Help for Caregivers

A guide to help you through caregiving tasks.

1735 S. Fort
Springfield, MO 65807
417-862-0762 · 800-497-0822
www.senioragemo.org
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Are You a Caregiver?
Caregiving has many faces. A caregiver is someone who is responsible for the care of a friend, parent, spouse, child, or other individual whose health is impaired by sickness or age. Your caregiving role may be a warm, fuzzy hour voluntarily offered, or a 24/7 role that becomes emotionally draining and physically exhausting. The care given may include preparing meals, bathing, dispensing medications, or otherwise providing assistance. An adult child who oversees a parent’s well-being from another state is a long-distance caregiver. Long distance caregivers are included in this definition. Caregivers helping a friend, family member, or other loved one are typically not paid. Often these caregivers do not recognize their role as a “caregiver.”

Caring for a Spouse
There are special considerations when we find ourselves in a caregiving role for a husband or wife who has received an unwelcome medical diagnosis.

The day-to-day reality of our caregiving role may involve a level of care that is or that becomes physically exhausting and emotionally draining. It may mean sleepless nights at a time when your body needs more sleep, not less. You may struggle with medical issues of your own. Your spouse may become a stranger due to a disease process he or she has no control over. You may feel abandoned when your loved one is no longer able to support you emotionally, or to share life in ways that were once meaningful to you both.

The loyalty, love, and commitment which compels a spouse to assume a caregiving role for a husband or wife may make it difficult to accept the challenges and limitations such a caregiving role can present. A wife may no longer be physically able to assist her husband in getting in and out of the bathtub safely. A husband may be unable to run necessary errands because he is concerned about his spouse’s well-being when left alone.

Reach out for help. Call SeniorAge Area Agency on Aging at 417-862-0762 or toll-free at 1-800-497-0822 to learn what benefits, resources, or services are available to you or your spouse. Consider whether a lift chair, emergency pendant, or assistive equipment would be helpful. Look into hiring a few hours of in-home assistance. Don’t assume there is no help available before you have looked carefully.
The most important consideration for a caregiver is taking care of your own need for social stimulation, emotional support, physical relaxation, and restoration. **Failing to meet your needs is not a noble sacrifice. You are an ailing spouse’s greatest asset. Recognize your needs and put them high on your list of priorities.** Neither of you benefit when you neglect your well-being.

**Caring for a Parent**

You may be the oldest adult child, the one who lives closest, or the one with the most time. For these, or any number of reasons, you may find yourself in a primary caregiving role. If you have siblings, the sooner you get them involved, the better. Even if you think you can do it all now, your caregiving duties may become heavier with time. Sharing the responsibility, decision making, and stress with siblings will be easier if you begin now than if you try to turn over the reins at a later date.

Hold a family meeting so you can plan together and support one another, even if some participate via a conference call. Make a list of the help your parents need, what can be done to meet those needs, and who will do what. Even siblings living a distance away can write, make phone calls, or research resources by phone. Others can help with transportation, prepare meals, or pick up prescriptions. You may need someone to find an attorney, someone to handle paperwork, and someone to be the spokesperson to keep others informed.

Even if your first meeting is fraught with high emotion and disagreements, don’t be discouraged. You are facing a new and stressful experience for everyone. Be patient with siblings whose response to stress or crisis may be denial or emotional distance. Commit to sticking with it, meeting regularly, and working together the best way possible to focus on your parents’ needs.

**Long-Distance Caregiving**

If you live a long distance from your parent, there is still much you can do. Besides staying in touch with letters and phone calls, you can contact the Eldercare Locator toll-free at 1-800-677-1116, or on the web at [www.eldercare.acl.gov](http://www.eldercare.acl.gov). They will provide you with information on resources serving the area in which your parent lives. Your parent’s church or churches in his or her area might have direct help, or be able to refer you, as well.
A hospital discharge planner or social worker may provide helpful information and resources, even if your parent is not currently a patient. Your employer, or the employer of a sibling, might have an employee assistance program which can provide information, referrals, and even counseling to employees caring for a spouse or parent. United Way 2-1-1 is also a good source of information.

The “Sandwich” Generation
If you have children of your own and are in a caregiving role for a parent or parents, you face an even greater challenge. Let balance be your goal. Remember, you can’t fix everything and you can’t do it all. Pay particular attention to the respite section found elsewhere in this guide. You may feel torn, guilty, and irritable, but take care not to let your spouse and children slide down your list of priorities during this difficult time. Grandchildren and grandparents often enjoy a special relationship. Be honest with children about your feelings and about what’s happening with your parents. Let children help if they show interest, or distance if they need to. Try to squeeze in special time just for them, even if it’s just ten minutes.

Caring for the Caregiver
How would you describe your caregiving experience? Exhausting? Lonely? Rewarding? Unappreciated? Your feelings will depend on how much care is required, the nature of the illness and how cooperative your loved one is.

It is important to balance your caregiving responsibilities in a healthy way by staying in touch with friends and family, reserving time for activities and people you enjoy, and reaching out for help and support when you need it. Don’t neglect sleep, healthy eating, exercise and personal needs.

Most family caregiving is unpaid. Remember even the most demanding paid jobs give employees vacation days and holidays to keep up morale. Don’t let guilt deprive you of a few hours away from your caregiving duties.

