



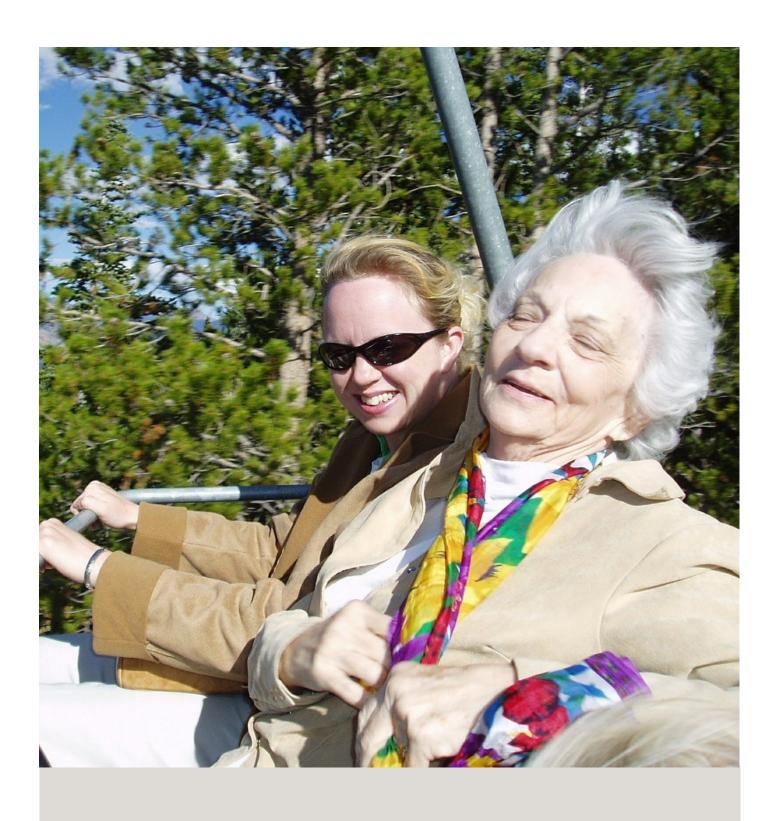




# MANAGING CARE

Salt Lake County Aging & Adult Services Caregiver Guide





"You have not lived today until you have done something for someone who can never repay you."

~John Bunyan, Author (1628 - 1688)

The Managing Care Guide is a set of tools and resources designed to help individuals better manage their care environment—allowing caregivers time to re-energize and add quality to their lives.

For more information, please contact us:

#### **The Caregiver Support Program**

Salt Lake County Aging & Adult Services
2001 S State Street S1-600, Salt Lake City, Utah 84114-4575
385.468.3280 | TTY 7-1-1
slco.org/caregiver

#### Information for other locations:

eldercare.acl.gov (USA)
daas.utah.gov/locations-new/ (Utah)

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## **LEARNING TO MANAGE CARE**

Over time, improved knowledge and ability leads to confidence and better time management, which helps to minimize stress.

**Learning Skills.** Caregivers need options and support in increasing skills.

Managing Tasks. Organizing the tasks and assignments required to keep a care receiver safe enables a more predictable and manageable care experience. Each member of the care team needs clear understanding and specific task assignments to feel safe in their role.

## **Increasing Knowledge & Finding Support**

**Increase Your Knowledge**. Local government, hospitals, libraries, universities and community groups offer free and private pay education options.

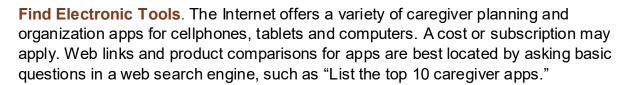
Attend a Support Group. There are three types of support groups in Utah:

- General caregiving (peer support with other caregivers)
- Emotion specific (depression, grief, loss)
- Disease specific (Alzheimer's, Parkinson's, and others)

All three support groups are essential as they each support a different level of caregiver health and wellness.

**Locate Caregiver Event Calendars**. Events are generally offered by counties in Utah. The following options list classes, open-houses, health fairs and events:

- Each of Utah's Area Agencies on Aging offer county-specific options. For example: Salt Lake County offers the slco.org/caregiver calendar, monthly email, social media, and event calendars. Visit slco.org/aging and slcolibrary.org for more information.
- monami.io/calendars/utah-aaa offers a wide variety of Utah Area Agencies on Aging events, support groups, and classes. Events are offered virtually and in-person.
- NowPlayingUtah.com offers a wide variety of events, fairs and festivals where caregivers can relax and detox from the daily challenges of care.
- 211utah.org (United Way) offers a variety of social services for all aspects of family caregiving, including low income food, health and dental resource lists by county.



**Engage in Social Medial.** Social media is a cost effective way of learning from and sharing with other caregivers. Facebook, Pinterest, Twitter, YouTube, caregiver blogs and other social media connects individuals to disease associations, videos, product overviews and various do-it-yourself caregiver tools and techniques. There is no wrong door to finding caregiver support.



## **Improving Basic Skills**

Allow Others to Help. Care environments are successful when they make the care receiver feel safe, comfortable and understood. Take time to explore the skills and abilities of family, friends and professionals. Everyone has something valuable to offer.

**Be Compassionate.** A care environment is filled with challenges. Everyone involved benefits when requests and changes are offered in a blanket of compassion.

