

DOWNLOAD PDF PERSONAL FINANCES, ELDERLY PEOPLE WITH DEMENTIA AND THE NEW COMMUNITY CARE

Chapter 1 : How Person-Centered Care is Changing Senior Care

*Personal Finances, Elderly People with Dementia and the 'New' Community Care [Joan Langan, Robin Means] on theinнатdunvilla.com *FREE* shipping on qualifying offers.*

Early on, I fought to be their caregiver. Eventually, they accepted my help. I adapted to being the primary adult family caregiver and absorbed the additional responsibility to advocate for their needs. Thankfully, I was very clear on their wishes. I spent most of my adult life living near my parents and visited them two or three times a week. On many occasions, as my parents were watching or caring for their own parents, they would comment on how they would like to be treated. In those moments, I also learned what was important to him. In , after my parents moved into an assisted living community, life and caregiving became much easier, at least for a while. The biggest issue was handling the multitude of calls to come visit. Sadly, my parents never remembered when I visited. They would often call me while I was on the car ride home to ask when I was stopping by. Catch up on part one: In the spring of , I noticed that my dad was starting to drool, and on some visits, his speech was a little garbled. I wanted to be sure, so I set up an appointment with a specialist. My parents had dentist appointments coming up, so we decided to wait and see whether the dentist noticed anything unusual. Unfortunately, the appointments my parents had with the visiting dentist came and went. My dad was immediately referred to the doctor at the assisted living community. Within a few days, the specialist confirmed that dad had a tumor. The tumor tethered his tongue, which prevented him from being able to move it to swallow or speak clearly. We learned that dad had options for treatment, but they would be extensive: Thankfully, one of my brothers was able to come to town and help me figure out how to best help our dad. As their children, we were proud that we could keep them together as they were both living with similar stages of different types of dementia. What we did know was that they were better as a pair, and we wanted to see if we could get them more time together. We were raised to put up a fight for the things we wanted, and we were prepared to go into battle for dad. Getting his teeth cleaned by a specialist was the first step in getting treatment for his tumor. In order to get his teeth cleaned, he had to get cleared by a cardiologist for the procedure. This is because they would have to sedate him during the teeth cleaning. During the appointment, dad fell asleep on the examination table, something he would do during the many appointments to come. We realized that if we moved forward with treatment for the tumor, it would create even more discomfort for our dad. Due to the nature of his dementia, he was already experiencing discomfort in his daily life. We understood that it was time to meet with the hospice doctor to discuss palliative care and make dad as comfortable as we could for the rest of his life. Still, it was hard for us to absorb the reality that our father, a multiwar veteran, was going to die from a cancerous tumor on his tongue. Living with the loss The coming days, weeks, and months were incredibly difficult to manage. Not only was I grieving for my dad, I was second-guessing my ability to be the family caregiver. I am now thankful that we took a picture with dad in his hospice bed – it turned out to be something I could share with my mom. Although many people will tell you to never remind someone with dementia about the loss of a loved one, I felt that it would be more harmful not to tell her. I wanted her to be able to grieve his loss. When I visited, I would bring pictures of dad, share a happy story about him with mom, and mention how much I missed him. This was a new behavior for her, and it was unlike my mom to be physical. They suggested we hire a personal care assistant PCA to help her manage her day. We realized that it was time to start looking into a community specifically for people who need memory care. Due to her dementia, mom already had some issues with paranoia. Unfortunately, bringing a PCA in only made mom more paranoid. This meant that she had a hard time connecting with most of the residents and staff in her community. Without dad, she was truly alone much of the day. I also hired an aging life care manager to help me find the best memory care community for mom. She helped me understand and recognize the key attributes of a good memory care community. We needed a community with: She had been complaining about back pain, so her doctor prescribed her Tramadol. Mom ended up on bedrest and behaved

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as if she were on hallucinogenic drugs. We later found out that the medication caused this reaction because of the type of dementia that she had. The possibility of such a reaction was never mentioned to me when she was receiving her prescription. It took nearly 3 weeks for the drug to work its way out of her system. She spent so much time in bed recovering that she became weak and unsteady. Several months passed before she was able to walk on her own again. Once mom was stable, we moved her into a memory care community. We moved her on January 17, We knew the transition would be difficult. Often, for people with dementia, switching residences can result in a recognizable decline. Although she adapted quite well, she had a fall that landed her in the emergency room after only a few months in the new community. She was unable to fully recover from the fall and could no longer walk unassisted. She would try to get up and go whenever the notion struck her. To keep her safe, we brought a new PCA back on staff. Mom lived in the memory care community for nearly a year. We were lucky to have found a PCA that doted on mom and that mom trusted. It was nice to have someone I could contact to know how mom was doing on a daily basis. Saying goodbye to mom In December , mom tipped over while washing her hands. She never hit the ground, but she complained of hip pain, so she was taken to the ER. When I arrived, I immediately recognized the significance of her injury. Sometimes, when bones grow frail, a simple twist is all it takes to break a hip. While they took mom to X-ray, I found a private restroom and sobbed. I knew that elderly women who break a hip are at an increased risk of dying within a year of the incident. The surgeon repeated that to make mom comfortable, we should operate, and to do that, I needed to lift the DNR order. I called the aging life care manager back in and a geriatric doctor to help me navigate my choices for mom. The first test identified a heart and lung issue, eliminating the option for surgery. She was alert even after four courses of morphine. And at some point during her stay at the ER, she had a small stroke. My mom no longer recognized me, and she was unable to remember that she had children. It had become clear that our only choice was to move mom into hospice care. Her health was fading fast, and we wanted to make her last days as comfortable as possible. We moved mom back to her community where she had hour support and hospice care. I called all of my siblings and they scheduled one last trip to see mom. Over the next week, mom mostly slept. By the end of each visit, I would end up crying at the foot of her bed. I told her how much I would miss her, but reminded her that dad was patiently waiting for her to join him. When I visited her on Christmas Day, her breathing was jagged. The memory community nurse called at 5: Even though I felt it coming, I was still stunned. Thankfully, my husband and children were with me when I received the news. They were able to take me to see mom one last time and say my goodbye. Learning to live with my decisions If I knew how things were going to progress, I feel like I would have made many different decisions throughout my caregiving journey. A wonderful social worker told me that I should forgive myself, because I made the best decisions that I could with the information I had at the time. I often share this advice with other caregivers who feel the same remorse about their caregiving journey. I was told quite often to be kind to myself during my journey. Now that my family caregiving journey is over, I believe that this is the best advice I was ever given. I hope that after reading about my experiences, you can take this to heart and find peace on your journey. Life after caregiving While I was caring for my parents, I started to build a part-time business focused on helping other caregivers. This part-time business would become MemoryBanc. For several years, I balanced work by limiting the number of clients I helped so that my parents would always be the priority.

