat like loin or round, poultry without skin, or fish.
- Purchase low-fat or fat-free dairy products like skim or 1% milk, cheese, yogurt, or sour cream.

#### **When cooking your own foods...**

- Substitute olive oil or canola oil for shortening or butter.
- Replace 1 whole egg with 2 egg whites in recipes. Egg whites contain no cholesterol.
- Use cooking spray instead of frying in oil or butter.

#### **Other Meal Options**

Home delivered meals, **Meals on Wheels** programs, prepare and deliver hot and cold meals to elderly individuals who are unable to shop for and/or prepare their own meals or travel to a site where a meal is being served. Donations are suggested.

**Congregate Meals Site** programs prepare and serve hot meals for the elderly who may otherwise not eat properly and who can profit from an opportunity to socialize with others. Congregate meals sites are often combined with recreation, education and social activities

#### **Resources**

Call your doctor or local hospital to find a registered dietician or visit [www.eatright.org](http://www.eatright.org)

# MENTAL HEALTH CONCERNS IN THE ELDERLY:

## Memory Loss, Depression, Delirium, Dementia and Alzheimer's Disease

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*The Alzheimer's Association and the Northwest Regional Mental Health Board have generously assisted with the development of this information insert.*

As we age, changes in the brain can lead to some normal minor memory loss. We may have a more difficult time remembering a person's name or where we left our keys, for example. However, more serious problems with memory loss, confusion, anxiety, delusions, and profound sadness should not be taken as normal signs of aging. If you become aware of changes in the mental state of the person you care for, you should call your doctor for a thorough evaluation. If your doctor does not specialize in treating the elderly, you may want to request an evaluation by a geriatric specialist in order to get the most up-to-date information and treatment options. Although some doctors call themselves geriatricians, you should find out if they are geriatric board certified.

The three most common mental illnesses that affect the elderly are depression, delirium, and dementia (the 3 D's). The most common form of dementia is Alzheimer's disease, but there are many other illnesses with related dementia, including liver disease, Huntington's Chorea, AIDS, ALS, vascular dementia, Parkinson's Disease, and several Parkinson's-related diseases.

**Depression** - While everyone gets sad or feels blue once in awhile, prolonged depression in the elderly is a serious illness that must be medically treated. The **onset of depression usually is very gradual**, which means that the early stages are often overlooked. The good news is that depression is usually treatable with medication, psychotherapy, or a combination of the two. Depression should never be dismissed as something that the person can change if they just tried harder; a person who is depressed cannot just "snap out of it".

### Signs of Depression

- Prolonged sadness
- Feelings of hopelessness
- Lack of initiative, lack of interest in hobbies
- Poor memory
- Inability to concentrate, make decisions, or get anything accomplished
- Changes in appetite which lead to weight gain or loss
- Changes in sleep patterns: insomnia or sleeping more than usual

**Delirium** - Delirium is often a side effect of a physical problem and can be caused by infection (urinary-tract infections are a common cause), intoxication, metabolic conditions, or medications.

**Delirium usually has a sudden onset**, over a matter of hours or days, and symptoms may fluctuate throughout the day. A person may be calm one moment and very agitated the next; they may be very confused or experience hallucinations, and talk about people who are not there or events that have not happened. Delirium can usually be reversed with appropriate diagnosis and treatment.

### Signs of Delirium

- Confused about time and/or disoriented
- Inability to recall recent events
- Inability to focus
- Hallucinations
- Mood disturbances, including anxiety, euphoria or depression
- Sleepiness or agitation

**Dementia** - Unlike the sudden onset of delirium, **dementia usually comes on gradually**. It may have some characteristics of depression in the first stages, and is therefore not easy to diagnose early on. Dementia is a syndrome of behaviors; doctors want to know what is causing the dementia in order to determine if it might be reversible. Most dementias are not reversible, but they can often be managed in the mild to moderate phases with medications. The progression of a dementia may be anywhere from two to twenty years, and the inability to predict the progression can be extremely

frustrating for family caregivers. If you suspect the person you care for is showing some signs of dementia, it's important to see the doctor or a geriatric specialist as soon as possible.

### **Signs of Dementia**

- Memory loss, especially about recent events (often can remember the past quite clearly)
- Repetitive questions
- Confused about surroundings, may think they are somewhere else
- Difficulty following instructions, easily frustrated or angered
- Confused about who family members and friends are
- Paranoia about friends, family, and strangers; may imagine things that are not happening
- Changes in sleep patterns
- Noticeable change in hygiene, wearing the same clothes over and over
- Neglects paying bills, misplaces money

**Alzheimer's Disease** - The most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. Alzheimer's is not just a disease of old age, up to 5 percent of people with the disease have early onset Alzheimer's, also known as younger-onset, which often appears when someone is in their 40s or 50s.

### **Signs of Alzheimer's Disease**

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks at home, at work or at leisure
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and personality

### **Resources**

The **Alzheimer's Association** can be reached 24 hours 7 days a week at 1-800-272-3900; they can translate into 140 languages. They have excellent materials about dementia.

For more information about mental health services, call the **Northwest Regional Mental Health Board** at 203-757-9603.

If you feel a person is not safe to remain at home, call **Protective Services for the Elderly (PSE)**: **Waterbury area**, call 203-597-4141 or toll-free 1-888-385-4225; **Danbury area**, 203-207-8900; **Torrington area**, 860-496-6900 or 1-800-742-6906. After hours, call 211.