**Live in the Moment.** Caregivers are often distracted by thoughts of uncompleted tasks. Look for ways to enjoy and relax in each moment. Focus on the value of the present—tomorrow will arrive soon enough.

**Look for Humor.** Laughing through a mistake or finding a bit of humor in a difficult

situation is a gift. Laughter removes the pain of what we cannot control—and helps us forgive ourselves for being human. Learn to enjoy the journey.

Get Organized. Take a class on organization techniques. If a person knows the what, when and how of caregiving, the care plan will run much more smoothly and energy reserves can be stored for moments of actual emergency.

**Set Boundaries.** Learning to set and maintain boundaries reduces stress. Everyone grows accustomed to the rules of the game over time and begin to feel



safe in how the care plan operates. Boundaries are necessary to sustain good relationships.

**Slow Down.** Caregiving is not about speed. Quality is usually preferred by a care receiver over quantity. Learn to plan extra time for simple tasks, especially when assisting more vulnerable individuals. Learn to value and celebrate progress instead of the completion of tasks.

**Stay Inquisitive.** There is great value with learning to watch for opportunities and questioning the way things are done. Remaining open to new and improved options can add valuable resources and minimize stress.

## **Prioritizing & Setting Goals**

An action plan keeps a family or others focused on the main essentials of the agreed upon care plan.

An action plan should include the following:

What. List exactly what will be done—mopping the floor, buying groceries or driving to a medical appointment.

**How.** Exactly how much time will be required, or how much will be done—two hours of transportation time, one dinner night out or two visits each month.

When. List when the task or service will be done—Tuesday, August 2nd from 4:00 to 6:00 pm., or every other Monday starting June 1st at 10:00 am.

Where. List the location of the event—Mom's house, the doctor's office or the physical therapy office. Provide the exact address as necessary.

**Measure of Success.** Check off completed tasks and celebrate achievements so participants feel the progress being made. A basic task worksheet can be found on page 21 of this guide.

#### Task Assignment Examples:

- Jerry will take mom shopping for groceries every Monday at 10:00 am.
- Tuesday and Thursday nights Sharon will stop at Dad's after work for one hour to assist with light house cleaning, a simple meal and to make sure Dad is safe.

**Prioritizing Goals.** Unless associated with an emergency, assignments should be prioritized so family caregivers and others do not become overwhelmed. Determine which items or assignments are essential and let the others wait for the next family planning meeting.

Rating Goal Confidence. After assignments are made, ask the participants to circle the confidence they have in completing their assignments or goals:

#### **Assignment Confidence Scale**

Low 1 2 3 4 5 6 7 8 9 10 High

If goal participants are not at least 70% sure they will achieve the task as outlined, family and others may want to adjust the task load. The goal is to make progress, not to overwhelm participating family and others.



# IDENTIFYING CARE NEEDS & ABILITIES

**Care Receiver Abilities**. Care needs should be shared with family, professionals and others to minimize confusion and make outcomes possible.

**General Needs Review.** Reviewing general needs helps a caregiver determine what resources may assist in making the care environment more manageable.

**Caregiver Challenges**. A good care plan reflects the current abilities of both the caregiver and the care receiver.

# The Care Receiver's Physical Abilities

This worksheet helps a caregiver determine where professionals and others might face resistance when asked to provide care.

An individual should be encouraged to do as much as they can. Staying active will promote physical strength, life purpose and emotional well being.

Activities of Daily Living	Can Do Alone	Can Do With Assistance	Needs Full Assistance	Can But Will Not Do	Will Not Allow Assistance With This Task (why?)
Transferring (bed or chair)					
Bathing					
Toileting (incontinence)					
Dressing					
Eating (cueing/ cutting)					
Walking (devices?)					

Independent Activities of Daily Living	Can Do Alone	Can Do With Assistance	Needs Full Assistance	Can But Will Not Do	Will Not Allow Assistance With This Task (why?)
Manage Medication					
Shopping					
Meal Preparation					
Use the Phone					
Light Housekeeping					
Heavy Housekeeping					
Manage Money					

# The Care Receiver's Cognitive Abilities

This chart assists the caregiver in identifying a care receiver's paperwork or financial tasks that may need assistance. Circle the care receiver's current capability and make notes as needed.

Cognitive Task		ently for Self	Behaviors Associated With This Activity (seems confused, mistakes are being made in checkbook, bills are unpaid, exploitation concerns)
Manages insurance	Yes	No	
Manages money	Yes	No	
Pays bills	Yes	No	
Bills paid by a third party or company	Yes	No	
Communicates clearly, is easily understood	Yes	No	
Can use the telephone	Yes	No	
Can hear what is said	Yes	No	
Can see and read paperwork	Yes	No	
Can understand paperwork	Yes	No	
Can fill out forms and paperwork	Yes	No	
Has a financial advisor	Yes	No	
Has a lawyer	Yes	No	
Asks for assistance with finances	Yes	No	
Resistive to others helping with bank accounts.	Yes	No	
Moderate to severe memory problems	Yes	No	

## **Reviewing General Needs**

This form assists the caregiver with identifying a care receiver's general needs. It helps the caregiver determine what resources need to be researched and located.

