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Home Care
CORPORATION**

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the CAREGIVER'S GUIDE

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**Montachusett
Home Care
CORPORATION**



The Caregiver
Role

Resources
and
Supportive
Services

WE ARE HERE TO HELP

This Guide should be viewed as a starting point. Central Massachusetts is an area rich in services and opportunities directed to seniors and their caregivers. If the information contained herein sparks questions that require further information to meet the needs of a caregiver or elder in Central Massachusetts, please contact us, your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP), via postal service, telephone, fax, Email or at our websites.

Central Massachusetts Agency on Aging

- 360 West Boylston Street, West Boylston, MA 01583
- AREA SERVED: 61 cities and towns of Central Massachusetts (includes all areas served within the following ASAP descriptions).

Montachusett Home Care Corporation

- Crossroads Office Park, 680 Mechanic St., Leominster, MA 01453
- AREA SERVED: Ashburnham, Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hubbardston, Lancaster, Leominster, Lunenburg, Pepperell, Princeton, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon

Elder Services of Worcester Area, Inc.

- 411 Chandler St., Worcester, MA 01602
- AREA SERVED: Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Leicester, Millbury, New Braintree, Oakham, Paxton, Rutland, Shrewsbury, West Boylston, and Worcester

Tri-Valley, Inc.

- 10 Mill St., Dudley, MA 01571
- AREA SERVED: Bellingham, Blackstone, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Hopedale, Medway, Mendon, Milford, Millville, Northbridge, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Sutton, Upton, Uxbridge, Warren, Webster, West Brookfield

SeniorConnection

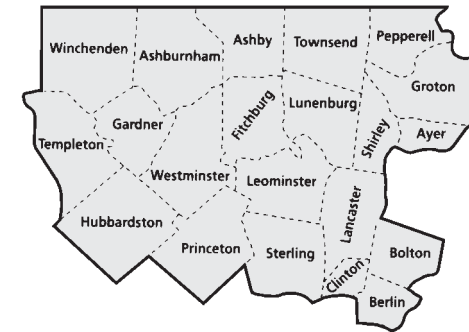
- (V/TDD) 800-244-3032
- (V/TDD) 508-852-5539
- WEB: www.SeniorConnection.org
- EMAIL: CMAAging@SeniorConnection.org

- 800-734-7312
- LEOMINSTER: 978-537-7411
- (TTY) 978-534-6273
- WEB: www.montachusettshomecare.org
- EMAIL: info@mhcc-1.org

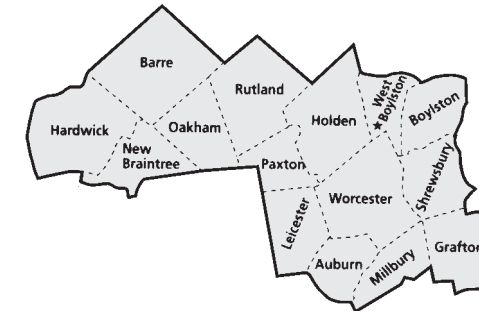
- 800-243-5111
- 508-756-1545
- (TTY) 508-792-4541
- WEB: www.eswa.org
- EMAIL: irinfo@eswa.org

- 800-286-6640
- 508-949-6640
- (TTY) 508-949-6654
- WEB: www.tves.org
- EMAIL: info@tves.org

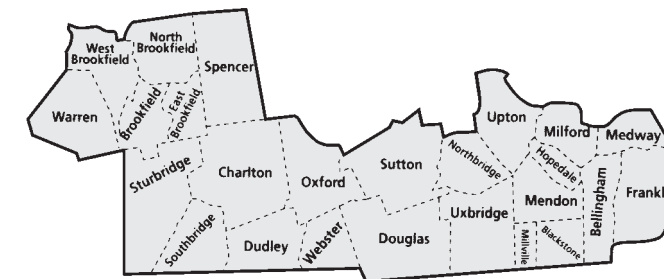
CENTRAL MASSACHUSETTS FAMILY CAREGIVER SUPPORT PROGRAM SERVICE AREA



Montachusett
Home Care
CORPORATION
1-800-734-7312



1-800-243-5111



TRI-VALLEY, INC.



1-800-286-6640

Central Massachusetts Agency on Aging is the area agency on aging for all of the 61 cities and towns seen below, and provides information and referral services for these communities.



Central Massachusetts
Agency on Aging

1-800-244-3032

See Central Massachusetts Family Caregiver Support Program Service Area maps on inside back cover.

The Caregivers' Guide Dedication

Central Massachusetts Family Caregiver Support Program

Central Massachusetts Agency on Aging

Elder Services of Worcester Area, Inc.

Montachusett Home Care Corporation

Tri-Valley, Inc.

dedicate this guide

to the caregivers of elders

who give so much of themselves.

Special thanks to the many community experts and the Central Massachusetts Family Caregiver Support Program, Central Massachusetts Agency on Aging, Elder Services of Worcester Area, Inc., Montachusett Home Care Corporation, and Tri-Valley, Inc. personnel who gave so generously of their time.

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Foreword

Since the year 2000, the National Family Caregiver Support Program (NFCSP) has offered a unique opportunity to help all who care for elders. In a cooperative effort between the NFCSP and the Commonwealth of Massachusetts Executive Office of Elder Affairs, the Central Massachusetts Family Caregiver Support Program was created as a coalition of four agencies committed to assisting elders and their caregivers in the 61 cities and towns of Central Mass.

This collaboration among Central Massachusetts Agency on Aging, Elder Services of Worcester Area, Inc., Montachusett Home Care Corporation and Tri-Valley, Inc. continues to bring care for seniors and caregivers to a new level in the region.

A caregiver of an elder may be a family member, partner, friend, or professional who provides physical, financial, or emotional support for a relative or loved one. Most adult children or spouses and partners do not recognize themselves as caregivers. They accept additional responsibilities as a natural part of their relationship.

Caregivers may live with an older adult or simply next door. Some may even live across the country. But no matter where they live their responsibilities may include providing personal care or finding and managing supplemental care in the local community. Yet whatever the situation, research has shown the importance of showing care for the caregiver, for caregivers need to not only know how to care for their loved ones, but also for themselves. Looking to the emotional and physical needs of the caregiver is essential in being able to wake-up each day with a new resolve.

It is our pleasure to offer you this newly revised caregiver's guide as a tool to help you in your caregiving role. For some of you, it will provide enough information to help you make it through your daily caregiving activities. For others, it will be only a beginning, a place to get started on this sometimes exhausting, and often exciting, journey.

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I.

The Caregiver Role

NOTES

Are You A Caregiver?

Many people do not realize that they are a “caregiver”. When asked, “Are you a caregiver?” most caregivers respond “No”. Acknowledging the role of caregiver may be the first step in getting information, support, and help to ease the responsibilities of taking care of an elder. A caregiver may be a relative, spouse, partner, friend, neighbor, or anyone who provides assistance. It is important to identify yourself as a caregiver in order for you to take the time to gather information, plan, and schedule breaks for yourself. The use of services described in this guide will help prepare you as the demands of caregiving for the elder change over time. Older adults might also want to educate themselves in the event they may need to rely on a caregiver someday.

Who Is A Caregiver

A caregiver is a person who provides emotional and/or physical support to an elder. The following are definitions of various types of caregivers:

- **Primary Caregiver:** The elder depends on this caregiver for regular assistance with basic daily tasks. The caregiver assists in making decisions that directly affect the elder and may act as the elder’s representative in given situations.
- **Secondary Caregiver:** These caregivers provide additional assistance to the primary caregiver and serve as a back-up.
- **Working Caregiver:** The caregiver holds a part-time or full-time job, and provides an elder with emotional and/or physical support.
- **Long Distance Caregiver:** A caregiver that may live in another town or state. A long distance caregiver may depend on others to assist in caring for the elder.
- **Occasional Caregiver:** The caregiver provides assistance on an irregular basis.
- **Grandparent as a Caregiver:** The elder, age 55 and older has taken on the responsibility of raising a grandchild under 18 years of age or a grandchild over 18 years of age who is affected by mental retardation or has developmental disabilities.

Planning For Your Caregiver Role

Caregiving can be a very rewarding role, and at times it can be an overwhelming process. Identifying needs, locating resources, and coordinating services can be a challenge. Whenever possible, get to know the feelings and desires of the person for whom you are caring so his/her wishes can be respected in future decisions regarding their care.

Determine The Need(s) Of The Older Adult

It is important to first determine the needs of an individual before embarking on the caregiving journey. Many issues can and should be discussed before a crisis occurs. Consider the following questions:

- Is there sufficient income to meet short and long term needs? Is there insurance or other resources to pay for future services?
- If the elder’s health deteriorates, what housing arrangements would best meet their needs, and what would they prefer?
- Has a Durable Power of Attorney been designated?

- Would they consider a friendly visitor or companion or attend an adult day care center?
- Is there a completed Health Care Proxy?
- Has there been a sudden crisis (i.e. a stroke or a fall) or has a medical situation developed gradually (i.e. dementia, heart condition, arthritis), or has the elder's needs increased because of the natural process of aging?
- Are there physical limitations, memory problems or both?
- Does the elder need assistance with any of the following:
 - Housework, Laundry, Meals
 - Bathing, Dressing, Toileting
 - Shopping, Transportation
 - Money Management, Financial Planning, Legal Issues
 - Medication Monitoring, Medical Appointments
 - Home Safety Equipment, Personal Emergency Response System
 - Socialization, Emotional Support

Helpful Guidelines

As soon as you know your elder's needs and desires:

- Clarify your caregiving role.
- Look at options available.
- Connect with the appropriate resources.
- Develop a plan.
- Set a trial period and monitor the results.

How To Get The Help You Need

Finding your way through the maze of government agencies and community services can be an overwhelming process.

- Write down your questions.
- Be well organized, brief, and to the point.
- Record the name of the contact person(s) with whom you speak and the date.
- Record the responses to the questions.
- Use each contact as a resource; ask what other services exist and what websites to review. If you have not received satisfactory answers, ask to speak to a supervisor.

Do You Have General Questions And Concerns About An Elder's Welfare But Do Not Know Where To Begin? Many of your questions and concerns can be addressed through your local Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover) The goal of these agencies is to help elders live independently in their home for as long as possible. However, if the occasion arises where an elder needs to reside in a more supportive environment these agencies can also assist you in navigating through this process.

When An Elder Resists Assistance

Elders sometimes resist accepting assistance because it often involves losing independence and giving up control over certain aspects of their lives. Needing assistance may be perceived as an admission of weakness or failure. They may feel that the care would be too expensive, and they may have privacy issues regarding financial disclosure. The need for assistance may be seen as one step toward a nursing home.

Remember..... Caregivers Need To Be Wary Of Taking On The Role Of “Rescuer.”

Rescuing teaches the one receiving care to be helpless. Eventually the elder will lose both the skills and the desire to do anything independently.

The following are some tips that may encourage an elder to accept assistance:

Involve The Person In Decision-Making

- Be respectful. If at all possible, the elder should still be in charge of his or her care. Your role may be to facilitate decisions rather than to make them.
- Watch for openings in the conversation. For example, “You mentioned feeling tired. Are you having trouble keeping up with your chores?”
- If the elder doesn’t think he/she needs help, give examples of instances that have caused you concern.

Evaluate Specific Care Needs

- Look at services in stages- one service at a time
- Try less invasive services first (on a trial basis)
 - Meals on Wheels
 - Personal Emergency Response System
 - Volunteer/Companion
 - Transportation

Present Options

A person may feel more empowered and more likely to accept help if he or she has options.

- Instead of moving from a big home, hire someone to help with chores.
- Use only a portion of the home – the elder may choose to live downstairs.
- An elder who needs daily care might choose to have a caregiver come into the home, move in with the relative, or go to a more supportive living environment.

Evaluate When A Person Can No Longer Make Decisions About His Or Her Care

Some of the signs that indicate a person is unable to make decisions include:

- Not eating, bathing, or providing basic self-care.
- Not paying bills or answering mail.
- Doing dangerous things like leaving stove burners on.
- Showing symptoms of memory loss or confusion.

If The Person Still Refuses Care

- If this is a health or safety issue, be gentle but firm. “This has to be addressed.” “We can’t put it off any longer.”
- Strategize how to help the elder accept care by calling a family meeting.
- Ask an outside person, such as a doctor or clergy to step in.

Don't Give Up

- An elder may at first refuse, but then over time agree to accept care.
- Keep offering and providing whatever care the elder will accept.
- Be aware of “windows of opportunity.” You may be able to provide help during an illness or following a hospitalization.

Take Care Of Yourself. Consider talking about the situation with supportive friends, family members or a counselor. Consider joining a caregiver support group.

Caring For The Caregiver

While caregiving offers many rewards it can also be emotionally and physically exhausting. For some whose needs are simple, a few telephone calls will solve the problem. For others, who need daily care for a chronic illness, the situation is more involved and can last over a long period of time. A caregiver can easily neglect his/her own physical and emotional health. It is important for caregivers to pay attention to their own needs, or they risk becoming exhausted or ill and unable to care for the other person. Remember it can be stressful to provide care for another person. It will impact you if you do not care for yourself! **MOST IMPORTANT: BE POSITIVE, PERSISTENT & PATIENT!**

How To Take Care Of Yourself

- Prioritize your caregiving. Decide to do only what is most important.
- Keep realistic expectations for yourself and others.
- Don't feel you have to do everything yourself.
- Look into the full range of services and benefit programs that either you or the elder may be eligible for.
- Don't isolate yourself- keep in touch with friends.
- Ask for help. Often friends and relatives need some direction from you on how they can help with care, with household chores, or errands.
- Acknowledge your limitations. Know when the stresses are becoming too much to bear, and that you need to get your strength and your objectivity back.
- Educate yourself about the condition of the person for whom you are caring. Expect some decline and do not blame yourself for it.
- Allow yourself to grieve the losses that accompany any degenerative disease.
- Learn stress management and relaxation techniques that will help you deal with any frustrations and stresses that build up.
- Promote independence. Do not do everything for the person you are caring for. Treating them as adults will empower them to complete things on their own.
- Attend a caregiver support group, in person or online.
- Keep your own appointments with your physician, dentist, counselor, etc.
- Exercise. Ask a friend, neighbor, or family member to stay with your loved one while you go out for a walk, or do any exercise routine that you enjoy.
- Rest when the person you are caring for rests, or do something special for yourself.
- Get a proper amount of sleep. If evenings are a problem, have someone sleep over occasionally so you can get an uninterrupted night's sleep.
- Don't lose your sense of humor. Laugh, even if it is while you are alone. Just do it!

The Caregivers' Mental Health

Caring for a loved one can bring one much joy and satisfaction. It also can be associated with intense feelings of fear, worry, sadness, and grief. It is normal for caregivers to experience such emotions in response to coping with the tasks of caregiving. If there are feelings of overwhelming anxiety or depression that do not go away, treatment may be required. Whatever the cause may be, depression and anxiety are both treatable conditions.

Caregivers should seek professional help if they experience four or more of the following symptoms continuously for two or more weeks:

- Feelings of worthlessness
- Inappropriate guilt
- Persistent hopelessness
- Noticeable changes in sleep patterns or appetite
- Loss of energy or pleasure in ordinary activities
- Uncharacteristic withdrawal from others
- Thoughts of death or suicide, or melancholia
- Tearfulness or excessive crying

Support Groups

Support groups provide a place to exchange information, share experiences and solutions to problems of caregiving, and learn about local resources. Families report how valuable it is to meet others who are facing the same problems. Although some people do not like to talk about their problems, knowing that others are experiencing the same kinds of frustration and stress can bring great relief. It helps to know you are not alone.

Support groups differ in their structure, their membership and their goals. You may need to try more than one group before you find one that meets your needs. In looking for a support group you may want to consider the following questions:

- Where is the group located?
- Is this an in person or online support group?
- What time of day or night is it held and what is the length of the meetings?
- Is any assistance provided if respite care is needed in order to attend the meetings?
- Are the meetings ongoing and open-ended so one can join at any time?
- Is the goal of the group educational, supportive or a combination?
- Who are the leader(s) of the group?
- What is the makeup of the members of the group?

Many organizations provide both individual and family counseling for caregivers. The availability of support groups changes frequently. For an up-to-date listing of these support and respite services, contact the following agencies: Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover.)

Long Distance Caregiving

Do you live in another town or state from the person that requires care? Living away from the person you are caring for can create an added challenge for the caregiver. The following information is devoted to assisting those who are caring for an elder who lives elsewhere.

Eldercare Locator: The Eldercare Locator connects older Americans and their caregivers with sources of information on senior services throughout the United States. The service links those who need assistance with state and local Area Agencies on Aging and community-based organizations that serve older adults and their caregivers. Contact the **Eldercare Locator** at: **1-800-677-1116** or **www.eldercare.gov**.

Mass 2-1-1 is a new statewide phone-based Information and Referral service available Monday-Friday 8am-8pm to provide information about services in each Massachusetts community. **In state dial 2-1-1. Out of state (877)-211-6277, TTY (617) 536-5872.**

Assess The Person's Needs

- Does this person need assistance in the home with housework, laundry, shopping, bathing or meals?
- Does this person need transportation assistance to appointments?
- Would this person benefit from a safety monitoring system?
- Or would you like comprehensive information regarding what is available?

Identify The Local Resources In Their Area

- Area Agency on Aging
- Aging Service Access Point
- Senior Centers/Community Centers
- Medical Centers
- Friends/Neighbors
- Churches, Temples, Synagogues

Things That You Can Do From A Distance

- Keep contact on a regular basis
- Assist with managing the finances
- Keep contact with all involved social services agencies and health care providers
- Keep a caregiver organizer with:
 - Updated medication list
 - Emergency contact numbers
 - Updated medical information
 - Service agency numbers
 - Schedule (meal, activity)

To obtain a **Long Distance Caregiving** booklet and/or to find out about services contact your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover.)

Grandparents Raising Grandchildren

Raising the child of a relative can be challenging. It can also be rewarding. Grandparents are faced with a number of issues for which they may be unprepared. These include but are not limited to legal, financial, housing, educational, physical and mental health issues. According to AARP, in 2005 in the United States, more than 6 million children were being raised in households headed by grandparents and other relatives; 2.5 million children were in these households without any parents present. In Massachusetts, 27,915 grandparents reported that they were responsible for their grandchildren. Thirty-two percent of these grandparents lived in households without the children's parents present.

Finding support as you raise a grandchild is very important to your own well-being. Many grandparents often lack information about the range of support services, benefits and policies they need to fulfill their caregiving role. Support groups are one way of obtaining information as well as meeting with people who understand what you're going through. In the Central Massachusetts's area the **Grandparents Kinship Support Group** exists to meet this need. Regular meetings provide a forum to share information and discuss issues and concerns of kinship families. The group also brings in expert speakers on a variety of issues.

The **Massachusetts Family Caregiver Support Program** recognizes grandparents and other relatives age 55 and over raising grandchildren 18 years of age and under (with or without a developmental disability) and age 18 and over (with a developmental disability) as caregivers. The program can offer support and education about resources in the community. Call your Area Agency on Aging (AAA) or local Aging Service Access Point (ASAP).

Local And National Resources:

Grandparents Kinship Support Group

508-799-8072

Worcester Senior Center

128 Providence Street, Worcester, MA 01604

Resource Guide for Massachusetts Grandparents Raising Grandchildren

This publication includes legal, financial, health, housing, and childcare information.

This guide is available online at www.800ageinfo.com or by calling **1-800-Age-Info (1-800-243-4636)**.

AARP Grandparent Information Center

800-424-3410

www.aarp.org/grandparents

National Center on Grandparents Raising Grandchildren

404-651-1049

chhs.gsu.edu/nationalcenter

II.

Resources

&

Supportive Services

NOTES

Central Massachusetts Family Caregiver Support Program

The National Family Caregiver Support Program was developed by the Administration on Aging and exists throughout the United States. The Central Massachusetts Family Caregiver Support Program, a cooperative effort of the Central Massachusetts Agency on Aging, Elder Services of Worcester Area, Inc., Montachusett Home Care Corporation and Tri-Valley, Inc., serves caregivers in 61 cities and towns.

The Central Massachusetts Family Caregiver Support Program recognizes that caregivers, whether they live in the same building, around the block, or out of state, need access to information, one-to-one assistance, training, respite and support. Caregivers need resources that are flexible, convenient and responsive to their family relationships, culture and language. The goal is to make a number of services available to assist caregivers including: information, resources, referrals, support, training, and outreach.

Caregivers Served By This Program Include:

- Anyone caring for a spouse, parent, other relative or friend who is age 60 or older, or who has Alzheimer's Disease.
- Grandparents age 55 or older caring for a child age 18 or younger.
- Anyone over age 55 caring for a disabled individual who is not his or her child.

Caregivers Are Offered:

- Information and resources.
- Assistance accessing supports and services.
- **Free** one-on-one sessions in person, by phone or through email to assist in assessing options, making decisions and solving problems related to their caregiving role.
- Educational materials tailored to meet their specific caregiving needs.
- Group training programs on the social, emotional, health, legal, financial and housing aspects of caregiving.
- A **Caregiver's Scholarship Fund** provides assistance arranging for and funding short-term respite. This fund can offer a brief period of relief and supplemental services, such as adaptive equipment, and other resources to complement care.
- **The Caregiver's Guide** filled with information about topics related to caregiving.
- **The Caregiver Organizer**, a handy pocket tool, which can be used for keeping track of an elder's social, medical and legal information. The tool is available in Spanish, Vietnamese, Russian and Albanian as well as online at www.SeniorConnection.org in French, Portuguese, Polish and Cambodian Khmer.
- A **Long Distance Caregiving Booklet** that provides information to long distance caregivers including help assessing a situation, local resources and websites.
- Group caregiver informational sessions and materials.
- Follow-up.

Aging Service Access Points (ASAPs)

Every city and town in Massachusetts falls within the service area of an Aging Service Access Point (ASAP) previously known as Home Care Corporations. ASAPs are private nonprofit agencies. In the Central Massachusetts Area there are three ASAPs:

Montachusett Home Care Corporation **800-734-7312**
Cross Office Park
680 Mechanic Street, Leominster, MA 01453
www.montachusetthomecare.org **978-537-7411**
Email: info@mhcc-1.org **(TTY) 978-534-6273**

Elder Services of Worcester Area, Inc. **800-243-5111**
411 Chandler Street, Worcester, MA 01602
www.eswa.org **Email: irinfo@eswa.org** **508-756-1545**
(TTY) 508-792-4541

Tri-Valley, Inc. **800-286-6640**
10 Mill Street Dudley, MA 01571
www.tves.org **Email: info@tves.org** **508-949-6640**
(TTY) 508-949-6654

ASAPs provide a wide range of supportive social services designed to promote successful independent life at home for frail elders, preventing and postponing the need for institutional care. In the event that an elder's situation changes and a more supportive living environment is required these ASAPs can help families evaluate alternative options and facilitate transitions.

The range of services offered may vary from ASAP to ASAP and eligibility guidelines vary from program to program. Services provided by **Montachusett Home Care Corporation**, **Elder Services of Worcester Area Inc.** and **Tri-Valley, Inc.** include the following:

Information & Referral

Certified Information & Referral Specialists in Aging offer free resource information to elders, their caregivers and other professionals about a variety of topics ranging from public benefits to community services and state and national programs. Although this service is primarily offered by telephone, walk-ins are welcome during business hours, as well as Email requests. The I & R staff maintain a database of current information regarding elder services and resources in order to provide appropriate referrals to callers. The staffs also follow up to make sure that needed services are received. All requests for information are confidential. Anonymous inquiries are welcome. Translation is available through Tele-Interpreters.

