Tackling Everyday Issues for Seniors and Their Caregivers...

DON’T MISS

Senior Solution

Every Saturday,
10:00 a.m.
to 11:00 a.m.

Hosted by Paul Bridgewater
President & CEO, Detroit Area Agency on Aging

Detroit Area Agency on Aging
1333 Brewery Park Blvd, Suite 200
Detroit, MI 48207
313.446.4444
www.daaaja.org

Info, Insight & Inspiration for Metro Detroit’s Maturing Adults

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

Turn to pages 6 & 7 for Dr. Graddy article and the geriatric services provided through the region’s healthcare systems.
Creating Confident Caregivers®
A program for family members caring for a person with Dementia and/or memory loss

Wednesdays
May 25 – June 29, 2016
1:00 p.m. – 3:00 p.m.
St. Patrick Senior Center
59 Parsons St.
Detroit, MI 48201
To register call Adrainne Piner at 313.831.2520
or email apiner@stpatsrctr.org

Creating Confident Caregivers® uses the Savvy Caregiver Program, a university tested program for family members caring for a loved one with dementia at home. These FREE, two-hour sessions are held once a week for six weeks and led by staff trained in the program. Caregivers learn new information, skills and attitudes to manage stress and increase effective caregiving skills. Learn about:
• Dementia and its effects on the brain
• Caregiver resources
• Managing behaviors
• Improving caregiving skills
• How to handle everyday activities more easily
• Taking care of yourself to better care for loved one

family and friends, friends in the medical field, where I can bounce issues off of them. The Comstock Day Program and the relationships she’s formed are the steps she takes to reduce her stress. This combination of self-help gives Avril a fresh perspective on caregiving. Her love for her brother keeps her doing what she’s doing. She says without reservation, “I know if it were me who is living with Alzheimer’s, Clarence would do it for me.”

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

Creating Confident Caregivers® is a registered trademark of Alzheimer’s Association.

Continued from page 11

CarePatrol Partners Take the Worry Out of Senior Placement

Do you or someone you love – age 55 or older – want to remain independent, at home?

PACE Southeast Michigan provides all the care you need for as long as possible.

58 Parsons St.
Detroit, MI 48201

855-445-4554 (TTY 711)
www.pacemi.org

PACE Southeast Michigan has:
• Quality senior living places can provide all the care your parent or loved one needs and more if memory care is required. It is important for families to save funds, explore long-term care insurance sooner and plan for these costs,” adds Wendy.

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

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

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

MI Health Link has:
• Dental
• Vision
• Care Coordinator
• for your appointments
• Transportation to doctors
• Prescription Drugs

Call for details and options: MDRC (313) 826-6365

For advertising, editorial contributions or distribution site requests, call (313) 204-5140.
Observation services are hospital outpatient services you get while under “observation.” This is important since hospital status—inpatient or outpatient—determines what Medicare will cover.

In general, you are an outpatient if you’re getting emergency department, observation services, outpatient surgery, lab tests, X-rays, chiropractic care, any hospital services, and the doctor has not written an order for formally admitting you as an inpatient. Even if you spend the night in the hospital, and the doctor has not written a formal “admission” order, you are considered an outpatient and your Medicare Part A (hospitalization) will not cover your hospitalization costs except for the first 2 days in the hospital and/or the doctor. Medicare Part B, however, will pay a portion of the doctor visits.

Not covered by Medicare are hospital observation services for yourself or concerns. It is why it is important to have supplemental or coinsurance to pick up charges that Medicare Part A will not cover. Remember, you are still responsible for Medicare Part B deductibles, premiums, and any other costs.

Call the Medicare and Medicaid Assistance Program (MMAP) at 1-800-803-7174 with questions or concerns.

Geriatric Care Managers Cut Down the Resource Maze

A geriatric care manager is a professional, often certified, specially trained and uniquely qualified individual who helps manage problems and concerns for elderly people. They are sometimes referred to as case managers, social workers or aging consultants. These titles are often used interchangeably.

When would I consult a geriatric care manager?

When you or a loved one are in need of assistance as a result of aging, declining health, or chronic illness, when a long recovery is anticipated due to loss of mobility, when a family caregiver is overwhelmed with the responsibilities, or when a family member lives out-of-state with little or no support.