As a Caregiver you may be so in tune with the emotions of the one you are caring for that you forget to notice your own emotions. Journaling may help you sort your feelings and find ways to cope.
The internet is filled with helpful online resources, websites to purchase home safety gadgets and shopping sites for nearly anything. These websites cover a variety of caregiving topics:

**Helpful Online Resources**

**Help finding resources**
- www.eldercare.acl.gov
- www.benefitscheckup.org

**Caregiver education, support and resources:**
- www.aplaceformom.com
- www.aarp.org
- www.caregiving.com
- www.caring.com

**Helpful Print Resources**
- Today’s Caregiver Magazine  www.caregiver.com/magazine
- Caring Today Magazine  www.caringtoday.com
- Daily Prayer Books
- Chicken Soup for the Caregiver’s Soul

**Caregiver Burnout/Compassion Fatigue**

**Caregiver burnout** can happen to anyone in a prolonged caregiving role. Feeling misunderstood, unappreciated, frustrated, helpless, and discouraged are all signs of caregiver burnout which may lead to isolation and even self-neglect. Guard against burnout by recognizing the signs and realizing the importance of meeting your own needs. Talk about conflicting emotions with others who share and understand your experiences. Every caregiver needs a break.

**Compassion Fatigue** may happen after days, weeks or years of caregiving responsibilities that may be endless, demanding or exhausting. Perhaps your loved one has outbursts or temper tantrums that drive you to the sheer end of your patience. Compassion fatigue differs from burnout in that it causes a caregiver to experience a weakened sense of empathy for the one in their care. It may cause you to feel so overwhelmed, so drained that you no longer want to
take good care of the one who is dependent on you. If you find you have angry outbursts, increased anxiety, loss or patience or want to neglect or harm your loved one, it is time to act and reach out for help.

**Caregiver Support**
Following is a listing of various support groups for caregivers in the Southwest Missouri area. Please contact your local hospital for more information on support groups close to you.

**Alzheimer’s Support Group:**
To find a support group in your area: Toll free: 1-800-272-3900
(This number is also a 24-hour Helpline for Caregivers)
[www.alz.org/swmo](http://www.alz.org/swmo)

**CoxHealth Caregivers Support Groups**
3801 S. National Ave.
Springfield, MO 65807
417-269-3616
[www.coxhealth.com/patients-and-visitors/support-groups](http://www.coxhealth.com/patients-and-visitors/support-groups)

Support groups for many caregiving areas including but not limited to: ALS-Lou Gehrigs, Alzheimer's, Cancer, Parkinsons and Stroke

**When Employees Become Caregivers**
If you are a working caregiver, you are in good company. Nearly one in five employees are balancing work and caregiving.

**Family and Medical Leave Act (FMLA)**
The Family and Medical Leave Act (FMLA) allows “eligible” employees to take off up to 12 work weeks in any 12 month period for the birth or adoption of a child, to care for a family member, or if the employee has a serious health condition. An “eligible” employee is an employee who has been employed by the employer for at least 12 months and worked at least 1,250 hours. The 12 months do not need to be consecutive. You are only an “eligible” employee if your employer employs 50 or more employees within 75 miles of the worksite.
FMLA can be taken on an intermittent basis allowing the employee to work on a less than full-time schedule. The employee is entitled to have their benefits maintained, but they must continue to pay their portion during the leave. The employee also has the right to return to the same or equivalent position, pay, and benefits at the conclusion of their leave.

The eligible employee must provide 30 days advance notice for foreseeable events. The employer is allowed to ask the employee to obtain a certification from a medical provider testifying to the need for the employee to take the leave for themselves or for the family member. Upon completion of the leave the employer is allowed to require the employee to obtain a certification of fitness to return to work when the leave was due to the employee’s own health concerns. The employer can delay the start of FMLA for 30 days if the employee does not provide advance notice, and/or until the employee can provide certification from a medical provider.

If you and your spouse both work for the same employer, you cannot each take 12 weeks off for the birth of a child, when adopting a child, or to care for a parent with a serious health condition.

For more information, contact your company’s Human Resources Department or U.S. Department of Labor
200 Constitution Ave. NW
Washington, DC 20210
Toll free: 1-866-487-2365
Toll free TTY: 1-877-889-5627
http://www.dol.gov/whd/fmla

**Knowing When to Intervene**

Caregiving may be a gradual process or a role you take on abruptly following a sudden illness. Ideally, talk with your loved one about the care they would want before care is needed. It’s better to know their wishes now instead of responding in a crisis.

These tips offer a way to get started in determining if your loved one might need help.

1) Look around the house. Is there unopened mail, piles of laundry? Is a house that is normally tidy and clean full of clutter? Are there safety issues that impact their ability to bathe, groom or use the toilet?
2) Peek in the fridge. Is there enough food to eat, spoiled food? This might be telling about their ability to get groceries or their cognitive ability.
3) Check the cabinets. Are there expired prescriptions or medications that are not being taken? Do food supplies and cleaning items appear where you would expect to find them?

4) Notice your loved one’s grooming. Have they bathed, lost or gained significant weight, are they bruised or experiencing new pain?

5) Observe your conversation. Can they hear, recognize you and respond appropriately?

Depending on how often you visit, the holidays may come with the realization that mom or dad has changed since your last visit. A loving, non-confrontational talk might just be needed. Provide assurance that any services you want to seek are to help keep them safe and independent. Your loved one may fear admitting they need help makes them vulnerable to moving to a nursing home. In reality, accepting a bit of help in the home, rather than fighting against it, helps maintain their independence.

“What If?” Conversations
What if my spouse has a stroke or heart attack?
What if mom falls and breaks a hip? It’s easy to put off “what if” conversations with loved ones, but such delays leave families vulnerable. Not having a durable power of attorney for healthcare in place may mean your help is needed when a lack of planning has left you most helpless.