What is the most common concern mentioned by the care receiver? How often? Is the care receiver safe in their current living situation? If not, why? And, is the care receiver open to other housing options? If not, why? Is the care receiver at risk of abuse, neglect, self-neglect or exploitation? If so, why? (Please call 911 or Adult Protective Services at 1-800-371-7897 to report concerns.) Is the care receiver able to drive? If yes, is the care receiver safe when driving? If not, what alternate transportation is being used or discussed? Has the caregiver observed any concerns regarding the eating habits of the care receiver? If so, what has been observed? Have neighbors, family or friends expressed concerns about care receiver? If so, what are the concerns?

## Identifying a Caregiver's Challenges

Caregivers need to manage stress and fatigue behaviors. It is recommended that caregivers have at least one break per week and a three day break each quarter.

This exercise will assist in identifying areas that need immediate development or self-care.

Review the list of changes below. Check off the items that have been experienced in the last 6 months. Look to see if a specific area has more check marks than any other.

Physical Challenges	
Loss of energy, fatigue	Loss of appetite
☐ Stomach or digestion problems	Chest pain / panic attack
☐ Problems sleeping	☐ Shortness of breath
☐ Frequent headaches	Skin breakouts or change in skin tone
☐ Muscle aches, neck, shoulder pain	Other:
Emotional Challenges	
Loss of interest in activities or work	☐ Impatient
☐ Anxiety	Overreacting, mood sensitivity
☐ Irritability with others	☐ Frequent restlessness, uneasiness
Sad, depressed mood	□ Negative thought processes
☐ Feeling trapped or pressured	☐ Feeling overwhelmed / stressed
☐ Sudden shift in mood	Loss of purpose / life direction
Cognitive Challenges	
☐ Trouble concentrating / confusion	☐ Misunderstanding others
☐ Easily distracted / lack of focus	☐ Poor judgment
☐ Difficulty filling out forms, paperwork	☐ Self-doubt or constant second guessing
☐ Difficulty making decisions	Pessimistic / negative thoughts
☐ Repeating thoughts that won't stop	Other:
Behavior Challenges	
☐ Increased drinking or drug usage	Overdoing activities
☐ Increasing tobacco usage	Pacing, fidgeting, nail biting
☐ Driving too fast / road rage	Laughing or crying inappropriately
☐ Grinding your teeth	Sleeping too much
☐ "Bossy". setting tight boundaries	☐ Other

Adapted: Harvard Extension Education, Carson, Shelley H. PhD. Viewed on www.isites.harvard.edu, December 2016.

## Nourishing a Caregiver's Resilience

Caregivers need to maintain resilience—the ability to bounce back or recover from the challenges of providing long term care.

This exercise will assist in identifying strengths that need to be nourished and developed in order to minimize the risks associated with developing compassion fatigue (the inability to provide compassionate care to others).

Review the list below. Check off the strengths you generally use to face tough situations. Check both the strengths you recognize and the strengths others often say they see in you.

l am:		
Courageous	☐ Mature	Supportive
Logical	Patient	Curious
Honest	Optimistic	☐ Easy going
Good listener	☐ Polite / kind	☐ A quick thinker
Open-minded	Motivated	☐ Analytical
☐ Creative	Loyal	Sensible
☐ Enthusiastic	☐ A doer	☐ Artistic
☐ Authentic	Confidential	Persistent
☐ True to my values	Strong	☐ Able to share responsibility
Grateful	☐ Charming	Quiet / thoughtful
Polite	Humorous	☐ Able to process requests
Cheerful	Self-disciplined	Open to new ideas
☐ Tough	Modest	Mindful
☐ Able to inspire others	☐ Intelligent	☐ Good at setting boundaries
Trustworthy	Street-smart	Able to see big picture
Rational	Friendly	☐ Ambitious
☐ Calm	☐ Good-natured	☐ Clear thinker in a crisis
☐ Organized	Resourceful	☐ Knowledgeable about my job
☐ Able to trust others	☐ A healer/peacemaker	Other:
Which of my strengths can learegiving?	l better nourish or develop to	increase my resilience for



## **INVOLVING FAMILY & OTHERS**

Family and friends are a valuable part of any care plan.

**Individuals.** Each person needs to determine what they are capable of and willing to provide. Additional tasks can be done by care agencies and providers as needed.

**Tasks.** Allowing family members and others to participate in a variety of ways minimizes the pressure and stress of caregiving. Ideas may include financial support, an occasional meal or providing needed chores and supplies. No offer is too little or unfair.

## **Holding Family Meetings**

**Create a Care Team.** Providing all aspects of care without the support of others can lead to burnout and compassion fatigue.

A caregiver may not have a family. The concept of the family meeting is still valuable, as the support role is still being played by neighbors and professionals.

**Identify Who Should Attend the Meeting.** This may include family, friends, neighbors, church members, home health workers, doctors or other professionals who are assisting with the care plan.

Determine Who Will Make Arrangements. A family member can volunteer for this role or a professional can be paid to run it. Many families enjoy working with a third party to gain insight and clarity. If there are multiple family members, family can rotate who organizes and sponsors each meeting. This person will also run and manage the agenda for the meeting they organize.

Identify a Time and Place. It is wise to hold a regularly scheduled meeting to allow for easy scheduling. Setting up a meeting a month in advance allows people to adjust their schedules, think about concerns and achieve assignments. Individuals can choose to participate via Skype, telephone, or Facetime to avoid travel and weather concerns. A meeting can be held wherever participants wish (a park, restaurant, home, library, etc.).