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Chapter 2 : Understanding the Different Types of Dementia | Senior Lifestyle

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Most states offer multiple programs. Does Medicaid pay for home care for aging individuals? The short answer to this question is Yes. Funds for Medicaid come from both the federal government and the individual state governments and as such, the rules governing Medicaid also come from two sources. The federal government sets certain standards but gives the states considerable flexibility with regards to the services they provide. This is especially true in the area of home care. States have a "Medicaid State Plan", sometimes referred to as Regular Medicaid and they also have "Institutional Medicaid" which by definition does not cover home care and there are Medicaid Waivers which are offered as an alternative to Institutional Medicaid. Institutional Medicaid is provided in long term care institutions nursing homes and intermediate care facilities and therefore does not pay for home care. Medicaid Waivers, which are offered as an alternative to nursing homes, pay for home care and often pay for other related in-home support services to help the elderly remain living at home. Types of Home Care Covered By Medicaid "Medicaid now offers so many options for providing home and community services that they can be confusing for policymakers, state officials, advocates, and consumers alike. However, to provide a comprehensive list can be misleading as the benefits depend both on the state in which the beneficiary lives and the type of Medicaid coverage they are receiving. Follows is a generalized list with explanations of what is typically offered by Medicaid in most states. Home Health Care - is medical care provided to individuals in their homes. Trained medical professionals such as doctors and nurses provide these services. It is important to distinguish home health care from home care or personal care which is provided by family members or paid caregivers, but not medically trained professionals. Personal care, in many states, is covered through either regular Medicaid or through a Medicaid Waiver and frequently through both. Homemaker Services - include assistance with general household chores such as housekeeping, laundry, shopping for groceries and other essential items as well as in the preparation of meals. The lines between homemaker services and support with the instrumental activities of daily living and "chore services" are not well defined. In some states these phrases may be used interchangeably. Though initially not a Medicaid benefit, homemaker services are now recognized as being essential to helping individuals remain living at home and with relative independence. Family and Caregiver Support - is another area now recognized as important to maintaining a stable home living environment. Support to caregivers in the form of training and respite care temporary relief from their caregiving efforts is now included in nearly every, if not in all states. Typically, modifications include alterations such as wheelchair ramps, walk-in bathtubs, stair-lifts and environmental aids for lighting. Medical Equipment and Supplies - Medically necessary equipment and supplies are covered by Medicaid. Beneficiaries should be careful to closely follow the designated procurement processes to receive the maximum benefit amounts. Personal Emergency Response Services - abbreviated PERS, are electronic monitoring or call and respond services that enable persons to live alone or to spend portions of their day without direct supervision. Transportation Assistance - can be provided in the form of transportation escorts or rides for non-emergency medical appointments and in some areas, transportation for recreational purposes. Hospice Care - Medicaid hospice care is usually reserved for terminally ill individuals who have a life expectancy of six months or less. If it is determined the individual may be more comfortable in their home, Medicaid may pay for hospice at home. Medicaid Payments to Family Members to Provide Home Care In most states, it is possible for family members to be paid by Medicaid for providing personal care to their loved ones. In brief, this process works as follows. Consumer Direction means the beneficiary can select their care providers rather than have Medicaid choose providers on their behalf. Interested parties should be aware that in all but twelve states Medicaid prohibits legal guardians

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and spouses from being paid. Learn more about family members getting paid as caregivers. Qualifying for Medicaid and Home Care Waivers Medicaid eligibility is determined by each state separately and within the state there are usually different requirements for institutional vs. However, there is a great range within the states and many exceptions to what are considered countable assets and income. Visit our Medicaid page for complete eligibility requirements or to find assistance qualifying for Medicaid. Many states offer several programs, usually those that do will offer personal care assistance through their Medicaid State Plan an entitlement program and also through a Medicaid Waiver which limits enrollment. Follow the links in the table below to learn more about the eligibility requirements and benefits of any program. Please note that this is not a list of all Medicaid waivers which offer home care, but rather those waivers that are relevant to the elderly. Other waivers exist for developmentally disabled individuals and for persons with traumatic brain injuries that are not included here. All programs offer self-direction of home care, meaning participants have some choice about their caregiver.

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Chapter 3 : Financial Elder Abuse: How Greedy Children are Cashing in on Dementia | The Hearty Soul

Although it can be quite common for people with dementia to forget about personal care and hygiene, it is one area where you, as their carer, will have to be diligent as well as patient.

