GuidanceResources®

Elder Care Resources

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Evaluating the Need to Make Change

Your Elderly Relative: When Living Alone Is No Longer Safe

It can be difficult when you come to realize that a parent or loved one has reached an age where he or she can no longer live alone. For many, it signals the passing of the torch from one generation to the next. With this comes the need to help provide the right care and living environment for your elderly relative. Talk about these issues together and explore your caregiving and housing options.

An Aging Population

Elders are living longer than ever: today, the average life expectancy is 76 years. Thirteen percent of the population (33 million Americans) is age 65 and older, a statistic expected to double by the year 2030. Roughly 4 million Americans are over age 85, a number that has tripled in the past four decades. Yet, half of those over 85 suffer from Alzheimer's disease, and 43 percent of today's seniors will use a nursing home in their lifetime. Currently more than 30 percent of elders live alone, many in situations that compromise their safety.

As loved ones of these elders, it is important to get involved in their lives and help monitor their health and safety. Many elders are reluctant to tell their family and friends about health problems or changes in their personality or behavior. They do not want to be a burden to their loved ones, or worse, they may be in denial about or unaware of a debilitating condition and could refuse to accept help.

The Warning Signs

Watch for danger signals that may indicate your elder can no longer live alone and needs caregiving assistance:

- Accidents and injuries: If your elder has encountered a bad slip or fall that resulted in injury, or if you notice a pattern of accidents or injuries, assistance may be called for. An accidental fire or a car crash caused by negligent driving should also alert you to a need for help.
- An unkempt home: If your elder's home appears seriously neglected (dirty, cluttered and in need of many repairs) it may be a sign that he or she lacks the energy, will and ability to manage the home properly and independently. This is a particularly important signal if a neglected cluttered home is a departure from your elder's usual behavior.
- Observations from neighbors: Talk to neighbors and nearby residents about your elder's behavior. Do they notice anything strange or out of the ordinary? Are they concerned about your elder living alone?
- Weakened muscles and nerves: Strength, agility and reflexes diminish gradually with age. Two consequences are decreased mobility and vulnerability to falls and accidents. Does your relative appear increasingly frail and have difficulty walking or climbing stairs?
- Memory loss: About 25 percent of seniors over 75, and nearly half of those over 85, are affected by dementia. Retrieval of facts, figures and recently stored information may be slowed, yet memory of long-ago incidents can often be detailed and clear. Normal aging should not cause confusion, delusions or hallucinations. A senior with these symptoms should see his or her physician and not live alone. Mental impairment can also result from a series of very small strokes. Side effects of medications and thyroid gland dysfunction can cause mental deterioration as well. While some short-term memory loss is normal, caregivers with concerns about dementia or Alzheimer's Disease (an incurable degenerative brain disease that destroys nerve cells) should also consult a physician.
- Sleep disturbances: Researchers think that elders sleep less and experience poorer quality sleep because of changes in natural body rhythms. While some degree of sleep disturbance is normal, have your elder see a doctor if he or she regularly loses sleep and has difficulty getting proper rest.
- Depression: Persons over 65 are more likely than any younger age group to develop serious depression. Symptoms that signal the onset of depression include changes in appetite and weight loss, lack of interest in daily activities, withdrawal from friends and normal activities, and insomnia. Seniors who may be suffering from depression should be evaluated by their personal physician to rule out underlying physical ailments and should seek counseling services to talk about their problems.

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- Dulling of the five senses: A slight diminishing of each of the five senses (hearing, seeing, tasting, smelling and touching) is normal. But acute debilitation of any one of the senses can be dangerous for an elder.
- Arthritis and osteoporosis: Painful joints and weakened bone tissue (especially in women) are common side effects of aging. While severe arthritis can be crippling and incurable, milder arthritis can be treated.
- Heart problems: The heart muscle can weaken in advancing years, and arteries can become clogged, which is why your elder's doctor may discourage strenuous or extended physical activity. If your elder experiences heart palpitations, heart murmurs or chest pains, have him or her see a doctor right away. A heart condition should be regularly monitored by the elder's physician.

Discussing Your Options

When you have come to the difficult realization that your elder should probably not be living alone, it is important to talk with him or her about your observations and discuss all the options. Nursing homes are not the only alternative. When you are ready to talk, try these tips:

- Approach the subject gently: Treat your elder with the utmost respect and deference to his or her wisdom and experience. Remember that unless your elder suffers from a cognitive impairment severe enough to prevent making his or her own choices, the decision to move into some type of assisted-living environment is your elder's.
- Convey your concerns: Tell the elder why you are worried about him or her living alone and what you have observed. Talk together with your elder's doctor and get his or her professional opinion.
- Explore every option: Discuss whether a companion or other in-home care provider could increase safety and comfort. Talk about moving into an assisted-living facility, continuing-care retirement community or nursing home. Or consider asking your elder to live at home with you. Once you have narrowed down your choices and agreed on a suitable living arrangement, get him or her excited about the transition. Reassure your elder that he or she does not have to live alone anymore and worry about accidents, cooking, cleaning and maintaining a home like before.
- Discuss finances: Work together on determining what the most affordable choices are and the financing options available. Effective estate planning often has to begin two or more years before an elder needs care, to qualify for Medicaid assistance. If an elder is cognitively impaired, his or her finances may not be in the condition you expect. If the elder has significant assets, it may be worthwhile to hire an estate-planning expert to get a good handle on what is available to pay for care and how to help your elderly relative qualify for necessary assistance.

Inviting Your Elder to Live with You

The decision to share your home with an older person can be a difficult one. Consider the following first:

- Does the elder want to move in with you?
- Will moving to your home improve his or her quality of life and care?
- What has your relationship with the elder been like over the years?
- Can you afford to make the renovations necessary to make your home safe and comfortable?
- How will you and your family be able to cope with the new situation?
- Can you alternate caregiving and home hosting with your siblings or other relatives?
- How much time can you spend with the elder? How will he or she be cared for when you are at work?
- Have you explored the option of hiring an in-home professional caregiver?
- Have you talked with your elder about what to expect and why?
- What if his or her health condition worsens?
- Can you afford to take your elder in at this time? Can he or she contribute to your bills?

Resources

- U.S. Department of Housing and Urban Development: https://portal.hud.gov/hudportal/HUD
- U.S. Administration on Aging: https://aoa.acl.gov
- Argentum - Assisted Living Federation of America: www.argentum.org

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Independent Living Checklist

There are many independent living housing options for seniors to choose from. In these living arrangements, seniors are able to care for themselves but have the added companionship of other elders living in the same area or complex, as well as the added security of available health and personal care services nearby.

Independent Living Options

Included among independent living choices are:

- Retirement communities: These feature homes specifically designed for retirees and healthy, independent seniors who wish to live with their peer group. These communities offer an enriched lifestyle, as social and recreational curriculums are part of their everyday activities. Services include scheduled transportation, meals and housekeeping. Forms of housing include single-family homes, townhouses, condominiums, apartments and some trailer parks. Homes are for sale or rent in a retirement community.
- Continuing-care retirement communities (CCRC): These offer the benefits of independent living in apartments, houses and condominiums, but with healthcare services and a nursing facility on the premises. Services include personal care and recreational activities. Payment is usually made in advance for long-term care and many other services. The entrance fee may be quite high, and you must pay monthly fees. You may either buy or rent a home in a CCRC.

