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URBAN AGING NEWS

Urban Aging News, L3C

Issue 4 | Summer 2016

*Info, Insight & Inspiration for
Metro Detroit's Maturing Adults*

SPECIAL EDITION

**3rd Annual
Caregiver Support
Conference Issue!**



Turn to pages 6 & 7 for Dr. Graddy article
and the geriatric services provided through
the region's healthcare systems.

**Dr. Graddy educates
participants on use of
a medical device during
a session at PACE**

Sibling Takes Care of Younger Brother with Alzheimer's Disease

If Alzheimer's disease is the hurricane, Avril Carter is the eye of the storm. She is the core where all is calm. All is as it should be. Avril is the older sister to Clarence, who's been living with Alzheimer's disease for four years. Oh yes, a sense of humor helps keep the storm at bay.

Clarence had a massive stroke in 2000. He recovered. But the stroke caused a serious brain injury. He lived with his parents until they passed away. Avril is

the oldest and her other siblings agreed that she should take Clarence into her home. She did. Neither Avril nor Clarence ever married.

Avril and Clarence's other three siblings live nearby and offer support. Avril is legal guardian to Clarence even though he can bath, feed and dress himself.

"I became suspicious when Clarence's short-term memory was not as sharp and he became forgetful," said Avril, a retired nurse. "I took him to the doctor, requested a complete neurological exam and it was discovered he was in the early stages of Alzheimer's."

The life of a caregiver can be lonely. The Detroit-based Robert

and RoseAnn Comstock Day Program gives Avril an outlet and Clarence an opportunity to socialize two days a week. "Clarence loves Comstock. The staff is very kind and compassionate. And they know how to deal with dementia behaviors," Avril states.

Avril, who gets stressed out being a caregiver, says, "Comstock has given me great relief and the freedom to discover who I am."

The Day Program also gives Avril an opportunity to socialize with other caregivers and to learn from them. "I don't feel so alone," says Avril. "And they help me see what's down the road. My other support includes my

family and friends, friends in the medical field, where I can bounce issues off of them."

The Comstock Day Program and the relationships she's formed are the steps she takes to reduce her stress. This combination of self-help gives Avril a fresh perspective on caregiving.

Her love for her brother keeps her doing what she's doing. She says without reservation, "I know if it were me who is living with Alzheimer's, Clarence would do it for me." ■

For more information about the Alzheimer's Association – Greater Michigan Chapter, visit alz.org/gmc or call 800 272 3900.

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- How to handle everyday activities more easily
- Taking care of yourself to better care for loved one



URBAN AGING NEWS

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Publisher.....Patricia Ann Rencher

Editor Kim Walsh

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CarePatrol Partners Take the Worry Out of Senior Placement

who have the ability to pay privately for care from pensions or social security income, long-term care insurance, or savings. While their territory is Wayne County, they work closely with the CarePatrol advisors in Oakland and Macomb. They make referrals to independent, assisted living and Dementia care communities, as well as non-medical home health care. They can also assist in referrals providing downsizing and transitional needs such as moving or Veteran's Aid & Attendance benefits.

"Quality senior living places can be expensive. Prices can range from \$1,500 for independent living to \$3,500 to \$5,000 monthly

for assisted living based on care needs and more if memory care is required. It is important for families to save funds, explore long-term care insurance sooner and plan for these costs," adds Wendy.

"Holding family discussions on finances and desired care while your parents or relatives are in good health is highly recommended. Visiting facilities is a good idea too. You'll know what's available. The industry has changed dramatically and home-to nursing home-to the funeral home is not the only path." ■

To reach Mike and Wendy, call 313-202-9730.



News Alert for Those in Medicaid and Medicare

If you are enrolled in Medicaid and Medicare you may have received a letter that tells you about the new combined plan.

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Is Hospital Observation Covered?

Observation services are hospital outpatient services you get while your doctor decides whether to admit you as an inpatient or discharge you. You can get observation services in the

emergency department or another area of the hospital. This is important since hospital status--inpatient or outpatient--determines what Medicare will cover.

In general, you are an outpatient if you're getting emergency department services, observation services, outpatient surgery, lab tests, or X-rays, or any other hospital services, and the doctor has

not written an order to formally admit you to a hospital as an inpatient. Even if you spend the night in the hospital, and the doctor has not written a formal "admission" order, you are considered an outpatient and your Medicare Part A (hospitalization) will not cover your services. To be sure, ask the hospital and/or the doctor.