The area of personal care and hygiene is very different for each person. As a carer, if you remember this it may alleviate some of the anxiety and frustration that seem to surround these tasks. The Good Old Days Understanding the cause of the anxiety or resistance to a task will help you implement strategies that may assist when caring for someone with dementia. Ask your client, if able, or a close family member about their personal care habits in the past. For many older people having a shower on only a few days a week was a normal part of their routine. Find out if they usually wash or shower in the mornings or evenings and, if feasible, stick to that time of the day, or as close as possible. If they seem to have a genuine fear of the shower, ask them to sit in a chair and use a handheld shower; some people can feel as if they are drowning when water is running over their head. Try using the small basin to wash with instead of having the shower water running constantly. Setting the Scene Make sure that you have gathered all the items you need and have them within easy reach. If you have to constantly leave the room to gather towels or toiletries your client may become confused or anxious. Personal care is private. To make this time more pleasurable for your client there are things that you can do with the environment. Make sure that the bathroom is not too cold or too hot. Ensure that there is adequate lighting, as older people have a tendency to be afraid of falling. If your client enjoys music try playing some soft music in the background to create a calm atmosphere. Make sure that you have gathered all the items you need and have them within easy reach. Handing items, such as soap or facewashes, to clients at the appropriate time may help overcome discomfort or embarrassment. Draw the blinds and keep the door partially closed to ensure privacy. Safety First Use rubber mats to prevent slipping and make sure that the floor surface is not slippery. If there are locks on the door make sure that they are accessible from the outside in case of emergency. Do not store any cleaning fluids in the bathroom and have a temperature control on the water tap in the shower. If your client is taking a bath, do not have the water too deep; people with dementia quite often have a lack of depth perception and the water will seem like an enormous lake. Similarly, if using a shower chair do not have a white chair in a white bathroom as they will feel like they are going to sit in a deep hole. Tools of the Trade It is important to encourage independence with your client and it may take a few simple prompts to help your client start the action. An electric shaver for men is often easier and safer to use than razor blades. After washing you may have to help with shaving, oral care, hair and dressing. It is important to encourage independence with your client and it may take a few simple prompts to help your client start the action. Remember, though, that for some people the sound of the electric shaver may be frightening. If you need to assist with shaving or oral care, try standing or sitting next to the person in front of the mirror. Place the shaver or toothbrush in their hand, gently put your hand over theirs and guide them through the first motions. Placing your free hand on their other shoulder will give them reassurance and not be so confrontational. Remember whether they are right- or left-handed. Having suitable equipment will help make the tasks easier. Shower chairs, grab rails and handheld showers are just some of the aids that can assist. Occupational therapists can help assess what equipment may be right for your client. As I mentioned earlier, discussing with your client if able what they are familiar with will help to reduce anxiety. If this is not possible, talking to a close family member or partner may be useful. Occupational therapists can assist with safety items and equipment. People with dementia can easily become confused and overwhelmed, so breaking the task down into smaller, simpler steps may be helpful. Have confidence with the task at hand and approach the person with reassurance and patience.

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Housing and community care for older people-joint working at the local level Personal finances, elderly people with dementia and the new community care.

Quality statements 1 and 2 Quality statements 1 and 2 are about knowing and understanding older people as unique individuals and supporting them to develop and maintain their personal identity. They should be able to take part in activities that are meaningful to them and also be able to stay connected to the world. Statement 2 Statement 1 says: Older people in care homes are offered opportunities during their day to participate in meaningful activity that promotes their health and mental wellbeing. Jump to the case studies Why is this an area for quality improvement? Activity helps to sustain both physical and mental health, so it is important that older people living in care homes are able to maintain interests and have opportunities to develop new ones. The challenges of providing good care for older people with complex needs in care home settings, as well as the culture of the care home, can result in staff prioritising practical tasks above supporting people to take part in meaningful activities. Risk management can also be an issue, with staff not feeling empowered to support people if there is an element of risk involved in activities. How can care homes improve quality of care? It is a myth that the Care Quality Commission CQC expects there to be an activities programme and that delivering such a programme is the responsibility of 1 person – the activity coordinator. Activities coordinators play an important role, but ensuring that people can spend their time doing things that are meaningful to them is the responsibility of all staff. Encourage people to be involved in daily activity Care homes can greatly improve levels of activity for the people living there by ensuring that they have opportunities throughout the day to take part in the daily life of the home. To achieve this, staff need to know that engaging with people living in the home and encouraging activity is central to their caring role. Meaningful activity can include routine personal care tasks, such as getting dressed and brushing teeth. If older people are encouraged to carry out these tasks for themselves, rather than have others do them on their behalf, it will contribute to their sense of wellbeing. Some people prefer activities that they can pursue on their own, such as reading or listening to the radio. Other people prefer group activities, but a group activity that is enjoyable and meaningful to one person may be of no interest to another. People need a range of activities to choose from and support to maintain existing interests. Understand risk Some activities involve an element of risk and care home staff may be concerned about health and safety regulations and organisational policy. However, older people need the freedom to choose to take some risk if they want to. Care staff should feel confident about supporting people to take risks and know how to manage and monitor risk. Independence, choice and risk: Football memories John not his real name had difficulty taking part in activity other than walking in the secure gardens of his care home. His attention span was limited and his concentration appeared to be quite poor. Staff tried to engage him in games of bingo or cards when playing with people living in the home, but he would quickly get bored and walk away. A member of staff spoke to his wife about what was important to him during this time and she mentioned he was passionate about football. The member of staff printed out some names and pictures of football players from the s and s and created a game for him to match the names to faces. John engaged well in this game, it held his concentration and contributed to a friendship between John and another resident, who came over to join in with a common interest. Following this success, a variety of other games with different sporting heroes have been devised, and John is much more settled around others. He has formed some good friendships and has a particularly good relationship with the member of staff who created the game. This case study was supplied by the College of Occupational Therapists and is based on the observation of a member. Supporting choice and managing the risks Emily, 97, lives in a care home. She walks with two walking sticks, which affects her ability to carry out some activities of daily living. Emily gets up very early; members of staff help her wash and dress, then offer her tea. When she lived with her family, she would get up herself and then sit in the kitchen drinking cups of tea until the rest of the family got up. Soon after arriving in her new home,

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Emily insisted on going into the dining room in the mornings and making her own tea. Staff were concerned that Emily was at great risk of falling or of scalding herself. They cannot lock the dining room, as other residents like to go in and out. Emily could not understand why there was a risk, as she has always made her own tea. Making her own tea helped her feel at home in her new environment. Emily accepted shared responsibility for any risks and, with her family, agreed that the home would leave out on a table in the dining room all that she needed to make her tea in the mornings. This small task meant a huge amount to Emily. This was recognised; consequently, her wishes were supported and staff did not need to worry about her walking round the dining room unaided.

