

Caregiving Packet

Are you helping an aging, disabled, or ill friend or family member with the challenges of everyday life? If so, you're a caregiver. And if you're like most caregivers, you need all the help you can get. Providing care can be stressful, emotionally draining work—and the challenges can go up quickly as your loved one's condition changes.

This packet is designed to help caregivers with the most common caregiving challenges. The information here can help explain confusing matters, help you make decisions, and connect you to other caregivers and resources.

The packet contains:

Important personal information: Keep track of financial, medical and personal details in one place.

Understanding Medicare: Learn the different parts of Medicare and what each part covers.

Hiring in-home help: Learn the difference between skilled care and help with tasks of day-to-day living (custodial care), and get advice on finding the right caregiver.

Care receiver's needs list: Identify what your loved one needs help with.

Caregiver job description checklist: List the things you want in-home hired help to do.

Preparing legal matters: Learn about the legal and financial documents that can protect your loved one's wishes.

Legal documents checklist: Identify what you need to do to create a will, power of attorney (the legal authority to act for another person), Advance Health Care Directive, and POLST.

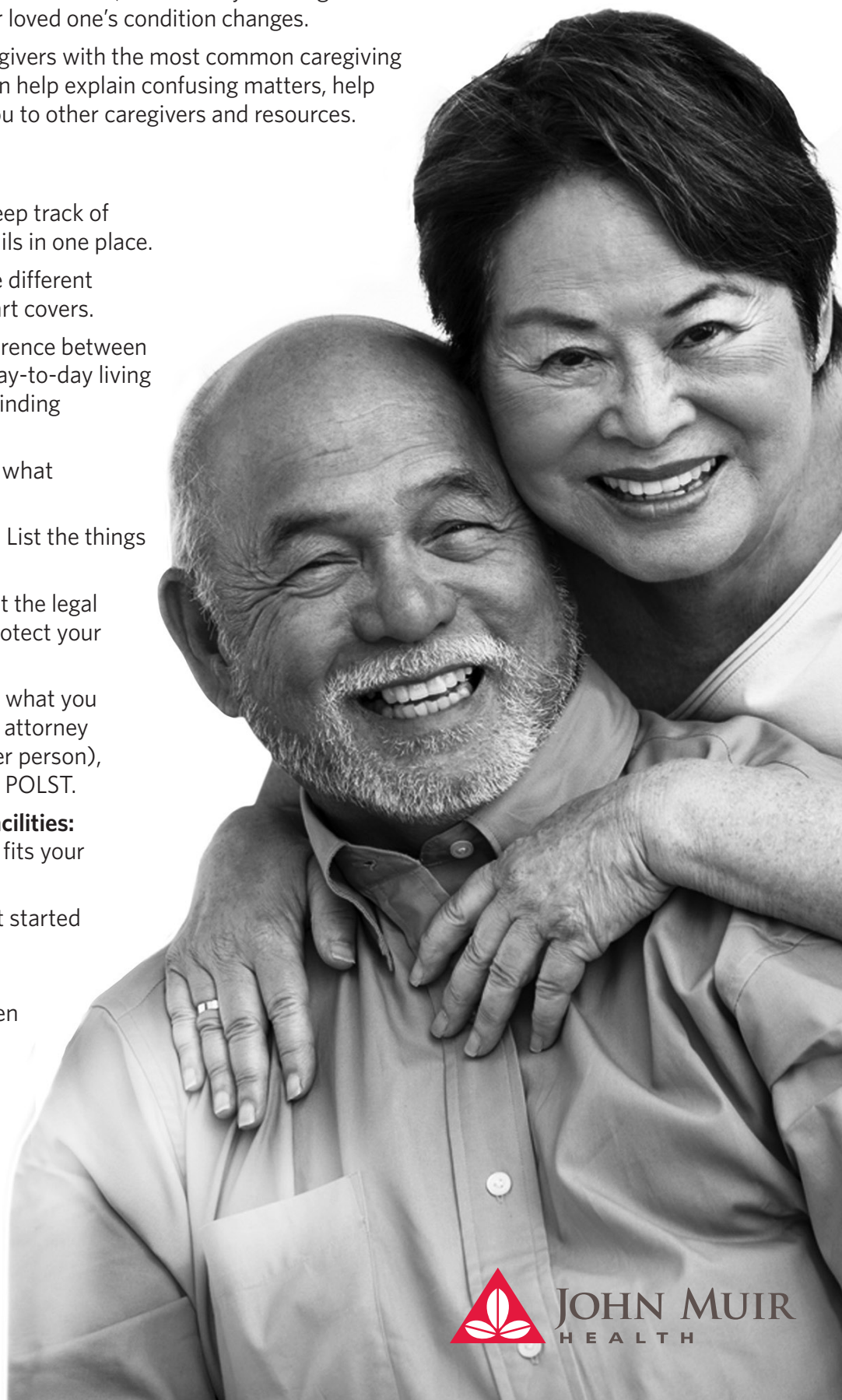
Types of senior housing and care facilities: Identify the type of facility that best fits your loved one's needs.

How to choose a nursing home: Get started right with finding the best facility.

Nursing home evaluation checklist: Know the right questions to ask when looking at nursing homes.

Caregiver Resources: A list of websites, books and other helpful resources for further information.

Visit johnmuirhealth.com/seniors or call (925) 947-3300.



JOHN MUIR
HEALTH

You're Not Alone

According to the Family Caregiver Alliance, about 44 million Americans provide 37 billion hours of unpaid "informal" care each year. They take care of adult family members and friends with illnesses or conditions that make it hard for them to do daily activities on their own such as bathing, taking medicine, or making meals.

Your Local Support Team

John Muir Health Senior Services offers information, education, and coordination for caregivers. If we don't have what you need, we can help connect you to another local agency that does. Local resources are available for consumer and legal advice, transportation, health screenings, and health education programs.

Visit johnmuirhealth.com/seniors or call (925) 947-3300.

Important Personal Information

Losing track of a loved one's key personal information can be stressful for caregivers. By keeping all the most important medical, legal, and financial details in one place, you and your loved one won't have to scramble to find it or remember it during a crisis. Once you've filled out the form, keep it in an easy to find but secure place and remember to update it regularly.

Name: _____ Date: _____

Address: _____ SSN: _____

Health and Medical Insurance	
Medicare Number	
Medicare Supplement	
Medicare Advantage Plan	
Medicare Part D Drug Plan	
Medi-Cal Number	
Long Term Care Insurance	

Doctors			
	Doctor #1	Doctor #2	Doctor #3
Name			
Specialty			
Address			
Phone #			

Dentists		
Name	Address	Phone Number

Other Health Care or In-Home Care Providers		
Name	Address	Phone Number

Current Medications - Prescription and Over-the-Counter		
Name of Medicine	Dosage / How Often Taken	Prescribed By

Legal and Financial Information - Location of Documents	
Will	
Trust	
Power of Attorney	

Legal and Financial Information - Location of Documents

Advance Health Care Directive	
Birth Certificate	
Divorce Decree	
Property Deeds	
Safe Deposit Box	
Location of Keys	
Other Documents	

Sources of Income

Income	Monthly Amount
Social Security	
Retirement/Pension	

Bank Accounts

Type	Name of Bank	Account Number
Checking		
Savings		

Investments

Type	Institution or Broker	Phone Number	Location of Acct. Statements
Stocks			
Bonds			
Annuities			
Cert of Deposits (CDs)			
Mutual funds			
IRAs			
Money Market			
Other			

Name of Accountant/Broker/Financial Planner		
Name	Address	Phone Number

Insurance		
Type	Company or Agent	Location of Policy
Life		
Homeowners/Rental		
Liability		
Automobile		

Funeral/Burial Instructions
Clergy

Close Friends/Neighbors		
Name	Address	Phone Number

Home Safety and Security Checklist

Use this list to identify fall hazards and accessibility, safety, and security issues.