Medicare Part B, however, will pay a portion of the doctor visits

and other outpatient services while under "observation". This is why it is important to have supplemental or coinsurance to pick up charges that Medicare Part A will not cover. Remember, you are still responsible for deductibles and copayments. Call the Medicare and Medicaid Assistance Program (MMAP) at 1-800-803-7174 with questions or concerns. ■



Marilyn J. Lawson
Family Caregiving Consultant

Geriatric Care Managers Cut Down the Resource Maze

Navigating the maze of resources for yourself or an elderly disabled family member is time consuming, frustrating and stressful. It

requires having medically-relevant information about the individual to whom you're providing care, familiarity with the aging network and eligibility requirements for obtaining the products and services you seek. To expedite the process, it may be time to consult a professional geriatric care manager.

What is a Geriatric Care Manager?

A geriatric care manager is a professional, often certified, specializing in long-term care for elderly people. They are sometimes referred to as case managers, social workers or aging consultants. These titles are often used interchangeably.

When would I consult a care manager?

When you or a loved one are in need of assistance as a result of a progressively debilitating chronic illness, when a long recovery is anticipated due to

loss of mobility, when a family caregiver is overwhelmed with the responsibilities, or when a relative lives out-of-state with little or no support.

What services will the care manager provide?

Care managers first perform a comprehensive assessment of the care-recipient's circumstances and environment. They conclude with a written needs-based Care Plan. The Plan reflects goals, objectives, expected outcomes, timelines for their accomplishments and needed resources as identified by you and the care manager.

Where can I locate a care manager and what does the service cost?

Start by researching these titles in the telephone directory or on the Internet. Ask for educational background, experience and references. Many human service organizations like Area

Agencies on Aging offer case management services "free" to persons who meet the income eligibility requirements. However, independent consultants charge a "fee for service" which is based on the level of service selected, up to and including implementing, monitoring and evaluating the Service Plan of Care. ■

Marilyn Lawson specializes in Long-Term Care Administration and is the owner of Eldercare and Caregiver Solutions (ECS), a company established to educate families about resources available to the elderly and their family caregivers. ECS provides case management, facilitates, caregiver support groups, makes group presentations and facilitates reminiscence / recall sessions to produce legacy booklets. To contact Marilyn, call (313) 289-9672, or e-mail EldercareSolutions@outlook.com.



a consortium of 25+ local nonprofits serving Southeast Michigan seniors

Senior Regional Collaboration Grows Quickly

Founded in 2008, the Southeast Michigan Senior Regional Collaborative (SRC) provides capacity building, program evaluation, advocacy and resource development services for its 30 member agencies across southeast Michigan. A strategic plan developed in 2014 set specific goals and objectives designed to leverage the power of the group's collective voice to effectively lead and influence policy discussions affecting older adults.

To date, the following initiatives have marked the accomplishments of the SRC:

- A Senior Strong Campaign that includes a website and powerful video stories to highlight the contributions seniors make to our communities.
- Senior Independence Day and a Senior Financial Empowerment Expo to address the financial well-being of seniors.
- Design of a Quality Aging Matrix to measure the overall quality of life for recipients of social services delivered by SRC members.
- Design and delivery of leadership development programs and technical trainings for its members.
- Technical assistance training to support member agencies in their work to provide older Americans with access to benefits.
- Cultivating sources of funding to support the work of its members.

The SRC is managed by a Steering Committee of representatives of its members with support from a small staff. Three co-chairs representing agencies in Wayne, Oakland and Macomb counties currently act in a leadership role while all members actively participate in the SRC's activities and governance. ■

To learn more about the SRC, visit: www.semisrc.org or call 313-825-2407.