Care/Case Management

Professionally qualified Care/Case Managers conduct home visits, assess the needs of each client, determine eligibility for different programs and develop a Care Plan in consultation with the client and family. Based on the individual needs of each client, Care/Case Managers arrange for appropriate services to assist elders in their desire to live independently, and then review and monitor service plans on a regular basis.

Home Care

A state funded program utilizing Care/Case managers, nurses and information specialists to coordinate service plans for person 60 years of age and older who have critical unmet needs. Services Include:

Homemaker Services	Adult Day Health
Transportation	Social Day Care
Chore/Heavy Tasks Assistance	Personal Emergency Response Systems
Personal Care	Caregiver Specialists
Home Health Aides	Elder Care Advise
Friendly Visiting	Caregiver Guides & Organizers
Companionship	Adaptive Equipment
Home-Delivered meals	Protective Services
Respite	Congregate Housing
Nursing Home Screening	Money Management
Caring Homes	

Additional services may include the following:

Montachusett Home Care Corporation and Tri-Valley, Inc.:

- Adult Family Care (AFC)
- Adult Family Care II (AFC II)
- Personal Care Attendant
- Ombudsman
- Community Volunteer Services

Tri-Valley, Inc. and Montachusett Home Care Corporation have expanded service area for AFC, AFCII and PCA. Tri-Valley provides these services in the 25 towns in their service area plus Auburn, Barre, Boylston, Grafton, Hardwick, Holden, Holliston, Hopkinton, Leicester, Marlboro, Millbury, New Braintree, Northborough, Oakham, Paxton, Rutland, Shrewsbury, Westborough, West Boylston, and Worcester.

Tri-Valley, Inc and Elder Services of Worcester Area, Inc.:

- Nutrition
- Congregate Meals at senior centers and elderly housing sites

Montachusett Home Care Corp:

- Group Adult Foster Care
- Supportive Housing

Area Agency on Aging (AAA)

Central Massachusetts Agency on Aging
SeniorConnection

(V/TDD) 800-244-3032

(V/TDD) 508-852-5539

360 West Boylston Street, West Boylston, MA 01583

www.SeniorConnection.org and its subsite **Connection for Caregivers**

Email: CMAAging@SeniorConnection.org

The Central Massachusetts Agency on Aging (CMAA) is a private nonprofit organization chosen by the Massachusetts Executive Office of Elder Affairs to provide services to elders and their caregivers in the sixty-one towns and cities in the Central Massachusetts region. As the Area Agency on Aging (AAA), **CMAA** is responsible under the Federal Older Americans Act (OAA) to plan, fund and monitor programs for seniors and their caregivers throughout the region. This is done by:

- Conducting periodic assessments of elder and caregiver needs through surveys, public hearings and focus groups.
- Requesting and evaluating proposals to meet those needs identified through our Advisory Council of citizens, providers, elder advocates and voluntary Board of Directors.
- Distributing \$2 million in Title III Older Americans Act monies to 28 programs in 16 agencies throughout our 61 towns and cities region. These programs include outreach, legal assistance, caregiver support, elder home repair, health promotion and nutrition services.

After planning, funding and monitoring programs, AAA's may choose to provide various other services. The **Central Massachusetts Agency on Aging** established its Information and Referral Department, **SeniorConnection**, and accompanying website:

www.SeniorConnection.org, to help seniors and caregivers at the crossroads of eldercare. **SeniorConnection** Information Specialists offer free, unbiased information to seniors, caregivers and professionals about programs, benefits and opportunities available in Central Massachusetts. This department maintains a searchable database listing more than 2,000 agencies, programs and services for elders and caregivers. **SeniorConnection** made this searchable database along with favorite links to useful Internet sources, information about specific services provided by the **Central Massachusetts Agency on Aging** and its periodic newsletter, available online free of charge on our website www.SeniorConnection.org.

Connection for Caregivers

You Don't Have to Go It Alone! Go to www.SeniorConnection.org and click on "**Connection for Caregivers**", an interactive website dedicated to the needs of those individuals who help an older relative or friend continue to live as independent a life as possible whether it be in their own home or while residing in a long term care facility. You'll find a wealth of information and interactive options to support you at home or at work in your role as a caregiver. It's informative. It's interactive. And it's free.

The **Central Massachusetts Agency on Aging's** interactive online site offers valuable services. Register online to access the following supportive services:

- **Live Monthly Support Group** offered online, facilitated by a social worker.
- **Live Chats** offered online. Topics include long term care insurance, reverse mortgage, hospice/end of life care and more. Other monthly chats help you find your answers to questions regarding health insurance and legal issues for elders. Each hour-long chat is facilitated by an expert from our very own community. A schedule is available online, or call for more information.
- **Online Classes** to help you cope with your concerns, such as medication, nutrition, elder housing options and how to navigate the maze of aging network resources.
- **24/7 Peer To Peer Chat Room** for informal support from other caregivers facing similar challenges, available online 24 hours a day, 7 days a week. Make plans to meet a friend. Here you can keep in touch with fellow caregivers in between your face-to-face caregiver support groups.
- **Articles By Experts** in the "Four Corners" section, featuring four articles each month on medical and legislative issues, ways to maintain your well-being, plus a spotlight on resources available for elders and caregivers. Previous months' articles are archived for easy searching.
- **The Caregiver's Guide**, the very book you are reading, which is an extensive resource guide for caregivers facing new decisions on behalf of older family members or friends, can be downloaded from this site.
- **Calendar Of Area Events** of interest to caregivers and their families.
- **Questions Answered By Email** when you're not sure where else to turn.
- **Caregiver Survey**, encourages you to take a few minutes to complete a couple of questions in order to better educate CMAA about your needs as Central Massachusetts Caregivers.
- **New Ideas From You!** "**Connection for Caregivers**" is a community effort. We are always looking for new resources on any aspect of elder caregiver care. If you have information that could be helpful to share with others, let us know.

Every city/town in the U.S.A. falls within the service area of an Area Agency on Aging, (AAA). Whether you are a long distance caregiver or a traveling senior, we can assist you in locating the AAA in the city/town and state where your need(s) exist.

Care Management

A professional service, referred to as "private care management", is available to elders and caregivers on a private fee-for-service basis, usually without eligibility guidelines. Professional geriatric care managers are human service professionals who specialize in assisting older persons and their families in designing plans to maximize independence and well-being, as well as meet their long term care needs.

Private Geriatric Care Managers operate independent practices and select which services they will offer to clients. They can help conduct care planning assessments to identify problems, eligibility for assistance and need for services; screen, arrange for and monitor in-home help or other services; coordinate and monitor life care needs; review financial, legal or medical issues and offer referrals to other specialists; provide crisis intervention; act as a liaison to families and long-distance caregivers; offer guidance in identifying alternative housing options and facilitating transitions; counsel, support, educate and advocate for elders and their families.

Private Geriatric Care Managers work on a fee-for-service basis. Hourly fees range from \$75-\$150 and may require an initial consultation fee or retainer, depending on the type of service being requested. Before entering into a contractual agreement you should do your own investigative interview to assess the professional's ability and willingness to work with all concerned parties in creating the best possible plan for the elder in your life. You might consider speaking with references who have utilized the services that you are seeking. Make sure you clearly understand how you will be charged. Many of these professionals belong to the **National Association of Professional Geriatric Care Managers** (www.caremanager.org or 1-520-881-8008). The local chapter can be contacted at:

Geriatric Care Managers of New England
Eight Park Plaza #336, Boston, MA 02116
www.gcmnewengland.org

617-426-3533

Other agencies that offer private Geriatric Care Managers are:

Montachusett Home Care Corporation
Cross Office Park
680 Mechanic Street, Leominster, MA 01453
www.montachusetthomecare.org
Email: info@mhcc-1.org

800-734-7312

978-537-7411
(TTY) 978-534-6273

For a complete list of Geriatric Care Managers please contact your Area Agency on Aging (AAA) or your local Aging Service Access Point (ASAP). (See inside front cover.)

In-Home Services

In-home services assist people 60 years of age and older in need of care to remain at home independently.

You might want to secure someone to come to the home to help with daily activities such as light housekeeping, laundry, shopping, bathing, dressing, or to just pay a visit. These services are available through the home health care systems or can be obtained privately.

Home health care can be arranged through your local nonprofit ASAP or directly through the private home health care organizations. These organizations furnish part-time or intermittent nursing services, home health aide services (assistance with bathing, dressing, and meals), rehabilitation services (such as physical, occupational and speech therapies), homemakers, companionship and shopping assistance at the consumer's place of residence. Home health care services are available to anyone 60 years of age and older who may have a medical, nursing, or social service need that can be addressed in a home setting. To receive these services through a program that subsidizes the costs a person must meet the eligibility requirements of the ASAP.

Medicare, Medicaid, Health Maintenance Organizations (HMOs), some insurance plans, and other programs pay for limited home health care for those who are eligible. Some plans require a doctor's orders for eligibility. However, family members pay for most home health care. ***There are some programs through which a family member (excluding a spouse) can be paid for providing in-home care.***

If you are paying for these services privately no eligibility requirement is necessary. Finding the best home health care agency for your needs requires research, but it is time well spent. Quality of personnel is the prevailing factor when choosing a home health care provider. Before you begin investigating home health care opportunities you may want to familiarize yourself with the following terminology frequently used by aging network service providers:

Homemaker Services: Homemakers provide in-home assistance, including light housekeeping, grocery shopping, laundry and meal preparation.

Chore Services: Heavy chores may include such things as vacuuming (including the moving of furniture to vacuum), washing floors and walls, defrosting freezers, cleaning ovens, cleaning attics and basements to remove fire and health hazards. Chore services are designed to help make frail elders' homes habitable.

Home Delivered Meals: A hot meal is brought to the home of people 60 years of age and older who are homebound and unable to prepare meals for themselves due to a temporary or permanent disability.

Money Management Programs: Trained Money Managers are volunteers who help elders with setting up budgets, bill paying, check writing, and checking account maintenance. Often they can assist with insurance or income benefit paperwork. Many can also act as Representative Payees for eligible Social Security beneficiaries. Representative Payees are people or organizations that are authorized to cash checks (such as social security or SSI) for recipients who are deemed incapable of managing their own funds.

Friendly Visitors/Senior Companions: Companions are persons, usually volunteers, who visit the homebound elder, read to and/or talk with him/her, perhaps play cards, or other entertainment, for a more or less fixed period of time. This service may also include assistance with IADLs (Instrumental Activities of Daily Living, such as shopping, laundry, light housekeeping, meal preparation and escorts to appointments).

Personal Care: Personal Care Attendants (PCA) operate under the guidelines defined by the Massachusetts Executive Office of Elder Affairs. They are trained and supervised by a Registered Nurse (RN) and provide assistance with bathing, dressing, personal hygiene, and/or eating, transfers and range of motion exercises. A PCA can also assist with household tasks. In order for a consumer to receive personal care, an RN must first complete an assessment.

There is also a state funded PCA program in which a PCA can be directly employed by a MassHealth recipient needing care. The consumer must have a physician referral for personal care services and a chronic or permanent disability for which they cannot perform activities of daily living without assistance. The PCA cannot be one of the following: a child, a parent, a spouse, legal guardian or surrogate of the consumer.

Certified Home Health Aide (CHHA): Certified home health aides are trained and supervised by a registered nurse and also provide assistance with bathing, dressing, personal hygiene, and/or eating. Home health aides operate under direct orders of a physician. A certified home health agency must meet the Medicaid and Medicare conditions of participation and standards for home health agencies in Massachusetts providing nursing care, rehabilitation therapies and home health aide service in the community. Certified means approved by the Massachusetts Department of Public Health (DPH) for reimbursement under Medicare, Medicaid and other insurance policies.

Skilled Nursing: Skilled nursing care can only be provided by or under the supervision of licensed nursing personnel.

Habilitation Therapy: Habilitation Therapy is a service to support caregivers to create and maintain a positive experience for a person dealing with the effects of a dementia related illness. The objective is to provide education and support to the caregiver and to provide suggestions to modify the environment that may worsen the disabilities of the disease. Dementia specialists are trained clinicians certified by the Alzheimer's Association of Massachusetts. The specialists provide knowledge and expertise to caregivers (and the person with the disease when appropriate) in understanding the disease process and pitfalls to avoid, as well as techniques of communication, behavior management, structuring the environment, creating therapeutic activities and planning for future care needs.

Vision Rehabilitation: Vision Rehabilitation is a service designed to instruct people who are visually impaired in the use of compensatory skills and aids that will enable them to live safely, productively, independently and up to their maximum potential. The training enhances personal management skills, communication skills, travel skills, low vision utilization and home management skills. Through the training, individuals may regain the ability to perform all or part of their own Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). In addition, training helps the client to understand their vision loss, to facilitate the development of appropriate coping mechanisms and improve the person's quality of life. Vision Rehabilitation professionals have to be certified according to the Association for the Education and Rehabilitation of the Blind and Visually Impaired.

Hearing Rehabilitation: Hearing Rehabilitation is a service designed to instruct people who are hard of hearing or deaf in the use of adaptive skills and aids that will enable them to live safely, productively, independently and up to their maximum potential. The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is a commission, under the Massachusetts Executive Office of Human Services, which serves as the principal agency in the state on behalf of the deaf, late deafened, and hard of hearing people. The MCDHH also developed a statewide system to enable access to assistive technology and related services by people with disabilities in Massachusetts.

Telephone Reassurance: Regular phone calls are made to homebound elders. A prearranged emergency contact person is notified whenever there is no answer at the elder's home.

Personal Emergency Response System (PERS): An electronic device connected to a telephone line. In an emergency, it can be activated either by pushing a small button on a pendant, pressing the help button on the console unit, or by an adaptive switch set-up. When the device is activated, staff from the 24-hour-a-day, seven-day-a-week central monitoring station answer the call, speak to the person via the console unit, assess the need for help, and take appropriate action.

Home Monitoring Systems: Conditions causing disorientation or restlessness, such as Alzheimer's Disease, can cause wandering behavior, an unsafe and scary situation for both the elder and the caregiver. Home monitoring systems are designed to alert the caregiver when an elder, wearing a transmitting device, enters the zone near a monitored door or goes beyond a designated outside footage. These systems can be rented or purchased.

Adaptive Equipment: Adaptive Equipment includes a range of innovative products, which can increase confidence, safety and independence. Local medical supply companies, pharmacies, home repair stores and websites carry a variety of helpful devices ranging from tub transfer benches, to walking aids, pill dispensers and transport chairs. Medicare covers some medical equipment. Medicaid covers additional equipment. Information on coverage is available at most physician's offices and medical supply companies.

For further information regarding the above noted In-Home Services please contact your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover.)

Funding In-Home Community Based Care Services

Community Based Care: These services are required by individuals in their homes and may be privately purchased by contacting home health organizations in the area and discussing your specific need(s) and their fee structure. Income eligible, frail elders can receive in-home health care services for free or on a sliding scale fee structure from ASAPs and other agencies.

Medicare

Community Based Care: Medicare will cover the full-approved cost of home health services if *all four* of the following conditions exist:

- The care needed includes intermittent skilled nursing care, physical therapy, or speech therapy.
- The individual is confined to their home.
- The individual is under the care of a physician who determines the need for services and establishes a plan of home health care.
- The home health agency providing services participates in Medicare.

Services that will be covered by Medicare include nursing, physical, occupational and speech therapy. To determine whether services can be received under the Medicare home health benefit, the individual should speak with their physician.

Medicaid (MassHealth)

Medicaid is a state and federally funded, needs based assistance program. Both federal and state governments share in payments for medical care such as long term care, both facility and community based.

Community Based Care: Medicaid is available to those financially and medically eligible individuals living in the community. An application must be filed with MassHealth. Benefits include payment of Medicare Part B premium, free medical care, prescription drugs for minimal co-payments per prescription, adult day health facilities and certified home health agencies.

Contact MassHealth Enrollment Centers at one of the following, or www.mass.gov/eohhs

- | | |
|--|---------------------|
| • Tewksbury Enrollment Center | 978-863-9200 |
| 367 East Street, Tewksbury, MA 01876 | 800-408-1253 |
| • Springfield Enrollment Center | 413-785-4100 |
| 333 Bridge Street, Springfield, MA 01103 | 800-332-5545 |
| • Taunton Enrollment Center | 508-828-4600 |
| 21 Spring Street, Suite 4, Taunton, MA 02780 | 800-242-1340 |
| • Revere Enrollment Center | 781-485-2500 |
| 300 Ocean Avenue, Suite 4000, Revere, MA 02151 | 800-322-1448 |

For more information on Medicare and Medicaid benefits, please contact **Serving The Health Information Needs of Elders (SHINE): 1-800-Age-Info (1-800-243-4636)** or the **Regional Office at 508-422-9931**.

Long Term Care Insurance

These types of policies are designed to provide coverage for long term care needs including some services provided in the home as well as services received in long term care facilities, such as nursing homes, assisted living facilities or adult day centers. These policies should be purchased from a financially stable company. Check ratings of companies to be sure that they are consistently high and ask about their history of premium increases. You can find the ratings of long term-care insurance companies on the following websites: www.moodys.com, www.ambest.com or www.standardandpoors.com. For information regarding the types of long term care plans being sold in Massachusetts, contact:

Massachusetts Division of Insurance Consumer Line
www.mass.gov/doi

617-521-7794

Veterans Administration (VA) Benefits

The Veterans Administration provides a **Medical Benefits Package**, a standard enhanced health benefits plan available to all enrolled veterans. The plan emphasizes preventative and primary care and offers a full range of outpatient and inpatient services within the VA system. To enroll in the VA health care system and apply for health care benefits, including long term care, you must fill out an application. Information about enrollment and eligibility is available at www.va.gov/healtheligibility or by calling the **VA Health Benefits Service Center at 1-877-222 VETS (1-877-222-8387)**. You may also call the nearest VA Medical Center or community based outreach clinic and ask for the enrollment coordinator. All VA Medical Center locations, phone numbers and other descriptive information are available on the VA website at www.va.gov. You may also complete an enrollment application on-line at www.va.gov/1010ez.htm.

Aid And Attendance benefits are available for those veterans and their surviving spouses who require the aid and attendance of another person in order to avoid the hazards of his/her daily environment. Aid and Attendance provides a direct monthly pension benefit to purchase in home services, adult day health or assisted living. In order to qualify for benefits a veteran or surviving spouse must meet service, medical, net worth and income requirements. Information on **VA non-medical benefits** is available at www.vba.va.gov and at www.veteranaid.org. Applications for Aid and Attendance can be obtained at local veteran's service offices or VA Medical Centers.

Worcester Veterans Outreach Center
Department of Veterans Affairs (VA)
www.va.gov.

508-856-0104
800-827-1000

See page 80 for further information on Veterans Services.

Respite Care

Respite Care provides temporary relief services to caregivers who are trying to cope with the stresses of providing ongoing care. Respite care provides relief to the primary caregiver while ensuring continued quality of care for the elder. Caregivers may need to take advantage of respite services for many different reasons. Caregivers may need time during the week to attend to their own personal needs. There are caregivers whose employment may sometimes require overnight travel. Some caregivers may need to attend a wedding or a funeral or may wish to go on vacation with their other family members. Then there are those who just need to take a break and relax.

Relief may be provided on a regular basis or by a prearranged plan for special occasions. Respite services may be provided in the elder's primary home, at day programs or through overnight stays in facilities. The services that may be provided include: companion, homemaker, personal care, home health aide, adult social day care, adult day health care, nursing services, adult foster care, and short-term placement in an assisted living or nursing home facility.

The following Aging Service Access Points in Central Massachusetts provide respite services: **Elder Services of Worcester Area, Montachusett Home Care Corporation, Inc., and Tri-Valley, Inc.**

For a listing of respite facilities contact your Area Agency on Aging (AAA) or your local Aging Service Access Point (ASAP). (See inside front cover.)

Adult Day Programs

Adult Day Programs offer a safe and familiar environment for the care receiver and provide relief from caregiving for the caregiver(s). There are two kinds of Adult Day Programs: social day care and adult day health. Transportation to the programs can usually be arranged and some financial support may be available. There are some programs that specialize in dealing with people experiencing issues with dementia. The following is a brief description of each program:

Social Day Care Services (Supportive Day Programs)

A community-based group program that offers social activities for elders who require daytime supervision. Recreational and social activities, and meals are planned according to the needs of participants.

Adult Day Health

A community-based group program designed to meet the medical and social needs of the functionally impaired adult through individual care plans. It is a structured, comprehensive program that provides meals, and health and social support services in a protective setting during any part of the day. Adult day health provides mental and physical stimulation for seniors isolated or at risk during the daytime.

Choosing A Day Program

The best way to select a program is to visit it. Most programs offer a free one-day visit. The following are some key areas to look at when visiting a program:

Where Is The Program Located?

What Are The Hours Of Operation?

What Type Of Transportation Is Available?

- Is transportation available to and from the facility?
- Is there transportation to medical and other important appointments?
- What is the cost of transportation?

Some General Information:

- What is the cost of the program? Is there a differential cost for specialized units?
- What are the payment sources?
- What are the admission requirements?
- How many days per week must a person attend?
- Are there specialized units within the program for dementia?
- Does the facility have a current, valid license?

What Is The Physical Building Like?

- Is the building secure?
- Is there an enclosed outdoor area?
- Is the building clean, well maintained and lacking unpleasant odors?
- Are there bathing facilities?

What Socialization Programs Are Provided?

- Is informal social contact encouraged?
- Are there structured recreational activities?
- Are there quiet areas?
- Is there an exercise program?
- Are there outdoor activities?

What Services Are Available To The Participants?

- How often is each participant's individual service plan reviewed?
- Is there a nurse available? Is there a social worker available?
- Are specialized therapies available?
- Is there sufficient staff? What is the staff turnover rate?
- Are there barber and beautician services available?

What Types Of Meals Are Provided?

- Does a dietician approve meal plans? Are special diets accommodated?
- Are snacks or meals available at times other than scheduled mealtimes?
- Are participants who need assistance with meals receiving it?

What Is The General Atmosphere Of The Program?

- Are residents treated with respect and dignity?
- Are staff persons courteous?
- Do staff persons know residents by name?
- Do residents appear active, involved and comfortable?

To locate Social Day Care Services (Supportive Day Programs) or Adult Day Health Services in specific communities, please contact your Area Agency on Aging (AAA) or your local Aging Service Access Point (ASAP). (See inside front cover.)

Program of All-Inclusive Care for the Elderly (PACE)

Program of All-inclusive Care for the Elderly (PACE) helps give elderly adults and their caregivers an innovative choice in health care. There are over 40 PACE programs nationwide. They are an alternative to nursing home care. Participants have access to most medical services at a PACE Program site while they keep the independence of living in their own homes, in their own communities. PACE provides individualized quality care by a team of geriatric care professionals who work together with participants and caregivers to address each individual's specific needs. This team of professionals is an essential component of the PACE program. The team uses a collaborative approach to care planning. PACE services include:

- Primary Care Physicians who specialize in geriatrics
- Specialty Care
- Full prescription drug coverage
- 100% hospitalization coverage
- Assistance with activities of daily living (ADLS)
- Adult day health program
- Medical transportation
- Family caregiver support
- Specialized dementia and geriatric care

Summit ElderCare (SE) is the only PACE program in Central Massachusetts. Although Fallon Community Health Plan (FCHP) sponsors SE, participants do not have to be FCHP members to enroll.

For additional information about PACE programs contact:

Summit ElderCare

www.summiteldercare.org

800-698-7566

TDD/TTY 800-439-2370

End Of Life Issues

Imagine that without warning, your elderly loved one has a life-threatening illness. They have not communicated their financial or health care wishes, are unable to do so now, and are not expected to recover. Talk is the single most important thing that people can do to assure that their final days and financial resources are spent, as they would prefer. It is essential for elders to let the people who will be involved with making health care and financial matters for them, know exactly what is important for them. Talking and planning ahead for end-of-life issues, not only increases the likelihood that a person's wishes will be followed, it also lessens stress on loved ones as well as caregivers who will be involved in making the decisions.

