

GUIDEBOOK FOR THE CAREGIVING JOURNEY



MaineHealth
Partnership for
Healthy Aging

MaineHealth's Partnership for Healthy Aging (PFHA) is dedicated to helping older adults remain active, healthy and live independently. Working with local, state, and national organizations and resources for older adults to provide a continuum of care and services to promote successful aging, PFHA serves as catalyst for collaboration in the provision of evidence-based interventions across the aging and health services sectors.

Partnership for Healthy Aging
110 Free Street
Portland, Maine 04101
(207) 661-7120

Guidebook for the Caregiving Journey

- **Gathering Information & Resources**
- **Exploring Living Alternatives**
- **Understanding Legal & Financial Issues**

© MaineHealth 2000

Putting the Puzzle Together

At some time in our lives, most of us will help care for older partners, family members, or friends. This series has been developed to help you identify and address some of the difficult issues you will encounter on the caregiving journey.

Because we know that family members and friends provide most care in the community, we have prepared the presentations and guidebook to support you in this important work. These materials are respectfully dedicated to the many loving friends and family members who are the backbone of our community care system.

Many thanks to the following organizations for their contributions to this effort: MaineHealth, Maine Medical Center, Mercy Hospital, Community Health Services, VNA Home Health Care, Southern Maine Agency on Aging, the City of Portland, MMC Geriatric Center, Legal Services for the Elderly, Maine State Housing Authority, 75 State Street, the University of Southern Maine, Maine Alzheimer's Association, and the MaineHealth Learning Resource Centers.

Table of Contents

SECTION ONE: GATHERING INFORMATION AND RESOURCES

PERSONAL DATA

Worksheet 1: Personal Information	1
Worksheet 2: Inventory of Important Documents.....	3

MEDICAL DATA

Worksheet 3: Medical Insurance	5
Worksheet 4: Medical Status	6
Worksheet 5: Mental Status	13

ASSESSING CARE NEEDS

Worksheet 6: Activities of Daily Living	14
Worksheet 7: Instrumental Activities of Daily Living	17

CAREGIVER RESOURCES

Worksheet 8: Caregiver Resources	18
Worksheet 9: Evaluating Caregiver Needs	20
Worksheet 10: Personal Support Team.....	21

PLANNING FOR CARE

Worksheet 11: Planning for Emergencies	23
Worksheet 12: Developing a Plan of Care.....	25

SECTION TWO: EXPLORING LIVING ALTERNATIVES

EVALUATING HOME LIFE

Worksheet 1: Evaluating the Home Environment	29
Worksheet 2: Living Together: Questions for the Caregiver	33
Worksheet 3: Living Together: Questions for the Older Adult.....	34

APARTMENTS AND CONDOMINIUMS

Worksheet 4: Evaluating Apartments, Condominiums, and Retirement Communities.....	36
Worksheet 5: Checklist for a Rental Lease.....	38
Worksheet 6: Checklist for a Condo or Retirement Community	40

Table of Contents, cont.

HIRING HOME HEALTH CARE

Worksheet 7: Non-Medical Home Care Services Checklist.....	42
Worksheet 8: Hiring Home Care Privately	44

EVALUATING ASSISTED LIVING CARE

Worksheet 9: Evaluating Assisted Living Facilities.....	46
---	----

NURSING HOME CARE

Worksheet 10: Evaluating Nursing Care Facilities.....	51
Worksheet 11: Evaluating Adult Day Services.....	56

SECTION THREE: LEGAL AND FINANCIAL INFORMATION

PERSONAL & FINANCIAL ASSETS

Worksheet 1: Inventory of Personal Assets.....	59
Worksheet 2: Inventory of Financial Assets.....	60

MONTHLY MONEY MANAGEMENT

Worksheet 3: Monthly/Annual Budget	63
Worksheet 4: Monthly Bills	65

CONTACTS

Worksheet 5: Professional Advisers	66
--	----

GLOSSARY	67
-----------------------	-----------

RESOURCES.....	72
-----------------------	-----------

SECTION ONE: GATHERING INFORMATION AND RESOURCES

PERSONAL DATA

Worksheet 1: Personal Information	1
Worksheet 2: Inventory of Important Documents	3

MEDICAL DATA

Worksheet 3: Medical Insurance	5
Worksheet 4: Medical Status	6
Worksheet 5: Mental Status	13

ASSESSING CARE NEEDS

Worksheet 6: Activities of Daily Living	14
Worksheet 7: Instrumental Activities of Daily Living	17

CAREGIVER RESOURCES

Worksheet 8: Caregiver Resources	18
Worksheet 9: Evaluating Caregiver Needs	20
Worksheet 10: Personal Support Team	21

PLANNING FOR CARE

Worksheet 11: Planning for Emergencies	23
Worksheet 12: Developing A Plan of Care	25

Worksheet 1
Personal Information

Name and address

Name: _____
Maiden name: _____ Nickname: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____

Personal Data

Date of Birth: _____ Age: _____ Sex: _____
Place of Birth: _____
Social Security Number: _____
Driver's License: _____ Expiration Date: _____
Driver's License Restrictions, if any: _____

Family Status

Single Married Widowed Divorced Separated

Name of Spouse or Partner: _____

Spouse's/Partner's Date of Birth: _____ Age: _____

Spouse's/Partner's Social Security Number: _____

Spouse's/Partner's Driver's License: _____

Driver's License Restrictions, if any: _____

Does Spouse/Partner live with older adult? Yes No

If the older adult is sharing a home with a spouse or partner, can that spouse or partner provide some care? _____

Does the spouse or partner have health problems or concerns? _____

Personal Information, cont.

Personal Interests and Social Network

Place of Worship: _____

Rabbi, Priest, or Minister: _____ Phone: _____

Civic Organizations: _____

Volunteer Activities: _____

Social Activities: _____

Interests/Hobbies: _____

Personal Preferences and Things That Matter Most: _____

Contact Persons

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
-------------	---------------------	--------------

Worksheet 2

Inventory of Important Documents

<u>Item</u>	<u>Location</u>
<input type="checkbox"/> Adoption Papers	_____
<input type="checkbox"/> Apartment/House Lease	_____
<input type="checkbox"/> Appliance Receipts	_____
<input type="checkbox"/> Appraisals	_____
<input type="checkbox"/> Automobile (bill of sale, title, registration)	_____
<input type="checkbox"/> Bank Statements (cancelled checks, safe deposit box key)	_____
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> Burial Plot Deeds, Contracts	_____
<input type="checkbox"/> Business Records	_____
<input type="checkbox"/> Charitable Contributions	_____
<input type="checkbox"/> Checkbooks	_____
<input type="checkbox"/> Citizenship Records	_____
<input type="checkbox"/> Copyrights	_____
<input type="checkbox"/> Death Certificates	_____
<input type="checkbox"/> Debt Records (credit cards, loans, etc.)	_____
<input type="checkbox"/> Deeds	_____
<input type="checkbox"/> Divorce Papers	_____
<input type="checkbox"/> Driver's License	_____
<input type="checkbox"/> Durable Financial Power of Attorney	_____
<input type="checkbox"/> Durable Health Care Power of Attorney	_____
<input type="checkbox"/> Health Records (blood type records, prescriptions)	_____
<input type="checkbox"/> Home Improvement Records	_____
<input type="checkbox"/> Income Tax Records	_____

Inventory of Important Documents, cont.

Item

Location

- | | |
|---|-------|
| <input type="checkbox"/> Insurance Policies | _____ |
| <input type="checkbox"/> Automobile | _____ |
| <input type="checkbox"/> Homeowner's | _____ |
| <input type="checkbox"/> Renter's | _____ |
| <input type="checkbox"/> Health | _____ |
| <input type="checkbox"/> Life | _____ |
| <input type="checkbox"/> Disability | _____ |
| <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Living Will | _____ |
| <input type="checkbox"/> Marriage Certificate | _____ |
| <input type="checkbox"/> Medicare Card | _____ |
| <input type="checkbox"/> Military Service Records | _____ |
| <input type="checkbox"/> Mortgage Documents | _____ |
| <input type="checkbox"/> Passbooks for savings or Certificate of Deposit accounts | _____ |
| <input type="checkbox"/> Pension Documents | _____ |
| <input type="checkbox"/> Personal Property Inventory (antiques, jewelry, art, etc.) | _____ |
| <input type="checkbox"/> School Records | _____ |
| <input type="checkbox"/> Social Security Card | _____ |
| <input type="checkbox"/> Stock and Bond Certificates | _____ |
| <input type="checkbox"/> Trust | _____ |
| <input type="checkbox"/> Wills and codicils | _____ |
| <input type="checkbox"/> Other | _____ |

Worksheet 3 Medical Insurance

Check all those that apply.

Private Health Insurance

Provider: _____ Policy Number: _____

Policy Agent: _____ Phone Number: (____) _____

Prescription Drug Coverage

Provider: _____ Policy Number: _____

Policy Agent: _____ Phone Number: (____) _____

Medicare

Medicare Number: _____

Part A: _____ Part B: _____

Medigap

Supplemental Policy: _____ Policy Number: _____

Policy Agent: _____ Phone Number: (____) _____

Medicaid

Medicaid Number: _____

Case/Social Worker: _____ Phone Number: (____) _____

Long Term Care (LTC) Insurance Policy

Name of Provider: _____ Policy #: _____

Policy Agent: _____ Phone Number: (____) _____

Deductible Period: _____ Daily Benefit: _____

Length of Coverage: _____

Benefits: Nursing Home Care Residential Care In-Home Care Other

Description: _____

Worksheet 4
Medical Status

Physicians

Primary Care Physician (PCP)

Name of Doctor: _____
Office Contact: _____ Phone Number: (____) _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Hospital Affiliations: _____
Date of Last Visit: _____
Diagnosis: _____

Specialist

Name of Doctor: _____ Specialty: _____
Office Contact: _____ Phone Number: (____) _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Hospital Affiliations: _____
Date of Last Visit: _____
Diagnosis: _____

Specialist

Name of Doctor: _____ Specialty: _____
Office Contact: _____ Phone Number: (____) _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Hospital Affiliations: _____
Date of Last Visit: _____
Diagnosis: _____

Medical Status, cont.

Specialist

Name of Doctor: _____ Specialty: _____

Office Contact: _____ Phone Number: (____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Affiliations: _____

Date of Last Visit: _____

Diagnosis: _____

Hospitalizations

Record all hospitalizations, including emergency visits and day surgeries, that have occurred within the last 12 months, beginning with the most recent.

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Medical Status, cont.

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Managing Medications

Taking Medications

Can the older adult take medications independently? [] Yes [] No

If the answer is No, please consider these questions . . .

Is there a need for assistance with medication set-up? [] Yes [] No

Does the older adult need reminders to take medication? [] Yes [] No

Does the older adult need assistance from another? [] Yes [] No

If Yes, explain: _____

Names and Addresses of Pharmacies

Phone Number

Medical Status, cont.