If needed, call a **Behavioral Health Crisis Hotline**: Waterbury area, 203-573-6500; Danbury/Torrington areas: toll-free, 1-888-447-3339. **Or call 911.**

## **HEARING LOSS**

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**This information was generously provided by Howard Raff, BC-HIS. Mr. Raff is a member of the Board of Directors of the Western Connecticut Area Agency on Aging. He is the owner of And How Hearing in Waterbury. He can be contacted at 203-754-2200 or by email at [howard@andhowhearing.com](mailto:howard@andhowhearing.com).**

Hearing loss is one of the most common – yet neglected – health problems in the world today. The onset of hearing loss can be so gradual that a person with some hearing loss may not notice it right away. In fact, family and friends are often the first to become aware of it.

With hearing loss, a person still has the ability to hear, but certain sounds or tones – such as “sh”, “th”, and “f” – are more difficult to hear than others. As a result, the person may be aware that others are talking but may not understand what is being said.

### **Signs of Hearing Loss**

- Difficulty following conversations in crowds or at social events
- Difficulty determining which direction sounds are coming from
- Difficulty hearing everyday sounds like water dripping or the telephone ringing
- Difficulty hearing the television or radio at levels that others find comfortable
- Missing all or parts of conversations

If the person you care for is experiencing any of these symptoms, he or she may be one of the 27 million people in the U.S. who suffers from hearing loss.

### **Effects of Hearing Loss**

Studies have shown that hearing loss can affect more than just hearing ability. It can affect a person’s quality of life. Untreated hearing loss can lead to:

- Increased sadness and depression
- Increased worry and anxiety
- Social isolation
- Emotional insecurity
- Strained personal relationships

### **Some Things You May Not Know About Hearing Loss**

- People with hearing loss wait an average of seven years before seeking help.
- 75% of people who could benefit from hearing aids are not using them.
- About 30 to 35% of adults between the ages of 65 and 75 have some hearing loss. It is estimated that 40 to 50% of people 75 and older have hearing loss.
- 60% of people with hearing loss are between the working ages of 21 and 65.

Almost 90% of people with hearing loss can be helped through the use of hearing aids.

It is important to note that hearing aids do not restore “normal hearing”. They do, however, help sounds and speech become clearer. Studies show that people who wear hearing aids report:

- Increased participation in social activities with others
- Significantly lower levels of depression
- Improved relationships with significant others
- Better social interaction
- More emotional stability
- Significantly lower levels of anger and frustration
- Fewer symptoms of paranoia, phobias, and fear

### **Today's Choices**

Today's advanced technology means that there is a wide range of choice when it comes to hearing aids. Ask about programmable and digital models that provide more flexibility than ever before.

Hearing aids are also available in a variety of sizes, from the almost invisible completely in-the-canal (CIC) to the behind-the-ear models.

If hearing loss is a concern, we urge you to contact a hearing healthcare professional and arrange for a hearing test today.

### **Choosing a Hearing Professional**

First and foremost, you should feel comfortable with the office and the professional. This is going to be a long-term relationship; if you're not comfortable at the beginning, you may not go back for necessary follow-up. Hearing aids take some time to adjust to and usually need some fine-tuning.

Your hearing professional should offer a complete explanation of your hearing problem and a clear and concise explanation of solutions, as well as an explanation of the technology and features of the hearing aid selected.

Find out what is covered under the hearing aid's warranty. Ask what charges you will incur over time: are office visits covered under the warranty? What about adjustments?

What is the return policy? In Connecticut, hearing aids have a 30-day trial period from the time they are delivered. Usually there is a fee due the dispenser for returns; currently Connecticut law mandates that fee be no more than 12% of the purchase price.

### **Resources**

Easter Seal Center for Better Hearing: 22 Tompkins Street, Waterbury CT 06708, 203-267-0933

HEAR NOW (assistance for those with limited incomes): 1-800-328-8602 or visit [www.starkhearingfoundation.org](http://www.starkhearingfoundation.org)

## ACTIVITIES & COMMUNICATION

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Caregivers are often frustrated when the person they care for loses interest or pleasure in activities or hobbies they used to find enjoyable. There may be many reasons for this decline: failing vision or hearing loss, inability to manipulate materials due to arthritis, loss of mobility, or some memory loss. Sometimes lack of interest is related to depression or the onset of dementia (see **MENTAL HEALTH CONCERNS IN THE ELDERLY** insert). While some decline in interest may be a normal part of aging, do not take it for granted. Rule out underlying conditions such as depression or early-stage dementia with a thorough evaluation by a geriatric physician.

The following are suggestions for a variety of activities. They are intended for people with different levels of functioning, including memory loss; use whatever applies to your situation. Most importantly, be creative!

Activities should be designed to provide stimulation and relieve boredom, reinforce self-esteem, and generally improve the quality of life. They should focus on using or adapting skills and interests the person has had in the past; avoid trying to teach complicated new skills. Focus on what the person can still do, but also be sensitive to limitations – hearing, vision, strength, and mobility, for example.

