

A

Activities of Daily Living (ADLs) – Everyday functions and activities that people usually do without help. These include dressing, eating, bathing, toileting, transferring and continence. Many insurance policies use the inability to perform a certain number of ADLs (such as 2 of 6) to determine eligibility for benefits.

Acute Care – The care provided for a medical condition from which a patient is expected to recover and resume a “normal” lifestyle, even though it may not be the same as before onset of the condition. Recovered patients usually do not require the assistance of another person in performing their normal activities of daily living. Medicare covers most acute care for patients age 65 and older.

Adult Day Care – Community-based care designed to meet the needs of functionally and/or cognitively impaired adults who, for their own safety and well-being, can no longer be left at home alone during the day. Adult day care facilities such as senior or community centers offer protected settings that are normally open weekdays during business hours and include a mixture of health, social and support services. Specialized programs for individuals with Alzheimer’s disease or related disorders also exist. Some facilities offer a wide range of therapeutic and rehabilitative activities as well as social activities, meals, and transportation.

Advance Directive for Health Care – Prepared ahead of time, a health care advance directive is a written document that says how you want medical decisions to be made if you lose the ability to make decisions for yourself. A health care advance directive may include a Living Will, a Durable Power of Attorney for Health Care or both.

Alzheimer’s Disease – A progressive, degenerative form of dementia that affects brain functions causing loss of short-term memory, the ability to reason, the ability to care for oneself and deterioration of language skills. While Alzheimer’s is currently not curable, several new medications can slow the rate of degeneration for many people.

Area Agency on Aging (AAA) – A nationwide network of state and local programs that help older people plan and care for their life-long needs. Services include information and referral for in-home services, counseling, legal services, adult day care, skilled nursing care/therapy, transportation, personal care, respite care, nutrition and meals.

Assisted Living Facility (ALF) – A residential living arrangement that provides meals, housekeeping, transportation, individualized personal care and health services for people who require assistance with

activities of daily living. The types and sizes of facilities vary from a small home to a large apartment-style complex; individual units range from single rooms to multi-bedroom apartments. They also vary in the levels of care and services that can be provided. Assisted living facilities offer a way to maintain a relatively independent lifestyle and more privacy for people who don’t need the level of care provided by nursing homes.

Assistive Equipment – A range of products and technology designed to help elders or people with disabilities lead more independent lives. Examples include special telephones for people with hearing impairments, walking aids, elevated toilet seats, communication devices, etc.

B

Board and Care Home – A small to medium-sized group residence that provides residents with a private or shared room, and meals. These homes offer some assistance with activities of daily living, but not skilled nursing.

C

Caregiver – An adult (typically a family member or friend) who provides unpaid assistance to another adult who can no longer independently attend to his or her personal needs and/or perform his or her normal activities of daily living.

Care Manager – A health care professional, typically a nurse or social worker, who arranges, monitors, or coordinates long-term care services (also referred to as a care coordinator or case manager). A care manager may also assess a patient’s needs and develop a plan of care, subject to approval by the patient’s physician.

CCP - The Community Care Program (CCP) is a government funded program which offers services to people over 60 who need help with their daily activities to avoid nursing home placement. CCP services include homemaker services and adult day care services.

CCRC - See Continuing Care Retirement Community (CCRC)

Certified – A long-term care facility, home health agency, or hospice agency that meets the requirements imposed by Medicare and Medicaid is said to be certified. Being certified is not the same as being accredited. Medicare, Medicaid and some long-term care insurance policies only cover care in a certified facility or provided by a certified agency.

Certified Nursing Assistant (CNA) – CNAs are trained and certified to help nurses by providing non-medical

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assistance to patients, such as help with eating, cleaning and dressing.

Chronically Ill Individual - According to federal law, a person who, within the preceding 12-month period, has been certified by a licensed health care practitioner as: being unable to perform, without substantial assistance from another person, at least two activities of daily living for a period of at least ninety consecutive days due to a loss of functional capacity; or requiring substantial supervision to protect such a person from threats to health and safety due to severe cognitive impairment.

Chronic Illness or Condition – An illness or other condition with one or more of the following characteristics: permanency, residual disability, requires rehabilitation training, or requires a long period of supervision, observation, or care. Typically, it is a disease or condition that lasts over a long period of time and cannot be cured; it is often associated with disability.