Part 1: Retirement Communities

Questions about the facility:

1. What is the rent? Any additional fees? What is included with these costs? Will this be increased over time?
2. Under what conditions, if any, are refunds or rate reductions granted?
3. What is the policy if a couple moves into a unit, and then one of them must suddenly go to a nursing home or passes away? What procedures are taken if a resident decides to leave after a few weeks or months, or if they die? Is any portion of the entrance fee refunded to their estate?
4. What sort of health and medical coverage is included in the entrance and/or monthly fees?
5. Is any other insurance required?
6. What kind of reputation does the facility have?
7. Is the facility in good financial standing?
8. Is there a resident council/organization through which residents have a way of voicing their community views? How effective is this council/organization?
9. How are complaints about the facility/staff/services handled?
10. What types of rules, regulations and philosophies exist, and are these posted for public inspection?
11. Are the housing units secure, safe and well-maintained? Are they easily accessible?
12. Is the facility licensed and/or accredited by any regulating body?
13. Is there a nursing center on the premises or nearby? Is it Medicare/Medicaid-certified?
14. Are pets allowed? Is there sufficient privacy?

Questions about care and services:

1. What type of healthcare and social services are available?
2. Does the facility provide routine physicals, dental examinations and pharmacy services?
3. Who provides the services? What are their qualifications?
4. What types of services are available to help residents stay healthy and receive therapy?
5. Have there ever been any lawsuits against the facility? If licensure is required, is the facility in good standing?
6. Are any additional services available, and if so, what are the fees?

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Post-visit questions:

1. What were your thoughts when you toured the community?
2. What types of activities were observed?
3. Was mealtime pleasant?
4. Was the activity room being used?
5. Were any residents using the exercise facilities?
6. Was the library in use?
7. Were the carpets/furniture clean?
8. Were amenities operable and in good condition?
9. Were staffers friendly and respectful?
10. Were staffers familiar with the residents by name?
11. Were the apartments and surrounding areas designed for comfort and independence?
12. Is management staff experienced, effective and respectful?
13. Does the retirement community have a good reputation within the local community?
14. Were there any other important observations that you made?
15. Your thoughts/feelings about the visit.

Part 2: Continuing-Care Retirement Communities

Questions about the facility:

1. Is the home licensed and/or accredited by the Continuing Care Accreditation Commission (CCAC)?
2. Is the nursing center on the premises Medicare/Medicaid-certified?
3. Is other insurance required?
4. Are new residents being admitted? If not, how long is the waiting list?
5. Is the location convenient and safe?
6. Is public transportation available and accessible? Is the facility capable of meeting your special-care needs?
7. What type of reputation does the facility have?
8. Is the facility financially solvent and stable?
9. Is there a resident council/organization through which residents have a means of voicing their community views? How effective is this council/organization?
10. How are complaints about the facility/staff/services handled?
11. What types of rules, regulations and philosophies exist, and are these posted for public inspection?
12. Are the housing units secure, safe and well-maintained? Are they easily accessible?
13. Do the living facilities have emergency buttons that residents can activate if immediate care is needed?
14. Are pets allowed?
15. Is there sufficient privacy?
16. Are the public areas for visiting and socializing spacious and favorable?

Questions about charges and contracts:

1. What is the basic entrance charge? What is included in this fee? Are there any extra charges?
2. What is the monthly fee? Will this be increased over time?
3. Under what conditions, if any, are refunds or rate reductions granted?
4. Are any portions of the charges covered under long-term care?
5. What is the policy if a couple moves into an apartment, and then one of them must suddenly go to a nursing home? What procedures are taken if a resident decides to leave after a few weeks or months, or if they die? Is any portion of the entrance fee refunded to their estate?
6. What different types of CCRC contracts are offered?
7. What health and medical coverage is included in the entrance and/or monthly fees?

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8. Who and what will determine when a resident may be moved to the nursing facility?
9. Is there a guarantee of nursing home care, either on the premises or nearby when needed? What are the rates, if any?

Questions about staff:

1. Do staffers have professional backgrounds in geriatrics and in the continuing-care field?
2. Do they seem sincerely interested with the safety, security and overall wellbeing of the residents?
3. Do they seem courteous and caring?
4. How are staffers screened in the hiring process?
5. What is the rate of staff turnover?

Questions about care and services:

1. What type of healthcare and social services are available?
2. Does the facility provide routine physicals, dental examinations and pharmacy services?
3. Who provides these services? What are their qualifications?
4. What types of services are available to help residents stay healthy and receive therapy, if needed, to recover?
5. Are any of the following services available, and if so, what are the fees?

Please note that this is only a simple checklist to assist you with your initial tour and information gathering. Bring notes or additional questions and concerns about the retirement facility with you. Keep a notebook so that you have easy access to all of your comments. You may also want to consult with an attorney if you plan to utilize Medicare/Medicaid to pay for facility services or rent.

Resources

- Continuing Care Accreditation Commission (CCAC): www.carf.org
- National Council on Independent Living: www.ncil.org
- Medicare.gov: www.medicare.gov

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Elder Home Safety Checklist

Elders can be more vulnerable to falls, accidents and crimes, so it is important that their homes be made as safe as possible. Take stock of your elder's dwelling and determine if any improvements and extra safety devices are necessary. Discuss and practice a safety plan in case of emergency.

Risk Inventory

Take the time to tour every room in your elderly relative's home and make note of any safety hazards. Think about his or her daily routine, from morning rituals to getting into bed for the night. Where are the trouble spots? Look carefully at old equipment and building materials that may be failing. List anything that looks like it needs to be replaced or improved. Here is a suggested home safety checklist:

Entrances

- Make sure entrance areas are accessible, clear of debris and in good condition. Cracks and bumps in the pavement on driveways and sidewalks can cause falls. Make sure they are free of ice and snow, and sanded or salted in the winter. Railings should be sturdy enough to easily support the elder's weight.
- Be sure all door locks are secure and functioning properly. Consider having only one strong deadbolt lock and doorknob lock on each exit door to make exiting easier in an emergency.
- Install peepholes on the front and back doors and adjust the doorbell so it is easy for the elder to hear. Install a blinking light doorbell if your elder has hearing difficulty.
- Lay non-slip runners on walkways and entrance floors.

Bedroom and living areas

- Arrange furniture in an orderly fashion to provide clear, wide and accessible pathways between rooms and doors.
- Make sure all floors are safe. Surfaces should be clean, dry and even in height. Straighten loose carpeting and hide cords or wires that can trip your elder. Throw rugs are a hazard because they can cause an elder to slip or trip.
- Avoid using space heaters. Have the furnace checked yearly by a professional. Make sure smoke, heat and carbon monoxide detectors are installed on each floor with fresh batteries.

Bathrooms

- Install heavy-duty handrails and grab bars near toilets, sinks, bathtubs and showers.
- Keep electrical appliances away from tubs, showers and sinks. Install circuit breaker type outlets whenever electrical appliances are near water, such as in the bathroom or kitchen.
- Apply non-skid pads in the tub and on the bathroom floor to prevent slips and falls.
- Consider purchasing a hand-held shower device-- it may be safer for your elder to use.

Kitchen

- Check for kitchen-safety hazards: grease buildup around stove; leaks or faulty connections near cooking equipment; an improperly-vented stove; faulty oven thermostat; and flammable materials near cooking areas (e.g., towels, pot holders, napkins, loose or flowing clothing worn by the elder).
- Assess hard-to-reach areas such as kitchen cabinets and shelves, which may need to be lowered or reorganized for easier access.
- Buy a sturdy, non-slip surface stepstool.
- Keep a fire extinguisher charged and accessible.

