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Caring for Your Aging Relatives: How to Plan for the Future

**Marie Milliken, LMSW
Clinical Social Worker
Geriatrics Center Clinics
Michigan Medicine**

Caregiving Umbrella

In the home

Out of state

Out of the home

Partners/spouses

Friends/neighbors

Adult children

Siblings

Nieces/nephews

Establish a Care Team

- **Primary Care Provider (PCP)**
 - Overarching provider coordinating care.
 - Should be familiar and comfortable with treating older adults and their underlying health conditions.
 - If your primary care provider is not comfortable treating older adults, consider switching to a Geriatrician.
- **Specialty Providers**
 - Can include neurologists, PT/OT, speech therapists, etc
 - These providers are generally seen less frequently than a PCP.
- **Psychiatrists or Psychotherapists**
 - They can use medical and therapeutic interventions to help manage changes in mood or affect.
 - Symptoms of depression and anxiety can develop as one ages, especially with conditions such as dementia, Parkinson's disease, and chronic pain.

Establish a Care Team

- **Geriatric nurse, social worker, or care manager**
 - Helpful in providing hands-on assistance with establishing a care plan.
 - They can also act as a liaison between the family and healthcare providers, advocating for the best patient care.
- **In-home care**
 - An optional part of the care team. |
 - They can offer more assistance with daily tasks if the caregiver is overwhelmed.
 - This service is primarily paid for out-of-pocket or through limited financial assistance programs.

Health & Wellness

What can be done to maintain the highest level of functioning possible?

1. **Exercise**

The World Health Organization recommends people over age 65 engage in 150 minutes/week of moderate exercise (walking, biking, swimming, running errands)

2. **Diet**

Maintain a diet rich in fruits, vegetables, whole grains, and healthy proteins.

3. **Social Activity**

Social interaction challenges the mind to stay active and may also help symptoms of depression.

Planning for the Future

- Early planning and intervention can prevent incidents in the future.
- The activities that people may start to need more help with include:
 - Handling finances (missed bills, double payments, excessive spending, financial scams/exploitation)
 - Managing medication (underdosing or overdosing)
 - Driving (getting lost, slower reaction time, car accidents)
- Caregivers may need to help their loved one identify when they need help. This is especially true in the case of impaired insight due to dementia.
- If there is concern, someone should be routinely checking-in on financial transactions, medication adherence, and driving performance.

Driving

- Driving seems easy, but requires sharp reaction time, good judgement and executive functioning skills - especially to make quick decisions when something unexpected occurs.
- Conditions that can affect driving:
 - Dementia
 - Low-vision
 - Chronic pain
 - Neuropathy (decreased sensation in feet)
 - Movement disorders (Parkinson's disease)
- Caregivers should routinely check-in and supervise driving behavior to ensure safety.

How are driving concerns addressed?

- Some people may choose to automatically defer to a caregiver for transportation if they notice decline in driving ability and have good insight.
- It can help for your loved one to write down their commitment to driving cessation when the time comes. You can also write down a commitment to speaking with your loved one once driving becomes a concern. This can be used for future reference.
- Your loved one may also choose to wait until a driving evaluation or driving cessation is recommended by a doctor. Sometimes hearing this from a third party is beneficial.

Testing Options

1. Referral to the OT Drive Ability Program
<https://www.uofmhealth.org/conditions-treatments/rehabilitation/occupational-therapy-rehab>
 - a. Written test, cognitive/motor testing, and on-road test.
 - b. Around \$200 for written test, \$200 for road test. Not covered under insurance.
 - c. OT report can make recommendations, but doesn't revoke a license.

2. Traditional road test through a driving school
 - a. Objective road test that will provide recommendations
 - b. No written test included. Generally less expensive than OT.
 - c. They can also make recommendations, but can't revoke a license.