IN MY MIND

Caregiving brought out the best and the worst in me. Being honest, I was inconvenienced, tired, overwhelmed and quite frankly, I hadn't a clue of what I was doing ... and this lasted for nearly 10 years. For the first five years, I ran from the family home to check on Dad to the nursing home to attend to Mom. Yes, nursing home placement does not eliminate caregiving duties. They do a lot but they don't do it all. Almost like clockwork, Dad began to decline after five years. And now I was responsible for both of them. Although my Dad had some sisters in the area who were quite helpful, they were also aging. My only sister lived out of state. It was a scary time and although I had worked in human services for years, I knew nothing about aging services. As I wavered between self-pity, overwhelm and sadness, I was unable and unwilling to ask for help. In fact, I distanced myself from a dear, dear friend because

she never offered to help and I never bothered to ask. I thought she knew. The reality is that people don't know what we need and it's our responsibility to ask them for what we know they're capable of giving. Consider asking a friend that's good at research to look up programs and services while asking another friend to coordinate once-monthly meals among three or four of your friends or family. Make it a point to attend an aging-focused conference, a lecture or an expo specifically targeting caregivers. Consider popping in to a support group either in person or online. Educate yourself and get support from fellow caregivers. Doing nothing but caring for your loved one can easily make you a prime candidate for caregiver burnout and resentment. The research tells us that the caregiver who refuses to ask for help often precedes the care-recipient in death. You can't do this alone, and I'm glad that I responded affirmatively when my sister, who had been living in California, asked if I thought she should come home. "Yes, get here," I said. As it turned out, she was actually the better caregiver and I would have never known had I not accepted help. ■

Patricia Ann Rencher

Patricia Ann Rencher,
Publisher
urbanagingnews@yahoo.com

Reduced-Fee Family Mediation Services Available

By Antonia B. Harbin, J.D.

WHO DECIDES YOUR LOVED ONE'S FATE, YOU AND YOUR LOVED ONE, OR THE COURTS?

After my father had a stroke this past summer, my brother, sister and I struggled to determine what the best course of action should be relative to his care. It was not only that our loved one had just had a stroke. But it was how we would adjust to our new normal. For three weeks, while he was in the hospital we visited, advocated and watched as he slowly recovered, then it was time for him to come home.

Whose home would he go to?

Who would stay with him during the day while we worked full-time? Who would take him to his doctor's appointments and physical therapy? Who would prepare three meals? On top of all of this, how would we take into account Dad's wishes.

Beyond these questions, dormant problems come to the forefront and tend to escalate when families can't unite to make important decisions. Individual feelings of resentment of those who typically

take on the responsibility versus those who do not can quickly hijack the conversation and move it to a place of complete discord.

My situation is just one example of so many that could have been effectively resolved by Elder Mediation. Although some issues have to be litigated, there are many that don't need to be addressed by the Courts because they ultimately may break down family relationships even more.

Elder mediation helps protect the older adult's right to self-determination by resolving conflict between them, their family and caregivers when communication becomes difficult. The mediator is a neutral-party skilled in conflict resolution that helps to

facilitate a focused, meaningful conversation so that families can resolve problems. It provides a forum for family decision making that is private, confidential and voluntary.

The average rate for mediation is \$200 per hour. However, hiring an attorney can cost hundreds of dollars. If the situation goes to court, there will be additional costs and fees. Mediation generates a more comfortable and cooperative environment where communication is fostered and relationships are preserved. Discussions and financial information are confidential. The older adult's wishes are paramount and they are included in all of the decisions that pertain

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VA's Aid & Attendance Benefit Provides Assistance for Daily Tasks

The Aid & Attendance (A&A) Improved Pension Benefit helps to reduce the cost of care for veterans and surviving spouses who require help with their activities of daily living. Any Wartime Veteran with 90 days of active duty, one day beginning or ending during a period of War is eligible to apply for the Aid & Attendance Improved Pension Benefit. A surviving spouse (marriage must have ended due to death of veteran) of a Wartime Veteran may also apply. The individual

applying must qualify both medically and financially.

To medically qualify, the Wartime Veteran or surviving spouse must need the assistance of another person to perform daily tasks. Blind Vets, patients in a nursing home for mental or physical incapacity or residents in an assisted living facility also qualify. Applicants must have on average less than \$80,000 in assets excluding their home and vehicles to qualify financially.

The application requires service separation documents, a physician's medical evaluation and proof of net income, plus out-of-pocket medical expenses.

There are three main steps in the application process: gathering the necessary documents, filling

out the correct application form to submit to the VA along with the required documents and mailing all of the documents to the correct processing center. The veteran — or someone assisting this person — needs to submit VA Form 21-527EZ. A surviving spouse must submit VA Form 21-534EZ.