General Living Areas	Yes / No	Action Taken
Is there enough lighting throughout the house?	<input type="checkbox"/> <input type="checkbox"/>	
Are there night lights in the bedroom and bathrooms?	<input type="checkbox"/> <input type="checkbox"/>	
Are doors wide enough for a walker or wheelchair?	<input type="checkbox"/> <input type="checkbox"/>	
Is furniture arranged for safe traffic flow?	<input type="checkbox"/> <input type="checkbox"/>	
Are walking pathways uncluttered?	<input type="checkbox"/> <input type="checkbox"/>	
Are changes in floor levels obvious or marked in some way?	<input type="checkbox"/> <input type="checkbox"/>	
Is it easy to get up and down safely from chairs, sofas, and other seats?	<input type="checkbox"/> <input type="checkbox"/>	
Can the TV, radio, light, or telephone be operated from the chair or sofa?	<input type="checkbox"/> <input type="checkbox"/>	
Are the windows safe and easy to open?	<input type="checkbox"/> <input type="checkbox"/>	
Are cords or wires in any walkway?	<input type="checkbox"/> <input type="checkbox"/>	
Are light bulbs the appropriate size and type for each lamp or fixture?	<input type="checkbox"/> <input type="checkbox"/>	
Do extension cords carry more than their proper load (as indicated by the rating labeled on the cord and the appliance)?	<input type="checkbox"/> <input type="checkbox"/>	

General Living Areas (con't.)	Yes / No	Action Taken
Are there working smoke detectors on every floor and in bedrooms?	<input type="checkbox"/> <input type="checkbox"/>	
Are the batteries in the smoke detectors checked every six months?	<input type="checkbox"/> <input type="checkbox"/>	
Is there a carbon monoxide detector?	<input type="checkbox"/> <input type="checkbox"/>	
Is there a fire extinguisher, and is someone in the home able to use it?	<input type="checkbox"/> <input type="checkbox"/>	
Is carpeting secure?	<input type="checkbox"/> <input type="checkbox"/>	
Are throw rugs and runners slip-resistant or tacked or taped down?	<input type="checkbox"/> <input type="checkbox"/>	
Are shelves well-secured to the wall and not overburdened with items that could fall?	<input type="checkbox"/> <input type="checkbox"/>	
Is the telephone easily available for emergencies?	<input type="checkbox"/> <input type="checkbox"/>	
Are emergency phone numbers posted near each telephone?	<input type="checkbox"/> <input type="checkbox"/>	
If smoking takes place in the home, are lit cigarettes ever left unattended?	<input type="checkbox"/> <input type="checkbox"/>	

Stairways	Yes / No	Action Taken
Are there secure handrails?	<input type="checkbox"/> <input type="checkbox"/>	
Are there light switches at both the top and bottom of the stairs?	<input type="checkbox"/> <input type="checkbox"/>	

Stairways	Yes / No	Action Taken
Is there enough lighting?	<input type="checkbox"/> <input type="checkbox"/>	
Is the covering or carpet secure?	<input type="checkbox"/> <input type="checkbox"/>	
Are the steps free of clutter?	<input type="checkbox"/> <input type="checkbox"/>	
Are throw rugs and runners kept away from stairs and landings?	<input type="checkbox"/> <input type="checkbox"/>	

Kitchen	Yes / No	Action Taken
Are the areas over the stove, counters, and sink well lit?	<input type="checkbox"/> <input type="checkbox"/>	
Are the appliances in working order?	<input type="checkbox"/> <input type="checkbox"/>	
Are all extension and appliance cords located away from the sink or stove top areas?	<input type="checkbox"/> <input type="checkbox"/>	
Can the refrigerator and freezer be opened and closed easily?	<input type="checkbox"/> <input type="checkbox"/>	
Can cabinets be opened and closed easily?	<input type="checkbox"/> <input type="checkbox"/>	
Are the dishes, pots, silverware, and food supply easily reached without climbing or bending?	<input type="checkbox"/> <input type="checkbox"/>	
Are the stove controls easily reached and clearly marked?	<input type="checkbox"/> <input type="checkbox"/>	
Is a timer available as a reminder to turn off the burner?	<input type="checkbox"/> <input type="checkbox"/>	

Kitchen (cont.)	Yes / No	Action Taken
Are potholders in easy reach but not hanging above the stove?	<input type="checkbox"/> <input type="checkbox"/>	
Are clothes with loose, flowing sleeves avoided when cooking?	<input type="checkbox"/> <input type="checkbox"/>	
Are pot handles turned away from the edges of the stove and from other burners when cooking?	<input type="checkbox"/> <input type="checkbox"/>	
Can the oven door be opened and closed easily?	<input type="checkbox"/> <input type="checkbox"/>	
Are the outlets easily reached?	<input type="checkbox"/> <input type="checkbox"/>	
Is food safely brought to the eating area?	<input type="checkbox"/> <input type="checkbox"/>	
Is there a stable, well-maintained step stool with handles?	<input type="checkbox"/> <input type="checkbox"/>	

Bathroom	Yes / No	Action Taken
Is there a tub bench or tub chair to assist with transfer into the tub or shower?	<input type="checkbox"/> <input type="checkbox"/>	
Are there grab bars where needed?	<input type="checkbox"/> <input type="checkbox"/>	
Is the bath mat skid-resistant?	<input type="checkbox"/> <input type="checkbox"/>	
Is a safety frame, raised seat, or grab bar available to assist with transfer to the toilet?	<input type="checkbox"/> <input type="checkbox"/>	
Are the outlets within reach?	<input type="checkbox"/> <input type="checkbox"/>	

Bathroom (cont.)	Yes / No	Action Taken
Are the light switches easy to use?	<input type="checkbox"/> <input type="checkbox"/>	
Are appliances such as hair dryers, shavers, and radios kept away from water?	<input type="checkbox"/> <input type="checkbox"/>	
Is the medicine cabinet cleaned out yearly?	<input type="checkbox"/> <input type="checkbox"/>	

Bedroom	Yes / No	Action Taken
Is a light switch accessible from the bed?	<input type="checkbox"/> <input type="checkbox"/>	
Is the telephone in easy reach?	<input type="checkbox"/> <input type="checkbox"/>	
Is there a clear path to the bathroom?	<input type="checkbox"/> <input type="checkbox"/>	
If a walking aid is used, is it next to the bed?	<input type="checkbox"/> <input type="checkbox"/>	
Is there a flashlight with fresh batteries within easy reach of the bed?	<input type="checkbox"/> <input type="checkbox"/>	

Outside	Yes / No	Action Taken
Are all entrances well lit?	<input type="checkbox"/> <input type="checkbox"/>	
Are the driveway, steps, footpath, and porches well lit?	<input type="checkbox"/> <input type="checkbox"/>	
Do steps and walk surfaces provide good traction (textured surfaces), and are they in good condition, free of clutter, snow, and leaves?	<input type="checkbox"/> <input type="checkbox"/>	
Do steps have a sturdy, easy-to-grip handrail?	<input type="checkbox"/> <input type="checkbox"/>	
Are steps' edges clearly marked?	<input type="checkbox"/> <input type="checkbox"/>	
Is the parking space close to the home entrance?	<input type="checkbox"/> <input type="checkbox"/>	
Is the door threshold too high or low to get in or out easily?	<input type="checkbox"/> <input type="checkbox"/>	
Can the doorbell be heard in every part of the house?	<input type="checkbox"/> <input type="checkbox"/>	
Is the door lock sturdy and easy to operate?	<input type="checkbox"/> <input type="checkbox"/>	
Can the mail be retrieved safely?	<input type="checkbox"/> <input type="checkbox"/>	
Is the number of the house clearly visible from the street and well lit at night?	<input type="checkbox"/> <input type="checkbox"/>	

