

Transitions

A FREE
Publication

A Family Caregiver Workbook

This helpful booklet is full of support groups, articles on understanding the Health Care System, Home Care, Home Health, Hospice, Senior Housing, Medicare, Social Security, and much more.

TIRED OF BEING SUPER HERO?



LET US HELP.

Ambassadors Caregivers



WE HELP TAKE CARE OF MOM OR DAD SO
YOU CAN RELAX AND BE THE DAUGHTER.

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This workbook is dedicated to
Rachel Dang,
a friend, a fighter, a transplant recipient, a giver of life,
and a servant of humankind.

As a healthcare provider and a caregiver, I have encountered numerous individuals and families who are not prepared or equipped to care for themselves or loved ones. When faced with life and death circumstances, they make rash decisions that do not reflect the patient's true wishes and desires. Often, it is due to the lack of understand of what those wishes are.

It is for those reasons that Ambassadors Foundation developed this workbook: to help you and your family take a proactive approach to planning ahead while considering the healthcare goals for everyone involved. Because the healthcare systems and processes can be complex and frustrating, this workbook provides resources to help you navigate these challenges.

Whether you are in the 30s, 40s, 50s or beyond, it is a good time to communicate and write down how you want to live out your life. If you are a family caregiver, it is also a good time to talk with your loved ones' about their golden years, so that any decisions made are true reflections of their wishes. It is never too early to start the dialogue, and the discussion is inevitable. This workbook serves as a guide to help you and other co-caregivers understand how to better care for your loved ones.

So don't delay. Start today. Plan your care, and care for your plan, so no one else has to second-guess your wishes.



Victoria Ai Linh Bryant, PharmD
President, Ambassador Foundation

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Introduction

When it comes to planning for the future, we think about our children's college education, wedding costs, and retirement funds. But there is one thing we often forget to include: having a care plan for an aging parent or loved ones. We tend to think about caring for them when it hits us between the eyes, and at that point, we scramble to balance our personal life, stretch our finances and struggle to find the resources that will help us.

We should have a clear understanding and an open dialogue to help loved ones age gracefully while maintaining their independence. We should discuss possibilities and prepare for practical changes without an abrupt disruption in family dynamics. When we prepare and expectations are known, a peaceful environment is sustained.

The purpose of this workbook is to create a dialogue with an aging loved one and begin thinking about how the rest of their life will play out in order to care for them appropriately. This alleviates the sense of guilt, lessens the stress, creates a better balance with your own personal life and enables you to know what they want. There are articles between the workbook pages on topics related to caring for an aging loved one. Community resources are listed in the back of the book if you need to reference them.

What is the Strategy?

To understand the wishes and desires of your loved ones

To understand your role and other family caregivers involved

To have legal, financial and other necessary documents ready

To understand the healthcare process and what they mean

To be knowledgeable about available resources

Having the Talk with Mom or Dad

In many cases, our loved ones age quite gracefully and can remain completely independent at an advanced age. In other circumstances, limitations may set in earlier. Regardless, it is recommended that family members initiate discussions with an elderly or disabled loved one to ensure his/her physical and emotional needs are being met and consider options for additional care. For that reason, Ambassadors Caregivers developed THE TALK, an easy-to-remember method that outlines key message points for such a conversation.



THE TALK

T Transportation concerns. “How safe do you feel when driving? Is it a hassle getting groceries, going to see the doctor, etc.? Are there more dents or scratches on the car?”

H How is he/she? “How are you feeling these days?” Addressing the emotional needs of seniors cannot be overestimated. Up to 32 percent of individuals referred to physicians for dementia are actually suffering from depression.

E Errors with medications. “Are you having trouble keeping all your medications straight? Can you show me how you do it?”

T Transition/Transfers. “It looks like you have a little more trouble getting around the house, huh? What about getting from your bed to the walker/wheelchair?” The statistics on falls and risk factors are alarming for seniors.

A Assistance. “Do you need some help with chores around the house? What about getting yourself ready in the mornings?”

L Look. “How does he/she look? Are there signs of weight loss, dehydration, or weakness? Is Mom no longer caring for herself the way she used to?”

K Kickstart talks about assistance. “I know you like your independence. Have you ever considered getting a little help so you can stay as independent as possible? I was thinking it might be good if you had a little help around the house.” Or, “What do you think about maybe making your life a little easier at a nice retirement facility or getting someone to come over and help from time to time? It would free you from having to worry about as many things.”

Personal Goals and Wishes of an Aging Loved One

Whether it is to remain independent, volunteer, or give to charity, it is important that we incorporate a care plan with that of our loved ones

Start by asking your loved ones which of these is important to them. Take the time to understand their wishes and help make it a reality.

- Remain at home for as long as possible
- Remain as independent as possible
- To move to a smaller home
- To volunteer and be involved in the community
- To move to a different location
- To give to charity
- To travel
- To have a pet or keep existing one(s)
- To move closer to family and friends
- To start or focus on a hobby
- To continue working
- To be financially independent
- To find a companion
- To maintain an independent and active lifestyle
- To go back to school



General Assessment Chart

Personal/Medical Information	Tasks	Person In Charge
Living Arrangements & Home Maintenance	Home safety evaluations Home maintenance & upkeep Grocery shopping & Meal preparation Lawn care & Pet care Housekeeping	Name Phone Email
Financial Information	Paying mortgage/rent, utility bills Tracking Financial Records	Name Phone Email
Transportation & Appointments	Driving Safety Coordinating Physician visits & Appointments Transportation to salons, shopping, outings	Name Phone Email
Personal Care	Organizing professional caregivers Solicit family members & friends' help Personal care: bathing & grooming Neighbor or friend to check in frequently Social functions	Name Phone Email
Healthcare	Make appointments Explain medical decisions Coordinate prescription pick up Prepare pillbox & monitor medication compliance Order medical equipment and adaptive devices (wheelchair, cane, walker, medical alert)	Name Phone Email
Communications	Keep family members informed Coordinate visits	Name Phone Email

Home Care or Personal Assistant Services?