Pressuring an individual to do a task they are uncomfortable with, or unable to do, can lead to frustration, neglect and broken family relations.

Create and Distribute the Agenda Before the Meeting. Sending an agenda reminds participants about the upcoming meeting and gives them a head start on completing any assigned tasks or research on which they need to report back.

**Make Meetings Fun.** Take time during each meeting to encourage family bonding. Consider including an activity, game, prizes, snacks, a family history moment, etc.

Rotate the Responsibility to Fill Out the Family Meeting Worksheet. Add assigned tasks to the family worksheet and the family calendar. Thank everyone for participating and accepting to assist in care. Distribute a copy of the completed meeting worksheet and family calendar to everyone on the care team. It is important to keep everyone in the information loop and remind them about assigned tasks. Documents can be emailed, mailed, or placed in a shared drop box or online program.

## **Understanding Others' Views About Caregiving**

An important part of having a successful family meeting is understanding how each family member views and feels about caregiving. This sheet helps a family to determine what assistance can be expected from each family member. Each family member's needs and abilities should be validated and respected to maintain a healthy care environment.

ould contribute to the care situation

# **Family Meeting Agenda**

Meeting Date:	Meeting Location:	
Agenda Item	Discussi	on Notes
Task to Be Completed	Who Will Do the task?	When Will It Be Done?
Date, time, location and spons	sor of the next meeting:	



# ORGANIZING TASKS & APPOINTMENTS

Caregivers often assist the care receiver with tasks such as paying bills, purchasing groceries or organizing services. Organization helps to create a boundary around what can and what cannot be done by the caregiver.

Resources and assistance can be found by calling a county's Aging & Adult Services or by accessing the following websites:

- uw.org/211
- daas.utah.gov
- slco.org/aging
- slco.org/apps/55plus/
- seniorsbluebook.com
- eldercare.gov
- dexknows.com
- medlineplus.gov/organizations/all\_organizations.html

# **Paying the Bills**

This worksheet assists a caregiver in tracking basic monthly transactions. The caregiver can determine possible issues and options, such as auto pay, overcharges, double billing and possible fraud and abuse scams.

Item to Be Paid (Rent, Power, Lawn)	Company or Person (Comcast, John Smith)	<b>Amount</b> (\$25.00)	Due Date (10th of)

# **Appointments**

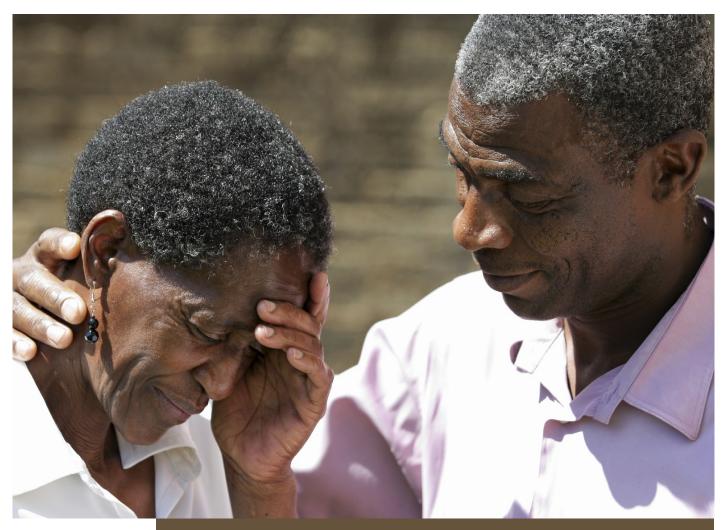
Tracking appointments in a simple, chronological manner allows family to see the history of the care provided. The notes provided give family and home health care workers a place to share updates, evaluate progress and simply stay in touch with the care receiver's progress.

Date of Appointment	Were C Recomn	hanges nended?	<b>Notes</b> (test results, nutrition updates, changes in medication, comments from professionals, etc.)
	Yes	No	

## **Tasks**

Tracking completed tasks gives caregivers and others a place to catalog and review needed chores. The tasks listed also give individuals knowledge of what still needs to be done—which reduces caregiver stress by allowing other individuals to assist them without having to ask or coordinate everything through the caregiver.

Task to Be Completed	Date Completed	Notes (chore completed, any difficulties, a need for supplies, suggest a new product, ask a question)



# TRACKING SYMPTOMS & BEHAVIORS

Behaviors are the language most care receivers use to let care providers and family know that something is not right and needs to be addressed.

Behavioral change due to medication, diagnosis, stress and other challenges is a normal part of the care experience. The behavior should always be taken seriously.

Tracking behavior changes helps individuals identify:

- How care receivers wish to be treated
- What a care receiver finds difficult to accept
- Emotional distress and other challenges the care receiver might be facing but unable to explain
- Wellness concerns to be discussed with professionals

# **Tracking & Reporting Routines**

Care receivers are often placed under the care of others or facility staff. It is helpful to provide a list of the caregiver's normal routines so staff and others will understand why the person may be agitated if a schedule is changed or needs to be adjusted. Disrupted routines can cause unexpected behaviors.