Personal Safety	Yes / No	Action Taken
Are shoes with good traction worn around the home, rather than socks or bare feet?	<input type="checkbox"/> <input type="checkbox"/>	
Do shoes have low, flat heels?	<input type="checkbox"/> <input type="checkbox"/>	
Do slippers have non-slip bottoms?	<input type="checkbox"/> <input type="checkbox"/>	
Does clothing fit properly, with no dangling strings or hems?	<input type="checkbox"/> <input type="checkbox"/>	
Does your loved one get up slowly from sitting or lying down to avoid becoming dizzy?	<input type="checkbox"/> <input type="checkbox"/>	
When carrying items, do you (and your loved one, if applicable) carry smaller loads, especially on stairs, and make extra trips if necessary?	<input type="checkbox"/> <input type="checkbox"/>	
Do you and your loved one know how to reduce the impact of a fall by relaxing and letting your muscles go limp and rolling as you fall?	<input type="checkbox"/> <input type="checkbox"/>	
Have you and your loved one learned the stop, drop, and roll technique if a piece of clothing lights on fire?	<input type="checkbox"/> <input type="checkbox"/>	

Understanding Medicare

Medicare may seem overwhelming at first. Here is information about the most basic parts. More detailed information is available at medicare.gov.

Who Qualifies

Medicare is the federal health insurance program for people who are 65 or older regardless of their income or medical history. Most people age 65 and older are entitled to Medicare Part A if they or their spouse have made payroll tax contributions for 10 or more years. You qualify for Medicare at age 65, even if your Social Security Full Retirement Age is older than 65.

People under 65 who receive Social Security Disability Insurance (SSDI) usually become eligible for Medicare after a two-year waiting period. People who have End Stage Renal Disease or Lou Gehrig's disease become eligible for Medicare when they begin receiving SSDI benefits.

Medicare Parts A and B

The two original parts of Medicare are Part A (Hospital Insurance) and Part B (Medical Insurance). Part A helps cover inpatient hospital stays, skilled nursing facility stays, home health visits, and hospice care. Part B helps cover visits to doctors, outpatient services, preventive services, and some home health visits. In general, after you pay the deductible, Part B pays for 80% of the Medicare-approved amount for covered services. For Part A there are deductible amounts for staying in the hospital and/or skilled nursing facilities.

While most people do not have to pay for Part A, Part B coverage requires a monthly payment (called a "premium"). You should sign up for Medicare Part A about three months before reaching age 65. If you're still working and receiving health care coverage through your employer or spouse, it is recommended you wait to enroll in Medicare Part B until about three months before your health care coverage ends.

The premium for Part B coverage changes every year. Individuals with incomes over \$85,000 and couples with incomes over \$175,000 pay higher monthly costs. Information for the current basic monthly cost (premium) is available at www.medicare.gov. This premium is taken out of your Social Security, Railroad Retirement, or Civil Service Retirement check. If you don't get any of these payments, Medicare bills you for your Part B coverage every three months.

Nursing Home Coverage

Medicare Part A helps cover short-term care in a skilled nursing facility (nursing home), but there are rules about how much and what is covered. Medicare pays up to 100% for the first 20 days in a nursing home that follows a hospital stay of three days or more. For days 21 to 100, the patient pays a daily copayment which is adjusted annually. Coverage ends when you stay in the nursing home over 100 days. Note that you will only be covered if you stay in Medicare-approved facilities. And, there are rules about what kinds of medical conditions qualify for Medicare coverage. Medicare Part A does not pay for ongoing help with daily activities such as dressing or bathing (called "custodial care") even if it is within the first 100 days of your stay in a nursing home.

Home Health Coverage

Medicare Parts A and B help cover certain home health visits, but they do not pay for ongoing help with daily activities such as dressing or bathing ("custodial care"). That's true whether you are in a facility such as a nursing home or at home. Note that Medi-Cal, California's health care assistance program, may help pay for custodial care—and for many other expenses not covered by Medicare.

Medigap

Medigap or Medicare supplemental insurance policies sold by insurance companies cover part, or all, of Medicare's copayments and deductibles. They pay for all or part of your Medicare coinsurance and deductibles, but usually cover only services that are covered by Medicare A and B. Ten standardized Medigap plans are available which means the benefits are the same regardless of which company sells it. For example, Medigap Plan F has the same benefits no matter which company you buy it from. Plans A-G, M and N must offer basic benefits. Standardized Medigap plans K and L are structured differently with a larger out-of-pocket expense. These plans are accepted by all Medicare providers.

Medicare Advantage (Part C)

Medicare Advantage (MA) plans are an alternative to original Medicare. Joining an MA plan is optional. The MA plan provides all benefits of Medicare Parts A and B. You are considered to be on Medicare and still have the full rights and protections. Plans may also choose to provide additional services not covered by Medicare such as hearing, dental, and eye exams. Medicare Advantage has annual enrollment periods when you can join or leave a plan.

Medicare HMO (Health Maintenance Organization) is the most popular type of MA plan in California, but they are not available in all parts of the state. California's HMO Guide for Seniors is a resource about how managed care plans work. If you enroll in a Medicare HMO you are required to use doctors and facilities in the network, that is, those who have a contract with that particular HMO. You are asked to choose a primary care doctor who manages your care. To see a specialist in your HMO network, you must generally get a referral from your primary care doctor. This requirement is waived for emergency care, out-of-the-area urgent care and other limited situations. If you have Medicare Advantage, you don't need Medigap.

Medicare Part D: Prescription Drug Coverage

Part D helps cover outpatient prescription drugs. To get it, you enroll through a private insurance company in a Medicare prescription drug plan. You pay the plan's premium, deductible, and cost-sharing. If you have limited income, you may apply for extra help through the Social Security Administration to cover some of the plan's costs. Note that if you don't enroll in Part D when you become eligible, you'll pay more when you do enroll.

There are two ways to receive Part D benefits. First, stand-alone prescription drug plans (PDPs) are available to those with Medicare Part A or B coverage. Second, Medicare Advantage prescription drug plans (MA-PDs) are included as part of many Medicare Advantage plans.

If you have questions about Medicare eligibility or if you want to apply, call 1-800-722-1213. Additional help is available from the Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP) at (925) 602-4163.

Resources

- Medicare, [medicare.gov](https://www.medicare.gov)
- AARP, aarp.org/health/medicare-insurance
- California Health Advocates, cahealthadvocates.org
- California's HMO Guide for Seniors, opa.ca.gov/about/consumer_information/files/pdf/srhmoguide.pdf
- Contra Costa County HICAP, cchicap.org
- Medi-Cal, dhcs.ca.gov/services/medi-cal



Hiring In-Home Help

Hiring non-medical help may allow your family member to safely live at home longer. In-home care agencies, referral agencies, placement agencies, and home health agencies can help you find the assistance your loved one needs. For information about finding help, call John Muir Health Senior Services at (925) 947-3300.

Care in the home is divided into two types, skilled and custodial. It's important to understand the difference, as it will help you decide where you find help as well as understand the costs and what is covered by Medicare or private health insurance plans.

Skilled Care

Skilled care is usually done by licensed professionals such as nurses, physical therapists, and occupational therapists. It may also include social workers, some laboratory services, medical services, and equipment. These services, called "medically necessary," are often needed when someone comes home from the hospital or has a big change in his or her health.

