

CAREConnections

Information and Inspiration for Caregivers

A Publication of Boulder County Area Agency on Aging

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Dear Caregiver,

Whether the step of moving into long term care, for you or family, is on a near horizon, a distant horizon, or just not something you are expecting as part of the picture at all, this issue is full of valuable information. In the case of a distant horizon, there is the possibility for a relaxed exploration of which locations seem best for your situation, there is financial and legal knowledge that can be quite helpful to have ahead of time, and there are waiting lists. If long term care (including both assisted living and skilled nursing facilities) is not part of the plan, it can still be helpful to be well versed in the world of facility living—as someone else you care about may make one their home at some time. And...facilities can be used to provide short caregiver respite stays, as well as rehabilitation stays after an injury or another health problem.

For an older adult who moves to long term care *and* for his or her loved ones, this is a huge life transition. Though, as any caregiver who has walked this path with someone knows, caregiving doesn't end at that threshold. There is plenty of advocating for, love, companionship, and general seeing to the other's overall well-being, that can be done. In some cases, it can happen that the change in care dynamics gives way to the availability of spending a different kind of relaxed time together, without the same heavy demand of personal care tasks. Everyone's situation is different. Our hope is that regardless of your circumstances, something here- be it hearing another's tale, learning about long term care Medicaid use, gaining insights into how to successfully navigate a facility move in, or finding out what an ombudsman is- may be of service to you.

The Editors

Understanding Housing and Care Facilities for Older Adults

by Ashley Reese

Finding a long-term care facility for a loved one can be an overwhelming undertaking. There is a myriad of new information to keep track of, from understanding all the acronyms people use, to recognizing the different levels of care available. Let's break down some of the things you're likely to hear and what it all means:





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Independent Living

Independent living communities, or “ILs,” are usually a collection of units (apartments, townhouses, or houses) where older adults choose to live that often have an age restriction, such as 60 years and up. Independent living communities are not licensed or regulated by state or federal law and, as such, may be quite different from one another. Some may choose to offer certain services such as housekeeping or meals, though these may come at an additional cost. You may be able to hire private caregivers to provide services while living in an independent living community, if needed.

Assisted Living

Assisted living residences, which you may sometimes hear referred to as an “AL,” “ALR,” or “ALF” are non-medical facilities that provide room and board, as well as some level of protective supervision. They are licensed and regulated by the state of Colorado. These facilities range in size and services, from houses that have been converted and have three residents, to large buildings that house over 100 residents. While some may decide to have a nurse on staff, it is not a requirement. Many do not have nurses or CNAs (certified nursing assistants) on staff, and those that do are usually limited to certain hours. The level of services offered at each assisted living facility will vary, but generally most will include meals, activities, medication administration, and protective oversight. Some may also offer additional services such as transportation or some level of incontinence care. Assisted living residences are not permitted to admit or retain residents that require 24-hour skilled nursing care, and are required to discharge residents when they require more care than the facility can provide.

Nursing Home

A nursing home, which may also be called a skilled nursing facility or “SNF” (pronounced “sniff”), offers a wider range of services than assisted living residences, namely nursing care. Nursing homes are subject to both state and federal regulations, and are licensed by the state of Colorado. Nursing homes are designed to offer medical care to residents, which includes having nurses present 24 hours a day. They provide protective supervision, meals, assistance with activities of daily living such as bathing, social services, and activities. They also provide rehabilitation services, such as physical and occupational therapy. Skilled nursing facilities offer the highest level of what’s called “sub-acute care”, which includes services like

caring for bed bound residents, accommodating special diets, and providing catheter care. Nursing homes usually have the capacity for at least 50 residents, but can be much larger. While many nursing home residents reside at the nursing home long-term, others may come for short rehabilitation stays before returning home.

Memory Care

“Memory care” is not a regulatory term, and as such, can sometimes vary in meaning. Most often, memory care refers to an assisted living residence which has been locked, or “secured,” to keep residents from wandering out who may be unable to find their way back. Because they are licensed as assisted living residences, they follow the same regulations and expectations discussed above, with an added focus on serving residents with Alzheimer’s Disease or other types of dementia. Occasionally, nursing homes may also offer locked units, which they may refer to as *their* “memory care.” These would be expected to follow the same regulations as other units in the facility. It is important to note that people with dementia may be appropriate to live in non-secure assisted living facilities or nursing homes based on their needs, as the purpose of a secure memory care is protecting residents who are at a high risk of wandering. Due to the restrictive nature of secure memory care, facilities are required to explore the “least restrictive environment” before admitting someone to a secured unit.