Out-of-Date Medications

If you find any medications that are more than a year old, according to the expiration date, dispose of them immediately and contact the physician.

Medication	Physician	Dosage	Frequency

Sensory Abilities

Sight

Does the older adult wear glasses or contact lenses? Yes No

Does she or he need glasses? Yes No

Does she or he drive? Yes No

Is the older adult colorblind? Yes No

Does the older adult have glaucoma? Yes No

Does the older adult have cataracts? Yes No

Does she or he suffer from eye disease? Yes No

Are there any concerns or limitations associated with the questions above? If so, explain: _____

Hearing

Does the older adult use a hearing aid? Yes No

Has he or she ever been tested for a hearing aid? Yes No

Are there any concerns or limitations associated with the questions above? If so, explain: _____

Medical Status, cont.

Incontinence

Urinary Bowel Uses adult incontinence briefs

Has a specialist been consulted? Yes No

If Yes, what were the recommendations? _____

If the older adult is male, has he been tested for prostate cancer? Yes No

Observations or concerns: _____

Chronic Illnesses

High blood pressure Arthritis Diabetes Heart Failure

Other: _____

Physical Disabilities

Describe: _____

Treatment: _____

Legal Issues

Power of Attorney

Does the older adult have a *Durable Power of Attorney for Health Care*? Yes No

Last Updated: _____

Issues Covered: Hydration Feeding Tubes IV Antibiotics

Resuscitation Other life-sustaining measures

Distributed To: Physician Hospital Home care staff

Attorney Caregivers Family

Worksheet 5 Mental Status

Have there been any gradual changes in the older adult's personality in the last six months?

If yes, explain: _____

Which of the following best describes the older adult's behavior? (Check all that apply)

- | | | | |
|-------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Agitated | <input type="checkbox"/> Complaining | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Changeable | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Suspicious | <input type="checkbox"/> Combative | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Lethargic | | |

Has the older adult suffered personal losses in the last six months? [] Yes [] No

If yes, explain: _____

Has the older adult had previous mental health problems? [] Yes [] No

If yes, explain: _____

Has the older adult ever had a mental health evaluation? [] Yes [] No

If yes, describe the outcome: _____

Has the older adult ever been treated by a mental health professional? [] Yes [] No

If yes, describe the course of treatment: _____

Name of mental health provider: _____

Phone number: _____

Does the older adult recognize you? [] Yes [] No

Does the older adult recognize other family members? [] Yes [] No

Is the primary care physician aware of these changes in mental status? [] Yes [] No

Worksheet 6

Activities of Daily Living

Activities of Daily Living (ADL) is the term used to describe how well an individual can live and maintain her/himself independently. ADLs include bathing, dressing, eating, grooming, bladder/bowel control, toileting, transferring, and walking. A good assessment of the older adult's ability to perform ADLs will help to determine the activities and tasks necessary to help them live safely and comfortably.

Bathing

Frequency: _____ Amount of time needed: _____

Safety concerns: _____

Current bathing method:

- Tub Shower Sponge bath
 With Assistance Independently

Equipment used:

- Hand held shower Grab bars Shower chair

Adaptive equipment needed:

- Hand held shower Grab bars Shower chair

Ability to wash hair: Good Some Difficulty Needs Assistance

Would older adult prefer to bathe more frequently than he or she is able to? Yes No

Eating

Does the older adult eat at least three meals a day? Yes No

If *No*, how often does the older adult eat? _____

Ability to cut food: Good Some Difficulty Needs Assistance

Ability to swallow: Good Some Difficulty Needs Assistance

Ability to chew: Good Some Difficulty Needs Assistance

Adaptive equipment used: _____

Concerns and observations: _____

Activities of Daily Living, cont.

Toileting

Can the older adult manage the following tasks independently?

Getting to and from the toilet? Yes No Needs Assistance

Getting on and off the toilet? Yes No Needs Assistance

Getting dressed independently? Yes No Needs Assistance

Observations or concerns: _____

Incontinence

If the older adult is incontinent, are they able to clean themselves, change clothes and manage personal hygiene associated with its incidence? Yes No

Describe the level and frequency of incontinence (bladder, bowel, or both): _____

Does the older adult have an ostomy? Yes No

Is he or she able to handle the ostomy care independently? Yes No

If *No*, explain: _____

Grooming

Can the older adult manage the following tasks independently?

Hair care Yes No Needs Assistance

Combing hair Yes No Needs Assistance

Shaving Yes No Needs Assistance

Brushing teeth Yes No Needs Assistance

Putting on make-up Yes No Needs Assistance

Observations or concerns: _____

Name and address of barber shop or hair salon: _____

Activities of Daily Living, cont.

Dressing

Can the older adult manage the following tasks independently?

Opening and closing drawers Yes No Needs Assistance

Selecting clothes Yes No Needs Assistance

Managing shoes, socks, hose Yes No Needs Assistance

Buttoning clothes Yes No Needs Assistance

Using zippers Yes No Needs Assistance

Adaptive equipment used: _____

Observations and concerns: _____

Mobility/Transferring

Can the older adult manage the following tasks independently?

Getting in and out of bed Yes No Needs Assistance

Getting in and out of a chair Yes No Needs Assistance

Getting around the house Yes No Needs Assistance

Getting around the neighborhood Yes No Needs Assistance

Shopping Yes No Needs Assistance

Social Activities Yes No Needs Assistance

Adaptive equipment used or needed: _____

Worksheet 7

Instrumental Activities of Daily Living

Instrumental Activities of Daily Living (IADLs) is the term used to describe support activities that allow a person to live in an independent setting. A good assessment of the older adult's ability to perform IADLs will help to determine what level of support will be needed to maintain independence. Use the following table to rate the older adult's ability to perform these IADLs.

	Independently	With Some Difficulty	With Supervision	Needs Hands-On Assistance
Meal Preparation				
Grocery Shopping				
House Cleaning				
Laundry				
Outside Chores				
Gardening				
Driving/Transportation				
Managing Money				
Managing Medication				
Use Telephone				

If assistance is being provided with any of the above tasks, describe how the activities are being performed now, and who is providing the assistance.

Meal preparation: _____

Grocery shopping: _____

House cleaning: _____

Laundry: _____

Outside chores: _____

Gardening: _____

Driving/Transportation: _____

Managing money: _____

Managing medication: _____

Use telephone: _____

Local phone service provider: _____

Long distance phone service provider: _____

Worksheet 8 Caregiver Resources

The Primary Caregiver

The person who takes responsibility for the health and welfare of the older adult is typically called the primary caregiver. This person is usually a family member or close friend. Use this worksheet to record important information about the primary caregiver.

Name and address

Primary Caregiver: _____ Age: _____

Relationship to older adult: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Information

Employment: [] Full-time [] Part-time Hours per week: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Can this caregiver be called at work? [] Yes [] No

Does the employer offer any elder care benefits? [] Yes [] No

Does the employer offer flex-time benefits or job sharing? [] Yes [] No

Does the employer offer any of the following? (*Check all that apply*):

- Educational programs
- Employee Assistance Programs
- Work site support groups
- Information and referral
- Dependent Care Tax Benefits
- Vouchers toward adult daycare

Caregiver Resources, cont.

Is the primary caregiver available to provide assistance with Instrumental Activities of Daily Living (IADLs)? []Yes []No

Is the primary caregiver available to provide assistance with Activities of Daily Living (ADLs)? []Yes []No

If the primary caregiver is unable to perform the hands-on personal assistance, is there another family member(s) who is? [] Yes [] No

Name: _____ Age: _____

Address: _____

Phone: _____

If no family member is available, how will the older adult be cared for?

Home care _____

Move to alternative living situation _____

Care Management

As a primary caregiver, you may need or want assistance with care management. There are specially trained professionals who can help you:

- Assess the older adult's needs
- Gather information about resources
- Sort out healthcare and assisted living or nursing home options
- Make arrangements
- Manage paperwork

Worksheet 9 Evaluating Caregiver Needs

Physical/Health Needs

	No Need	Need Being Met	Need Exists Not Being Met	Comments
Regular Checkups				
Exercise				
Weight Control				
Blood Pressure				
Treatment for specific problems				

Personal/Time Needs

	No Need	Need Being Met	Need Exists Not Being Met	Comments
Privacy, time for self				
Contact with others for support				
Recreation and vacation				
Time for spouse/partner				
Time for children				
Alternate caregiver available				

Mental State

	No Need	Need Being Met	Need Exists Not Being Met	Comments
Able to express feelings about older adult				
Able to discuss/resolve conflicts with family				
Enjoys economic security				
Able to manage care tasks				
Able to avoid burnout				

Worksheet 10

Personal Support Team

You may want to consider asking each team member to prepare a brief description of his or her care skills, time availability, and other family and work responsibilities, etc.

Team Members

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Personal Support Team, cont.

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Additional Relatives, Friends, and Organizations

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Assistance offered: _____ Availability: _____

Worksheet 11

Planning for Emergencies

When planning for the care of an older adult, consider how that care might be handled in the event that the primary caregiver is unavailable. Use this worksheet to record daily routines and special requirements that may be helpful to someone providing care in an emergency.

Personal Information

Older adult's name: _____

Preferred name or nickname: _____

Daytime Routines

Wake-up time: _____

Morning dressing, grooming, etc.: _____

Breakfast time, menu, and serving routine: _____

Morning activities: _____

Lunch time, menu, and serving routine: _____

Afternoon activities: _____

Dinner time, menu, and serving routine: _____

Evening activities: _____

Bedtime, and bedtime routines: _____

Planning for Emergencies, cont.

Special Circumstances

Problems to be aware of: _____

Suggested responses to problems: _____

Tips for communication: _____

Tips for activities and personal care: _____

Medications

Use the following chart to list all medications currently taken by the older adult.

Medication	Dosage	Frequency	Reason

Emergency Names and Phone Numbers

	<u>Name</u>	<u>Phone Number</u>
Family:	_____	_____
	_____	_____
Physicians:	_____	_____
	_____	_____
Financial Agent:	_____	_____
Health Care Agent:	_____	_____

Worksheet 12 Developing A Plan Of Care

The Plan of Care captures and organizes much of the information you have recorded in other sections of this workbook. Here the information is presented in a concise format that can be reviewed and updated from time to time. You may wish to make a copy available to everyone involved in caring for the older adult.

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
-------------------	-----------------------	--------------------------------------	---------------------------------	---------------------------	--------------------

The tasks listed below are Activities of Daily Living (ADL), which are generally associated with a person's ability to live independently in safety and comfort. As we age, these tasks may become increasingly difficult. If the older adult needs assistance with any of these tasks, use the spaces below to identify the person or persons who will find or provide that care.