Medicare pays for skilled care. This care must be ordered by a doctor and the patient must be unable to leave his or her home. And, this care must be provided occasionally, it cannot be ongoing. The services must be provided by a Medicare-certified home health agency. If all these criteria are met, Medicare will pay for home health care services and 80% of pre-approved durable medical equipment. In addition to care from licensed professionals such as nurses, physical therapists and occupational therapists, Medicare may cover limited personal care by a home health aide.

Custodial Care

Custodial care includes help with activities of daily living such as eating, dressing, bathing, going to the bathroom, and moving to or from a chair or bed. It may also involve companionship and supervision for a person who has problems recognizing and understanding things, as well as tasks like shopping, light housekeeping, and laundry. Custodial care doesn't require the skills of a nurse or other licensed professional—instead, it's typically provided by people such as companions or home health aides.

Custodial care is not considered "skilled or medically necessary" care. But, it may be necessary for a person to safely remain in their home or live independently. Custodial care is not covered by Medicare or most private health insurance plans. The patient or family can pay for it, or it may be covered by some long-term care insurance plans. Medi-Cal may also cover it for people who qualify for Medi-Cal. When considering a particular agency for custodial care, it's helpful to ask the following questions:

- Is the agency licensed, and if so, by whom?
- Do they provide a detailed care plan to the worker, with a copy to the family?
- Do they require a minimum number of hours of care per day?
- Are their caregivers trained to work with chronically ill people or people who have memory problems?
- What specialized training do their workers receive?
- Is their agency bonded? Are their workers bonded?
- How long has the agency been in business in this area?
- What are the fees? Do they offer a sliding fee scale for lower-income people?
- Are there any additional costs for items such as travel or a home assessment?
- How often do they bill?
- Who is responsible for the worker's Social Security, Medicare, and federal tax deductions?
- Who supervises the caregiver and how often?

-
- A black and white photograph showing a close-up of a person's arm and shoulder. The skin is dark and has a visible texture, with fine lines and wrinkles. There is a significant amount of hair on the shoulder and upper arm. The lighting is dramatic, with strong highlights and shadows, emphasizing the contours of the body. The background is plain white.

After you've hired in-home care, make sure your loved one understands the relationship. Valuable items, checkbooks, cash, jewelry, or credit cards should be kept in a safe that does not know about. You and your loved one should never lend money to the caregiver. Do not give the caregiver's name to a bank account, credit card, or any financial document. When shopping the caregiver does. Keep track of telephone usage, food items, and other expenses. As the caregiver becomes a valued companion with time, you and your loved one should discuss the caregiver's needs. Use the Care Receiver's Needs List to specify the services needed. The caregiver should list in detail the tasks you expect and how often they should be performed. "Housekeeping" means washing dishes, doing laundry, changing linens, and cleaning common areas. Don't expect a caregiver to wash windows, shampoo carpets, clean the refrigerator, or change the oil in the car. Thanking caregivers and showing them that you appreciate their efforts encourages them to do their best. Be sure to let the caregiver know in very specific ways how they are doing to you. Some examples might be:

"I appreciate your making the extra effort to find Dad's favorite jacket in something he doesn't like as much. Thank you."

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Care Receiver's Needs List

Name: _____ Age: _____

	Yes	Comments
Understands own needs		
Asks for help		
Doesn't like being helped		
Gets around independently		
Needs help to eat		
Needs help to bathe or shower		
Needs help to dress and undress		
Needs help to use toilet		
Needs help with mobility		
Is incontinent		
Is bedridden		
Needs supervision		
Needs help fixing meals		
Uses a wheelchair or walker		
Needs help with medications		
Special Concerns:		
Visually impaired		
Hearing impaired		
Confused or disoriented		
Depressed or anxious		
Other:		
Help Needed With:		
Laundry		
Light housework		
Meal preparation		
Transportation		
Special Information:		
Hobbies & favorite activities:		
Favorite foods:		
Favorite clothes:		
Exercise needs:		
Dietary needs:		
Difficult behavior:		
Emergency safety issues:		
Special issues related to personal habits such as smoking; pets; sensitive conversation topics; religious, ethnic, or racial biases:		

Caregiver's Job Description

Household Tasks	Frequency	Comments
Buy groceries		
Cook meals		
Wash dishes		
Empty trash		
Sweep & mop		
Clean bathroom		
Dust & vacuum		
Change bed linens		
Laundry		
Personal Care Tasks		
Assist with getting in/out of bed		
Assist with walking		
Assist with using the toilet		
Assist with bath		
Assist with shampooing hair		
Assist with dressing		
Assist with meals		
Assist with exercises		
Transportation Tasks		
Take to doctor's appointments		
Take to social activities		
Take to other activities (religious, etc.)		
Leisure Activities		
TV programs		
Reading		
Playing games		
Visiting		

Types of Senior Housing and Care Facilities

When your loved one can no longer live at home, several kinds of facilities are available, each providing different levels and types of care. Here are some basics to help you determine the best option for your loved one's situation.

Independent Senior Apartments

Buildings or complexes with individual apartments for independent older adults. These facilities are designed to enable people to enjoy a lifestyle with recreational, educational, and social activities.

- Rented at market rate; some moderate income, low income, or HUD subsidized apartments
- 24-hour emergency call system
- Resident managers in some facilities
- Transportation, activities, meal programs, and housekeeping services in some facilities
- Low income and HUD subsidized sites may have long waiting lists