It generally takes six to nine months for a full approval. However, filing the one page VA Form 21-0966 — while gathering all the required documents — will convey your intent to file a claim and get you into the system. It is important to know that if the benefit is approved, it is applied retroactively to the date of application. So getting started with the Forms is important for immediate, but

delayed coverage.

Also, if the applicant is over 90 years old, a letter should be included requesting an expedited application. The VA is supposed to give priority to any application for benefits by a veteran or widow age 90 or older.

The VA Regional office is located in the McNamara Federal Building in Detroit along with several Veteran Service Organizations (VSO's) targeting specific wartime service. Make sure when you contact the office to ask if this is the correct location for the Vet or spouse to submit the application. To contact the Veterans Benefits Administration, call 1-800-827-1000, or visit their web page at <http://www.benefits.va.gov/benefits/> ■

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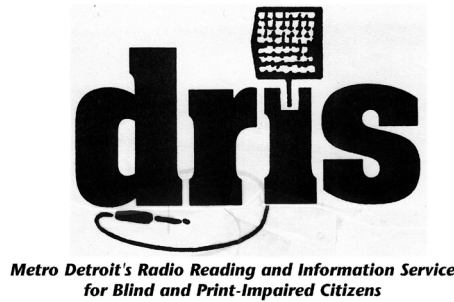

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DRIS: Free reading service for Blind and print-impaired people

If you know of someone who is unable to see, hold or comprehend printed material, the Detroit Radio Information Service (DRIS) can help through its free radio reading service. Using specially built radio receivers that are loaned free of charge to qualified applicants, the service offers a simple, cost-effective method of accessing printed and visual news and information published in hundreds of daily, weekly and monthly periodicals.

To qualify, applicants must complete a simple application (<http://wdet.org/dris/#request>), and either be registered with the Library for the Blind or include a written statement (on letterhead) from a healthcare professional verifying the presence of a qualifying disability. Qualifying conditions include, but are not limited to, blindness, vision impairment, cerebral palsy, multiple sclerosis, severe arthritis, amputation, or spinal cord injury.

DRIS is a special audience service of WDET 101.9 FM and Wayne State. For more information, contact Myreo Dixon at am2909@wayne.edu, or 313. 577-4224. ■



Minds on Art

Minds on Art is a free program for people living with Alzheimer's disease and other dementias and their care partners. This is a unique opportunity for individuals in the early and mid-stages of the disease to create meaningful

experiences through art discussion. This program provides opportunities for social engagement and cognitive stimulation in a safe and inspiring environment. ■

Call 800-272-3900 to pre-register, for a pre-assessment or for more information.

Southeast Michigan Senior Regional Collaborative
a consortium of local nonprofits serving Southeast Michigan seniors

⇒ Awareness

⇒ Advocacy

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Know someone who is SENIOR STRONG? Join the SENIOR STRONG Movement
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www.semisrc.org

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Reduced-Fee Family Mediation Services Available

to them. The idea of "nothing about me without me" is an important concept in the elder mediation process.

Unknowingly, caregiving can sometimes breed an environment for elder abuse. Multiple studies have shown mediation to be a preventative measure when it comes to elder abuse if used early. When families participate and communicate effectively, they become more educated as to what constitutes neglect and abuse. Also, the elder mediation process helps to identify potential physical and psychological abuse in the home or a facility.

Where Elder Mediation Can Help:

- Guardianship /Conservatorship or how to avoid
- Addresses the needs of older adults other than family members and caregivers
- Estate, trust, and probate matters
- Consumer issues. Bill-paying, landlord-tenant, contract, insurance issues
- Facilitating communication issues with older adult at the center
- Decision making including end of life issues
- Health / medical / financial decisions
- Living arrangements. Where? With whom? Who decides?
- Personal care, household care and maintenance
- Safety / risk taking / autonomy
- Family relationship issues (new or long-standing).