Do It Now
There can be a good deal of underlying and unexpressed emotion which families respond to by delaying or avoiding critical discussions. Discussing death and dying, hospice and funerals, assets and wills, with an aging parent or spouse can place family members in roles that are unfamiliar and uncomfortable.

Mom may postpone critical conversations because she’s worried it may upset you or because she’s simply not keenly aware of the importance. Dad may be in a bit of denial regarding the limitations aging will bring and feel somewhat indignant when such issues are raised. Parents may feel these discussions are an invasion of privacy.

Discussing the worst case scenario with a spouse or parent won’t make them come true. And avoiding such discussions won’t prevent them from happening. The sooner we break the ice and open the lines of communication, however awkward, the better. Taking charge of your death while you’re in charge of your life is wise for anyone over eighteen.
Initiating Critical Conversations
If initiating critical conversations feels awkward, use a magazine article, a television show, or a friend’s situation to begin a discussion. Share how others have dealt with a crisis, and ask mom how she would want a similar situation handled. Ask dad about long-term care insurance. Ask how they helped their own parents. Write up a list of your concerns and questions and ask your parents to think about them so you can sit down at a future date to discuss them. Or simply give your parents a copy of this guide and read pertinent sections together.

If a parent remains resistant to discussion even in the midst of compelling circumstances, it may be necessary to push gently but firmly. If dad’s leg is swollen and he refuses to see a doctor, if he continues to drive when doing so endangers lives, or if mom’s resistance continues in spite of a poor prognosis, it may be time to involve a doctor, clergy, or other trusted professional. A parent may be more responsive to input from outside the family.

The Discussion
The most important aspect of critical conversations is your ability to listen well to your parents’ or spouse’s wishes, concerns, and fears, and for your loved one to feel heard, respected, and understood. You may have your own convictions about what needs to take place, but put them aside and listen. While an initial discussion is the ice breaker, realize that concerns and wishes may change. Keep the lines of communication open.

Don’t try to plan or make decisions for your parents without them. It’s their lives and future being discussed, and they should be included in discussions whenever possible.

When a Loved One Remains Uncooperative
Your parent or spouse may remain resistant to critical conversations and uncooperative in making changes that appear necessary to their well-being. It may be more important to mom to feel comfortable and content in her home than live a longer life. A spouse may place greater value on his independence than his safety. Try to respect the dignity inherent in the right we all share to direct our own care and to make choices and decisions others might not choose.
What Should be Discussed?

- Do your parents have an updated and valid will or trust?
- Do they have durable power of attorney and advance directives in place?
- Do they have plans for when they can no longer manage alone?
- Are they financially able to meet current and future needs? Do they know what resources and options are available to help them now or in the future?
- How does mom or dad feel about hospice care?
- What are their greatest fears with regard to health issues?
- How do they feel about pain medication or the effects of pain medication?
- What would your mother or father want you to know if you had to make decisions regarding their care?
- What are your parents’ religious beliefs?
- Do they prefer cremation or burial?
- Have they made funeral or burial arrangements?

Money Matters and Personal Business

If you have a source of income and bills to pay, then you have personal business. For each of us, the day will come when we can no longer handle our own affairs due to health needs or death. We may find it difficult to discuss our “business” with others, thinking it is no one else’s business. However, providing clear, written instructions is one of the most helpful gifts you can give a trusted loved one who would need to step in and help handle matters. SeniorAge has a booklet entitled “It’s All About Me” which allows you to record information a loved one would need to act in this capacity.

Legal Documents

Living Will
A living will allows a person to prepare a statement which expresses his or her wish that certain medical treatment be withheld or discontinued if he or she should become incapacitated or have a terminal condition. Living wills can be drawn up by anyone over 18 and should be witnessed by two persons over 18 who are not related to them. A living will can be handwritten or typed. Many people are not aware that a living will has significant limitations. A living will only addresses “terminal” conditions when death is imminent. They do not address medical conditions in which a person might live indefinitely in a vegetative state.
Advance Directives for Healthcare (Power of Attorney for Healthcare)

Advance directives for healthcare (also called power of attorney for healthcare) address an individual’s wishes very specifically with regard to medical treatment and procedures, or the lack of medical treatments and procedures, in the event of a vegetative state. They are signed, dated, and witnessed in the same manner as living wills.

It’s important to have both a living will and advance directives for healthcare in place. Choose someone you trust who will comply with your wishes. Copies of living wills and advance directives for healthcare should be easily and readily accessible. It’s also a good idea for your physician, hospital, attorney, and long-term care facility to have copies, and for family members to know where copies can be located quickly. A safe deposit box is not a good place to keep these documents.

There is a free lawyer search available on the Missouri bar’s website, which is a list of lawyers who are accepting new clients. You can search by area of practice or by location. www.missourilawyershelp.org

Power of Attorney

You can appoint a trusted adult as power of attorney to act legally on your behalf. This person is your “attorney-in-fact”, or agent, and you are the “principal”. Keep in mind that if you become incapacitated, this authority is revoked.

Durable Power of Attorney

Durable power of attorney allows your attorney-in-fact to continue to act legally on your behalf should you become incapacitated. They can pay bills, admit you to a nursing home, and make health care decisions on your behalf.

Springing Power of Attorney

Springing durable power of attorney means that an individual you appoint can begin to act legally on your behalf only if and when you become incapacitated (or in response to any condition or event you stipulate in this document). The power inherent in the above documents should be granted to someone you trust completely. While it’s advisable to have such documents drawn up by an experienced attorney, and notarized, it is not required. You can download forms from the internet, or purchase blank forms from an office supply store.