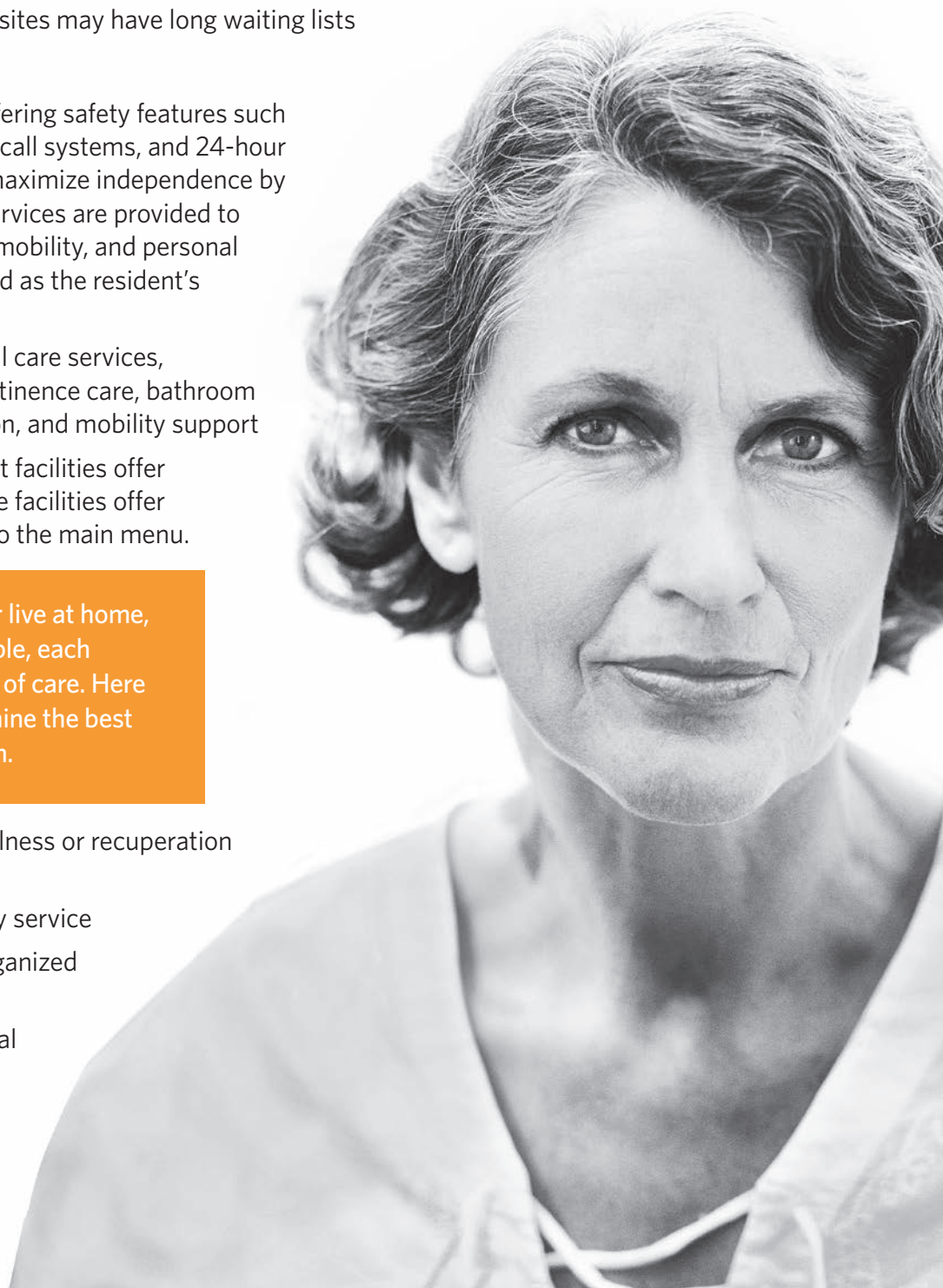
Assisted Living Facilities

Buildings with small apartments offering safety features such as bathroom grab bars, emergency call systems, and 24-hour security and staff. These facilities maximize independence by providing apartment-style living. Services are provided to address a resident's health, safety, mobility, and personal care needs. Services can be adjusted as the resident's needs change.

- Able to provide complete personal care services, including bathing, dressing, incontinence care, bathroom assistance, medication supervision, and mobility support
- Meals served in dining room; most facilities offer breakfast, lunch, and dinner. Some facilities offer several choices and alternatives to the main menu.

When your loved one can no longer live at home, several kinds of facilities are available, each providing different levels and types of care. Here are some basics to help you determine the best option for your loved one's situation.

- Room service available for short illness or recuperation (varies with facility)
- Weekly housekeeping and laundry service
- Opportunities to participate in organized activities and socialization
- Transportation services for medical appointments, shopping, errands, and outings



- Some facilities have designated areas and programs for Alzheimer's/dementia care
- Some facilities only provide Alzheimer's/dementia care
- Licensed by California Department of Social Services, Community Care Licensing
- Estimated cost: \$2000 to \$8000 per month depending on location and care needs. Cost increases as more personal care services are provided.

Residential Care Facility for Elderly

Often referred to as "board and care homes" for people who are unable to live alone but do not need skilled nursing services.

- Small home environment, usually up to 8 residents
- Complete personal care services and supervision of all daily activities, including help with bathing, dressing, incontinence care, bathroom assistance, medication supervision, and mobility support
- Bedside care during periods of minor or temporary illness
- Transportation to medical appointments may be arranged by facility
- 24-hour staff; generally 1 to 2 caregivers for 4 to 8 residents
- Some homes specialize in dementia care
- Licensed by California Department of Social Services, Community Care Licensing
- Rough estimate of cost: \$1500 for shared room up to \$6000 per month for private room, depending on location and individual care needs

Skilled Nursing Facilities

Skilled Nursing Facilities are also called nursing homes, convalescent hospitals, and rest homes. Skilled nursing facilities can provide more extensive care such as giving injections, wound care, and monitoring blood pressure. Two levels of care are available: skilled nursing care and custodial care.

- Licensed and regulated by the California Department of Public Health, Licensing and Certification
- Skilled nursing care includes daily skilled services given by a registered nurse, therapist, or licensed vocational nurse
- Custodial care is for people who don't need the daily services of a registered nurse, therapist, or licensed vocational nurse, but do need help with bathing, incontinence care, dressing, eating, or getting in and out of bed
- Recreational activities provided for all residents
- Rehabilitative services ordered by a doctor include physical, occupational, speech, and respiratory therapies
- Payment by Medicare, Medi-Cal, and private long-term care insurance if specific services are provided and criteria met
- Custodial care is not paid for by Medicare or Medicare supplemental policies; coverage through long-term care insurance varies, paid for by Medi-Cal if eligibility requirements are met
- Estimated cost for shared room is \$7,000 to \$7,800 per month and \$9,000 to \$9,500 for a private room.

How to Choose a Nursing Home

Choosing a nursing home for a family member can be stressful and time consuming. Fortunately, resources are available to help you identify and evaluate skilled nursing facilities. Key factors to consider include the location of the facility, its participation in Medicare and Medi-Cal, its compliance with public standards, and whether its services meet your loved one's needs.

Consult CANHR's Nursing Home Guide

California Advocates for Nursing Home Reform (CANHR) provides an online guide (nursinghomeguide.org) with in-depth information on all 1300+ nursing homes in California, including interactive searches, comparisons, and details on violations, complaints, staffing, and services. Additional lists of nursing homes by county are available at CANHR's main website (canhr.org).

Consider Medicare and Medi-Cal

In order for Medicare or Medi-Cal to help pay for nursing home care, a facility must be certified by one of those programs. Most California nursing homes participate in both Medicare and Medi-Cal. Because of the extremely high cost of nursing home care—over \$7,000 per month, on average—many people need to apply for Medi-Cal once their own funds are depleted. CANHR's website provides extensive information on Medi-Cal eligibility for nursing home care.

Medicare's short-term skilled nursing facility benefit is very limited, but is often used when skilled nursing care or therapy are needed after hospitalization due to a stroke, surgery, injury, or other medical conditions. When medically necessary, Medicare will pay for up to 100 days of skilled nursing care following a hospital stay of at least three days. In most situations, the medical need exists for a much shorter period of time.

Even if your loved one doesn't need or qualify for Medi-Cal now, it's best to select a Medi-Cal certified facility in case funds are depleted over time.

Make Sure the Facility is Conveniently Located

Nursing home residents thrive on visits from loved ones. If possible, choose a nursing home that's close to and convenient for those who will be visiting the most often. When family members and friends are close enough to visit frequently, they can monitor the resident's condition, participate in care planning, and respond quickly to emergencies.

Identify Special Care Needs

Ask detailed questions to make sure the nursing home can meet any special care needs your loved one may have. Specialized respiratory care, for example, is available only at certain facilities. Dementia sufferers may need extra supervision and help.

Seek References

If possible, learn about facilities from people you trust. Relatives, friends, clergy, local senior groups, ombudsman programs, Alzheimer's support groups, hospital discharge planners, doctors, and others may have recent experiences with nursing homes in your area. You can also seek opinions from residents and visitors when you visit a facility.

Make a Visit

It's important to make a personal visit to the facility. Be sure to see as much of the facility as you can to get a feel for the quality of care. Pay special attention to how residents are treated by the staff. Residents' appearance, the use of restraints, the condition of residents' rooms, and the quality of food and activities can all say a lot about a nursing home. But nothing's more important than the quality and quantity of nursing home staff.

How do you feel when you visit the facility? How does it compare to others? How did the administrator and staff treat you? Remember that you'll be depending on these people to take care of your loved one.