Provided by ADR: TeleSeminar
Mediating Elder Law Cases: The New Frontier

As a response to the need to prevent elder abuse, Neighborhood Legal Services - Great Lakes Legal is currently implementing an Elder Mediation Center for older adults and their families. The center will provide mediation services on a reduced-fee sliding scale starting late summer or early fall of 2016. They will also be hosting an Elder Mediation Training on June 8-9, 2016, from 9am-5pm at Wayne County Community College-Western Campus in Belleville. For more details, please contact Antonia Harbin at 313-937-8291 ext. 106. ■

Antonia B. Harbin, MBA, JD is the program manager at Neighborhood Legal Services Elder Law and Advocacy Center for the MI Health Link Program and for the Great Lakes Legal Mediation Division.



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Dr. Graddy says her grandfather's death and the pain he suffered leading up to it inspired her to specialize in geriatric medicine.

Top Detroit Area Eldercare Doctor Decided on Career at Age Sixteen!

She's compassionate and smart and loves elderly patients. A board-certified Geriatrician, Gwendolyn Graddy-Dansby, M.D. has been serving Detroit's senior citizens since 1987 when she joined Henry Ford Health System (HFHS).

During her tenure with HFHS she has served as Medical Director for the Boulevard Temple nursing home, clinic geriatrician and since 2001, Medical Director of Michigan's first PACE program.

PACE or the Program of All-Inclusive Care for the Elderly has the mission to keep frail, nursing home-eligible senior citizens in their homes in their community by using a multidisciplinary approach to their care.

Dr. Graddy — as she is affectionately and commonly known — is one of 7,500 United States certified geriatricians. According to the American Geriatric Society's (AGS) projections, the nation needs an estimated 17,000 geriatricians to care for about 12 million older Americans projected to need care as Baby Boomers age. Few medical students are choosing geriatrics, putting the future supply of geriatricians in jeopardy.

"Not a lot of medical students and residents go into geriatric care," Graddy says, "the subspecialty pays a lot less than others. But geriatrics also requires that the physician be able to provide optimal care for patients with multiple chronic conditions in addition to functional limitations and disabilities."

"Dr. Graddy has a lot of perseverance when she treats participants. She will exhaust all avenues until she identifies what the problem is and how to resolve it," said one PACE Southeast Michigan participant.

Dr. Graddy says that she decided at age 16, to become a geriatrician after watching her grandfather die at 78 from metastatic prostate cancer.

"It hit me hard and I believe that he may have been able to live longer or suffer less if he had sought treatment for his pain. I decided then that I was going to do something about

this. I always had a sense that older people are important. They deserve quality care."

For 15 years and counting, Dr. Graddy has served as Medical Director of what is now called PACE Southeast Michigan, a nonprofit health care organization co-sponsored by Henry Ford Health System and Presbyterian Villages of Michigan.

"Our program focuses on improving and maintaining not just quality of life but quality of death and dying." During her dedicated time as Medical Director, Dr. Graddy has some distinctive accomplishments. She created the center's first hospice program, now called Comfort Care. She implemented several programs that helped reduce hospital readmissions and she expanded the behavioral health treatment to include individual and group therapy.

The adult child of an 87-year old mom, Graddy is a graduate of the University of Michigan and Wayne State University School of Medicine. She has been consistently named as Hour Detroit Magazine's "Top Doc". In 2015 she received Henry Ford Health System's Diversity Hero Award and was named Crain's (Detroit Business) Healthcare Hero.

"I love what I do and I love who I do it for," says Graddy. "Our elderly are the most vulnerable. They deserve it." ■

Metro Detroit Healthcare Systems Offer Specialized Geriatric Services for Senior Citizens



Geriatric Services at the DMC

DMC has several special centers dedicated to geriatric care. The most recent addition is The Rosa Parks Geriatric Center at DMC Detroit Receiving Hospital.

Unlike the other facilities Rosa Parks' offers newly enrolled Medicare Part B a full "Welcome to Medicare" exam within a consumer's first year of being on Medicare. It was specifically designed to make it easy for a patient to see their regular doctor. Their geriatricians work with a consumer's regular doctor to best manage their health. Nurses specializing in seniors can help patients during their regular appointments, and when they come for special tests, such as lab work. The staff gets to know a consumer as more than a patient, but as a neighbor and a friend.

The center offers a full medical team, able to treat the most common problems facing seniors and the most extreme ones. This is possible because the Rosa Parks Geriatric Center is backed by all of the experts at the Detroit Medical Center.

Common issues treated include:

- Heart: from wellness to ongoing care
- Stomach and digestive conditions

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ENCORE CAREERS. Retirement is an opportunity to do something you're passionate about and makes your heart sing. Boomers profiled in this column are doing just that.