Circuit Breaker - (See Missouri Property Tax Credit)

Cognitive Impairment – Deterioration of intellectual ability, such as disorientation as to people, places or time; impairment of short-term or long-term memory; and/or impairment of one's ability to reason; that has progressed to the extent that a person requires substantial supervision by another person. Cognitive impairment includes Alzheimer's disease and senile dementia. The existence of cognitive impairment is determined by clinical evidence and standardized tests that reliably measure the person's impairment.

Community-Based Services – Services designed to help older people live independently in their own homes, such as adult day care and senior centers.

Companionship Services – Companions visit isolated and homebound elders for conversation, reading, and light errands. May also be termed "friendly visitor" services.

Congregate Meal Programs – Nutritional programs that provide lunches for older adults Monday through Friday in senior centers, community centers and schools.

Continence – Another activity of daily living - The ability to maintain control of bowel and bladder function. Or, when unable to maintain control these functions, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Continuing Care Retirement Community (CCRC) – A retirement community that offers a broad range of services and levels of care based on what each resident needs over time. Sometimes called "life care," it can range from independent living in an apartment

to assisted living to full-time care in a nursing home. Residents move from one setting to another based on their needs. Care in CCRCs can be expensive, with a large payment often required before moving in, and monthly fees thereafter.

Custodial Care (Personal Care) – Care to help individuals meet personal needs such as bathing, dressing, eating, and other non-medical care that most people do themselves, such as using eye drops. Someone without professional training may provide this type of care. Medicare does not pay for custodial care and Medicaid pays very little.

D

Dementia – Deterioration of intellectual abilities (e.g., vocabulary, abstract thinking, judgment, memory loss, physical coordination), the loss of which interferes with daily activities. Dementia can be caused by degenerative diseases (e.g., Alzheimer's, Huntington's and Parkinson's diseases), vascular diseases or stroke, metabolic disorders (thyroid, liver kidney dysfunction and certain vitamin deficiencies), AIDS, drugs and alcohol, and psychiatric disorders. Some dementias may respond to treatments, others do not.

Depression – This is one of the most undiagnosed conditions among seniors. But, with proper medical care, depression is a reversible psychiatric condition. Symptoms include a persistent sad, anxious or "empty" mood, loss of interest or pleasure in activities once enjoyed, and difficulty sleeping.

Discharge Planner – A social worker or other health care professional who assists hospital patients and their families in transitioning from the hospital to another level of care such as rehabilitation in a skilled nursing facility, home health care in the patient's home, or long-term care in a nursing home.

Dressing – The third activity of daily living - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Durable Medical Equipment – Medical equipment that is ordered by a doctor for use in the home. These items, such as walkers, wheelchairs, and hospital beds, must be reusable. Durable medical equipment is paid for under Medicare, subject to a 20% coinsurance of the Medicare-approved amount.

E

Eating – The fourth activity of daily living - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table). It does not include preparation of meals.

Elder Care – A wide range of services provided at home, in the community and in residential care facilities, including assisted living facilities and nursing homes. It includes health-related services such as rehabilitative therapies, skilled nursing, and palliative care, as well as supervision and a wide range of supportive personal care and social services. Typically, elder care is provided over an extended period of time to people who need another person's assistance to perform normal activities of daily living because of cognitive impairment or loss of muscular strength or control. Regardless of where it is provided, most elder care is custodial care, the type of care that is not paid for by Medicare.

Eldercare Locator (1-800-677-1116) – Developed by the U.S. Administration on Aging, the Eldercare Locator is a free service. It helps older people and their caregivers find state and local support services to help them live independently and safely in their homes and communities for as long as possible. Look for the resources you need by following the directions on their website.

F **G**

Geriatrician – A physician who specializes in the care of the elderly, primarily those who are frail and have complex medical and social problems.

Guardian – A person who is appointed by a court and charged with the legal duty to care for another person who is unable to care for himself or herself.

H

Hands-On Assistance – Physical assistance without which an individual would not be able to perform an activity of daily living.

Health Maintenance Organization (HMO) – For most people age 65 and older, a type of Medicare managed care plan where a group of doctors, hospitals and other health care providers agree to give health care to Medicare beneficiaries for a set amount of money from Medicare every month. In an HMO, you usually must get all of your care from the providers that are part of the plan; if you use providers that are outside your HMO plan, you will pay for their services out of your own pocket.