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Other areas

- Install easily accessible smoke, heat and carbon monoxide alarms with fresh batteries and properly functioning ABC-type fire extinguishers on every floor and in key areas: kitchen, garage, laundry area and bedroom. Show your elder how to use the extinguisher properly for every fire condition as indicated on the device.
- Install rounded, easily visible handrails that run the length of stairways on both sides.
- Near every telephone keep a list of emergency phone numbers, including police, fire, ambulance, hospital, doctor, poison control and a nearby loved one. Place a phone next to the elder's bed. Consider a cellular or portable phone.
- Purchase slippers with non-skid soles.

Lighting

- Place fresh light bulbs in every socket. Entranceways and walkways should be especially well lit.
- Store plenty of extra bulbs and buy a bulb changer stick that eliminates the need to use a stepstool.
- Keep flashlights near the elder's bed, in the kitchen and garage, near the fuse box/circuit breaker and in other important living areas.
- Install night-lights in rooms and halls used at night.
- Purchase special touch-on lamps to prevent accidents caused by fumbling in the dark.
- Install bright, glow-in-the-dark light switch wall plates.

Heating, cooling and electrical

- Have a professional inspect the furnace and air-conditioning units.
- Turn down the hot water heater below 120 degrees F to prevent scalding.
- Test the thermostat for proper functioning.
- Have a professional check the electrical wiring and circuits in the home for safety and proper load.
- Be sure the fuse box/circuit breakers are properly marked.
- Avoid extension cords if possible, and do not have too many adapters or connections plugged into one outlet.
- Use three-pronged plugs in three-pronged outlets.
- Unplug electric devices from outlets when not in use.

Emergency Plan

Once you have accident-proofed and upgraded the elder's home for proper safety, work together on establishing an escape plan in case of fire, flood, intruder or other evacuation emergency. Consider the following tips:

- Remind the elder to call 911 immediately if he or she is in danger. If there is no time and your elder must evacuate, instruct that he or she to go to a neighbor's home and call 911.
- Map out an escape route. Practice an emergency evacuation of the home with the elder.
- Purchase and install a Personal Emergency Response System (PERS). PERS are emergency alert button devices that can be pressed to immediately summon emergency-response centers for help. Generally, the elder wears an activator he or she can push or squeeze when an emergency occurs. PERS are often sold through area hospitals or private companies. These devices are not recommended for elders with dementia.
- Have an emergency bag packed and ready. Before an evacuation, the elder may be able to grab a small, lightweight bag which should contain important phone numbers (e.g., doctor and nearby loved ones), Medicare ID and Social Security numbers, an extra supply of prescription medications and perhaps a light jacket.
- Remind your elder to stay calm, react quickly and be careful not to slip, trip or fall during an evacuation.

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Conditions such as dementia and frailty can introduce risk into the most safety-proofed home. Part of any safety evaluation should include whether services such as in-home care can help your elder live more safely at home.

Ensure peace of mind for you and your elder by making the home as safe, secure and accessible as possible. Test devices such as smoke and carbon monoxide alarms regularly, and make sure the elder knows how to use them properly. Plan a course of action in case of an emergency and practice it with your elder.

Safety When Driving

Safety behind the wheel is a major concern for some elders. While vision and driving competency will continue to be tested by the Department of Motor Vehicles (DMV), every time your elder renews his or her license, an elder's driving skills can diminish quickly as the years pass. Help your elder stay safe behind the wheel by:

- Checking the car. Be sure the brakes, tires, steering and all lights work properly and are in good condition. See that the mirrors, seats and steering wheel are adjusted to your elder's comfort.
- Taking a drive with your elder. Can he or she easily see over the dashboard and reach the pedals? React quickly enough to road conditions? Obey the rules of the road?
- Encouraging him or her not to drive in bad weather, heavy traffic or at night if he or she has a vision problem.
- Recommending regular vision, hearing and physical checkups.
- Checking to see if medications affect the ability to drive.
- Suggesting that he or she take a driver refresher course. Most state DMVs offer these classes.
- Talking with your elder's doctor if you feel his or her driving is a threat to themself or others on the road.

Resources

- Eldercare Locator: www.eldercare.gov

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Steps to Select a Nursing Home

What is Assisted Living and Who Qualifies?

Assisted living is the transition between independent living and nursing home care. An assisted living facility is designed for elders who need help with their activities of daily living (ADLs) but who also wish to live as independently as possible for as long as possible. Assisted living residences usually include:

- Three meals a day served in a common dining area
- Housekeeping services
- Transportation
- Assistance with eating, bathing, dressing, toileting and walking
- 24-hour security and staff availability
- Emergency call systems for each resident's unit
- Health promotion and exercise programs
- Medication management
- Personal laundry services
- Social and recreational activities

Costs vary depending on the residence, room size and the types of services needed by the elder. Residents or their families generally pay for the cost of care from their own financial resources. However, sometimes costs may be reimbursed, depending on the individual's insurance policy and type of care needed.

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Financial and Legal Considerations

Conservatorship, Guardianship and Powers of Attorney for the Elderly

America's population continues to grow older. By the year 2030, the number of people over the age of 60 will increase by more than 50 percent. As a result of this trend, many people already find themselves having to care for an aging parent while trying to raise their children. Although there is no legal requirement that an adult child care for an elderly parent, many people feel a moral obligation to provide for those who brought them into the world and cared for them during their childhood.

While most older Americans continue to lead active and healthy lives, some inevitably fall victim to the illnesses and infirmities, such as Alzheimer's disease, which take their toll on one's ability to live independently.

If you are faced with the problem of helping an elderly parent manage his or her affairs, the law provides several avenues of assistance.

Conservatorships and Guardianships

If your parent is having problems managing his or her financial matters, you may file a petition in state court asking it to establish a conservatorship for your parent's property. If your parent is also unable to manage his or her other affairs, you may petition for a guardianship, which gives you, the guardian, full control over all the decisions surrounding a person's life.

Even if your parent consents to the naming of a guardian, a court hearing will still be required. If your parent disputes the establishment of a conservatorship or guardianship, he or she is entitled to be represented by an attorney, to present evidence, and to testify about his or her ability to continue living independently.

If the court decides a custodianship or guardianship is necessary, it then will appoint a person who it believes will act in the best interest of your parent. In some cases, that may be you, another family member or some other person the court feels is qualified.

The court may require the guardian or conservator to post a bond to ensure that he or she will act responsibly in managing the elderly person's property and personal affairs. A guardian typically must provide periodic accounts of the estate on a quarterly, annual or bi-annual basis.

Powers of Attorney

Guardianship proceedings can be costly, and because a guardianship deprives the aging parent of many important rights necessary for independent living, it should be used only in cases where it is absolutely necessary. An older person may be better off arranging to have a trusted friend or family member write checks and make sure that bills are paid on time by executing a power of attorney instead. A power of attorney is a document in which one person (called the principal) authorizes another person (called the attorney-in-fact) to act on his or her behalf.

This document allows one person to give another person the authority to act on his or her behalf in the management of personal affairs. With a durable power of attorney, the attorney-in-fact can pay bills, manage a business, conduct real-estate transactions or perform any function that the principal authorizes. A durable power of attorney will remain in effect even if the person who makes it later becomes incompetent or incapacitated.

Another option is a so-called springing power of attorney, which only becomes effective when a specified event takes place, such as the incapacity of the person who authorizes it. Springing powers of attorney present a different problem, however, since before they can take effect, a court may need to rule on the mental competency of the principal. That can mean additional delay and expense as the competency hearing works its way through the state court system.