CarePatrol Partners Take the Worry Out of Senior Placement

About the time you realize your elderly loved one needs assistance or can no longer live alone, you also realize that you are treading in very unfamiliar territory. In addition to learning about your loved one's health condition, in-home care, and everything else, you may want to consider help from a Certified Senior Advisor (CSA). CSAs are trained professionals, knowledgeable in the health, social and financial issues critical to aging adults — who assist with senior housing placement ... for free.



CarePatrol franchisee owners Wendy Williams, CSA, and her husband, Mike Chastang, wanted to do something together after retirement that would be enjoyable and provide a valuable service. In 2012, they decided on senior

service after Wendy, a former banker, fondly reflected on the first of the month when seniors did their banking.

"It was great to catch up on the customers' families while helping them with their financial concerns," Wendy says. Mike, on the other hand, had an aging mother and desired to learn more about available senior support services.

The CarePatrol process is simple, says Wendy, "We first meet face-to-face to learn about your loved one and determine the best community to fit their needs. We identify prospective facilities throughout the tri-county area while checking their care and violation histories."

Wendy and Mike then tour families through their recommended communities much like a realtor shows families new homes. They also review information about the facility's licensure and state inspection status.

"Finally, Wendy adds, "and best of all, the service is FREE to families with our fee being paid by our community partners. We're picky about who we partner with and don't work with everyone. It's a win-win situation for everyone since the community gets a qualified resident and families get safe and quality care for their loved one."

CarePatrol specializes in the over 55-plus year old population

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Check List for Caregivers

By Paula Duren, Ph.D.
Universal Dementia Care

Since caring for an older adult often requires visits to the hospital and possibly the emergency room, it's important to be prepared. Here's a checklist that may reduce your stress while increasing the quality of care your loved one receives:

- ✓ Take insurance cards, picture id, medical and legal records (DNR, Healthcare Power of Attorney), names/contact info of primary care doctors
- ✓ Take list of all medications
- ✓ Pack necessities such as glasses, hearing aids, toiletries, etc.
- ✓ Introduce yourself as the caregiver to intake doctors and share information -- you are an important part of the care team
- ✓ Know who is coming into the room and what treatment they're providing
- ✓ Provide family members with updates
- ✓ Take notes ... keep a note pad and pen
- ✓ Prepare for discharge -- be aware of diagnosis and instructions, obtain copies of tests
- ✓ Take comfort items: pictures, music, religious symbols, if needed
- ✓ Pay attention for symptoms of delirium
- ✓ For yourself: wear comfortable clothes, something to read or technology to keep you busy, cell phone and charger, snacks, tooth brush, pillow, change of clothes
- ✓ Pack your patience and stay close



Make a Calming Dementia Fiddle Cushion

Need ideas on how to calm someone with dementia? Try creating a Fiddle Cushion. A simple cushion with sewn on zippers, buttons, snaps or anything that could engage your over-stimulated and agitated loved one. It's a great sensory item for people

living with dementia, and it helps them to focus, relax and promote a sense of well-being. We got the idea from Pauline who made these cushions for residents of the Balhousie Care Home in Luncarty, Scotland. ■

Why Are Our Elders Always Freezing?

According to the University of Nevada-Family Medicine Department there are several potential reasons why older people feel cold. As we age, our metabolism slows down leading to decreased energy. If we have low energy, we can feel cold. People who are cold may also have problems with their thyroid gland, which regulates the metabolism. A low thyroid gland output is called hypothyroidism. One symptom is feeling cold. Further, some elderly people become less active and develop poor diets resulting in weight loss. Without adequate fat storage, they have less insulation, which can also cause feeling cold. If they remain active and eat well, they can elevate their metabolism, ultimately helping to alleviate that constant cold sensation. ■



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- Losing weight without trying
- Physical therapy
- Lung conditions
- Depression and other conditions
- Nervous system wellness and treatment
- Pain of any kind: hip, back, stomach, neck, headache, knee or joint pain

Beaumont | HEALTH SYSTEM

Beaumont's Geriatric Evaluation

The Beaumont Geriatric Evaluation Center provides a comprehensive evaluation for issues impacting aging adults:

- Cognitive impairments and dementia
- Medication problems
- Falls
- Multiple disease issues affecting quality of life
- Anxiety and depression
- Advanced care planning
- Family caregiver resources
- Community resources and services
- Transitional living planning and services.