Continuing Care Retirement Community

Continuing care retirement communities, or “CCRCs,” offer various levels of services at one location. Some CCRCs may offer independent living, assisted living, memory care, and skilled nursing, while others may only offer a part of that spectrum, such as assisted living and memory care, or assisted living and skilled nursing. Residents may be able to more easily move between

the levels of care at a CCRC, based on their needs.

BCAAA Housing Guide

Now that you are familiar with the different types of long term care facilities, how do you find one? The Boulder County Area Agency on Aging produces a Housing Guide every year, which includes information on all the ILs, ALFs, and SNFs in Boulder County, and indicates what services each facility offers along with other useful information, like cost and size. You can find the Housing Guide by visiting BoulderCountyHelp.org, and clicking on the “Housing Guide” link on the right-hand side. You can also call the Aging and Disability Resource Center (ADRC) at 303-441-1617, to request a copy of the Housing Guide. For more information about particular long-term care facilities you can call the Long-Term Care Ombudsmen, who visit the local assisted living and skilled nursing facilities regularly.

Ashley Reese is a Long Term Care Ombudsman at the Boulder County Area Agency on Aging.

VISIT WITH A CAREGIVER

Care Connections recently had the opportunity to speak with Hallie, who supported her mother through her time at an assisted living facility in 2005.

Care Connections: Hallie, this issue of Care Connections is about caring for someone in a long term care facility. I understand your mother was in a facility for the last several years of her life. Can you tell me about that experience?

Hallie: First, I need to tell you about my mother. She was diagnosed with Alzheimer’s disease when she moved up here from Arizona. The doctor told her what the tests indicated with an unusual degree of directness. Maybe this was



because my mother was a nurse accustomed to dealing with illness. At any rate, she moved in 2000 to Colorado to be near me. She lived independently for two years in a beautiful patio home in a facility that offered a full continuum of care. Eventually she said, "It's time for me to make a change," so we helped her move into the assisted living part of the facility.

CC: It sounds like she knew what she wanted.

Hallie: As a nurse, she was aware of her condition and wanted to know what to expect. The day she was diagnosed we found a study on Alzheimer's and started to learn as much as we could. She accepted this as a disease and told everyone about it. She and I started going to a support group through the Alzheimer's Association.

CC: It sounds like she approached this matter-of-factly, without the stigma that can come with that diagnosis. She seems to have taken charge of "managing her illness."

Hallie: She wanted to tell her story and to educate people. She and I spoke at the Alzheimer's Symposium. We did TV spots, radio interviews, panels, and other public speaking.

CC: Were you surprised at the way she confronted her illness? Was this the mother you always knew or was her approach new to you?

Hallie: We were always close. We both naturally wanted to face the reality of a situation so, no, I wasn't surprised. But, I was continually impressed by her energy and her willingness to share her experience, and I was grateful for the chance to work so closely with her during those last years of her life.

CC: What was her experience in assisted living?

Hallie: It was good. She was still independent but in a safe way. She wasn't isolated. The staff were attentive but not intrusive, and she interacted with other residents. She had friends; she had a boy-

friend. My mom was unusual. On her 84th birthday, she asked me to buy a cake to share with her friends.

CC: She had a boyfriend? How was that for you?

Hallie: It was fine with both families. This is not uncommon with Alzheimer's. The hardest part was the last six months when she was in memory care. It was good for her. She still socialized, and the staff were great, but for me it was the beginning of the end. Near the end, I thought she did not recognize me, but she knew I was someone who loved her. She died in 2005 on Thanksgiving day.

CC: What did that last contact mean to you?

Hallie: Two days before she passed she had a moment of clarity and said, "you know, the mind is a terrible thing to lose."

CC: Thanks, Hallie, for speaking with us. Would you like to add anything either about your mother or about your work with the Alzheimer's Association?

Hallie: I can't emphasize enough how the Alzheimer's Association helped us. Don't hesitate to contact them when you are dealing with any kind of dementia. Call Ralph Patrick at the Boulder Colorado Regional Office.

This interview was conducted by Lynn Malkinson, a member of the Care Connections Editorial Advisory Committee.

Creating a Successful Transition to Assisted Living



by Robin Jamison, MSW, LSW

Moving from one's home to an assisted living facility (ALF) can be emotionally challenging. There are, however, several ways to support a smooth transition for both the older adult and the family caregiver. These include communication, planning, and staying connected.