In any case, a power of attorney can only be created while the principal is legally competent. If your elderly parent is presently incapable of managing his or her affairs, it is already too late to have a power of attorney created.

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Medicare and Your Elderly Relative

Medicare is our national health insurance program, providing benefits for people 65 and older, certain disabled people who are under age 65, and people of any age who suffer from permanent kidney failure.

Medicare Part A covers services and supplies considered medically necessary to treat a disease or condition; Medicare Part B covers medically necessary services and preventive services; Medicare Advantage Plans, also called "Part C" or "MA Plans," are offered by private companies approved by Medicare; and Medicare Part D is Medicare's prescription drug plan.

Medicare Part A Coverage

Most Americans age 65 or older are eligible for Medicare Part A coverage. Medicare covers services (such as lab tests, surgeries and doctor visits) and supplies (such as wheelchairs and walkers) considered medically necessary to treat a disease or condition. Those in a Medicare Advantage Plan or other Medicare plan may have different rules, but the plan must give at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

Medicare recipients usually do not pay a monthly premium for Medicare Part A coverage if they (or their spouse) paid Medicare taxes while working. This is sometimes referred to as "premium-free Part A." Those eligible for Part A benefits include:

- Those already getting benefits from Social Security or the Railroad Retirement Board (RRB)
- Those under age 65 who are disabled (after getting disability benefits from Social Security or certain disability benefits from the RRB for 24 months)
- Those with Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease
- Those living in Puerto Rico who receive benefits from Social Security or the RRB.

Those who need to sign up for Part A include:

- Those not getting Social Security or RRB benefits (for instance, because they're still working)
- Those who qualify for Medicare because they have End-Stage Renal Disease (ESRD), which is when the kidneys are no longer able to work at a level needed for day-to-day life
- Those who live in Puerto Rico and want to sign up for Part B.

In general, Part A covers:

Hospital care

Medicare Part A covers hospital services, including semi-private rooms, meals, general nursing and drugs, as part of inpatient treatment. This includes care in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities and long-term care hospitals, as well as mental healthcare and inpatient care as part of a qualifying clinical research study. Private duty nursing, private rooms (unless medically necessary), TV sets and phones in rooms, and personal care items are not covered.

Medicare recipients are eligible as long as a doctor makes an official order saying the patient needs inpatient hospital care to treat an illness or injury, the patient needs the kind of care that can only be given in a hospital, the hospital accepts Medicare, and the Utilization Review Committee of the hospital approves the stay. For day one through 60, the deductible is $1,288 for each benefit period in 2016. For days 61 through 90, there is a $322 coinsurance per day of each benefit period in 2016. For days 91 and beyond, there is a $644 coinsurance per each "lifetime reserve day" for each benefit period (up to 60 days over a lifetime) in 2016. Beyond lifetime reserve days, Medicare recipients pay for all costs.

Skilled nursing facility (SNF) care

Medicare Part A covers certain skilled nursing care services needed daily in an SNF for up to 100 days. Medicare-covered services include, but are not limited to, semi-private rooms, meals, skilled nursing care, physical and occupational therapy (if needed to meet a health goal), speech-language pathology services (if needed to meet a health goal), medical social services, medications, medical supplies and equipment used in the facility, dietary counseling, and ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that are not available at the SNF.

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Medicare Part A recipients are eligible as long as they have days left in the benefit period; they have a qualifying hospital stay; their doctor deems that they need daily skilled care given by, or under the direct supervision of, skilled nursing or rehabilitation staff; the skilled services are in an SNF that's certified by Medicare; and the skilled services are for a medical condition that was either a hospital-related medical condition or a condition that started while the patient was receiving care in the SNF for a hospital-related medical condition. Medicare recipients pay nothing for the first 20 days of each benefit period, $161 per day for days 21 through 100 for each benefit period in 2016, and all costs for each day after day 100 in a benefit period.

Long-term care hospitals (LTCHs)

Medicare Part A covers care in an LTCH. LTCHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care and return home. Generally, Medicare recipients will not pay more for care in a long-term care hospital than in an acute care hospital.

Under Medicare, recipients are only responsible for one deductible for any benefit period. This applies whether the recipient is in an acute care hospital or an LTCH. Medicare recipients do not have to pay a second deductible for care in an LTCH if they are transferred to an LTCH directly from an acute care hospital or if they are admitted to an LTCH within 60 days of being discharged from an inpatient hospital stay. If a Medicare recipient is admitted directly to the LTCH more than 60 days after any previous hospital stay, he or she would pay the same deductibles and coinsurance as if being admitted to an acute care hospital.

Nursing home care (as long as custodial care is not the only care you need)

Medicare Part A may cover care given in a certified skilled nursing facility (SNF) if it's medically necessary for a Medicare recipient to have skilled nursing care (such as changing sterile dressings). However, most nursing home care is custodial care, such as help with bathing or dressing. Medicare does not cover custodial care if it is the only care needed. After a three-day covered inpatient hospital stay for a related illness or injury, a Medicare recipient would pay the following for each benefit period: nothing for days one through 20, up to $161 each day for days 21 through 100, and all costs beyond 100 days. There is a limit of 100 days of Part A SNF coverage in each benefit period.

Hospice

Medicare Part A covers hospice benefits when a Medicare recipient meets the following conditions: the doctor and hospice medical director certify that the patient is terminally ill and has six months or less to live if the illness runs its normal course, the Medicare recipient signs a statement choosing hospice care instead of other Medicare-covered benefits to treat the terminal illness (Medicare will still pay for covered benefits for any health problems that are not related to the terminal illness), and the care comes from a Medicare-approved hospice program. A Medicare recipient can get a one-time-only hospice consultation with a hospice medical director or hospice physician to discuss care options and management of pain and symptoms. The Medicare recipient does not need to choose hospice care to take advantage of the consultation service.

Medicare covers the following hospice services for a terminal illness and related conditions: doctor services, nursing care, medical equipment (such as wheelchairs or walkers), medical supplies (such as bandages and catheters), drugs for symptom control or pain relief (may need to pay a small co-payment), hospice aide and homemaker services, physical and occupational therapy, speech-language pathology services, social work services, dietary counseling, grief and loss counseling for the Medicare recipient and family, short-term inpatient care (for pain and symptom management), short-term respite care (may need to pay a small co-payment), and any other Medicare-covered services needed to manage pain and other symptoms (as recommended by hospice team). It is important to note that Medicare will still pay for covered benefits for any health problems that are not related to the terminal illness. A Medicare recipient can also receive inpatient respite care from hospice if the usual caregiver (such as a family member) needs a rest. During this time, the Medicare recipient will be cared for in a Medicare-approved facility, such as a hospice inpatient facility, hospital or nursing home.

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Home health services

Medicare Part A covers eligible home health services, such as intermittent skilled nursing care, physical therapy, speech-language pathology services and continued occupational services. Usually, a home health care agency coordinates the services that a doctor orders. Medicare does not pay for 24-hour-a-day care at home, meals delivered to a home, homemaker services or personal care. Medicare recipients are covered if they are under the care of a doctor (must be getting services under a plan of care established and reviewed regularly by a doctor); if a doctor certifies that the Medicare recipient needs intermittent skilled nursing care (other than just drawing blood) and/or physical therapy, speech-language pathology or continued occupational therapy services (covered only when the services are specific, safe and an effective treatment for a condition, and other guidelines apply); if the home health agency is Medicare-certified; and if the Medicare recipient is certified by a doctor as homebound.