Home Health Care (Home Care) – Supportive services in the home ranging from skilled nursing care and occupational, physical, respiratory and speech therapy, to assistance with activities of daily living and housekeeping. This support allows many older people to remain in their own homes.

Home Health Aides – Individuals who provide non-medical health care to people at home. Training or certification requirements vary from state-to-state, but typical services include assistance with activities of daily living, managing medications and some household tasks. In some states, only licensed home health aides can provide hands-on assistance.

Homemaker Services – Household services done by someone other than yourself because you are unable to do them. These services can include shopping, laundry, light cleaning, meal preparation and transportation assistance. Homemakers cannot provide hands-on care in most states.

Hospice Care – Continuous care provided for a terminally-ill person, and his or her family, during the final stages of life. (A terminally-ill person has a life expectancy of six months or less.) Hospice care can be provided at home, in a facility with a homelike setting, a hospital or a nursing home. The care includes physical care, counseling and support services, but does not attempt to cure any illness.

I

Incontinence – The inability to control urination, bowel movements or both. Also see **Continenence**.

J

L

Licensed Health Care Practitioner – A physician (as defined by the Social Security Act) or a registered professional nurse, licensed social worker, or any other health care worker who meets the requirements of the U.S. Treasury Department.

Living Trust – A trust created during someone's lifetime to hold assets during that person's lifetime, thereby removing those assets from probate at death. A living trust can be either revocable or irrevocable. It avoids probate and therefore gets assets distributed significantly faster than a will. Assets that a person wants to move to a living trust, such as real estate and bank or brokerage accounts, must be retitled so that the trust becomes the owner.

Living Will – A legal document in which a person specifies which life-prolonging medical measures he or she does, and does not, want to be taken if he or she becomes terminally ill or incapacitated.

Long-Term Care – A variety of services provided over an extended period of time to people who need help to perform normal activities of daily living because of cognitive impairment or loss of muscular strength or control. Care may include rehabilitative therapies,

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skilled nursing, and palliative care, as well as supervision and a wide range of supportive personal care and social services. It may also include training to help older people adjust to or overcome many of the limitations that often come with aging. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. Regardless of where it is provided, most long-term care is custodial care, the type of care that is not paid for by Medicare.

Long-Term Care Insurance – An insurance policy that helps pay for some long-term medical and non-medical care, like help with activities of daily living. Because Medicare generally does not pay for long-term care, this type of insurance policy may help pay for long-term care that you may need in the future.

Long-Term Care Ombudsman Programs – Independent, nationwide, federally-funded services that work to resolve problems between residents and assisted living facilities, nursing homes and other residential care facilities.

M

Meals on Wheels – Local agencies provide low cost, or on a voluntary contribution basis depending on provider, hot, nourishing meals to the elderly and disabled, allowing frail, homebound people to remain in their own homes.

Medicaid – A joint federal/state program that pays for health care for individuals and families with low incomes or very high medical bills relative to their income and assets. Coverage and eligibility requirements vary from state-to-state. Medicaid is the primary payer of nursing home care. Some states also offer some home and community-based long-term care services for eligible individuals through their Medicaid programs. These additional services are at the option of the state and are not mandated by federal law.

Medicare – The federal program that provides hospital and medical care to people age 65 or older, and to some younger people who are very ill or disabled. Benefits for nursing home and short-term home health services are limited and are generally available only to people while they are recovering from an acute illness. Coverage is restricted to medical care, and does not include custodial care at home or in nursing homes.

Medicare Supplement Insurance – A private insurance policy that covers many of the gaps in Medicare coverage (also known as Medigap Insurance or Medicare Supplemental Insurance). Medicare Supplement Insurance policies work only if you are enrolled in the Original Medicare Plan. But, they won't pay any benefits if you are enrolled in a Medicare HMO or another type of Medicare Plus plan.

Medicare Supplement policies can minimize Medicare copayments and deductibles for covered services, but generally do not offer expanded coverage such as long-term care services or prescription drugs.

Missouri Property Tax Credit - Missouri Property Tax Credit Claim, also known as Circuit Breaker, gives credit to certain senior citizens and 100 percent disabled individuals for a portion of the real estate taxes or rent they have paid for the year. The credit is for a maximum of \$750 and can only be claimed on the home they occupied during the period being claimed. The actual credit is based on the amount of real estate taxes or rent paid and total household income.