Incompetence, Guardianship, and Conservatorship
Incompetence
As defined by Missouri Law, “an incapacitated person is one who is unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that he or she lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness, or disease is likely to occur.”

Guardian
A guardian is a person assigned by the probate court to manage the affairs of another who has been determined incompetent.

Conservator
A conservator is someone appointed by the probate court to manage the finances of another who lacks capacity to do so. A “limited” guardianship or conservatorship is appropriate for persons who function well in one area but are incompetent in another.

The Procedure for Appointing a Guardian or Conservator
The procedure for appointing a guardian or conservator is as follows:
1. A petition must be filed with the probate court by the person(s) wishing to be guardian or conservator.
2. The person for whom a guardian or conservator is sought must receive notice of the filing and be informed of his or her rights to have an attorney and a hearing. The court will appoint a lawyer to represent the potential protectee. If only a conservatorship is sought and the person agrees to the appointment of a conservator, the court may make such appointment without further notice or hearing.
3. In all other cases, the probate court will hold a hearing on whether a guardian or conservator is required. Before the court will appoint a guardian or conservator, a finding must be made that the person is incapacitated or disabled. Evidence usually involves testimony by a doctor either in person or in writing. The attorney representing the person may contest this evidence and offer alternative medical evidence.
4. If incapacity or disability is proven, the court will appoint a guardian, conservator, or both. If the ward or protectee is able to communicate his or her choice for the individual to serve as guardian or conservator, the court will give strong consideration to that choice. If no such choice is communicated, the court may review an individual’s estate planning documents to see if the potential ward has indicated a choice of guardian or conservator. You may specify in your will or other advance directive the individual that you want to be your guardian or conservator. Employees of nursing homes, the Department of Mental Health, or the Department of Social Services may not serve as guardians or conservators unless they are related to the ward or protectee.

If you wish to become a guardian or conservator, remember that you may need to post a bond. You will also need an attorney. Once appointed, you assume responsibility for the ward and may use the ward’s assets only for maintenance and valid expenses. You must keep accurate records for use in making your annual reports to the court. A guardianship or conservatorship can be terminated in several ways.

A guardianship ends with the death of the ward. If the protectee’s property is exhausted, the court may order the conservatorship ended. Also, a ward can request that the court review his or her capacity. A new hearing will be held and additional evidence will be considered. If the court finds that the ward or protectee has regained capacity or ability, the guardianship or conservatorship will be modified or ended.

If there is not one to act as a guardian or conservator for a person who needs help, contact the Office of the Public Administrator for the county in which the person lives. They may be able to institute the proper proceedings and act as guardian and/or conservator.

Respecting Choices
What kind of medical care would you want if you were too sick to express your wishes? Who would you want to speak for you?

Respecting Choices of the Ozarks is a community wide coalition that provides free resources to you and your loved ones. They can help you have these discussions and if you wish, develop an Advanced Directive and/or Durable Power of Attorney for HealthCare. Contact 417-269-3903 for further information.
Personal Emergency Response Systems, Telemonitoring

Personal emergency response systems offer a great deal of reassurance for someone living alone, particularly if they are at risk of falling. With the push of a button on a wristband or pendant, a wearer can alert help. These small, compact pendants and wristbands are water repellent and lightweight. Some systems are rented monthly. You may also purchase and own your own system. Some Medicare Advantage plans are now paying for personal emergency pendants so it is wise to check with the plan.

The response system you choose will depend on your needs, what you can afford, and what features you prefer. Some companies also offer medication dispensing systems, which allows the consumer to program medications to be dispensed only at appropriate times. They may also provide telemonitoring services, which allow medical professionals to remotely monitor the person’s vital signs. Some Medicare Advantage plans are now paying for personal emergency pendants.

Operator Monitored Systems

These systems are rented monthly, can be installed for you, and are monitored 24 hours a day by a private operator. Information on your current medications, allergies, emergency contacts, preferred hospital, etc., is collected and kept on hand by the company you rent your system from. When you activate the emergency button on your pendant or wristband, an operator contacts you within sixty seconds through the amplified speaker on your pendant. The operator then responds appropriately to your situation with a call to 911. If a call to 911 is not needed, the operator can contact a family member, neighbor, or an alternate contact you have chosen. Usually you must have a land line and power outlet for these systems. Rechargeable battery backup is built in for power outages lasting several days. The cost of professional emergency response systems is a monthly rental charge ranging from $30 to $50 per month. There may also be a charge for installation.

The following companies serve Southwest Missouri:

Access Home Health Agency
1919 E. Battlefield St., Suite B
Springfield, MO 65804
417-863-7100
Toll free: 1-877-863-7100
www.lhigroup.com

Personal Emergency Response System and Telemonitoring
ADT Medical Alert Systems  
1915 W. Woodland St., Suite 140 
Springfield, MO 65807  
**Toll free: 1-888-263-6078**  
[www.adt.com/health](http://www.adt.com/health)  
*Personal Emergency Response System*

Atlas Security Services  
1309 E. Republic Rd., Suite B  
Springfield, MO 65804  
**417-831-2866**  
**Toll free: 1-800-658-0344**  
[www.atlassecurity.com](http://www.atlassecurity.com)  
*Personal Emergency Response System*

CVS Medical Alert System  
**Toll free: 1-800-283-2300**  
[www.medicalalerts.com](http://www.medicalalerts.com)  
*Personal Emergency Response System*