Medicare recipients may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services, and they can still get home health care if they attend adult day care. Medicare recipients pay no cost for home health care services and 20 percent of the Medicare-approved amount for durable medical equipment. Before starting home health care, the home health agency can inform a Medicare recipient of how much Medicare will pay. The agency can also determine if any items or services they offer are not covered by Medicare and how much they will cost. This should be explained verbally and in writing. The home health agency should give a notice called the Home Health Advance Beneficiary Notice (HHABN) before giving services and supplies that Medicare does not cover.

Medicare Part B Coverage

Medicare Part B covers two types of services: medically necessary services (services or supplies that are needed to diagnose or treat a medical condition and that meet accepted standards of medical practice) and preventive services (healthcare to prevent illnesses or detect them at an early stage, when treatment is most likely to work best). Part B covers clinical research, ambulance services, durable medical equipment, mental health (inpatient, outpatient and partial hospitalization), getting a second opinion before surgery, and limited outpatient prescription drugs.

There is no cost for most preventive services, if the services come from a healthcare provider who accepts assignment. Most Medicare recipients pay the Part B premium of $121.80 each month in 2016, and it is $166 a year for the Part B deductible in 2013. If a Medicare recipient's modified adjusted gross income as reported on the IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is above a certain amount, he or she would pay more than $121.80 each month.

If a Medicare recipient did not sign up for Part B when first eligible, he or she might have to pay a late enrollment penalty for the duration of Medicare. The monthly premium for Part B may go up 10 percent for each full 12-month period that he or she could have had Part B but didn't sign up for it. Medicare Part B covers the following preventive and screening services:

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy)
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- HIV screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings and counseling
- One-time "Welcome to Medicare" preventive visit
- Pap tests and pelvic exams (screening)
- Prostate cancer screenings
- Sexually transmitted infections screening and counseling
- Shots:
  - Flu shots
  - Hepatitis B shots
  - Pneumococcal shots
- Tobacco use cessation counseling
- Yearly wellness visit.

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Medigap Policies

Medigap is Medicare supplement insurance sold by private companies that can help pay some of the healthcare costs that Original Medicare does not cover, like co-payments, coinsurance and deductibles. Things to know about Medigap policies:

- Must have Medicare Part A and Part B
- Those with a Medicare Advantage Plan can apply for a Medigap policy, but they have to leave the Medicare Advantage Plan before the Medigap policy begins
- The private insurance company gets a monthly premium for the Medigap policy, in addition to the monthly Part B premium paid to Medicare
- A Medigap policy only covers one person
- Any standardized Medigap policy is guaranteed renewable, even if the Medicare recipient has health problems
- Medigap policies are not allowed to include prescription drug coverage
- It's illegal for anyone to sell a Medigap policy to a Medicare recipient with a Medicare Medical Savings Account (MSA) plan.

Medigap policies generally don't cover long-term care, vision or dental care, hearing aids, eyeglasses, or private duty nursing.

Medicare Part C

Medicare Advantage Plans, also called "Part C" or "MA Plans," are offered by private companies approved by Medicare. Medicare recipients get Medicare Part A and Part B coverage from the Medicare Advantage Plan, and not Original Medicare. Plans include Medicare Advantage Plans, Medicare Cost Plans, Demonstration/Pilot Programs and Programs of All-inclusive Care for the Elderly (PACE).

Medicare pays a fixed amount for care each month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and can have different rules for how to get services. These rules can change each year.

Medicare recipients usually get prescription drug coverage (Part D) through the plan. With some plans that do not offer drug coverage, recipients can join a Medicare Prescription Drug Plan. And Medigap policies do not work with Medicare Advantage Plans.

Medicare Part D

Medicare Part D is Medicare's prescription drug plan. Participation in this program is voluntary and requires an extra premium, as well as a yearly deductible (no Medicare drug plan had a deductible of more than $360 in 2016). If the Medicare recipient has prescription coverage that is equal to or better than what Medicare Part D provides, he or she does not need to sign up for this coverage. If the recipient does not have prescription coverage, or the coverage he or she has is not as good as what Part D offers, he or she should consider signing up for this program during the initial enrollment period after becoming Medicare-eligible.

The late enrollment penalty for Medicare Part D coverage is added to the Medicare Part D premium. A late penalty may be enforced if, at any time after the initial enrollment period is over, there is a period of 63 or more days in a row that the Medicare recipient does not have Part D or other creditable prescription drug coverage. The cost of the late enrollment penalty depends on how long he or she went without creditable prescription drug coverage: It is calculated by multiplying 1 percent of the "national base beneficiary premium" ($34.10 in 2016) by the number of full, uncovered months he or she was eligible but did not join a Medicare Prescription Drug Plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest $.10 and added to the monthly premium.

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Medicare Drug Discounts

The Affordable Care Act includes benefits to make Medicare prescription drug coverage (Part D) more affordable. It does this by gradually closing the gap in drug coverage known as the donut hole. The donut hole occurs when the Medicare recipient and drug plan have spent a certain amount of money for covered drugs, and the recipient has to pay all costs out of pocket for prescriptions up to a yearly limit. Once the yearly limit is met, the coverage gap ends, and the drug plan helps pay for covered drugs again.

Recipients should expect additional savings on covered brand-name and generic drugs while in the coverage gap until the gap is closed in 2020. The schedule below is what Medicare recipients will pay for drugs while in the coverage gap:

- 2015: 45 percent for brand names and 65 percent for generics
- 2016: 45 percent for brand names and 58 percent for generics
- 2017: 40 percent for brand names and 51 percent for generics
- 2018: 35 percent for brand names and 44 percent for generics
- 2019: 30 percent for brand names and 37 percent for generics
- 2020: 25 percent for brand names and 25 percent for generics.

Medicare Savings Programs

Medicare recipients can get help from their state in paying Medicare premiums with Medicare Savings Programs (MSPs). In some cases, MSPs may also pay Medicare Part A and Medicare Part B deductibles, coinsurance and co-payments, if certain conditions are met.

If the recipient has income from working, he or she may qualify for these four kinds of MSPs:

- Qualified Medicare Beneficiary (QMB) program
- Specified Low-Income Medicare Beneficiary (SLMB) program
- Qualifying Individual (QI) program (must apply every year for QI benefits, and they are granted on a first-come, first-served basis, with priority given to people who got QI benefits the previous year, and Medicaid recipients are disqualified)
- Qualified Disabled and Working Individuals (QDWI) program (helps pay the Part A premium).

Those who answer yes to the following three questions should inquire with their State Medicaid Program about eligibility for a Medicare Savings Program:

- Do you have, or are you eligible for, Part A?
- Is your income for 2015 at, or below, the income limit (the limits can be found at Medicare.gov)?
- Do you have limited resources below the limit?

Resources

- Medicare.gov: www.medicare.gov
- HealthCare.gov: www.healthcare.gov

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Buying Life Insurance

To financially protect your family and any other survivors you name as beneficiaries if you should die, it is important to consider buying life insurance. Generally, the younger you are and the better your health, the lower your premiums will be. Knowing the right amount of coverage and the right type of policy to purchase will depend on your needs and the needs of your survivors. Do your homework by shopping around and comparing policies carefully.

Life Insurance Options

Before you begin shopping for life insurance, it is important to be able to distinguish between the different kinds of policies available. There are basically two types of life insurance: term insurance and a cash-value policy.