What To Talk About With The Elder

Health Care Matters:

- Whom do you want to make health care decisions for you, if you are not able to make your own?
- Do you have a Health Care Proxy? For information on Proxies see page 74.
- Do you want to be hospitalized or stay at home or somewhere else while you are seriously ill?
- What medical treatments and care are acceptable to you?
- How will your care be paid for? Do you have adequate insurance?
- Do you have fears/concerns about any particular medical treatment?
- Do you have religious or spiritual beliefs that affect decisions about your care?
- What medications are taken at this time? For what condition are they prescribed?
- What health and prescription insurance is in place?
- Where are important medical records kept?

In Massachusetts under MGL, Chap. 111, Sec. 70E everyone has the right to the following with regard to his/her health care:

- Participate in the decisions of your care
- Privacy and confidentiality about your care
- Information about your condition and all treatments
- Considerate and respectful care
- A Health Care Proxy

In order for health care wishes to be followed, you will need to spend some time discussing your values, beliefs, and choices for medical treatment in the event that you become terminally ill.

Financial Matters

- Whom do you want to make financial decisions for you if you are not able to make your own?
- Do you have a Will, Power of Attorney, Trust?
- Where are important financial papers kept?

When necessary seek legal advice from the proper legal expert. To learn more about these topics review the Legal Resources section starting on page 73.

The following agency can provide further information about end of life care:

Better Ending Partnership

120 Thomas Street, Worcester, MA 01608

508-767-9877

www.betterending.org

Better Ending Partnership has created a FREE eight-page brochure: ***A Guide for a Better Ending, Assure Your Final Wishes, Conversations Before the Crisis.***

Be aware that Health Care Proxy laws and protocols, as well as the legal status of Personal Wishes Statements, vary from state to state. If you live in Massachusetts for half a year and another state for the other half, you should investigate the legal requirements for that state as well. A Massachusetts Health Care Proxy no longer needs to be notarized. They do however need to be witnessed. Upon completion these forms should be distributed to at least the Agent and Alternate and all of the patient's doctors. See page 122 for an example of a Personal Wishes Statement and page 74 for further info on health care proxies.

Hospice

Hospice provides services to patients and families who are facing a terminal illness. Hospice accepts anyone regardless of age or illness. The various programs of care that they provide will address spiritual, emotional, social and physical needs. It is suggested that hospice is best organized when an elder's life expectancy is 6 months or less. Hospice care is covered under Medicare (Part A).

Palliative care is any form of medical care or treatment that concentrates on reducing the severity of the symptoms of a disease, or slow the disease's progress, rather than provide a cure. However, in special circumstances it can be used in conjunction with curative therapy. Palliative care aims at improving quality of life, by reducing or eliminating pain and other physical symptoms, enabling the patient to ease or resolve psychological and spiritual problems, while supporting the partner and family.

Hospice & Palliative Care Federation of Massachusetts

1420 Providence Highway, Suite 277

Norwood, MA 02062

www.hospicefed.org

781-255-7077

800-962-2973

For information and locations of hospice services throughout Massachusetts contact your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover.)

Alzheimer's Disease

Alzheimer's Disease is a disorder that destroys cells in the brain. The disease is the leading cause of dementia, a condition that involves gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgment, and personality changes. As the disease progresses, people with Alzheimer's become unable to care for themselves. The loss of brain cells eventually leads to the failure of other systems in the body. The rate of progression of Alzheimer's varies from person to person. The time from the onset of symptoms until death ranges from 3 to 20 years. The average duration is about 8 years. For more information, contact:

- **Alzheimer's Association HelpLine** **800-272-3900**
- **Alzheimer's Association Central Regional Office** **508-799-2386**
128 Providence Street, Worcester, MA 01604
- **Alzheimer's Association of Massachusetts** **617-868-6718**
311 Arsenal Street, Watertown, MA 02472 **www.alzmass.org**

Services: Provides information, support and assistance to patients and their families, and information on location of support groups in your area.

Safe Return

Wandering is one of the most emotionally wrenching and life-threatening behaviors associated with Alzheimer's Disease and other dementing illnesses. For a one-time \$40 fee, caregivers in Massachusetts and across the U.S. can register people with dementia in Safe Return. This national program coordinates efforts with support of the U.S. Justice Department to locate and recover Alzheimer's patients who have wandered and become lost. Registrants will receive a patient ID bracelet with the patient's name and code number. Once the Alzheimer's Association is notified of someone being lost they initiate a fax alert and begin working around the clock with the missing person's caregiver and police to ensure everything is being done to locate the missing individual. For further information about this program contact the Alzheimer's Association of Massachusetts (see above).

Alzheimer's Partnership

Alzheimer's partnerships are alliances of family members, health care and human service professionals and other concerned parties advocating for individuals with Alzheimer's Disease and their families. Each Partnership works closely with the Alzheimer's Association, helping the association to be more responsive to local needs. To find out about a partnership in your area contact the Massachusetts Alzheimer's Association or go to **www.alzmass.org**

Care Consultation

A confidential, individualized service to help families develop a better understanding of the disease. An action plan is developed to secure needed care and develop strategies for the best possible symptom management and communication.

Specialized Services

Services For Individuals Who Are Blind

MAB Community Services

799 West Boylston Street, Worcester, MA 01606

508-854-0700

888-613-2777

www.mabcommunity.org Email: ccurdo@mabcommunity.org

Services: Provides information and referral, volunteer services including escorted transportation, reader, friendly visitors, escorted shopping/errands, leisure time activities, educational instruction in the areas of daily living skills, safety, and recreation, with the goal of maintaining independence for elders with visual impairments but who are not legally blind, and a store that carries low vision aids. A Clinic is available to assist those with low vision.

Massachusetts Commission for the Blind

390 Main Street, Suite 620, Worcester, MA 01608

(V/TTY) 800-263-6944 (MA only)

(V/TTY) 508-754-1148

www.mass.gov/mcb

Services: Provides social, vocational rehabilitation and mobility training, popular books and magazines on record and cassette tapes, adaptive equipment, assistive listening devices, information about disabilities, and radio reading service for those with visual impairments or print handicaps (handicap keeps one from holding or turning pages).

Services For Individuals Who Are Deaf Or Hard of Hearing

Massachusetts Commission for the Deaf and Hard of Hearing

340 Main Street, Suite 700, Worcester, MA 01608

(V/TTY) 508 755-4084

150 Mount Vernon Street, Suite 550, Boston, MA 02125

(For an interpreter) 800-882-1155

(TTY) 800-530-7570

www.mass.gov/mcdhh

Services: Provides advocacy, information and referral, case management, interpreting services, and educational programs.

Massachusetts Relay Service

(Voice Access) 800-439-0183

(Nationwide) 7-1-1

www.massrelay.org

(TTY) 800-439-2370

Services: Either caller or recipient must be from Massachusetts. This is a telecommunications relay service. A service provided by MCI for customers who wish to contact a TTY/PC user or is a TTY user. A communication assistant will complete your call then stay on the line to relay message electronically via a TTY, or verbally to people who can hear. The communication assistant provides exact transcriptions of what they hear and voice exactly what is typed to them.

National Education for Assistance for Dog Service (NEADS) 978-422-9064 (V/TDD)

305 Redemption Rock Trail South, Princeton, MA 01541

www.neads.org

Services: NEADS is a non-profit organization that trains and provides dogs to help people who are physically disabled or deaf. Service dogs are trained for people who use wheelchairs, canes, walkers, or crutches. Hearing dogs are trained for people who are deaf.

New England Homes for the Deaf
154 Water Street, Danvers, MA 01923
www.nehomesdeaf.org

(V/TTY) 978-774-0445
(TTY) 978-739-4010

Services: Provides subsidized residential care for deaf and/or blind elders, including private rooms, meals, nursing staff, mental health counseling, and social programs.

Deaf Senior Citizen's Outreach Program (Thursdays only) **508-753-2526**
695 Southbridge Street, Worcester, MA 01610

Services: A Drop-in Center offers weekly nutrition, socialization, educational programs, referral and advocacy for deaf and hard of hearing seniors.

Worcester State College Speech, Language and Hearing Clinic
486 Chandler Street, Worcester, MA 01602-2579 **508-929-8055**
www.worcester.edu/academics/comm_disorders/clinic.htm

Services: Hearing screenings and evaluations with counseling and recommendations, hearing aid checks, communication therapy, and speech and language services. There is no fee for hearing screening. Other fees are adjusted according to ability to pay.

Services For Individuals With Mental Retardation

ARC Community Services, Inc. **978-343-6662**
564 Main Street, Fitchburg, MA 01420
www.arccommunityservices.org

Services: Provides vocational evaluation and training, social recreational, advocacy, information and referral, and elderly outreach visits.

Seven Hills Adult Day Health **508-755-2340**
81 Hope Ave., Worcester, MA 01603 **Ext. 257**
www.sevenhills.org

Services: Medically based day program for elders facing declining health, allowing them to remain living in the community. Adult day health also provides respite to caregivers.

Seven Hills–Foundation **508-755-2340**
81 Hope Ave., Worcester, MA 01603
www.sevenhills.org

Services: Vocational evaluation and training, social, recreational, advocacy, information and referral and elderly outreach visits.

Massachusetts Department of Mental Retardation (DMR)
www.dmr.state.ma.us

Services: Residential services, vocational training, service coordination and respite.

- **DMR-North Central** **978-840-1745**
435 Main Street, Fitchburg, MA 01420 **800-992-4030**
- **DMR-Worcester** **508-792-6200**
40 Southbridge Street, suite #200, Worcester, MA 01608
- **DMR-South Valley Area-Milford** **508-634-3345**
West View Mall, 194 West Street, #9, Milford, MA 01757
- **DMR-South Valley Area-Southbridge** **508-764-0751**
79 North Street, Suite #2, Southbridge, MA 01550 **800-338-5492**

Services For Individuals With Mental Illness

Alternatives Unlimited, Inc.

54 Douglas Rd., Whitinsville, MA 01588

www.alternativesnet.org Email: webmaster@alternativesnet.org

Services: Provides a wide range of residential, vocational, and transportation services.

508-234-6232

800-325-6233

Massachusetts Department of Mental Health (DMH)

25 Staniford Street, Boston, MA 02114

www.mass.gov/dmh

Services: Provides individualized clinical care and supportive services to those suffering from mental illness including inpatient services, residential treatment and support, day services, outpatient services, medication management, educational employment, and rehabilitation opportunities.

617-626-8000

(TTY) 617-727-9842

- **DMH-North Central Case Management Site** **978-353-4400**
515 Main Street, Fitchburg, MA 01420
- **DMH-South Central Case Management Site** **508-887-1100**
40 Institute Road, Grafton, MA 01536
- **DMH-Worcester Case Management Site** **508-363-2100**
332 Main Street, Worcester, MA

Services For Individuals With Mobility Impairment

Center For Living and Working

484 Main Street, Suite 345

Denholm Bldg, Worcester MA 01608

76 Summer Street, Fitchburg, MA 01420 (by appt. only)

www.centerlw.org Email: centerlw@centerlw.org

Services: Personal care attendant services, independent living skills training, advocacy, peer counseling, deaf independent living services, housing services, information and referral, emergency intervention.

508-798-0350

978-345-1568

Massachusetts Easter Seals Society

484 Main Street, Worcester, MA 01608

www.eastersealsma.org

Services: Equipment Loan Program, information and referral, therapeutic swim programs, home health services, Assistive Technology Loan Program.

800-922-8290

508-757-2756

(TTY) 800-564-9700

Massachusetts Office on Disability

One Ashburton Place, Room #1305

Boston, MA 02108

www.mass.gov/mod/

Services: Information & Referral and Client Service Program which assists people with disabilities by advocating for the service they need.

(V/TTY) 800-322-2020

(V/TTY) 617-727-7440

Illness Specific Organizations

The following agencies promote health maintenance through the provision of information to the public on preventive and corrective personal health practices.

Amyotrophic Lateral Sclerosis Association of Mass (ALS) 75 McNeil Way, #310, Dedham, MA 02026 www.als-ma.org	781-326-8884
American Cancer Society 30 Speen Street, Framingham, MA 01701 www.cancer.org	508-270-4600 800-ACS-2345 800-952-7664
American Diabetes Association 330 Congress Street, 5 th Floor, Boston, MA 02110 www.diabetes.org	800-342-2383 617-482-4580
American Heart Association 20 Speen Street, Framingham, MA 01701 www.americanheart.org	800-242-8721 508-620-1700
American Lung Association of Massachusetts 460 Totten Pond Road, Suite 400, Waltham, MA 02451 www.lungma.org	781-890-4262 800-586-4872
American Parkinson's Disease Association-MA Chapter 715 Albany Street Suite C329, Boston, MA 02118 www.apdama.org	800-651-8466 617-638-8466
American Stroke Association A Division of the American Heart Association 20 Speen Street, Framingham, MA 01701 www.StrokeAssociation.org	888-478-7653 508-620-1700
Arthritis Foundation 29 Crafts Street, Suite 450. Newton, MA 02458 www.arthritis.org	800-766-9449 617-244-1800
National Alliance for the Mentally Ill of Central MA Worcester State Hospital, 305 Belmont Street Rm 1E-33 Worcester, MA 01605 www.namimass.org	508-368-3562
Brain Injury Association of Massachusetts 30 Lyman Street, Suite 10, Westborough, MA 01581 www.biama.org	508-475-0032 800-242-0030 (TTY/TDD) 508-475-0042

Massachusetts Commission for the Blind 800-263-6944
390 Main Street, Room 620, Worcester, MA 01608 508-754-1148
www.mass.gov/mcb

National AIDS Hotline (English) 800-342-2437
Centers for Disease Control and Prevention (Spanish) 800-344-7432
1600 Clifton Road, Atlanta, GA 30333 (TTY) 800-243-7889
www.cdc.gov/hiv

National Council on Alcoholism and Drug Dependence 800-622-2255
244 East 58th Street, 4th floor, New York, N. Y. 10022 212-269-7797
www.ncadd.org

MOC Pro-Health 978-343-6259
326 Nichols Road, Suite 25, Fitchburg, MA 01420 (TTY) 978-345-0309

National Kidney Foundation of MA, RI, NH & VT, Inc. 800-542-4001
85 Astor Avenue, Norwood, MA 01062 781-278-0222
www.kidneyhealth.org Email: information@kidneyhealth.org

National Multiple Sclerosis Society
Central New England Chapter 800-493-9255
101A First Ave., Suite 6, Waltham, MA 02451-1115 781-890-4990
www.nationalmssociety.org

National Osteoporosis Foundation 800-223-9994
1232 22nd Street, N.W., Washington, DC 20037-1202 202-223-2226
www.nof.org

National Stroke Association 800-787-6537
9707 East Easter Lane, Building B 303-649-9299
Centennial, CO 80112-3749
www.stroke.org

Nutrition Programs

When an elder needs assistance in maintaining proper nutrition, there are several options. **Home Delivered Meals** also known as “Meals on Wheels” are designed to provide balanced and nutritious meals to persons who are unable to prepare meals for themselves. Meals are delivered to the elder’s home. **Congregate Meal Sites** offer a meal at a local site. Most sites are located in senior centers and some provide transportation. To make arrangements for meals or for information about congregate meals, contact:

Elder Services of Worcester Area, Inc. **508-852-3205**
67 Millbrook Street, Worcester MA 01606 **800-243-5111**
www.eswa.org Email: **irinfo@eswa.org** **(TTY) 508-792-4541**

Montachusett Opportunity Council, (MOC) **978-345-8501**
66 Day Street, Fitchburg, MA 01420 **800-286-3441**
Email: **elder@gis.net**

Tri-Valley, Inc. **800-286-6640**
10 Mill Street Dudley, MA 01571 **508-949-6640**
www.tves.org Email: **info@tves.org**

Food Stamp Program

This program is run by the **Massachusetts Department of Transitional Assistance (DTA)** and is intended to raise the nutritional level of low-income households. Recipients receive a monthly allowance. When contacting the agency, be sure to identify that you are helping an elder because there are different eligibility guidelines for seniors.

Contact your local transitional offices via the website **www.mass.gov/dta** or at:

- **DTA-Fitchburg Area Office** **978-665-8700**
473 Main Street, Fitchburg, MA 01420
- **DTA-Milford Area Office** **508-634-7100**
Birchwood Business Park, Bldg. A,
25 Birch Street Milford, MA 01757
- **DTA-Southbridge Area Office** **508-765-2400**
79 North Street, Southbridge, MA 01550
- **DTA-Worcester Area Office** **508-767-3100**
9 Walnut Street, Worcester, MA 01608

Another way to apply for food stamps is to contact Project Bread. For applications:

Project Bread-Food Stamp Hotline **800-645-8333**
145 Border Street, East Boston, MA 02128 **617-723-5000**
www.projectbread.org **(TTY) 800-377-1292**

The Bay State CAP Program—The Combined Application Project sends out Debit cards to people on SSI to let them know they’re eligible for food stamps. They are sent EBT cards, (Electronic Benefits Transfer Cards), with financial benefits already in the card account. Once the card is used, the holder is certified to receive food stamps for three years.

Protective Services

Unfortunately our elderly population is not immune to physical, sexual and emotional abuse, or neglect and financial exploitation, by family members, caregivers and friends, both in their own homes as well as within institutions.

What Is Elder Abuse

Massachusetts Law (M.G.L. c. 191 &&14-26) defines elder abuse as acts or omission resulting in serious physical, sexual or emotional injury, or financial loss to an elder. Elder abuse includes physical, sexual and emotional abuse, caretaker neglect, and financial exploitation and self-neglect.

Definitions Of Abuse

Abuse: An act or omission which results in serious physical or emotional injury of an elder or financial exploitation of an elder; provided, however, that no person shall be considered to be abused for the sole reason that such person is being furnished or relies upon treatment in accordance with the tenets and teachings of a church or religious denomination by a duly accredited practitioner thereof.

Physical Abuse: The non-accidental infliction of serious physical injury to an elder or the threat of serious physical injury in which the Protective Services Agency has reasonable cause to believe that an individual may have the intent and the capacity to carry out the threatened serious physical injury.

Sexual Abuse: Sexual assault, rape, sexual misuse, or sexual exploitation of an elder or threats of sexual abuse where the individual has the intent and capacity to carry out the threatened sexual abuse.

Emotional Abuse: The non-accidental infliction of serious emotional injury to an elder. Abuse must establish a *relationship* between abusive action, behaviors, or language *and* a resulting effect on the emotional state or functioning of the elder.

Neglect: The failure or refusal by a caregiver to provide one or more of the necessities essential for physical well-being, such as food, clothing, shelter, personal care, and medical care, which has resulted in or where there is substantial reason to believe that such failure or refusal will immediately result in serious physical harm to an elder.

Self Neglect: The failure or refusal of an elder to provide one or more of the necessities essential for physical well-being, such as food, clothing, shelter, personal care, and medical care, which has resulted in or where there is substantial reason to believe that such failure or refusal will immediately result in serious physical harm to himself/herself as the elder.

Financial Exploitation: The non-accidental act or omission by another person without the consent of the elder causing substantial monetary or property loss to the elder **or** substantial monetary or property gain to the other person which gain would otherwise benefit the elder, but for the act or omission of the other person.

Financial exploitation may result from consent obtained as a result of misrepresentation, undue influence, coercion or threat of force by the other person. Financial exploitation may not result from a *bona fide gift* or from any act or practice by another person in the conduct of a trade or commerce prohibited by M.G. L. c. 93A sec 2.

Who Is Protected?

Those 60 years of age and older living in the community are protected by this law.

Who Can Report Elder Abuse?

Anyone who has reasonable cause to believe an elder has been abused or neglected may report elder abuse.

Who Must Report Elder Abuse?

You are a mandated reporter of elder abuse if you are a physician, physician assistant, nurse, or medical intern; coroner; dentist, podiatrist or osteopath; social worker, occupational or physical therapist; psychologist or family counselor; police, probation officer, EMT or firefighter; director of a home health aide agency, homemaker agency or assisted living residence; case manager, health aide, or homemaker; or Council on Aging director or outreach worker. Mandated reporters who fail to report elder abuse may be subject to a fine.

How Do I Report Elder Abuse?

You can make reports directly to the local Elder Protective Services at the Aging Service Access Point for the area where the elder lives. Mandated reporters must follow-up verbal reports with a written report. You can also make a report to the Elder Abuse Hotline 24 hours a day, seven days a week. The Hotline will contact one of the local Elder Protective Services agencies to respond to appropriate reports.

ELDER ABUSE HOTLINE

800-922-2275

What Information Should Be Included In The Report?

- Name, sex, and age of the individual allegedly abused, exploited or neglected.
- Personal address.
- Name and address of the reporting individual, along with the information on where he/she can be contacted.
- Information about the nature, extent, cause and person(s) responsible for the alleged abuse, exploitation or neglect.
- Circumstances under which the reporting individual became aware of the alleged, exploitation or neglect.
- Information about any prior incidents involving the elder in question.
- Information about any corrective action taken or treatment given to the elder in question.

Will My Report Remain Confidential?

Yes. The protective service workers will never confirm or deny who made a report. The only time a referral source can be identified is to the District Attorney when a case has been substantiated for extreme abuse, neglect or financial exploitation.

What About Liability?

Mandated reporters are not liable in any civil or criminal action by reason of submitting a report to Protective Services; and, others who make reports are not liable in such matters if the report is made in good faith and without malicious intent.

What Happens After A Report Is Made?

A Protective Services caseworker is assigned to investigate the situation. The caseworker determines whether abuse is present and the nature and extent of the abuse. If abuse is confirmed, the caseworker will offer the elder a choice of services designed to alleviate or end the abuse.

What Are Protective Services?

Protective Services are services designed to eliminate or alleviate the abuse of an elder. Caseworkers work with family and community agencies to provide medical, mental health, legal and social services. Protective Services casework may include services such as:

- | | |
|--------------------------------------|------------------|
| Counseling | Transportation |
| Homemaker/health aide services | Legal assistance |
| Safety planning, Family intervention | Housing |

The Massachusetts Executive Office of Elder Affairs oversees the Protective Service program. The program does not cover abuse and neglect in a nursing home except if there is an Against Medical Advice (AMA) discharge or if the abuse occurred off site during a visit. The Massachusetts Department of Public Health (DPH)-Division of Health Care Quality takes reports of elder abuse that occur in nursing homes, rest homes, convalescent homes, charitable homes for the aged, town infirmaries or community based intermediate care facilities for the mentally retarded. Random crimes of violence against elders are the responsibility of the Criminal Justice System.