People sometimes place too much importance on how a facility looks. While a nursing home should be safe, clean, and comfortable, a fancy environment won't do your loved one any good if the facility is too expensive, doesn't have services your loved one needs, or is too far away from family and friends.

To compare different nursing homes, use the Nursing Home Evaluation Checklist.

Arranging Care During Hospitalization

Many people go into nursing homes after a hospital stay. If your family member or friend is hospitalized, contact the hospital's discharge planning or case management department as soon as possible for help arranging nursing home care. Hospital staff will help you get the care and services your loved one will need when they leave the hospital. See CANHR's Fact Sheet on Transfer and Discharge Rights for more information on hospital discharge rights.

Source: Information in this section obtained from CANHR. For more information and downloadable factsheets, please go to canhr.org/factsheets.

More Information

It's a good idea to review CANHR's Fact Sheet on Nursing Home Admission Agreements before your loved one goes into a facility. CANHR also publishes several other useful fact sheets on nursing homes, such as Residents' Rights and Making Care Plans Work.



Nursing Home Evaluation: Questions to Ask

It's hard to compare nursing homes when you're not sure what to look for. This list is designed to help you get a general sense of a nursing home's quality of care. Your questions will vary depending on your loved one's needs, preferences, and payment source.

When you visit a facility, remember that appearances can be deceptive. Ask to see the entire facility, not just the nicely decorated lobby and one wing or floor. Though environment is important, try to get a feel for the care provided and how the residents are treated by staff.

Staff	
Are there enough staff? What is the staff to resident ratio? Are call bells and resident requests responded to in a timely manner (within 5 minutes or so)?	
Are the staff polite to residents? Do they treat residents with dignity and respect? Or is the staff attitude condescending? Are childish or otherwise inappropriate nicknames used when speaking with residents? Do the staff talk about residents as if they were not present or as if they were children?	
Does the administrator/manager or director of nurses appear to know the residents?	
Is the administrator friendly and open to questions?	
Is resident's privacy respected (knocking on doors before entering rooms, keeping privacy curtains drawn while care is being given)?	
Do the staff wear name tags?	
Are therapists a part of the staff, or does the facility contract out for therapy?	
Is a licensed social worker on staff? Full-time?	
Does the facility have permanent full-time nurses and certified nurse assistants, or are registry nurses and aides used?	
Are the staff visible and actively assisting residents?	
In addition to English, what languages do the staff speak?	
What is the facility's communication strategy when a resident's first language is not English?	
Does the facility conduct background checks before hiring staff?	

Resident Appearance	
Are residents up and dressed for breakfast? Does the staff get them up hours before breakfast (too early) or just before lunch (too late)?	
Are the residents' well-groomed (shaved, clothes clean, hair combed, nails trimmed and clean)?	
Do residents appear alert, content, and busy? Or do they appear to be sluggish, inactive, or out of it?	
Are residents comfortably positioned in comfortable chairs? Are they restrained in their chairs or beds? Are they in chairs that have a tray or "lap buddy"?	

Resident Rooms	
In which area of the facility would the resident's room be located?	
How many residents share a room? Generally, rooms should have no more than four beds, at least three feet apart, with privacy curtains around each bed.	
Does each bedroom have a window?	
Is there a bedside stand, reading light, chest of drawers, and at least one comfortable chair for each resident? Is there enough storage space and is it separate from other roommates?	
Are the beds easy to reach? Is there room to move a wheelchair or Geri-Chair easily?	
Are call buttons accessible to residents?	
Is there fresh drinking water at bedside?	
Are residents allowed and encouraged to bring any of their own belongings or furniture? Have residents personalized their rooms?	

Facility Environment	
Is there an obvious odor in the facility? Strong urine and body odors may indicate poor nursing care or poor housekeeping. Heavy air freshener, deodorants, and other temporary chemical cover-ups may be substitutes for thorough care and maintenance.	
Is the facility maintained at a comfortable temperature? Do the rooms have heating, air conditioning, and individual thermostats?	
Is the facility clean, well-lit, and free of hazards? Do you see dirty linen or is it properly disposed of? Is there enough linen?	
Is furniture sturdy and comfortable?	
Are floors clean and non-slippery?	

Hallways, Stairs, and Lounges

Are halls free of obstacles and trash?

Are stairways and exits clearly marked?

Are there handrails in all hallways?

Do you see fire extinguishers? Is there a disaster plan posted, and does the facility have drills?

How many lounge areas are available for residents and visitors? Are they clean and are there comfortable chairs? Is there enough room for visiting?

Bath and Shower Rooms

Are bathrooms conveniently located?

How many residents share a bathroom?

Do bathrooms have handgrips or rails near all toilet and bathing areas?

Is there a call button near the toilet?

Do residents have a choice between a shower or bath? How often and during which shift?

Kitchen and Dining Areas

Is the kitchen clean and well-organized?

Is the food handled and stored in a safe and sanitary manner?

Is the dining area pleasant, clean, and comfortable?

How many residents eat in the dining area? Is it large enough to fit most of the residents? Are there shifts for meals?

Do chairs fit under the table so that residents are comfortably close to their food?

Try to visit the facility during a meal. Observe the way food is served, how residents are assisted with eating, and how they react to the food. You can probably buy a meal to sample the food.

Menus and Food	
A menu for the current and following week should be posted. If a menu is not posted, ask to see one. Is the food listed on the menu actually being served?	
How often are meals repeated? Are alternatives available as required by law?	
Does the food appear and smell appetizing? Is it nutritious? Are fresh foods used, or is it mostly canned or frozen? Do residents enjoy the food?	
Are dishes and silverware used, or are disposable plates and utensils used?	
Are residents who need help with eating and who are being fed by nurse's aides finishing their meals and eating at their own pace? Are assistive devices available to those who may be able to feed themselves with a little help?	
Are meals served at appropriate temperatures?	
How do they give meals to patients who can't eat in the dining room?	
Who plans the meals? Is a professional dietician on staff? How are special dietary needs met?	

Activities	
Are activity calendars posted? If not, ask for a description of the activity program. Meet the activity director if possible.	
Do the activities cover a broad range of interests?	
Are activities tailored to individual preferences?	
Does the facility have outside areas for resident use? Do the staff help the residents use these areas?	
What activities are available to residents who cannot leave their rooms?	
Do volunteers visit the facility?	
How do they help residents to participate in religious services of their choice?	
What is done for holidays and birthdays?	
Is there a resident council? When does it meet and what is its function?	

Miscellaneous	
Is there a family council or advisory group? When does it meet and who are the officers? What is its function?	
How often do residents' doctors visit the facility? It should be at least once every 30 days.	
How long has the present management been there? Are there any plans to change in the near future?	
What hospital is used in emergencies?	
What is the billing procedure?	
Who should be contacted when there is a problem?	
How does the facility tell the resident and family members of the time and place of the quarterly care planning meetings?	
Is the phone number posted for making a complaint with an outside agency (Ombudsman program)?	
Are the results from the last inspection by the Department of Public Health posted?	
Ask to review a copy of the admission agreement. Does the facility demand a "responsible party" signature? What is their "informed consent" policy?	
What is included in the basic costs and what is extra?	
If you are looking at an Alzheimer's unit within a facility, what makes it different from the rest of the facility (especially if it costs more)?	
How do they transport residents to hospitals, medical offices, or community functions? Is there a charge?	
How is personal laundry handled?	
Is there a system to protect wanderers? Is it operational? Ask for a demonstration.	

Source: California Advocates for Nursing Home Reform (canhr.org)

Preparing Legal Matters

Getting Started

Learn what your loved one wants to do in terms of financial and healthcare decisions. Help him or her put together a plan that will ensure that his or her wishes are carried out.