N

Nursing Home – A state-licensed residential facility that provides a room, meals, help with activities of daily living, recreation, and general nursing care to people who are chronically ill or unable to take care of their daily living needs. It may also be called a Long Term Care Facility. If it has been certified as such by Medicare, it is also referred to as a Skilled Nursing Facility.

O

Occupational Therapist – A rehabilitation professional who teaches people to compensate for functional limitations as a result of an injury, illness or disability by learning skills and techniques needed to perform activities of daily living and optimize independence.

P

Paratransit Services – Specialized transportation, such as a wheelchair accessible van, for seniors and other people with disabilities. These services may offer transportation to senior centers, medical care, shopping malls, or specific appointments.

Personal Emergency Response System – In case of a fall or other medical emergency, this electronic device enables the user to contact help 24-hours-a-day simply by pressing a button. A number of private companies offer these systems.

Physical Therapist – A rehabilitation professional who utilizes various therapies to help people maximize mobility, and restore strength and body movement after an illness or injury such as a stroke, fall, back injury, etc.

Plan of Care – The written plan that describes the services and care you need for your health problem. Your plan of care must be prepared or approved by your doctor.

Point-of-Service Plan (POS) – A type of managed care plan that combines aspects of health maintenance organizations and preferred provider organizations. POS offers the option of going to a network healthcare provider and paying a flat fee, or to an out-of-network provider and paying a deductible and/or a coinsurance charge. POS Plans are not currently available to Medicare beneficiaries.

Power of Attorney – A written legal document in which one person (the principal) appoints another person to manage the principal's financial affairs. Even though the intent is that the power of attorney will not take effect until the principle becomes unable to handle his or her own affairs, it actually takes effect on the date it is signed, unless otherwise specified. And, unless otherwise specified, the durable financial power of attorney applies only to assets owned directly by the principal, and not to any assets transferred into a trust by the principal. Unlike an ordinary power of attorney, a durable power of attorney remains in effect even after the principal can no longer manage his or her own affairs.

Power of Attorney for Health Care – A written legal document in which one person (the principal) appoints another person to make health care decisions on behalf of the principal in the event the principal becomes incapacitated (the document defines incapacitation). This instrument can contain instructions about specific medical treatment that should be applied or withheld.

Preferred Provider Organization (PPO) – Another type of managed care plan. Members have a choice of utilizing healthcare providers in the PPO network, or hospitals, doctors and other healthcare professionals outside the plan for an additional cost. Beginning in 2003, PPO plans are available to Medicare beneficiaries in 23 states.

Primary Care Physician – A doctor trained to give you basic care. Your primary care doctor is the one you see first for most health problems. He or she makes sure you get the care you need to stay healthy. He or she also may talk with other more specialized doctors and healthcare providers and refer you to them. In many Medicare managed care plans, you must see your primary care doctor before you see other healthcare providers.

Primary Caregiver – The person, usually the spouse or adult child, who takes on the primary day-to-day responsibility of caring for the physical, psychological and social needs of another person.

Probate – The process by which an executor (if there is a will), or a court-appointed administrator (if there is no will), manages and distributes a decedent's property to heirs or beneficiaries.

Provider – A properly licensed doctor, health care professional, hospital, or other health care facility, including a home health agency, that provides health care or related social services.

Q

Qualified Long-Term Care Insurance Policy – A policy that conforms to federal law and, as a result, offers potential federal tax advantages for some people. Sometimes referred to as a Tax-Qualified Long-Term Care Insurance Policy.

Qualified Long-Term Care Services – Defined by federal law, these are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, that are required by a chronically ill individual, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner. Maintenance or personal care services means any care the primary purpose of which is to provide needed assistance with any of the disabilities as a result of which the individual is a chronically ill individual (including the protection from threats to health and safety due to severe cognitive impairment).

R

Residential Care Facility – A generic term for a group home, specialized apartment complex or other institution that provides care services where individuals live. The term is used to refer to a range of residential care options including assisted living facilities, board and care homes and skilled nursing facilities.

Respite Care – Temporary or periodic care provided by a third party for people with disabilities, illnesses, dementia or other health problems while their usual caregivers take an occasional break from their caregiving responsibilities. Respite care can be provided at home, in the community (e.g., adult day care centers or special respite programs) or overnight in a facility such as a nursing home or assisted living residence.

S

Senior Center – Community-based programs that provide a variety of services that can include social activities, nutrition, and educational and recreational opportunities for older adults.