Bathing	[]	_____	_____	_____	_____
Grooming	[]	_____	_____	_____	_____
Dressing	[]	_____	_____	_____	_____
Walking	[]	_____	_____	_____	_____
Transferring	[]	_____	_____	_____	_____
Medication	[]	_____	_____	_____	_____
Eating	[]	_____	_____	_____	_____
Toileting	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
------------	----------------	-------------------------------	--------------------------	--------------------	-------------

Listed below are needs generally associated with a person's quality of life, including personal interests and relationships. If these needs are not being met, use the spaces below to identify a person or persons who will take responsibility for helping to meet these needs.

Hobbies/Activities	[]	_____	_____	_____	_____
Socializing	[]	_____	_____	_____	_____
Having Fun	[]	_____	_____	_____	_____
Touch	[]	_____	_____	_____	_____
Privacy	[]	_____	_____	_____	_____
Companionship	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

The tasks below are Instrumental Activities of Daily Living (IADL), which allow a person to live independently. If these needs are not being met, use the spaces below to identify a person or persons who will take responsibility for helping to meet these needs.

Household Chores	[]	_____	_____	_____	_____
Laundry	[]	_____	_____	_____	_____
Meal Preparation	[]	_____	_____	_____	_____
Grocery Shopping	[]	_____	_____	_____	_____
Home Maintenance	[]	_____	_____	_____	_____
Transportation	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
Vision	[]	_____	_____	_____	_____
Hearing	[]	_____	_____	_____	_____
Speech	[]	_____	_____	_____	_____
Mobility	[]	_____	_____	_____	_____
Nutrition	[]	_____	_____	_____	_____
Weight	[]	_____	_____	_____	_____
Confusion	[]	_____	_____	_____	_____
Bowel or Bladder	[]	_____	_____	_____	_____
Sleeping	[]	_____	_____	_____	_____
Depression	[]	_____	_____	_____	_____
Aggression	[]	_____	_____	_____	_____
Memory Loss	[]	_____	_____	_____	_____
Paranoia	[]	_____	_____	_____	_____
Taking Medication	[]	_____	_____	_____	_____

If you have concerns about the older adult's health in any of the following areas, be sure to contact a physician for a consultation.

SECTION ONE: GATHERING INFORMATION & RESOURCES

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
<i>Does the older adult need help managing money in any of the following areas?</i>					
Bills	[]	_____	_____	_____	_____
Checkbook	[]	_____	_____	_____	_____
Expenses	[]	_____	_____	_____	_____
Taxes	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____
<i>Would the older adult like to establish any of the following?</i>					
Will	[]	_____	_____	_____	_____
Living Will	[]	_____	_____	_____	_____
Guardian	[]	_____	_____	_____	_____
Conservator	[]	_____	_____	_____	_____
Health Care Power Of Attorney	[]	_____	_____	_____	_____
Financial Power of Attorney	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

SECTION TWO: EXPLORING LIVING ALTERNATIVES

EVALUATING HOME LIFE

Worksheet 1: Evaluating the Home Environment	29
Worksheet 2: Living Together: Questions for the Caregiver	33
Worksheet 3: Living Together: Questions for the Older Adult.....	34

APARTMENTS AND CONDOS

Worksheet 4: Evaluating Apartments, Condos, and Retirement Communities	36
Worksheet 5: Checklist for a Rental Lease.....	38
Worksheet 6: Checklist for a Condo or Retirement Community	40

HIRING HOME HEALTH CARE

Worksheet 7: Non-Medical Home Care Services Checklist	42
Worksheet 8: Hiring Home Care Privately.....	44

ASSISTED LIVING CARE

Worksheet 9: Evaluating Assisted Living Facilities.....	46
---	----

NURSING HOME CARE

Worksheet 10: Evaluating Nursing Care Facilities	51
Worksheet 11: Evaluating Adult Day Services	56

Worksheet 1: Evaluating the Home Environment

Southern Maine Agency on Aging can provide you with information about resources for home safety assessments, help with paying for modifications, in-home assistance, and family caregiving. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org).

Use this worksheet to review safety in the home. Based on your responses, you may need to address hazards or inconveniences to improve safety and comfort. Not all items apply to all situations. It may be necessary to find a balance between optimal safety and the wishes of the person whose home is being assessed.

Entryways, Hallways, Stairs

	<u>Yes</u>	<u>No</u>
▪ Are access doors typically locked?	[]	[]
▪ Is it necessary to climb stairs to gain entry to the home?	[]	[]
▪ Are entry doors easy to open and close?	[]	[]
▪ Are locks and door handles easy to manipulate?	[]	[]
▪ Can you view and/or speak to visitors without opening the door?	[]	[]
▪ Are entryways well lighted?	[]	[]
▪ Are light switches in hallways easy to locate and reach?	[]	[]
▪ Are hallway stairs and / or carpets in good condition?	[]	[]
▪ Are there thresholds in doorways that might cause tripping?	[]	[]
▪ Can screen doors, patio doors and balcony doors be locked?	[]	[]
▪ Are entryways and hallways free of clutter and obstacles?	[]	[]
▪ Do all steps and stairways have handrails?	[]	[]

MODIFICATIONS: Add non-slip rugs or rug pads; widen doorways; add access ramps; add hallway and stairway handrails; eliminate door thresholds; install accessible door knobs; add door or window locks for security; eliminate need for stairs (if possible); repair walkways or flooring

Living Room, Dining Room, and Family Rooms

▪ Does the arrangement of furniture allow for walkers or wheelchairs?	[]	[]
▪ Are there slippery floors or loose rugs that might cause tripping?	[]	[]
▪ Is the furniture sturdy?	[]	[]
▪ Can the phone be easily reached?	[]	[]
▪ Does the person carry a cell phone?	[]	[]
▪ Is there sufficient lighting?	[]	[]
▪ Might shadowy lighting or patterned carpeting cause tripping?	[]	[]

MODIFICATIONS: Adapt furniture or get easier-to-access furniture; add non-slip rugs or rug pads; add or change lighting; add phones/ get a cell phone; hire outside help for housekeeping

Bedrooms

▪ Are rugs and floor coverings secured?	[]	[]
▪ Are beds the right height for the person?	[]	[]

- | | <u>Yes</u> | <u>No</u> |
|---|------------------------------|------------------------------|
| ▪ Can the first floor accommodate a bedroom to avoid use of stairs? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are there night lights positioned between the bedroom and bathroom? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is there a phone (or cell phone) available in the bedroom? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

MODIFICATIONS: add non-slip rugs or rug pads; add/ change lighting; modify furniture; add phones / get a cell phone; hire outside help for housekeeping

Bathrooms

- | | | |
|---|------------------------------|------------------------------|
| ▪ Is there a full bathroom that is accessible without climbing stairs? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are water faucets in sink and tub / shower easy to use? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is bathroom floor slippery when wet? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are there secure grab rails near the toilet, tub and shower? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is the person able to stand in the shower safely? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ If not, is there a shower seat available? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is the hot water heater set at less than 105 degrees so it won't scald? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are grab bars or other safe supports available where needed? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Can toilet paper be reached without twisting or turning? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

MODIFICATIONS: Get a shower seat; get a hand-held shower; add bathtub/ toilet grab bars; add raised toilet seat (s) or handrails; add non-slip rugs or rug pads; secure towel and shower rods; lower the water temperature setting; change the location of the toilet paper holder; hire outside help for housekeeping

Kitchen and Laundry

- | | | |
|--|------------------------------|------------------------------|
| ▪ Are work surfaces easily reached? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is the floor surface smooth and free from obstacles? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is the floor slippery when wet? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is there work space where a person can sit down if needed? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are laundry facilities easily and safely accessible? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Is storage arranged so there is no need to stoop, reach or use a ladder? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are electrical outlets grounded to avoid shocks and fire hazards? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

MODIFICATIONS: Rearrange storage areas; switch to unbreakable dishes; change or modify cooking appliances; lower water temperature setting; add/ change lighting; move laundry to main floor (if possible); make sure electrical outlets are grounded; hire outside help for housekeeping, laundry and meal preparation

Outdoors

- | | | |
|---|------------------------------|------------------------------|
| ▪ Are sidewalks even and well drained? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Are walkways to and from the garage, driveway or street well lighted? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Do all steps have rails? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| ▪ Does the landscaping create blind spots or hazards? | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

MODIFICATIONS: repair sidewalks and walkways; add/ change lighting; add stairway handrails; trim hedges or plantings; hire outside help for yard work, home repairs and snow removal

Other

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| ▪ Are there working smoke detectors in every room and hallway? | [] | [] |
| ▪ Is there a working carbon monoxide detector in the house? | [] | [] |
| ▪ Are emergency numbers easily available? | [] | [] |
| ▪ Can the thermostat be controlled easily and effectively? | [] | [] |
| ▪ Do windows open and close easily? | [] | [] |
| ▪ Are windows easily locked? | [] | [] |
| ▪ Are heating and cooling systems easy to use? | [] | [] |
| ▪ Are medications clearly labeled? | [] | [] |
| ▪ Can the person manage their medications safely? | [] | [] |
| ▪ If not, is someone helping to manage medications? | [] | [] |

MODIFICATIONS: Install smoke detectors; install a carbon monoxide detector; get and use an emergency response system; add phone / get a cell phone; simplify or get help with managing medications; install an automatic thermostat; find transportation and bill-paying alternatives

Other ideas: _____

Considerations for People with Memory Concerns

- | | | |
|---|-----|-----|
| ▪ Can access doors be secured from the inside to prevent wandering? | [] | [] |
| ▪ Does the arrangement of furniture allow for free movement? | [] | [] |
| ▪ Are there safety knobs and a shut-off switch on the stove? | [] | [] |
| ▪ Do appliances (i.e. coffee maker) have automatic shut-off features? | [] | [] |
| ▪ Are medications accessible to the person with memory concerns? | [] | [] |
| ▪ Are over-the counter products (i.e. cough syrup) accessible? | [] | [] |
| ▪ Is alcohol accessible? | [] | [] |
| ▪ Are cleaning products and dangerous chemicals accessible? | [] | [] |
| ▪ Are poisonous plants accessible? | [] | [] |
| ▪ Are guns, knives and other weapons accessible? | [] | [] |
| ▪ Are gasoline cans/ other dangerous items in the garage accessible? | [] | [] |

MODIFICATIONS: Install inside locks or alarms on access doors; remove or move furniture to allow free movement; add safety knobs/ shut-off features to appliances; lock up or remove medications, over-the-counter products, alcohol, cleaning products, poisonous plants, guns and other weapons, and gasoline cans/ other dangerous items in the garage or workshop; put signs (“Don’t Touch-Very Hot!”) near the stove and toaster oven

Other Considerations

If more help or easier access is needed, is the person willing to renovate, relocate or have someone move in?
[] Yes [] No

If Yes, what alternative arrangements have been discussed?