What is home care?

Home care is a non-medical professional caregiver serviced by a licensed agency to help clients in their home with activities of daily living (ADLs).

How is it different from home healthcare or hospice?

Home care provides non-medical services such as personal hygiene, transportation, toileting, light housekeeping, medication assistance, companion care, feeding, and meal preparation.

Home healthcare provides the medical component while the patient is at home. Services include physical therapy, nursing care, wound care, social services and other medical needs.

Hospice care is palliative care and comfort care usually provided during the last 6 months of an individual's life.

How is service started and who pays for it?

The client and/or their family can initiate service anytime. Private pay and long-term care insurance usually covers this service. Regular health insurance and Medicare do not typically pay for this service. Medicaid clients will have to contact Medicaid to be qualified for this service.

What services are provided?

- ✓ Companion care
- ✓ Meal prep and feeding
- ✓ Light laundry and ironing
- ✓ Pet or plant care
- ✓ Bathing and toileting
- ✓ Attend social or church functions
- ✓ Medication Assistance
- ✓ Light housekeeping
- ✓ Transportation and errands
- ✓ Physical assistance
- ✓ Grooming and hygiene

Who should use this service?

- ✓ Those recently discharged from the hospital and need help during their recovery
- ✓ Those who are frail and need to take fall prevention measures
- ✓ Those who need extra help to age in place at a senior community
- ✓ Family caregivers who need a break, run errands or need extra help
- ✓ Family caregivers who need an advocate or an ambassador for their loved one
- ✓ Those who need a companion
- ✓ Those who need help getting to an appointment or function
- ✓ When family or friends cannot be around to help

Health Checklist - Medical Information

Items	Notes	Where is it kept?
Durable Power of Attorney For Health Care		
Medicare Number Medicare ID Card	Medicare Part:	
Medicare Advantage Plan	Plan Number:	
Medicare Prescription Drug Coverage		
Medicaid Number Medicaid ID Card		
Do Not Resuscitate Order (DNR Order)	File one at MD office Keep one in a visible place at home	
Health Insurance	Policy: Premium:	
VA ID #		
Advance Directive		

Architectural Designs to Live Independently

“Is your home conducive to live in till you’re 99?”

It is unlikely that any of us want to move into a nursing home. But the reality is that many of us will end up in a nursing facility if we do not plan properly. According to the National Institute of Health, eight out of ten seniors want to remain in their home as long as possible. More than 53 percent of falls occur in the home setting with 30 percent being in the living area and the bedroom. These falls cause 95 percent of all hip fractures.

To remain in your home, you need to begin preparing now by moving to a suitable place that allows you to age in place for as long as possible or by remodeling your current living arrangements so you can live longer and safer in your home.

These are some insights for you to consider when making those changes or finding a new living space.

General Considerations

- ✓ To have at least one step-free entrance into the home
- ✓ A home with a bedroom, full bath and kitchen on one level

Fixtures for Safety

- ✓ Converting doorknobs and faucets to lever handles
- ✓ Consider kitchen countertops mounted at varying heights, to be used while standing or seated
- ✓ Door handles and light switches should be below 48 inches high.
- ✓ Ensure bathtub or showers have a non-slip surface
- ✓ Install strong and sturdy grab bars and towel racks in the bathroom
- ✓ All areas of the home should be well lit from all locations: outside, hallways, bathrooms, and bedrooms
- ✓ Install low or no-threshold stall showers with built-in benches or seats
- ✓ Add grab bars to bath walls using specially designed hollow-wall anchors.
- ✓ Have hand-held showerheads



Construction and layout

- ✓ Carpet pile should be less than ½ inches thick.
- ✓ Consider 36 inches doors and 42 inches hallways
- ✓ Install reachable controls and switches: 42-48", outlets 18-24" from floor
- ✓ Ensure windows can be opened with minimal effort
- ✓ Install shallower, but taller, pedestal sink for easier wheelchair accessibility
- ✓ Increase safety rails on both sides of the bathroom



Paint and Decorate for Living

- ✓ Paint doorstep edges, especially those with different thresholds
- ✓ Clear clutter and unnecessary décor; move everything off the floors and onto the walls
- ✓ Remove throw rugs and tack down carpet
- ✓ Have a “landing area” to place keys, coats, purse, etc.
- ✓ Remove untacked rugs/carpets
- ✓ Eliminate chairs and stools with wheels
- ✓ Reduce hot water temperature to less than 120 degrees F.
- ✓ Coffee tables should be made clearly visible by color contrasting.
- ✓ Chairs must be contrasting to the floor
- ✓ Chairs need to be light enough to move around but stable enough not to tip over
- ✓ Raised front-loading clothes washers, dryers, dishwashers, and side-by-side refrigerators
- ✓ Easy-access kitchen storage (adjustable-height cupboards and lazy Susan’s), Multi-level kitchen countertops with open space underneath, so the cook can work while seated

Personal Safety First

- ✓ Wear non-slip, low heeled shoes
- ✓ Avoid walking in socks
- ✓ Keep it simple and routine
- ✓ Remove clutter off the floor

Preparing to age in place means you have to prepare for all possibilities, such as being wheelchair bound. Aging can cause depth perception, spatial orientation, reduced ability to see contrast, and altered color perception. Older people need three times as much contrast to find objects than the younger folks. All these considerations help to keep you safe and independent while you remain at home.