Skilled Care – Daily nursing and rehabilitative care that can be performed only by, or under the supervision of, skilled medical personnel. This care is usually needed 24 hours a day, must be ordered by a physician, and must follow a plan of care. Individuals usually get skilled care in a nursing home but may also receive it in other places.

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Skilled Nursing Care – Skilled care that must be given or supervised by Registered Nurses. Examples of skilled nursing care are intravenous injections, tube feeding, and changing sterile dressings on a wound. Any service that could be safely done by an average non-medical person without the supervision of a Registered Nurse is not considered skilled care.

Skilled Nursing Facility (SNF) – A nursing facility (in most cases, a nursing home; sometimes a special unit inside a hospital) that has been certified by Medicare, with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.

Speech Therapist – A rehabilitation professional who provides therapy to overcome speech and communication problems, such as speech difficulties following a stroke. A speech therapist may also provide assistance for managing swallowing problems.

Spend Down – A requirement that an individual use up most of his or her income and assets to meet Medicaid eligibility requirements.

State Health Insurance Assistance Program (SHIP) – Federally funded program to provide counseling to seniors regarding their insurance needs.

Sub-Acute Care – Typically following a stay in a hospital, this is maintenance care for serious medical conditions that are not urgent or life threatening. Hospitals typically do not provide sub-acute care on an ongoing basis. Sub-acute care may include long-term ventilator care or other procedures provided on a routine basis either at home or by trained staff at a skilled nursing facility.

Substantial Assistance – Means either hands-on assistance or standby assistance.

“Hands-On Assistance” means the physical assistance of another person without whom the person needing assistance would be unable to perform an activity of daily living.

“Standby Assistance” means the presence of another person, within arm’s reach, to prevent, by physical intervention, injury to someone needing assistance while they are performing an activity of daily living (such as being ready to catch them if they fall while getting into or out of the bathtub or shower, or being ready to remove food from their throat if they choke).

Substantial Supervision – means the continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person to protect someone who needs assistance from threats to their health or safety (such as may result from wandering).

Support Group – A group of people with a common experience, such as a disease, disorder, caregiving,

etc., where one can share one’s thoughts, feelings and concerns and receive information and support from other members of the group. Groups may or may not be facilitated by an expert.

T

Telephone Reassurance – Calls made by agencies or volunteers to an elderly person to check up on them and offer reassurance, contact and socialization. The calls are typically made at a predetermined time each day.

Testate – Dying with a legally valid will.

Testator – The person who makes a will.

Third Party Notice – A provision that lets you name someone who the insurance company would notify if your coverage is about to end because the premium hasn’t been paid. This can be a relative, friend, or professional such as a lawyer or accountant, for example.

Toileting – The fifth activity of daily living - Getting to and from the toilet, getting on and off the toilet and performing associated personal hygiene.

Transferring – The sixth activity of daily living - Moving into and out of a bed, chair or wheelchair.

Trust – A legal arrangement in which an individual (the trustor) gives fiduciary control of property to a person or institution (the trustee) for the benefit of one or more beneficiaries.

Trustee – An individual or organization designated in a trust document to manage the assets held in the trust for the benefit of the trust’s beneficiary or beneficiaries.

Trustor – The person who creates a trust; also called a grantor.

TTY – A text telephone system that allows a hearing-impaired user to type messages to another person and read responses on a small screen. Similar to today’s text messaging, a “read only” conversation can exist between two people who each use TTY equipment. Otherwise, a non-hearing-impaired caller can use a relay service where a special operator acts as a go-between to translate the speaker’s words into text and text print into voice communication.

U

W

Will – A written document through which a person disposes of property after death.

Choosing the right health-care provider for your needs is important in receiving good medical care. The best time to find a health-care provider is before you really need one. The process of finding the right physician for you begins with asking questions and gathering information. To help you along the way, you might consider the following.

Step One. Prioritize the following to help decide what is most important to you.

- Insurance plan is accepted by physician
- Convenience of the office – locations, office hours
- Accessibility – ease of parking, is it a separate clinic or within a hospital?
- Availability – how quickly can you get in to see the physician or speak to a person on the phone?
- Physician admits patients to your preferred hospital
- Training & qualifications – Board Certified, years of experience
- Personal characteristics – age, gender, languages spoken

Step Two. Get names of potential physicians. Ask family, friends, and neighbors.

Ask other physicians, nurses, pharmacists, therapists, or social workers.