- | | |
|---------------------------------------|---|
| [] Modify current home | [] Live with adult children |
| [] Move to a more accessible home | [] Live with another family member |
| [] Move to a more congregate setting | [] Move to an assisted living facility |
| [] Other _____ | [] Move to a nursing home |

Is a new living arrangement financially feasible? Yes No

Will the person be able to contribute to the cost of his or her care? Yes No

If *Yes*, how much? \$_____

Will other people contribute to the cost of a new living arrangement? Yes No

If so, how much will be contributed? \$_____

Whose idea is it to relocate? Older Adult Adult Children Other

Updated 7-23-14

Worksheet 2

Living Together: Questions for the Caregiver

These questions can help you and your family sort out the practical and emotional consequences of caring for an older adult in your home or moving in with them. When answering the questions below, remember that there may be gaps between what you'd like to do, and what you realistically can do.

	<u>Yes</u>	<u>No</u>
<i>Consider your relationship with your parent or older adult:</i>		
Has the relationship been one of openness and honesty?	[]	[]
Do you have a way of sorting out differences?	[]	[]
Have there been past conflicts?	[]	[]
If so, have they been resolved?	[]	[]
How do you feel about sharing your household? _____		

<i>Consider the set-up of your / their current home:</i>		
Is there enough room in your home for everyone to have privacy?	[]	[]
Can your home be adapted for someone with impaired mobility?	[]	[]
Can your home accommodate a wheelchair or hospital bed if needed?	[]	[]
Are there specific needs that may require remodeling?	[]	[]

<i>Consider how much help the older adult will need:</i>		
Is it assistance that you can realistically provide?	[]	[]
Are there other friends or family members who can assist you?	[]	[]
Have you talked about long term care arrangements?	[]	[]

<i>Consider your relationships and the needs of your family</i>		
Are you or your spouse or partner working, either full or part-time?	[]	[]
Can your primary relationship withstand less private time?	[]	[]
Do any children live with you?	[]	[]
Will your children be able to assist you with care?	[]	[]
Is anyone unhappy or resentful about living with the older adult?	[]	[]
Are you prepared to deal with those issues?	[]	[]
Do you feel you and the older adult can adjust to sharing a household?	[]	[]
Can you set limits on what you will and won't do?	[]	[]
Will you be comfortable with the rules of the new household?	[]	[]

Do you have any thoughts or concerns about combining these households?

How will you decide whether you or they need to seek other living arrangements?

Will you or they be able to find other living arrangements if this situation does not work out?

Updated 6/24/14

Worksheet 3

Living Together: Questions for the Older Adult

These questions can help you think about the practical and emotional consequences of moving into the home of a family member, or having them move in with you. It is important to discuss your needs and concerns with your family, as openly and honestly as you can.

Consider your relationship with your child or family member:

	<u>Yes</u>	<u>No</u>
Have there been past conflicts?	[]	[]
If so, have they been resolved?	[]	[]
Has the relationship been one of openness and honesty?	[]	[]
Do you have a way of sorting out differences?	[]	[]
What is the status of your relationship today? _____		
How do you feel about sharing a household? _____		

Consider what your new living conditions will be:

Is there enough room in the home for everyone to have privacy?	[]	[]
Will a move displace someone else?	[]	[]
If yes, have you talked about this?	[]	[]
Do you have specific needs that may require changes?	[]	[]
If yes, what will it cost and who will pay for it? _____		

Consider how much care you currently need:

Will your child or family member be able to meet your needs?	[]	[]
Have you talked about long-term care arrangements?	[]	[]
What will happen if more care is needed? _____		

Consider the relationships of those in this home prior to the possible move:

Do the adult members of the household currently work?	[]	[]
Can spouses or partners in the household withstand less private time?	[]	[]
Do any of their children live with them?	[]	[]
If so, can any of these children assist you if needed?	[]	[]
Do you know how other family members feel about this move?	[]	[]
Is anyone going to be resentful or unhappy?	[]	[]
Are you prepared to deal with those issues?	[]	[]
Will you be comfortable with the rules of the new household?	[]	[]

Worksheet 3

Living Together: Questions for the Older Adult. cont.

Do you have any thoughts or concerns about combining these households?

How will you decide whether you or they need to seek other living arrangements?

Will you or they be able to find other living arrangements if this situation does not work out?

Updated 6/24/14

Worksheet 4

Evaluating Apartments, Condominiums, and Retirement Communities

If you are planning to help a parent, spouse, or older adult move into an apartment, condominium or retirement community, use this checklist to evaluate the quality of housing and services. When interviewing personnel, be sure to ask lots of questions and take plenty of time to look around.

Residence Information

Name of Residence/Community: _____
Administrator/Director: _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Residence size (number of units): _____
Operator/Management Company: _____
Is the residence fully licensed? _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are attractive and well maintained
- Interiors that are clean and well lighted
- Staff that is respectful and responsive
- Common areas that are comfortable and well used
- Tenants or residents who will be appropriate neighbors
- A good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for family and friends to visit
- Offers adequate parking, or is close to public transportation
- Is close to doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- Areas available for communal use
- Elevators for those unable to use stairs
- Outer doors that are securely locked at night
- Smoke detectors in resident's rooms, stairways, hallways, and common areas
- Fire extinguishers, alarms and sprinkler systems on each floor
- Adequate lighting in hallways and common areas
- Mail boxes that are easy to access

Apartments, Condominiums, and Retirement Communities, cont.

Resident Units

To evaluate living quarters, look for:

- Bathrooms that can accommodate or be adapted for a wheelchair or walker
- Grab bars by the tub and toilet, or the ability to add these, if needed
- Doors, windows, screens and screen doors that are in good condition and easily locked
- An emergency response system
- Kitchen cupboards and shelves that are easy to reach
- Adequate room and closet space
- Individual thermostat to regulate temperature
- Insulation against noise from adjacent units and common areas

Appliances

What appliances are included in the unit?

- | | | |
|------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Oven | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Dryer |

Policies and Restrictions

- Smoking policy in the units and common areas? _____
- Can residents own pets? [] Yes [] No
- Are there restrictions? _____
- When are carpets and appliances serviced or replaced? _____
- Can residents decorate their own units? _____

Staffing

Which staff members are available on site?

- Building manager
- Activities director
- Resident services coordinator
- Maintenance supervisor
- Custodian
- Grounds keeper

Other Questions:

Is someone available 24 hours a day for physical plant emergencies?

Who is to be contacted in case repairs are needed?

How do residents contact staff to conduct day-to-day business?

Worksheet 5 Checklist for a Rental Lease

Terms and Conditions

Term of Lease: _____
 Termination requirements for landlord: _____
 Termination requirements for tenant: _____
 Conditions under which can rent be increased: _____
 Notice required to change the lease: _____
 Party responsible for repairs to utility systems or appliances: _____
 Billing procedures for additional services: _____
 Age and/or income restrictions: _____

Utilities/Services	Included in Rent	Not Included/Monthly Cost
▪ Heat	<input type="checkbox"/>	\$ _____ /per month
▪ Hot water	<input type="checkbox"/>	\$ _____ /per month
▪ Electricity	<input type="checkbox"/>	\$ _____ /per month
▪ Cable service	<input type="checkbox"/>	\$ _____ /per month
▪ Snow removal	<input type="checkbox"/>	\$ _____ /per month
▪ Trash disposal	<input type="checkbox"/>	\$ _____ /per month

Location utility controls/Person with access to utility controls:

- Heat _____
- Electric box _____
- Hot water _____
- Furnace _____

Appliances	Included in Unit	Party Responsible for Repairs
▪ Oven	<input type="checkbox"/>	_____
▪ Microwave	<input type="checkbox"/>	_____
▪ Refrigerator	<input type="checkbox"/>	_____
▪ Dishwasher	<input type="checkbox"/>	_____
▪ Washer	<input type="checkbox"/>	_____
▪ Dryer	<input type="checkbox"/>	_____

Checklist for a Rental Lease, cont.

Services	Included in Contract/Lease	Available For a Fee	Fee
General property maintenance	[]	[]	\$ _____
Unit maintenance	[]	[]	\$ _____
Information regarding services in the community	[]	[]	\$ _____
Assistance setting up utilities	[]	[]	\$ _____
Activities scheduling (including transportation)	[]	[]	\$ _____
Dining service	[]	[]	\$ _____
Housekeeping	[]	[]	\$ _____
Cable TV connection	[]	[]	\$ _____
Telephone services	[]	[]	\$ _____

Other Suggestions

- Get a checklist, signed by the landlord, that details the condition of the unit and its appliances.
- Find out if you need to purchase renter's insurance for personal property in the unit.

Worksheet 6

Checklist for Condominiums and Retirement Communities

Terms and Conditions

Purchase price or entrance fee: \$ _____ Additional monthly fees: \$ _____

Conditions under which contract may be terminated: _____

Notice required to increase fees: _____

Party responsible for repairs to utility systems or appliances: _____

Billing procedures for additional services: _____

Age/Income restrictions: _____

Fees associated with termination of residency: _____

Refund policy for entrance and condo fees: _____

Utilities/Services	Included in Fee	Not Included/Available for a Fee
▪ Heat	<input type="checkbox"/>	\$ _____ /per month
▪ Hot water	<input type="checkbox"/>	\$ _____ /per month
▪ Electricity	<input type="checkbox"/>	\$ _____ /per month
▪ Cable service	<input type="checkbox"/>	\$ _____ /per month
▪ Snow removal	<input type="checkbox"/>	\$ _____ /per month
▪ Trash disposal	<input type="checkbox"/>	\$ _____ /per month
• Property taxes	<input type="checkbox"/>	\$ _____ /per month

Location of utility controls and person with access to utility controls:

- Heat _____
- Electric box _____
- Hot water _____
- Furnace _____

Appliances	Included in Unit	Party Responsible for Repairs
▪ Oven	<input type="checkbox"/>	_____
▪ Microwave	<input type="checkbox"/>	_____
▪ Refrigerator	<input type="checkbox"/>	_____
▪ Dishwasher	<input type="checkbox"/>	_____
▪ Washer	<input type="checkbox"/>	_____
▪ Dryer	<input type="checkbox"/>	_____

Checklist for Condos and Retirement Communities, cont.

Services	Included in Contract/Lease	Available For a Fee	Fee
General property maintenance	[]	[]	\$ _____
Unit maintenance	[]	[]	\$ _____
Information regarding services in the community	[]	[]	\$ _____
Assistance setting up utilities	[]	[]	\$ _____
Activities scheduling (including transportation)	[]	[]	\$ _____
Dining service	[]	[]	\$ _____
Housekeeping	[]	[]	\$ _____
Cable TV connection	[]	[]	\$ _____
Telephone services	[]	[]	\$ _____

Other Considerations

- Will the resident need to purchase renter's or homeowner's insurance for personal property in the units? _____

Worksheet 7

Non-Medical Home Care Services Checklist

Southern Maine Agency on Aging can provide you with information about non-medical home care agencies in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Information and Resource “request information” feature.

If you plan to hire a non-medical home care agency to assist with care ,it is important to feel confident about your decision. The questions and checklists below are designed to help you evaluate the agency’s credentials, services and personnel.