Clear communication is important throughout the moving process. Know that one or more family members may disapprove of the move. Hear them out. Find out what fears or concerns are behind the resistance. Emphasize the positives—the extra assistance the older adult will receive, the activities that will enhance socialization and cognitive health, increased safety, and the (often) built-in extras such as meals and housekeeping. If your loved one expresses trepidation about the move, listen to them and acknowledge their concerns. Reassure them that they will not be abandoned, that you love them, and that you'll be with them every step of the way.

Plan for the move well in advance of the actual move-in date, and start your search with facilities nearby. Choosing an ALF that is close to your home, may be the single factor making the difference between visiting often and seeing your loved one more sporadically. Visiting regularly is important, so be realistic about how often you will visit, given the location of the facility.

Understand, too, that many ALFs have waiting lists. If your preferred facility has one, get on it immediately, and then consider being prepared to accept the apartment as soon as it's available. Declining an apartment, when offered, and waiting for the next one to become available, may result in a long wait with unpredictable results. Should your loved one decline physically or cognitively, during that wait, other arrangements may need to be urgently made. It's often best to err on the side of moving in "too early," rather than "too late."

Another key part of the planning process involves downsizing belongings and choosing what to take to the new home. Let your loved one choose what they will take and what they will leave behind. Get a floor plan of the apartment and use this to help them decide which pieces of furniture to keep, and where they will be placed.

Keep in mind that mementos, such as family photos and favorite knickknacks, will make the new apartment feel homey and comforting. Be sure to save space for these, as well.

Assist with setting up the apartment, before your loved one moves in, and expect that furniture placement may need to change. Be flexible. This is their new home, and the arrangement should suit their taste. Ask for their input when unpacking and putting things away. Label the cabinets with Post-it notes so that they may easily remember and access items that have been stored. This will alleviate some frustration for them during the transition period. Once unpacked, with pictures and photos hung, bring in fresh cut flowers or potted plants to provide a cozy and welcoming feeling. A successful move involves creating a space that feels like home.

Spend some time helping your loved one get acquainted with the facility and meeting the staff. Share important information about your loved one—for instance, interests, hobbies, or health concerns. This will help the staff to do their jobs better and to support your loved one during the getting-to-know-you stage. Ask staff members to provide extra time and attention during the first few weeks of settling in. Be proactive during this time, too. Check in regularly with staff, to see how things are going, and get to know staff members by name.

During the first few weeks, be sure to visit or call your loved one daily to get a sense of their new routine and how they're adjusting. Always respect their space and their schedule, and check in with them regularly to be sure you're providing the right amount of support. Always call first to be sure they're free; they may have plans with new friends, or they may be scheduled to attend activities. Visiting during meals and inviting other residents to join you, or volunteering to help with



activities, are great ways to smooth the transition and become a welcome and supportive presence.

Finally, be kind to yourself during this process, and allow yourself plenty of time to adjust to the move. If you, or your loved one, are having trouble adjusting to the new living arrangement, check in with the facility's social worker and ask for help.

Robin Jamison serves as the Medical Social Worker at Frasier Meadows.

Paying For Long Term Care— 10 Things You Should Know



by Alice Ierley, JD

1. The need is far more common than you thought:

Someone turning 65 today has almost a 70% chance of needing some type of long term care services and supports in their remaining years. Women need care longer than men (3.7 years compared to 2.2 years). One third of today's 65 year olds may never need long term care support, but 20% will need it longer than 5 years.

2. The cost of care is high...

In Colorado, the annual cost of care is \$54,864 for 44 hours per week of homemaker services; a private room in an assisted living facility is \$39,750 per year; and a private room in a nursing home is \$91,980 per year.

3. And going up every year:

The average rate of increase in long term care costs over the last 5 years is 3.8% for nursing home care, 2.6% for assisted living, and 3% for homemaker services.

4. Who pays for the care:

In this country, the overwhelming majority of care is provided by family members, but when

paid services are provided, 19% are paid for with personal funds, 8% with long term care insurance, 51% by Medicaid, and 19% by other public programs such as the Department of Veterans Affairs benefits.

5. Medicaid pays for long term care in the home, in assisted living, or in nursing homes:

Medicaid provides payment for long term care supports and services in a variety of settings including in the home, in an assisted living, or in a nursing home. The home and assisted living-based program is called HCBS (Home and Community Based Services.)

6. Eligibility criteria for Long Term Care Medicaid:

To qualify for Long Term Care Medicaid, three criteria must be met. First, the applicant must have a need for assistance, with two or more activities of daily living (eating, bathing, getting dressed, toileting) or have need of supervision due to cognitive impairment. Second, the applicant's income "must" be under \$2,250 per month. And third, the non-exempt assets of the individual are limited to \$2000.