Elder Abuse Hotline	800-922-2275
Massachusetts Executive Office of Elder Affairs	800-882-2003
One Ashburton Place, 5th Floor, Boston, MA 02108	617-727-7750
<u>www.800ageinfo.com</u>	

Elder Services of Worcester Area, Inc.	508-852-3205
67 Millbrook Street, Worcester MA 01606	800-243-5111
<u>www.eswa.org</u> Email: <u>irinfo@eswa.org</u>	(TTY) 508-792-4541

Montachusett Home Care Corporation	800-734-7312
Crossroads Office Park	(TTY) 978-534-6273
680 Mechanic Street, Leominster, MA 01453	978-537-7411
<u>www.montachusethomecare.org</u> Email: <u>info@mhcc-1.org</u>	

Tri-Valley, Inc.	800-286-6640
10 Mill Street, Dudley, MA 01571	508-949-6640
<u>www.tves.org</u> Email: <u>info@tves.org</u>	(TTY) 508-949-6654

Driving And Transportation

Driving And Safety

Driving is a basic activity for many people. Being able to get around gives one a sense of independence. The ability to leave home and drive to places of worship, stores, medical appointments, work, or just go out are important to everyone. Transportation can be a major challenge to an older person's ability to live independently. Some people remain good drivers into their nineties while others face physical and/or cognitive limitations that can make driving unsafe. The decision to stop driving can impact not only the elder but the family as well. Who will drive this person when they do give it up? Family members need to know when an older driver is no longer safe to drive. Below is a list of things to look for when assessing an older person's driving ability and a list ways to limit or stop a person from driving:

Risk Factors For Impaired Driving Ability:

- Illness and medications that cause a decline in perception, mobility and understanding
- Poor vision—especially night vision, failing eyesight
- Problems with depth perception
- Hearing problems
- Slow reflexes
- Memory and/or cognitive problems
- Disorientation
- Reduced mobility, such as difficulty turning your head
- Physical weakness and impairments
- Drowsiness or fatigue
- Poor concentration
- Lack of judgment
- Lack of awareness

To help enable drivers to remain safely on the road caregivers may have a senior get a regular eye examination; make sure the driver remains physically fit in order to have the strength and coordination to operate a vehicle and make sure the elder is not taking any medication that could have side effects that might impair his/her ability to drive.

As a caregiver it will be difficult to decide when an elder's ability to drive safely is no longer a possibility. Be aware of the following warning signs:

Warning Signs Of Impaired Driving Ability:

- Incorrect signaling
- Trouble navigating turns
- Moving into a wrong lane
- Confusion at exits
- Parking inappropriately
- Hitting curbs
- Failing to notice traffic signs

- Driving at inappropriate speeds
- Delayed responses to unexpected situations
- Not anticipating potentially dangerous situations
- Increased agitation or irritation when driving
- Scrapes or dents on the car, garage, or mailbox
- Getting lost in unfamiliar places
- Ticketed moving violations or warnings
- Car accidents
- Confusing brake and gas pedals
- Stopping in traffic for no apparent reason

Ways To Limit And Stop A Person From Driving:

- A gradual shift in who drives can ease the transition for both family members and people with dementia.
- Friends, neighbors, relatives or caregivers can offer to drive the elder to appointments and social events.
- Arrange to have prescription medicines, groceries and meals delivered, reducing the need to go shopping.
- Have hairdressers make home visits.
- Arrange for social visits from friends or volunteers.
- Public transportation may be an option for those with mild dementia but is often too complicated for people with more advanced dementia.
- Taxis can be another alternative when one considers the expense of owning their own car (i.e. Insurance, gas, repairs and car payments).

In situations where the person refuses to give up driving but is becoming a danger you may have to take more extreme measures.

Seeking Help From Outside Sources

Caregivers often achieve better results by asking for help from professionals outside the family. Having an Independent Driving Evaluation may provide families with additional input and support. Healthcare professionals can be helpful. Some physicians may suggest the person stop driving while on a new medication. Some doctors may also write a prescription to stop driving. Still, other professionals such as lawyers, social workers, financial planners and care managers may be in a position to discuss the topic. Family members also have the right to contact the Massachusetts Registry of Motor Vehicles (RMV) and report their concerns whereupon an assessment will be conducted through their Medical Affairs branch.

Reporting Requirements In The State Of Massachusetts

(Printed with permission by the Registry of Motor Vehicles)

Please note the following basic information: If a licensee has a medical condition which he or she believes may affect his or her ability to operate a motor vehicle, he or she must report such condition to the Registrar and refrain from operating a motor vehicle until the condition is resolved. **There is no legal requirement for a physician or other interested**

party to report a possible unfit driver to the Massachusetts Registry of Motor Vehicles however, if an interested party chooses to report such a driver to the Registry, the Registry will act on the information in accordance with the procedure noted below:

Form Of Reports: All reports must be in writing and must be signed by the person making the report. The report must contain the name and address or name and telephone number of the complaining party. The report must contain identification of the individual whose driving ability is being questioned, including the name and at least one of the following: social security number, license, date of birth, and address. In addition, the report must contain the reason for the complaint and/or a description of the purported functional limitation.

Medical Affairs will accept reports from: family members, physicians, law enforcement, or other interested third parties, including, but not limited to, members of the individual's community (such as neighbors), private driving schools, physical therapists, etc.

When The Report Is From A Physician: Please note that if the physician's report is not submitted on the medical evaluation form provided by the Registry, then the physician must make the report on his/her official letterhead, and include his/her signed name, Mass Board of Registration in Medicine number, and telephone number and/or address.

Registry Procedure Upon Receipt Of Reports (excluding physicians and law enforcement): When the Medical Affairs receives a report that a licensed driver may be unfit to operate a motor vehicle due to an alleged physical or mental condition, Medical Affairs shall conduct an individualized assessment of the reported individual's qualifications to operate a motor vehicle safely. Medical Affairs shall initiate such assessment by requesting that the reported individual submit a medical evaluation from his or her physician that addresses the individual's reported condition and medical qualifications to operate a motor vehicle safely. Medical Affairs shall then take any appropriate licensing actions, in consideration of the physician's evaluation.

The Registry seeks an expert opinion from the individual's physician because the physician is the person best qualified to respond to questions regarding the individual's medical condition and its potential implications on the ability to operate a motor vehicle safely. In appropriate circumstances and in consideration of the physician's recommendations, the Registry will assess the individual's ability to operate a motor vehicle by requiring that the individual undergo a competency road examination and/or an assessment for adaptive equipment and appropriate license restrictions, prior to taking a licensing action.

Please Note: While the Registry is in the process of evaluating a reported individual's competency to operate a motor vehicle safely, the individual will have an activity hold entered on the license record. This activity hold will prevent the issuance of a learner's permit or new license to the individual until the evaluation has been concluded.

Registry Procedure Upon Receipt Of Reports From Physicians And Law

Enforcement: When the initial report is from a physician or from law enforcement, Medical Affairs may initiate a licensing action directly, without first seeking a physician evaluation.

Possible Licensing Actions:

- No further action if the Registry concludes there is no basis to the complaint.
- Request that the individual schedule and take a competency road examination and/or an assessment for adaptive equipment and appropriate license restrictions.
- Request that the individual voluntarily surrender his or her license if the Registry concludes that the individual is not qualified to operate a motor vehicle safely. An individual who voluntarily surrenders his or her license is eligible to receive a Massachusetts identification card free of charge. In addition, when a license is voluntarily surrendered there are no negative insurance ramifications. Further, if the individual's condition improves such that he or she is able to provide appropriate documentation of his or her medical qualifications to operate a motor vehicle safely, the license may be restored to its former active status.
- If the individual does not comply with the Registry's request to voluntarily surrender the license, Medical Affairs shall notify the Driver Control Unit to schedule a hearing on the matter. If the Driver Control Unit does not find in favor of the individual, then the license may be indefinitely revoked.

Where To Send Reports:

Massachusetts Registry of Motor Vehicles

P.O. Box 199100, Boston, MA 02119

Attn: Director of Medical Affairs

www.mass.gov/rmv.medical/reporting

617-351-9222

Fax: 617-351-9223

Other Resources

The Central Mass Safety Council offers driving evaluations for handicapped individuals and seniors. This Council works closely with many organizations and individuals who are concerned about the driving of their loved ones or co-workers. There is a nominal fee of \$85.00 for a one-hour evaluation that is kept completely confidential with no information given to the Massachusetts Registry of Motor Vehicles unless requested by the elder. For more information contact:

Central Mass Safety Council

186 West Boylston Street, West Boylston, MA 01583

Contact person: Tim Cooney

www.centralmasafety.org

508-835-2333

Ext. 22

For more information on senior driver safety, contact:

American Automobile Association (AAA)

Foundation for Traffic Safety

www.seniordrivers.org

Provides caregivers with free booklets on how to help an older driver.

202-638-5944

American Association of Retired Persons (AARP)

888-227-7669

55 ALIVE Driver Safety Program

www.aarp.org/drive

Provides seniors and caregivers with safe driving tips, information on aging and driving, and details about the 55 ALIVE Driver Safety Program, a classroom course for drivers age 50 and older.

American Medical Association

www.ama-assn.org

Provides online information, tips, and checklists for senior drivers and their caregivers.

Association for Driver Rehabilitation Specialists (ADED)

800-290-2344

www.driver-ed.org or www.aded.net

Call number or visit website to find a local driver rehabilitation specialist.

The Hartford Group

www.TheHartford.com

Provides caregivers with information on managing an unsafe senior driver. Visit “Safe Driving for a Lifetime” for guidelines and tips for having the “talk” with the older driver.

Disabled (Handicap) Placard/Plate

There is one application for disability plates, placards and disability veterans’ plates. This three-page form can be obtained at any full service registry of motor vehicle branch office or by calling **1-800-858-3926** (Mon-Fri 9-7 pm-except holidays). This telephone number will not work out of state. If you are calling from out of state the telephone number is: **1-617-351-9222**. You may also download the application at: www.massrmv.com. Go to the “Forms and Files” section.

The applicant is required to complete the first page of the form. The second and third pages are to be completed by a Massachusetts licensed physician, a nurse practitioner, or a chiropractor. If applying for Disability Veteran Plates, the application must be accompanied by a DV plate letter from the Veteran’s Administration. Take the completed form and supporting documents to the nearest full service RMV branch:

- **Worcester RMV** 611 Main Street, Worcester, MA 01608
- **Southbridge RMV** 926 West Main Street, Southbridge, MA 01550
- **Leominster RMV** 80 Erdman Way, Leominster, MA 01453
- **Milford RMV** 14 Beach Street, Milford, MA 01757

or mail to:

Attn: Medical Affairs Branch

Massachusetts Registry of Motor Vehicles

P.O. Box 199100, Boston, MA 02119-9100

Community Transportation

Elders needing transportation may find help through an assortment of resources. It is important to first assess the type of services that would best meet the elder's individual needs, whether they be non-medical or medical. There are for-profit and not-for-profit organizations that offer a variety of transportation services. While some programs offer door-to-door services, others provide curb-to-curb service. Many use wheelchair accessible vans in their operations. A variety of programs offer escort services to medical appointments. Some medical services will require paperwork to be filled out by the elder's primary physician. Most programs require reservations. Once accepted into a program an elder may receive an identification card. Some provide services in a limited geographic area while others will travel from Central Mass to Boston medical facilities.

Organizations that deal with specific illnesses, volunteer agencies, the Medicaid program and places of worship may provide subsidized bus or taxi rides or free services. Some of these programs utilize volunteers as drivers. The local senior center should be a primary source either for transportation or information about local transit services. .

The transportation services that a for-profit offers can vary. The fee structures that they charge can include: a dollar rate per mile driven, a dollar rate for any waiting time, and a "loading fee" or "pick up fee" for those who need actual assistance walking or getting their wheelchair onto the vehicle. An elder who is too frail to use the regular elder transportation, can arrange "medi-van" services through most ambulance companies.

If the elder in need of transportation is a veteran then you may want to contact the local Veterans Agent in the city/town that the elder resides for possible assistance to and from doctors appointments.

The following are some of the public and non-profit providers in Central Massachusetts:

Gardner Community Action Committee

508-632-8700

294 Pleasant Street Street, Gardner, MA 01440

Services: Medical transportation escort services to hospitals, clinics or doctor's offices.

Service Area: Northwest Worcester County

GAAMHA Transit-Gardner-Athol Area Mental Health Assoc.

978-632-0934

208 Coleman Street Gardner, MA 01440

Services: Full service door-to-door transportation. Serves handicapped, physically challenged elders.

www.gaamha.com/transportation

Service Area: Gardner, Templeton, Athol, Baldwinville, Fitchburg, Leominster, Barre, Rutland

MAB Community Services

508-854-0700

799 West Boylston Street, Worcester, MA. 01606

888-613-2777

www.mablind.org Email: ccurdo@mablind.org

Services: Out of town medical transportation/escort services to visually impaired elders. Pays volunteer drivers/escorts for their mileage and time.

Service Area: Central and North Worcester County

Montachusett Regional Transit Authority (MART)

R1427 Water Street, Fitchburg, MA 01420

978-345-7711**800-922-5636****www.montachusetttra.org****Services:** In-town and out-of-town transportation; Dial-A-Ride or ADA Paratransit.**Service Area:** Montachusett area including Ayer, Fitchburg, Sterling, Winchendon.**Road Runner****800-589-5782****113 Thorndike Street, Lowell, MA 01852****www.lрта.com****Services:** In-town and out-of-town transportation; roundtrips to Boston available, vehicles include wheelchair lifts. (Part of the Lowell Regional Transit Authority.)**Service Area:** Groton, Pepperell in Central MA area.**South Central Mass (SCM) Elderbus****508-248-1050**

124 Southbridge Road, Charlton, MA 01507

www.scmelderbus.org**Services:** Transportation to medical appointments, meal sites, grocery shopping and for other purposes as available.**Service Area:** South Central Massachusetts**Worcester Regional Transit Authority (WRTA) Van Division****508-798-4015**

287 Grove Street, Worcester, MA 01605

www.therta.com**Services:** Elder medical: for Worcester residents, 60 years of age or older, for medical appointments, Monday-Friday. \$ 2.00 each way same town. Elder Shopper: For Worcester residents, 60 years of age or older, grocery shopping travels to selected shopping destinations once a week, the fare is \$ 0.50 each way. ADA service: is for anyone that a disability or condition prevents from taking the regular bus. The client can go anywhere in the designated service area. (Shopping, medical appointments, hairdresser, religious services, etc.). \$ 2.00 each way same town. Brokers to Paratransit Brokerage Services for all ADA services.**Service Area:** ADA riders can travel anywhere within the City of Worcester and also along ¾ mile corridors surrounding each RTA bus route outside the City.**Paratransit Brokerage Services, Inc./PBSI****508-752-9283**

317 Main Street, Worcester, MA 01608

800-499-6384**Services:** Brokers for the WRTA all Americans with Disabilities Act (ADA) transportation services for elders. Service is curb to-curb.**Service Area:** Worcester (Surrounding towns are limited.)

Contact your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP) to find out about further transportation options in your area. (See inside front cover.)

Community Programs

Are You OK

Are You OK is a program designed for older adults, who live alone, or anyone in the community who needs to be checked upon daily. Are You OK is a computerized telephone calling system. Many police departments offer this service. The police departments gather basic information including the name of an emergency contact. The automated system calls each enrolled subscriber every day of the year at the same time of day. If there is no answer, a follow-up call is made. If there is still no response, the police will phone a pre-established emergency contact. If the well-being status of the elder cannot be verified the police will send an officer to his/her home.

Some police departments may not have an automated system, but may have a local program through which they make their own telephone calls. Call your local police department to find out if such a program exists in your community

File Of Life/Vial Of Life

Some communities offer a File of Life or a Vial of Life program. They are designed to bring all your important medical information to the attention of Emergency Medical Technicians in case of an emergency. The File of Life is a red plastic magnetic file folder that attaches to your refrigerator. The Vial of Life program offers a large plastic container with a cover to store all of your important medical information. Both contain vitally important information about you so that emergency medical professionals have quick access to your basic medical information. Also available for your use is a personal size File of Life which you can carry in a wallet or purse for lifesaving information outside the home. The type of information gathered in these organizers include: list of medications, allergies, medical conditions, blood type, emergency contact information, physician's name and preferred hospital. Contact your local fire or police department to find out if your community has either program.

Community Care Ombudsman Program

The Community Care Ombudsman Program assists individuals 60 years of age or over who seek help for problems with health or social services received at home or in the community including home health care, homemaker services and adult day care. The Community Care Ombudsman: responds to inquiries from elders and their families; educates consumers about their rights and responsibilities; counsels consumers about concerns with their services; refers consumers to appropriate sources for help; and investigates and resolves complaints through mediation.

Massachusetts Executive Office of Elder Affairs
One Ashburton Place, 5th Floor, Boston, MA 02108
www.800.ageinfo.com

800-Age-Info
(TTY) 800-872-0166
617-727-7750

Multicultural Programs/Interpreter Services

Catholic Charities

508-798-0191

10 Hammond Street, Worcester, MA 01610

www.eeworc.org

Services: Provides services through the agency's Refugee Resettlement Program which include cultural orientation, case management, English as a Second Language Program, employment services and limited immigration services. Interpreters are available to speak in French, Vietnamese and some African languages.

Centro Las Americas

508-798-1900

11 Sycamore Street, Worcester, MA 01608

www.centrolasamericas.org

Services: Provides cultural and social programs, information, food bank, substance abuse resources and referrals, translation services and a meal site for Spanish elders once a week. A medical clinic which includes screenings is held once week for elders. A program for Spanish elders meets once a week at the Worcester Senior Center.

Cleghorn Neighborhood Center

978-342-2069

18 Fairmont Street, Fitchburg, MA

Services: Provides emergency food pantry, blood pressure screenings, aid in seeking affordable housing, translation, advocacy and referrals, domestic violence, outreach and awareness.

Service Area: Fitchburg

Family Health Center

508-860-7700

26 Queen Street, Worcester, MA 01610

www.fhcw.org

Services: Promotes good health for the Southeast Asian community through information, referrals, and education. All program staff members are bilingual and bicultural in Vietnamese and Cambodian.

Fitchburg Spanish Council-Latino Elder Program

978-345-1882

24 Third Street, Fitchburg, MA 01420

Services: Provides assessment, information and referral, advocacy, interpretation, translation, escort to medical appointments, transportation arrangements, housing outreach, letter writing, home visits, Meals on Wheels arrangements, and socialization. Spanish spoken.

Email: **fitchspanctr@yahoo.com**

Lutheran Community Services of Southern New England

508-754-1121

30 Harvard Street, Worcester, MA 01608

www.issne.org/lcs_south.html

Services: Refugee resettlement and support services.

Multicultural Counseling Collaborative**508-752-4665**

340 Main Street, Suite 510, Worcester, MA 01608

www.multiculturalwellness.org**Services:** Mental health agency that provides therapy with a specialty in multi-cultural counseling.**North Central Human Services****978-632-7400**

31 Lake St

PO Box 449, Gardner, MA 01440

Services: comprehensive mental health services, outpatient and substance abuse, mental retardation.**Service Area:** Gardner, Winchendon**Southeast Asian Health Program****508-860-7700**

26 Queen Street, Worcester, MA 01610

Services: Promotes good health for the Southeast Asian community through information, referrals, and education. All program staff members are bilingual and bicultural in Vietnamese and Cambodian.**Spanish American Center****978-534-3145**

112 Spruce Street, Leominster, MA 01453

Services: Provides elderly nutrition and outreach, food pantry distribution, information and referral, English as a second language, interpreters, advocacy, homelessness assistance program, prostate cancer education and prevention, Hispanic women's services, battered women's services, outreach, and bi-lingual public service cable information. Spanish spoken.**Wachusett Health Education Action Team/WHEAT****978-365-6349**

44 High Street, Clinton, MA 01510

Services: Provides Spanish interpretation, information and referral, food pantry, housing counseling, fuel assistance, van transportation (lift equipped), clothing and thrift store.**Service Area:** Berlin, Bolton, Clinton, Lancaster, Sterling**Wayside Community Counseling Center****508-478-6888**

10 Asylum Street, Milford, MA 01757

Services: Provides individual, family, and group counseling, mental health and substance abuse services. Bilingual staff is available in Portuguese and Spanish.**City of Worcester, Massachusetts****508-799-1232****Department of Health & Human Services, Elder Affairs****Worcester Senior Center**

128 Providence Street, Worcester, MA 01604

Services: Provides a weekly program for African-American, Hispanic and Southeast Asian elders aged 60 and older meet at the Worcester Senior Center Campus. Activities include, social, educational, recreational, and health related topics as well as lunch.

Councils On Aging/Senior Centers

Councils On Aging (COA)

Councils on Aging were established to meet the needs of seniors in a specific community. Although the scope of their activities may vary, their function includes advocating for social, recreational and educational elder programs. COA's also provide a link between elders and local government services. All Councils provide information and referral services. Every city/town in Central Massachusetts has an established Council on Aging.

Senior Centers

Senior Centers are focal points within communities where older persons can meet together, receive services, and participate in activities that will enhance their involvement in and with the community. Many Senior Centers have outreach programs that provide a vital link to the community for homebound elders. Senior Centers work with other local agencies for the coordination of a comprehensive set of services to meet the needs of older persons. Not every city/town in Central Massachusetts has an established Senior Center.