Agency Reputation and Credentials

When interviewing different agencies, use these questions to establish a baseline of acceptability:

	Yes	No	Comments
Is the agency registered with the State of Maine?			
Does the agency provide a consumer’s bill of rights?			
Does the agency clearly define your rights and responsibilities?			
Does its literature detail services, requirements, fees, policies and funding sources?			
Is it clear what tasks workers are allowed/ not allowed to do?			
Are all costs and fees clearly explained in the contract?			
Is there a process for obtaining your feedback about services provided?			
Are references or client satisfaction surveys available for review?			
Does the agency deliver the care when promised?			

How long has the agency served the community?

Less than 2 years 2 to 5 years More than 5 years

Personnel

When you interview agency personnel, ask how the staff are hired, trained and supervised. Specifically, find out whether employees are trained in the following areas (if applicable):

- Safe bending and lifting techniques
 - Infection control Managing incontinence
 - Catheter care Communicating with someone who is confused or forgetful
 - Bathing Managing difficult behaviors
-

Worksheet 7

Non-Medical Home Care Services Checklist, cont.

You should also know the following:

Are employees covered by malpractice and bonding insurance? [] Yes [] No

Hours in a minimum shift _____ Hours in a maximum shift _____

Does the agency provide a replacement worker if a scheduled worker does not arrive / cannot complete a shift? _____

Procedures

Is a name and phone number provided to call in case of emergency?

During office hours: _____ After office hours: _____

How are problems or complaints handled? _____

Developing a Plan of Care

Be sure that the agency will work with you, your family, and others to develop a written Plan of Care that documents:

- Specific tasks to be performed for the consumer
- Who will perform those tasks and when they will be performed
- Who will assess and monitor the consumer's care needs
- How services will be billed (per hour, per day, per visit)
- Will the agency provide a copy of the Plan of Care to you and your family?
- What happens if the consumer refuses care or is non-compliant with agency staff?
- What happens when the consumer's needs go beyond the scope of agency services?

Find out who will be involved in evaluating and monitoring the consumer's need for care.

- Consumer's physician or nurse practitioner
- Agency staff
- Primary family caregiver
- Other family members
- Private geriatric care manager

Payment for services and other considerations

- How does the agency bill for services? _____
- Are any services covered by Medicaid, long-term care insurance, the Veterans' Administration or state-funded programs? _____
- Does the agency provide any financial assistance with the cost of care? _____
- How does the agency ensure confidentiality? _____
- How does staff communicate with consumers? _____

Updated 6/24/14

Worksheet 8: Hiring Home Care Privately

Southern Maine Agency on Aging can assist you in determining what kind of help you need at home. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Family Caregiver Support Program “request information” feature.

If you decide to hire private non-medical home care, you can use this worksheet to help interview and evaluate individual candidate qualifications.

Minimum Requirements

- The candidate must be able to supply three verifiable work references. Be sure to check these references before hiring the candidate
- Check the candidate’s Department of Motor Vehicle record at www.informe.org/bmv/drc
- Complete a criminal background check. Go to www.maine.gov/dps/Sbi/chri.html for more information
- Check the Maine Licensing Registry at www.maine.gov/dhhs/dlrs/cna/home.html
- Ask for copies of the candidate’s worker’s compensation and liability policies
- Ask for a copy of the candidate’s full professional liability insurance policy
- Verify how many years the candidate has been providing home care assistance

Training

Ask the candidate to verify that they are trained in the following areas (if applicable):

- | | |
|--|--|
| <input type="checkbox"/> CPR/first aid | <input type="checkbox"/> Safe bending and lifting techniques |
| <input type="checkbox"/> Infection control | <input type="checkbox"/> Managing incontinence / catheter care |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Managing difficult behaviors |
| <input type="checkbox"/> Communicating with someone who is confused or forgetful | |

You may also wish to ask:

What home care duties did the candidate perform for their last two clients?

What are the candidate’s favorite duties? _____

What are the candidate’s least-favorite duties? _____

Family Caregiver Support Program * Southern Maine Agency on Aging
136 US Route One * Scarborough, ME 04074
1-800-427-7411 * www.smaaa.org

How does the candidate rate his or her (circle one):

	<u>Low</u>				<u>High</u>
▪ Cooking skills	1	2	3	4	5
▪ Housekeeping skills	1	2	3	4	5
▪ Personal care skills	1	2	3	4	5
▪ Ability to follow instructions	1	2	3	4	5
▪ Flexibility	1	2	3	4	5
▪ Reliability	1	2	3	4	5

Ask the candidate's references about any of these skills as well.

Service delivery

- Availability: Minimum number of hours: ____ Maximum number of hours: ____
- Is a split shift (for instance, morning and evening) possible? [] Yes [] No
- If the candidate is unable to work on their scheduled day, can they provide a substitute?
[] Yes [] No

Payment

How are services billed? _____

Who is responsible for Social Security payments Worker's Compensation, etc.? (go to www.ssa.gov or call Social Security at 1-800-772-1213 for more information)

Consider creating a contract/ service agreement specifying schedule, rate of pay, specific duties to be performed, and what happens if the candidate is unable to work as scheduled. A service agreement will ensure that everyone involved has clear expectations, and can be useful with regards to the Long-term Care Maine Care 5-year look-back period for transfer of assets. Be sure to keep good records on hours, duties performed, and payments to any private providers.

Go to [LTC-Personal-Support-Agreement.doc](#) or to the Maine.gov website and search for a template LTC Personal Support Agreement. For more information about the 5-year look-back period for asset transfer, go to www.maine.gov/dhhs/mainecare.shtml or call (207) 287-3707.

Updated 6/30/14

Family Caregiver Support Program * Southern Maine Agency on Aging
136 US Route One * Scarborough, ME 04074
1-800-427-7411 * www.smaaa.org

Worksheet 9

Evaluating Assisted Living Facilities

Southern Maine Agency on Aging can provide you with information about facilities in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Information and Resource department “request information” feature.

If you are considering an assisted living facility or a residential care facility, you can use this worksheet to compare programs and services. When visiting or interviewing each facility, be sure to ask lots of questions and take your time to look around.

Residence Information

Name of residence: _____
Administrator/Director: _____ Phone number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Residence size (number of units): _____
Is the residence fully licensed? _____ License level: _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are well cared for and attractive
- An interior that is clean and odor free
- Staff that is friendly and responsive
- Attractive areas available for common use
- Residents who socialize with each other and appear happy
- Residents who will be appropriate neighbors
- A good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for visiting family and friends
- Offers adequate parking and / or is close to public transportation
- Is close to the older adult’s doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- A floor plan that is well marked and easy to follow
- Doorways, hallways and rooms that accommodate walkers, wheelchairs, etc.
- Elevators for those unable to use stairs
- Adequate lighting in hallways and common areas
- Mail boxes that are easy to access
- Handrails to aid in walking
- Exits that are clearly marked and unobstructed
- Outdoor recreation areas that are pleasant and inviting

Residential Units

To evaluate individual living quarters, look for:

- Cupboards and shelves that are easy to reach
- Smooth floors and non-skid carpets to prevent slips and falls
- Bathrooms that can accommodate a wheelchair or walker
- Grab bars by the tub and toilet
- Doors and windows that are in good repair, and are easy to open or lock
- Adequate room and closet space
- Good lighting in all areas
- Individual thermostat to regulate temperature
- Insulation against noise from adjacent units and common areas
- If a room will be shared, consider space needs of both residents

Residence Amenities

**Included
in contract**

**Available
for a fee**

<input type="checkbox"/> Full private bath	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Half private bath	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Fully furnished unit	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Local phone service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Cable TV hookup	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Internet	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Carpeting	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Lockable door	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Gas / water / electric	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Window treatments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Emergency response system	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Full kitchen	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Microwave	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Washer / dryer	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Cooking unit	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Refrigerator	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Television	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Policies Regarding Residential Units

- Can residents decorate their own units? [] Yes [] No
 - Can residents have pets? [] Yes [] No
 - Can residents smoke in their rooms? [] Yes [] No
 - Are different sizes and types of units available? [] Yes [] No
 - Are doors to individual units locked by residents? [] Yes [] No
 - May residents keep and / or cook food in their rooms? [] Yes [] No
 - Do all units have private baths? [] Yes [] No
- If No, how many residents share a bathroom? _____

Staffing

- Is staff available on premises 24 hours/ day? [] Yes [] No
- Physician on call? [] Yes [] No
- Are staff members licensed by the state? [] Yes [] No
- Is staff trained in personal care? [] Yes [] No
- Is staff trained in CPR? [] Yes [] No
- Licensed nursing staff available? _____ days _____ evenings _____ nights
- Number of staff on duty each shift? _____ days _____ evenings _____ nights

Safety and Security

Make sure the facility provides the following:

- A security checkpoint at the front entrance
- Outer doors that are securely locked at night
- Smoke detectors in residents' rooms, stairways, hallways, and common areas
- Regular fire drills
- Fire extinguishers, alarms and sprinkler systems on each floor
- Emergency evacuation plans posted in hallways
- Perimeter alarms on all exits to prevent confused residents from wandering

Staff Services	Included in contract	Available for a fee
▪ ADL Assistance (bathing, dressing, eating, transferring)	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Medication management	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Help with injections or medical equipment	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Access to a pharmacy	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Daily check-in by phone	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Help arranging medical appointments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Supervision for people with dementia	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Beauty shop and barber services	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Personal laundry	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Incontinence supplies	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Toiletries	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Management system for residents who wander	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Housekeeping / room service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Shopping assistance	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Pet care	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Scheduled transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Unscheduled transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
▪ Dedicated staff for activities	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Dining Services

- Breakfast
- Lunch
- Dinner
- Snacks

- Special dietary needs accommodated
- Entrée selections at each meal
- Room service, when needed
- Guest meals
- Style of service: _____ family style _____ restaurant style _____ cafeteria style

Other questions to ask:

- Does the facility provide nutritionally balanced meals each day, seven days a week?
- Are foods served at the correct temperatures, according to food safety procedures?
- Are there set times for meals, or can meals be provided when the resident desires?
- Can meals be delivered to a resident's room?
- If yes, under what conditions? _____
- Is there an extra charge for room service? _____
- Can residents choose their own seating, or is seating assigned?
- Is private dining available for special occasions?
- Are the foods that are served of a type that the resident would enjoy?

Social and Recreational Activities

Find out whether the facility provides:

- A schedule of weekly / daily activities that are relevant and stimulating
- Tours, field trips and other outside events
- Volunteer staff, including family members, conducting special programs
- Opportunities for residents to participate in planning programs
- Access to worship services of the resident's choice
- Therapeutic recreation, including exercise, yoga, tai chi, etc.
- Restrictions, if any: _____

Contracts and Costs

The following information should be included in the residency agreement or contract. Check all that apply and make notes where necessary.