7. Income in excess of allowed amount can be handled through an Income Trust:

Many individuals have income in excess of the permissible amount, and yet do not have sufficient income to pay for their care needs. In that case, an Income Trust (also known as a Miller Trust) can be used to assure eligibility. This is a very simple trust mechanism that consists of the trust document and a trust bank account for the applicant's income.

8. A non-applicant spouse has numerous financial protections:

A non-applicant spouse's income is not considered countable for eligibility purposes, as long as it is only that spouse's income. A non-applicant



cant spouse will be given some of the applicant spouse's income if the non-applicant does not have at least \$3,023 per month in income. A non-applicant spouse can have up to \$123,600 in non-exempt assets.

9. Certain assets are exempt from consideration:

An individual can have a house worth up to \$572,000, a couple may have a house of any value, and the applicant can still qualify. Other exempt assets are: one vehicle, \$2000 in other assets, a prepaid burial/cremation plan, \$1,500 in life insurance, and personal property.

10. Estate recovery can be used by Medicaid to recoup some of their costs:

The cost of care paid by Medicaid can be subject to estate recovery after the death of the applicant, or in some cases a lien against the home may be filed. Exceptions to the possibility of a lien against a home or recovery against a home through an estate include if the surviving spouse still lives in the home, or if an adult child with disabilities lives in the home, in which case no recovery will be pursued.

Planning tips:

When long term care costs could be on the horizon, giving away assets or transferring them without getting their fair value can jeopardize an applicant's eligibility and create a penalty period that delays eligibility. Generally, planning carefully in advance can make the journey to long term care Medicaid smoother. Your next door neighbor and your cousin probably aren't your best planning resources, but elder care attorneys and your resource specialists at your local senior center can be counted on for reliable information—don't guess, ask!

Alice Ierley is an elder law and estate planning attorney with Brown & Ierley LLC in Longmont.

**“To love a person
is to learn the song in their heart
and sing it to them
when they have forgotten it”**

-- Thomas Chandler



Navigating Long Term Care Facilities

by Ellen Taxman, MA

I always start with the assumption that people are inherently good, especially in the field of caregiving.

In general, people who choose to work in the healthcare field are natural caregivers, who tend to be kind, empathetic, and giving people. And those good people, who choose to work in Long Term Care (LTC) facilities, are often faced with institutional pressures that make their caring role that much more challenging.

LTC facilities are highly regulated by the government. They must adhere to very stringent codes and follow many rules and regulations, in order to remain compliant with State and Federal laws. In addition, most facilities are owned and operated by large corporations which must report and respond to their investors' interests, which are, more often than not, related to maximizing profits. These external demands can put pressure on these good people and dictate the kind of care they are able to offer. This may result in person-centered care becoming a secondary objective, when in fact, it should be the primary focus of their work.

One example would be the staff-to-resident ratio in LTC. It can range from 8 to 20 residents to one CNA depending upon the day of the week, the hour of the day, and the facility at which they work. The higher resident-to-CNA ratios are typi-



cally seen during the evening hours and on the weekends. This is just one example of external pressures from the government and shareholders impacting minimum staffing requirements and balancing cost containment measures. That is, the State regulations dictate the minimum staff necessary to be compliant with the law, while corporate owners will minimally staff for bottom line reasons which isn't always in the best interests of the residents.

Having said all this, competent administrators in well-run facilities are usually aware of these challenges and *can* and *do* operate LTC facilities with compassion for, and attention to, their residents. I bring these overlaying conditions to your attention so that they might illuminate some of the decision-making processes and limitations at a facility, and to properly balance one's expectations with the reality of doing the business of caring within LTC.

One of the most important aspects of making sure your loved one is being well cared for at a facility is getting to know the staff. Introducing yourself to the critical players in the facility should be your initial primary goal. Start at the top. Introduce yourself to the **Administrator** and schedule an appointment to get to know him or her and their philosophy. It will help you understand how things are run and give you an insight into the pervading culture within the facility.

The next person to get to know is the **Director of Nursing (DON)**. The DON helps orchestrate the care, assigns the care team, and establishes the medical regime for each resident. If you have any questions about the medications being administered, it is the DON that will be your contact and source of information.

Two other staff members who play a critical role in the quality of life for residents are the **Social Worker (SW)** and the **Activities Director (AD)**.