- **Reminiscing can involve all members of the family** and can be a very positive activity. Look at old pictures and family albums together. Do a family history project, including taping oral histories of older family members. Create a scrapbook together with old school pictures, articles, etc. This is especially helpful for families where memory loss is an issue; long-term memories tend to remain clear long after short-term memory loss becomes a problem. It is also an excellent way to divert attention away from complaints about current aches and pains.
- **Play games** that were family favorites in the past – another good diversionary tactic.
- **Listen to music together**, especially the music that was popular when your father or mother was young. Sing along together.
- **Develop a simple exercise plan** based on the person's capabilities. Take walks if Dad or Mom can still walk. Do seated activities with light weights with your Dad or Mom. Put on some music and dance.
- If vision is a problem, **read out loud**. Also look for **large print books** or **books on tape** at your local library or bookstore.
- **Birdfeeders** can provide hours of pleasure for someone who enjoys watching the birds – it often becomes a new hobby for someone who has not had the time before.
- **Plant a garden** with colorful, easy-to-grow plants. If bending and weeding is a problem, put pots of flowering plants on easy-to-reach tables where they can be seen from the window.
- For former pet owners who are no longer able to care for a dog or cat, have a friend or family member **visit with a well-behaved pet**.
- Don't forget **regular outings**, especially for people who used to love going out; keep outings short and be aware of your Dad or Mom's comfort and stamina:
  - **Go to a restaurant** for lunch; be sure to pick a place that is not too crowded or noisy.
  - **Plan a picnic** in an easily accessible spot, keeping in mind level ground, comfortable seating, an umbrella to keep off the sun, and a warm sweater if needed.
  - **Visit a favorite museum**; most will have wheelchairs if walking is difficult.
  - If shopping was a favorite activity, **take a trip to the mall**. Be sure there are wheelchairs or plenty of places to sit.
  - **Take a drive** to the countryside to see the mountain laurel in June or the leaves in the fall. Many people enjoy driving through neighborhoods with colorful lighting at holiday time.

## Communication Tips

Whether people have hearing loss or some cognitive impairment, they may have difficulty processing what is being said to them. Caregivers must be sensitive to how they are communicating with someone who may have these problems. Remind yourself that information is not being processed as quickly as it once was and keep in mind the following:

- **Slow down!** Speak more slowly and distinctly, but do not shout.
- If your Dad or Mom wears hearing aids, encourage him or her to put them in before you begin your conversation. (Avoid arguments about hearing loss if your Dad or Mom refuses to agree there is a problem; alert the doctor before the next visit.)
- Try to have a conversation in a **well-lighted area**.
- **Turn off the TV or radio** and avoid other noisy distractions.
- **Face your father or mother** when you speak to him or her; even if he or she doesn't acknowledge any hearing loss, he or she may rely on reading your lips. Also do not sit with your back to a bright light or sunny window; that creates glare that makes it difficult to see your lips.
- Use **language that is simple and direct**, but don't talk down to your Dad or Mom.
- **Address one topic at a time; don't skip around:** deal with the grocery list first, then pay the bills, then make the doctor's appointment.
- If your conversations with your Dad or Mom have deteriorated into gripe sessions about everything that's wrong with him or her, try **diverting to more pleasant topics** by asking about the "good old days".
- If there is some memory loss involved, remind yourself that **it does not help to argue** or try to convince your mother that something happened that she does not remember. Agree with him or her and change the subject.
- On the other hand, **pay close attention**, not only to what is being said, but to the **body language involved**. Pay attention to cues that your father mother wants to talk about things that you may find difficult to hear; conversations about needing help, death, or funeral plans can be tough to sit through, but they may be very important things she has to say.

Most important of all: find the time to spend with the person you care for as often as possible. Even the littlest things mean a lot!

## SAFETY ISSUES

### HOME, DRIVING, FINANCIAL, AND ASSISTIVE DEVICES

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There are several safety concerns that family members should watch for when caring for an older person, especially for someone who lives alone. Keep in mind issues of home safety, driving safety, and the possibility of fraud and identity theft.

#### Home Safety

As people get older, they sometimes develop problems with weakness, balance, and/or judgment caused by illness, sensory impairments, or dementia. These can lead to falls, burns, or other injuries. Caregivers should be aware of the following:

- **Provide adequate lighting** – lightbulbs should be bright enough (without causing glare) to adequately light areas like staircases, hallways, porches, etc. Use nightlights to ensure good visibility when someone gets up at night.
- **Clean up clutter** – sometimes people keep too much stuff: newspapers, magazines, knick-knacks, unnecessary pieces of furniture, etc. Keep well-traveled areas clear. For those who are unsteady on their feet, be sure there is no fragile furniture to lean on.
- **Pick up scatter rugs and make sure extension cords are out of the way** – these are major causes of falls for older people.
- **Check safety of using appliances** and determine, for example, whether the person you care for should still be using the stove – if memory and/or vision are impaired, using a gas or electric stove can be a real hazard. Consider getting a toaster oven or a simple microwave.
- **Assess safety hazards in the bathroom** – be sure the floor is not slippery and that bath mats do not create a risk of falling. Consider getting a raised toilet seat and/or grab rails installed around a toilet to allow someone to get up more easily. Get a bath or shower seat and install secure grab bars to help someone get in and out of the tub safely. A handheld shower can be a great help for someone using a bath seat.
- If stairs become a safety concern, **install hand rails, ramps, or stair glide systems** where appropriate. Be sure that **doorways are wide enough** if a person uses a wheelchair or walker, and that the thresholds do not pose a tripping hazard.

#### Driving Safety

The same concerns that affect home safety can impact driving safety: changes in vision, strength, coordination, memory, and judgment can significantly impair a person's ability to drive. Because giving up driving often feels like the final blow to remaining independent, it is sometimes the most challenging issue that caregivers deal with.