Term insurance: This basic type of life protection offers death protection for a term of one or more years and accumulates no cash value. You pay a premium based on a statistical risk that you may die while the policy is in effect. If you die within that term, the insurer pays out death benefits to your named beneficiaries. Term insurance usually provides the most insurance protection for your money, especially for younger policy holders in good health. Two main kinds of term insurance are:

- Annual-renewable term: This type of policy, which features low premiums that rise as you age, is purchased every year. You can renew coverage automatically every year, even if your health has changed. As with all types of life insurance, premiums rise each time you renew the policy.
- Level-premium term: This type of policy is bought in five-, 10-, 15-, 20-, 25- or 30-year increments and typically charges the same premium for every year of coverage within each term. You need to pass the insurer's health criteria every time you renew the policy after your term expires.

Cash-value policy: This type of life insurance (often called permanent insurance) combines the protection of life insurance with an investment vehicle, allowing you to reap a moderate return on your money put into the policy. Cash-value policies are more expensive, but can sometimes be a good option, especially for older people who often find that term insurance is too costly. The four main kinds of cash-value policies are:

- Whole life: This popular choice blends life insurance with a fixed-rate investment that accrues cash value. The premiums, cash value and death benefit are fixed when the policy is issued; you pay the same premiums for as long as you live, although these premiums can be much higher than you would pay initially for the same amount of term insurance.
- Universal life: This type of policy typically yields a market rate of return, although the policy's cash value is not fixed or guaranteed. The premium amount that goes toward each component usually is indicated clearly in the policy.
- Variable life: This kind of policy invests a portion of your premium in a stock or bond mutual fund vehicle, and the policy's cash value is not guaranteed. The death benefit due to your survivors will fluctuate depending on the performance of these investments.
- Endowment insurance: An endowment policy pays a sum to you, the policyholder, if you live to a certain age. If you die before this set age, your beneficiaries receive the death benefit. However, premiums and cash values for this type of insurance typically are much higher than for the same amount of whole life insurance.

Choosing the Right Policy

The type of policy that is best for you will depend on several factors that you should consider carefully before buying:

- The needs of your beneficiaries: How many dependents do you have? How much cash and income will they require if you die? Consider all the important expense and income factors, such as:
  - Surviving spouse's income
  - Value of all investments, including stocks, bonds, mutual funds, retirement plans, etc.

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  - Social Security benefits. The maximum benefit is $34,000 per year until your youngest child turns 16
  - Mortgage payments
  - Living expenses
  - Education costs, including college tuition for your children
  - Child care costs if the surviving parent must work
  - Elder care costs
  - Taxes, including income taxes and any estate taxes
  - Outstanding miscellaneous debts
  - Funeral expenses for your death (such expenses typically average $6,000 or more)
- Affordability: How much coverage can you afford? Most policies start at $250,000 coverage, for which a non-smoking, healthy 30-year old may expect to pay under $200 for each year of a typical 10-year term policy at current rates. These rates jump significantly as you get older.
- Your age and life situation: Most people who are retired, whose loved ones no longer depend on them for support or who have a substantial amount of wealth may not need life insurance.

How much coverage you should purchase will depend greatly on these factors. Many experts recommend buying a life insurance policy equal to at least 10 times your current annual salary.

When shopping for life insurance, you ideally want to qualify for an insurance company's preferred rate. This requires you to be in good overall health, be a non-smoker and not engage in risky hobbies or occupations, such as piloting a small aircraft. If you have a medical condition, such as high blood pressure, or a family history of such a condition, you probably will be quoted a higher premium.

Tips When Shopping for Life Insurance

- Enlist a professional. Look around for a reputable insurance agent or broker in your area who can help you shop around for quality policies and answer all of your questions. Try to use an impartial agent who does not work on commission and who will not push you into buying a certain type of insurance product.
- Consider a policy for each spouse. Determine how needy you or your spouse would be in the event that one of you passes away. Base the amount of coverage you purchase on each of your expected needs, following the guidelines stated previously.
- Shop by price. Add up all of the premiums over the entire term for each policy on your list, and use that sum to compare between similar policies. You may need the help of an insurance agent who can use industry formulas to get you an accurate calculation.
- Research life insurance companies and their policies. There are hundreds of life insurance companies that sell policies. Get referrals from friends and family members, and check out reputable names. Ask the insurance agent with whom you are working to compare policies against cost indexes commonly used by insurance experts. The lower the cost-index number of the policy, the better the value.
- Be honest. Do not withhold important health, medical or lifestyle information. For example, if you are a smoker but claim you do not smoke when applying for coverage, your survivors may be denied a death benefit should you pass away.
- Make sure the coverage you buy is renewable to an advanced age.
- Be sure the term insurance policy you buy is convertible, meaning that you can trade the policy for a whole life or endowment insurance policy before the end of the conversion period.
- Try to opt for guaranteed premiums. This feature ensures that the price you pay annually for coverage will not rise for the entire term of your policy. The guaranteed-rate policy you buy also should not require you to provide further evidence of insurability.

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- Comparison shop when buying a cash-value policy. Compare the price against what you would pay for term insurance. Term will almost always be less expensive for insurance shoppers under age 50.
- Avoid unnecessary features. Think twice before opting for costly add-on features, such as waiver of premium, which continues to pay your premiums if you become permanently disabled, or a re-entry rider, which requires you to continually meet the company's good health requirements.
- Buy for the long haul. Make the commitment to stick with your policy, especially if it is a cash-value policy. If you cancel within the first few years of a long-term policy, you may get little or nothing back. Instead, do your homework, and shop for the best value over a 10-year term or longer.
- Review your life insurance every five years. Have your needs changed? Do you need more or less coverage? Have you had any major life events, such as divorce, birth or adoption? You could save money by shopping around every few years for a different policy.
- Be sure you understand all of the fine print. Read the terms and conditions carefully. Ask the selling agent about anything you do not fully understand before signing on the dotted line.

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What is an Advance Directive?

Advance directives tell doctors and other medical professionals what kind of care you would like (and what kind of care you do not wish to have) if you are ever unable to communicate your wishes to the people treating you.

Instances where an advance directive would be useful include if you were unconscious or in a coma when medical personnel were treating you. It is also a common practice for hospital staff to discuss advance directives with patients when they are admitted to a hospital.

There are several different kinds of advance directives. You can choose a "patient advocate," a person who will make decisions for you if you are unable to communicate your wishes. This responsibility is called a "durable power of attorney for health care."

A living will is a second kind of advance directive. In a living will a person states their medical wishes in writing, but they do not involve the naming of an advocate.

There are many situations and treatment decisions people should consider when creating an advance directive. They include:

- Using ventilators for breathing
- Surgical options
- Cardio-pulmonary resuscitation (CPR)
- Being tube-fed
- If you have become senile
- If your condition has made you dependent on the care of others
- If you have lost consciousness and are unlikely to regain it
- If your quality of life will be diminished too much
- If you would like to receive any and all treatment options available

Advance directives can take many forms because of all the variables involved. Also, the laws concerning advance directives are different in each state, so you should discuss your options with a lawyer or somebody with knowledge of the laws of your state.

Resources

- U.S. Department of Health and Human Services, National Institutes of Health: www.nlm.nih.gov
- AGS Foundation for Health in Aging: www.healthinaging.org
- Caring Connection: www.caringinfo.org/stateaddownload
- American Hospital Association: www.putitinwriting.org

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What are Living Wills, Financial Powers of Attorney and Medical Powers of Attorney?

Living wills, financial powers of attorney and medical powers of attorney are three essential components of any elder care and estate planning strategy. Each can be drafted by an attorney who specializes in the area of estate planning or without the assistance of an attorney, by visiting a local law library or bookstore.