Families may be concerned that a loved one is not managing at home alone and may benefit from an in depth evaluation or diagnosis. These include: exhibiting changes in daily routines or habits, withdrawal, experiencing increased cognitive or medical problems. Clinic Director Dr. Christine Chelladurai DO is a Board Certified Geriatrician and Internal Medicine Doctor. Jennifer Lacasse is a clinical nurse

specialist and social worker, who handles additional services when necessary.

The center requires a referral from a primary care physician or internist and works as a subspecialty to support the primary physician. The evaluation is a comprehensive 2-3 step process to best assess, diagnose, treat and educate patients and their families on the issues of aging adults. They will receive tools that assist with their needs and transitional life planning. The center's services are covered by most insurances and the patient does not have to be a Beaumont patient to participate. Families often say, "We wish we had known about this service 3-5 years ago."

Geriatric care is a wonderful specialty and care-partner that focuses on enhancing quality of life to bridge the gaps and challenges of aging. Beaumont has two offices. Call today for more information. St. Clair Shores, MI: 586-447-8021, or Berkley, MI: 248-551-8305. The services can make caring for an aging parent or loved one less overwhelming and improve the journey for everyone.



Henry Ford Health System's Geriatric Medicine and Senior Services

From Henry Ford's medical centers and hospitals to its physician in-home patient visits, they are proud to offer services

tailored specifically to people as they age. At three metro area Geriatric Clinics, they offer comprehensive assessment consultations that evaluate a senior's memory and cognition, fall risks, weight and nutrition needs and other health and wellness concerns specific to the elderly population.

Henry Ford's primary care physicians and geriatricians work with a team of specialists who all aim to help senior citizens avoid the ill effects of aging and remain healthy and vital. Service areas include the following and more:

- Behavioral Health
- Home Health Care
- PACE Southeast Michigan
- Falls Prevention Clinic
- Vision Rehabilitation Center
- Visiting Physicians

"Just as children have their own unique issues that require specialized treatment by a pediatrician, as one gets older, senior adults should also have specially-trained medical professionals who are able to address their unique and specific physical, mental and emotional needs in a personalized manner," says Mirza Beg, M.D., division head of Geriatric Medicine at Henry Ford Health System.

For more information visit henryford.com/seniors. To schedule a Geriatric Clinic appointment, call 1-800-HENRYFORD (436-7936).



St. John Providence Programs for Senior Citizens

The St. John Riverview Senior Wellness Center in Detroit provides a variety of programs at little or no cost to enhance the physical, emotional and spiritual health of seniors. The goal is to support those age 55-plus in the community, to live longer and healthier lives. Programs include:

- Diabetes education
- Exercise
- Healthy lifestyle classes on nutrition and stress management

New classes are continuously added. Membership is free. Just come by and fill out a form to receive a membership packet. Benefits include a yearly health risk appraisal and free classes and programs. For more information, call the center at 313-499-4035.

Both St. John Macomb-Oakland Hospital in Warren and St. John Hospital and Medical Center in Detroit have Acute Care of the Elderly units that address the unique needs of patients 65 and older, with a special focus on safety, mobility and independence. A team of nurses, pharmacists, dieticians, physical therapists and social workers has completed specialized training in geriatrics to prevent common health problems related to hospitalization of the older adult patient. They work together to plan and coordinate patient care. For more information, visit stjohnprovidence.org or call 866-501-DOCS (3627). ■

Medicare and Medicaid: What's the Difference for Seniors?

Medicare and Medicaid sound similar but are very different. Both can help you pay for healthcare. But Medicare is an entitlement for seniors – and some younger people with disabilities – while Medicaid is a public-assistance program for needy Americans of all ages. Here's how to tell them apart:

Medicare is available to all U.S. citizens 65 years of age or older regardless of income. The four-part program includes:

- **Part A:** Hospitalization coverage (no fee) covers a large portion of hospital-related costs. It only includes what's medically necessary and skilled care. To qualify, you or your spouse need to have worked at least 10 years and paid Medicare payroll taxes while working.
- **Part B:** (optional) pays a portion of non-hospital medical care such as doctor visits and other outpatient services. There is a monthly fee for this program. It operates much like the healthcare coverage provided

by employers. A menu of offerings is available with a variety of coverage options, co-payments and monthly costs.