Call a physician referral line run by your insurance company or local hospital

Step Three. Interview up to 3 physicians. The office staff can answer the questions if you cannot speak with the physician. Here are suggested questions:

- Does the physician take new patients?
- Does the physician take my insurance plan, Medicare, or Medicaid?
- Where is the clinic located?
- Does the physician admit patients to my preferred hospital?
- What are the office hours and how can I reach the physician after hours?
- Who handles questions by phone?
- Who sees the patients (physician, nurse practitioner, physician assistant)?
- Does the physician have the experience with my health issues?
- Is the physician Board Certified (in what specialty)? Other credentials?
- How long does it take to get an appointment for a routine visit? What about an urgent visit?

Step Four. Be prepared for your first visit:

- Bring your health history or medical records
- Bring all of your prescription and non-prescription medication bottles
- Bring your insurance card and emergency contact information
- Tell your physician about your main health concern first
- Be honest about your personal information (such as exercise, drugs, sexuality, alcohol, and smoking)
- Bring completed health forms sent in advance by the physician's office
- Bring along a support person and paper and a pen to take notes!

Step #1 - Determine Your Needs What specific services are needed for the older person? • A safe, secure environment? • Social activities? • Assistance with eating, walking, toileting, medicines? • Therapies - physical, speech, occupational? • Health monitoring - blood pressures, food or liquid intake, weight? • Nutritious meals & snacks? • Special diet? • Exercise? • Mental stimulation? • Personal care - bathing, shampoos, shaving? • What do you, the caregiver, need? • Occasional free time? • Coverage while working? • Transportation? • Support? • Assistance in planning for care?

Step #2 - Finding Adult Day Centers Identify services in your area

Step #3 - Call First Call adult day centers and ask for a flier or brochure, eligibility criteria, a monthly activity calendar, a monthly menu and application procedures.

Step #4 - Know What to Ask Look for the following information in the material received: • Owner or sponsoring agency • Years of operation • License or certification (If required in your state) • Hours of operation • Days open • Transportation • Cost - Hourly or daily charge, other charges, financial assistance • Conditions accepted - such as memory loss, limited mobility, incontinence • Staff credentials • Number of staff per participant • Activities provided - Is there variety and choice of individual and group activities? • Menu - appeal, balance

Step #5 - Pay a Visit After reviewing materials, make an appointment to visit two or more centers that might meet your needs. The following site visit checklist will help you decide which day center is the right one for you.

- Did you feel welcomed?
- Did someone spend time finding out what you want and need?
- Did someone clearly explain what services and activities the center provides?
- Did they present information about staffing, program procedures, costs and what they expect of caregivers?
- Was the facility clean, pleasant and free of odor?
- Were the building and the rooms wheelchair accessible?
- Was there sturdy, comfortable furniture? Loungers for relaxation? Chairs with arms?
- Is there a quiet place for conferences?
- Is there a place to isolate sick persons?
- Did you see cheerful faces on staff and participants?
- Do volunteers help?
- Are participants involved in planning activities or making other suggestions?

Step #6 - Check References Talk to two or three people who have used the center you are considering & ask for their opinions.

Step #7 - Try it Out Select a day center: Try it for three to five days. It sometimes takes several visits for new participants to feel comfortable in a new setting and with a new routine. If you have questions or are experiencing any problems, ask for a conference. Staff may have suggestions to make the transition easier both at home and at the day center.

Step #8 - Take care of yourself Relax. Your loved one is being well cared for. Remember, your loved one may not be able to recall all the activities enjoyed during the day. The staff will gladly provide the missing details. The day center staff is there for you, too.

Adapted from the National Adult Day Services Association (NADSA)

Many older adults choose to age in their own home with the help of home care or supportive services. This type of assistance can include: skilled medical care, personal care, housekeeping services, handyman services and more.

When shopping for assistance at home, it is important to determine what type of assistance the individual needs, such as physical assistance (bathing, dressing, hygiene, etc.), more home-related tasks (cleaning, cooking, shopping, etc.), or a combination of both. If you are unsure, agencies will provide an assessment during their first visit. From that information, a care plan is developed detailing tasks to be performed prior to services beginning.

However, before reaching that point, you'll want to know more about the agency and its staff who will be in your home. Below are some questions for your consideration.