As with other legal documents, state specific requirements may apply in order to ensure that the document is valid and will be recognized as such. It is important that you research the laws that apply to your own state when drafting any of these documents.

The three documents are each designed with a different purpose and will take effect in specific situations:

- Living will. This is a type of advance directive that documents one's wishes regarding medical treatment in the event of incapacitation. If a person has a living will and becomes incapacitated and is unable to communicate, his or her physician must honor the instructions as set out in the living will.
- Financial power of attorney (also referred to as durable power of attorney for finances). This document gives a person the legal authority to act on another person's behalf; the appointed person is able to take responsibility for the other's finances and to make financial decisions. This type of document will end automatically if one becomes incapacitated unless otherwise noted in the document. Moreover, a financial power of attorney is usually drafted to take effect upon signing. However, it can be drafted in such a way as to not have effect unless a physician certifies that one has become incapacitated, in which case the document becomes a "springing" durable power of attorney.
- Durable medical power of attorney. This document permits a person to designate someone else to make decisions concerning medical care if he or she should become unable to communicate. This form is also referred to as a power of attorney for health care, appointment of a health care agent or surrogate or a health care proxy.

The issuer can revoke any of these documents at any time as long as he or she is mentally competent. The appointed person can resign at any given time for any reason.

There are certain circumstances when the validity of these documents may come into question. For example, if the issuer did not have mental capacity at the time of signing or was a victim of fraud or duress, a concerned relative could ask for a judge to rule the document invalid and appoint a conservator.

Also, there are the unfortunate instances when powers of attorney may be abused by the designated party. In this case, a court may become involved if there is a question of whether the appointed person is acting dishonestly or not in the best interests of the issuer.

Resources

- AARP: www.aarp.org
- American Bar Association: www.abanet.org
- The National Academy of Elder Law Attorneys, Inc.: www.naela.org

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Advanced Planning for a Funeral

Estate Planning Checklist

Should you pass away, you will want to make it easier for your survivors to divide up your property, plan your funeral and pay your final bills. Follow this checklist to tie up loose ends and get your affairs in order.

Wills

You will need several things to help you prepare a will. Have the following information and documents ready:

- Names, addresses, phone numbers, birth dates, e-mail addresses and tax identification numbers of:
  - Primary beneficiaries (e.g., spouse, children, charities)
  - Alternate beneficiaries (in case a primary beneficiary dies before you)
  - Primary guardians for any minor children
  - An alternate guardian in case your first choice is unwilling or unable to care for your children
- The name, address, phone number and birth date of the executor who will manage your estate (gather the same information if you wish to appoint an alternate in case your primary executor is unable or unwilling to serve)
- A written breakdown of your assets including the amounts, sources and beneficiaries of your principal income, interest and dividends, retirement benefits, financial assets and bank accounts
- A written breakdown of your debts including mortgages and loans
- A list of all tangible property you own and the estimated values including real estate, collections and jewelry
- Any documents affecting your estate plan, such as prenuptial agreements, divorce decrees and trust documents
- Your directive (who inherits what and in what proportion, who is disinherited and the cancellation of debts owed to you)

A will is one of the most important documents for you to have. Taking care of this difficult, but important task is easy with EstateGuidance®, a benefit of your GuidanceResources program. The EstateGuidance program lets you create and download your will for only $14.99 or coordinate final arrangements for just $9.99. Go to guidanceresources.com and click on the EstateGuidance link. Online support and instructions for executing and filing your will are included.

Personal Records

If you pass away, your survivors will need to find important documents quickly and easily. Organize these records and papers into a tidy, easy-to-find file that you keep in a safe, secure location about which your trusted loved ones know and to which they have access. This file should include or explain where to find your:

- Will
- Trust
- Birth certificate or a fact sheet with your full legal name and date and place of birth
- Certificates of marriage, divorce and citizenship
- Social Security Number
- Safe-deposit box location. Indicate to beneficiaries that any individual who had access to the safe-deposit box prior to your death can access the box afterwards as well. Otherwise, the bank can allow entry only with a court order.
- Advance directives: living will, power of attorney, funeral and disposition directives, etc.
- Life-insurance documents. Include the insurance agent's phone number and all possible policies in existence. Many times life-insurance benefits are available from group policies at the individual's place of

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employment, union or other organizations. Note to survivors that the amounts may increase if the death was an accident or caused by other circumstances.

- Lists of employers and dates of employment. Instruct beneficiaries to check with your last employer for any paychecks that may be due, as well as any accrued but unpaid vacation. There also might be some money available related to health insurance, group life insurance, disability or other benefits.
- Bank-account information
- Credit-card information
- Investment information, such as stock or bond certificates (indicate if they are held in a broker's account), IRA accounts and annuities. Indicate to survivors that the institutions holding your investments may require proof of your death.
- Pension-plan information. Instruct beneficiaries to check with present and past employers to determine whether 401(k) plan balances remain. If so, the current amounts should be distributed to the designated beneficiaries once proof of death is presented to the plan trustees.
- Property deed information. Like bank accounts, houses often are owned in joint tenancy, in which case ownership passes immediately to the surviving individual. Otherwise, title passes in accordance with a trust document, a will or by state law. Instruct beneficiaries to use a lawyer to re-record the property deed.
- Tax records: recent income tax returns, property tax documents, etc.
- Information about mortgages, debts and liabilities
- Social Security and Medicare information
- Military discharge papers
- Veterans Administration claim numbers and benefit documents
- Auto-registration information and records
- Names and numbers of member organizations and clubs
- Location of collections and personal items (heirlooms, jewelry, etc.)

Funeral and Disposition Directives

Prearranging your funeral and disposition (e.g., burial or cremation) demonstrates that you care about your loved ones and yourself. Follow these steps:

1. Give careful thought to which mode of disposition you would prefer. Your choice of disposition includes:
   - Interment (earth burial), in which your casket rests inside a cemetery and is marked by a gravestone or monument
   - Entombment, in which your casket rests in an above-ground stone or marble mausoleum vault
   - Cremation, in which your body is reduced to ashes and is then either buried, entombed or kept in an urn or scattered respectfully by your relatives
   - Anatomical donation, in which you donate your body to medicine, either for scientific research or for organ donation
2. Talk with your spouse, and get the advice of your children and other relatives if you feel comfortable. Consider asking a clergyperson for his or her guidance.
3. Choose a reputable funeral home, which can help you shop for a casket or cremation urn, marker or monument, and cemetery or mausoleum. Make the necessary arrangements with the funeral home.
4. Indicate all these preferences, including place of worship to hold the funeral services, in your will. Keep receipts and important funeral documents with your will.

Resources

- American Bar Association: www.abanet.org
- U.S. Social Security Administration: www.ssa.gov
- U.S. Department of Veterans Affairs: www.va.gov
- National Funeral Directors Association (NFDA): www.nfda.org

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Caregiver Stress

Balancing Work, Family and Caregiving Responsibilities

Managing multiple roles and responsibilities can be challenging. If you are providing caregiving services to an elder or family member while also working and supporting your family, it is understandable to feel stressed. Consider the following information to help you successfully balance your various roles and responsibilities without experiencing burnout.

Learn Your Company's Policies

It is important to become familiar with the policies your company has in place for absences and leave. Your employer may also have other suggestions to help you manage your time better.