Medical Information Checklist

Personal Information	
Name	
Retirement Community	
Address	
Date of Birth	
Social Security	
Phone Number	

Emergency Contacts	
Name	
Relationship	
Phone Number	
Name	
Relationship	
Phone Number	

Primary Care Physician	
Name	
Address	
Phone Number	

Specialty Physicians	
Name Physician	
Specialty	
Address	
Phone Number	

Specialty Physicians	
Name Physician	
Specialty	
Address	
Phone Number	

Specialty Physicians	
Name Physician	
Specialty	
Address	
Phone Number	

Profile Last Updated:
My Allergies:
My Medical Conditions:

This form can be downloaded at www.myambassador.org/transitions

Health Checklist - Medication List

	Medication	Form	Dosage	How Much & When	Use	Start/Stop Dates	Notes
1	Aspirin	Tablet	325mg	1 tablet in the morning	Everyday	Jan 3, 2000 - ongoing	Take with food
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

* Examples of Over-the-Counter, Vitamin Supplements and Herbals: CQ10, Garlic, Vitamin D, hydrocortisone cream, bengay cream, mederma, Theraflu, etc.

* Many Over-the-Counter, Vitamin Supplements and Herbals may appear insignificant or unrelated to our medication history but in reality can enhance, negate, or cause significant drug interactions with our prescribed medications.

* It's important to list all Over-the-Counter, Vitamin Supplements and Herbals so that our healthcare providers have a more thorough history especially if we become ill or hospitalized. Vitamin Supplements and Herbals are not regulated by FDA therefore do not hold the same standard of manufacturing like our prescription medications. Active ingredients and fillers may vary depending on the manufacturers. Caution should be taken and consultation should be sought when buying or consuming them.

Senior Housing Choices

There are many levels of senior housing available depending on the need, costs, amenities, qualifications, and preferences. Senior living and levels of independence can be broken down into three types of housing.

The most independent level of housing is the 55+ senior living communities or one's own home. Independent living communities are like apartments and do not have licensed nurses on staff. One has to be completely independent to reside there.



The next level of care is the assisted living community. Assisted living homes with under 16 beds are called personal care homes. Assisted living communities are paid for privately or via long-term care insurance. Medicare does not cover this type of housing. The cost can range from \$3000 to more than \$5000/month with add-on services. In assisted living communities, one has a private room or semi-private room, a shared dining area, medication management, assistance with bathing and grooming, a calendar of activities, a nurse on staff around the clock, housekeeping, two meals a day, and other amenities depending on the community. There are assisted living communities with a memory care wing for those that require a more directed and secured level of care.

The last level of care is the nursing home. When assisted living is no longer appropriate and more care is warranted by the resident, nursing home is the next option. Nursing homes provide nursing care around the clock, assistance with meals, hygiene, bathing, housekeeping, and activities for its residents. Nursing home costs usually range from \$2000 to \$5000/month. Medicaid, private pay, or long-term care insurance pays for nursing home.

Alternatively, to continue aging in place and to remain at an independent living or an assisted living community, the resident can hire professional caregivers to help in addition to adaptive equipment or room modifications. Caregivers can help with tasks and personal care so one can continue to age in place for as long as possible.

Please visit www.seniorvantage.com to see a full list of senior living facilities.

Home Healthcare

What is Home Healthcare?

Home healthcare consists of a wide range of medical services that is given wherever you call home. The goal of home healthcare is to treat an illness or injury. It is to help you recover from an illness, to regain your strength and help you get back on your feet as soon as possible.

What services are provided?

The home healthcare nurse evaluates each person to determine what services are needed. Services provided are usually intermittent service, as opposed to continuous or hourly services. Nurses, physical therapists, speech therapists, occupational therapists, medical social workers, and home health nursing assistants may provide services. Example of services include:

- Wound care for pressure sores or a surgical wound
- Patient and caregiver education
- At-home intravenous or nutrition therapy
- Injections
- Monitoring serious illness and unstable health status
- Prescription management
- Pain management

How to qualify for home healthcare?

A healthcare provider identifies the need for home healthcare after a hospital stay or after a visit to the doctor's appointment. Your physician has to write an order for homehealth care. You may choose the home healthcare company of your choice.

To qualify, you need to be under the care of a physician, in need of short-term acute health-care such as nursing or therapy care, and have difficulty leaving your home.

What is NOT included in Home Health Care

It does not include non-medical services such as housekeeping, cooking, cleaning, bathing, personal hygiene, transportation, toileting, medication reminders, or assistance with activities of daily living (ADLs). These services fall under the home care category and are paid privately or through long-term care insurance.

Who pays for it?

Medicare and some private insurance pay for home healthcare.

Long-Term Acute Care Hospital (LTAC)

A long-term acute care facility is a specialty-care hospital designed for patients with serious medical problems requiring intense, special treatment for an extended period of time—usually 20 to 30 days.

LTACs offer more individualized and resource-intensive care than a skilled nursing facility, nursing home or acute rehabilitation facility. Patients are typically transferred to a long-term acute care hospital from the intensive care unit of a traditional hospital, because they no longer require intensive diagnostic procedures offered by a traditional facility.

LTAC-appropriate patients have primary medical or respiratory complexity that requires daily intervention by a physician, nurse practitioner, or physician assistant. (i.e. hyperalimentation, IV therapy, hemodialysis, daily labs, etc.).

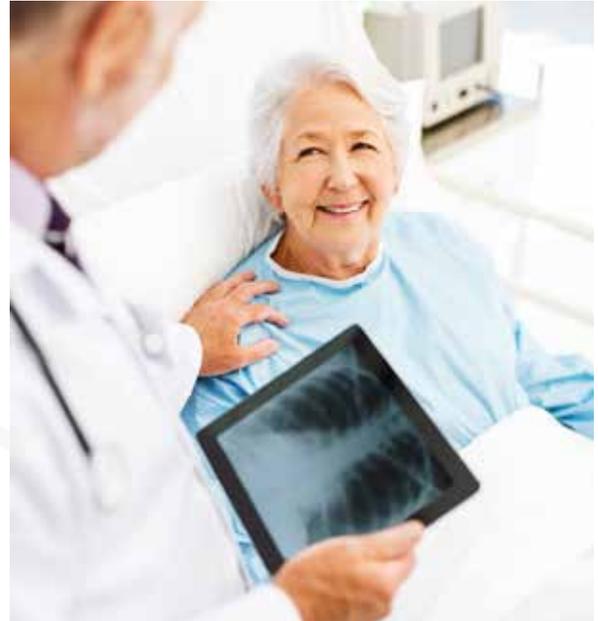
Type of Stay

The patient usually has three to six concurrent active diagnoses and an acute episode on top of several chronic illnesses and co-morbidities that cannot be treated. The patient has multiple acute complexities as determined by a physician assessment and subsequent documentation requiring daily physician intervention.