Some ideas for limiting or stopping someone from driving:

- Have the **doctor do an evaluation** to determine whether it's safe to still be driving. Sometimes a word from the doctor can be enough to get Mom or Dad to limit driving or to stop altogether. If not, **the doctor can make a report to Department of Motor Vehicles.**
- **Take away the keys** (be sure you get all sets).
- **Disable the car** by disconnecting the battery.
- **Sell the car** (if you have Power of Attorney or Conservatorship).
- **Notify the local police.**

#### Identity Theft and Fraud

Making sure your Dad or Mom understands that protecting personal information can be one of the most important things you do – and the most frustrating! For someone with early stage dementia, for example, remembering not to give out personal information over the phone can be almost impossible. Some suggestions for protecting information:

- Remind your Dad or Mom never to give out any information over the phone, no matter how official or honest the caller sounds. **Put a note by the phone: DO NOT give out information.**
- If a caller tries to sell your Dad or Mom something or get her to renew a subscription, have him or her ask for a letter explaining what the person wants.
- Have Dad or Mom refer the caller to you or another family member.
- To reduce the number of calls from telemarketers, subscribe to the Do-Not-Call list: register on-line at [www.donotcall.gov](http://www.donotcall.gov) or 1-888-382-1222 (you must call from the phone that you want to register).
- Report suspicious calls to WCAAA's SMP department at 203-757-5449 or 1-800-994-9422.
- Never leave personal information – check books, Social Security numbers, credit cards, etc. – where someone coming into the house can see them.
- Do not keep large amounts of cash in the house; store jewelry in a safe place.
- Remind Dad or Mom never to discuss financial information with anyone who has been hired to help out in the house, unless that's why the person was hired. WCAAA can refer you to legitimate organizations that can help with money management.
- Be sure the mail is brought in promptly. Tear up or shred mail before throwing it in the trash. Outgoing mail containing checks should not be left in the mailbox.
- Remind Dad or Mom to keep doors locked and not to open the door to anyone they don't know or expect. Have them ask for identification from anyone coming into the house.
- If you find that your Dad or Mom has mistakenly given out information or that credit cards have been stolen, contact the bank, credit card companies and credit reporting bureaus, and the Social Security office immediately.
- Anyone with a name, birth date, address, and social security number is at risk of identity theft. Caregivers should check the credit report of the person they care for with each of the three major credit reporting bureaus on a regular basis (at least annually):
 

Equifax	1-800-685-1111	<a href="http://www.equifax.com">www.equifax.com</a>
Experian	1-800-397-3742	<a href="http://www.experian.com">www.experian.com</a>
Trans Union	1-800-888-4213	<a href="http://www.transunion.com">www.transunion.com</a>
- Do not assume that if one report is correct, they are all correct; there could be an error on one and not on the others. Free credit reports are available yearly, but it is well worth it to protect someone from years of difficult and costly credit problem solving.

### **Senior Medicare Patrol**

WCAAA's CHOICES program provides enhanced education on the issues of fraud and abuse to our network of volunteer and staff counselors. The trained Senior Medicare Patrol counselors then educate volunteers and professionals in the community to ensure that seniors are empowered to address issues of health care fraud, errors, abuse and other related health care scams such as identity theft and internet scams. Call the Western Connecticut Area Agency on Aging, 203-757-5449, for more information.

### **Resources**

AARP: Connecticut Chapter: 860-240-7544 or [www.aarp.org](http://www.aarp.org)

Department of Motor Vehicles Medical Review Division: 860-263-5700 or visit [www.ct.gov/dmv](http://www.ct.gov/dmv)

Attorney General's Senior Advocacy Hotline: 1-800-660-7787

Connecticut Legal Services Consumer Law Project for Elders: 1-800-296-1467 or visit [ctlawhelp.org](http://ctlawhelp.org)

Protective Services for the Elderly: Toll-free: 1-888-385-4225; Waterbury area, 203-597-4141;

Danbury area, 203-207-8900; Torrington area, 860-496-6900

After hours: Infoline 211

For more information about caregiver assistance from Western Connecticut Area Agency on Aging, visit our website [wcaaa.org](http://wcaaa.org), email [info@wcaaa.org](mailto:info@wcaaa.org) or call 1-800-994-9422 or 203-757-5449

## DURABLE MEDICAL EQUIPMENT ASSISTIVE DEVICES FOR INDEPENDENT LIVING

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As a caregiver, you may have found a number of gadgets and equipment that help those you care for get safely around their homes. There are lots of items available that promote safety and stability for an older person who is having some difficulty with everyday tasks. The list below is a starting point for thinking about assistive devices, or durable medical equipment.

The **bathroom** offers the most challenges for a person with any disability; it is also the site of the most falls and injuries in the elderly. Consider these options:

- **Grab bars** to prevent falls in the tub or shower – they either can be screwed in to the wall or attached with suction cups to the tub or shower.
- **Shower chairs** or **tub transfer benches** – can be used to get into and out of the tub and to sit on while bathing in case of weakness or dizziness.
- **Hand-help shower heads** – for bathing while sitting.
- **Special knobs** and **switches** – for turning water and lights on and off more easily.
- **Commodes** or **grab rail systems** which can be set up with existing toilets – they help someone who has difficulty getting up from the toilet.
- **Raised toilet seats** – placed on existing toilets, they are useful for someone who has trouble bending their knees to sit.

For someone who has trouble **dressing and grooming** because of weakness or lack of dexterity, consider:

- Long reach **shoe horns** to avoid bending to put on shoes.
- **Shoe aids** to remove shoes.
- **Sock aids** or **stocking pulls**.
- **Shoe lace fasteners, elastic shoelaces/coilers.**
- **Shoes with Velcro closures** or that **slip on** to eliminate the need to tie shoes.
- **Clothing with elastic waistbands** or that **pulls on over the head** to assist with dressing.
- **Clothing with Velcro closures** instead of zippers, buttons or snaps.
- **Zipper/ring pulls, button hooks, bracelet fasteners, and dressing sticks** to assist with dressing.
- **Collar/cuff/waistband/bra extenders** for more comfortable fit.
- **Reachers** for items out of normal reach.
- **Long-handled brush** and **comb** and **toothbrush** with **special grip** for personal hygiene.