Meet with Your Manager

If you are feeling overwhelmed, schedule a short appointment with your manager to talk to him or her about your situation. With his or her permission, you may be able to have a flextime work arrangement. Flextime is a variable work schedule instead of a traditional 9 a.m. to 5 p.m. schedule. Moving around your work hours may help you better fulfill your caregiving and family responsibilities.

If your job is one that only requires a computer and phone, ask your manager if it is possible to work from home on some days. Working from home allows you to be closer to the individual you are caring for or your children in the event that there is an emergency. However, if you feel that working from home may be distracting, avoid this option. You want to make sure that your quality of work does not suffer.

Talk to Human Resources

If you feel that you need more time to adequately fulfill your family and caregiving responsibilities, talk to your human resources department. Ask them about The Family and Medical Leave Act (FMLA). According to the U.S. Department of Labor, the FMLA allows eligible employees of covered employers to take an unpaid, job-protected leave for specific family and medical reasons. If you are eligible and your employer is covered, you can work with human resources to go on leave for up to 12 weeks during a 12-month period. This will allow you to focus on your caregiving and family-related responsibilities for some time.

Avoid Mixing Professional and Personal Responsibilities

When you are in the workplace, try to restrict your focus to work-related tasks only. Avoid taking many breaks for personal phone calls or completing non-work related tasks on your computer. Mixing your work with other responsibilities can cause your performance to decline and your co-workers and manager to become frustrated.

Similarly, when you are at home, avoid worrying about work. Try your best to give your undivided attention to your family members and caregiving responsibilities. Focusing on work at home may cause your family to become upset or feel neglected.

Plan Ahead

Take some time to create a plan to help you stay on top of your various responsibilities and tasks.

Create a Schedule

If you prefer to access your schedule electronically, consider using the calendar on your phone or computer. If you prefer having a physical copy with you at all times, consider using a notebook or planner.

Block off time for each task you have to complete. Depending on your tasks, you may be able to have a set routine for certain days of the week. For example, you can have one schedule for Mondays, Wednesdays and Fridays, one for Tuesdays and Thursdays and one for the weekend. However, if your tasks vary significantly from day-to-day, a different schedule for each day may work best. Remember to factor in recurring tasks like meals, grocery shopping, laundry, etc.

Try your best to stick to the schedule you create. If you feel comfortable, share the schedule with your family members and close friends. This way, they know when they can spend time with you and when you are busy with other tasks.

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Be Honest

Be honest with yourself when planning out each day. You may think you can fit many tasks into one day, but you must factor in your own needs as well. Balancing work, caregiving and family-related tasks can be exhausting. Remember to set aside some time to relax and recuperate each day.

It is also important to be honest about your schedule with your manager, family members and the individual whom you are caring for. You may want to accept extra projects and responsibilities from your manager or tell your family that you are available for them at any time. However, if you know that these things are not possible, make sure they know that. It is better to be honest rather than risk letting others down, as this can result in mutual frustration.

Seek Outside Help

Do not hesitate to seek help from others. As stated previously, you can always reach out to your manager and human resources department if you are having difficulties balancing work with other responsibilities.

Similarly, if you know that you are unable to adequately fulfill all of your caregiving responsibilities, look into caregiving services to help you out. It is much better to ask for help rather than letting the quality of your care decline.

Finally, if you (and your spouse, if you are married) are struggling to provide for your young children, consider nanny, babysitting or daycare services. If your close friends or relatives are available at times when you are not, consider asking them for help with taking care of your children. If your children are older, take some time to sit down and have an open discussion about how you can best be there for them. Try your best to incorporate these ideas and feedback into your daily schedule.

Resources

- United States Department of Labor – FMLA: www.dol.gov/general/topic/benefits-leave/fmla
- Office of Personnel Management – Flexible Work Schedules: www.opm.gov/policy-data-oversight/pay-leave/work-schedules/fact-sheets/alternative-flexible-work-schedules/
- Medicare.Gov – Caregiving: www.medicare.gov/campaigns/caregiver/caregiver.html
- U.S. Department of Veteran Affairs – VA Caregiver Support: www.caregiver.va.gov/
- MedlinePlus – Caregivers: www.nlm.nih.gov/medlineplus/caregivers.html
- Eldercare Locator: www.eldercare.gov/Eldercare.NET/Public/Index.aspx
- Office of Social Security Administration – Benefits for Children with Disabilities: www.ssa.gov/pubs/EN-05-10026.pdf
- Office on Women's Health: http://womenshealth.gov/pregnancy/childbirth-beyond/babysitter-child-care.html
- USA.gov – Child Care: www.usa.gov/child-care
- Office of Child Care: www.acf.hhs.gov/programs/occ

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Caregiver Stress

Caregiver stress is the emotional strain created by having to care for another person. Studies show that caregiving takes a toll on physical and emotional health. Caregivers are more likely to suffer from depression than their peers. Limited research suggests that caregivers may also be more likely to have health problems like diabetes and heart disease than non-caregivers.

Causes of Caregiver Stress

Caring for another person takes a lot of time, effort and work. Plus, most caregivers juggle caregiving with full-time jobs and parenting. In the process, caregivers put their own needs aside. Caregivers often report that it is difficult to look after their own health in terms of exercise, nutrition and doctor's visits. Many caregivers end up feeling angry, anxious, isolated and sad.

Caregivers for people with Alzheimer's disease or other kinds of dementia are particularly vulnerable to burnout. Research shows that most dementia caregivers suffer from depression and stress. Studies also show that the more hours a person spends on caregiving, the greater their risk of anxiety and depression.

Women caregivers are particularly prone to feeling stress and being overwhelmed. Studies show that female caregivers have more emotional and physical health problems, employment-related problems, and financial strain than male caregivers. Other research shows that people who care for their spouses are more prone to caregiving-related stress than those who care for other family members.

It is important to note that caring for another person can also create positive emotional change. Aside from feeling stress, many caregivers say their role has had many positive effects on their lives. For example, caregivers report that caregiving has given them a sense of purpose. They say that their role makes them feel useful and capable and that they are making a difference in the life of a loved one.

Symptoms of Caregiver Stress

If you have any of the following symptoms, caregiving may be putting too much strain on you:

- Sleeping problems, such as sleeping too much or too little
- Change in eating habits, often resulting in weight gain or loss
- Feeling tired or without energy most of the time
- Loss of interest in activities you used to enjoy, such as going out with friends, walking or reading
- Easily irritated, angered or saddened
- Frequent headaches, stomach aches or other physical problems

Preventing and Relieving Caregiver Stress

Taking care of yourself is the first step in minimizing stress in your life. In the process, you will become a better caregiver. Take the following steps to make your health a priority:

- Find out about community caregiving resources.
- Ask for and accept help.
- Stay in touch with friends and family. Social activities can help you feel connected and may reduce stress.
- Find time for exercise most days of the week.
- Prioritize, make lists and establish a daily routine.
- Look to faith-based groups for support and help.
- Join a support group for caregivers in your situation (many support groups can be found in the community or on the Internet).
- See your doctor for a checkup, and talk about symptoms of depression or sickness you may be having.

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- Try to get enough sleep and rest.
- Eat a healthy diet rich in fruits, vegetables and whole grains and low in saturated fat.
- Ask your doctor about taking a multivitamin.
- Take one day at a time.
- Caregivers who work outside the home should consider taking some time off. If you are feeling overwhelmed, taking a break from your job may help you get back on track.

Resources

- Office on Women's Health: www.womenshealth.gov

Here when you need us.

Call:
TDD: 800.697.0353
Online: guidanceresources.com
App: GuidanceResources® Now
Web ID:

Contact us anytime for confidential assistance.

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