Primary conditions under this category include chronic renal insufficiency, gastrointestinal conditions, and malignant/end stage disease or necrotizing pancreatitis. Patients must also require active management/treatment of two co-morbid conditions (i.e.: AMS, CHF, COPD, Diabetes, DVT, hepatic insufficiency/ encephalopathy, infection, malignant/end-stage disease, malnutrition, renal insufficiency, extensive wound care, etc.).

Services provided:

- ✓ Pulmonary services or vent weaning
- ✓ Comprehensive rehabilitation services
- ✓ Head trauma treatment
- ✓ Wound care
- ✓ Pain management





How is it paid?

Under Medicare, the patient is responsible for one deductible for any benefit period. A benefit period begins the day the patient is admitted to a hospital or skilled nursing facility (SNF), and ends when you have not received inpatient care in a hospital or SNF for 60 days in a row. This applies whether you are in an acute care hospital or an LTAC. You may choose the LTAC hospital of your choice.

You do not have to pay a second deductible in an LTAC if you were:

1. transferred to a LTAC directly from an acute-care hospital
2. admitted to a LTAC within 60 days of being discharged from an inpatient hospital stay.

However, if you were admitted directly to the LTCH more than 60 days after any previous hospital stay, the patient would pay the same deductibles and co-insurance as if you were admitted to an acute-care hospital.

What is Skilled Nursing Facility (SNF)?

Skilled Nursing Facility (SNF)

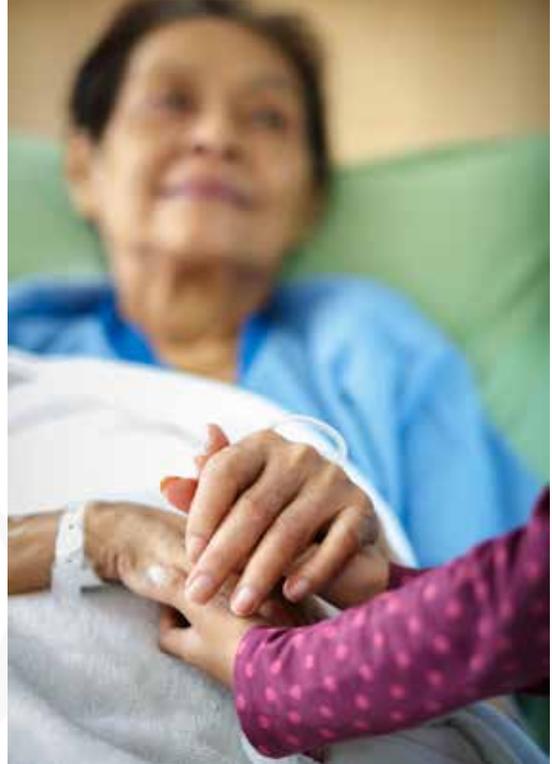
A skilled nursing facility is typically housed within a nursing home or senior community complex. A SNF often serves as a point of transition in care, usually after a hospitalization. For example, a patient whose medical conditions have stabilized but needs physical therapy may benefit from this level of transition before discharging to their home environment, which may be an independent living, assisted living, or nursing home.

How is it paid?

Medicare typically covers the costs of skilled nursing care for the first 20 days, after which Medicare will cover 80 percent and the patient (or private secondary insurance) is responsible for the remaining 20 percent for up to 100 days. If you go home from a SNF within 30 days, you can go back and have another stay under Medicare if the days have not been exhausted.

Under Medicare, the SNF days can be restarted with a hospital stay of at least three days and after 60 days from the previous hospital admission.

You may choose the SNF hospital of your choice.



Please visit www.seniorvantage.com to see a full list of skilled nursing facilities.

Transportation Checklist

Items	Notes	Where is it kept?
Auto(s)	Make/Model: License Number:	
Auto Loan	Lien Holder: Account Number: Loan Balance: \$	
Title for Car		
Car Insurance	Insurance Company: Account Number: Phone Number:	
Parking/ EZ Tag	Premium: \$ Account Number: Phone Number:	
Public Transportation Options		

Out of Hospital Do Not Resuscitate Order (OOH DNR) (Texas)

What is an OOH DNR?

In Texas, the Out-of-Hospital Do-Not-Resuscitate program allows you to decide if you do not want to be resuscitated. The program enables you to declare that certain resuscitative measures will not be used on you. Per the state, those resuscitative measures specifically listed in the OOH DNR legislation are cardiopulmonary resuscitation (CPR), advanced airway management, defibrillation, artificial ventilations, and transcutaneous cardiac pacing.



When should you have one?

This form should be completed while you are competent and alert. You can revoke or change your mind at any time. As part of the care plan, this form comes highly recommended to alleviate any doubts about your wishes. This form is filled out by the individual or family, notarized, and must be signed by the physician. One copy should be kept at the physician's office, one with other important documents, and one with the emergency kit on the refrigerator at home.

Why should one have an OOH DNR order?

Should you have an emergency at home, the ambulance will look for this form as a way to honor your wishes. Should they not find one, the immediate response will be to resuscitate you to the fullest capacity to treat your illness. Additionally, should you become incompetent, comatose, or any other conditions that do not allow you to make your own decision, this form will take effect and healthcare professionals will honor it as they treat your condition. Should you not have this form, your power of attorney, next of kin, or your physician can make the decision for you depending on your circumstances.