Integrity Home Care  
2960 N. Eastgate Ave.  
Springfield, MO 65803  
**417-889-9773**  
**Toll free: 1-855-442-4968**  
[www.integrityhc.com](http://www.integrityhc.com)  
*Personal Emergency Response System and Telemonitoring*

Mercy Secure  
1235 E. Cherokee  
Springfield, MO 65804  
**Toll free: 1-888-218-5100**  
[www.mercy.net/service/mercysecure](http://www.mercy.net/service/mercysecure)  
*Personal Emergency Response System*
Oxford Healthcare Home Health Agency - Springfield
3660 S. National Ave., Suite 300
Springfield, MO 65807
**417-883-7500**
[www.oxfordhealthcare.net/services/lifeline](http://www.oxfordhealthcare.net/services/lifeline)
*Personal Emergency Response System and Telemonitoring*

Oxford Healthcare Home Health Agency – West Plains
1625 Gibson St.
West Plains, MO 65775
**417-255-9577**
[www.oxfordhealthcare.net/services/lifeline](http://www.oxfordhealthcare.net/services/lifeline)
*Personal Emergency Response System and Telemonitoring*

Show Me Systems
1471 W South St
Ozark, MO 65721
**417-582-5446**
*Personal Emergency Response System*

Walgreens Ready Response Medical Alert System
**Toll free: 1-866-310-9061**
[www.walgreensreadyresponse.com](http://www.walgreensreadyresponse.com)
*Personal Emergency Response System*

**Two-way Emergency Communication Systems**
These systems provide the option of calling family and friends, or communicating directly with 911. The amplifier on your pendant or wristband allows you to communicate directly with a responder.

Assistive Technology Services
**Toll free: 1-615-562-0043**
[www.ats-tn.com](http://www.ats-tn.com)

Cordlessworkz
**Toll free: 1-800-516-4279**
[www.cordlessworkz.com](http://www.cordlessworkz.com)
First Option
6008 N. 13th Ave.
Ozark, MO 65721
Toll free: 1-888-407-4057
www.adamsfirstoption.com
Offers emergency button that can be worn on wrist or as a pendant, as well as fall detectors and motion sensors.

Great Call 5Star Urgent Response
Toll free: 1-800-650-3951
www.greatcall.com/5star
At the press of a button, you will be connected to a skilled team of highly trained Certified Response Agents. They will identify you and your location, can conference in family or friends, help dispatch 9-1-1 emergency services, access a nurse, or provide any additional assistance, 24/7 if needed.

Available nationwide at Walmart Pharmacy.

Health Connection
Toll free: 1-800-838-8367
www.anactivelife.com

Tracking Systems for Those Who May Wander and Become Lost
Medic Alert® + Safe Return Alzheimer’s Association
3645 South Avenue
Springfield, MO 65807
417-886-2199
www.alz.org/swmo
An ID system designed to locate persons with Alzheimer’s or another dementia when they wander from home or become lost.
**Pill Dispensing**

All pills to be taken at the same time are packaged together in individual, transparent, plastic envelopes which are printed with your name, the time you are supposed to take them, the strength of the medication along with any special instructions. You can easily tear off the envelope containing your morning pills and be assured that the next envelope will contain the pills you are supposed to take next. You don’t have to worry about which pills to take when, and you can easily see when you took your last dose.

CVS Pharmacy  
**Toll free: 1-800-753-0596**  
[www.cvs.com](http://www.cvs.com)

Integrity Pharmacy  
509 S. Union Ave.  
Springfield, MO 65802  
**417-865-2900**  
**Toll free: 1-877-865-2902**  
[www.theintegritypharmacy.com](http://www.theintegritypharmacy.com)

Pill Pack  
**Toll free: 1-855-745-5725**  
[www.pillpack.com](http://www.pillpack.com)

**Safety in the Home**

One fall can change it all. Preventing a fall is less costly than recovering from one. Look around the home and determine what safety measures can be taken to help prevent a bathroom fall or a stumble in the middle of the night. Senior Centers offer classes to help improve balance and manage the pain of a chronic disease.

To find a Matter of Balance, Diabetes education, or Chronic Disease Self Management program near you, contact SeniorAge Area Agency on Aging at [417-862-0762](tel:+14178620762).

**Greene County Home Safety Equipment**

Grab bars, toilet risers, and bed rails are installed for Greene County residents age 60 and over who meet specific income guidelines. Contact SeniorAge Area Agency on Aging at [417-862-0762](tel:+14178620762).
Helpful Gidgets and Gadgets (Sources for Assistive Technology)

Don’t jeopardize your well-being and safety or endure needless frustration because you aren’t familiar with what’s available to help you with your daily activities. You can find assistive devices (durable medical equipment) at medical supply stores, drug stores, or online. If you find equipment that would be helpful to you, ask your doctor to write a prescription for it. Medicare will pay 80% of the cost of durable medical equipment (with some exceptions) if you have a prescription from your doctor.

Catalog and Online Sources The internet is also an excellent source of information on adaptive equipment and assistive technology for general use or specifically for those with visual or hearing limitations.

Maxi Aids
Toll free: 1-800-522-6294
Toll free TTY: 1-800-281-3555
www.maxiaids.com

Independent Living Aids
Toll free: 1-800-537-2118
www.independentliving.com

Elder Store
Toll free: 1-888-833-8875
www.elderstore.com

Centers for Independent Living (CIL)

A Center for Independent Living (CIL) is a non-residential, not-for-profit, community-based agency providing services to all individuals who have a physical, mental, cognitive or sensory impairment that substantially limits one or more major life activities.