3. Driving re-examination through the Secretary of State
<https://www.michigan.gov/sos/-/media/Project/Websites/sos/27lawensn/OC88.PDF>
 - a. Request for driving re-examination can be submitted by self or a family member
 - b. No cost for this exam
 - c. Letter will be sent from SOS with date of scheduled exam
 - d. If exam is failed, SOS will revoke your license

Home Safety Considerations

Risks to home safety

- Frequent falls
 - Install grab bars near tub and toilet, secure all rugs, install railings on stairs
 - Use a fall alert/medical alert necklace/bracelet
- Unmonitored medication use, alcohol use, use of household toxins
 - Consider placing these substances in a locked cabinet if this is an issue
- Trouble with hobbies that use dangerous devices such as woodworking, hunting, cooking, or mowing the lawn
- Leaving the stove on
 - Use auto shut-off plugs or knobs on stove
- Unable to communicate what they would do in the event of an emergency (use a phone to call 911, able to use a fire extinguisher, etc)

Care Options - Home Care

At Home with Care

- A highly desired option
- Care can be provided by family and/or in-home care providers.
- Ideal for those who do not have 24-hour care needs.
- In-home care providers can offer respite for family members who provide the majority of the care.

How is this paid for?

- Medicare will not pay for long-term non-medical in-home care (bathing, dressing, toileting housekeeping, cooking).
- Medicare will only pay for short-term care services issued through a doctor's order including: PT, OT, and a Home Health Aide that may come in 1-2 times/week.

Care Options - Home Care

Medicaid can cover in-home care based on the level of functional impairment if financially eligible.

2023 Medicaid Eligibility
(American Council on Aging, 2023)

Single

Gross monthly income limit: \$1,215

Asset limit: \$2,000

Married

Gross monthly income limit: \$1,643

Asset limit: \$3,000

If approved, you can either hire a home care agency that accepts Medicaid to provide care, or you can choose to pay a family member/friend to provide the care (about \$10/hour)

Anticipate a 2-4 week wait for processing.

Care Options - Home Care

If your income is higher than Medicaid allows, the MI Choice Waiver might be an option.

2023 MI Choice Waiver Eligibility
(American Council on Aging, 2023)

Single

Gross monthly income limit: \$2,742

Asset limit: \$2,000

Married

Gross monthly income limit: \$2,742

Asset limit: \$3,000

If approved, you can either hire a home care agency that accepts Medicaid to provide care, or you can choose to pay a family member/friend to provide the care (about \$9/hour)

Anticipate a 2-4 week wait for processing.

Care Options - Home Care

Medical eligibility: You must need assistance with two activities of daily living (bathing, dressing, transferring, eating)

To apply, contact your local Area Agency on Aging.

Area Agency on Aging 1-B

(800)852-7795

www.aaa1b.org

Wait lists vary by region but can last 6-12 months.



Care Options - Home Care

Grant Funded Resources

Grant funded options are scarce, but some are available based on your area of residence.

Community Living Program (AAA 1-B)

- Must be over 60 and require assistance with some aspect of daily living.
- Higher priority is given to those with lower income/assets. Sliding scale fees based on income and ability to pay.
- Funded by the Michigan Aging & Adult Services Agency, the federal Older Americans Act, local contributions, donations and cost share payments.

Care Options - Home Care

Private Pay Home Care

- If someone has the financial means, they may use private pay options for in-home care.
- Home care agencies (\$30 - \$35/hour on average)
- Individual caregivers (the caregivers determine the hourly rate)



Care Options - Home Care

Home Care Funding Through the Veterans Administration

If a patient or deceased spouse was a veteran and received an honorable discharge, they may be eligible for financial assistance for home care through the Aid & Attendance Program.

For more information, contact a VA Benefits Counselor through the Michigan Regional Benefits Office
(800)827-1000



VA

U.S. Department
of Veterans Affairs

Care Options - Home Care

Home Care Through Long Term Care Insurance

Some people have paid into long-term care insurance policies for years. These policies cover a variable amount of home care services, based on the policy. This insurance will also pay for a portion of long-term care facility costs.

Contact your LTC insurance provider for specifications around when and how you can get coverage for care.



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Care Options - Adult Day Care

Adult Day Centers

- Adult day centers provide respite for caregivers through providing engaging and social activities for seniors with dementia in a supervised setting.
- Day centers vary on the services they provide. Some provide meals and activities, while others can also provide assistance with incontinence care, bathing, etc.
- Some adult day centers work with the Medicaid Waiver Program. Adult day centers generally cost less than paying an in-home caregiver for the same number of hours.

Care Options - Long Term Care

Long Term Care Communities

- They may offer a continuum of services (independent living, assisted living, and memory care) or they may specialize in just one level of care.
- These facilities are mainly private pay/out-of-pocket.
- Some assisted living facilities may also take the Medicaid Waiver, but this varies (and is becoming more rare).
- Care is sometimes paid for through a long-term care insurance plan.
- Fees increase with the amount of care given and can range from \$4,000 - \$12,000 per month.