Below is a list of cities/towns that have a Council On Aging but NO Senior Center:

Ashby Council on Aging **978-386-2424**
895 Main Street, Ashby, MA 01431

Berlin Council on Aging **978-838-2931**
Town Office Building, 23 Linden Street, Berlin, MA 01503

Boylston Council on Aging **508-869-6022**
221 Main Street, Boylston, MA 01505

Brookfield Council on Aging **508-867-2930**
Town Hall, 6 Central Street, Brookfield, MA 01506

East Brookfield Council on Aging **508-867-6769**
110 Pleasant Street, East Brookfield, MA 01515

Lancaster Council on Aging **978-368-4355**
Town Hall, 695 Main Street, P.O. Box 346, Lancaster, MA 01523
www.ci.lancaster.ma.us Email: lancastercoa@choiceonemail.com

New Braintree Council on Aging **508-867-2071**
20 Memorial Drive, New Braintree, MA 01531

Below is a list of cities/towns that have a Council on Aging AND a Senior Center:

- Ashburnham Council on Aging & Senior Center** 978-827-5000
1 Memorial Drive, Ashburnham, MA 01430
Email: coamarylee@gmail.com
- Auburn Council on Aging & The Lorraine Gleick Nordgren Senior Center** 508-832-7799
4 Goddard Drive, Auburn, MA 01501
www.town.auburn.ma.us Email: csilpe@town.auburn.ma.us
- Ayer Council on Aging & Senior Center** 978-772-8260
18 Pond Street, Ayer, MA 01432
www.ayer.ma.us Email: kdswany@aol.com
- Barre Council on Aging & Senior Center** 978-355-5004
557 South Barre Road, Barre, MA 01005
Mailing Address: P.O. Box 433, Barre, MA 01005,
- Bellingham Council on Aging & Senior Center** 508-966-0398
40 Blackstone Street, Bellingham, MA 02019
www.bellinghamma.org Email: Idemattia@bellinghamma.org
- Blackstone Council on Aging & Senior Center** 508-876-5125
Municipal Building, 15 Street Paul Street, Blackstone, MA 01504
www.townofblackstone.org Email: kalbright@townofblackstone.org
- Bolton Council on Aging & Senior Center** 978-779-3313
C/O Bolton Country Manor, 600 Main Street, P.O. Box 342, Bolton, MA 01740
www.townofbolton.com Email: coa@townofbolton.com
- Charlton Council on Aging & Senior Center** 508-248-2231
Main Street, Charlton, MA 01507
www.townofcharlton.net Email: elaine.kingston@townofcharlton.net
- Clinton Council on Aging & Senior Center** 978-365-9416
200 High Street, Clinton, MA 01510
Email: kjlbailey@hotmail.com
- Douglas Council on Aging & Senior Center** 508-476-2283
P.O. Box 1295, 331 Main Street, Douglas, MA 01516
- Dudley Council on Aging and Senior Center** 508-949-8010
Dudley Municipal Complex, 71 West Main Street, Dudley, MA 01571
- Fitchburg Council on Aging & Senior Center** 978-345-9598
14 Wallace Avenue, Fitchburg, MA 01420

Franklin Council on Aging & Senior Center 508-520-4945
80 West Central Street, Franklin, MA 02038
www.franklin.ma.us

Gardner Council on Aging & Senior Center 978-630-4067
294 Pleasant Street, Gardner, MA 01440
Email: danielnovack@comcast.net

Grafton Council on Aging & Senior Center 508-839-9242
30 Providence Road, Grafton, MA 01519
www.town.grafton.ma.us Email: drummm@town.grafton.ma.us

Groton Council on Aging & Senior Center 978-448-1170
163 West Main Street, Groton, MA 01450
Mailing: 173 Main Street, Groton, MA 01450
www.townofgroton.org Email: gcoa@townofgroton.org

Hardwick Council on Aging & Senior Center 413-477-6707
179 Main Street, P.O. Box 575, Gilbertville, MA 01031
www.townofhardwick.com Email: jlamhardwickcoa@msn.com

Holden Council on Aging & Senior Center 508-829-0270
1130 Main Street, Holden, MA 01520
www.townofholden.net Email: louisec@townofholden.net

Hopedale Council on Aging & Senior Center 508-634-2208
43 Hope Street, Hopedale, MA 01747

Hubbardston Council on Aging & Senior Center 978-928-5294
Slade Building, 7A Main Street, P.O. Box 374, Hubbardston, MA 01452
www.hubbardstonma.us

Leicester Council on Aging & Senior Center 508-892-7016
40 Winslow Avenue, Leicester, MA 01524-1113
www.leicesterma.org Email: nowickij@leicesterma.org

Leominster Council on Aging & Richard J. Girouard Senior Citizens Center 978-534-7511
5 Pond Street, Leominster, MA 01453
www.leominster-ma.gov Email: jfitzgerald@leominster-ma.gov

Lunenburg Council on Aging & Eagle House Senior Center 978-582-4166
25 Memorial Drive, Lunenburg, MA 01462
www.lunenburgonline.com Email: jdebruin@lunenburgonline.com

Medway Council on Aging & Senior Center 508-533-3210
76 Oakland Street, Medway, MA 02053
www.townofmedway.org Email: medwaycoa@townofmedway.org

Mendon Council on Aging & Senior Center 62 Providence Road, P.O. Box 2, Mendon, MA 01756 www.mendonma.net Email: coa@mendonma.net	508-478-6175
Milford Council on Aging & Senior Center 60 North Bow Street, Milford, MA 01757 www.milford.ma.us Email: msc@worldband.net	508-473-8334
Millbury Council on Aging & Senior Center 1 River Street, Millbury, MA 01527	508-865-9154
Millville Council on Aging 40 Prospect Street, Mailing: P.O. Box 703, Millville, MA 01529 www.millvillema.org Email: srcenter@millvillema.org	508-883-3523
North Brookfield Council on Aging & Senior Center 29 Forest Street, North Brookfield, MA 01535	508-867-0220
Northbridge Council on Aging & Senior Center 20 Highland Street, Whitinsville, MA 01588 Email: ganderson@northbridgema.org	508-234-2002
Oakham Council on Aging & Senior Center Town Hall, 2 Cold brook Road, P.O. Box 173, Oakham, MA 01068 Email: cnclonag@verizon.net	508-882-5251
Oxford Council on Aging & Senior Center 323 Main Street, Oxford, MA 01540 www.town.oxford.ma.us Email: seniorcenter@town.oxford.ma.us	508-987-6000
Paxton Council on Aging & John Bauer Senior Center 17 West Street, Paxton, MA 01612 www.townofpaxton.net Email: paxtoncoa@charterinternet.com	508-756-2833
Pepperell Council on Aging & Senior Center 37 Nashua Road, Pepperell, MA 01463 www.town.pepperell.ma.us Email: coa@town.pepperell.ma.us	978-433-0326
Princeton Council on Aging & Senior Center 18 Boylston Avenue, Princeton, MA 01541 Mailing: 6 Town Hall Drive, Princeton, MA 01541 Email: coa@town.princeton.ma.us	978-464-5977
Rutland Council on Aging & Rutland Community Center 53 Glenwood Road, Rutland, MA 01543 Mailing: 250 Main Street, Rutland, MA 01543 Email: rutlandcoa@charterinternet.com	508-886-7945

Shirley Council on Aging & Drop-In Senior Center 978-425-2600
 3 Parker Road, Shirley Center, Shirley, MA 01464
Mailing: Town Hall, 7 Keady Way, Shirley, MA 01464
Ext. 285

Shrewsbury Council on Aging & Senior Center 508-841-8640
 98 Maple Avenue, Shrewsbury, MA 01545
www.shrewsbury-ma.gov Email: **syager@th.ci.shrewsbury.ma.us**

Southbridge Council on Aging & Casaubon Senior Center 508-765-1985
 6 Larochelle Way, Southbridge, MA 01550
www.ci.southbridge.ma.us Email: **southvetserv@charter.net**

Spencer Council on Aging & Senior Center 508-885-7546
 40 Wall Street, Spencer, MA 01562
www.spencerma.gov Email: **spencercoa@charter.net**

Sterling Council on Aging & Senior Center 978-422-3032
 Mary Ellen Butterick Building, 1 Park Street,
Mailing: P.O. Box 243, Sterling, MA 01564
www.town.sterling.ma.us Email: **kphillips@town.sterling.ma.us**

Sturbridge Council on Aging & Senior Center 508-347-7575
 480 Main Street, Fiskdale, MA 0151
Mailing: P.O. Box 746, Sturbridge, MA 01566
www.town.sturbridge.ma.us Email: **bsearch@town.sturbridge.ma.us**

Sutton Council on Aging & Senior Center 508-234-0703
 19 Hough Road, Sutton, MA 01590-2711
Website: **www.suttonma.org**

Templeton Council on Aging & Senior Center 978-632-4592
 135 Patriots Road, East Templeton, MA 01438
Mailing: P.O. Box 244, East Templeton, MA 01438
Email: **coa@templeton1.org**

Townsend Council on Aging & Senior Center 978-597-1710
 222 Main Street, Townsend, MA 01469
Website: **www.townsend.ma.us**

Upton Council on Aging & Senior Center 508-529-4558
 1 Centennial Court, Upton, MA 01568
Mailing: P.O. Box 610, Upton, MA 01568
Website: **www.upton.ma.us**

Uxbridge Council on Aging & Senior Center 508-278-8622
 36 South Main Street, Uxbridge, MA 01569
Email: **director.coa@uxbridge-ma.gov**

- Warren Council on Aging & Senior Center** **413-436-5662**
 2252 Main Street, Warren, MA 01092
Mailing: P.O. Box 428, Warren, MA 01083
- Webster Council on Aging & Senior Center** **508-949-3845**
 116 School Street, Webster, MA 01570
Email: lslota@webster-ma.gov
- West Boylston Council on Aging & Senior Center** **508-835-6916**
 120 Prescott Street, West Boylston, MA 01583
www.westboylston-ma.gov **Email:** mcairns@westboylston-ma.gov
- West Brookfield Council on Aging & Senior Center** **508-867-1407**
 73 Central Street, West Brookfield, MA 01585
Mailing: P.O. Box 207, West Brookfield, MA 01585
Email: wbseniorcenter@charterinternet.com
- Westminster Council on Aging & Senior Center** **978-874-7402**
 American Legion Hall, 127 Main Street, Westminster, MA 01473
Mailing: P.O. Box 456, Westminster, MA 01473
www.westminster-ma.org **Email:** sfisher@westminster-ma.org
- Winchendon Council on Aging & Senior Center** **978-297-3155**
 52 Murdock Avenue, Winchendon, MA 01475
www.coa.winchendonweb.com **Email:** winchendoncoa@msn.com
- City of Worcester Division of Elder Affairs & Worcester Senior Center** **508-799-1232**
 128 Providence Street, Worcester, MA 01604
www.ci.worcester.ma.us **Email:** elderaffairs@ci.worcester.ma.us

Massachusetts Senior Action Council

Mass Senior Action Council is a private, nonprofit, nonpartisan membership organization administered by senior activists and whose objective is social and economic justice for all. They are the state affiliate of the National Council of Senior Citizens.

- Massachusetts Senior Action Council** **508-755-7878**
 Central Massachusetts Office
 128 Providence Street, Worcester, MA 01604
www.masssenioraction.org

Medicare, Medigap, Medicare Advantage Plans & MassHealth

Medicare

www.medicare.gov

800-633-4227

Medicare is a federal health insurance program for people age 65 or over and certain disabled people. Most people who are eligible for Social Security are eligible for Medicare as well. Medicare has two parts: hospital insurance (Part A) and medical insurance (Part B). Part A helps pay for medically necessary inpatient hospital care, some home health services and certain short term stays in a skilled nursing facility (nursing home) once Medicare criteria has been met. Part B helps pay for necessary doctor's services, outpatient services and supplies. **Medicare does not pay the full cost of all health care needs.** To help cover the costs Medicare does not cover, you can purchase Medigap supplemental insurance.

Medicare Supplement Insurance - Medigap

Medicare supplement insurance, also known as Medigap insurance, is a special kind of health insurance coverage available to most people who are enrolled in Medicare Parts A and B. It was developed to provide extra protection beyond Medicare by filling some of the gaps in Medicare coverage. Medigap insurance is sold by private insurance companies and must adhere to specific policy standards set by the Massachusetts Division of Insurance. Medigap policies must be clearly marked "**Medicare Supplement Insurance**".

Two standard Medigap policies are sold in Massachusetts: Medicare Supplement Core and Medicare Supplement 1. (Medicare Supplement 2 cannot be sold after December 31, 2005 because Medicare Prescription Drug Coverage (Part D) now helps pay for prescription drugs, however, existing members may remain enrolled in it.)

- Medigap policies are guaranteed renewable and cannot be cancelled unless the beneficiary stops paying the premium or provides false information on the application when they buy the policy.
- Medigap insurers cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems.
- Medigap insurers must offer the same premium, a community rate to all policyholders and cannot charge a different premium based on age or health problems.
- Under Massachusetts "Ban on Balance Billing" law, licensed physicians cannot collect more than the Medicare approved charge for any covered service.

You can enroll in a Medigap plan during the following enrollment periods:

- **Officially the annual open enrollment period starts February 1st and ends March 31st. Benefits begin the following June 1st.**
- A special enrollment period may be scheduled by the Medigap insurers if approved by the Massachusetts Division of Insurance.
- A six-month enrollment period begins from the date a person becomes initially eligible for coverage, which is when at least one of the following events occur:
 - Loses employer sponsored health coverage for active employees
 - Covered by an HMO but moved out of HMO service area
 - Becomes a resident of Massachusetts

- A 63 Day enrollment period begins on the date you receive notice of insurance cancellation or the date the insurance is no longer in effect; whichever comes first. If you do not enroll within the 63 day period, you must wait until open enrollment.

For general Medigap insurance information or for information on carriers approved to sell Medigap insurance in Massachusetts contact:

The Massachusetts Division of Insurance **Boston Office** **617-521-7777**
Springfield Office **413-785-5526**

Medicare Advantage Plans

One type of Medicare Health Plans are Medicare Advantage Plans. When you enroll in a Medicare Advantage Plan, you will be receiving all your Medicare services through the Medicare Advantage Plan. Medicare will prepay a monthly fixed amount to the plan and in return the Medicare Advantage Plan will provide all of the services that you are entitled to under the Original Medicare. When you are enrolled in a Medicare Advantage Plan you must continue to also be enrolled in Medicare Part A and B and pay the Part B premium. There are different types of Medicare Advantage Plans, the most popular are Health Maintenance Organizations (HMO's), Preferred Provider Organizations (PPO's) and Private Fee For Service Plans (PFFS's). Each may have its own network of hospitals and doctor facilities. Some may provide benefits beyond what Medicare covers, such as preventative care, dental care, hearing aids or eyeglasses. There could be an additional monthly premium with a Medicare Advantage Plan as well as a co-payment for services.

Public Assistance Programs Through MassHealth (Medicaid)

MassHealth is a state and federal program that purchases medical services for residents of Massachusetts. You may be eligible if you are age 65 or over or disabled according to standards set by the Social Security Administration. Individuals must also have income and asset levels within program eligibility guidelines. MassHealth covers most of the necessary services provided by physicians, dentists, hospitals, clinics, medical equipment suppliers and therapists. Also included are some in home services, X-rays, and laboratory tests. Contact **MassHealth** for current information on coverage, income requirements, or to request an application:

MassHealth Customer Service: **800-841-2900** **(TTY) 800-497-4648**
MassHealth Enrollment Center: **888-665-9993** **(TTY) 888-665-9997**
Health & Human Services Virtual Gateway **www.mass.gov/masshealth**

Long Term Care Medicaid:

Long Term Care Medicaid, a component of the MassHealth, pays for nursing and other medical services for financially eligible individuals residing in medical institutions such as nursing facilities, rehabilitation hospitals and state hospitals. To be eligible, an individual with medical and financial needs must be age 65 or older or disabled according to standards set by the Social Security Administration. Before the division pays for nursing facility services, an applicant must be screened to determine, based on clinical criteria, that a need for skilled nursing care exists and that the need cannot be met in the community. For more information call **MassHealth at 1-800-841-2900**.

MassHealth Buy-In Programs:

MassHealth Buy-In is a program authorized by congress for persons who are eligible for Medicare. It allows MassHealth to pay all or part of the Medicare Part B premium for residents of Massachusetts who are not getting other MassHealth benefits. It can also help obtain Medicare Part B for a person who has only Medicare Part A. Income and assets must fall at or below certain guidelines.

QMB (Qualified Medicare Beneficiary Program) payment of Part B premium as well as all Medicare deductible and coinsurance.

SLMB (Specified Low- Income Medicare Beneficiary) payment of Part B premium.

QI-1 (Qualifying Individual) payment of the Medicare Part B premium.

For more information or for a Qualified Medicare Beneficiary application call **MassHealth at 1-800-841-2900 or Serving The Health Information Needs of Elders (SHINE) 1-800-Age-Info (1-800-243-4636) or SHINE Regional Office at 508-422-9931.**

Medicare Prescription Drug Coverage (Medicare D)

Medicare prescription drug coverage (Medicare D) began January 1st 2006. Medicare Part D is insurance provided by private companies including Medicare Advantage Plans that offer both health coverage and prescription drug coverage to people with Medicare.

You are eligible to enroll in a Medicare prescription drug plan if you are entitled to Medicare part A or enrolled in Medicare Part B. Joining a Medicare drug plan is optional. However, if you don't join a Medicare prescription drug plan during the specific enrollment period that applies to your situation and you do not currently have a "creditable drug plan" that is at least as good as standard Medicare drug coverage when you do join, your premium costs will go up at least 1% per month for every month that you waited to join. You must pay this penalty as long as you have Medicare coverage.

You can only join or switch a Medicare prescription drug plan from November 15 through December 31st of each year unless you have a **special circumstance**. Coverage starts January 1st for coverage the entire year.

Costs will vary depending on the plan you choose. Beneficiaries pay a monthly premium, co-payments for their medications and may pay an annual deductible. People with limited income and resources may qualify for "Extra Help" for paying for Medicare drug plan costs. The amount of extra help is based on income and resources. For more information or to see if you qualify for "Extra Help", call **Medicare at 1-800-MEDICARE (1-800-633-4227), TTY users call 1-877-486-2048 or visit www.medicare.gov**. You may also contact **Social Security at 1-800-722-1213 or visit www.socialsecurity.gov**.

Prescription Drug Assistance

Prescription Advantage

Prescription Advantage, administered by the Commonwealth of Massachusetts Executive Office of Elder Affairs, is a state pharmacy assistance program for seniors and people with disabilities in Massachusetts.

Prescription Advantage is available to residents of Massachusetts who are not MassHealth or CommonHealth members and who are:

- 65 years of age or older, eligible for Medicare, and have a gross annual household income that is less than 500% of the Federal Poverty Level;
- 65 years of age or older and not eligible for Medicare; or,
- Under age 65, work no more than 40 hours per month, meet MassHealth's CommonHealth disability requirements, and have a gross annual household income at or below 188% of the Federal Poverty Level.

For individuals eligible for Medicare:

Prescription Advantage “wraps around” or supplements the Medicare prescription drug benefit (Part D) or creditable coverage by helping to pay for co-payments and coverage gaps in an individual's drug plan. Those with limited income may also be eligible to receive help paying for Medicare drug plan premiums.

- There are no monthly or annual fees for Prescription Advantage members with incomes below 300% of the Federal Poverty Level.
- Members with limited income are required to apply for Extra Help from Medicare.

For individuals not eligible for Medicare:

Prescription Advantage offers primary prescription drug coverage. This coverage has no monthly premium. Depending on income, members will pay a co-payment for prescription drugs and will have an annual out of pocket spending limit and quarterly deductible.

Individuals can apply at any time for Prescription Advantage.

For more information call: **Prescription Advantage at 1-800-Age-Info (1-800-243-4636)**, or access information at **www.800ageinfo.com**, or your local Area Agency on Aging (AAA) and Aging Service Access Points (ASAP) also have applications. (See inside front cover.)

The Partnership For Prescription Assistance

The Partnership for Prescription Assistance, (PPA) sponsored by America's pharmaceutical research companies is a private sector effort to help qualifying patients who lack prescription coverage get the medicines they need through public or private programs. The Partnership for Prescription Assistance offers a single point of access to public and private patient assistance programs including programs offered by pharmaceutical companies. To access the **PPA** you can call toll-free **1-888-477-2669** or visit **www.PPARx.org**

Health Insurance and Prescription Assistance

Serving The Health Information Needs Of Elders (SHINE)

SHINE is a health benefits counseling program sponsored by the Massachusetts Executive Office of Elder Affairs and administered regionally by the Central Massachusetts Association of Councils on Aging. Services are provided by a network of certified health benefits volunteer counselors who are trained in areas such as Medicare, Medicare Supplemental Plans, Medicare Part D, Public Benefits, including Medicaid and Supplemental Security Income, and appeals/claims filing. The purpose of the SHINE program is to provide accurate, unbiased information regarding health care options. All SHINE services are free and confidential. Contact the **Serving the Health Information Needs of Elders (SHINE)** to locate a SHINE counselor nearest you: **1-800-Age-Info (1-800-243-4636) or SHINE Regional Office at 508-422-9931.**

BenefitsCheckUp is the first of its kind, web-based service designed to help seniors, their families and caregivers find the right benefits programs to meet their needs. This site contains a fast, free, and confidential screening tool to determine eligibility for nearly 1,000 unique state and federal programs and provide detailed instructions on how to apply for them. To access these services go to: www.benefitscheckup.org

MassMedLine

MassMedLine is a public-private partnership of the Commonwealth of Massachusetts Executive Office of Elder Affairs and the Massachusetts College of Pharmacy and Health Sciences. Pharmacists and Case Managers are available to help access prescription medications by providing information on assistance programs, and lower-costing alternative medications. Pharmacists are also available to answer questions about drug interactions, how to take medications, and any other medication-related questions. Hours of operation: Monday through Friday, 8AM–6PM.

MassMedLine

19 Foster Street, Worcester, MA 01608

www.massmed.org Email: massmedline@mcp.edu

866-633-1617

508-373-0031

For additional information on Medicare, Medigap, HMOs, and Mass Health:

- **Medicare & You**, the official government handbook, is mailed to all Medicare beneficiaries during October of each year.
- A toll-free helpline is available 24 hours a day, seven days a week to answer your questions. Call: **1-800-MEDICARE (1-800-633-4227) or TTY users call 1-877-486-2048.**
- Medicare's official consumer website: www.medicare.gov
- SHINE counselors are available at **1-800-AGE-INFO (800-243-4636) or SHINE Regional Office at 508-422-9931.**

Elders And Their Doctors

Choosing A Physician/Going To The Doctors

Remember that a physician can be a vital ally in times of illness. Choose carefully a doctor you are willing to work with in times of health as well as in times of illness. Seek out physicians who are willing to take the extra time to explain diagnosis, treatments and prescriptions in terms that everyone can easily understand. No matter what condition the patient is in make sure you find a doctor who is willing to talk to all involved.

The National Institute on Aging (NIA) has compiled the following information to assist seniors and their caregivers in establishing a solid working relationship with their physicians.

When You Are Choosing Physicians Consider The Following:

- Is the location and distance of the doctor's office important?
- Is the hospital the doctor admits patients to important?
- Do you prefer a single doctor or a group practice?
- Do you have to choose a doctor who is covered by the elder's health insurance?
- Does the doctor accept Medicare?
- Is the doctor board certified? In what field?

What Are The Doctor's Office Policies?

- Is the doctor taking new patients?
- What day/hours does the doctor see patients?
- Does the doctor ever make house calls?
- How far in advance do appointments have to be scheduled?
- What is the length of the average visit?
- In case of an emergency, how fast can the elder see the doctor?
- Who takes care of patients after hours or when the doctor is away?

Questions To Ask The Doctor.

- Are you a geriatrician?
- Do you have many older patients? What are your views on health and aging?
- How do you feel about involving the patient's family in care decisions?
- Will you honor living wills, durable powers of attorney, and other advance directives?
- Do you still work with patients when they move to a nursing home/long term care facility?

Here Are Some Suggestions On How To Build A Partnership With All The Doctors Involved In An Elder's Care.

- Make a list of your concerns.
- Make sure the elder can hear and see as well as possible.
- Consider bringing other concerned parties to help understand the medical situation.
- Update the doctor.
- Be honest.
- Stick to the point.
- Ask questions.

- Share your point of view.
- Take notes.
- Get written or recorded information.
- Remember that doctors do not know everything.
- Talk to other members of the health care team.
- Learn the basics of the health care team.
- Learn the basics of how the office runs.
- Share the elder's medical history.
- Give information about the elder's medications.
- Tell the doctor about the elder's habits.

Many times physical changes in an elderly person are blamed on old age, when in fact they are signs of improper drug/medication interaction or management, dehydration or an oncoming illness. These issues need to be addressed before the person's health is further damaged. When changes occur that have an impact on an elder's ability to function in a safe and reasonable way while trying to do normal activities of everyday life, an appropriate evaluation is indicated.

The elder's primary physician should be made aware of any problems. The primary physician can provide referrals to other geriatric specialists. When the elder has become homebound or refuses to go to see the doctor, home health agency personnel may make assessments in the home and assist caregivers in obtaining appropriate evaluations and assistance.

For additional information review the following websites:

www.niapublications.org National Institute on Aging-“Talking with Your Doctor” and other helpful publications

www.nlm.nih.gov/medlineplus National Institute of Health-Health Information

www.mhqp.org/quality MassHealth Quality Partners-Quality Review

www.familydoctor.org Family Doctor-Health Information for the whole family

Geriatric Evaluations

Geriatric specialists are concerned with diagnosing and treating the physical, psychological and social needs of older adults.

Geriatricians are physicians with expertise in caring for older adults; they are initially trained in family practice or internal medicine and then complete at least one additional year of fellowship training in geriatrics.

Geriatric Neurologists are physicians who focus on the evaluation and treatment of neurological diseases and disorders common to this age group.

Geriatric Psychiatrists are physicians with special training in the diagnosis and treatment of mental disorders that may occur in older adults including but not limited to, dementia, depression, anxiety, and late-life schizophrenia.

Geropsychologists are clinical psychologists with a specific focus on helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Many geropsychologists also work as geriatric neuropsychologists.

Below you will find a list of sites that presently do geriatric evaluations. You may also want to speak to the older persons' primary care physician or contact your local hospital or health clinic to inquire about the availability of other geriatric assessment services.