Centers for Independent Living (CIL) are located throughout the country with staff who are knowledgeable about available equipment. Many Centers for Independent Living have an adaptive equipment room where you can see what’s available and try it out prior to purchasing.
Centers for Independent Living also have adaptive phone programs, including photo phones which allow a user to tap a photo of their doctor or a family member without having to recall or look up the phone number.

Independent Living Centers serving the Southwest Missouri service area:

The Independent Living Center, Inc. (TILC)
2639 E. 34th St.
Joplin, MO 64804
417-659-8086
Toll free: 1-800-346-8951
TTY: 417-659-8702
Toll free TTY: 1-877-307-8702
www.ilcenter.org
Serves Barry and Dade counties

Ozark Independent Living (OIL)
109 Aid Ave.
West Plains, MO 65775
417-257-0038
Toll free: 1-888-440-7500
www.ozarkcil.com
Serves Douglas, Howell, Oregon, Ozark, Shannon, Texas, and Wright counties.

Empower Abilities (formerly Southwest Center for Independent Living (SCIL))
2864 S. Nettleton Ave.
Springfield, MO 65807
417-886-1188
Voice/TTY Toll free: 1-800-676-7245
www.swcil.org
Serves Christian, Dallas, Greene, Lawrence, Polk, Stone, Taney, and Webster counties.
Missouri Rehabilitation Services for the Blind
Helps you adapt your home with alternative devices and offers guidance on choosing equipment to accommodate your visual needs.

(Southeast District)
573-472-5240
Toll free: 1-800-592-6004
Serves Howell, Oregon, Shannon, and Texas counties.
www.dss.mo.gov/fsd/rsb

(Southwest District)
417-895-6386
Toll free: 1-800-592-6004
Serves Barry, Christian, Dade, Dallas, Douglas, Greene, Lawrence, Ozark, Polk, Stone, Taney, Webster, and Wright counties.
www.dss.mo.gov/fsd/rsb

Depression and Dementia

Is It Depression?
Symptoms of depression may include some or all of the following: loss of energy and interest in life, prolonged feelings of sadness and hopelessness, sleeping too much or sleeping too little, irritability, withdrawal, isolation, anxiety, physical aches and pains, and feelings of worthlessness or hopelessness.

Depression often goes undiagnosed and untreated, particularly in the elderly. Being raised in an era when depression was misunderstood and stigmatized, and being reluctant to talk about feelings can make an appropriate diagnosis and treatment particularly challenging for the senior population.

Depression is not a normal part of aging. If you suspect you or a loved one is depressed, speak frankly with a physician. Proper diagnosis and treatment can put the melody back in your heart and the color back in your days. Depression is treatable. Don't deny yourself the help you need.
Is It Dementia?

When our teenager repeatedly loses his cell phone, or forgets where he put his car keys, we think little of it. But an older person’s forgetfulness tends to get more attention. Is it normal, or is it dementia? How can you tell?

A person with dementia may not just forget where he put his cane; he may insist he’s never used a cane. Your loved one may not only forget details of the movie you went to see, he or she may insist you never went to a movie. You may find a spouse’s socks in the refrigerator, or oranges in the oven. Mom may ask why you never visit, when you were there yesterday. Dad may enjoy telling the same story he told you five minutes ago, and five minutes before that.

Dementia may include severe short term memory loss, confusion, becoming disoriented, experiencing delusions, and difficulty with language, math, and three dimensional (visual spatial) relationships. A loved one with dementia may exhibit personality changes. A spouse may make inappropriate and uncharacteristic remarks to the nurse listening to his heartbeat. A parent who has always been meticulous about hygiene may become slovenly.

If there are noticeable changes in your loved one’s personality or behavior that concern you, a thorough evaluation is indicated. Symptoms of dementia may spring from causes which are reversible, and which can and should be treated. Ask your family doctor for a referral to a geriatric specialist or neurologist or contact one of the clinics listed below that help with diagnosis and treatment of dementia, as well as support for those with memory loss.

Cox Medical Center South
3535 S National
Springfield, MO 65807
417-269-3616
www.coxhealth.com/services/healthcare-seniors

Mercy Neurology Clinic
2115 S. Fremont Ave., Suite 3000
Springfield, MO 65804
417-820-9123
Caring for a Loved One with Dementia

When we see changes associated with dementia in a loved one, we may be slow to recognize, understand, or acknowledge what is happening. We may take certain behaviors personally that are symptoms of a disease process. Because of anxiety or dread which may lurk in our own heart, we may react by scolding or trying to reason a loved one into being the person we’ve always known.

Caring for a loved one with a diagnosis of Alzheimer’s or dementia is a particularly challenging role. There are few paths in life where patience, understanding, and empathy are more important, or more tested. Our spouse, mother, or father, sounds the same, looks the same, is familiar to us in so many ways; yet the path we walk with them is an unwelcome, unfamiliar, and challenging one.

Dad may insist he can drive with no problem, when the last time he was behind the wheel, he couldn’t find his way home. Mom may insist she needs to turn out the lights in the hospital corridor because they are wasting electricity. Your spouse may hand a ten dollar bill to the nice lady asking for his social security card. Patience, understanding, and empathy are important for our loved one; but patience, understanding and empathy are essential for caregivers, as well.

This caregiving role will test the most sensitive and giving. A diagnosis of Alzheimer’s or dementia affects the responses, reasoning, habits, outward behavior, and even the appearance of our loved one. When comfortable, familiar, lifelong interactions change, it can hurt where it hurts most, and test us in ways we never dreamed we might be tested. Our caregiving role can become a lonely, painful journey, for which we feel unprepared.