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Chapter 5 : Senior Housing: Assisted Living Facilities, Independent Living, and Other Housing Options

Langan, J. and Means, R. () *Personal Finances, Elderly People with Dementia and the 'New' Community Care*. Anchor Housing Association, Kidlington. Anchor Housing Association, Kidlington. Google Scholar.

Moving into an assisted living home was a turning point for them, and it allowed them to recognize that their needs had changed. My parents and I never outright discussed this shift in roles. I just stepped in and helped, always being mindful that they were my parents and I was their child. Instead of pushing me out of their business, they welcomed me into conversations about how they would be spending their time and money. I was honored that my parents entrusted me with helping them manage their lives. I also felt melancholy about this change. The reality was that my parents were truly unable to manage their own tasks and counted on me to make choices for them. Although I had known this for some time, having my parents acknowledge this was a pivotal moment. Getting your legal ducks in a row Long before they received their dementia diagnoses, my sister, who is a lawyer, advised our parents to update their individual wills. At the time, they were both in their 70s. Because of their age, she also encouraged them to assign financial and medical powers of attorney. This would ensure that if they were ever incapacitated, someone could act on their behalf. So in , my parents did what conventional wisdom advised: They created an estate plan that included: Legal terms Durable power of attorney POA: Someone who has the legal authority to act on your behalf financially. Someone who has the legal authority to make decisions about your healthcare. Primary agent also called attorney-in-fact: A person who is designated to act on behalf of another person. This assessed by your doctor. Fast forward to My parents were at their annual physical when their doctor recommended that we update their durable and medical powers. The current POAs listed my sister as the primary agent, and I was the secondary agent. The doctor suggested that since I was the local child, I should be the primary agent. The doctor also said that we should be prepared for up to 10 years of care for one or both of my parents. Before our parents signed the updated powers of attorney that would list me as their primary agent, we had their doctor validate in writing that they both had decisional capacity. We were told that had we not had their decisional capacity documented, their estate lawyer might refuse to update the power of attorney documents. We wanted to ensure that we did everything by the book so that we could get the tools in place to help our parents. Because my parents were so resistant to accepting any help from their adult children, it forced me and my siblings to work together to get our parents the help they needed. Was dad risk averse or aggressive in managing their investments? Was a medication to make mom less anxious worth an increased risk of another stroke? Should we move mom out of her current assisted living community to a new community designed for people with memory care needs? We arranged monthly conference calls to make these decisions, and when major issues loomed we would have calls weekly. When we started to have disagreements, we put rules of engagement in place to help settle disputes: Spouses are invited to participate, but only direct descendants can vote. Majority rules on any vote, unless it impacts any of us financially. If the outcome of the vote impacts us financially, the vote must be unanimous. Even though I was the primary agent, I counted on my siblings to help me make decisions for our parents and how we would use their assets. We never wanted to rush something; instead, we took the time to listen to each other and research our options. We wanted to be sure that we truly understood what we were making choices about. Because of this, our deciding votes were often unanimous. Our guiding principle was the fact that we were losing our parents, and in an effort to honor them, we agreed to do our best not to lose each other in the process. Managing a life in tandem For me, the biggest challenge was figuring out how to help my parents without stripping them of a sense of purpose. Because of this, simple errands took on new meaning. For example, it was easy to pick up new underwear for my mom while I was doing my own shopping. But when I gave them to her, she would inevitably find something wrong with the purchase. I came to realize that it was more about her feeling in control than my failure to buy the right type of cotton panties. They just needed extra help navigating their lives. For example, even though my mom no longer managed the

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finances, she wanted to keep her checkbook in her wallet. This helped her feel as though she still carried some of the financial responsibility. As her dementia progressed, she started misplacing her wallet. We wanted her to be able to hold on to her checkbook, so we opened a new checking account containing a small amount of money. This included their bill payments, medical care and invoices, and property expenses. One of my brothers helped monitor and manage their primary retirement account, but I took care of all of the rest. I also acted as their healthcare advocate and attended all of their medical visits. Before long, every appointment started to feel like a quick-fire round at a game show. The reality was that my parents were unable to answer many of the questions on the paperwork. Instead of just doing it for them, I asked if they would like me to do all of the writing. They always said yes. The visits typically began with a verbal rundown of everything I had documented on the intake form. Though this sounds like a simple part of the routine, it would cause critical information to fall through the cracks. Other times he forgot that he had a pin in his right hip. After my mom failed to report her recent stroke, I started to interject with the correct answers. Having me speak for them made both of my parents uncomfortable, so I had to change how we approached each appointment. I started to bring a pre-written note to hand in with the intake forms. Cherishing the time you have Depending on the week, I would spend hours on end following up with doctors, paying bills, and coordinating meals and activities. By the time I finished what was required of me as a caregiver, I would be exhausted and ready to hit the hay. I worked hard to preserve special occasions and continue with family traditions. When my mom turned 82, my daughter and I packed up 82 small gift boxes of varying sizes. We filled each one with candy. We put the boxes in a large basket, arranged some balloons, and took my parents out to lunch to celebrate. I wanted them to be able to carry on and enjoy these celebrations in the moment. Coping with your changing role Because I was the one taking care of my parents, I was also charged with keeping everyone up to speed about what was going on and how they were doing. So I started a blog. It was exhausting to tell the same stories over and over. I found that writing down these stories helped me process and reflect on the issues I was facing. The unexpected bonus was that others could comment on my posts and offer suggestions. My blog became a huge outlet for me to not just share what was happening, but to process and improve on my caregiving abilities. My husband understood when I needed to transition out of my executive job at a Fortune firm. Although this caused financial hardship for my family, we knew it was the right thing to do. My caregiving journey sent my life down a new path, and I ended up launching a business to help other caregivers. I needed to find meaning and purpose beyond just being a caregiver. I also wanted to be able to contribute financially to my household. I cared for both of my parents through the end of their lives, and I had to make some difficult end-of-life choices for them. One that continues to plague me is the choice to move mom from her original assisted living community to a community dedicated solely to caring for people who have memory issues. I wonder if I should have moved her into my own home. For years, my mom said that she never wanted to live with her children. When the assisted living community that she lived in was no longer the best fit for her, my siblings and I searched for a new community. At the time, we expected mom to live for several more years. Would I reconsider her desire to live in a community and move her in with me? I know that I made the best decisions possible using the information that I had at the time.