There are several **devices to increase mobility**; Medicare may pay for some of them in certain circumstances:

- **Walkers**, standard or with wheels (some even have fold-down seats), with or without an additional basket to carry things around.
- **Canes** come in a variety of sizes and lengths and have different types of tips, including the quad cane, for more stability with walking. (Be sure the person is trained to use a cane properly; improper use can actually lead to greater instability).
- **Wheelchairs** come in a variety of styles: power chairs, standard, lightweight chairs for travel, and customized for an individual's special needs.
- **Scooters** provide for independent travel in or out of the home.
- **Stairglide systems** provide access to different levels of the home when someone cannot go up and down the stairs any longer.
- **Lift chairs** allow someone to get up from a seated position safely. Medicare will often pay for a portion of the motor in the chair, but will not pay for the chair itself.
- **Ramps** allow someone to get in and out of the house; they can be built in or there are portable and modular ramps available which may work in certain circumstances.

There are many types of devices for someone with **limited vision** or who is **blind**:

- **Magnifiers** range from small hand-held magnifiers to video magnifying machines.
- **Enlargement software** is available for computers.
- There are **talking gadgets** such as clocks and watches.
- Special **kitchen gadgets** can help with cooking and meal preparation.

For someone who is **hard of hearing** but does not use hearing aids, there are **amplifiers** and **visual indicators** available.

Consider other **home appliances** for safety:

- **Generators** to keep the electricity flowing, especially important for those on oxygen or who need power for other life-saving devices.
- **Air conditioners** or **air purifiers** may be necessary for those with heart and/or respiratory conditions.

### Resources

Call the WCAA Assitive Technology department to request a demonstration at 203-757-5449 or 1-800-994-9422.

Prevent Blindness Tri-State, Adult Vision Services: 1-800-850-2020 or visit [www.preventblindnessct.org](http://www.preventblindnessct.org)

Board of Education Services for the Blind (BESB): 1-800-842-4510 or 860-602-4000 or visit [www.besb.state.ct.us](http://www.besb.state.ct.us)

Lions Low Vision Centers: 1-800-676-5715.

Independence Northwest: 203-729-3299

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For more information about caregiver assistance from Western Connecticut Area Agency on Aging, visit our website [wcaa.org](http://wcaa.org), email [info@wcaa.org](mailto:info@wcaa.org) or call 1-800-994-9422 or 203-757-5449

## RESPITE PROGRAMS TO PROVIDE A BREAK FOR CAREGIVERS

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**Respite** (res'pit) *n.* A period of relief. *Syn.* Interval, pause, reprieve.

**Family caregiver** *n.* A person who provides care (emotional, custodial, health, legal, etc.) for a family member who is old and frail, chronically ill or disabled, or who simply needs some assistance with the activities of daily living.

The Western Connecticut Area Agency on Aging receives limited state and federal funding to administer the following programs that provide respite for family caregivers:

- **The National Family Caregiver Support Program** – for families caring for a person 60 or over at home. Priority is given to those families with limited resources and high caregiver stress levels.
- **The Statewide Respite Care Program** – for those caring for someone with Alzheimer's disease or another form of dementia. There are some income and asset limits but they are fairly generous; those who are not eligible for other programs may be eligible for this one.
- **Congregate Housing Services Program** – provides direct supportive services in sponsored housing sites, for eligible seniors and persons with disabilities. After a home assessment, services provided may be a personal response systems, chore, homemaker, foot care, adult day care, meals, home health aide, medication monitoring or transportation
- **CT Home Care Program** – helps elderly persons and young persons with a disability to remain safely in their homes with the proper supports and services in place rather than being institutionalized. Persons needing services must be age 65 years+, unless disabled, and require assistance in at least two areas of their daily functioning and meet the program's financial eligibility requirements.
- **Community First Choice** –allows eligible Medicaid members that can self-direct and meets institutional level of care, to access home and community-based attendant services and supports.
- **Private Case Management** – to help families manage care when they are not eligible for other programs. Our staff nurse can help you arrange for services and can provide ongoing monitoring for a modest fee.
- **Supplemental Services** – are one time health related items or service options designed to help "fill the gap" when there is a need and there is no other way to obtain the item or service.
- **Powerful Tools for Caregivers** – is a course that teaches family members, friends or neighbors the tools they need to take care of themselves while caring for others.
- **Assistive Technology Department** – is dedicated to increasing access and awareness of assistive devices to reduce or remove barriers and increase independence in performing tasks of daily living.

**Respite care** under these programs **is intended to give a break to family members caring for someone** who either lives alone but who requires regular assistance, or for those caring for someone who lives in the same household. We can help arrange for assistance and can sometimes help pay for the following services in order to provide a break for the caregiver:

- **Adult Day Care Programs** – Having a parent or spouse attend an adult day program gives the family caregiver a "day off" to do errands, clean house, or just have some time alone. Day care provides stimulation for the person you care for, often relieving some boredom and depression. Day care staff also can usually provide showers and hair care, which can be a real help to caregivers for whom this is becoming difficult.
- **In-Home Assistance** – Hiring someone to help with showers or housecleaning can be a great relief for the working caregiver caring for an older relative. This type of assistance can also be very helpful for a spouse who can no longer safely assist with a bath or shower. Sometimes the caregiver can use the opportunity to get out of the house for a few hours.

- **Temporary placement in an assisted living facility or nursing home** – Caregivers need vacations just like everyone else. Having someone go for a week to an assisted living (or nursing home if they need a more skilled level of care), means that the family can go away knowing that Mom will be cared for while they are gone.
- **Temporary live-in help** – Families can also arrange for someone to come in to stay 24 hours a day while they are away. We always caution families that this is often less reliable than having someone go to assisted living or a nursing home (paid live-ins have emergencies like everyone else). If you decide to do this, you *must* have a Plan B – someone who can step in if the live-in has an emergency and can't fulfill his/her obligation.