- Description of services included in the Basic Service plan
- Cost of Basic Service plan (per month/per year): \$ _____
- Description and cost of services available beyond the Basic Service package
- Policy on medications _____
- Explanation of how, and by whom, residents will be assessed and monitored _____
- Circumstances under which costs may change, and how residents are informed of such changes _____
- Requirements for termination of the contract, and any refund policies
- Process if a resident's assets are depleted and he/she needs to apply for MaineCare assistance to pay for care _____
- Statement of resident rights and responsibilities
- Description of complaint or grievance procedure

Before signing a contract, make sure you understand the following:

- What the basic service covers, and what it does not cover
- All eviction and contract termination conditions
- How optional services will be billed (i.e., by the hour, by the trip, by the meal, etc.)
- How additional services will be added, if the resident's needs change
- Whether additional services may be added on an as-needed (temporary) basis
- Is there any public financing available (i.e. Maine Care, state funding)?
- If any of the facility rules make you uncomfortable, would the facility be willing to amend the contractual agreement to accommodate your concerns?

Other Considerations

- Is there an active residents' council? [] Yes [] No
- Is there an active family council? [] Yes [] No
- Does the facility have an appeals process for residents who are dissatisfied? [] Yes [] No
- Do residents have the right to come and go from the facility as they please? [] Yes [] No
- May guests visit at any time? [] Yes [] No
If not, what are the limitations? _____
- May guests stay overnight with the resident? [] Yes [] No
If so, what are the limitations? _____
- How are the resident's valuables safeguarded? _____
- Is renters' insurance needed for personal property in individual units? [] Yes [] No
- What happens if personal items are lost or stolen? _____
- Does the facility have, and follow, a resident's bill of rights? [] Yes [] No
- Is the most recent state survey of the facility available? [] Yes [] No
- What happens if the resident's needs become too great for the facility to manage? _____
- What are the facility's policies on romantic involvement among residents?

Waiting List

- Is there a waiting list for admission? _____ How long is it? _____
- What happens if a place in the facility is offered and the person or family is not ready?

- Is the waiting list prioritized, and if so, how? _____

Specialized Dementia Care

- Is there a separate wing or unit for people with dementia? [] Yes [] No
- Do staff members receive special training in dementia care? [] Yes [] No
- Are there activities designed specifically for people with dementia? [] Yes [] No
- Is the unit secured to prevent wandering? [] Yes [] No

Updated 6-30-14

Worksheet 10: Evaluating Nursing Facilities

Southern Maine Agency on Aging can provide you with information about facilities in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Information and Resource department “request information” feature.

If you are considering a nursing facility, you can use this worksheet to compare services. When visiting or interviewing a facility, ask lots of questions and take your time to look around.

Facility Information

Name of Facility: _____
Administrator/Director: _____ Phone Number: _____
Address: _____ City: _____
Residence size (number of units) : _____ Parent Company: _____

Admission to the Facility

- Does the facility accept MaineCare / Medicaid? _____
- Is there a requirement that a resident pay privately for a period of time prior to going on MaineCare? _____
- Is there a waiting list for admission? _____ How long is it? _____
- If a person comes to the top of the waiting list and isn't ready to move, what happens? _____

Overall Evaluation

First impressions are important. As you visit a facility, take a good look around to be sure that:

- The buildings and grounds are well cared for and attractive
- The interior is clean and odor free
- Members of the staff are friendly and responsive
- There are attractive areas available for common use
- You observe residents who socialize with each other and appear happy
- Residents appear to be dressed appropriately for the time and season
- The residents you meet will be appropriate neighbors for your person
- The facility has a good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for family and friends to visit
- Offers adequate parking, or is close to public transportation
- Is close to your person's doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- A floor plan that is well marked and easy to follow
- Doors, hallways and rooms that accommodate walkers, wheelchairs, etc.

- Elevators for those unable to use stairs
- Adequate lighting in hallways and common areas
- Method of personal mail delivery
- Handrails to aid in walking
- Outdoor recreation areas that are pleasant and inviting
- Exits that are clearly marked and unobstructed

Resident Rooms

As you visit each facility, consider the following questions:

- Are private rooms available? [] Yes [] No
- If rooms are shared:
 - Is there a privacy curtain around each bed? [] Yes [] No
 - Are residents involved in choosing roommates? [] Yes [] No
 - Can a married couple share a room? [] Yes [] No
- Is each room convenient to a toilet? [] Yes [] No
- May residents furnish or decorate their own rooms? [] Yes [] No
- Is the call button conveniently located? [] Yes [] No
- Is there a thermostat for each room? [] Yes [] No
- Does each room have a window? [] Yes [] No
- If residents call out, does the staff respond promptly? [] Yes [] No
- Do you notice a quick response to call lights? [] Yes [] No
- Are residents allowed to have pets? [] Yes [] No

Residence Amenities

Included in Contract

Available for Extra Cost

- | | | |
|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> Private full bath | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Private half bath | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Local phone service | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Cable TV hookup | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |

Staffing

- Registered Nurse on duty at all times
- Number of staff on duty each shift? _____ days _____ evenings _____ nights
- Physician on call at all times
- Staff trained in personal care
- Staff trained in CPR
- Staff trained in working with people with dementia
- Staff permanently assigned to residents

Additional questions to ask the staff:

- Does the staff feel that they have enough coverage on each shift?
- What is the turnover rate among the staff?
- Are residents allowed to have their own physician?
- Are staff members trained to respect privacy and dignity during bathing and toileting? How?

- Are nursing assistants involved in the care-planning process?
- Are rehabilitation therapies available if needed?
- What kinds of activities are available and how are residents encouraged to participate?

Establishing a Plan of Care

Choose a facility that provides a written plan of care for each resident. In addition, you may wish to ask the following questions about how that care will be administered.

- Who will be involved in developing the resident's plan of care?
- How does staff get to know the resident in order to develop a person-centered care plan?
- How often will the needs of the resident be reassessed?
- How will changes be communicated to the physician and family members?
- Will the resident be assisted at mealtimes if needed?
- How often will the resident be assisted with toileting?
- How often will disposable briefs be changed?
- What kinds of therapy are available?
- Will the staff respect the resident's wishes regarding routines and schedules?
- Will attention be given to the resident at night if he or she is awake?

Staff Services	Included in contract	Available for a fee
Help arranging medical appointments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Assistance and supervision for people with dementia	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Beauty shop and barber services	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Personal laundry	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Housekeeping / room service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Shopping assistance	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Scheduled transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Unscheduled transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Safety and Security

Make sure the facility provides the following:

- A security checkpoint at the front entrance
- Outer doors that are securely locked at night
- Smoke detectors in residents' rooms, stairways, hallways, and common areas
- Regular fire drills
- Fire extinguishers, alarms and sprinkler systems on each floor
- Emergency evacuation plans posted in hallways
- Perimeter alarms on all exits to prevent confused residents from wandering
- A room or procedures to isolate residents with a contagious illness

Policies and Procedures

- Storage of medication: _____
- Dispensing medication: _____
- Medication record keeping: _____
- Circumstances calling for use of physical restraints: _____
- Circumstances calling for use of sedatives or relaxants: _____

-
- Procedure for responding to a resident's medical emergency: _____
 - Circumstances under which a resident will be transferred to another room: _____
 - Circumstances under which a resident may be discharged: _____
-

Dining Services

Check those that apply:

- Snacks
- Special dietary needs accommodated
- Choice of entrée at each meal
- Room service, when needed
- Guest meals

Other questions to ask:

- Is there a registered dietician on staff?
- May foods be provided at a time the resident would like, or are there set times for meals?
- Can meals be delivered to a resident's room?
If yes, under what conditions _____
- Is there an extra charge for room service? _____
- Can residents choose their own seating in the dining room, or is seating assigned?
- Is private dining available for special occasions?

Social and Recreational Activities

Find out whether the facility provides:

- A schedule of weekly/daily activities that are relevant and stimulating
- Tours, field trips and other outside events
- Volunteer staff, including family members, conducting special programs
- Opportunity for residents to participate in planning programs
- Access to worship services of their choice
- Therapeutic recreation, including exercise, yoga, tai chi, etc.
- Restrictions, if any: _____

Contracts and Costs

The following information should be included in the residency agreement or contract. Check all that apply and make notes where necessary.

- Description of services covered by the contract, as well as healthcare and supportive services, admission and discharge provisions, and all fees. Daily rate: \$ _____
- Description and cost of services covered by the monthly rate
- Description and cost for optional services *not* covered by the monthly rate
- How are optional services billed (by the hour, by the trip, by the meal, etc.)?
- Circumstances under which costs may change, and how residents and their families are informed of the changes.
- Circumstances for termination of the contract and any refund policies

- Statement of resident rights and responsibilities
- Description of complaint or grievance procedure

Before signing a contract, make sure you understand the following:

- What the monthly rate covers, and what it does *not* cover
- All eviction and contract termination conditions
- How additional services will be added, if the resident's needs change
- Whether additional services may be added on an as-needed (temporary) basis
- Is there any public financing available (i.e. Medicaid, state funding)?
- Is the facility certified for Medicare and/or Medicaid?
- If a person initially pays for care privately, what happens if they later need funding assistance? _____
- If any of the facility rules make you uncomfortable, would the facility be willing to amend the contractual agreement to accommodate your concerns? _____

Other Considerations

- Is there an active resident's council? [] Yes [] No
- Is there an active family council? [] Yes [] No
- Does the facility have an appeals process for residents who are dissatisfied? [] Yes [] No
- Do residents have the right to come and go as they please? [] Yes [] No
- May guests visit at any time? [] Yes [] No
If not, what are the limitations? _____
- May guests stay overnight with the resident? [] Yes [] No
If so, what are the limitations? _____
- How are resident's valuables safeguarded? _____
- Is renter's insurance needed for personal property in individual units? [] Yes [] No
- What happens if personal items are lost or stolen? _____
- Does the facility have, and follow, a resident's bill of rights? [] Yes [] No
- Under what conditions can the facility discharge or transfer a resident? _____
- If a resident is hospitalized, how long will the facility hold their bed? _____
- Is the most recent state survey of the facility available? [] Yes [] No
- Is there a separate wing or unit for people with dementia? [] Yes [] No
- Do staff members receive special training in dementia care? [] Yes [] No
- Are there activities designed specifically for people with dementia? [] Yes [] No

The Nursing Home Compare tool, at www.medicare.gov, offers detailed information about specific facilities, quality measures, and performance.

Updated 7-16-14

Worksheet 11: Evaluating Adult Day Programs

Southern Maine Agency on Aging can provide you with information about programs in York and Cumberland Counties. Contact a Resource Specialist or Family Caregiver Specialist at 1-800-427-7411 or send an email through the SMAA website (www.smaaa.org) Information and Resource department “request information” feature.

If you are considering an adult day program, you can use this worksheet to compare services. When visiting or interviewing each program, ask questions and take your time to look around. Not all programs will have all the possible features listed here, nor will all features be appropriate for your family member, so it will be important to decide what your priorities will be.