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Chapter 6 : AARP's Care Guide to Caring for those with Dementia

When an elderly family member is diagnosed with dementia, and unable to agree on medical care, finances and other sensitive areas. About one in three people age 85 or older have Alzheimer.

Senior Housing Your Guide to Assisted Living Facilities, Independent Living, and Other Housing Options Whether your search for senior housing is prompted by a serious medical condition or the desire for a lifestyle change, finding the right place to live can be challenging and stressful for both you and your family. What are your senior housing options? Aging is a time of adaptation and change, and planning your future housing needs is an important part of ensuring that you continue to thrive as you get older. The key to making the best choice is to match your housing with your lifestyle, health, and financial needs. This may mean modifying your own home to make it safer and more comfortable, or it could mean moving to a housing facility with more support and social options available on site. It could even involve enrolling in a network of like-minded people to share specialized services, or moving to a retirement community, an apartment building where the majority of tenants are over the age of 65, or even a nursing home. Assisted living facility, retirement community, or independent living? The names of the different types of housing options can sometimes be confusing, as the terminology can vary from region to region. However, in general, the different types of senior housing vary according to the amount of care provided for activities of daily living and for medical care. Staying at home as you age has the advantage of keeping you in a familiar place where you know your neighbors and the community. You can take advantage of home care services and make home repairs or modifications to make your life easier and safer. This is any housing arrangement designed exclusively for seniors. Other terms include retirement communities, retirement homes, senior housing, senior apartments, or any housing friendlier to older adults. Also known as residential care, board and care, congregate care, adult care home, adult group home, alternative care facility, or sheltered housing. A housing option for those who need help with some activities of daily living, including minor help with medications. A nursing home normally offers the highest level of care for older adults outside of a hospital. What is a Continuing Care Retirement Community? Continuing Care Retirement Communities CCRCs are facilities that include independent living, assisted living, and nursing home care in one location, so seniors can stay in the same general area as their housing needs change over time. There is normally the cost of buying a unit in the community as well as monthly fees that increase as you require higher levels of care. It also can mean spouses can still be very close to one another even if one requires a higher level of care. What are your senior housing needs? Physical and medical needs. As you age, you may need some help with physical needs, including activities of daily living. This could range from shopping, cleaning, cooking, and looking after pets to intensive help with bathing, moving around, and eating. You or a loved one may also need increasing help with medical needs. Even if you are completely independent at this time, circumstances can change. It pays to think a little about your current location and accessibility of your current home. For example, how far is your home from shopping, medical facilities, or other services? If you can no longer drive, what kind of transportation access will you have? Can your home be easily modified? Does it have a lot of steps or a steep hill to navigate? Do you have a large yard that needs to be maintained? You may have health problems that make it hard to manage tasks such as housework and yard maintenance that you once took for granted. Social and emotional needs. As you age, your social networks may change. Friends or family may not be as close by, or neighbors may move or pass on. You may no longer be able to continue driving or have access to public transportation in order to meet up with family and friends. Or you simply may want to expose yourself to more social opportunities and avoid becoming isolated and housebound. Modifying your home and long-term care can both be expensive, so balancing the care you need with where you want to live requires careful evaluation of your budget. Making a budget with anticipated expenses can help you weigh the pros and cons of your situation. Need a professional assessment? Geriatric care managers can provide an assessment as well as