**If your needs are short-term and/or fairly limited, we encourage you to apply for one of WCAAA's programs.** Unfortunately, because our funding is limited, we are unable to meet the needs of families who need nearly full-time, round-the-clock care. We are also unable to provide help for families whose parent or spouse is on Title 19 (Medicaid) or on the Connecticut Home Care Program for Elders. We encourage those families who are eligible (or close to being eligible) for Title 19 and/or the Home Care Program to apply, especially if their need for care is high and growing.

In addition to providing direct support, our job is to help families think longer-term and explore other options for care. Planning ahead can prevent having to act in a crisis.

- As a caregiver, **evaluate the situation realistically.** Is the person you care for safe to be at home? Is your father or mother's physical or mental condition deteriorating? Are you able to adequately care for him or her? Do you find you are needing more and more assistance? If so, how will help be provided and paid for?
- You will want to **do a thorough assessment of the financial situation.** What is the person's monthly income? How much money do they have in the bank, CD's, stocks, bonds, life insurance? If it is a significant amount, our advice is to consult an attorney specializing in elder law and/or estate planning. Families often tell us that the money Mom or Dad has is being saved for "when they need it". If they need the care now, the money should be used to pay for it.
- **Plan ahead** for care that will be needed down the road. If nursing home placement is a possibility in the future (even the distant future), begin looking now and submit applications to get your Mom or Dad on waiting lists of the places you'd rather have them go to, if necessary.

We encourage you to explore all your options as a caregiver. See other inserts in this packet for information about how to find in-home help, how to apply for the Connecticut Home Care Program for Elders or Title 19, how to look for an elder law attorney, and other caregiver information.

## **Resources**

For a list of caregiver programs and support groups, visit [www.wcaaa.org](http://www.wcaaa.org) or CT State Department on Aging visit [www.ct.gov/aging](http://www.ct.gov/aging) services.

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For more information about caregiver assistance from Western Connecticut Area Agency on Aging, visit our website [wcaaa.org](http://wcaaa.org), email [info@wcaaa.org](mailto:info@wcaaa.org) or call 1-800-994-9422 or 203-757-5449

## HOUSING OPTIONS FOR OLDER ADULTS

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There may come a time when the person you care for can no longer safely stay in his or her own home and you find yourself considering other living arrangements. There are many options for housing, based on the level of care needed and financial circumstances. It's important to plan ahead. Many older adults may have to move from their homes at some point in time. Waiting lists for other housing options can be long; it may take a year – or more – to get into the facility of your choice. For more information about types of housing and what's available in your area, call the Western Connecticut Agency on Aging at 1-800-994-9422 or 203-757-5449 for a copy of a “**Guide to Housing Options for Older Adults**”.

For Someone Still in Relatively Good Health But Who Can't Manage a Big House Any Longer, Consider These Options:

**Independent Living** – complexes which are restricted by age, usually consisting of units with living space on one floor. They are intended for those who are still relatively healthy and mobile, and who require little or no assistance. Many offer one meal for a fee, and some have **resident service coordinators** on site to help residents set up additional services if necessary. Independent living complexes may be rental units or units owned by the residents (condominiums). Independent living options include:

- high-end retirement communities for those with adequate financial resources
- subsidized housing apartment complexes for low- to moderate income
- rental units in private homes

**When a Little More Help is Needed, Consider...**

**Assisted Living** – for those with various levels of independence and those who may have chronic but stable conditions. Some assistance is provided; core services include laundry, meals, transportation, housekeeping, recreational activities and routine maintenance. Additional services, such as help with activities of daily living, nursing services and medication supervision, can often be provided – usually for a higher monthly fee. At this time, most assisted living facilities in Connecticut are an option only to those who can afford to pay privately. Some have special units for residents with dementia.

**Congregate Housing** – similar in some ways to assisted living facilities, but intended for those who with low to moderate incomes. Residents must be at least 62, have incomes of no more than 60% of their area's median income, and need some assistance with at least one activity of daily living. One main meal in a communal dining area, housekeeping, and 24-hour security are provided. Arrangements can be made for additional services.

**Continuing Care Retirement Communities** – also referred to as “life-care communities”. Offer various types of care that allow residents to stay in the facility and move from independent living to assisted living to nursing home care as needs change. Residents enter into a contract and must pay an entrance fee and ongoing monthly fees.

## When Even More Help is Necessary, Consider...

**Rest Homes with Nursing Supervision** – for people with chronic conditions who are unable to live independently but do not need constant skilled nursing care. Residents are not confined to bed, have fewer needs for assistance with activities of daily living than in a nursing home, and have more mobility than the typical nursing home resident.

**Nursing Homes (convalescent homes)** – may be the only remaining option when a person needs substantial daily assistance, round-the-clock care, and/or ongoing skilled nursing or nursing supervision, including some non-surgical treatment, medication administration, and nutritional management. Nursing homes also provide intermediate short-term rehabilitation following acute illnesses, injuries, or surgical procedures. Nursing homes are expensive, but when patients are unable to pay, they can become eligible for Medicaid or Title 19. Although under some circumstances, a nursing home can refuse admission to someone who is already on Medicaid, they **may not discharge** anyone who is already a resident if they become Medicaid eligible, unless the home does not participate in Medicaid (which you should be told prior to admission).

### Resources

Call WCAAA to request a “**Guide to Housing Options for Older Adults**”, for northwestern Connecticut.