If your family member doesn't want to discuss these matters with you, encourage the use of a qualified attorney or financial planner.

Once formal documents have been created, place them in a safe place where they are easy to find and plan to review them at least every two years.

Estate planning and language can be intimidating. A qualified elder law attorney may help.

Elder Law Attorneys

Elder law attorneys have experience with older adults and the physical and mental challenges they face. These lawyers can help you navigate such issues as estate planning and preservation of assets, as well as Social Security, Medicare, and Medi-Cal.

Estate Planning Documents

Will

A will is a legal document detailing how to give out one's property after death. California law determines the distribution of assets for those who die leaving no legally valid will or trust. The probate court governs this process. People must be competent when their wills are drawn up and may make changes to them as long as they remain competent.

When helping to create a will, consider:

- Is there a need for trusts for a spouse or other dependents?
- How will the assets be divided?
- Are charitable gifts a consideration?
- Who will be named executor of the estate?
- What are the tax considerations?
- Who will be guardian of any minor children or dependent adults?
- Work with your loved one to make a list of his or her assets, review outstanding debts, decide on beneficiaries, and identify any special desires he or she may have for particular items or monies.
- Basic parts of a will include:
 - Listing of beneficiaries—people, charities, foundations, etc.
 - Gifts to specific beneficiaries
 - Creation of trusts
 - Name of the executor, or the person responsible for the estate, as well as a successor in case the executor becomes unavailable
 - Name of guardian for minor children or dependent adults

Trusts

A trust is a legal arrangement in which one person (the grantor) gives control of his property to a trust, which is administered by a trustee for the benefit of a beneficiary. The grantor names a successor trustee in the event of becoming incapacitated or death, as well as successor beneficiaries. The person establishing the trust must be mentally competent the time of its creation.

There are many different kinds of trusts to meet different purposes. In some trusts, for example, the grantor, trustee, and beneficiary may be the same person. A trust can be very simple, with a limited scope and duration, or quite elaborate.

Living Trusts

A living trust, created while the grantor is alive, lets the grantor control the distribution of the estate. Ownership of the grantor's property and assets are transferred into the trust. The grantor can serve as trustee or select a person or institution to be the trustee. If the grantor is the trustee, the grantor names a successor trustee to distribute the assets upon the grantor's death.

Properly drafted and executed, a living trust can avoid legal verification because the trust owns the assets, not the deceased person. Only property in the deceased's name must go through legal certification. Note that if property ownership transfers are not done properly, the trust will be invalid and the state will determine who inherits property and serves as guardian for any minor children.

Tips for Avoiding Scams

Keep an eye out for living trust scams aimed at older adults. Questionable pitches can be distributed through the mail, by door-to-door salesmen, by phone or email, or at large informational seminars. The products may be overpriced, unnecessary, and not in accordance with state law.

- Before you or your loved one sign any papers to create a will, a living trust, or any other kind of trust:
- Explore all your options with an experienced and licensed estate planning or elder law attorney or financial advisor.
- Avoid high-pressure sales tactics and high-speed sales pitches by anyone who is selling estate planning tools or arrangements.
- Avoid salespeople who give the impression that AARP is selling or endorsing their products. AARP does not endorse any living trust product.
- Do your homework. Get information about your local probate laws from the Clerk (or Register) of Wills.
- Remember the federal Cooling-Off Rule. If you buy a living trust in your home or somewhere other than the seller's permanent place of business (such as a seminar), the seller must give you a written statement of your right to cancel the deal within three business days.

Managing Financial Affairs

A number of legal tools enable your loved one to allow another person to act on their behalf. Some of these tools are described below. Ask an attorney about the right tool for your family's situation.

Power of Attorney

A power of attorney is a way for one person to allow another to act on his or her behalf to manage legal and/or business affairs. The person wishing to create the power of attorney, called the principal or grantor, must be mentally fit at the time the document is signed. The person being authorized to act for the principal is called the agent or attorney-in-fact.

General Power of Attorney

A general power of attorney gives the agent or attorney-in-fact broad power over the management of the principal's affairs, including everyday household management decisions. The general power of attorney ends when the principal becomes mentally incapable or dies.

Limited Power of Attorney

A limited power of attorney gives the attorney-in-fact authority over only specific matters outlined in the agreement—paying bills, for example. It also ends when the principal becomes mentally incapable or dies.

Durable Power of Attorney

A durable power of attorney for finances, through very specific language in the document, ensures that the attorney-in-fact may continue in the role even when the principal has become mentally incompetent. This is a key provision for most family caregivers, who don't need a power of attorney until their loved one becomes mentally incompetent.

Managing Healthcare Decisions

As a caregiver, friend, or child of an aging loved one, you should know what the person's healthcare wishes are should he or she become mentally or physically incapable

Advance Health Care Directive

An Advance Health Care Directive lets people establish whom they want to speak for them and what kind of treatments they want. These documents are called "advance" because they're prepared before decisions need to be made. In California, the part of an advance directive that appoints an agent to make healthcare decisions is called a Power of Attorney for Health Care. The part that establishes directions about medical treatment is called an Individual Health Care Instruction. (In other states, these documents may be called Living Wills.)

The healthcare agent may act at any time the individual is unable to make medical decisions. This may include decisions about routine care, as well as care in specific situations outlined in the Advance Health Care Directive.

Agents may make decisions as they apply to the principal's medical condition, such as medical consents, facilities for care, hiring and firing caregivers and healthcare providers, and access to medical records. Decisions and actions must be consistent with the intentions of the principal's desires as stated in the Advance Health Care Directive.

Be sure to provide copies of the signed Advance Health Care Directive to your loved one's hospital, physician, agent, alternate agent, significant family members, and friends.

An Advance Health Care Directive can be revised or cancelled at any time as long as an individual is competent. People should review their advance directives on a regular basis to stay current with changes in their health status and with medical advances that may influence decisions for future care. At John Muir Health, we offer free monthly classes on Advance Health Care Directives. For more information or to register, visit john-muirhealth.com/classes or call (925) 947-3300.

Physician Orders for Life-Sustaining Treatment (POLST)

POLST is a physician order that helps give seriously ill patients more control over their end-of-life care. It is a bright pink form that is signed by both the doctor and patient. POLST specifies the types of medical treatment that your loved one wants towards the end of life. As a result, POLST can prevent unwanted or medically ineffective treatment, reduce patient and family suffering, and help ensure that patients' wishes are honored.

Completing a POLST form is entirely voluntary, but California law requires that health care providers follow the physician orders in a POLST. Doctors say that seriously ill patients and those who have a significant chance of dying in the next year should have a POLST.

The POLST form complements an Advance Health Care Directive and is not intended to replace that document. An Advance Health Care Directive is still necessary to appoint a legal health care decision-maker and is recommended for all adults, regardless of their health status. If there is a conflict between the Advance Directive and POLST, the more recent document will be followed.

End-of-Life Care Considerations

When helping a loved one determine their end-of-life care consider the following questions:

- Think about common procedures and treatments for people who are seriously ill, such as antibiotics, intravenous hydration, pain medication, artificial nutrition (feeding tube), CPR, or diagnostic labs and X-rays. Are there any treatments or procedures your loved one would specifically refuse?
- What are your loved one's wishes about the use of external life support machines and medications, either for a specific period of time or for the duration of his or her life?
- What are your loved one's values and beliefs about quality of life, and how do they pertain to his or her wishes regarding medical treatment?
- What are his or her feelings on personal dignity during a terminal or irreversible state of health?
- Are there any diseases for which your loved one would want treatments for only a short period of time?