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assistance with managing your situation, including crisis management, interviewing in-home help, or assisting with placement in an assisted living facility or nursing home. Understandably, the prospect of losing independence can be overwhelming for many older adults. It can bring with it feelings of shame, embarrassment, fear, confusion, and anger. Most of us over the age of 65 will require some type of long-term care services. You may feel guilty at the prospect of being a burden to family and friends, or yearn for the way things used to be. Communicate your needs with family and loved ones. However, you might not want to uproot yourself from your community and friends. Similarly, just because you have family close by does not automatically mean they will be able to help with all your needs. They may also be balancing work, their own children, or other commitments. Clear communication from the outset can help avoid misunderstandings or unrealistic assumptions. Be patient with yourself. Losses are a normal part of aging and losing your independence is not a sign of weakness. Allow yourself to feel sad or frustrated about changes in your housing situation or other aspects of your life without beating yourself up or labeling yourself a failure. Be open to new possibilities. Your loved ones may offer suggestions about senior housing options or other ways to make your life easier. Rather than dismissing them out of hand, try to keep an open mind and discuss the possibilities. Find a way of accepting help that makes you comfortable. It can be tough to strike a balance between accepting help and maintaining as much of your independence as possible. But remember that many people will feel good about helping you. If it makes it easier, offer to trade chores. For example, you can sew on buttons in exchange for some heavy lifting or cleaning chores. Maybe clothes are not as clean as they used to be or the house is getting increasingly messy. Or maybe your loved one is experiencing frequent falls or memory lapses such as leaving the stove on or the door unlocked. Sometimes a senior will listen more to a doctor, care manager, or other impartial party. Explain how care may prolong independence. Accepting some assistance now may help your loved one remain in his or her home for as long as possible. Or if your loved one considers an assisted living facility now, for example, it may negate the need for a nursing home later on. Help your loved one cope with the loss of independence. Encourage your loved one to stay active, maintain relationships with friends and family, and to keep an open mind about new interests, such as trying a day care facility. There are only 24 hours in a day, and you need to be able to balance your own health, family, work, and finances. Caregiving can start with small assistance, and rapidly grow to an all-encompassing task. Getting help is not a sign of weakness. Educate yourself about the resources that can help your loved one, and see if other family members can also help. Independent Living Independent living is simply any housing arrangement designed exclusively for seniors, generally those aged 55 and over. Housing varies widely, from apartment-style living to freestanding homes. In general, the housing is friendlier to older adults, often being more compact, with easier navigation and no maintenance or yard work to worry about. While residents live independently, most communities offer amenities, activities, and services. Often, recreational centers or clubhouses are available on site to give seniors the opportunity to connect with peers and participate in community activities, such as arts and crafts, holiday gatherings, continuing education classes, or movie nights. Independent living facilities may also offer facilities such as a swimming pool, fitness center, tennis courts, even a golf course or other clubs and interest groups. Other services offered in independent living may include onsite spas, beauty and barber salons, daily meals, and basic housekeeping and laundry services. Since independent living facilities are aimed at older adults who need little or no assistance with activities of daily living, most do not offer medical care or nursing staff. As with regular housing, though, you can hire in-home help separately as required. Independent living may be your best choice if: Assisted living facilities offer the safety and security of hour support and access to care. Day or night, help is only a phone call away. However, privacy and independence are encouraged. A good facility will develop a personalized plan that meets your needs and accommodates your disabilities, while giving you the freedom to do what you can for yourself. In general, assisted living is in a residential type facility, ranging from converted homes or apartment complexes to renovated schools. Some provide apartment-style living with scaled down kitchens, while others provide rooms. Most facilities have a group dining area and common areas for social and recreational activities.

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Chapter 7 : What is the best strategy for taking care of your aging parents at home? | PBS NewsHour

As your loved one's memory declines, or as the effects of dementia or Alzheimer's disease become too much for the family or caregivers to handle, you will have to make the decision to place her in memory, dementia, or Alzheimer's care.

Two years ago, we published an article about Granny Pods and how they could revolutionize elderly care and mean the end of nursing homes. In many cases, the adult children will even lead their aging mother or father on to believe that the money will go into a house renovation so they will be able to move in. But, without talking to them – if the kids ever really intended on doing that – change their minds leaving their parents high and dry and abandoned in an old-age home. Advertisement According to the World Health Organization, It can happen anywhere, too – in seemingly happy homes, community centers, nursing homes, and more. Well, it can happen with friends and family. There are many types of abuse, such as: Physical Sexual Neglect However, it is easy to miss or overlook times when financial elder abuse takes place. While it starts out small, it very well could escalate. Scared, intimidated and confused, they give in and share private information that will eventually get their bank accounts hacked. Once you get durable power of attorney, you basically have the legal ability to do what you like with your parents. Suspicion of abuse may develop over time. Accumulate and document evidence. Fear of retaliation, withdrawal of caregiver support and breach of confidentiality creates barriers to seeking help. Assess immediate needs and potential risk of physical harm. Educate the person about their rights and available resources. Assist with establishing a safety plan. Seek support from, or consult with other professionals. Yes and no – the laws vary from state to state or province to province. In Canada, according to the Advocacy Centre for the Elderly, there is no law against elder abuse specifically. Carolyn Rosenblatt, a registered nurse and attorney, is an expert on this topic. They will expect you to have proof – names, dates, and other details. So, we hope these resources – if you ever need to use them – are of help to you and your parents. Advertisement [1] Elder abuse. Assessment and Intervention Reference Guide. A family member is coercing my mother – how do I make her stop?

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Chapter 8 : In Home Care Services | Elderly & Aged Care Services At Home

Creating an at Home Dementia Care Plan Creating a dementia care plan for your loved one can give you and your family a way to anticipate and deal with the changes the illness brings. But you'll also need time, a willingness to learn and an open mind to ensure that your loved one's plan is well suited to him or her.