Fairlawn Rehabilitation Hospital **508-791-6351**
189 May Street, Worcester, MA 01602 **Ext. 190**
www.fairlawnrehab.org

Nashoba Valley Medical Center **978-784-9000**
200 Groton Rd.
Ayer, MA 01432
www.nashobamed.com

UMass Memorial Health Care/Memorial Campus **508-334-6251**
Geriatric Assessment Unit
119 Belmont Street, Worcester, MA 01605
www.umassmemorial.org

For additional information regarding Geriatric Alzheimer's Evaluations call:
The Alzheimer's Association of Massachusetts, Central Regional Office
128 Providence Street Worcester, MA 01604 **508-799-2386**
Alzheimer's Association of Massachusetts HelpLine **800-548-2111**
www.alzmass.org

Mental Health In The Elderly

Sometimes aging can be filled with various social, economic and emotional strains that have significant impact on an individual's physical and mental health. Loss, grieving, loneliness, physical changes, medications, and even poor nutrition can all add up to mental health issues in elderly people. Warning signals family and friends should look for include:

- Chronic Sleep Problems
- Difficulty Concentrating
- Excessive Worrying
- Withdrawal From Family, Friends And/Or Normal Activities
- Feelings Of Inappropriate Guilt Or Worthlessness
- Complaints Of Chronic Aches Or Pains That Cannot Be Attributed To Other Disorders
- Inability To Rest
- Changes In Appetite
- Increasing Dependency

Older adults, family, friends and health care professionals often fail to recognize the symptoms of treatable mental illness in older people. They may blame them on "old age", or as a normal consequence of physical illnesses such as heart disease or stroke, and often think nothing can be done to alleviate the problem.

Psychological illnesses can be accurately diagnosed and treated. Left untreated, older adults may have a significantly higher likelihood of needing help with everyday activities such as dressing, bathing, eating, grocery shopping, taking medicines, paying bills and using the telephone.

If you suspect an elderly person you know may be suffering from a psychological illness, encourage them to seek help, either through their physician or a mental health care center with geriatric professionals. Local geriatric mental health services are available at:

Community Healthlink **508-860-1154**
Geriatric Services
72 Jacques Avenue, Worcester, MA 01610
www.communityhealthlink.org

George B. Wells Human Service Center **508-765-9167**
29 Pine Street, Southbridge, MA 01550

Heywood Hospital **978-630-6324**
242 Green Street, Gardner, MA 01440
www.heywood.org

Lipton Center **978-534-6616**
Locations in Leominster, Fitchburg, Clinton and Gardner, MA

Milford-Franklin Counseling Services, Inc. Granite Park, 409 Fortune Boulevard, Milford, MA 01757	508-473-7400
Riverside Counseling Outpatient Center at Upton 206 Milford Street, Upton, MA 01568	508-529-7000
UMass Memorial Health Care/Clinton Hospital 201 Highland Street Clinton MA 01510 www.umassmemorial.org	978-368-3838
Wayside Community Counseling Center 10 Asylum Street, Milford, MA 01757	508-478-6888

Managing Medications

Medications have significant importance to older adults. Generally, people 60 years of age and older take multiple prescriptions. Medication management is critically important in preventing adverse health problems. When you are managing medications for an elderly family member or friend remember the following:

- If an elder sees more than one doctor, or goes to more than one pharmacy, keep a record and coordinate all prescriptions between each of them.
- Be aware of physical or mental changes that could be caused by reactions to prescriptions. Report these changes to a doctor or pharmacist.
- If the person you are caring for changes his/her eating habits, tell their physician. This can, and often does, affect the action of medication.
- Keep a record of all the elder's medications and bring it with you to the doctor's appointment. Include any prescription as well as any over the counter medications such as aspirin, laxatives or natural remedies/vitamins. (To help you organize an elders medication(s) see Medication Information Form in the Tear Out Section, on page 117.)
- Keep drugs in their original containers. Label any drugs that must be put in different bottles.
- Store medications as directed by the physician or pharmacist.
- Dispose of expired, unused, unlabeled and discolored drugs by flushing them down a toilet.
- A prescription should not be taken if it was written for someone else.
- Develop a system to keep track of when and how each medication should be taken.
- Do not just automatically refill prescriptions. Work with all the doctors to establish the actual need for each medicine at least every 3-6 months.
- When purchasing prescription drugs, comparison shop for the best buys.
- If an elderly person complains about a new pain, – LISTEN! Do not assume this is due to advanced age or a bad mood. It may be the medicine.

Medication Reminders

Medication Reminders include devices such as a pill box, pill organizer, pill identification and table organizer, medical watch (vibrating watches, alarm watches, or sound alarms) automatic pill dispenser, medical alarm clock, countdown timer, and medical jewelry. They are available in local drug stores, medical supply businesses and through websites.

Automated Medication Dispensers

- Automated machines can dispense a week's supply of dry oral medication up to four times a day at scheduled times.
- A week's worth of pills needs to be placed in the lockable tray.
- The machine is then programmed to dispense the pills into a removable drawer at set times throughout the week.
- An alarm rings until the removable drawer is opened and replaced.

Some systems can display instructions for the medication being dispensed. Some machines can dispense the medication as well as contact prearranged emergency contacts if an elder does not remove and then replace the removable drawer within a set time period. Most machines run on electricity and many have emergency battery back up systems. Their size allows them to all be fairly portable. Such machines can often be rented as well as purchased.

- These systems will not solve every issue regarding medication non-compliance.
- This technology is useful if the elder just needs a reminder to take the prescribed medication.
- These machines cannot ensure that once an elder takes the pill from the removable drawer that they actually ingest the medication.

For a list of companies from which automated medication dispensers can be obtained contact your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover.)

MEDICINE SHOULD BE LIFESAVING, NOT LIFE THREATENING!

Hospital Discharge

Medicare-participating hospitals must provide discharge planning services to all hospital inpatients upon request and to those inpatients who would suffer adverse consequences without discharge planning services.

What Medicare Discharge Planning Services Include:

- An identification of whether you are likely to get sicker upon discharge in the absence of discharge planning services.
- A discharge planning evaluation, made on a timely basis by qualified personnel.
- The completion of a discharge planning evaluation, which is to be placed in the patient's medical record.
- A discussion with the patient and his or her designates about the discharge planning evaluation itself.

Notice And Appeal Rights Under Traditional Medicare:

If you feel that you have been discharged too soon or without the necessary post-hospital services having been arranged, contact your local **Quality Improvement Organization (QIO)-MassPRO** at **1-800-252-5533** as soon as possible to file a complaint.

You are **entitled to notice** when your hospital stay is no longer medically necessary and the hospital intends to charge you for continued stay, and that:

- You no longer require inpatient hospital care;
- You will be charged for care beyond the second day following the notice;
- The QIO will make a determination on the validity of the hospital's finding if you remain in the hospital; and
- The determination of the QIO can be appealed.

Filing An Appeal Of A Notice For Non-Coverage:

An inpatient of a Medicare participating hospital has **a right to an appeal** to the QIO of a hospital's notice of non-coverage. If you appeal, the QIO must complete its reconsideration determination and send you a written notice, including relevant time periods for filing appeals.

Notice Rights Under A Medicare Advantage Plan (Including HMO's & PPO's)

Notice requirements are slightly different for persons in a plan sponsored by a Medicare Advantage organization (MA plan). In a Medicare Advantage plan:

- You will be provided with written notice **only** if you disagree with the discharge decision.
- Notice and appeal rights also arise if the MA plan or the hospital no longer intends to continue coverage of your stay.
- The "Important Message from Medicare" is the only written notice that you are required to receive.
- If you disagree with the discharge, you will then be given a notice with the reason for the discharge decision and information about the appeal rights.
- You are entitled to coverage until at least noon of the day after the notice is provided.

For information visit: **Center for Medicare Advocacy, Inc.** www.medicareadvocacy.org

Legal Resources

Assuming Control Of Legal/Financial Matters

At some point, a family member or other concerned individual may need to assume responsibility for decision-making and will need the legal authority to do so. It is a good idea to help the elder plan ahead before it becomes necessary to shift responsibility to someone else. Some points to consider:

- Assist the elder in putting his/her affairs in order before he/she becomes unable to do so.
- Have the elder designate a trusted person to manage his/her financial affairs, such as a Power of Attorney.
- Have the elder gather together all important papers and documents such as a will, bankbooks, insurance policies, deeds, titles, etc., and keep them in a safe place.

There are several ways in which another can legally manage an elder person's affairs:

- **Restricted Bank Accounts**
Co-signatory accounts require two signatures for withdrawal (unless the elder becomes incompetent and cannot sign). Accounts with permanent withdrawal orders (the bank issues a monthly allowance to the elder) and deposit orders such as direct deposit of benefit checks.
- **Representative Payee For Social Security**
The Social Security Administration can appoint a person or an organization as a "payee" to receive and cash the monthly public assistance checks (Supplemental Security Income (SSI), Social Security, Veteran's Benefits) for a recipient deemed incapable of managing his/her own funds.
- **Power Of Attorney**
This legal document, which gives an individual called Attorney-In-Fact (usually a spouse, other relative or friend) the power to act on behalf of the "principal" (the person appointing the proxy) to manage all or a specific part of his/her financial affairs. The principal must be competent when this appointment is made. Also, the principal does not lose his/her legal right to act on his/her own behalf. The Document outlines the scope of the Attorney-In-Fact's authority. The authority given can range from general powers, allowing the Attorney-In-Fact to handle the elderly person's entire estate, to limited powers such as handling the checking account only. This authority ceases upon the incompetence of the principal unless the document is a "**Durable Power of Attorney**", which continues the authority beyond incompetence. The principal may choose to execute a **Springing Durable Power of Attorney**, which becomes effective only if the principal becomes disabled.
- **Conservatorship**
A legal process by which a person is appointed by the court to handle just the real estate/property and financial matters of the ward who has become unable to do so. A petition for conservatorship must be filed in Probate Court.

- **Guardianship**
 A more restrictive form of legal control. The probate court appoints one or more individuals to not only handle the financial affairs of a person determined to be legally mentally incompetent, but also to make personal decisions such as all living arrangements and medical care. The Massachusetts Executive Office of Elder Affairs contracts with seven (7) agencies to provide guardianship services to elders who have been abused and a court has determined to be at risk or harm, and to lack decision-making capacity. The primary objective is to act as an adjunct to protective services when other less restrictive means are available to protect elders who are lacking the capacity to consent to services. The powers delegated to a guardian can vary depending on the case, so it is advisable to seek professional advice.
- **Advance Directives**
 An advance directive is a document you prepare to inform others of your wishes should you become medically incompetent to make your own health care decisions. A health care proxy is the only advance directive legally recognized in Massachusetts. Under the Massachusetts Health Care Proxy Law, you may create a document (a Proxy) to name someone you trust to make medical decisions for you if you become unable to do so yourself. Medical personnel must abide by the decisions of your agent as if you were making the decisions yourself. Although the form is a legal document, you do not need an attorney to complete one. Forms and instructions are readily available in all hospitals, nursing homes and HMO's.
- **Trust**
 A trust is an arrangement in which a person (trustee) holds property, real or personal, for the benefit of another (beneficiary). In a trust, the Court is not involved. The trustee's authority is confined to what is outlined in the trust arrangement. There are many types of trusts, and professional advice should be sought.
- **Living Will**
 A Living Will is a set of written instructions that outline the patient's health care wishes at the end of life. If the patient completes a Health Care Proxy form, but also has a Living Will, the Living Will provides the instruction for the proxy. It is important for everyone to have a copy of the patient's Health Care Proxy, including his/her doctors and hospital, and that it is in the patient' chart.
- **Health Care Proxy**
 The Health Care Proxy is a simple legal document that allows you to name someone you know and trust to make health care decisions for you, if, for any reasons and at any time, you become unable to make or communicate those decisions. It is an important document, however, because it concerns not only the choices you make about your health care, but also the relationships you have with your physician, family, and others who may be involved with your care.

Elder Law Attorneys

Elder law attorneys concentrate on issues that concern seniors and their families. Most elder law attorneys are members of the National Academy of Elder Law Attorneys (NAELA), a non-profit association of over 3,200 attorneys specializing in legal issues affecting the elderly.

Contact the number below and they will advise you of the latest Massachusetts contact numbers.

Mass Chapter of the National Academy of Elder Law Attorneys

P.O. Box 67137, Chestnut Hill, MA 02467

877-367-6235

www.manaela.org/index.cfm

Services: A non-profit association of attorneys specializing in legal issues affecting the elderly in Massachusetts. Areas of specialty include: estate planning, Social Security, health and retirement benefits, government benefits (Medicaid, SSI), and disputes involving nursing homes. The association offers a free directory of Elder Law Attorneys which can be obtained by contacting the agency by phone or through it's website.

Other Legal Resources

American Civil Liberties Union

508-752-5363

340 Main Street, Room 717, Worcester, MA 01608

<http://www.aclum.org> Email: wcaclum@earthlink.net

Services: Provides information, advocacy, and representation free of charge to people who feel that their constitutional rights have been violated.

Massachusetts Attorney General-Elder Hotline

888-243-5337

1 Ashburton Place, Boston, MA 02108

www.ago.state.ma.us

Services: Provides information on a variety of issues including but not limited to elder abuse, guardianship, homestead protection, and legal services.

Jewish Family Service of Worcester, Inc.

508-755-3101

646 Salisbury Street, Worcester, MA 01609

www.jfsworcester.org

Services: Provides consultation for any questions about conservatorship or guardianship for anyone in Worcester County.

Legal Assistance Corporation of Central Massachusetts

800-649-3718

405 Main Street, Suite 400, Worcester, MA 01608

508-752-3718

79 Elm Street, Southbridge, MA 01550

508-765-9290

www.livejustice.org

(Hearing Impaired) 508-755-3260

Services: Provides free legal counseling to those 60 years of age and older in greatest economic and social need. Counseling is provided in the following areas: public benefits, housing, health care, protective services, and nursing home residents' rights.

**Massachusetts Justice Project
Volunteer Lawyer Service**

405 Main Street, Third Floor
Worcester, MA 01608

**508-831-9888
888-427-8989
(TTY) 508-831-4210**

www.neighborhoodlaw.org

Services: Centralized advice and referral office, which handles a large volume of inquiries on an array of poverty law issues. Issues covered include housing, domestic relations, benefits, bankruptcy/foreclosure, and education.

Mediation Services of North Central Mass

978-466-9595

853 North Main Street, Leominster, MA 01453

Email: mediation.ncm@verizon.net

Services: Trained mediators assist parties in resolving differences such as neighborhood disputes, personal disagreements, and business and consumer issues.

National Academy of Elder Law Attorneys, Inc. (NAELA)

520-881-4005

www.naela.org

Services: The National Academy of Elder Law Attorneys, Inc. is a nonprofit association that assists lawyers, bar organizations and others who work with older clients and their families. Established in 1987, the Academy provides a resource of information, education, networking and assistance to those who deal with the many specialized issues involved with legal services to the elderly and people with special needs.

Worcester County Bar Association

508-752-1311

Lawyer's Referral Service

800-622-9700

19 Norwich Street, Worcester, MA 01608

www.worcestercountybar.org

Services: Professional association of lawyers that will handle legal issues including bankruptcy, mortgage foreclosures, wills, divorces, custody, and evictions. Services provided at a reduced rate to those who are deemed financially eligible. Also provides referral services once a client indicates the type of services needed.

Finances

Whether an elder is to be cared for within his/her private home or at a facility, proper financial planning will require you to consider the following questions.

- What funds are available to pay for necessary expenses (i.e. Long Term Care Insurance)? (For information on Long Term Care Insurance see page 29 and 99.)
- Is the elder getting the financial assistance to which he/she is entitled (i.e. Veterans' Benefits)?
- Are you familiar with all sources of income for elders including personal assets, pensions, Social Security, SSI, and Veterans' benefits?

Personal Assets

Consider the elder's savings and other easily convertible assets (i.e., stocks, bonds). A home, while occupied by the elder, or automobile is not usually considered an asset when applying for financial assistance or services.

An important part of the financial assessment includes a review of insurance policies, wills, and burial arrangements.

The best way to get a handle on finances is to work out a budget. You can start by writing down all regular monthly expenses, including:

- Rent Or Mortgage Payments
- Utility Bills/Phone
- Car Payments/Public Transportation
- Insurance Premiums
- Food Expenses
- Medical Expenses/Prescriptions
- Clothing Expenses
- Loans
- Taxes
- Legal/Accounting Fees
- Other Household Expenses

Financial Planning

Check with an attorney, accountant, or other qualified professionals regarding financial planning if appropriate.

- **Accountants/Certified Public Accountants (CPA's)** can help with tax preparation, advice and investment planning.
- **Attorneys** trained in elder law and/or estate planning can assist in getting one's legal affairs in order, (e.g. wills, trusts, and estate planning). They may advise on legal implications of one's financial actions.
- **Certified Senior Advisors (CSA)** have extensive training and must pass a comprehensive examination regarding financial and social concerns facing seniors.
- **Insurance Agents** can develop one's life and long term care insurance plans, as part of retirement planning. Insurance Agents may also offer annuities and trusts.
- **Stockbrokers** advise on types of investments, manage portfolios and purchase and sell stocks and bonds.

- **Financial Planners** can review your finances and recommend ways to maximize assets. “Certified Financial Planners” must pass examinations in insurance, taxes, risk management, and investments.

Pension Plan Assistance

If you are confused about an elder’s rights with regard to a specific pension plan there are places to turn. Details should first be sought from the individual employer who originally offered the pension plan. An agency that you can turn to for clarification is:

N. E. Pension Assistance Project
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393

617-287-7307
888-425-6067
Fax: 617-287-7080

www.pensionaction.org Email: **npln@umb.edu**

Services: Offers free, confidential individual counseling and assistance. They can supply referrals to specialized attorneys and supply a list of financial advisors. They locate pension funds, explain pension provisions and address eligibility problems.

Social Security Retirement Benefits

Social Security is a federally mandated program available to most Americans over 65 years of age. Persons may qualify for reduced benefits at age 62. Monthly benefits are paid to workers upon retirement and to their dependents and/or survivors if eligibility requirements have been met.

Supplemental Security Income (SSI)

Supplemental Security Income assures a minimum monthly income for persons who meet the income and asset requirements and are at least 65 years of age or disabled or blind. Those determined eligible for the SSI program automatically receive Medicaid to assist with health care costs, and are generally eligible for food stamps as well. Call your local Social Security Administration for more information.

Supplemental Security Disability Income (SSDI)

This federal program provides a monthly income for people who are disabled and unable to work for at least a year (determined by a physician and specific criteria developed by the Social Security Administration), **AND** have worked in the past for a specified period of time and have paid into the Social Security fund. A person’s financial situation is not considered in determining benefits. Benefits are based on the amount of time an individual worked and how much money they already paid into the system.

Social Security Administration Offices

The Social Security Administration has created a toll free number to more efficiently service consumer needs. Answers to frequently asked questions are available on an automated system 24 hours a day/7 days a week, and a customer representative is available Monday through Friday, 7:00AM-7:00PM. Service is available in both English and Spanish.

Social Security Teleservice Center
www.socialsecurity.gov

800-772-1213
(TTY) 800-325-0778

The Social Security offices of Central Massachusetts are found at the following locations:

Fitchburg Office

Philbin Federal Building, 881 Main Street, Room 301
Fitchburg, MA 01420

Serving: Ashby, Bolton, Fitchburg, Harvard, Lancaster, Leominster, Lunenburg, Sterling, Townsend

978-343-4526
(TTY) 800-325-0778

Framingham Office

100 Concord Street, 2nd Fl.
Framingham, MA 01701

Serving: Franklin, Hopedale, Medway, Milford

508-875-5047
(TTY) 508-875-5047

Gardner Office

Heywood Place, 55 Lake Street
Gardner, MA 01440

Serving: Ashburnham, Baldwinville, Hubbardston, Gardner, Princeton, Templeton, Westminster, Winchendon

978-632-1004
(TTY) 978-632-2112

Lowell Office

151 Warren Street, Suite 300
Lowell, MA 01852

Serving: Ayer, Groton, Pepperell

508-452-5509
(TTY) 978-485-5702

Woonsocket Office

Post Office Building, 127 Social Street
Woonsocket, RI 02895

Serving: Bellingham, Blackstone, Mendon, Millville

401-766-8423
(TTY) 401-765-1620

Worcester

51 Myrtle Street, 1st Fl., Madison Place
Worcester, MA 01608

Serving: Greater Worcester County

508-753-4105
(TTY) 800-325-0778

Veterans Services

Department of Veterans Affairs is a federal department that provides various benefits to eligible veterans and their dependents if the veteran served during specific wartime periods or conflicts.

Department of Veterans Affairs (VA)
JFK Federal Building, Room 1525
Government Center, Boston, MA 02114
www.va.gov

800-827-1000
(TDD) 800-829-4833

- **Pension Benefit:** The veteran may be eligible for a pension if determined permanently and totally disabled from conditions *not* related to military service. A veteran is now presumed disabled at age 65 years. The veteran's surviving spouse/widow may also be eligible for a pension based on level of income. The maximum benefit allowed will be decreased by other income. Medical expenses paid and not reimbursed may decrease other income.
- **Disability Compensation:** This benefit is paid to a veteran who has a service-connected medical condition either occurring or aggravated while in the military. The amount of compensation is determined by a percentage applied to the specific disability from 0% to 100%.

Massachusetts Department of Veterans' Service is a Massachusetts state agency that primarily administers MGL Chapter 115, a financial and medical benefit program. This agency also administers an Annuity Program. Every city and town in Central Massachusetts has a Veterans' Agent or is part of a district serviced by one Agent. These Agents may assist you with both state and federal benefits. For a list of Veterans' Agents contact your local town hall or your Area Agency on Aging (AAA) or Aging Service Access Point (ASAP). (See inside front cover.)

Massachusetts Department of Veterans' Services (DVS)
600 Washington Street, Room 1100, Boston, MA 02111
www.state.ma.us/veterans

617-727-3578
Ext. 101

CHAMPVA-Health Tricare-Health
(Includes CHAMPUS) Northeast
www.va.gov/hac/champva/champva.asp

800-733-8387
877-874-2273

Headstones and Markers

800-697-6947

Veteran's Outreach Center
605 Lincoln Street, Worcester, MA 01605

508-856-0104

Living At Home

Home Ownership

Home ownership is for those elders who are physically, psychologically, emotionally and financially capable to live independently in their own home.

Funding For Private Home Ownership

Homeowner Options for Massachusetts Elders (HOME)

137 South Street, Boston, MA 02111

800-58-ELDER

617-451-0680

Services: A comprehensive housing counseling service for older homeowners of modest means that addresses a broad spectrum of needs and possible solutions. Trained counselors are available to assess the elder's current situation and discuss his/her future options. Some financial arrangements may allow an older homeowner to convert some of the value of his/her home into usable income.

Some financial options for home ownership are listed below:

- **Reverse Mortgage** is a way to convert your home equity into cash. The loan is paid out in monthly installments, in one lump sum, or as a line of credit. The homeowner maintains ownership and benefits from all appreciation in the home's value during the term of the loan. To qualify, you must be 62 years of age or older and own your home (or have very little mortgage left). The loan must be repaid when the borrower no longer lives in the home. In the event of death, heirs can choose to repay the loan and keep the house, or sell the house and repay the loan.
- **Sale/Leaseback Plan** provides that the house is sold with the owner receiving from the buyer the rights to a lifetime lease at a reasonable rent. Proceeds from the sale are invested, providing a steady income stream.
- **Refinancing Options** are considered. Equity loans offered by banks can be attained where a line of credit is approved for the owner to use as needed with various terms of repayment and application costs. If appropriate, long term financing through a first or second mortgage with a bank can be an option.
- **Tax Abatement (Exemption) And Deferral** arrangements vary by city/town. Contact your city/town assessor for local information.
 - **Tax Abatement (Exemption)** is a reduction of property taxes, which cities/towns offer to elders under certain circumstances.
 - **Tax Deferral** permits homeowners to delay payment on property taxes. As opposed to an exemption, these unpaid taxes must eventually be paid.

Homestead Act

The Homestead Act is a Massachusetts law, which provides for protection of the family home or mobile home from creditor's claims up to a maximum of \$500,000 of equity for the owner.