Information

Name of program: _____
Administrator/Director: _____
Phone Number: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are well cared for and attractive
- An interior that is clean, odor free, and welcoming
- Staff that is friendly and responsive
- Participants who socialize with each other and appear happy
- Staff that treats participants with respect and dignity
- A good reputation in the community
- Hours of operation that meet participant & family need

Participants

- Seem comfortable in their surroundings
- Appear to be engaged by staff and activities
- Are treated with respect and dignity

Questions to consider

- Is the program fully licensed / certified? _____
- What is the ratio of staff to participants? _____
- Is there a waiting list? _____
- Are there any eligibility requirements (age, residency)? _____
- What happens if the situation changes and a participant's needs no longer match the program services?

- What is the cost of services? _____
 - Is financial assistance available? _____
 - Can the program be paid for by long term care insurance or Veterans' benefits? _____
 - If the participant is not able to attend at their scheduled time, what happens? _____
 - How does the payment system work? _____
 - What services / supports are offered to families? _____
 - What is the mix of people attending? _____
 - Will your family member have an individualized care plan? _____
 - Will this be a good fit for your family member? _____
 - How does the program deal with participants with behavior issues? _____
-
- Is the staff trained to help people with a variety of needs? _____
 - Is transportation to and from the program available? _____ What does it cost? _____

Physical Features

Available

Not Available

- | | | |
|--|--------------------------|--------------------------|
| ▪ A floor plan that is well marked and easy to follow | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Doorways, hallways and rooms that accommodate walkers, wheelchairs, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Adequate lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Exits that are clearly marked and unobstructed | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Outdoor activity areas that are pleasant and inviting | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Adequate space, furniture and equipment | <input type="checkbox"/> | <input type="checkbox"/> |

Staffing

- | | | |
|--|--------------------------|--------------------------|
| ▪ Are there specific qualifications/ licensures that staff must meet? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Licensed nursing staff available (if appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Staff trained in personal care (if appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Staff trained in CPR and first aid | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Does the program do background checks before hiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are staff trained in working with people with cognitive issues and / or challenging behaviors? | <input type="checkbox"/> | <input type="checkbox"/> |

Services (as needed)

- | | | |
|---|--------------------------|--------------------------|
| ▪ Individualized activity plan for each participant | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Personal assistance (bathing, dressing, transferring) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Assistance with walking | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Assistance with toileting | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Medication reminders / administration | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Health monitoring services (blood pressure, weight) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Assistance and supervision for people with dementia | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Management system for participants who wander | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Regular staff communication with caregivers | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Transportation to / from program | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Different functional levels addressed by programs | <input type="checkbox"/> | <input type="checkbox"/> |

Available Not Available

Social and Recreational Activities

- Activities that match individual needs and interests Available Not Available
- Activities that are relevant and stimulating Available Not Available
- Tours, field trips and other outside events Available Not Available
- Connections with community groups and individuals for programs Available Not Available
- Participant input in planning programs Available Not Available
- Activities appropriate for participants with dementia Available Not Available

Nutrition

- Breakfast Available Not Available
- Lunch Available Not Available
- Dinner Available Not Available
- Snacks Available Not Available
- Assistance with feeding available Available Not Available
- Special dietary needs accommodated Available Not Available

Safety and Security

- A security checkpoint at the front entrance Available Not Available
- Outer doors that are securely locked Available Not Available
- Smoke detectors Available Not Available
- Staff trained in emergency procedures Available Not Available
- Fire extinguishers, alarms and sprinkler systems Available Not Available
- Perimeter alarms on all exits to prevent wandering Available Not Available

Suggestions

- Attend a function at the center
- Ask for a trial visit with your family member
- Give the participant time to adjust to the new setting / routine
- Communicate regularly with staff when your family member is involved in a day program

Notes

Updated 6/19/14

SECTION THREE: LEGAL AND FINANCIAL INFORMATION

PERSONAL & FINANCIAL ASSETS

Worksheet 1: Inventory of Personal Assets.....	59
Worksheet 2: Inventory of Financial Assets.....	60

MONTHLY MONEY MANAGEMENT

Worksheet 3: Monthly/Annual Budget.....	63
Worksheet 4: Monthly Bills.....	65

CONTACTS

Worksheet 5: Professional Advisors.....	66
---	----

Worksheet 1 Inventory of Personal Assets

Real Estate

<u>Current Residence</u>	<u>Value</u>
Purchase Price	\$ _____
Remaining Mortgage	\$ _____
Approximate Market Value	\$ _____
<i>Total Equity</i>	\$ _____

<u>Vacation Home</u>	<u>Value</u>
Purchase Price	\$ _____
Remaining Mortgage	\$ _____
Approximate Market Value	\$ _____
<i>Total Equity</i>	\$ _____

<u>Other Property</u>	<u>Value</u>
Purchase Price	\$ _____
Remaining Mortgage	\$ _____
Approximate Market Value	\$ _____
<i>Total Equity</i>	\$ _____

Personal Property

<u>Item</u>	<u>Value</u>
Automobiles	\$ _____
Trucks	\$ _____
Boats	\$ _____
Farm Equipment	\$ _____
Recreational Vehicles	\$ _____
Home Furnishings	\$ _____
Jewelry, Coins	\$ _____
Art, Antiques	\$ _____
Collectibles	\$ _____
Total	\$ _____

Worksheet 2

Inventory of Financial Assets

Bank Accounts

Checking	Institution Branch Phone #	Account # Balance \$
Savings	Institution Branch Phone #	Account # Balance \$
Safe Deposit	Institution Branch Phone #	Account # Contents
Other	Institution Branch Phone #	Account # Balance \$

Retirement Accounts

Pension(s)	Employer Plan Administrator Phone #	Employee # Years of Employment Benefit \$
	Employer Plan Administrator Phone #	Employee # Years of Employment Benefit \$
	401(k) or 403 (b)	Employer/Acct # Account Value \$
	Employer Plan Administrator Phone #	Employee/Acct # Account Value \$
	Employer Plan Administrator Phone #	Employee/Acct # Account Value \$

Inventory of Financial Assets, cont.

Retirement Accounts, cont.

IRA(s)	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$
	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$
	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$
	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$

Investments

Mutual Funds	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$
	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$
	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$
	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$

Inventory of Financial Assets, cont.

Investments, cont.

Stocks and Bonds	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value \$
	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value\$
	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value\$
	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value\$
Annuities	Insurance Co.	Type of Contract
	Phone #	Accumulated Value
	Insurance Co.	Type of Contract
	Phone #	Accumulated Value
Other	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Worksheet 3 Annual/Monthly Budget

Sources of Income

	<u>Per Month</u>	<u>Per Year</u>
Wages, Salary, Commissions, Bonuses	\$ _____	\$ _____
Self-employment business income	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Pension(s)	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Public Assistance/SSI	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Dividends, Interest, Capital Gains	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Income from property	\$ _____	\$ _____
Interest income	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

Expenses

	<u>Per Month</u>	<u>Per Year</u>
Mortgage or rent payments	\$ _____	\$ _____
Home insurance	\$ _____	\$ _____
Property taxes	\$ _____	\$ _____
Condo or maintenance fees	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____

Annual/Monthly Budget, cont.

Expenses, cont.

	<u>Per Month</u>	<u>Per Year</u>
Telephone	\$ _____	\$ _____
Legal/Accounting	\$ _____	\$ _____
Car payments, Insurance, Repairs	\$ _____	\$ _____
Clothing/Personal Items	\$ _____	\$ _____
Credit card bills	\$ _____	\$ _____
Income tax payments	\$ _____	\$ _____
Life insurance payments	\$ _____	\$ _____
Gifts and donations	\$ _____	\$ _____
Non-reimbursed medical/dental expenses	\$ _____	\$ _____
Health insurance payments	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Home health care	\$ _____	\$ _____
Respite care	\$ _____	\$ _____
Homemaker/home health aids	\$ _____	\$ _____
Therapists	\$ _____	\$ _____
Medical equipment	\$ _____	\$ _____
Vacation/Entertainment	\$ _____	\$ _____
Club or union dues	\$ _____	\$ _____
Bank loan payments	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Worksheet 5
Legal and Professional Advisors

Attorney: _____ Phone: _____
Accountant: _____ Phone: _____
Insurance Agent: _____ Phone: _____
Insurance Agent: _____ Phone: _____
Stockbroker/Financial Planner: _____ Phone: _____
Bank/Trust Officer: _____ Phone: _____
Clergy: _____ Phone: _____

Personal Representative (Executor): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Health Care Agent: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Financial Agent: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Life Insurance Company: _____
Contact/Phone Number: _____
Policy #: _____ Insured: _____
Benefit: _____ Face Value: _____
Beneficiaries: _____

GLOSSARY

Activities of Daily Living (ADLs). Daily tasks we perform to maintain our well-being including, eating, dressing, grooming, walking, toileting, and personal hygiene.

Adult Day Services / Programs / Care. Typically a daytime community service program that offers social programs and personal support for older adults living in the community.

Advance Directive. Also known as a *Living Will*, *Medical Directive*, *Power of Attorney for Healthcare*, or *Healthcare Proxy*. This is a legal document that enables an individual to give instructions about his or her future medical or end-of-life care, in the event that he or she is not able to provide that direction at the time when it's needed.

Aging in Place. This term refers to the concept of supporting the ability of a person to remain in his or her living environment as they age, by bringing services to them and/or modifying the environment to promote safety and function.

Alzheimer's Disease. A progressive, degenerative disease that impairs an individual's cognitive ability. Symptoms include forgetfulness, wandering, disorientation, and inability to recognize others. It is the most common cause of dementia.

Assisted Living. Housing that offers assistance with activities of daily living (ADLs), with a focus on supporting an individual's ability to live as independently as possible in his or her own apartment. Services include meals, housekeeping, laundry, social programs, transportation, health monitoring, medication administration, and twenty-four hour unscheduled assistance.

Care Management. An evaluation of an older adult's physical, psychological, and social abilities provided by a trained professional, who also develops and helps implement a plan of care that integrates various services to meet the older adult's needs.

Continence/Incontinence. The ability or inability to voluntarily control urinary or bowel discharge.

Congregate Housing. Independent apartment-style housing with common meal service, housekeeping, transportation, recreation, and coordination of medical and other services.

Conservatorship / Guardianship. A legal process by which the court declares an individual incompetent, appoints a representative, and transfers the responsibility for managing financial affairs (conservator), or living arrangements and medical care (guardian) to that person.

Continuing Care Retirement Community (CCRC). Housing services organized to offer a continuum of assistance ranging from independent living to assisted living to nursing care. The objective is to provide a full range of services on one campus. Residents typically pay an entrance fee that provides access to higher levels of assistance as needed. Monthly service fees pay for operating costs and amenities. Also known as *Life Care Communities*.

Continuum of Care. The full range of services that includes independent housing, home care, assisted living, and nursing facility care. Specialized services such as rehabilitation and supports for people with dementia may also be included.

Delirium. A sudden severe confusion and rapid changes in brain function that occur with physical or mental illness. It is usually temporary and reversible.