Health Sep 4, 3: She had tripped on the stairs. Fortunately, she was not seriously injured, at least not this time. She also had high blood pressure and the doctor said she may have had more than one TIA, also known as a mini-stroke. She had lived alone since her husband died three years before, and she was having trouble managing the upkeep of the family home. Clearly, Barbara thought, something needed to change. Her mother needed to live in a place without stairs, and needed some help with grocery shopping, transportation and other tasks. A good first step “before a crisis arises” is to hold family meetings with your parent, spouse, children, siblings and other key people so everyone can share their views and help decide how best to proceed. But the information applies to anyone “spouse, grandparent, friend, aunt, sibling, even yourself” who may no longer be able to live independently. The family meeting A good first step “before a crisis arises” is to hold family meetings with your parent, spouse, children, siblings and other key people so everyone can share their views and help decide how best to proceed. Since finances play an important role in long-term care, an honest discussion about financial resources should be part of the meeting. If the meeting is likely to be difficult, an outside facilitator such as a social worker, religious leader, or geriatric care manager might be helpful. Expectations should be clear to everyone involved. Photo by Getty Images Key consideration: What level of care is needed? As your parent gets older, his or her care needs will change, and in most cases become more challenging. Consulting with a geriatric care manager or knowledgeable social worker may be helpful as you consider current and future needs. Questions to think about: Does your parent need assistance throughout the day? Which activities of daily living such as food preparation, bathing, toileting can your parent can do independently? If needed, what is your comfort level for providing personal care such as bathing? Evaluate your own health, physical abilities, job and family demands to help decide if you are able to provide care for your parent. What services, such as in-home care, adult day services and transportation, are available to your parent? Can your parent get appropriate medical care in your community? What are your options? Moving your parent into your home is certainly one option, but you and your family might want to consider other living arrangements as well. The type of housing you choose will largely depend on four important factors: Every community offers different choices. Remember, Medicare does not usually cover long-term care expenses or services. Living independently at home: The home must be safe, with good lighting, clear spaces to walk, no stairs. Tech innovations, such as automatic pill dispensers, movement monitors or webcams, can be useful. A move to a smaller apartment, condominium or one-story house in their community or yours might also be feasible, with help and check-ins from family. Sharing an apartment or house with a friend or relative could be another possibility. Independent retirement communities usually offer individual apartments in a multi-unit setting, with group meals, transportation, housekeeping and organized social activities. Residents are free to come and go as they please, yet have the benefits of a larger group setting. Amenities and prices vary from place to place. Some offer access to a nurse or nurse practitioner. As care needs increase, additional services e. Visit several communities before making your decision. These communities generally require a substantial entrance fee, often paid for with the sale of a home. When your parent moves in with you If living with family is the best option for someone who needs care, there are several issues to consider before making the move. Changes in family roles. You and your family may decide that the best place for your parent is in your home. While this can be a very rewarding experience on many levels, living with your parent may lead to some tension caused by a shift in family roles. A once-independent parent may become more dependent. You might have to adjust your work schedule, and your children may need to help with household responsibilities, including care of their grandparent. These role changes can be big adjustments for everyone. Changes in your

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house. There must be enough space and a floor plan that is suitable for an older adult who might have mobility or vision problems. Some homes require special adaptations to make them safe. You and your parent probably have different lifestyles. Sleeping cycles, food preferences, noise level, social calendars, interests, and activities may need adjustments in order to guarantee a happy transition. To make financial issues more manageable: Agree upon how much, if any, payment your parent will provide towards their living expenses. Will they pay for rent, food and other costs? Openly discuss financial arrangements with siblings. Consider preparing a formal legal document called a Personal Care Agreement describing any payment to you from your parent for accommodations or your caregiving services. Evaluate whether you need to make adjustments to your current work schedule. If you will reduce your work hours, determine the implications for your own financial picture, your job, health insurance, and Social Security and retirement benefits. They will also help pack and unpack. Even if outside services are used, however, in most families the adult children play key roles in this task. Your parent will need time to adjust to his or her new living environment and role in your family. Open communication, patience and support will help make this transition as smooth as possible.

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Chapter 9 : Medicaid & Home Care: State by State Benefits & Eligibility

Transfer trauma is a term used to describe the stress that a person with dementia may experience when changing living environments. Transfer trauma is more commonly seen in the person with early stage dementia and when one is moving into a facility from their lifelong home. The length of time and.

Your mother has neglected to take her diabetes medications, severely compromising her health. Your very independent father fell and broke his hip, making it impossible to navigate the stairs in his home. It may be time to consider a move to a safer environment. But where should he or she live? Often your first inclination is to move Mom or Dad into your home—but this major life change deserves thoughtful examination, and there are many alternatives to explore. This Fact Sheet offers advice and summarizes the issues to consider before making the important and challenging decisions regarding relocating your parent. Open Discussions Open and honest discussion with your parent and other family members becomes an essential first step when you are trying to decide if moving your parent to a new living situation is the right thing to do. Family meetings with your parent, spouse, children, siblings and other key people will help everyone share their views and will help you decide how best to proceed. Active communication among all family members is the building block to a strong support system for an older parent and all family members involved. Although some of these discussions may be very difficult and emotional, several topics require attention. Together, the family—including your parent—will need to talk about: The following can help guide your discussions. Consulting with a Geriatric Care Manager or social worker may be beneficial as you consider your options and what you will and will not be able to do for your parent. Evaluate whether your parent needs constant supervision or assistance throughout the day and how this might be provided. Determine which activities of daily living such as eating, bathing, toileting your parent can do independently. Determine your comfort level for providing personal care such as bathing or changing an adult incontinence pad. Evaluate your own health and physical abilities to help decide if you are able to provide care for your parent. Explore the availability of services such as in-home care, adult day services, meal delivery, a friendly visitor program, Investigate long-term arrangements and options if living with your parent will not work or is not your choice. Determine the type of medical care that will be needed by your parent, and whether appropriate physicians and services—including transportation services—are available in your community. Family Dynamics Families are rich in historical experiences, and many of your positive and negative feelings about your parents and other family members will play a role in your decision to relocate or live with a parent. Be honest with yourself and do not allow unresolved conflicts or feelings of guilt or obligation pressure you into taking on more than you can manage. Be realistic about the significant life changes that relocating your parent will mean for you, your parent, your siblings, your spouse and children. Try to come to terms with past disagreements between you and your parent. When deciding whether to relocate or move your parent into your home, consider the opinions of your spouse, children, siblings and other family members. Come to an agreement with your siblings regarding how much and what kind of help you can expect to receive from them. Recognize that, despite possible cognitive or physical limitations, that your parent is an adult, is entitled to maintain as much autonomy and dignity as possible, and should be at the center of any decision-making. Living Arrangements and Housing Options Moving your parent into your home is certainly one option, but you and your family should take some time to consider other living arrangements as well. The type of housing you choose will largely depend on three important factors: When deciding where a parent should live, family members need to discuss, understand and accept the benefits and drawbacks of living close to one relative versus another. On the other hand, family members who live far away can feel frustrated that they do not have the opportunity to participate more in providing care. An open dialogue and an agreement on how to share local and long-distance caregiving are essential. Many residential communities for seniors are owned and operated by faith-based or other organizations with which your parent may feel an affiliation or interest. Ask