When mom asks the same questions every three minutes, remind yourself that she doesn’t deserve your impatience, but be patient with yourself on days when impatience is all you have left. Choose your battles with wisdom and care. When safety is not an issue, take the peaceful path of least resistance. Realize that the values and priorities embraced by your healthy parent, will not be the same values and priorities embraced by a loved one who struggles.

When dad pulls on a blue sock to go with his green one, focus on his contentment rather than his mismatched socks. If mom wants to leave her hospital bed to turn out the lights in the corridor, offer to turn them out for her. If she says she’s seen Aunt Maddie who died years ago, ask if they had a nice visit. An artful gift of compassion, tact, and understanding, will smooth the path far better than an attempt to reason with, or correct a disease process.
Cherish moments when your loved one returns to you in a look, a touch, or an exchange. You may find it helpful to keep a photo nearby of you and your spouse or the mom or dad you grew up with as a reminder of the many reasons you offer this profound gift of care. Take advantage of good friends to unload frustration, sadness, and grief. Join a support group to share experiences and get away. Take advantage of respite opportunities.

**Respite for Caregivers**

Respite is care provided to a loved one which allows the caregiver time to attend to personal needs. It can be for a couple hours or for longer periods of time. Some skilled nursing facilities offer respite care on a temporary basis at their daily rate.

**Alzheimer’s Association**

Alzheimer’s Association  
3645 South Avenue  
Springfield, MO 65807  
**Toll free: 1-800-272-3900**  
[www.alz.org/swmo](http://www.alz.org/swmo)  
The Alzheimer’s Association offers reimbursement for in-home respite hours to qualifying individuals. Although a diagnosis should involve dementia, a diagnosis of Alzheimer’s Disease is not necessary to participate in their respite program. This phone number is a 24-hour helpline where care consultants will provide caregiving information, support, and referral.

**Direct Connect Rapid Referral**

Free service offers caregivers the benefit of confidential support and information to navigate the non-medical challenges of memory loss, Alzheimer’s disease and other dementias.  
[Alz.org/greatermissouri/referral](http://Alz.org/greatermissouri/referral)

**SeniorAge Area Agency on Aging**

1735 S. Fort  
Springfield, MO 65807  
**417-862-0762**  
[www.senioragemo.org](http://www.senioragemo.org)  
SeniorAge offers in-home respite hours to qualifying individuals on a contribution basis. There may be a waiting list. SeniorAge also maintains an Independent Provider list of private individuals who might be available for in-home respite care.
Long-Term Care Facilities Offering Respite Care

Bradford Court-Assisted Living by Americare
902 N. Main St.
Nixa, MO 65714
417-725-0177
www.americareusa.net

The Gardens
1302 W. Sunset St.
Springfield, MO 65807
417-889-7600
www.thegardensmo.com

Lakewood-Assisted Living by Americare
4685 S. Robberson Ave.
Springfield, MO 65810
417-881-1411
www.americareusa.net

Maple Wood Alzheimer’s Special Care Center
1146 E. Lakewood
Springfield, MO 65810
417-885-9050
www.jeaseniorliving.com

Northpark Village-Assisted Living by Americare
4449 N. Hwy NN
Ozark, MO 65721
417-581-3200
www.americareusa.net

Ravenwood-Assisted Living by Americare
1950 E. Republic Road
Springfield, MO 65804
417-413-1415
www.americareusa.net
Home Care and Home Health Agencies
Most home care and home health agencies offer respite care on a private pay basis. If the agency is an approved MO HealthNet (Medicaid) provider, and the individual needing care meets level of care requirements, then Medicaid will pay for respite.

Adult Day Care
Adult Day Care facilities are an excellent option for respite. MO HealthNet will pay for respite in facilities which accept Medicaid. Transportation may be provided. Meals and snacks are provided. Help with toileting and personal care needs are generally provided. Your loved one can listen to music, paint, garden, cook, or participate in crafts.

Greene County
Adult Tendercare Center
3729 N. Glenstone Ave.
Springfield, MO 65803
417-866-1559
Daybreak Adult Day Care Center
1461 E. Seminole St.
Springfield, MO 65804
417-881-0133

DCO Senior Focus Adult Day Care
1545 E. Pythian St.
Springfield, MO 65802
417-831-1545

**Polk County**
Arrowhead Adult Daycare
2163 Hwy. 32
Halfway, MO 65663
417-445-5412

**Taney County**
Cambridge of Branson
4470A N Gretna Road
Branson, MO 65616
417-339-4232

**Webster County**
Tri-County Adult Day Care
541 W Hubble Dr.
Marshfield, MO 65706
417-859-7746

**Support Groups for Caregivers**
Becoming isolated in a caregiving role will magnify feelings of loneliness, grief, and frustration, which can lead to depression and even illness. A support group is an opportunity to visit and interact with others who are also experiencing the emotional, practical, and physical challenges of caregiving. A support group is an opportunity to share solutions and exchange experiences. Attend several meetings before deciding whether it’s for you or not, as meetings vary from group to group, and meeting to meeting.
**Alzheimer’s Support Groups**
To find a support group call:
Alzheimer’s Association
**Toll Free 1-800-272-3900**
[www.alz.org/swmo](http://www.alz.org/swmo)

**CoxHealth Alzheimer Caregivers Support**
417- 269-3616
[www.coxhealth.com](http://www.coxhealth.com)

**Care Partners – Take Five!**
The Meyer Center
3545 S National, Conference Room C
Springfield, MO 65807
417-269-3616
**Toll Free 1-888-354-3618**
[www.coxhealth.com](http://www.coxhealth.com)

**Should Your Parents Move In With You?**
There is no one-size-fits-all answer to the question of whether your parents should move in with you. It will depend on many considerations such as the accommodations of your home, the relationship you and your parent(s) have, whether you can meet the care needs of your parent(s), or arrange for help to meet those needs.