Questions to Ask

1. Is the agency Medicare approved?
2. How long has the agency been serving the community?
3. Does this agency give the services I need?
4. How are emergencies handled?
5. Is the agency's staff on duty 24 hours a day, seven days a week?
6. What will I be charged for services/supplies?
7. Will Medicare or Medicaid pay for the items I need?
8. How are my rights protected?
9. Can my family and I help decide my plan of care?
10. How far in advance do arrangements have to be made?
11. Does the agency teach family members about the type of care being given?
12. Who make sure that the home health care plan is being followed? Does the supervisor make regular visits to the home?
13. Who can I call if I have questions or complaints?
14. What happens if a home health agency staff person does not come when scheduled?
15. Will the agency be in regular contact with my doctor?
16. Is a free home health care consultation by a registered nurse offered prior to start of service?
17. Is a written job description provided for clients?
18. Does the aide have reliable transportation?
19. Does the agency provide a list of references for you to check the level of client satisfaction?
20. Are the employees bonded and insured?
21. Are the employees licensed to perform specialized medical care?
22. Will the agency offer services to fit the individual's needs?
23. What kind of training does the agency provide to employees?
24. Are the aides experienced or certified?
25. How are the aides recruited?

Patients have a right to be notified in writing of their rights and obligations before hospice care begins. Consistent with state laws, the patient's family or guardian may exercise the patient's rights when the patient is unable to do so. Hospice organizations have an obligation to protect and promote the rights of their patients, including the following:

Dignity and Respect Patients and their hospice caregivers have a right to mutual respect and dignity. Caregivers are prohibited from accepting personal gifts and borrowing from patients/families/primary caregivers. In addition, patients have the right: to have relationships with hospice organizations that are based on honesty and ethical standards of conduct; to be informed of the procedures they can follow to lodge complaints with the hospice organization about the care that is (or fails to be) furnished and regarding a lack of respect for property (to lodge complaints call the hospice); to know about the disposition of such complaints; and to voice their grievances without fear of discrimination or reprisal for having done so.

Decision Making Patients have the right: to be notified in writing of the care that is to be furnished, the types (disciplines) of caregivers who will furnish the care, and the frequency of the services that are proposed to be furnished; to be advised of any change in the plan of care before the change is made; to participate in the planning of the care and in planning changes in the care, and to be advised that they have the right to do so; to refuse services and to be advised of the consequences of refusing care; and to request a change in caregiver without fear of reprisal or discrimination. The hospice organization or the patient's physician may be forced to refer the patient to another source of care if the client's refusal to comply with the plan of care threatens to compromise the provider's commitment to quality care.

Privacy Patients have the right: to confidentiality with regard to information about their health, social, and financial circumstances and about what takes place in the home; and to expect the hospice organization to release information only as consistent with its internal policy, required by law, or authorized by the client.

Financial Patients have the right: to be informed of the extent to which payment may be expected from Medicare, Medicaid or any other payor known to the hospice organization; to be informed of any charges that will not be covered by Medicare; to be informed of the charges for which the patient may be liable; to receive this information, orally and in writing, within 15 working days of the date the hospice organization becomes aware of any changes in charges; to have access, on request, to all bills for service received, regardless of whether they are paid out of pocket or by another party; and to be informed of the hospice's ownership status and its affiliation with any entities to which the patient is referred.

Quality of Care Patients have the right: to receive care of the highest quality; to be admitted by a hospice organization only if it is assured that all necessary palliative and supportive services will be provided to promote the physical, psychological, social, and spiritual well-being of the dying patient. An organization with less than optimal resources may, however, admit the patient if a more appropriate hospice organization is not available-but only after fully informing the client of its limitations and the lack of suitable alternative arrangements; and to be told what to do in the case of an emergency.

The hospice organization shall assure that: all medically related hospice care is provided in accordance with physician's orders and that a plan of care, which is developed by the patient's physician and the hospice interdisciplinary group in conjunction with the patient, specifies the services to be provided and their frequency and duration; and all medically related personal care is provided by an appropriately trained home care aide who is supervised by a nurse or other qualified hospice professional.

Reprinted from the Hospice Association of America

What to Ask...What to Share... and How to Follow up

Talking with your health care provider is one of the most important parts of getting good health care. By health care provider, we mean any health care professional who prescribes or recommends treatments for you.