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your parent if they know of any friends who have moved to these new communities, and find out if your parent would be interested in being in the same community. Before any decision is made, visit more than one community with your parent, ask to join the community for lunch and get a facility tour, view the activities schedule and menu, and take particular note of how the staff interacts with the residents. The following list outlines different types of living arrangements that may be appropriate for your parent. Each community offers different choices. Remember, Medicare does not usually cover these expenses. Most people prefer to remain in their own homes if possible. Sometimes resources in the community such as meal delivery service, "friendly visitors," housekeeping, transportation or other in-home assistance provide enough support so your parent can remain at home, in familiar surroundings. Keep in mind, though, that it can be a hard sell for your parent to accept this kind of help if he or she feels you are meddling and the assistance is unneeded. These issues must be addressed in a family meeting. A small apartment, condominium or one-story house in their community or close to you might also be feasible, with help and check-ins from family. Sharing an apartment or house with a friend or relative could be another possibility. There are agencies in some cities that help arrange shared living situations. This is a growing movement across the country, and for some people, this is enough support to allow them to remain in their homes. Independent retirement communities usually offer individual apartments in a multi-unit setting, with group meals, transportation, housekeeping services and numerous organized social and enrichment activities. Residents are free to come and go as they please and still retain their privacy, yet have the benefits of a larger group setting. Amenities and prices vary from place to place. Some offer access to a nurse or nurse practitioner. As care needs increase, additional services e. Some communities require that new residents be ambulatory not in a wheelchair at admission. Some places offer subsidized housing for low-income individuals, with stringent limitations. These facilities are small group homes sometimes called board and care homes or adult foster home that provide supervision, meals and care for people who cannot be left alone but do not require skilled nursing care. Residential care facilities provide assistance with bathing, grooming, eating, using the toilet, and walking, and they also provide socialization and recreational activities. Rooms may be private or shared. Individuals who are somewhat independent but require daily oversight and assistance with housekeeping, medication management and personal care will want to consider an assisted living facility. Assisted living facilities offer rooms or apartment-style accommodations and, often, social activities. Meals are provided in a shared dining room. Staff is available to assist with care needs such as bathing, grooming, eating or using the toilet, and care is arranged as needed by the individual. Medical staff may be on-site or on call. The monthly charge for assisted living is determined by how much care a person requires and varies widely throughout the US. These "dementia care" or "memory care" units offer a special security-protected environment, and social and other activities designed for the abilities of the residents. Individuals in these facilities cannot live independently and require nursing care, although the nursing care is not offered 24 hours a day. Residents generally require a lower level of care than is offered in skilled nursing facilities. Commonly called nursing homes, these facilities provide nursing services 24 hours a day and are designed to provide high levels of personal and medical care, such as administration of injections, monitoring of blood pressure, managing ventilators and intravenous feedings to individuals who cannot function independently. People living in skilled nursing facilities usually require help with the majority of their self-care needs; it would be very difficult to provide this level of care in a home environment. Medicaid Medi-Cal in California may help cover the costs if residents meet specific financial and medical requirements. The Eden or Greenhouse Alternative is a program in certain nursing facilities around the country to make the environment more elder-centered and less institutional. These are set up to encourage as much independence and interaction as possible for the residents, and to be more home-like. Contact with plants, animals and children is encouraged. The Program for All Inclusive Care PACE is designed for people 55 years or older certified by the state where they reside to be nursing-home-eligible, but who can remain at home with a complement of health and supportive services. Sometimes referred to as a "nursing home without walls" this growing care option is available in many, but not all, parts of the country. Most participants are

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Medicaid-eligible. These communities often can be quite large and generally require a substantial entrance fee. From independent living with supportive health and social services, to skilled nursing facilities, these communities permit a veteran or their spouse to live in the same community. Regardless of the type of facility you choose, be sure to visit each one. A preliminary visit should reveal a facility that is clean, smells pleasant, has staff actively but gently interacting with residents, and in which the residents are satisfied with their "home. If you and your parent decide the best place for your parent is in your home, understand that living with a parent most likely will lead to a shift in family roles. You may have less time for your spouse and for yourself. You may need your children to help with more household responsibilities including care of their grandparent. These role changes can be hard adjustments for everyone. Determine your ease with becoming the decision-maker and the person with authority. Be prepared for resistance from your parent if they feel that they can no longer set the rules, control their situation or fear losing independence, but make sure your parent is involved in the decision-making process and that their perspectives and preferences are heard. When possible, allow for negotiation in decision-making activities offering a greater chance for a win-win situation. Consider how your parent can contribute to the household, such as babysitting, doing light chores or making financial contributions. Agree upon financial arrangements up front. Given available resources, will your parent be able to contribute towards food and utilities? If you have siblings or other family members with whom your parent is comfortable, can you agree in advance that they can stay with your parent, or accommodate your parent temporarily in their home so you are able to get a break from caregiving or take a vacation? You and your parent probably have very different lifestyles. Sleeping cycles, eating patterns and preferences, social calendars, interests, and daily activities may need adjustments in order to guarantee a smooth transition. Talk about and plan how to accommodate bedtimes, nap schedules and sleeping habits of all family members in the house. Discuss what types of food you eat, when meals are prepared, and if special diets are required and how they will be accommodated. Encourage your parent to keep enjoyable and safe hobbies. Consider how the household noise level and general activity pattern will affect your parent. The Loss of Your Time. Caregiving requires a significant amount of time and is very likely to impact your work, family time, personal time and sleep. When will you make phone calls for appointments or to set up needed services? When will you be able to take your parent to medical appointments? Evaluate whether you will need to make adjustments to your current work schedule and if your employer is willing to accommodate those adjustments.