#### **Bathing and Personal Care Schedule**

Days Per Week:	MonTuesWedThusFriSatSun Time:(AMPM)
Туре:	BedShowerTub w/ Shower ChairOther
Hair Care:	MonTuesWedThusFriSatSunWhen Allowed
Oral Care:	BrushFlossDenturesSpecial Needs
Skin Care:	Lotion BodyLotion HandsUses Powder or
Toileting:	Uses Incontinence SuppliesPadsPull upsWipes
Physical and	d Social Support
Walking:	WalkerCaneWheelchairBraceOther
Standing:	Short TermNeeds AssistanceNeeds Two Person Assistance
Equipment:	Lift chairGrab barsTrapezeOther
Activity:	YesNo When/How Often:
Exercises:	YesNo When/How Often:
TV:	YesNo When/How Often:
Music:	YesNo When/How Often:
Visitors:	YesNo When/How Often:
Calls:	YesNo When/How Often:

# **Physical Symptoms**

Professionals often ask a caregiver what type of symptoms they are observing. This sheet helps in reporting those symptoms to physicians and health care professionals.

#### The following symptoms were observed since the last medical appointment:

Diet / Nutrition					
	Extreme thirst Loss of appetite		Lack of thirst Difficulty chewing		Unexplained weight gain/loss Pain before/after eating
	Pain in gums/teeth		Difficulty swallowing		Coughs when eating
Slo	eep and Activity Patter	ns			
	Unable to fall asleep Sleeps restlessly		Wakes up often Always drowsy		Has nightmares Legs twitch during sleep
	Falls often ( times)		Leg pain when walking		Painful movement
	Unable to stand		Shortness of breath		Other:
Вс	owel, Bladder or Abdon	nen			
	Swelling		Twitching movement		Excessive gas
	Draining sores		Pain in groin area		Pain in kidney area
	Vaginal discharge		Frequent urination		Pain during urination
	Frequent infections		Blood in urine		Blood in stool
	Stomach pain		Vomiting		Refuses to drink
Вс	ones, Muscles, Joints &	Ski	n		
	Swelling in leg		Swelling in arm		Tingling or numbness
	Warm, tender joints		Redness in joints		Unusual position of limbs
	Change in lip color		Change in toe color		Pressure sores (bed sores)
	Temperature change		Sudden itching		Sudden rashes (bumps)
Cr	nest, Heart & Head				
	Chest pain		Rapid pulse		Tingling in arm / leg
	Problems with breasts		Unusual cough		Increased mucus
	Unusual mucus color		Rapid breathing		Painful breathing / wheezing
	Dizziness		Headaches		Ear or eye pain
	Eye discharge		Mouth sores		Nose pain, bleeding, odor

# **Symptoms of Well-Being**

Professionals often ask a caregiver what types of symptoms they are observing. This sheet helps in reporting those symptoms to physicians and health care professionals.

Medications	
Yes No	Taking prescriptions on time
Yes No	Taking prescriptions as outlined / correct dosage
Yes No	Complaints or suffering from side effects, type:
Yes No	Stopped taking prescription, reason
Yes No	New medication by Dr as of
Yes No	Sudden changes after new prescription
Yes No	Other:
Emotional & M	ental Well Being
Yes No	Unusual behaviors (aggression, anger, withdrawal, suicidal)
Yes No	Hallucinations
Yes No	Anxious / Excitable
Yes No	Depression / Sadness / Loss
Yes No	Decrease in mental function
Yes No	Change in short or long term memory (circle appropriate one)
Yes No	Increased confusion
Yes No	Apathy (no real feeling displayed)
Yes No	Complains about not being useful / loved / of value

# History of Behaviors

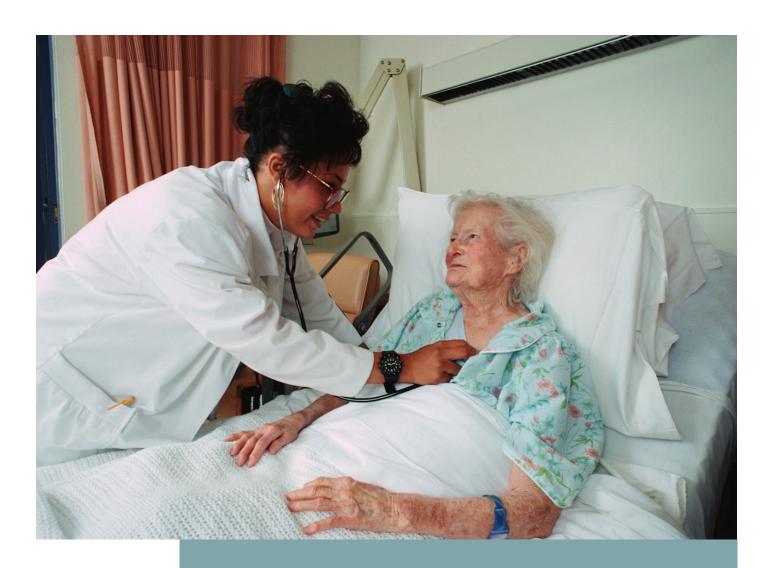
Not all behaviors are a result of a new diagnosis or medication. Some behaviors are a result of life long habits, personality, inherited medical conditions or a life's challenge or uncontrollable event. Mapping out long term behaviors helps professionals to identify the difference between historical and new behaviors from current diagnosis or medication.