Dementia. Progressive, losses that affect memory, judgement, and cognition. Can be due to a number of causes, most of them irreversible.

Dependent Care Tax Credits. Federal income-tax credits for certain home-care and adult day services. Check with your local IRS office or tax advisor for specific details.

Depression. A medical illness in which a person has feelings of sadness, discouragement, and a lack of self-worth. It can be due to a number of causes including chemical imbalances, persistent pain and illness, difficulty getting around, loss of friends and loved ones. Depression can also be a sign of a medical problem. It can be a reaction to the illness, or caused by the disease itself. Depression is also a side effect of many drugs commonly prescribed for elders. It is easily mistaken for dementia and should be carefully evaluated by a medical professional.

Do Not Resuscitate (DNR) Order. A legal document, signed by the older adult and physician, that expresses the person's desire not to be given CPR or any resuscitating measures to bring back life.

Executor. An individual named in a will to carry out the distribution of an estate after a person is deceased.

Financial Power of Attorney. A legal document that identifies one person to manage the financial affairs of another. A "durable" power of attorney will remain in effect should a person ever become incompetent or disabled. Because laws differ from state to state, and because this legal arrangement is binding and enduring, be sure the document is drawn up by an attorney licensed to practice in the state in which the older adult resides.

Functional Assessment. An evaluation of individual's health, social, environmental, financial, and family or community supports to identify that person's strengths and needs.

Guardian. An individual appointed by the court to manage a person’s personal and health decisions when they are unable to manage their. A *Conservator* is similarly appointed, but only for financial affairs.

Healthcare Power of Attorney. A legal document that allows a person to choose someone to make decisions regarding his or her health care. A “durable” power of attorney will remain in effect should the person become unable to make their own choices. Because laws differ from state to state, and because this legal arrangement is binding and enduring, be sure the document is drawn up by an attorney licensed to practice in the state in which the older adult resides.

Home health care. A service provided by trained nurses or aides who come to the home and provide medical or personal-care services. Some agencies also offer rehabilitation services, such as Physical Therapy, Occupational Therapy, and Speech Language Therapy. Medicare will pay for services for qualifying individuals.

Hospice Care. Provides physical and emotional care to persons with terminal illness, specifically toward the end of life, and offers support to their families. Hospice care typically recognizes death as a natural process, and neither hastens nor postpones its occurrence.

Independent Living. Housing for residents who are self-sufficient. Many congregate housing programs that offer meals, housekeeping, social activities and transportation are called independent living communities.

Instrumental Activities of Daily Living (IADLs). These are tasks, such as preparing meals, shopping, managing finances, taking medications and housekeeping, associated with independent living.

Life Care Community. See *Continuing Care Retirement Community*.

Living Will. This document allows a person to state his or her wishes in advance regarding the use of life sustaining procedures during a terminal illness. The document typically identifies a third party to make healthcare decisions if the person is unable to do so. A Living Will should also be discussed with the older adult’s doctor, and a signed copy should be added to the individual’s medical file. Be sure to review the Living Will annually to make any desired changes. See also *Advance Directive*.

Long Term Care. A range of services – medical, nursing, custodial, and social – provided to a person with ongoing, chronic care needs. The goal is to help maintain his or her independence as much as possible, within the limits of his or her abilities.

Long Term Care Insurance. Insurance policies issued by private companies that assist with the costs of home healthcare, assisted living, or long-term nursing care. Premiums are based on a person’s age and health, the deductible period, and the amount and type of benefits as well as the duration of those benefits.

Medicaid/MaineCare. Medical insurance for low-income persons provided with funding from the federal and state government. Benefits cover both institutional and outpatient healthcare services. Medicaid pays for approximately 70% of nursing facility care in Maine.

Medicare. A federal medical insurance program administered by the Centers for Medicare and Medicaid Services for people age 65 or older. Persons who are eligible for Social Security may apply for Medicare benefits. Benefits include hospital and skilled nursing facility care, home health care (Part A) and physician's services, outpatient therapies and durable medical equipment (Part B). Part C (Medicare Advantage plans) uses an HMO model of services, and Part D covers some prescription medication costs.

Medication Management. Strategies and tracking systems that are used by individuals, family members, hospitals, assisted living and long-term care facilities to administer and document medications so that they are taken correctly.

Medigap Insurance. Health insurance policies offered by private companies to supplement Medicare coverage.

Nursing Facility (Nursing Home). A facility that provides 24-hour-a-day nursing care and other services to residents with chronic or long-term illness.

Patient's Bill of Rights. A list of policies and procedures to be followed to ensure that patients receiving healthcare services will be treated with dignity and can participate fully in decisions relevant to their healthcare.

Primary Caregiver. The individual who has responsibility for providing and/or organizing care and services on behalf of another person, and may be responsible for decision-making.

Rent Subsidy. Publicly funded assistance to help pay rent, which is limited to housing that is publicly funded, or to persons who receive certificates or vouchers for rental assistance from public housing agencies. Residents typically pay one-third of their income for rent and the government pays the balance of the rental amount.

Residential Care. Services provided by residential care facilities, including 24-hour supervision, meals, activities, transportation, and social services. Formerly called *Boarding Care*.

Resident Services Plan. A written plan developed for the resident of a facility based on an assessment of the individual's needs and abilities. A plan typically identifies the goals and objectives of care services, as well as the resources needed to meet these goals and needs.

Respite Care. Services provided on a temporary basis to provide relief for primary caregivers.

Service coordination. An assessment of needs and the arrangement of appropriate services for residents of a care facility, on an individual or group basis.

Skilled Nursing Facility (SNF). A Medicare-certified care facility offering rehabilitation and skilled nursing services on a short-term basis.

State License. Authorization provided by the State of Maine Department of Health and Human Services to allow organizations to offer health and residential services. For a list of types of facility licenses, go to www.maine.gov/sos/cec/rules/10/144/ch113/assist.doc

Sub-acute Care. A range of healthcare services that may include intravenous therapy, intensive rehabilitation and other needs.

Supplemental Security Income. A monthly payment from federal and state authorities designed to bring the income level of low-income elders up to a minimum income threshold.

Caregiver Resources

1. **Southern Maine Agency on Aging**, 136 U.S. Route One, Scarborough, ME 04074, 207-396-6500, 1-800-427-7411, www.smaaa.org. Services and supports for older adults and family caregivers. The book *Connections: A Guide for Family Caregivers in Maine* is downloadable from the website.
2. **AARP**, 601 E. St. NW, Washington, D.C. 20049, 1-800-687-2277, www.aarp.org. provides benefits and entitlement information, caregiver and older adult education (including issues of older drivers, grandparents, and choosing a living environment), activities, and advocacy
3. **Alzheimer's Association**, 225 N. Michigan Ave., Floor 17, Chicago, IL 60601, 24 hour Helpline 1-800-272-3900, www.alz.org
4. **Eldercare Locator**, 1-800-677-1116, www.eldercare.gov. can help you find local services for older adults anywhere in the U.S.
5. **Family Caregiver Alliance**, 180 Montgomery Street, Suite 11001, San Francisco, CA, 94104, (800)445-8106, www.caregiver.org has online fact sheets, publications and support groups.
6. **Maine Alzheimer's Association**, 170 U.S. Route One, Suite 250, Falmouth, ME 04105, 1-800-272-3900, www.alz.org/maine
7. **Maine Office of Elder Services**, 11 State House Station, 32 Blossom Lane, Augusta, ME 04333, 1-800-262-2232, TTY 1-800-606-0215 www.maine.gov/dhhs/oes. This state agency is responsible for developing and overseeing many services for older adults in Maine. They offer assistance in finding sources for care, identifying benefit programs, and learning about resources.
8. **National Alliance for Caregiving**, 4720 Montgomery Lane, Suite 642, Bethesda, MD 20814, www.caregiving.org, is a joint venture of organizations to support caregivers. They sponsor the Family Caregiver Resource connection, which reviews and rates hundred of caregiving books and videos, etc.
9. **National Family Caregivers Association**, 10400 Connecticut Avenue, #500, Kensington, MD 20895-3944, 1-800-896-3650, www.nfcacares.org is a charitable organization which focuses on addressing the special concerns of caregivers. They offer many online and printed tips, guides and other resources.

Industry Associations

1. **American Association of Homes and Services for the Aging**, 2519 Connecticut Ave. NW, Washington, DC20008, 202-783-2242, www.aahsa.org.
2. **American Health Care Association**, 1201 L St. NW, Washington, DC 20005, 202- 842-4444, www.ahca.org National Center for Assisted Living, same address, www.ncal.org .
3. **Assisted Living Federation of America**, 1650 King Street, Suite 602, Alexandria, VA 22314, 703-894-1805, www.alfa.org.
4. **National Association for Home Care and Hospice**, 228 Seventh St. SE, Washington, D.C. 20003, 202-547-7424, www.nahc.org.
5. **Visiting Nurses Association of America**, 900 19th Street NW, Suite 200, Washington, D.C. 20006, 202-384-1420 www.vnaa.org.

Information Assistance and Advocacy Services

1. **Southern Maine Agency on Aging**, 136 U.S. Route One, Scarborough, ME 04074, 207-396-6500, 1-800-427-7411 www.smaaa.org.
2. **211 Maine**, dial 211 (toll free) www.211maine.org, is a statewide directory of resources including agency services and support groups.
3. **Legal Services for the Elderly**, 1-800-750-5353 www.mainelse.org provides free legal assistance to socially and economically needy Maine residents age 60 and older, and offers consumer information on issues including legal rights, health care decision making, financial concerns, wills, fraud and abuse

RESOURCES

On-Line Resources

- 1. Administration on Aging**, www.aoa.gov, is the Federal agency concerned with issues affecting older Americans. This site offers information about older Americans, legislation and programs. Eldercare Locator 1-800-677-1116 or www.eldercare.gov.
- 2. Alzheimer's Disease Education and Referral Service (ADEAR)** 1-800-438-4380 www.nia.nih.gov/alzheimers. A service of the National Institute on Aging, provides information and referral, publications, a database, and resources about dementia.
- 3. Centers for Medicare and Medicaid Services (CMS)** 1-800-MEDICARE, www.medicare.gov
- 4. National Alliance for Caregiving** is a joint venture of organizations to support caregivers. They sponsor the Family Caregiver Resource Connection, which reviews and rates hundreds of caregiving books, videos, etc. www.caregiving.org
- 5. National Institutes on Aging** 1-301-496-1752, www.nia.nih.gov. offers valuable health and resource information to consumers and professionals
- 6. National Resource Center on Supportive Housing and Home Modification**, www.homemods.org. Information and strategies about home modifications and their importance in supporting safety and independence.
- 7. The Resource Center, Department of Pain Medicine and Palliative Care**, Beth Israel Medical Center, East 16th Street, New York, NY 10003, www.stoppain.org.
- 8. Family Care Resource Clearinghouse:** Sponsored by the AXA Foundation / National Alliance for Caregiving. Lists and rates books, articles, films, and other resources for family caregivers and professionals.