So do not wait, choose to make your decision now. Communicate with your family or power of attorney your wishes and desires if you become incompetent so that your wishes are not left up to chances.

You can download the form on our website www.myambassador.org/transitions or directly at <https://www.dshs.state.tx.us/emstraumasystems/dnr.shtm#form>

Long-Term Care Insurance (LTC)

What is LTC?

LTC is an insurance that helps cover the cost of long-term care beyond a pre-determined period. It usually covers care for an individual that is not covered by regular health insurance, Medicare or Medicaid. LTC takes effect when you are unable to perform activities of daily living (ADLs). ADLs include dressing, bathing, eating, toileting, continence, transferring from bed or wheelchair, or walking.

When should you consider getting LTC?

Because you do not know when you will be debilitated or cannot do your ADLs, you should consider LTC as soon as possible. Statistics show that 60 percent those over 65 years old will need long-term care, and 40 percent are between the ages of 18-64. There are many schools of thoughts, but one should consider a LTC plan at ages 45-50 years. Like any insurance plans, the cost of the plans also increases as you get older.



What services do LTC cover?

LTC insurance covers home care, assisted living, adult day care, respite care, hospice care, nursing home, and Alzheimer's facilities. Depending on your policy allowance, home care services can include visiting or live-in caregiver, companion, housekeeper, therapist or a private duty nurse up to 24/7/365 days a year. Each policy and plan is different, so it is recommended that you consult with an insurance agent.

Other benefits include coverage for out-of-pocket expenses, decreased burden of care from friends and family caregivers, paid premiums may be eligible for a tax deduction, and depending on the business, premiums paid to employees can be 100 percent deductible.

What are the types of LTC policies and the costs?

There are many types of policies and coverage. Make sure your policy is a taxed qualified policy. The requirement to use the policy varies, but you can expect that the person will require care for at least 90 day and unable to perform at least one of the ADLs without substantial assistance. The second qualification is that the person needs care for at least 90 days and need substantial assistance due to severe cognitive impairment. In many cases, a physician must certify these findings. Other policies will require a healthcare professional to certify these findings.

The cost will depend on your age, daily benefit amounts, how long the benefits pay, the elimination period, inflation protection and heal rating. Once you purchase the policy, it is renewable for life. It cannot be canceled or changed by the insurance company for health reasons. They can only cancel for non-payment of premiums. Consult your insurance carrier to get the full information.

Home Maintenance Checklist

Items	Notes	Where is it kept?
Mortgage or Lease Documents	Account #: Contact Info:	
Utility Bills	Electric Provider: Gas Company: Cable/Internet:	
Telephone Bills	Home Phone Provider: Cell Phone Provider:	
Home Owners Insurance Policy	Insurance Agency: Premium:	
Property Tax	Yearly Tax: \$	
Flood Insurance Wind & Hail Insurance		
Personal Property Insurance	Policy: Premium:	
Garbage Services Recycle Services Heavy Trash Pick-up	Which Day: Which Day: Which Day:	

Advance Directives

Advance Directives are legal documents used to communicate end-of-life decisions ahead of time. It is a way to communicate to family, friends and healthcare professionals about your wishes so that there is no confusions later. These forms are extremely important in defining how much medical intervention you want if anything happens to you. There are several forms you should complete and keep in an accessible location when the time is needed.

1. **Directive to Physicians and Family** – This form allows you to communicate your medical treatment if you succumb to a certain illness or injury and are unable to make your own decisions.
2. **Medical Power of Attorney** – This document helps you name and authorize the person you select to make any health decisions for you if you cannot make them for yourself.
3. **Out of Hospital DNR** – This form instructs medical personnel and other healthcare professionals to NOT perform resuscitates and to permit the patient to have a natural death peacefully. This form does not affect other emergency care such as comfort care. This form should be kept in a visible location at home, especially for EMS along with a copy for the primary care physician.
4. **Statutory Durable Power of Attorney** – This form allows a designated person who can take certain actions regarding your property and finances. This form does NOT authorize anyone to make medical decisions for you. An attorney can incorporate this into your living will.
5. **HIPPA Authorization for Release of Medical Records** - This form allows your authorized representative access to your medical records and health information from the hospital, physician and healthcare facilities when you cannot communicate or is incompetent.
6. **Last Will and Testament (must consult an attorney)** - This documents allows you to communicate your wishes regarding your estate, belongings, animals, and personal items to your children, grandchildren, and anyone else you wish to list in your will.

What happens when your medical wishes are not clearly spelled out?

Many times families have a tough time making a decision or deciding in a timely manner. Other times, the physician intervenes on the patient's behalf. You may be placed on medical treatments that may or may not be your desires. The precise decision is the one that is from you. If you do not have family members, it becomes even more difficult and the decisions may be left to a distant family member or the physician.

Can you make changes to these documents?

You can make changes and revisions to these forms, your power of attorney or anything else at any time, as long as you are competent.

Where can you find these forms?

Your attorney can prepare these for you.

Financial Checklist

Items	Notes	Where is it kept?
Bank Checking/Savings	Bank Contact: Bank Phone Number:	
Durable Financial Power of Attorney		
Records of Loans or Guarantees		
Lists of Assets & Debts		
Federal & State Tax Returns (3-5 years)		
Other		

Knowing Your Medicare Options

There are generally two options to access Medicare:

- 1) Original Medicare and
- 2) Medicare Advantage Plans (MAPD).

There are, however, options within those options. Knowledge of those options and the needs of each individual are critical to making an informed decision.

Original Medicare consists of Part A (hospitalization) and Part B (doctors, some specialty drugs, diagnostics, etc.). There are deductibles and co-insurances that are the responsibility of the insured's.

The current deductible for Part A is \$1,216 **per benefit period**. A benefit period is 60 days. For someone who is in and out of hospital several times a year, that could be as much as \$6,080 for one year.