Behavior Observed	Length of Time Behavior Observed	Current Situation Notes (limiting sugar controls hyperactivity, attends Alcoholics Anonymous twice a week, refuses to take medication, etc.)

## **Current Behaviors**

Tracking behaviors and symptoms after a new diagnosis or after being prescribed a new medication assists professionals and others in understanding what behaviors may be associated directly with the new condition. Do not hesitate to call 911 or other professionals immediately if a behavior is beyond the control of the caregiver.

Behavior Observed	Date & Time Behavior Observed	Notes to Take to Next Meeting With Professionals (confusion, aggression, depression, unable to do specific tasks, hallucinations, etc.)



## **CHOOSING PRODUCTS & SERVICES**

One of the greatest challenges a caregiver faces when working with professionals is knowing what assistance to ask for.

Caregiving generally requires knowledge and skill in four categories:

**Outcomes**. Determining what a caregiver needs is essential to identifying successful products and services.

**Products**. Learning about product and service options. Learning where products can be purchased or experienced before a purchase is made.

**Process**. Finding stress free options to purchasing, receiving and returning products—the when, how and where of a successful delivery.

**Success.** Determine and communicate to professionals what success looks and feels like to the caregiver and care receiver.

## **Defining Caregiver Outcomes**

There are a wide variety of products and services for caregivers. Finding the most effective option depends on what the caregiver is trying to achieve. Answering the questions below help a caregiver explain needed outcomes to professionals so the correct product and process can be determined.

do I need most? (more sleep, less laundry, a break, peace, a place to detox)
nelp do I need to make that possible? (task assistance, transportation help)
ervice I need would (cut laundry time in half, able to go on a date or vacation)
things I wish I had time to do: (read a book, take a class, attend a support group ny grandchild's graduation)
help do I need so I can take a break and feel stronger?

# **Choosing the Right Product**

Finding the right product depends on what a caregiver needs the item to do. Answering a few simple questions helps a caregiver describe product needs and helps narrow the search parameter for the caregiver and professionals.

What does the product need to do? (assist with stability when walking, k minimize time spent cooking)	eep sheets dry
•	
•	
What is the budget limit for this item? (good quality/price, rent, borrow,  •	under \$25)
•	
What specifications are required? (for a 280 lbs. male, weekend only, m	ust be blue)
•	

Possible List of Products	Meets Needs	Fits Budget	Meets Specifications

## Organizing a Successful Process

A caregiver's time, funds and energy are very valuable. A truly effective process allows a caregiver to find, order and receive a product or service in a reasonable timeframe.

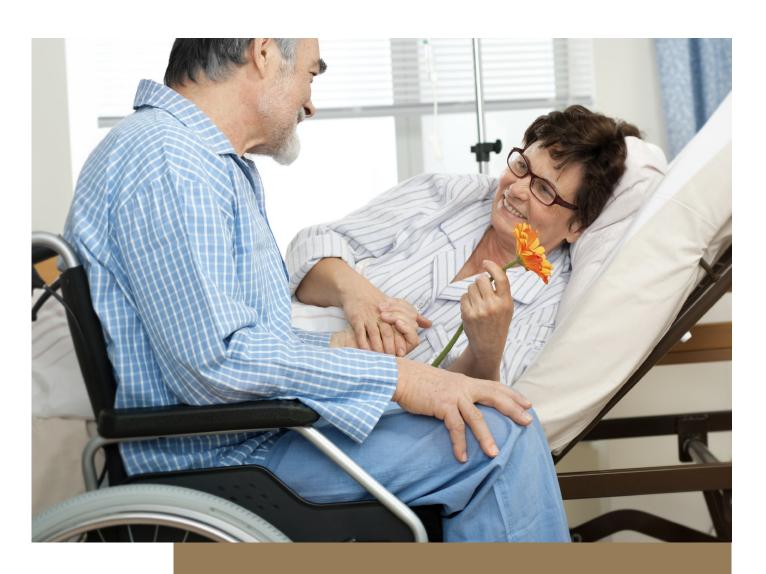
It is also wise to buy from an organization that has clearly stated return policies and conflict negotiation rules.

<b>List specific delivery requirements:</b> (by mail, after 5:00 pm, pick up only, deliver to clubhouse)					
•	Product	Delivery requirements:			
•	Product	Delivery requirements:			
G	eneral questions to ask whe	n ordering a product or service:			
1.	Is the current delivery proces	ss flawed and stressful?	Yes	No	
2.	Can items be safely delivere	d to your home when you are absent?	Yes	No	
3.	. Is there a delivery cost? (How much? Review options.)  Yes No				
4.	. Are conflicts, returns and negotiations handled in a timely manner? Yes No				
5.	Is the delivery / service prom	nise in writing?	Yes	No	
6.	Am I willing to adjust my deli	very need to receive this product?	Yes	No	
7.	Are you willing to try a new p	product or service in order to	Yes	No	

#### Places to find assistance devices and age-related products:

improve the time or the way the product or service is delivered?

- Discount warehouses such as Costco and Sam's Club.
- Medical supply stores such as Affinity, Alpine, JQ, Red Rock, Peterson and Wasatch.
- Local stores such as Walgreens, Walmart, Smith's and other stores with pharmacies. Many of these stores also offer websites for discount or bulk purchases.
- Hardware stores such as Ace, Home Depot and Lowes.
- Website discount warehouses such as Amazon.com, hpfystores.com and Overstock.com.