In order to benefit from the Homestead Act, the owner of the home must "declare" a homestead. There are two simple ways of doing this. The owner can designate their declaration on the deed at the time of purchase of the property, OR the owner can record the declaration at the Massachusetts Registry of Deeds separately. (A declaration for a mobile home is filed at the city/town hall.) The declaration must be signed and notarized. The declaration form may be obtained at the Massachusetts Registry of Deeds. There is a \$35 fee for the Homestead Act.

For more information regarding the Homestead Act or other legal housing issues, please contact: **Legal Assistance Corporation of Central Massachusetts** at **1-800-649-3718** www.neighborhoodlaw.org.

Apartment Dwelling

Not unlike homeowners, apartment dwellers have to be physically, psychologically, emotionally and financially capable to live independently in their own apartment.

Subsidized Apartment Housing

There are programs for those individuals who can live independently in an apartment but are financially unable to pay the rent on their own. The most widely used housing program is "subsidized housing", also known as Section 8 or "rental assistance". This program is sponsored by the Department of Housing and Urban Development (HUD) and allows you to pay no more than 30% of your income for rent. The Section 8 subsidy pays the difference between the renter's 30% and the actual apartment rental amount. The total rent cannot be higher than the maximum rent set by HUD for that particular size apartment.

Another program HUD's Section 8 sponsors is the Voucher Program. In this program, the recipient receives a voucher, for a fixed dollar amount, which is then applied toward their monthly apartment rent. The person receiving the voucher may spend as much or as little on an apartment as they choose. The voucher amount stays the same regardless of the total apartment rental amount.

Both of these programs require that the apartment to be rented meets the basic housing standards put forth by HUD.

Many of the housing developments that accept subsidies are not exclusively for elders. Some developments that are owned by private housing developers do accept public subsidies.

Housing Assistance

Other programs, which may help your elder maintain maximum housing independence, are listed below. Please note, some of the below mentioned programs are available to renters.

Utilities

Many gas, electric and telephone companies offer discounted utility rate programs for financially eligible elders. Call your local vendor and see if they have such a program and what are their specific eligibility requirements.

In general if the head of a household is receiving any one of the following benefits they may be eligible: Food Stamps, S.S.I (Supplemental Security Income), T.A.F.D.C. (Transitional Aid to Families with Dependent Children), E.A.E.D.C (Emergency Assistance to Elders, Disabled and Children), Medicaid/MassHealth, Veteran's Benefits, and Fuel Assistance.

Weatherization

There are agencies that can assist with the weatherization of homes and apartments. This work includes insulation for attics and walls, weather-stripping and caulking for your doors and windows, hot water pipe insulation, duct wrap and blower door assisted air sealing.

Heating System Programs

These programs provide assistance to individuals who have no heat. Some of these agencies can replace heating systems if they are found to be unsafe or inoperable.

Energy Services

For those elders who are having a difficult time meeting their heating/cooling and utility costs, the following programs provide subsidized or free services:

Agency	Energy Assistance	Fuel Assistance	Weatherization	Heating System	Service Area
Department of Housing and Community Development Commonwealth of Mass Suite 300,100 Cambridge Street Boston, MA 02114 617-573-1100 1-800-632-8175 www.mass.gov/dhcd		✓	✓	✓	Statewide
Montachusett Opportunity Council, (MOC) 66 Day Street Fitchburg, MA 01420 978-342-7025	✓		✓	✓	North Central Mass
New England Farm Workers' Council 435 Main Street, Suite 3040 Fitchburg, MA 01420 978-342-4520		✓			North Central Mass
WCAC-Worcester Community Action Council 484 Main Street Worcester, MA 01608 508-754-1176 TDD 508-754-8968 1-800-545-4577 www.wcac.net	✓	✓	✓	✓	Central and Southern Central Mass
SMOC-South Middlesex Opportunity Council 300 Howard Street Framingham, MA 01702 508-620-1230, 800-286-6776 www.smoc.org	✓	✓	✓	✓	South Middlesex County (Eastern side of CMAA Service Area)
Citizens Energy Oil Heat Program 88 Black Falcon Ave, Center Lobby Suite 342 Boston MA 02210 877-563-4645 www.citizensenergy.com		✓			Statewide

Fall Prevention And Home Safety

Falls are the most common cause of injury and hospital admissions among older adults. Falls and their concurrent medical conditions are now the leading cause of accidental death in people age 65 and older. Medications, chronic illnesses, vision problems and loss of sensation in the feet can cause dizziness, balance problems and fatigue, all of which can increase the risk of falls. In addition the fear of falling often leads older adults to limit their mobility. Many accidents can be prevented and home safety can be improved with some corrections on behalf of the elder and their family. To help elders remain safely in their own homes the following items should be addressed:

All Areas Of The Home

- ❑ Place all extension, lamp, telephone and other cords out of the flow of traffic.
- ❑ Replace all frayed or cracked cords.
- ❑ Place all heaters where they can't be knocked over, away from curtains, rugs, furniture or newspaper.
- ❑ Unplug all small electrical appliances when not in use.
- ❑ Do not overload extension cords for fear of fire.
- ❑ Make sure there is a light switch located near the entrance of each room, install a night-light, and/or have a flashlight handy.
- ❑ Make sure all light bulbs are the appropriate size and type for the lamps and fixtures.

Rugs, Runners, Mats And Stairs

- ❑ Make sure all runners and small rugs are slip-resistant by attaching double-faced adhesive carpet tape or rubber matting on their backs.
- ❑ Replace any worn or loose carpeting, treads or risers on stairs in order to prevent falls.
- ❑ Paint outside steps with rough textured paint or use abrasive strips.
- ❑ Make sure that the steps are even and the risers are of the same size and height.
- ❑ Make sure the stairs are well lit and if possible install light switches at the top and bottom of the stairs.
- ❑ Install handrails on stairs for support.
- ❑ Install ramps if necessary for easy access in and out of the senior's home.

Passageways

- ❑ Make sure all hallways between rooms and other heavy traffic areas are well lit.
- ❑ Arrange furniture and remove clutter to clear passageways and exits.

Kitchen Area

- ❑ Teach an elder how to use a "reacher" for items out of comfortable reach.
- ❑ Recommend the use of a non-skid floor wax or leave floors unpolished.
- ❑ Suggest using a stable step stool with a handrail.
- ❑ Place towels, curtains, and other things that might catch fire away from the range.
- ❑ Make sure that long loose fitting sleeves are not worn while cooking.
- ❑ Ensure that the gas range or the oven is not used to heat the home.
- ❑ Inspect kitchen ventilation systems or range exhausts for proper working order.
- ❑ Replace faucets and handles with levers if the elder has difficulty grasping and turning the existing ones.

Bathrooms

- ❑ Equip bathtubs, showers and bathroom floors with non-skid mats or abrasive strips to prevent falls.
- ❑ Place strong, stable grab bars in the bathtubs and showers.
- ❑ Install stable shower seats or transfer benches.
- ❑ Use an extended toilet seat with handrails, or install grab bars beside the toilet.
- ❑ Use a nightlight in the bathroom.
- ❑ Have a qualified individual lower the setting of the hot water heater to “low” or less than 120 degrees to prevent tap water scalds.

Bedrooms

- ❑ Arrange furniture close to light switches or move lamps closer to beds so elders can see properly should they get out of bed.
- ❑ Use a nightlight in the bedroom.
- ❑ Remove any fire sources such as smoking materials and heaters from close proximity to the bed or bedding.
- ❑ Place a telephone close to the bed.
- ❑ Do not let an elder sleep with a heating pad that is turned on.
- ❑ Do not cover the electric blanket when it is on. Nor should you tuck in its sides or ends, as this can cause a buildup of heat, which can start a fire.

Telephone Areas

- ❑ In large print list emergency numbers near every telephone.
- ❑ Have an alternative to a wall telephone should an elder fall.

Smoke And Carbon Monoxide Detectors

- ❑ Place at least one smoke and one carbon detector on every floor of the senior’s home.
- ❑ Make sure each type of detector is placed near the bedroom, either on the ceiling or 6-12 inches below the ceiling on the wall.
- ❑ Do not place detectors near air vents.
- ❑ Test the detectors monthly.
- ❑ Check and replace batteries and bulbs according to the manufacturer’s instructions.
- ❑ Vacuum the grillwork of the detectors.

Chimneys And Fireplaces

- ❑ Clear leaves or other debris that can clog a chimney or fireplace.
- ❑ Annually have a registered or licensed professional check and clean the chimney to prevent the wood burning build up that can ignite and result in a fire.

Emergency Exit Plan

- ❑ Keep emergency numbers in large print near each phone.
- ❑ Consider having a personal emergency response system in the home.
- ❑ Establish an exit plan and an alternative plan in case of an emergency.
- ❑ Practice the emergency plan.

Medications

- ❑ Review the elder's medications with his/her doctor or pharmacist. Some drugs, including over-the-counter drugs can make one drowsy, dizzy and unsteady.
- ❑ Store all medications in the containers that they came in.
- ❑ Make sure each medication is clearly marked.
- ❑ Flush outdated medication down the toilet. Small children can gain access to medication thrown in a garbage bucket.

Exercise: Daily exercise helps maintain balance, flexibility, and strength.

Alcohol: Watch an elder's alcohol intake. More than 2 drinks per day can cause unsteadiness, interact with medications and result in other difficulties.

Vision and Hearing: Have an elder's hearing and eyesight tested. Inner ear problems can affect balance. Vision problems make it difficult to see potential hazards

Footwear: Purchase nonskid, low-heeled shoes or slippers that fit snugly. Walking around in stocking feet can be dangerous.

Mobility: Encourage the use of canes and walkers when necessary. Educate elders about changing their position slowly when getting up from lying down, resting or after eating. Instruct an elder to stay in one position if they feel dizzy.

***Remember to occasionally go through the home and
make sure that everything is still safe.***

Home Repair

There are agencies available to help elders with low interest loans or grants for home repairs, including those to improve heat efficiency and structural damage. The following agencies may be contacted for further information and assistance.

Central Mass Housing Alliance-Elder Home Repair **508-755-1105**

7-11 Bellevue Street, Worcester, MA 01609

www.cmhaonline.org Email: **cmha.org@verizon.net**

Services: Provides low cost emergency home repairs. Qualified agency-insured staff perform a needs assessment, pertinent repairs, and make appropriate referrals when necessary. They may repair such structural or system failures as stairs, doors, windows, ceilings, roofs, as well as minor plumbing and electrical faults. If you have repair needs but are otherwise program ineligible, you may wish to contact them for specific repair estimate and service rates, or referrals to other agencies.

Contractor Referral Service **508-791-1445**

17 Windsor Street, Worcester, MA 01605

Services: Refers individuals to various contractors who are fully licensed and insured.

Montachusett Opportunity Council Elder Services **978-345-8501**

66 Day Street, Fitchburg, MA 01420

Email: **elder@gis.net**

Services: Assists with minor home adaptations to correct hazards for a safe environment.

RCap Solutions, Inc.-Main Office **978-630-6600**

205 School Street, Gardner, MA 01440

(TDD) 978-297-3176

Field Office

508-792-5230

470 Pleasant Street, Worcester, MA 01608

www.rcapsolutions.org Email: **info@rcapsolutions.org**

Services: Assists with housing repairs and rehabilitation for ultimate accessibility.

Rebuilding Together Worcester **508-842-8833**

P.O. Box 2774, Worcester, MA 01613

www.rebuildingtogetherworcester.org

Services: Assists the elderly, disabled, or low income in renovating their homes, with the goal of improving safety. Individuals must meet program eligibility guidelines.

For further information you may also contact your Area Agency on Aging (AAA) or one of the Aging Service Access Point's (ASAP). (See front inside cover.)

Home Adaptation Options For Elderly Mass Home Owners

Often a senior's ability to live independently in his/her own home becomes more difficult due to diminishing physical abilities that make everyday routines difficult to manage. Having a senior stay in their home or your home and adapting the home to his/her individual needs is becoming easier. The home may be adapted to limitations in movement, strength, dexterity, eyesight and hearing limitations. You may contact the following organizations for further information:

Mass Rehabilitation Commission

800-882-2040

Home Modification Loan Program

617-204-3637

27 Wormwood Street, Boston, MA 02210

www.state.ma.us/mrc

Services: Provides loans to low to moderate income elders who require home modifications. Eligible modifications include ramps, accessible bathrooms, grab bars, visual safety alarm systems, etc.

United Way of Central Mass-AFL/CIO Community Services 508-757-5632

484 Main Street, Suite 300, Worcester, MA 01608

www.unitedwaycm.org

Services: Assist with the building of handicap ramps for permanent homes. Ramps cannot be done on rental properties.

Private funds may be available for home adaptation. You may wish to contact your local civic or religious organizations to find out if they may be able to provide assistance. There are also private companies that could provide adaptations such as custom built stair lifts or other products that ease mobility, including scooters, wheelchair lifts, vertical lifts, ramps, patient lifting systems, lift chairs, adjustable beds, bath lifts, bath safety products and aids to daily living.

There are other programs aimed at providing homeowners with a wide variety of assistance related to maintaining housing. Councils on Aging, Senior Centers, Community Action Programs, and Neighborhood Centers are also sources of information about other repair assistance programs. Your local Area Agency on Aging (AAA) or Aging Service Access Point (ASAP) may be able to direct you to further resources. (See inside front cover.)

Housing

There are a wide variety of housing options available to elders in Central Massachusetts.

Congregate Housing: Congregate Housing offers privacy yet promotes opportunities for socialization. Every resident is encouraged to live independently while knowing assistance is available as needed. Each resident has a private bedroom and bathroom. The shared common spaces (living room, kitchen, dining areas) are furnished by the housing authority and are utilized equally by all tenants.

Supportive Housing: The Supportive Housing Program provides an economical solution for those persons who can no longer manage alone but who wish to remain in a home setting. At select public housing sites a supportive housing program provides residents 60 years of age and older or disabled an opportunity to benefit from the support of an overnight personal care homemaking staff. This staff person will respond to “an after hours” request for assistance with tasks such as: bathing, dressing, and linen changes. During the work week there is an on-site social worker to assist residents with their needs. The social worker is available to identify issues, and refer to service providers, doctors, and family members. The social worker also coordinates activities such as informational seminars, bus-trips, and entertainment. A daily meal is offered in the community room.

Adult Foster Care: The Adult Family Care (AFC) Program matches elders and/or disabled adults 16 years of age and older with host families. The host provides a private room, meals, and assistance with daily personal care including any tasks that have been deemed necessary for the individual to reside safely in the host home. There is generally a limit of 2 participants per host home to ensure that the setting remains family-like. The participant can either be a Medicaid recipient or pay privately for this program. Host families may choose to be either short term or long term caregivers. Those agencies that provide Adult Foster Care train the host families, monitor placements and each participant’s health, and provide case management. ***Family members, excluding a spouse, parent of a minor child or other legally responsible relative, can become “hosts” in the AFC program and be paid for providing care.***

Adult Communities: Retirement communities are complexes developed specifically for older adults. A complex may be quite large with single dwelling homes, townhouses, mobile homes or apartments. Some retirement complexes are designed as continuing care retirement communities with various levels of care.

Continuing Care Retirement Communities (CCRC’s): Continuing Care Retirement Communities, are an option for elders who can no longer live alone. They are designed to accommodate the needs of people as they age and their personal needs change. CCRC’s offer a continuum of care, ranging from fully independent units, to assistance with personal care in assisted living apartments, to long term care in a nursing facility. Contracts, initial investments and monthly fees up to several thousand dollars are not uncommon. The initial investment fee may or may not be refunded if one decides to leave the community. Some communities charge monthly rent without an initial investment or long term obligation. The financial stability of a facility’s owner should be investigated prior to entering into a contract.

Assisted Living Residences (ALRs): Assisted Living residences offer a combination of housing and personal care to people who are having difficulty living independently but do not need the daily nursing services provided in a nursing home. As people's needs change over time, ALRs can offer different levels of care at different costs. The services offered in an ALR might include assistance with personal care such as bathing, dressing, medication management, and ambulating; and household management including meals, laundry, housekeeping, transportation, and social activities. Any resident has the right to supplement the care that is being provided by the ALR. Some ALRs have a section set aside for people who need a specialized or secure environment for Alzheimer's and related dementia; or mental health issues. ALRs vary in size and style. They could be a small home or a large apartment-style building. Living areas could be a studio or a full apartment with a small kitchen, with prepared meals also served in a common dining area.

The Majority Of ALR Residents Pay Privately On A Monthly Rental Basis. Some ALRs are operated for-profit while others are operated by non-profit organizations. **Medicare does not cover the costs of ALRs.** Individuals with long term care insurance policies should check with their carrier to determine if they qualify for coverage. Medicaid may provide financial assistance through the **Group Adult Foster Care (GAFC) Program**. To be eligible for GAFC an individual must be financially eligible, clinically approved to receive GAFC services, maintain a personal physician and receive a physician's order for GAFC services, require a supervised environment, require assistance (cueing and/or physical assistance throughout the entire ADL task) with at least one ADL and reside in a ALR that participates in the GAFC program. Not all ALRs choose to participate in the GAFC program. ALRs that do participate may identify which units are specifically used for GAFC residents. For information on the GAFC program, contact **MassHealth at 1-800-841-2900**.

Supplemental Security Income (SSI)–Category G (SSI-G) is a subsidy program administered by the SSI administration and supplemented by the Mass Dept. of Transitional Assistance. It is available only to individuals who have been determined to need and are receiving medical services from the GAFC program. To qualify an individual must meet all the SSI-G criteria, reside in a certified ALR that accepts SSI-G payment for rental or room and board, be clinically eligible for and receiving GAFC services and be financially eligible based on SSI-G income criteria. Not all ALRs accept SSI-G payment.

Assisted Living Ombudsman Program

The assisted living ombudsman acts as a mediator and attempts to resolve problems or conflicts that arise between an assisted living residence and one or more of its residents. For information contact the **Massachusetts Executive Office of Elder Affairs at 1-800-243-4636 or www.mass.gov/elders**.

ALRs must maintain certification from the Massachusetts Executive Office of Elder Affairs. **A Consumer's Guide** has been created to assist in deciding whether an ALR is the right option for your family and in choosing the most appropriate residence. Each ALR is required to provide this Guide to prospective residents before they agree to move in. This Guide includes information about costs, The Residency Agreement, the disclosure of rights and services, staffing and services, activities, Special Care Residence, and more. The guide is available by contacting **The Massachusetts Executive Office of Elder Affairs at 1-800-243-4636 TDD/TTY 1-800-872-0166 or www.mass.gov/elders**.

ALR Consumer Checklist (included in A Consumer's Guide)

Residence Information

- How many units in the ALR?
- Is there a Special Care Residence (SCR)? Yes ___ No ___ # Units ___
- What type of special needs does the Special Care Residence address?
- Is there a subsidy program available for people with limited incomes and assets?

Services Included in the Monthly Fee

Assistance with:	<u>Daily</u>	<u>Weekly</u>	<u>Time Limit</u>
Bathing	_____	_____	_____
Dressing	_____	_____	_____
Grooming	_____	_____	_____
Transferring	_____	_____	_____
Toilet	_____	_____	_____
Meals (#day)	_____	_____	_____
Housekeeping	_____	_____	_____
Shopping	_____	_____	_____
Laundry	_____	_____	_____
Transportation	_____	_____	_____
Snacks	_____	_____	_____
Activities	_____	_____	_____
Other Services	_____		

Self-Administered Medication Management (SAMM)

- Included in the monthly fee? Yes ___ No ___ Cost Per Month \$ _____
- Limited medication Administration (LMA) Does the Residence provide LMA?
- Included in the monthly fee? Yes ___ No ___ Cost Per Month \$ _____

Other Questions to Consider

- What services are needed that are not included in the basic services package?
- What are the associated costs for these services?
- Does this Residence offer the opportunity for a respite stay? If so what is the cost?
- Is this Residence conveniently located to: family members _____, friends _____, doctor _____, hospital _____, shopping _____, place of worship _____, other _____.

Final Checklist

Before you sign an agreement, review the list below to make certain that all of your needs will be met for a cost you can afford.

- Know what the basic service package includes as well as the cost for that package.
- Know the cost of additional services: Service _____ \$ _____.
- Understand exactly what services you are you going to receive each day.
- Know the circumstances of how often fees will increase and how much advance notice is given to the resident.
- Receive a complete copy of the residency Agreement and the Disclosure Statement.
- Take one final tour of the Residence and surrounding community.
- Have the name and number of your contact at the Residence for follow-up questions.

Rest Homes

Rest Homes provide a supervised supportive and protective living environment and support services for residents having difficulty caring for themselves, who do not require nursing home care or other medically related services on a routine basis. Rest Homes foster personal well-being, independence, and integration of residents into community living. Rest Homes provide basics such as cooking and cleaning. Rest Homes do not require a registered nurse on staff at all times but use trained staff known as a “responsible person”. There are three forms of payment for Rest Homes: Private pay; SSI-E (Supplemental Security Income); or EAEDC (Emergency Aid to Elderly and Dependent Children). EADC is not the same as Long Term Care Mass Health.

How are Rest Homes different from Assisted Living Residences (ALR’s)?

- **Environment:** Usually a private, semi-private or ward style bedroom with shared bathrooms; usually furnished. ALR’s are usually a studio, one or two bedroom unit with a kitchenette and private bathroom. Individuals bring their own furniture.
- **Medication Management:** Medications not included in the schedule of controlled substances may be administered by a responsible person who has completed a training course approved by the Dept of Public Health (DPH). (Controlled substances require a waiver by the DPH.) Assisted Livings’ medication management is usually limited to “reminders” without the authority to dispense or administer. (Some ALR’s may differ in their approach to the issue of medication management.)
- **Finances:** Rest Homes are able to accommodate a more moderate income elder because of the EAEDC Program. ALR’s are private pay unless an elder is low-income and eligible for GAFC or meets the SSI-G guidelines and the ALR participates.
- **Activities Of Daily Living (ADL):** Rest Homes usually require an individual to be independent with limited cuing and supervision. The criteria of ADL independence may vary from Rest Home to Rest Home depending on staffing levels. ALR’s usually have 1.5-2 hours of daily ADL assistance. Some ALR’s offer an opportunity to purchase more ADL care. Both Rest Homes and ALR’s require an individual to manage their own incontinence.

Nursing Homes/Skilled Nursing Facilities (SNF’s)

There may come the time when elders and their families need to think about nursing home placement. The decision a family may be faced with is to place an elder temporarily or permanently. This can be the most emotionally stressful decision caregivers face. It is advisable to start investigating long before the decision needs to be made.

Nursing Homes or Long Term Care Facilities or Skilled Nursing Facilities, provide long term care for those people who are no longer able to remain in an independent living situation because of physical and/or psychological issues. Nursing Home placement usually occurs once all other community based service options have been exhausted. There are 4 ways to pay for the cost of a nursing home: private pay, Long Term Care Insurance, Medicare and Medicaid. (See page 99 for further information.)

Skilled nursing facilities provide some level of 24-hour supervision and nursing services. The following are services and care that one may find offered at a nursing home facility: medical, rehabilitation, occupational and physical therapy, speech pathology, pharmacy, social services, recreational, and nutrition. Registered Nurses (RN), Licensed Practical Nurses (LPN) and Certified Nurses' Aides (CNA's) provide nursing care prescribed by the resident's physician.

Nursing Home Screenings

Prior to admittance to a skilled nursing facility, an assessment of an individual's need for 24-hour skilled nursing is necessary (if the payment source for the potential resident is Long Term Care Medicaid). The purpose of the screening is to offer Long Term Care Medicaid the assurance that this person is medically in need of long term care in a Skilled Nursing Facility and that all other community housing options have been exhausted.

If the payment source is private funds, a screening is not required but is often suggested. Frequently residents' funds will be depleted when paying privately for a stay in a skilled nursing facility, yet the resident plans to remain in the long term care facility. At this time, the resident would apply for Long Term Care Medicaid and a screening would be required. Prior to fund depletion and admission to a facility, seniors should know if they are not going to meet Medicaid eligibility criteria for long term care.