The current deductible for Part B is \$147 for the year. After the Part B deductible is met, Medicare pays 80 percent of the Medicare approved rate and the beneficiary pays 20 percent. There is no limit to what that 20 percent can be. For those who opt for Original Medicare, supplemental policies are available to cover deductibles and co-insurance that Medicare does not pay.

There are several "MedSupp" policies with letter designations (A, B, C, D, F, G, K, L, M and N). While each policy is designed the same, there are some MedSupp policies offered by specific companies that provide coverage beyond what Medicare provides, through riders. Also, if the Original Medicare option is chosen, it will be necessary to enroll in a Part D prescription drug plan. Drug plan premiums start at about \$13/month and can exceed \$100/month. The maximum drug plan deductible \$310. Penalties apply for those who are late enrolling in Medicare Part B (10 percent per year for each year not enrolled past the initial enrollment period) and Part D (10 percent of the national average premium per month for each month not enrolled past the initial enrollment period). There are no maximums for these penalties. MedSupp premiums vary by location and age. Some companies offer premium choices based on "issue" age rather than "attained" age. Issue age premiums do not increase as the insured gets older. Original Medicare is the most flexible option to access health care. Referrals to specialists are not required, and any Medicare-approved doctor will accept Medicare's white card with the red and blue stripes.





Medicare Advantage Plans come in a variety of designs — HMO (health maintenance organization), PPO (preferred provider organization), PFFS (private fee for service), CSNP (chronic special needs plan for certain chronic medical conditions), and DSNP (dual special needs plan for Medicare and Medicaid eligible beneficiaries). Most MAPDs offer additional benefits beyond the required Medicare coverage such as vision, dental, fitness club memberships, publication discounts, and transportation. There is a cap on out-of-pocket (“MOOP”) expenses for beneficiaries. The maximum is \$6,700. Several plans cap the MOOP at \$3,400.

Many MAPDs have “zero” monthly premiums and most include Part D prescription drug coverage. MAPDs are not as flexible as original Medicare. Many require the coordination of care through a primary care physician (“PCP”), who generally makes referrals. Many have networks of healthcare providers, and accessing healthcare through a non-network provider may mean higher cost sharing or no payment for those services unless the situation was a life-threatening emergency. MAPD plans can change every year in terms of co-pays, formularies, additional benefits, and network providers. For these reasons, beneficiaries should review their MAPD annually to determine if a change should be made for the following year.

More information can be found in the Medicare & You handbook, which is published by CMS and mailed annually to beneficiaries. For personal attention to your own particular concerns, consult an insurance professional with knowledge of Medicare and access access to detailed plan information for several companies.

Medicare Advantage Plans for Texas:

<http://www.q1medicare.com/PartD-SearchMA-MedicarePartDPlanFinder.php?state=TX&countyCode=48201&showCounty=Harris>



Medicare Plans in Harris County, Texas

THESE COMPANIES OFFER PRESCRIPTION DRUG PLANS
(there are 34 prescription drug plans in Harris County)

AARP Medicare	Humana
Aetna CVS/pharmacy	MedicareRx Rewards
Blue Cross Medicare	SilverScript
Cigna-HealthSpring	Symphonix
Cigna Medicare	TransAmerica
EnvisionRxPlus Silver	United American
Express Scripts Medicare	Wellcare
First Health	Windsor
HealthMarkets	

THESE COMPANIES OFFER MEDICARE ADVANTAGE PLANS WITH PRESCRIPTION DRUG COVERAGE
(there are 34 Medicare Advantage plans with prescription drug coverage in Harris County)

AARP MedicareComplete	Erickson
Advantra	Humana
Aetna	KelseyCare
Amerivantage	TexanPlus
Blue Cross	Today's Options
Cigna-HealthSpring	Wellcare

THESE COMPANIES OFFER MEDICARE ADVANTAGE PLANS WITHOUT PRESCRIPTION DRUG COVERAGE
(there are 8 Medicare Advantage plans without prescription drug coverage in Harris County)

Cigna-HealthSpring	KelseyCare
Humana	TexanPlus
Erickson	Today's Options

Personal Information Checklist

Items	Notes	Where is it kept?
Birth Certificate		
Marriage Certificate		
Divorce Papers		
Death Certificates (Deceased Spouse)		
Passport / Citizenship Documents		
Military Records	Branch of Service VA ID#: Veterans Military Service Record (DD-214) Dates of Service:	
Driver's License Organ Donor Card		
Bereavement Arrangements	Cemetery Plots: Burial Instructions	
Trusts		
Wills		
Life Insurance Policies		
Social Security		
Long-Term Care Insurance		
Disability Insurance		
Lists of Friends and Family List of Church members and Organization members		
Pet Care Arrangements		
Safety Deposit Box	Location: Number: Key:	
Other Public Assistance Programs		
Others		

Social Security: What Should You Do at Age 62?

Is 62 your lucky number? If you're eligible, that's the earliest age you can start receiving Social Security retirement benefits. If you decide to start collecting benefits before your full retirement age, you have company. According to the Social Security Administration (SSA), approximately 74 percent of Americans elect to receive their Social Security benefits early. (Source: SSA Annual Statistical Supplement, 2012).

Although collecting early retirement benefits make sense for some people, there is a major drawback to consider: if you start collecting benefits early, your monthly retirement benefit will be permanently reduced. So before you put down the tools of your trade and pick up your first Social Security check, there are some factors you need to weigh before deciding to start collecting benefits early.

What will your retirement benefit be?

Your Social Security retirement benefit is based on the number of years you have worked and the amount you earned. Your benefit is calculated using a formula that takes into account your 35 highest earnings years. If you earned little or nothing in several of those years (if you left the workforce to raise a family, for instance), it may be to your advantage to work as long as possible, because you will have the opportunity to replace a year of lower earnings with a higher one, potentially resulting in a higher retirement benefit.