The best way to ensure your loved one is getting the socialization they need and is continuing to engage in life around them, is through the SW and the AD. Educate each of these professionals about who your loved one is, what hobbies and interests they have, and what excites them. The more detail and insight you can give them, the better they can find opportunities to keep your loved one engaged in meaningful activities with others at the facility.

Last, and definitely not least, get to know the direct care providers, that is the **CNA** staff. This group of caring individuals play a critical role in your loved one's care and have the most impact on their daily experience. Once again, it is so important to help the CNA staff get to know your loved one. Tell them about their likes and dislikes, and some important personal traits that will help them make their work more successful, their interactions more meaningful, and their care more well received.

Another way to engage in the care of your loved one is to actively participate at the LTC facility. Where you feel you can be of help, and you have okayed it with staff, jump in and roll up your sleeves. Ask the CNA staff for some guidance on how you can be of assistance and tell them where you are most comfortable doing so. For example, accompany the resident to the dining room and assist with feeding, should they need help, or if they need physical assistance with a wheelchair or walker, escort them to the activity room or dining room. Your help and interactions are always welcome and, of course, your loved one will enjoy your company!

Never lose sight of what's important; and that's making sure that your parent, your spouse, or whoever it might be, is getting their needs met in a safe environment, and that they are having sufficient opportunities to engage with you and the

(continued on page 9)



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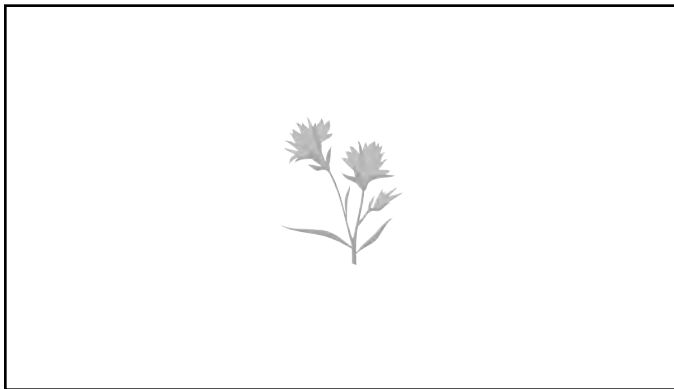


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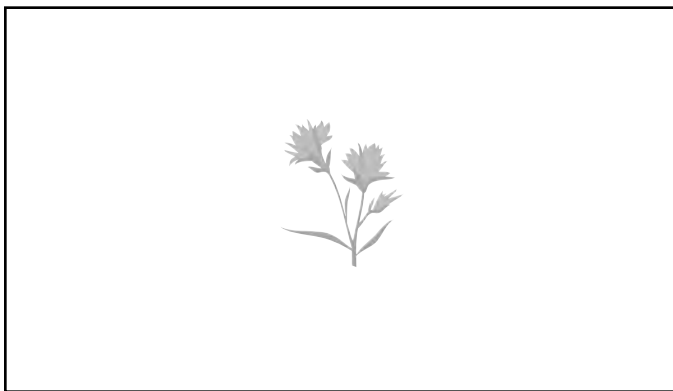
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Navigating Long Term Care Facilities with Skill

by Ellen Taxman, MA

others around them, while getting their healthcare needs addressed. This is the ultimate goal. If you take on the attitude that you are working alongside the staff in supporting and taking care of your loved one, you will naturally convey a more positive outlook to everyone you come into contact with. And that cannot help but result in better care for your loved one.

Ellen Taxman is a Care Manager for Hudson Integrative. She began her career working with seniors as a care manager for Boulder Jewish Family Services and developed their Older Adult Support Services program. She served for four years as a volunteer Long Term Care Ombudsman for Boulder County AAA, and has co-chaired their Aging Advisory Council for the past 5 years.

Ombudsman: How Do You Say That Word and What Does it Mean?

by Erica Corson

The Long Term Care (LTC) Ombudsman (pronounced **awm-buhdz-muhn**) is defined by www.dictionary.com as “a government official who hears and investigates complaints by a private citizen(s) against other officials or government agencies” *or*, Oxford Dictionary defines it as, “an official whose job is to examine and report on complaints made by ordinary people about companies, the government, or public authorities.” So, what does *that* mean? The LTC Ombudsmen at your local Area Agency on Aging regularly go to all of the assisted living residences and nursing homes in their region, to be available as a resource

for residents (and families and staff) to talk to about their concerns at the LTC home. This is a federally mandated program. We are required to have a presence in all LTC homes, regardless of whether or not a complaint has been reported, to monitor how services are being provided and see that regulations are being followed. We know each assisted living and nursing home well—we work with the staff, we attend resident council meetings, and we know the “personality” of each individual home. One of the state and federal regulations that nursing homes have to adhere to, is that of providing information on the LTC ombudsman, as well as access to that person. Assisted living facilities have the same requirement in the state regulations that govern them. We sometimes refer to ourselves as the “low level complaint department.” We do not have the authority to fine LTC homes or issue a “deficiency”, but we do bring concerns to the attention of management, so they can be resolved before they rise to the level of the state health department. It is in the interest of LTC homes to address concerns when they first arise, with the Ombudsman, before the issue becomes bigger.