What services will the care manager provide?

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

Where can I locate a care manager?

There are many care managers and what does the service cost?

Start by researching these titles in the telephone directory or on the Internet. Ask for educational background, experience and references. Many service organizations like Area Agencies on Aging offer case management services “free” to persons who meet the income guidelines. However, independent consultants charge a fee for service which is based on the level of service selected, up to and including implementing, monitoring and evaluating the Service Plan of Care.

Marilyn Lawson specializes in Long-Term Care Administration, Case Plan. The Plan reflects goals, objectives, expected outcomes, timelines for their accomplishment and resources as identified by you and the care manager. Marilyn is the owner of Eldercare Service Plan of Care.

Design of a Quality Aging Matrix to measure the overall quality of life for recipients of social services delivered by SRC members.

Design and delivery of leadership development program for SRC members.

Technical assistance training to support member agencies in their work to provide older Americans services delivered by SRC members.

Empowerment Expo to address the financial well-being of seniors.

A Senior Strong Campaign that includes a website and powerful video stories to highlight the accomplishments of the SRC:

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

- A Senior Strong Campaign that includes a website and powerful video stories to highlight the accomplishments of the SRC:

- To learn more about the SRC, visit: www.srcomig.org or call 313-835-3407.

SOUTHEAST MICHIGAN SENIOR REGIONAL COLLABORATIVE

A consortium of 35+ local nonprofits serving Southeast Michigan seniors

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

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

- A Senior Strong Campaign that includes a website and powerful video stories to highlight the contributions seniors make to our communities.

- Senior Independence Day and a Senior Financial Empowerment Expo to address the financial well-being of seniors.

- Design of a Quality Aging Matrix to measure the overall quality of life for recipients of social services delivered by SRC members.

- Design and delivery of leadership development programs for SRC members.

- Technical assistance training to support member agencies in their work to provide older Americans with access to benefits.

- A Senior Strong Campaign that includes a website and powerful video stories to highlight the accomplishments of the SRC:

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Who Decides Your Loved One’s Fate, You and Your Loved One, or the Courts?

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

Whose home would he go to?
To qualify, applicants must complete a simple application (http://wdet.org/dris#request), and either be registered with the Library for the Blind or include a written statement (on letterhead) from a healthcare professional verifying the presence of a qualifying disability. Qualifying conditions include, but are not limited to, blindness, vision impairment, cerebral palsy, multiple sclerosis, severe arthritis, amputation, or spinal cord injury. DRIS is a special audience service of WDET 101.9 FM and Wayne State. For more information, contact Myreko Dixon at m2909@wayne.edu, or 313.577.4224.

Reduced-Fee Family Mediation Services Available

Where Elder Mediation Can Help:

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

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

Continued from page 4

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

Embrace the possibilities

DETROIT SENIOR LIVING COMMUNITIES*

By offering a wide variety of residential living options and community-based services, PVM embraces and engages more than 4,500 seniors of all faiths and financial needs in and around our 28 villages conveniently located throughout Michigan.

*For seniors 62 and over

For more information, call 248.281.2020

www.pvm.org

Minds on Art

Minds on Art is a free program for people living with Alzheimer’s disease and other dementias and their care partners. This is a unique opportunity for individuals in the early and mid-stages of the disease to create meaningful experiences through art discussion. This program provides opportunities for social engagement and cognitive stimulation in a safe and inspiring environment.

Call 800-272-3900 to pre-register, for a pre-assessment or for more information.
Metro Detroit Healthcare Systems Offer Specialized Geriatric Services for Senior Citizens

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

Unlike the other facilities Rosa Parks’ offers newly enrolled Medicare Part B and a “Welcome to Medicare” exam and help patients find their way around being on Medicare. It was specifically designed to make it easy for a patient to see their regular doctor. Their geriatricians work with a consumer’s regular doctor to best manage their health. Nurses specializing in seniors can help patients during their regular appointments, and when they come for special tests or have work. The staff gets to know a consumer as more than a patient, but as a neighbor and friend.

The center offers a full medical team, able to treat the most common problems and some of the most extreme ones. This is possible because the Rosa Parks Geriatric Center is one of the few in the nation that are just geriatric, and it’s located in an area that is one of the most underserved.