If you begin collecting retirement benefits at age 62, each monthly benefit check will be 25 to 30 percent less than it would be at full retirement age. The exact amount of the reduction depends on the year you were born. Conversely, you can get a higher payout by delaying retirement past your full retirement age - the government increases your payout every month that you delay retirement, up to age 70.

However, even though your monthly benefit will be 25 to 30 percent less if you begin collecting retirement benefits at age 62, you might receive the same or more total lifetime Social Security benefits as if you wait until full retirement age to start collecting benefits. That is because even though you will receive less money per month, you might receive more benefit checks.

The following chart shows how much an estimated \$1,000 monthly benefit at full retirement age would be worth if you started taking a reduced benefit at age 62.

Birth	Year Full Retirement Age	Benefit
1943-1954	66 years	\$750
1955	66 years, 2 months	\$741
1956	66 years, 4 months	\$733
1957	66 years, 6 months	\$725
1958	66 years, 8 months	\$716
1959	66 years, 10 months	\$708
>1960	67 year	\$700

Even if you start collecting Social Security benefits at age 62, keep in mind that you still will not be eligible for Medicare until you reach age 65. So unless you are eligible for retiree health benefits through your former employer or your spouse's health plan at work, you may need to pay for a private health policy until Medicare kicks in.

Have you thought about your longevity?

Is it better to take reduced benefits at age 62 or full benefits later? The answer depends, in part, on how long you live. If you live longer than your “break-even age,” the overall value of your retirement benefits taken at full retirement age will begin to outweigh the value of reduced benefits taken at age 62.

You will likely reach your break-even age about 12 years from your full retirement age. For example, if your full retirement age is 66, you should reach your break-even age at 78. If you live past this age, you will end up with higher total lifetime benefits by waiting until

full retirement age to start collecting. However, unless you’re able to invest your benefits rather than use them for living expenses, your break-even age is probably not the most important part of the equation. For many people, what really counts is how much they’ll receive each month, rather than how much they’ll accumulate over many years.

Of course, no one can predict exactly how long they will live. But by taking into account your current health, diet, exercise level, access to quality medical care, and family health history, you can make a reasonable assumption.



How much income will you need?

Another important piece of the puzzle is to look at how much retirement income you will need, based partly on an estimate of your retirement expenses. If there is a large gap between your projected expenses and your anticipated income, waiting a few years to retire and start collecting Social Security benefits may improve your financial outlook.

If you continue to work and wait until your full retirement age to start collecting benefits, your Social Security monthly benefit will be larger. Moreover, the longer you stay in the workforce, the greater the amount of money you will earn and have available to put into your overall retirement savings. Another plus is that Social Security’s annual cost-of-living increases are calculated using your initial year’s benefits as a base - the higher the base, the greater your annual increase.

Will your spouse be affected?

When to begin receiving Social Security is more complicated when you are married. The age that you begin receiving benefits may significantly affect the amount of lifetime income you and your spouse receive as well as the benefit the surviving spouse will be entitled to, so you need to consider how your decision affects your joint retirement plan.

Do you plan on working after age 62?

Another key factor in your decision is whether or not you plan to continue working after you start collecting Social Security benefits at age 62. That is because the income you earn before full retirement age may reduce your Social Security retirement benefit. Specifically, if you are under full retirement age for the entire year, \$1 in benefits will be withheld for every \$2 you earn over the annual earnings limit (\$15,480 in 2014).

Example: You start collecting Social Security benefits at age 62. You continue working, and your job pays \$30,000 in 2014. Your annual benefit would be reduced by \$7,260 (\$30,000 minus \$15,480, divided by 2).



Note: If your monthly benefit is reduced in the short term due to your earnings, you will receive a higher monthly benefit later. That is because the SSA recalculates your benefit when you reach full retirement age, and omits the months in which your benefit was reduced.

Other considerations

In addition to the factors discussed here, other financial considerations may influence whether you start collecting Social Security benefits at age 62. How do other sources of retirement income factor in? Have you considered how your income taxes will be affected?

What about personal considerations? Do you plan on traveling, volunteering, going back to school, starting your own business, pursuing hobbies, or relocating? Do you have grandchildren or elderly parents whom you want to help take care of? Every person's situation is different.

For more information:

Source: Social Security Administration

If you want to estimate the amount of Social Security benefits you will be eligible to receive in the future under current law (based on your earnings record) you can use the SSA's Retirement Estimator. It is available at the SSA website at www.socialsecurity.gov. You can also sign up to view your online Social Security Statement at the SSA website. Your statement contains a detailed record of your earnings, as well as estimates of retirement, survivor's, and disability benefits, and other information about Social Security.

What is Hospice?

Hospice is an alternative choice to traditional medicine where the focus of care is shifted from treating an illness or performing life saving measures to keeping a patient as comfortable and pain-free as possible. In addition to caring for terminally ill patients, hospice is also extended to the family to help transition, relieve, train, comfort, and counsel members during the patient's end-of-life stage.

Who qualifies for hospice?

To qualify for hospice, a physician must certify that you have a terminal illness with a prognosis of 6 months or less.

Who pays for hospice?

If you qualify for hospice, Medicare and most insurance companies will pay for it.

Where is the care provided?

Care for a hospice patient is usually in a home setting, but it can be provided anywhere from a nursing home, hospital setting, or a separate hospice facility. Because the care is usually focused on comfort and easing pain, there is no need for cumbersome machineries that require the patient to be in a facility.

How do I request for hospice service?

Usually a discharge planner or physician would initiate the conversation with the patient and/or family member(s). Ultimately, the physician has to certify the patient for hospice care. The physician usually has a hospice he works with but the patient can also request to go with a particular hospice company he/she chooses. Other resources for hospice companies can be found at The National Hospice and Palliative Care Organization at www.nhpc.org and the Hospice Association of America at www.nahc.org/HAA

What are the services provided by hospice?