*A good relationship with your health care provider is a partnership, with both partners working together to improve or maintain your health. You have a certain responsibility to take an active role in your health by communicating with your health care team. **Speak up** if you feel uncomfortable or rushed during an appointment. **Tell someone** about specific worries. **Stay focused** on the purpose of your visit. Use this brochure to help guide you.*

STEP 1

Get ready for your appointment.

- Make a list of your worries and questions that you want to talk about with your health care provider; put this list in order of importance.
- Be prepared to update your health care provider on any new important information.
- Bring your glasses and hearing aid, if you use them; let your health care provider know if you have a hard time hearing or seeing; bring along your cane or walker.
- Bring along a family member or friend to keep your visit focused and remind you of things you wanted to talk about.
- Bring along all of your medications (including items you buy without a prescription).
- Be honest about your goals for your health, activity level and lifestyle; this might affect choice of treatment.

STEP 2

Share information with your health care provider. Update this person about things that have happened since your last visit.

Be honest about:

- Signs and symptoms of your condition.
- Your lifestyle and habits (alcohol use, diet, smoking), activities you participate in, and other personal information (such as sexuality, incontinence, depression, anxiety).
- All of the medications you take, including nonprescription items and herbal products.
- Concerns about side effects, cost, or treatment.

STEP 3

Get information from your health care provider.

- Ask questions when you do not know the meaning of a word or when instructions are not clear.
- Take notes; do not try to remember everything.
- Ask for written information, instructions, brochures, videotapes.
- Find out where you can get more information about the treatment (the Internet, public library, nonprofit or government agencies, etc.).
- Ask about the benefits of the recommended treatment.
- Ask about the side effects, disadvantages, and length of the recommended treatment.
- Ask about costs and insurance coverage.
- Find out if there is more than one treatment choice, especially if you have concerns.
- Consider getting a second opinion, if appropriate.
- Ask what would happen if you choose **no** therapy.
- Ask about prevention or lifestyle changes that can help improve or maintain your condition.
- Find out what follow-up is needed (tests, appointments).

STEP 4

Follow up with your health care provider about the recommended treatment.

- Call if you have additional questions that you forgot to ask or if you do not understand something.
- Talk to other members of your health care team who might be able to take more time or offer additional information.
- Call to find out results of blood work or other tests.
- Call to schedule your next appointment, test, or procedure.
- If needed, make an appointment with another health care provider, for example a specialist, dietitian, or physical or occupational therapist.

Windows and Doors

1. Are windows/ doors easy to open and close?
2. Are the locks sturdy and easy to operate?
3. Are the doors wide enough for a walker or wheelchair?
4. Are the door thresholds too high?
5. Is there space to maneuver while opening and closing the doors?
6. Does the front door have a view panel? Is it at the proper height for you?

Floors

1. Is the surface safe and nonslip?
2. Are there scatter rugs or doormats that may be dangerous?
3. Are there changes in levels? If so, are they clearly marked?

Steps, Stairs, and Walkways

1. Are they in good repair?
2. Do they have smooth, safe surfaces?
3. Are there handrails on both sides of the stairway?
4. Is there grasping space for both knuckles and fingers on the railings?
5. Are the stair treads deep enough for your whole foot?
6. Are there any hazardous open risers on the stairs?
7. Would a ramp be feasible in any of these areas should the need arise?

Appliances, Kitchen, and Bath

1. Is the arrangement convenient and safe?
2. Can the oven and refrigerator be opened easily?
3. Are the stove controls easy to use? Are they clearly marked?
4. Is the counter height/ depth convenient for you? Can you sit while working?
5. Are the cabinet knobs easy to use?
6. Are the faucets easy to use?
7. Do you have convenience items such as a garbage disposal? Trash compactor?
Hand-held shower head?
8. Can you get in and out of the shower with ease?
9. Do you have a bath or shower seat?
10. Are there grab bars where needed?
11. Is the hot water heater regulated to prevent scalding?

Storage

1. Is the storage located conveniently?
2. Is the storage adequate and usable?
3. Can you easily reach closet items?
4. Have you maximized your storage space with innovative products?

Electrical Outlets, Switches, and Alarms

1. Are the outlets/ switches easy to turn off and on?
2. Are the outlets properly grounded to prevent electrical shock?
3. Are the extension cords in good condition? Are they needed?
4. Do you have smoke detectors in all of the necessary areas?
5. Do you have an alarm system?
6. Is the telephone readily available for emergencies?
7. Is the telephone equipped for hearing enhancement if necessary?
8. Can you hear the doorbell in every part of the house?