Common issues treated include:
- Heart: from wellness to functional limitations and chronic conditions in addition to functional limitations and chronic conditions in addition to functional limitations and chronic conditions in addition to functional limitations and chronic conditions.
- Stomach and digestive conditions
- Incontinence
- Heart: from wellness to functional limitations and chronic conditions

CarePatrol franchise owners Wendy Williams, CSA, and her husband, Mike Chastang, wanted to do something together after retirement that would be enjoyable and provide a valuable service. In 2012, they decided on senior service after Wendy, a former banker, fondly reflected on the first of the month when seniors did their banking.

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

The CarePatrol process is simple, says Wendy, “We first meet face-to-face to learn about your loved one and determine the best community to fit their needs. We identify prospective facilities throughout the tri-county area while checking their care and whether they will take your loved one. Wendy and Mike then tour families through their recommended communities and talk to actual residents to really see what it is like at those facilities. Afterward, we meet with families at their homes as well. They also review information about the facility’s licensure and state inspection status.

“Finally, Wendy adds, “and best of all, the service is FREE to families with our fee for service after Wendy, a former banker, fondly reflected on the first of the month when seniors did their banking.”

CarePatrol specializes in the over 55-plus year old population

Check List for Caregivers

By Paula Dunre, Ph.D.
Universal Dementia Care

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

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

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

Bernard Davis
Estate Sales Consultant
OFFICE 313-922-4021 FAX 313-415-7477 EMAIL ugoMrB@aol.com Web: anotherbernarddavisesales.com

In the Beaumont Geriatric Evaluation Center we offer a comprehensive evaluation for issues impacting aging adults:

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

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

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

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

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

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

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

For more information visit henryford.com/seniors To schedule a Geriatric Clinic appointment, call 1-800-HENRYFORD (436-7966).

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

- Part A: Hospitalization coverage (no fee) covers a large portion of hospital-related costs. It only includes what’s medically necessary and skilled care. To qualify, you or your spouse need to have worked at least 10 years and paid Medicare payroll taxes while working.
- Part B: (optional) pays a portion of non-hospital medical care such as doctor visits and other outpatient services. There is a monthly fee for this program. It operates much like the healthcare coverage provided by employers. A menu of offerings is available with a variety of coverage options, co-payments and monthly costs.
- Part C: (optional) “Medicare Advantage” is a privately purchased supplemental insurance that provides additional services and will provide a portal through which all of one’s Medicare services offered by Part A and Part B can be accessed. The private provider also covers some services not provided by Parts A and B.
- Part D: (optional) is prescription drug coverage with a monthly fee that varies based on the coverage options you choose. Part D holds an open enrollment session November 15 - December 31 each year, during which time participants can choose to change their coverage options. Medicare recipients have to seriously review their plan upon eligibility because the cost of Part D increases each year for individuals who choose not to participate immediately upon eligibility.

Because Medicare has gaps in coverage (no vision, no dental, no long-term care), the Medicare program is designed to provide acute and regular medical care, not the cost of long-term care. The non-medical services and supports you might need for assistance with basic personal tasks. As such, Medicare’s coverage for long-term needs is extremely limited. Typically, Medicare pays up to 100% of your costs in a nursing home for the first 20 days. Once 20 days have passed the beneficiary is responsible for a co-insurance amount for days 21 through 100 for each benefit period. Supplemental insurances help to meet these expenses.

In order for Medicare to pay for your medical care after hospitalization, you must meet three criteria:
1. The 72-Hour Rule - You must have been hospitalized for at least three full days and three full nights.
2. Medical Necessity - You care must use the following:
   • Part A - Hospital Insurance
   • Part B - Medical insurance
3. Places Where Care Can Be Given - In almost all cases, patients with Medicare are admitted straight to a nursing home for further care. Or if they’ve recovered, back to their home.

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

Medicare has very limited coverage for nursing homes and seniors who need to be in a facility. If one is confined to their home and needs skilled care, Medicare only pays to have a caregiver come to your residence for end-of-life or hospice care. Medicare is not designed to provide assistance to keep you in your home or in an assisted living facility. Providing funds for long-term care is the role of Medicaid and long-term care insurance.

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

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

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

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