Services are usually assessed by a nurse to evaluate the need of the patient and the family. They include:

- **medical care:** a hospice physician to oversee and coordinate care, many times working with the primary care physician
- **nursing care:** if needed, may include either around-the-clock, sporadically for checkups or special services such as administering injections and training for feeding tubes
- help with daily needs, such as bathing, cooking and cleaning
- visits from a religious counselor, if requested
- counseling services for the patient and family members
- social services support, including help with insurance and financial matters
- respite care to provide breaks and rest time for family caregivers
- medical supplies/equipment such as hospital beds, bedside commodes, wheelchairs, and oxygen
- medications to help control pain and symptoms
- other services may include physical, speech, dietary, and occupational therapy, and
- bereavement care or grieving support following a death.

Visit www.seniorvantage.com to see a list of hospice companies in your area.

911 Emergency Kit Checklist

(Use a zip lock bag to place items below in, and store it on the refrigerator or easily accessible location)

- Medication List (update list every 3 months or after a hospital discharge)
- Health Checklist*
- Do Not Resuscitate Form*
- Medical Power of Attorney*
- Emergency Contact Information, Close relative(s) or POA

Name _____ Phone Number _____

Name _____ Phone Number _____

- Copy of Insurance, Medicare, Medicaid, or VA card
- Imminent Medical Conditions
- pacemaker
- history of surgery _____
- history of transplants _____
- history of heart failure, atrial fibrillation
- history of asthma
- Others _____
- Special Medications
- Warfarin or Coumadin
- Other Blood Thinners: Aspirin, Lovenox
- Lithium
- Digoxin
- Levothyroxine
- Phenytoin
- Others _____

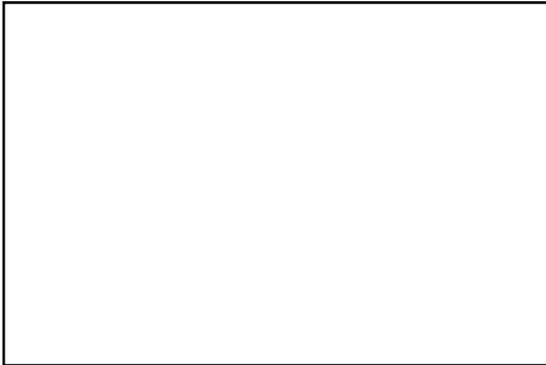
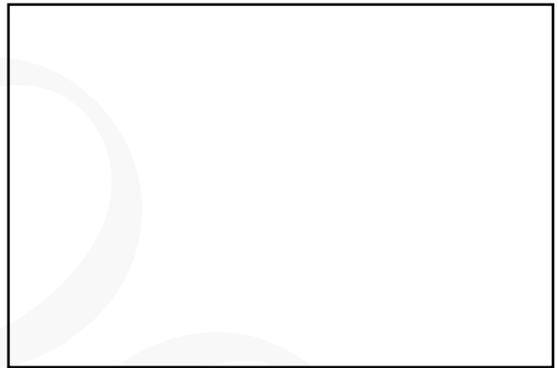
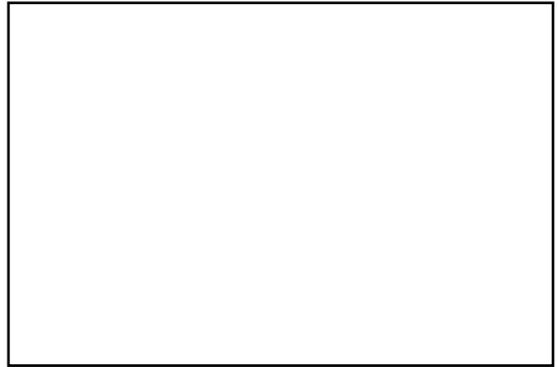
*This form can be downloaded at www.myambassador.org/transitions

Community Resources

Resources	Description	Website
211 Helpline Harris County on Aging	Connects citizens with over 60,000 Health and Human Services programs throughout Texas (Dial 211)	211texas.org/211
Alzheimer's Association	Information and resources for those with Alzheimer's	Alz.org
Ambassadors Caregivers	An extra hand in caring for the disabled or elderly at home, sitter service while they are hospitalized, post-surgery or transplant	AmbassadorsCare.com 713.521.2221
Ambassador Foundation		myambassador.org
Attorneys (Elder Law, probate, estate, trusts, wills, POA)	Senior Non-profit	832.819.0505
American Diabetes Association	Information and resources for those with Diabetes	Diabetes.org
American Heart Association	Information and resources for those with Cardiac issues	Heart.org
Centers for Disease Control and Prevention	Information and tools for people and communities to protect health	Cdc.gov
Department of Aging and Disability Services	Information on long term services and support for people who are aging and who have cognitive and physical disabilities	Dads.state.tx.us
Eldercare Locator	Find elder care resources in the community	Eldercare.gov 1.800.677.1116
Harris County Area Agency on Aging	Nationwide network coordinating supportive services for the elderly	Houstontx.gov/health/aging 832.393.4301
Meals on Wheels	For those in need of meal preparation and delivery	Mowaa.org
Medicaid	Information about Medicaid programs	Cms.hhs.gov/medicaid
Medicare	Learn more about Medicare benefits, prescription drug coverage & programs	Medicare.gov 1.800.MEDICARE
National Stroke Association	Education and programs for stroke prevention, treatment, rehabilitation, and support	Stroke.org
National Hospice and Palliative Care Organization	Hospice	www.nhpco.org
Hospice Association of America	Hospice	www.nahc.org/HAA
Housing Locator: SeniorVantage	Online senior housing search for the greater Houston area, discount coupons for senior communities, resources for family caregivers, lists of support groups	SeniorVantage.com

This form can be downloaded at www.myambassador.org/transitions

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