The municipal agent for your town can direct you to available housing. Call WCAAA for the contact information for the municipal agent in your town.

For problems related to care of residents in nursing homes, call the **Ombudsman’s Program: 203-597-4181** or **866-388-1888**. Ombudsmen are patient advocates for nursing home residents; they should be contacted whenever there is improper care. Be sure to contact them while your family member is in the nursing home; if you decide to bring Mom or Dad home for care, the Ombudsman no longer has jurisdiction.

Visit [myplacect.org](http://myplacect.org): to help you get the information, services, and supports you need at home or in the community including information about affordable and accessible housing in Connecticut.

For a detailed listing of every Medicare and Medicaid-certified nursing home in the country visit [www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare).

## IDENTIFYING THE SIGNS OF NEGLECT, SELF-NEGLECT OR ABUSE

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As people age, there may be changes in daily habits that affect their health: eating less, drinking less water, taking fewer baths, doing less housecleaning, going out on fewer occasions. Some changes may be normal slowing down, but caregivers must be alert to changes that indicate neglect or even abuse.

### **The Following Are Signs of Neglect or Abuse That Need to be Addressed:**

- **Signs of neglect or self-neglect:** weight loss or dehydration, body odor, dirty clothes or bedding, bed sores or untreated wounds, onset of delirium or confusion, unsafe living conditions such as no heat or running water, broken appliances.
- **Signs of verbal abuse:** sudden changes in behavior like withdrawal, agitation, not talking or not responding to others can indicate the person is being belittled, threatened, intimidated, harassed, or prevented from communicating with friends or family.
- **Signs of physical abuse:** unexplained bruises, cuts, black eyes, burn marks, torn clothing or broken glasses; changes in behavior that could indicate too little or too much medication, not enough food, possible head injury; expressions of fear. Bruises or bleeding in the genital area can indicate sexual abuse.

**If you suspect that the person you care for (or someone else you know who is 60 or over) is**

**being neglected or abused, or is neglecting him or herself, you should call the Western**

**Connecticut Area Agency on Aging to discuss situation with a care manager or call Protective**

**Services for the Elderly (calls can be anonymous; you do not have to give your name):**

**Protective Services** statewide toll-free number: 1-888-385-4225

Waterbury area: 203-597-4141

Torrington area: 860-496-6900

Danbury area: 203-207-8900.

## SUGGESTED READINGS & RESOURCES FOR CAREGIVERS

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The following books have good practical advice for family members caring for aging parents or an ill spouse. These and many other books on caregiving are available at the Western Connecticut Area Agency on Aging. Also, check with your local library for books and other resources on caregiving.

### **Caring for Yourself While Caring for Your Aging Parents: How to Help, How to Survive**

by Claire Berman

*Strategies for avoiding caregiver burnout.*

### **Communication Skills for Working with Elders**

by Barbara Bender Dreher

*An excellent resource for understanding how aging affects communication and comprehension; tips for how to improve communication with elders.*

### **I'll Take Care of You: A Practical Guide for Family Caregivers**

by Joseph Ilardo, Ph.D., LCSW, and Carole Rothman, Ph.D.

Includes exercises to help caregivers assess and cope with specific problems unique to their situations.

### **Coping with Your Difficult Older Parent: A Guide for Stressed-Out Children**

by Grace Lebow and Barbara Kane with Irwin Lebow

Especially for caregivers whose parents present specific challenges – dependency, clinging, not accepting help when they need it, always expecting more, etc.

### **The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life**

by Nancy L. Mace and Peter V. Rabins

The “bible” for families caring for a person with Alzheimer’s or other dementia.

### **The Encyclopedia of Elder Care**

by Mathy D. Mezey, Editor-in-Chief

The authoritative, comprehensive resource on geriatric and social care.

### **How to Care for Aging Parents: A Complete Guide**

by Virginia Morris

*One of the classic books on caregiving.*

### **The Complete Idiot’s Guide to Caring for Aging Parents**

by Linda Colvin Rhodes, Ed.D.

Don’t let the title put you off; easy-to-read, practical information for caregivers.



## CAREGIVER ORGANIZATIONS

### **AARP**

1-888-OUR-AARP (1-888-687-2277)

[www.aarp.org](http://www.aarp.org)

### **Administration on Aging**

202-401-4634

[www.aoa.gov](http://www.aoa.gov)

### **Alzheimer's Association**

1-800-272-3900 or in CT 860-828-2828

[www.alz.org/ct](http://www.alz.org/ct)

### **American Geriatrics Society**

1-800-247-4779 or 212-308-1414

[www.americangeriatrics.org](http://www.americangeriatrics.org)

### **CT State Department on Aging**

860-424-5274

[www.ct.gov/agingservices](http://www.ct.gov/agingservices)

### **Family Caregiver Alliance**

1-800-445-8106

[www.caregiver.org](http://www.caregiver.org)

### **Independence Northwest**

203-729-3299

[www.independencenorthwest.org](http://www.independencenorthwest.org)

### **Leading Age**

202-783-2242

[www.leadingage.org](http://www.leadingage.org)

### **My Place CT**

1-800-203-1234

[www.myplacect.org](http://www.myplacect.org)

### **National Alliance for Caregiving**

301-718-8444

[www.caregiving.org](http://www.caregiving.org)

### **Well Spouse Foundation**

1-800-838-0879

[www.wellspouse.org](http://www.wellspouse.org)

### **Western CT Area Agency on Aging**

1-800-994-9422 or in CT 203-757-5449

[www.wcaaa.org](http://www.wcaaa.org)