The Aging Service Access Points provide screenings for Long Term Care Medicaid eligible individuals. Long Term Care Facilities can also do Long Term Medicaid Screenings. For those intending to pay privately, the Aging Service Access Points can still provide the screening for a fee. Your Aging Service Access Point can assist you with further information on nursing home admission criteria and procedures as well as nursing home screenings.

Assessing Quality Of Care

The Massachusetts Department of Public Health (DPH) inspects Massachusetts nursing facilities and hospital-based transitional care units every 9-15 months. State inspectors ensure that each facility is meeting the established state and federal quality standards. Some of the items that they address are: overall cleanliness, adequate staffing, food preparation and medication management. Upon request these facilities must make copies of their most recent survey available to the public. The DPH created a survey performance tool that they use to evaluate every Medicare and MassHealth certified nursing facility in Massachusetts. These report cards address 44 of the most critical federal quality standards regarding the following topics for each facility: management, nursing, resident rights, meal service, and environment. They also make an overall statement regarding each facility's performance as compared to all other facilities in the state. You may request to review any facility's most recent annual Massachusetts Department of Public Health (DPH) evaluation (report card). For more information on obtaining this free publication contact:

Massachusetts Department of Public Health (DPH)
Division of Health Care Quality
www.state.ma.us/dph/qtool/qthome.htm

800-493-8333
617-753-8104

Nursing Home Evaluation Checklist

Name of Nursing Home: _____

Address: _____

Telephone Number: _____

Visits: Date(s) Visited/Time/Day: _____

The Basics

- Is the nursing home Medicare certified?
- Is the nursing home Medicaid certified?
- Has its license ever been revoked?
- Is it accepting new patients?
- Is there a waiting period for admission?
- Are background checks conducted on all of the staff?
- Is transportation available so the resident can visit the doctor?
- Are the care planning meetings held at times that are easy for residents and their family members to attend?
- Does the nursing home have an active family council?
- How many licensed nurses are on duty at each shift? RN's _____ LPN's _____
- What is the patient to staff ratio? _____ Nurse to patient? _____ Aide to patient? _____
- What is the visiting policy?
- What is the discharge policy?

Safety

- Are stairs and hallways well lighted?
- Are exits well marked?
- Do the hallways have handrails?
- Do rooms and bathrooms have grab bars and call buttons?
- Are there safety locks on the doors and windows?
- Are there security and fire safety systems?
- Is there an emergency generator or alternate power source?
- Is the floor plan logical and easy to follow?
- Is there a secure wing or floor for patients who wander?

Care Issues

- Does the home have a fresh smell?
- Are residents clean and well groomed?
- Does staff interact well with residents?
- Are residents participating in activities and exercise?
- Do the residents have the same caregivers on a daily basis?
- Does the staff respond quickly to calls for help?
- Is there fresh water available in the rooms?
- Does the food look and smell good?
- Are the residents offered choices of food at mealtimes?
- Are the residents who need assistance eating or drinking receiving it?
- Are there nutritious snacks available throughout the day and evening?

- Is physical therapy available?
- Does the staff have special training to deal with dementia?
- Are there special units, programs, or services for special needs, such as Alzheimer's Disease?

Quality of Life

- Are resident's rights posted?
- Does the staff knock before entering a resident's room?
- Are the doors shut when a resident is being dressed or bathed?
- Is the location of the facility easy for family and friends to visit?
- Does the nursing home meet cultural, religious, or language needs?
- Does the nursing home have outdoors areas for residents and help for residents who want to spend time outside?
- Are the residents allowed to make choices about daily routine (for example, when to go to bed, when to get up, when to bathe, or when to eat)?
- Are the residents allowed to have personal articles and furniture in their rooms?
- Is the staff friendly, considerate, and helpful?
- Does the facility have a friendly, home-like environment?

You may want to attach the facility's cost sheet for easier comparison.

The Massachusetts Extended Care Federation (MECF) offers a free consumer publication on the continuum of long term care services, which includes listings of **MECF member** nursing facilities, assisted living residences, continuing care retirement communities and associate members at **800-227-3367** or visit **www.mecf.org**

Resident's Rights

When entering any Long Term Care Facility, residents still retain their basic civil rights. The Federal Government and the Massachusetts Attorney General have developed regulations, which are designed to promote the comfort, health and well being of residents. The specific rights for residents of Nursing Homes are very similar to those rights of residents of Rest Homes and Assisted Living Facilities. Below please find the basic Nursing Home and Rest Home resident's rights. For specific regulations for Assisted Living Facilities please request a copy from the facility you plan to work with.

Residents Of Rest Homes & Nursing Homes Have The Following Rights:

Rules And Policies. The right to:

- Be treated with dignity, respect, kindness, and consideration.
- Retain and use personal clothing and possessions as space permits.
- Manage his/her own personal and financial affairs.
- Privacy when making or receiving phone calls.
- Share a room with his/her spouse if room is available.
- Refuse to perform services for the facility.
- Present grievances to facility staff.

Access. The right to:

- Send and receive mail unopened.
- Speak to an ombudsman and have his/her complaints addressed, free from retaliation.
- Join with people inside or outside of the facility to work toward improving the home.
- Meet with individuals or representatives of community groups who seek to provide free legal services within the facility at reasonable hours.
- Meet with members of community groups who enter the facility to visit or who provide volunteer services at reasonable hours.
- Participate in the activities of social, religious and community groups at his/her discretion.

Medical Treatment. The right to:

- Adequate and appropriate care.
- Privacy during medical examinations and treatment and while caring for personal needs.
- Inspect his/her records and to receive an explanation of anything in them, or authorize someone to do so, on his/her behalf.
- Choose the doctor who will be responsible for his/her care. Also the right to participate in the planning of his/her medical treatment.
- Refuse any treatment or drugs. The right to be free from chemical and physical restraints.

Discharge And Transfer. A resident may not be transferred without his/her consent unless:

- A physician orders such a transfer.
- For his/her welfare or that of another resident.
- For non-payment.
- As required by a state or federal agency authorized to enforce laws and regulations related to conditions.

Note: Under 940 CMR 4.00 of the Long Term Care regulations, “The obligation of a licensee or administrator of a facility includes, but is not limited to, providing a resident with an advance written notice of transfer or discharge. Such notice shall include a statement informing the resident of his/her right to request a hearing from Long Term Care Medicaid. This hearing would be for the purpose of refusing or appealing the discharge or transfer. If served with a notice, please contact your local Long Term Care Ombudsman Program.

The Long Term Care (LTC) Ombudsman Program

The LTC Ombudsman Program help promote dignity and independence for residents in nursing and rest homes as well as to advocate for improved quality of care, life, and environment provided by long term care facilities. Every state is required to have a LTC Ombudsman Program.

The program has four main goals:

- The receipt, investigation and resolution of Long Term Care Facility and Rest Home complaints;
- The protection of the benefits, rights and entitlements of residents guaranteed under federal, state and local law;
- The provision of information on long term care issues to residents, families and staff. It is important to note that the Long Term Care Ombudsman Program is not a placement and/or rating service for facilities, nor does it make referrals;
- Advocacy for positive changes to the long term care system that will have an impact on the quality of care, life and environment in all Massachusetts Long Term Care Facilities and Rest Homes.

Ombudsmen receive specialized training and certification from the Massachusetts Executive Office of Elder Affairs. This prepares the Ombudsmen to mediate, advocate, and investigate complaints on behalf of long term care residents. Weekly visits are made to nursing and rest home residents where communication with, and observation by, the Ombudsmen help identify and resolve problems and issues. Ombudsmen have the authority to help residents to seek resolution to a wide range of problems, from missing clothing to cold food to inappropriate room changes or charges. Ombudsmen are a vital link in the eldercare network. The following is a list of the local Long Term Care Ombudsman programs:

Montachusett Home Care Corporation North Central MA Ombudsman Program

Crossroads Office Park **800-734-7312**
680 Mechanic Street, Leominster, MA 01453 **978-537-7411**
(TTY) 978-534-6273

www.montachusetthomecare.org Email: dreed@mhcc-1.org

Montachusett Home Care Corporation Central MA Ombudsman Program

C/O Elder Services of Worcester Area, Inc. **508-756-1545**
411 Chandler Street, Worcester MA 01602
www.montachusetthomecare.org

Tri-Valley, Inc. Ombudsman Program **800-286-6640**

10 Mill Street Dudley, MA 01671 **508-949-6640**
www.tves.org Email: info@tves.org **(TTY) 508-949-6654**

Funding Long Term Care

There are several options to pay for long term care.

Long Term Care Facilities: A person may use personal funds to pay for their stay in a long term care facility (Rest Homes, Assisted Living Residences, Nursing Homes.) The amount to be paid is agreed upon by the facility owner/administrator and the prospective resident. Costs can vary between long term care facilities. It is helpful to keep in mind that stays in long term care facilities can cost several thousand dollars a month.

Medicare: Skilled Nursing Facilities

- Medicare generally does not pay for extended stays in skilled nursing facilities.
- Medicare provides full coverage for skilled nursing care or sub-acute care up to 20 days and partial payment for days 21 to 100.
- In order for Medicare to pay anything toward a stay in a skilled nursing facility, the prospective resident must be admitted to the facility within 30 days after a hospital stay of at least three days.
- The individual must require nursing or rehabilitative care for the same condition, which was treated in the hospital.

Supplemental Security Income (SSI)

SSI is a needs based entitlement program administered by the Social Security Administration. The Social Security Administration then pays the recipient a cash grant. This grant may be used to pay for rest home care.

Supplemental Security Income (SSI)

www.socialsecurity.gov

800-772-1213
(TTY) 800-325-0778

Long Term Care Insurance

These types of policies are designed to provide coverage for long term care facilities, such as nursing homes or assisted living facilities. Such policies vary and it is advisable to evaluate them carefully. Consider any restrictions such as to length of coverage, whether coverage is adjusted for inflation, diseases excluded, level of nursing home care covered, and whether the Massachusetts Division of Insurance has approved these policies. For further information on Long Term Care Insurance see page 29.

Medicaid (MassHealth)

Medicaid is a state and federally funded, needs based assistance program. Both federal and state governments share in payments for medical care such as long term care. (Title XIX of the Social Security Act) pays the cost of care in a Long Term Care Facility when an applicant is eligible. (Medicaid will not pay for care in a Rest Home.) The Long Term Care Facility must be Medicaid certified, meeting certain standards including cleanliness, staffing and care.

An application must be filed with MassHealth. Contact MassHealth Enrollment Centers at www.mass.gov/eohhs or one of the enrollment centers listed on page 62. For more information on Medicare and Medicaid benefits, please contact **Serving The Health Information Needs of Elders (SHINE): 1-800-Age-Info (1-800-243-4636) or the Regional Office at 508-422-9931.**

III.

Websites of Interest

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Websites Of Interest

Alzheimer's Disease

www.alzfdn.org Alzheimer's Foundation of America
www.alz.org/MA/ Massachusetts Chapter of the Alzheimer's Association
www.alz.org American Alzheimer's Association
www.nia.nih.gov/alzheimers/ Alzheimer's Disease Education and Referral (ADEAR)

Caregiving Resources

www.aarp.org/families/caregiving Provides Information for Caregiver
www.caps4caregivers.org Children of Aging Parents
www.caregiver.com Today's Caregiver Magazine
www.caregiver.org Family Caregiver Alliance
www.caregiving.com Helping You Help Aging Relatives
www.caregiving.org National Alliance for Caregiving
www.caregiverslibrary.org Caregivers Library
www.caringinfo.org End of Life Decision Making
www.caremanager.org National Association of Professional Geriatric Care Managers
www.eswa.org Elder Services of Worcester Area, Inc.
www.familycareamerica.com Long Distance Caregiving
www.familycaregiving101.org Assistance, Ideas & Helpful Advice for Caregivers
www.gcmnewengland.org Geriatric Care Managers of New England
www.montachusethomecare.org Montachusett Home Care Corporation
www.nfcacares.org National Family Caregivers Association
www.seniorconnection.org Interactive Support Resources for Seniors & Caregivers, CMAA
www.strengthforcaring.com Provides Information for Caregivers on a Variety of Topics
www.tves.org Tri-Valley, Inc.
www.wellspouse.org Support to caregivers and partners of chronically ill and/or disabled
www.800ageinfo.com MA Executive Office of Elder Affairs Caregiver Resources

Driving

www.aarp.org/drive AARP Safe Driving Assistance
www.mass.gov/rmv MA Registry of Motor Vehicles
www.seniordrivers.org AAA free booklets on how to help an older driver
www.thehartford.com The Hartford Group Information on Managing Unsafe Drivers

Government Information and Resources

www.ageinfo.org MA Office of Elder Affairs
www.aidsinfo.nih.gov Information on AIDS, HIV and Related Diseases
www.aoa.gov Administration on Aging
www.benefitscheckup.org Benefits Check Up
www.cdc.gov Center for Disease Control and Prevention
www.mass.gov/dmr/ MA Dept. of Mental Retardation
www.eldercare.gov/eldercare/public/home.asp Eldercare Locator
www.ma.easterseals.com MA Easter Seals Society
www.healthfinder.gov US Dept. of Health & Human Services
www.mass.gov/dmh MA Dept. of Mental Health

www.mass.gov/doi MA Division of Insurance-Information on Long Term Care Plans
www.mass.gov/masshealth MA Health & Human Services
www.mass.gov/mcb MA Commission for the Blind
www.mass.gov/mcdhh MA Services for the Deaf or Hard of Hearing
www.mass.gov/mod MA Office on Disability
www.massmed.org MassMedLine-help accessing prescription medications
www.massrelay.org Telecommunications Relay Services for MA
www.medicare.gov Medicare information
www.medlineplus.gov National Library of Medicine Consumer Information
www.nahc.org Homecare/Hospice/Medicare Information
www.ncadi.samhsa.gov National Clearing House for Alcohol and Drug Information
www.ncoa.org National Council on Aging
www.neads.org National Education for Assistance for Dogs Service
www.niapublications.org National Institute on Aging publications
www.nih.gov/health National Institute of Health
www.pparx.org Partnership for Prescription Assistance
www.seniors.gov Social Security On Line-Information Source
www.socialsecurity.gov Social Security
www.ssa.gov Supplemental Security Income (SSI)
www.state.ma.us/dph MA Dept. Of Public Health
www.state.ma.us/mrc MA Rehab Comm. Home Modification Loan Program
www.state.ma.us/veterans MA Dept. of Veterans Services
www.va.gov VA Health Benefits
www.vba.va.gov VA Non-Medical Benefits
www.veteranaid.org Veteran's Aid & Attendance Benefits

Grandparents Raising Grandchildren

www.aarp.org/grandparents AARP Grandparent Information Center
<http://chhs.gsu.edu/nationalcenter/> National Center on Grandparents Raising Grandchildren

Health

www.aad.org American Academy of Dermatology
www.als-ma.org Amyotrophic Lateral Sclerosis Assoc. of MA, ALS
www.ama-assn.org/ American Medical Association
www.americanheart.org American Heart Association
www.apdama.org America Parkinson's Disease Resource and Referral
www.arthritis.org Arthritis Foundation
www.ashastd.org/nah National AIDS Hotline
www.biausa.org Brain Injury Association
www.betterending.org Central MA Partnership to Improve Care at End of Life
www.cancer.org American Cancer Society-Resources in Spanish and English
www.cancercare.org Free Professional Help for Cancer
www.death-dying.com Online Emotional Support, Info, Tools and Resources
www.diabetes.org American Diabetes Association
www.eatright.org American Dietetic Association
www.familydoctor.org Health information for the whole family
www.healthfinder.gov US Dept. of Health & Human Services
www.hospicefed.org Information on hospice care and resources

www.intelihealth.com Consumer Health, Harvard Medical School/John Hopkins
www.ipl.org Internet Public Library
www.kidneyhealth.org National Kidney Foundation
www.lightship.org Mental Illness
www.lungusa.org American Lung Association
www.mabind.org Services for Individuals Who are Blind
www.massccc.com Mass Compassionate Care Coalition
www.mayoclinic.com Mayo Clinic
www.mbia.net MA Brain Injury Assoc
www.mentalhealthamerica.net Mental Health America
www.merck.com Merck Manual including Merck Geriatrics
www.mhqp.org Mass Health Quality Partners-Quality Medical Review
www.msnewengland.org National Multiple Sclerosis Society MA Chapter
www.nad.org National Association of the Deaf
www.ncadd.org National Council on Alcoholism and Drug Dependence
www.nci.nih.gov National Cancer Institute
www.nof.org National Osteoporosis Foundation
www.painfoundation.org American Pain Foundation
www.parkinson.org National Parkinson Foundation, Inc
www.rxlist.com Rx List Drug Name Index
www.stoppain.org Beth Israel Resource Directory-Pain Management/Palliative Care
www.strokeassociation.org American Stroke Association
www.stroke.org National Stroke Association
www.webmd.com WebMD

Housing/Assisted Living/Nursing Homes

www.aahsa.org American Association of Homes and Services for the Aging
www.alfa.org/ Assisted Living Federation of America
www.assistedlivinginfo.com Guide to Selecting a Facility
www.mecf.org MA Extended Care Federation/ publication on long term care facilities
www.newlifestyles.com Guide for Senior Living Options
www.nursinghomeinfo.com Choosing a Nursing Home Info
www.seniorhousing.net Nursing Homes, Assisted Living Facilities, Retirement Housing

Legal

www.abanet.org/aging American Bar Association
www.ago.state.ma.us/ MA Attorney General-Elder Hotline
www.naela.org National Academy of Elder Law Attorneys

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V.

**Information
For
Consideration**
(Tear Out Section)

NOTES

Medication Information

Medication Name	Dose	Frequency	Special Instructions	RX#	Pharmacy & Number	Dr. Name & Number

Medication Information

Medication Name	Dose	Frequency	Special Instructions	RX#	Pharmacy & Number	Dr. Name & Number

Emergency Information

Name: _____ Vision impairment Yes No
Address: _____ Hearing Impairment Yes No
Phone: _____ Blood Type: _____
Date of Birth: _____ Social Security #: _____
Primary Language: _____ Allergies: _____
Medical Insurance Carrier: _____
Policy #: _____
Medicaid #: _____ Medicare #: _____
Present Medical Conditions: _____

Current Medications: _____

Previous Hospitalizations: _____
Location of Do Not Resuscitate (DNR) order: _____

Emergency Numbers:

Fire: _____	Police: _____
Ambulance: _____	Poison Control: _____
Hospital: _____	Phone: _____
Doctor: _____	Phone: _____
Pharmacy: _____	Phone: _____

Primary Emergency Contact: _____
Home Number: _____
Work Number: _____
Cell Phone/Beeper Number: _____

Secondary Emergency Contact: _____
Home Number: _____
Work Number: _____
Cell Phone/Beeper Number: _____

Home Health Care Agency: _____ Phone: _____
Medicare Toll Free Number: _____
Insurance Company: _____ Phone: _____
Medical Equipment Company: _____ Phone: _____
Transportation: _____ Phone: _____
Neighbor: _____ Phone: _____
Relative: _____ Phone: _____
Religious Affiliation: _____ Phone: _____
Directions to the House: _____

Emergency Information

Name: _____ Vision impairment Yes No
Address: _____ Hearing Impairment Yes No
Phone: _____ Blood Type: _____
Date of Birth: _____ Social Security #: _____
Primary Language: _____ Allergies: _____
Medical Insurance Carrier: _____
Policy #: _____
Medicaid #: _____ Medicare #: _____
Present Medical Conditions: _____

Current Medications: _____

Previous Hospitalizations: _____

Location of Do Not Resuscitate (DNR) order: _____

Emergency Numbers:

Fire: _____ Police: _____

Ambulance: _____ Poison Control: _____

Hospital: _____ Phone: _____

Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____

Primary Emergency Contact: _____

Home Number: _____

Work Number: _____

Cell Phone/Beeper Number: _____

Secondary Emergency Contact: _____

Home Number: _____

Work Number: _____

Cell Phone/Beeper Number: _____

Home Health Care Agency: _____ Phone: _____

Medicare Toll Free Number: _____

Insurance Company: _____ Phone: _____

Medical Equipment Company: _____ Phone: _____

Transportation: _____ Phone: _____

Neighbor: _____ Phone: _____

Relative: _____ Phone: _____

Religious Affiliation: _____ Phone: _____

Directions to the House: _____

Important Document & Record Location

Location

Date of update

Primary Health Insurance _____
Medical Supplemental Insurance _____
Long Term Care Insurance _____
Disability Insurance _____
Auto Insurance _____
Homeowners Insurance _____
Life Insurance (Agent, Beneficiary Assignments) _____
Safety Deposit Box and Keys _____
Check Register and Savings Books _____
Brokerage Accounts, Names & Numbers _____
Stocks and Bonds _____
Credit Cards _____
401k Plans _____
Profit Sharing/Pension Plans _____
Outstanding Bills/Loans _____
Birth Certificate _____
Marriage Certificate/Divorce Records _____
Deed to House _____
Tax Records _____
Citizenship Papers _____
Contracts _____
Partnership Agreements _____
Military Records _____
Drivers License _____
Mortgage Papers _____
Apartment Lease _____
Automobile Title _____
Boat Title _____
Appraisals and Inventory Lists _____
Jewelry/Coins _____
Social Security Records _____
Company Policies/Pension Plans _____
Funeral Insurance Policy _____
Boat Insurance Policy _____
Accountant Name: _____ Phone: _____
Attorney Name: _____ Phone: _____
Executor/Trustee Name: _____ Phone: _____
Other: _____

Personal Wishes Statement

This form is an expression of my wishes and is not legally binding.

I, _____, sign this form for the purpose of offering my Health Care Agent guidance so that he or she may make decisions based on an assessment of my personal wishes as well as medical information provided by my physicians. My Health Care Agent has authority to make such decisions in accordance with Massachusetts law.

If there is no reasonable expectation for my recovery and, in the opinion of my physician, I will die without life sustaining treatment that only prolongs the dying process, I ask that my Health Care Agent consider the following. (Write your initials next to the lines that express your wishes.)

- _____ Treatment should be given to maintain my dignity, keep me comfortable and relieve pain.
- _____ If my heart stops, I do not want it to be restarted.
- _____ If I stop breathing, I do not want to have a breathing tube put into my throat and be hooked up to a breathing machine.
- _____ My physician may withdraw or withhold treatment that only serves to prolong the dying process. Treatment which may be withheld shall include, but not be limited to, the following:
 - _____ If I cannot drink, I do not want to receive fluids through a needle placed in my vein.
 - _____ If I cannot swallow, I do not want a tube inserted in my nose, mouth or surgically placed to give me food or fluids.
 - _____ If I have an infection, I do not want antibiotics administered to prolong my life without hope of cure unless necessary to keep me comfortable.
- _____ If possible, I would like to die at home with hospice care or in a hospice residence.
- _____ If I am in a nursing home I would like to die with hospice care.
- _____ Unless necessary for my comfort, I would prefer NOT to be hospitalized.
- _____ My faith tradition is _____
- _____ My spiritual contact person is _____
- _____ My faith community is _____
- _____ I wish to have spiritual support.
- _____ If possible, I wish to be an organ/tissue donor.
- _____ Following is additional guidance for my Health Care Agent's consideration:

Signature: _____ Date: _____

This Personal Wishes Statement was adapted from "My Choices: An Advance Directive for Health Care Choices," Missoula Demonstration Project, Missoula, Montana, and prepared by The Central Massachusetts Partnership to Improve Care at the End of Life. The Partnership grants permission to reproduce this document in its entirety, so long as the source, including this statement, is shown. 8/07

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