The Ombudsman program operates on a few key principles. The first is that we are guided by the resident of a LTC home. We may get concerns reported by family members or staff, that the resident does not share. For example, a resident may not want to participate in activities that their family thinks they should, or they may not want to get up at a time that the staff thinks they should. In these cases, we would advocate for what the resident wants. Our focus is on the “expressed” interest of the resident. This may conflict with what others would consider to be in the resident’s “best” interest. This aligns with our second principle, which is about resident rights. Just as we all have the right to make choices for ourselves

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COMMUNITY RESOURCES

This column provides information about events, classes, services, and other resources of interest to family caregivers in Boulder County. Please remember that it is each person's right and responsibility to research a service provider before taking action. See "Information and Assistance in Boulder County" on the back page for ways to learn more about these and other resources. (To share information about a resource for family caregivers, please email InfoCaregiver@bouldercounty.org or call 303-678-6116. The deadline for the March-April 2019 issue is January 20.)

Life expectancy has increased dramatically over the past 50 years, yet societal expectations of older adults has changed very little. The **Aging Mastery Program** is a comprehensive and fun approach to living that celebrates the gift of longevity. Boulder County Area Agency on Aging is launching **The Aging Mastery Program (AMP) for Caregivers**, a special version of the program that educates caregivers about the impacts of caregiving and provides tools to stay healthier and happier throughout the caregiver journey. In addition to helping participants create their own playbook for aging, classes are designed to be fun with opportunities to win prizes along the way. New classes will begin in February. For information on how to join, call or email: Melissa Pruitt, 303-441-3599 or mpruitt@bouldercounty.org.

Boulder County Area Agency on Aging offers **National Caregiver Training Program**, an 18-hour course, taught by a registered nurse, that helps family caregivers acquire the practical skills needed to provide safe, confident care for frail older loved ones, on Thursdays, February 21

– March 28, 5:30 – 8:30 p.m., between Boulder and Longmont. The course is open to Boulder County residents who provide any level of care for a relative, partner, or friend who is 60 or over, or of any age if the person has dementia. (The course is not open to professional caregivers.) There is no charge, but donations are appreciated. Financial assistance for respite care (substitute elder care during class periods) is available. Pre-registration is required, at 303-678-6116 or InfoCaregiver@bouldercounty.org.

The Longmont Senior Center is offering **Family and Care Partner Dementia Series: Understanding Changing Personalities, Behaviors, and Relationships**, a five-week workshop focusing on understanding what is happening to your loved ones as their dementia progresses, with Kelli Squire, Dementia Support Specialist. On Tuesdays, January 8 – February 5, 9 – 10 a.m. Each day covers a different topic and you can sign up for single days, call for more information on individual sessions; **Adjusting to Life's Changes Support Group**, geared toward anyone working with the loss of a change, such as beginning or ending caregiver role, or decreased independence, facilitated by Yvonne Whisenhunt and Brandi Garner. On Thursdays, January 24 – March 14, 3:30 – 5 p.m. Call Brandi Garner at 303-774-4743 for registration and pre-group appointment; **Senior Options Series**, about in-home services, downsizing, legal planning, and real estate, for older adults and their families. On Fridays, January 25 – February 15, 11 a.m. – 12 p.m. Sign up for entire series or individual sessions. Call number below for more information; **Low Vision Resources**, local agencies join forces to discuss resources for



persons experiencing low vision. On Monday, January 28, 10 – 11:30 a.m.; **“How Can I Help: Tips for Sighted Supporters of People Living with Low Vision.”** On Thursday, February 7, 3 – 4:30 p.m.; **Hearing Loss and Dementia**, on the basics of hearing loss and the correlations between untreated hearing loss and memory loss, with Dr. Whitney Swander, Audiologist with Hearing HealthCare Centers. On Wednesday, February 20, 9:30 – 11 a.m.; and **Transcending Dementia**, considering the intact essence of the person with dementia and how to nurture through art, music, nature, and other mediums. On Thursday, Feb 21, 3 – 4:30 p.m. All programs free, but pre-registration is required, space is limited. At 910 Longs Peak Ave, Longmont, call 303-651-8414 for more information and registration.