## GERIATRIC SPECIALISTS

### **Adler Geriatric Assessment Center**

Yale-New Haven Hospital

874 Howard Avenue

New Haven CT 06510

Phone: 203-688-6361

### **Center for Geropsychiatry**

Waterbury Hospital

88 Grandview Avenue

Waterbury CT 06708

Phone: 203-573-6525

### **Center for Comprehensive Care**

31 Staples Street

Danbury, CT 06810

Phone: 203-225-0504

### **Family Intervention**

22 Chase River Road

Waterbury, CT 06704

Phone: 203-753-2153

### **Geriatric Associates**

UConn Health Center

263 Farmington Avenue #210

Farmington CT 06030

Phone: 860-679-8400

### **Southbury Geriatric Center**

(affiliated with Danbury Hospital)

22 Old Waterbury Road

Southbury CT 06488

Phone: 203-262-0651

### **Masonic Geriatric Assessment Program**

67 Masonic Avenue #1100

Wallingford CT 06492

Phone: 203-265-0355

### **Geriatric Associates**

UConn Health Center

263 Farmington Avenue #210

Farmington CT 06030

Phone: 860-679-8400

# EMERGENCY INFORMATION

---

Keep this in a safe place so it is available in case of an emergency

---

Name Caregiver Name

---

Address Caregiver Address (if Other)

---

City State Zip Caregiver City State Zip

---

Phone Caregiver Phone

---

Date of Birth Social Security #

## Insurance

---

Medicare # Medicaid #

---

Other Health Insurance Name Policy # Phone #

## Doctors (including Specialists)

---

Name Type Phone #

---

Name Type Phone #

---

Name Type Phone #

## Recent Visits to Doctor's Offices, ER or Other Healthcare Facility

---

Place Reason Date

---

Place Reason Date

---

Place Reason Date

# Caregiver Services

---

Care Manager Name

Phone #

---

Program (CT Home Care Program for Elders, Respite Program, National Family Caregiver)

Agency

## Legal Representatives (Conservator, Power of Attorney, Guardian)

---

Name

Phone #

## Medical Diagnosis

---

---

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## Food & Other Allergies

---

---

---

## Prescription Medications & Over the Counter Medications (attach a separate sheet if necessary)

---

Name

Dosage

Frequency

## KEEPING YOUR AFFAIRS IN ORDER

---

All of us, young and old, should begin to plan for the future by putting our financial and personal records in order. These records can be helpful in preparing budgets, making investments, and for retirement and estate planning. They are also useful in sharing important information on to family members.

### Personal Information

---

Full Legal Name    Last

First

MI

---

Legal Address

---

City

State

Zip

---

Phone

Cell Phone

Email Address

---

Date of Birth

Place of Birth

Social Security #

### Insurance

---

Medicare #

Medicaid #

---

Other Health Insurance Name

Policy #

Phone #

### Marital Status

---

Married, Date

Divorced, Date

Widowed, Date

Never Married

---

Name of Spouse and Contact Information (if not the same as listed above)

### Children

---

Name

Address

Phone Number

---

Name

Address

Phone Number

---

Name

Address

Phone Number

## Relatives

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

## Close Friends

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

---

Name	Address	Phone Number
------	---------	--------------

## Legal Representatives (Lawyer, Conservator, Power of Attorney, Guardian)

---

Name	Type	Address	Phone Number
------	------	---------	--------------

---

Name	Type	Address	Phone Number
------	------	---------	--------------

## Doctors (including Specialists)

---

Name	Type	Phone #
------	------	---------

---

Name	Type	Phone #
------	------	---------

---

Name	Type	Phone #
------	------	---------

---

Name	Type	Phone #
------	------	---------

---

Name	Type	Phone #
------	------	---------

# Financial Planner

---

Name	Address	Phone Number
------	---------	--------------

## Financial Records (attach list if necessary)

---

Checking Account Bank	Account Number
-----------------------	----------------

---

Savings Account Bank	Account Number
----------------------	----------------

---

Credit Union Name	Account Number
-------------------	----------------

---

Pension Fund	Account Number
--------------	----------------

---

401K/IRA	Account Number
----------	----------------

---

Annuities	Account Number
-----------	----------------

---

Stocks	Account Number
--------	----------------

---

Bonds	Account Number
-------	----------------

---

CDs	Account Number
-----	----------------

---

Property/Deed	Account Number
---------------	----------------

---

Other	Account Number
-------	----------------

---

Other	Account Number
-------	----------------

---

Recent Tax Return Location

## Liabilities and Debt

---

Bank Name	Type	Address	Phone	Account Number
-----------	------	---------	-------	----------------

---

Bank Name	Type	Address	Phone	Account Number
-----------	------	---------	-------	----------------

## Credit Cards

---

Bank Name	Type	Address	Phone	Account Number
-----------	------	---------	-------	----------------

---

Bank Name	Type	Address	Phone	Account Number
-----------	------	---------	-------	----------------

---

Bank Name	Type	Address	Phone	Account Number
-----------	------	---------	-------	----------------

# Location of Important Documents

---

Birth Certificate

---

Marriage Certificate

---

Divorce Certificate

---

Certificate of Death (spouse / children)

---

Certificate of Citizenship

---

Military Records

---

Will

---

Living Will / Health Directives

---

Funeral Arrangements

---

Safe Deposit Box

---

Location of Personal Items

## **Insurance Information** (include Policy Numbers, Company, Location of Policy Documents, and Names of Beneficiaries)

---

Health

---

Disability

---

Property (Home / Auto)

---

Long Term Care

---

Veteran's Insurance / Benefits

## **Other** (include documents pertaining to your Education, Employers, Memberships to Organizations, Religious Affiliation, Awards, and Honors)

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Other

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Other

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Other