Resources

Books

The American Bar Association Legal Guide for Americans Over 50

Topics include wills, trusts, Medicare and Medicaid, retirement rights, and legal issues related to caring for aging family members. American Bar Association (2006).

The Complete Retirement Survival Guide: Everything You Need to Know to Safeguard Your Money, Your Health, and Your Independence.

Simple but accurate explanations of issues facing older adults such as finances, health matters, and legal issues Strauss, P., Lederman, N. (2003).

The Complete Idiot's Guide® to Wills and Estates (4th Edition)

Details the various legal entities, reviews the uses of each, and lists pros and cons. A good reference book with a thorough, easy-to-read glossary. Maple, S. (2009).

Websites

National Academy of Elder Law Attorneys - naela.org

NAELA attorneys help clients with estate planning, long-term care issues, wills, and trusts.

American Bar Association Commission on Law and Aging - abanet.org/aging

The commission seeks to strengthen and secure the legal rights and quality of life of older Americans.

Covered topics include selecting a healthcare agent or proxy and what to do after signing an Advance Health Care Directive. Search for legal and other aging resources on a state-by-state basis at abanet.org/aging/resources/statemap.shtml.

Nolo.com - nolo.com

Information and articles on wills, trusts, estate planning, Advance Health Care Directives, elder care, and more. Includes links to other organizations and resources.

Caring Connections - caringinfo.org

A program of the National Hospice and Palliative Care Organization whose focus is to improve end-of-life care. Provides information and resources related to Advance Health Care Directives, including state-compliant forms and a toll-free help line.

National Association of Area Agencies on Aging (n4a) - n4a.org/.org

The umbrella organization for the 655 Area Agencies on Aging throughout the United States, which provide information, services, and programs for older adults. The n4a's Eldercare Locator provides information about local services by zip code. Call (800) 677-1116 or access it at eldercare.gov.

POLST California - capolst.org

Information on use and availability of POLST, includes information on how POLST and Advance Health Care Directive are used together.

Legal Documents Checklist

Establishing legal documents such as wills and powers of attorney can seem intimidating. It can be easier if you approach the process step by step. Getting your family's legal affairs in order can make family relationships less stressful.

Getting your own legal affairs in order—before an emergency situation develops—may even inspire other family members to do the same. Whether you're taking care of your own legal affairs or a loved one's, this checklist can guide you through the process.

Financial
Make an inventory of possible assets such as:
Bank accounts, passbooks, CDs, and money market accounts
Stocks, bonds, and other investments
Valuable jewelry or other collectibles
Real estate deeds or contracts
Life insurance policy, annuities, or pension benefits

Will	Yes / No
Have you discussed estate planning with a qualified attorney?	<input type="checkbox"/> <input type="checkbox"/>
Have you discussed the distribution of your assets with your family, as appropriate?	<input type="checkbox"/> <input type="checkbox"/>
Do you have a will?	<input type="checkbox"/> <input type="checkbox"/>
If yes, where is the signed original?	
Have you appointed an executor and a successor executor?	<input type="checkbox"/> <input type="checkbox"/>
If yes, who are they?	
Is your will current (reviewed within the last five years)?	<input type="checkbox"/> <input type="checkbox"/>
Does your family know where the signed original of your will is located?	<input type="checkbox"/> <input type="checkbox"/>

Power of Attorney for Finances	Yes / No
Do you have a Power of Attorney for finances?	<input type="checkbox"/> <input type="checkbox"/>
If yes, who is it?	
If yes, is it:	
Limited? (See <i>Preparing Legal Matters</i> for definition.)	<input type="checkbox"/> <input type="checkbox"/>
General? (See <i>Preparing Legal Matters</i> for definition.)	<input type="checkbox"/> <input type="checkbox"/>
Durable? (See <i>Preparing Legal Matters</i> for definition.)	<input type="checkbox"/> <input type="checkbox"/>
Where is the signed original document?	
Who has copies of this document?	
Is your agent someone who:	
Has agreed to act on your behalf?	<input type="checkbox"/> <input type="checkbox"/>
You trust completely?	<input type="checkbox"/> <input type="checkbox"/>
Will make honest, objective, appropriate financial decisions on your behalf?	<input type="checkbox"/> <input type="checkbox"/>
Has the time and can accept the responsibility of being an agent?	<input type="checkbox"/> <input type="checkbox"/>
Do you have an alternate named in case your first choice is unable to serve?	
If yes, who is it?	<input type="checkbox"/> <input type="checkbox"/>

Advance Health Care Directive	Yes / No
Do you have an Advance Health Care Directive?	<input type="checkbox"/> <input type="checkbox"/>
If yes, does it include specific wishes about interventions you do or do not want concerning your end-of-life treatment?	<input type="checkbox"/> <input type="checkbox"/>
Are family and caregivers aware of your desires?	<input type="checkbox"/> <input type="checkbox"/>
Have you kept a signed original?	<input type="checkbox"/> <input type="checkbox"/>
Where is it kept?	
Have you given copies to your agent, alternate agent, doctors, hospital and any appropriate family?	<input type="checkbox"/> <input type="checkbox"/>
Is there a copy in your medical record?	<input type="checkbox"/> <input type="checkbox"/>
Is your agent someone who:	
You trust completely?	<input type="checkbox"/> <input type="checkbox"/>
Understands and accepts the responsibility of honoring your wishes?	<input type="checkbox"/> <input type="checkbox"/>
Is willing to act on your behalf and be an advocate for you if medical providers are reluctant to follow your documented wishes?	<input type="checkbox"/> <input type="checkbox"/>

Remember, the agent designated by an Advance Health Care Directive can act to ensure that your choices are honored by healthcare professionals.

Caregiver Resources

For more information and guidance about caring for a loved one, check out the following resources:

Books

A Family Caregiver Speaks Up: It Doesn't Have to Be This Hard

Suzanne Geffen Mintz

Elder Care Made Easier: Doctor Marion's 10 Steps to Help You Care for an Aging Loved One

Marion Somers, Ph.D.

And Thou Shalt Honor: The Caregiver's Companion

Edited by Beth Witrogen McLeod

Passages in Caregiving: Turning Chaos into Confidence

Gail Sheehy

Learning to Speak Alzheimer's: A Groundbreaking Approach for Everyone Dealing with the Disease

Joanne Koenig Coste

The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Other Dementias, and Memory Loss in Later Life

Nancy L. Mace, MA, and Peter V. Rabins, MD, MPH

How to Say It to Seniors: Closing the Communication Gap with Our Elders

David Solie, MS, PA

The American Bar Association Legal Guide for Older Americans

American Bar Association

Websites

General Caregiving

Family Caregiver Alliance - caregiver.org

Well Spouse Association (support for spousal caregivers) - wellspouse.org

National Aging in Place Council (NAIPC) - ageinplace.org

Insurance/Financial

Medicare - medicare.gov

National Clearinghouse for Long-Term Care Information - longtermcare.gov/LTC/Main_Site/index.aspx

Benefits Check Up - benefitscheckup.org

National Council on Aging - ncoa.org

Government Benefits - govbenefits.gov

Department of Veterans Affairs - va.gov

Social Security Administration - ssa.gov

Contra Costa County Health Insurance and Advocacy Program - cchicap.org

Community Resources

Agency Information and Referral Search - 211.org

Contra Costa County Aging & Adult Services - ccccounty.us/index.aspx?NID=2533

Eldercare Locator - eldercare.gov

Disability.gov - disability.gov

End of Life

Hospice Foundation of America - hospicefoundation.org

National Hospice and Palliative Care Organization - nhpco.org

National Hospice Foundation - nationalhospicefoundation.org



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