Alzheimer’s Association of Colorado offers **Understanding Alzheimer’s and Dementia**, on Tuesday, January 8, 3 – 5 p.m., Longmont Senior Center, 910 Longs Peak Avenue, Longmont. On Thursday, January 10, 10 a.m. – 12 p.m., Natural Grocers, 100 W South Boulder Road, Lafayette, and Monday, February 4, 10 a.m. – 12 p.m., Lafayette Senior Center, 103 S Iowa Avenue, Lafayette; **Legal and Financial Planning for Alzheimer’s Disease**, on Tuesday, January 22, 9 a.m. – 12 p.m., TRU PACE, 2593 Park Lane, Lafayette; **Dementia Conversations**, on Wednesday, January 30, 6 – 8 p.m., Sacred Heart of Mary Church, 6739 S Boulder Road, Boulder, and Tuesday, February 12, 3:30 – 5 p.m., Alta Vita Memory Care Centre, 800 S Fordham Street, Longmont; **Effective Communication Strategies**, on Tuesday January 22, 3 – 4:30 p.m., Longmont Senior Center, 910 Longs Peak Avenue, Longmont, and Tuesday, February 5, 6 – 8 p.m., Balfour Cherrywood Village, 282

McCaslin Blvd, Louisville; **Healthy Living for Your Brain and Body: Tips From the Latest Research**, on Sunday, February 10, 10:45 a.m. – 12:15 p.m., First Presbyterian Church, 1820 15th Street, Boulder; and **Know the 10 Signs: Early Detection Matters**, on Tuesday, January 15, 1 – 3 p.m., West Senior Center, 909 Arapahoe Avenue, Boulder, Tuesday, 10 – 11:30 a.m., Louisville Senior Center, 900 Via Appia Way, and Thursday, February 21, 5:30 – 7 p.m., Gebhardt BMW, Valmont Road, Boulder. Pre-registration required at alz.org/co or 800-272-3900.

The Erie Community Center is offering **Hearing Screenings**, with Family Hearing, complimentary services include wax removal, hearing aid maintenance and repairs. On Thursday, January 17, 9 – 11 a.m.; and **Healthier Living with Chronic Conditions**, a 6 week program on how to better self-manage chronic conditions, including through reduction of stress, pain, and fatigue. Friends, family and caregivers encouraged to attend. On Tuesdays, February 19 – March 26, 1 – 3:30 p.m. Pre-registration for both at 303-926-2795.

AgeWell – Longmont United Hospital will be holding **Advanced Directives workshops**, about considering and clarifying one’s wishes for medical treatment in the event of incapacitation, on Thursdays January 10, and February 14, 9:30 -11 a.m. (\$5 for residents, \$6 for non-residents); and **PSAPs...What??**, on Personal Sound Amplification Products: one size fits all amplification products, with D’anne Rudden, AuD, on Thursday February 28, 9:30 – 11 a.m., no charge, both at the Longmont Senior Center, 910 Longs Peak Avenue, Longmont. Pre-registration is required at 303-651-8411.



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Ombudsman: How Do You Say That Word and What Does it Mean?

by Erica Corson

that others may not agree with or recommend, residents of long term care have the right to make personal choices that others may not consider “good” choices. The last guiding principle that we adhere to is about confidentiality. We do not disclose what we talk with residents about, concerns that they have, or what we want to do about these concerns, without the permission of the residents. This is critical because when there is a problem and we take action to resolve it, it is the resident who lives with the result. When we enter a resident’s home (either assisted living or nursing home) and take action related to a particular concern that is reported, this sometimes causes conflict or tension. Then we leave, but the resident stays and lives with whatever consequences may come from our action. These are the principles that we will consider in all our work in long term care homes, whether a complaint is reported by the resident, their loved ones, or a staff member of the facility itself.

When we talk about the LTC Ombudsman program, many people ask, why would I call you? What concern would I bring to you and what would you do with it? There are a wide range of concerns that are reported to the LTC Ombudsman program from lost laundry to inadequate wound care. The top five complaints reported to the LTC Ombudsman program in 2017 were: staffing (levels and response to residents), environment (cleanliness, etc.), admission or discharge (procedure, notice), resident rights (includes autonomy, rights), and resident care (medical care and personal care). But we don’t just hear and investigate complaints, we also provide consultation on how to approach problems or work with (or

choose) LTC homes. Because we are in all the homes in the area, we can bring different perspectives and ideas to issues - we see what works and what doesn’t. And we also provide training for LTC homes and the community. LTC is complex and things that come up are challenging. No one should go it alone. We are here for you and are a resource that many don’t know about - and wish they had known about when they needed us. You can find us at 303-441-1173 or infoLTCO@bouldercounty.org.