Care Options - Adult Foster Care

Adult Foster Care (AFC)/Group Homes

- These residences provide care for an average of 4-6 adults living in a house together with a few consistent caregivers.
- Environment is more “home like”
- Generally less expensive than an assisted living facility
- Sometimes covered by Medicaid Waiver or LTC insurance.
- Usually in the \$2,000 - \$4,000 range.
- It is more difficult to find an opening in an AFC home vs in an assisted living.
- Operate on a smaller scale. Usually family owned.
- Like any care option, the quality of care may vary.

Care Options - Skilled Nursing

Skilled Nursing Facilities (SNF)

- Can be used for rehabilitation or long-term care
- You can only be admitted if you require a “nursing home level of care.”
 - You must need help with activities of daily living. This can include bathing, dressing, transferring, etc. AND/OR you have a cognitive impairment significant enough to warrant 24-hour supervision.
- Nursing home care can be covered by Medicare Part A (if in rehab) or by Nursing Home Medicaid (if in long-term care)
- Many people who cannot afford in-home care or private pay long-term care may move to a Skilled Nursing Facility to get the care they need.

Care Options - Skilled Nursing

2023 Nursing Home Medicaid Financial Eligibility (American Council on Aging, 2023)

Single

Gross monthly income limit: \$2,742

Asset limit: \$2,000

Married

Gross monthly income limit: \$2,742

Asset limit: \$2,000 for applicant, \$148,620 for spouse

Geriatric Care Manager Services

The primary responsibilities of a geriatric care manager are:

- Coordinating elder care between multiple service providers
- Developing both short and long-term care plans
- Helping manage emotional concerns, stress, and anxieties
- Helping manage transitional care
- Hiring additional caregivers as necessary
- Make home visits and evaluate living conditions
- Ongoing assessment of aging life care needs

Geriatric care managers charge by the hour. Charges are generally \$75-\$150/hour

Care Management by Natalie serves Southeast Michigan

www.caremanagementbynatalie.com

Advance Directives and DPOA

Advance Directives:

- Outlines your loved one's wishes for care if hospitalized or seriously ill. These directives also allow them to document what gives them meaning in life and what makes life worth living.
- Family and medical professionals can refer to this document when making decisions about their loved one's care.

Durable Power of Attorney for Health Care:

- Allows your loved one to appoint a primary and secondary patient advocate - someone who they select to make medical decisions if they were incapacitated.
- Cannot be activated until two physicians write letters stating that your loved one no longer has the capacity to make sound medical decisions.

Durable Power of Attorney for Finances:

- Outlines who has control of managing the finances in every aspect (estate, assets, income) if your loved one is unable. This document can also be made effective upon completion.

Do Not Resuscitate Orders

- Under state law, medical professionals have to attempt to resuscitate your loved one if something happens.
- Some people do not want to be resuscitated in the event that their heart stops beating. There can be many physical consequences if resuscitation is successful depending on how the body was affected.
- In the State of Michigan, medical professionals will honor a Do Not Resuscitate (DNR order) if completed.
- This is a document that your doctor can help you complete.
- Once DNR is established, make sure it is visible in your loved one's home (on the fridge). Some people will wear a medical alert bracelet that can communicate to medical professionals that they have a DNR. Others will put a card in their wallet as well that indicates DNR status.

Local Resources

Turner Senior Wellness Program

2401 Plymouth Rd

Ann Arbor, MI 48105

(734) 998-9353

<https://medicine.umich.edu/dept/geriatrics-center/community-programs>

Housing Bureau for Seniors

2401 Plymouth Rd # C

Ann Arbor, MI 48105

(734) 998-9339

<http://www.med.umich.edu/>

Alzheimer's Association, Michigan Great Lakes Chapter

564 S Main St #200

Ann Arbor, MI 48104

(734) 369-2716

<https://www.alz.org/mglc>

Area Agency on Aging 1-B

29100 Northwestern Hwy

Suite 400, Southfield, MI

48034

(800) 852-7795

<https://aaa1b.org/>

Turner Geriatric Clinic Social Work

4260 Plymouth Rd

Ann Arbor, MI 48109

(734)764-2556

<https://medicine.umich.edu/dept/geriatrics-center/community-programs/social-work>