- **Part C:** (optional) "Medicare Advantage" is a privately purchased supplemental insurance that provides additional services and will provide a portal through which all of one's Medicare services offered by Part A and Part B can be accessed. The private provider also covers some services not provided by Parts A and B.

- **Part D:** (optional) is prescription drug coverage with a monthly fee that varies based on the coverage options you choose. Part D holds an open enrollment session November 15 - December 31 each year, during which time participants can choose to change their coverage options. Medicare recipients have to seriously review their plan upon eligibility because the cost of Part D increases each year for individuals who choose **not** to participate immediately upon eligibility.

Because Medicare has gaps in coverage (no vision, no hearing, no dental coverage for example) you'll likely want additional coverage.

The Medicare program is designed to provide acute and regular medical care, not the cost of **long-term care** — the non-medical services and supports you might need for assistance with basic personal tasks. As such, Medicare's coverage for long-term needs is extremely limited. Typically, Medicare pays up to 100% of your costs in a nursing home for the first 20 days. Once 20 days have passed

the beneficiary is responsible for a **co-insurance** amount for days 21 through 100 for each benefit period. Supplemental insurances help to meet these expenses.

In order for Medicare to pay for your medical care after hospitalization, you must meet three criteria:

1. **The 72-Hour Rule** - You must have been hospitalized for at least three full days and three full nights.
2. **Medical Necessity** - Your care must use the following:
 - **Part A** - Hospital insurance

- **Part B** - Medical insurance

3. **Places Where Care Can Be Given** - In almost all cases, patients leaving a hospital go straight to a nursing home for further care. Or if they've recovered, back to their home.

With some exceptions, Medicare only pays for medically necessary skilled care in a nursing home. If one is confined to their home and needs skilled care, Medicare may pay to have a caregiver come to your residence for end-of-life or hospice care. Medicare is not designed to provide assistance to keep you in your home or in an assisted living facility. Providing funds for long-term care is the role of Medicaid and long-term care insurance.

Medicare has very limited coverage for nursing homes and seniors who need to be in one sometimes try to qualify for Medicaid as well, especially if their spouse still resides in the community and needs their money for living expenses.

Medicaid, unlike Medicare, which is available to everyone, has strict eligibility requirements. The program is federally mandated to serve poor and elderly people. However, Medicaid recipients must have no more than a few thousand dollars in liquid assets. Seniors who have more than the allowable assets may need to

"spend down" until they reach a qualifying income level.

Medicaid is often used to fund long-term care (nursing home, home health, etc.) which is not covered by Medicare or by most private health insurances. The high cost of such care and the requirement that Medicaid recipients have virtually no assets has fostered a cottage industry of attorneys who specialize in helping people divest their assets so that they qualify for Medicaid. **However, there is a look-back period of 7 years during which assets cannot be divested.**

Individuals enrolled in Medicare and Medicaid in Michigan – called dual-eligible – may qualify for a single state program called MI Health Link. The program coordinates a broad range of services including health care, behavioral health care, pharmacy, home and community based services and nursing home care. To qualify, you must live in a qualifying county, have full Medicare and Medicaid and not be enrolled in hospice.

The Medicaid/Medicare Assistance Program or MMAP (1-800-803-7174) can help to clarify one's benefits and the MI Health Link program. The Elder Law and Advocacy Center (313-937-8291), or private attorneys specializing in Elder Law can advise on the Medicaid application process. ■



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For more information please contact:
Charles Timms: 313- 498- 8041 or
Rhea Jones: 586- 386- 7204



HarborMedicarePlans.com



The Alzheimer's Association-Greater Michigan Chapter offers numerous services available to more than 180,000 Michigan residents living with Alzheimer's disease or other related dementias.



Our services provide care and support to help navigate through the disease process and include:

- Robert and RoseAnn Comstock Day Program, located in Detroit
- Minds on Art Program at the DIA
- Support and Education Programs

For more information about our programs and services, please contact our Helpline at 800 272 3900.

Greater Michigan Chapter
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 Southfield, MI 48033
 alz.org/gmc