## **MAKING CHOICES ABOUT AGING**

The time may come when an individual can not heal or live safely on their own. An individual may need to consider in-home care assistance or a short or long term placement in a health care facility.

**Home Care.** In-home options such as house keeping, bathing and other daily living assistance.

**Financial Assistance.** Low income government and community programs, including volunteers, that help seniors avoid early nursing home placement.

Advocacy & Legal Assistance. Utah laws and forms to assist in identifying a senior's end of life wishes. Completed forms and advocacy also assist with the prevention of elder abuse and exploitation.

## **Home Care & Placement Options**

Basic service and facility definitions are provided in this document. Longer definitions and information can be found on the Medicare.gov website. Visit the slco.org/apps/55plus for a list of local companies and service providers.

**Personal Care.** The care of an individual's physical needs such as bathing, dressing, toileting or cooking.

Home Health Care versus Home Health Companion. Health Care services include wound care, medication assistance, injections and nursing provided in the home for an illness or injury. A Home Health Companion assists with socialization, activities, getting a meal from the fridge and more.

**Home making / Home maker.** An individual who assists with cleaning, cooking, laundry and other household chores.

**Independent Living / 55+ Communities.** A housing complex that caters to an aging population. Residents live independently, but the community may offer activities, social gatherings and fitness centers.

**Rehabilitation Center.** A facility providing therapy and training to enable rehabilitation, or to restore an individual to a good condition, useful life or good health.

**Assisted Living I & II.** These facilities are for individuals who cannot live alone, but who do not require 24-7 medical care. Facilities monitor resident activities to help ensure their health, safety and well-being, including assistance with activities of daily living (ADLs).

**Skilled Nursing Home (SNF).** A residential care facility that provides continual nursing care for those who require 24/7 care and have significant difficulty coping with the required activities of daily living (ADLs).

**Palliative Care.** A quality of life approach for individuals who need relief from suffering caused by a life-threatening illness. Speak with a health care provider about this option.

**Hospice.** The care of individuals experiencing significant health decline or who may be dying. This care can be provided at home or in a facility. Visit Medicare.gov for hospice guidelines.

## **Applying for Financial Assistance**

This form assists a caregiver in understanding the basic financial requirements when applying for low income programs in Utah—programs that are designed to prevent early nursing home placement.

Utah government programs offer service assistance. Caregivers and vulnerable adults do not receive cash to purchase services, but rather services such as bathing assistance or homemaking are managed by a case manager. Each of Utah's Area Agencies on Aging (AAA) has contracts with service providers within their assigned boundaries. Individuals requesting assistance must apply through the local county's AAA.

Low income assistance applications in Utah may require part or all of the following information to determine eligibility:

- A health and wellness questionnaire based on a person's ability to perform daily tasks, such as bathing, dressing and eating.
- Proof of Income Statements
  - a. Liquid assets such as savings, checking
  - b. Other cash accounts
  - c. The past five years' December bank statements
  - d. The current year's monthly bank statements (all months)
  - e. Social Security Award letter
  - f. Tax documents from the previous year's income taxes
- Proof of Assets (liquid / usable)
  - a. Proof of burial and life insurance policies (value)
  - b. Pensions, stocks, bonds, certificates of deposit, lump sum inheritances, etc.
- Expenses and other options that may be deducted from income and asset limits to determine low income qualification:
  - a. Dollar amount of medical bills and prescriptions (above 10% of gross income)
  - b. Child support and alimony being paid to another household
  - c. Dollar amount of mortgage / rent (over 30% of gross income)
  - d. Un-reimbursed costs of death/burial or natural disaster (preceding 12 months)
  - e. Dollar amount of medical insurance premiums (include Medicare Parts B & D)

As this is a basic list, other items may apply. Please contact programs directly for current program eligibility requirements. Salt Lake County programs are located at slco.org/aging.

## **Cataloguing Income & Assets**

Caregivers often assist their care receivers with compiling financial information to apply for low income service assistance. The caregiver may not always know what assets their parent or care receiver has. This simple worksheet assists a caregiver with gathering data for use in applying for assistance. Check off the items that have been collected for the application file. The case manager will make copies of original documents during the application process.

Items to be Collected	Progress Notes (waiting for bank, etc.)	Amount or Value (\$)	Collected for Application File
Monthly Income			
Cash on Hand			
Savings Accounts			
Checking Accounts			
December Bank Statements (Past 5 Years)			
Bank Statements (Current Year)			
Previous Year's Tax Documents			
Social Security Award Letter			
Proof of Life Insurance			
Proof of Burial Policy			
Pension Documents			
Stocks, Bonds and CDs			
Certificates of Deposit			
Lump Sum Inheritances			
Settlement Payments			
Annuity Payments			
Trust Distributions			
Alimony and Other Payments			

## **Listing Expenses**

Caregivers often assist their care receivers with compiling financial information to apply for low income service assistance. The caregiver may not always know what assets their parent or care receiver has. This simple worksheet assists a caregiver with gathering data for use in applying for assistance. Check off the items that have been collected for the application file. The case manager will make copies of original documents during the application process.