Erica Corson is the Elder Rights Program Manager at the Boulder County Area Agency on Aging.

“Where there is love there is life.”

-- Mahatma Ghandi



Long Term Care: How to Choose a Home

by Erica Corson

Making the decision to move to Long Term Care is a tough one, and it’s just the beginning. Once this decision is made - where do you start? There is no “right time” for a person to move into a long term care home. The right time depends on the person who needs care and the caregiver, but it’s always good to understand what long term care options are available, what they cost, and what is provided *before* it’s needed. Depending on a person’s financial situation and the care needed, options will vary. Assisted living facilities sometimes don’t have rooms available and may have a waitlist to be admitted, especially if they accept Medicaid. Nursing homes may have



more availability, but rooms are often shared, and the room arrangements may put one option above another. These things are important to be aware of before a need for long term care arises so that when the time comes, the preferences of loved ones are known. This is especially key as the need often comes in a crisis - and time is limited to make choices.

When looking at long term care options, first understand what level of care is needed. Does the person being admitted need “skilled” care? This includes complex medical needs like catheters, wound care, or lifting (when a person cannot bear weight to walk or move between a bed and wheelchair or toilet). Or will the person’s needs be met in an assisted living facility? This will be “unskilled” care like meals, assistance with dressing or bathing, and medication administration. Typically, an assisted living facility cannot accommodate higher needs like incontinence or special diet (diabetic or soft, etc.) so it’s important to be clear about what services an assisted living can provide and if there is an additional cost associated with certain care. Moving out of your home is a big move and takes a lot of adjustment, so moving to the least restrictive environment to maintain as much choice and autonomy as possible is ideal.

Perhaps the most important piece in deciding which long term care home to move to, is visiting that home in person. This is the best way to really know if it is a comfortable place for you and your loved one. Only by visiting can you see the staff (both management and direct care staff) and how they interact with people living there. Smell the home, see the rooms where residents sleep, taste the food, and ask questions. These are things you will never know by researching homes or looking at brochures and websites. And remember that the people who work at the home are the ones you

will be trusting to provide incredibly intimate care for your loved one; the relationship that you and they have with staff will be more important than any aesthetic charms a home may have. Some things you may look for and questions you may ask during a visit could include: “what is the staff turnover like here?”, “What is the shower schedule?”, “How do you work with the doctor or home health?”, and “Who will I talk to if I have a concern?” You can find more tips about things to consider at *Medicare.gov* where you can find a Nursing Home checklist. You may also want to review the surveys that a home has had by the Colorado Department of Public Health and Environment. The Long Term Care Ombudsman at your local Area Agency on Aging can help with these and other resources. The Ombudsman can also give you a lot of perspective about all of the nursing and assisted living homes in your area—they are there regularly, know the staff well, and are aware of the concerns that come up at each home.

The move to long term care is a daunting process. It is overwhelming and scary and does not end your role as a caregiver. There are resources and support available to you—you don’t need to do it alone. Call the Area Agency on Aging for help and guidance during and after this process.

Erica Corson is the Elder Rights Program Manager at the Boulder County Area Agency on Aging.

**“Let our advance worrying become
advance thinking and planning.”**

-- Winston Churchill

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INFORMATION AND ASSISTANCE IN BOULDER COUNTY

Within Boulder County, there are several ways to access information and assistance about resources and services for older adults and their family caregivers:

- Check out **Network of Care for Seniors and People with Disabilities**, a comprehensive online service directory, at www.BoulderCountyHelp.org.
- Call the **ADRC Help Line**, at 303-441-1617, and Boulder County Area Agency on Aging staff will respond to your message.
- Call the **resource specialist** in your community (numbers below). Services vary by community but include identifying needs, exploring options, finding solutions, and providing in-depth assistance.

Allenspark area	303-747-2592
City of Boulder	303-441-4388/303-413-7494 (bilingüe)
City of Lafayette	303-661-1499
City of Longmont	303-774-4372/303-651-8716 (bilingüe)
City of Louisville	303-335-4919
Erie	303-926-2795
Lyons area	303-823-9016
Nederland area	303-258-3068
Niwot area	303-441-1617
Superior	303-441-1617