Monthly Expenses	Documentation to be Collected (last bill, monthly statement)	Amount (\$)	Collected for Application File
Mortgage Payment			
Rent Payment			
Lot Rental Payment			
Prescription Costs			
Medical Bill Costs			
Health Insurance Costs			
Other			

## **Health Care Decisions**

All individuals should know what they want others to know about their health care decisions. Caregivers should also know and review the health care choices for the person to whom they provide care. This simple form will help guide the health care discussion.

Check all boxes that apply:				
☐ Yes	(name) wants life sustaining procedures.			
□ No	(name) does not want life sustaining procedures.			
Uncertain	(name) has not made a decision.			
Current status of health car	e decisions / paperwork:			
Yes No Advance I Location:	Directive has been completed.			
With Dign Location:	With Dignity form has been completed with Physician.			
Yes No Health Car Location: Copies give	e Power of Attorney has been completed.			
Yes No Financial F Location: Copies give	ower of Attorney has been completed (able to pay bills).			
Record	Location of Vital Records			
Birth / Marriage Certificates				
Life Insurance Policies				
Health Insurance Policies				
Funeral Plan				
Will				
House Deed & Mortgage				
Tax Records				

### **Advocacy & Legal Assistance**

Adult Protective Services. Utah law (62A-3-305) mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited must immediately notify Adult Protective Services or the nearest law enforcement office. Please call 911 if you find an adult in an emergency situation. Adult Protective Services can be found at daas.utah.gov/adult-protective-services or by call 1-800-371-7897.

**Legal Assistance.** Utah Legal Services (ULS) can only provide legal help to those who qualify in non-criminal cases. Current case options are listed on utahlegalservices.org. Qualifications include residency, financial and case requirements. Call 801-328-8891 within Salt Lake County or toll free 1-800-662-4245 outside of Salt Lake County. Seniors 60 and older may call the Utah Legal Services Senior Helpline at 1-800-662-1772 (toll free).

Ombudsman. The Long-Term Care Ombudsman (LTCO) seeks resolution of problems and advocates for the rights of residents of long term care facilities to ensure and enhance the quality of life and care of residents. A list of county-specific Ombudsmen can be found at daas.utah.gov/long-term-care-ombudsman. Call 801-538-3924 for the Utah Ombudsman Office.

Services for People with Disabilities / Disability Legal Aid. Services, uniquely tailored to each person and family, are designed to allow persons with disabilities to lead self-determined lives and be full participants in their communities. Visit dspd.utah.gov or call 801-538-4171 for more information.



The Utah Disability Law Center advocates to enforce and strengthen laws that protect the opportunities, choices and legal rights of people with disabilities in Utah. Visit disabilitylawcenter.org or call 1-800-662-9080 for more information.

**Victim's Advocate (Police).** The Victim Advocate Program is designed to assist victims of crime with support through the justice system as well as provide victims with community resources and assistance. Call the local police station for more information about victim services in your area. Call 911 for all emergency situations.

## **Utah Legal Documents & Definitions**

Advance Health Care Directive Act and Forms. A legal form that allows you to designate another person to make health care choices for you when you cannot make decisions or speak for yourself. The form has two parts: 1) Designating an Agent; and, 2) My Health Care Wishes (Living Will). The form is found in at aging.utah.edu/programs/utah-coa/directives/. Utah Code Title 75 Chapter 2a Section 104.

#### Power of Attorney for Health Care or Finances.

These are two different legal documents in which one person gives another the authority to make specific, written decisions regarding health care or finances. If an individual is unable to speak for themselves, any rights and privileges granted to another individual must be expressly authorized and written into the Power of Attorney. Utah Code Title 75 Chapter 5 Part 5.

A Power of Attorney does not grant the designated agent the right to act as a guardian or conservator. Guardianship and conservatorship require application and are court granted with proof of incapacity through clear and convincing evidence. Visit utcourts.gov for more information.

"Sometimes when things seem like they are falling apart, they may actually be falling into place." ~Unknown

Physician Order for Life-Sustaining Treatment (POLST) / Life With Dignity Order. A medical order filled out with a physician regarding final health care directives when under care in a licensed healthcare facility. This document is patient-specific and stays with the patient's files; transferrable to a new facility. The form is available at a doctor's office. Utah Code R432-31 (1 Apr 2016).

**Declaration for Mental Health Treatment Form.** A document filled out by an adult who willingly and voluntarily makes the declaration for mental health treatment. The capable adult may make a declaration of preferences or instructions regarding his or her mental health treatment (consent to or refusal of specified mental health treatment.) Utah Code Title 62A Chapter 15 Section 1004.

**Location of More Legal Documents.** Utah laws regarding wills, powers of attorney, probate and more can be located on the Utah.gov website under Utah Code Title 75. Chapter 2a explains the Advance Health Care Directive Act. For other information on senior rights, guardianship or conservatorships visit utcourts.gov or the legislative section of the Utah.gov website at le.utah.gov.



#### **The Caregiver Support Program**

Salt Lake County Aging & Adult Services
2001 S State Street S1-600, Salt Lake City, Utah 84114-4575
385.468.3280 | TTY 7-1-1
slco.org/caregiver

#### Information for other locations:

eldercare.acl.gov (USA)
daas.utah.gov/locations-new/ (Utah)