When our parents need help, we want to be there for them because they were there for us. But it is not possible to repay a parent for all they did during your childhood, nor is it a debt you were intended to repay. Moving a parent into your household is not a decision to be made without a great deal of consideration.

If you are thinking about moving a parent in with you, examine your feelings and motivations closely. If you are moving your parents in with you in hopes of getting the praise, respect or love you may not have received, you are heading for disappointment. If you are moving your parents in with you because you have ample time and room to accommodate their needs indefinitely, it may work well with careful planning.
Include your immediate family in any decisions and discussion. Your husband, wife, or children’s needs and comfort should not take a backseat to your parents. How might your parent view your teenage son’s choice of music or your daughter’s clothing? Will they approve of your parenting or feel compelled to point out the error of your ways? Will your child lose privacy in order to accommodate your parents?

Of equal importance to your parents’ needs are your own limitations, your family’s needs, and your other relationships and responsibilities. Approach your decision-making with more wisdom than emotion.

Balance your parent’s needs and wishes with what is practical and feasible, doable, and realistic. Before committing to a long term caregiving role, consider inviting your parent to spend a few weeks with you. Far better to see the wisdom in not making such an offer, than to move them in and later realize it was a mistake.

**When Moving to a Long-Term Care Facility Is the Best Choice**

**Prior to moving**
Consider giving your loved one a small party, even if it’s at his or her hospital bedside. Ask family to bring gifts. Potpourri, slippers, framed photos, a child’s drawing, a calendar with scheduled visits, a scarf, new bedding are all things he or she might appreciate taking.

Make sure family, friends, neighbors, your parents’ pastor and members of his or her congregation know a parent has moved and what his or her new address is. Remind them that their visits, cards and letters are very important. When those who have been important in our lives stay in touch, it sends an uplifting and reassuring message.

You might want to establish a visiting schedule so that visits are spaced and regular, to avoid long gaps between visits or having everyone swooping in on the same day. Even the most loving and conscientious among us get caught up in busy schedules and will appreciate knowing the best time to visit. It will also let mom know when to look forward to visits and allow her to plan accordingly.
Choosing a Facility
Choosing the right facility is an important decision. If your parent can private pay, he or she will have the greatest number of choices. If your parent needs to move in quickly, narrow your search to those facilities which will accept your method of payment. Whether you are helping a loved one locate a facility or you are simply exploring long-term care facilities in advance, (a good idea), following are helpful tips.

Tips to Help You with Your Search
Let your heart lead. If you are looking for a facility for a loved one, what is most important to him or her? It may be a private room, eating meals in his or her room, or bringing furniture from home. While it won’t be possible for even the best facility to accommodate every wish, make an effort to address those preferences you know are most important.

Take along a trusted friend. This search is probably a new experience and possibly an emotional one. A second pair of eyes and ears will be comforting and helpful when collecting observations and information, and exchanging impressions and thoughts later.

Take notes on each place you visit. Careful notes will prevent everything from blurring together later when you need to recall, compare, and make a decision. Go with pencil and paper in hand rather than relying on memory to serve you.

Visits. Visits are crucial. Will it be easier for family and friends to visit often if there’s a bus line nearby or the drive isn’t too far?

Location. is a very important consideration for extended family, spouses, caregivers, and friends.

Nursing home staff. Staff is much more important than appearance or manicured lawns when choosing a skilled nursing facility. Observe staff and how they interact with residents. Are interactions warm, respectful, and pleasant? Does the staff seem to enjoy their jobs, or do they appear stressed and anxious?

Ask questions. Ask staff how privacy issues are treated, and how issues between roommates are dealt with. How many residents are under a CNA’s care during his or her shift? Observe how helpful and forthcoming staff are in responding to your questions and providing you with the information you need.
**Use your eyes, ears and nose.** What’s the noise level? Are there unpleasant odors? Are the surroundings clean and well maintained? Try a meal in the dining area. Ask to see the kitchen, bedrooms, and bathrooms.

**Request a copy of the inspection report.** Every facility has inspection reports, which are public information, and available upon request. Perfection won’t exist, but be alert to repeated violations, particularly violations affecting the well-being of residents such as the use of restraints. Note any violations that have not been corrected. Ask staff about issues that concern you.

**Visit with residents.** Are residents engaged in meaningful activities? Chat with residents out of earshot of staff so they are comfortable being frank. Ask what they like and may dislike about living at the facility.

**The unscheduled visit.** Don’t just take the official, guided tour. If possible, visit unexpectedly in the evening or on weekends when staffing is low. Sit in a discreet spot with a magazine, and quietly observe what’s going on around you. If you can visit more than once, do so.

**Dementia wing.** Is the dementia or Alzheimer’s wing a few locked rooms or a wing with trained staff? There should be a ratio of one staff person to four or five residents. Do they have meaningful activity and safety? The use of physical or medical restraints should be nonexistent.

**A good balance.** Is there a good balance between privacy and sense of community? Is there a place where residents and family can visit quietly? Is there an area where residents can enjoy the outdoors and are they given that opportunity often? You may find it helpful to take a checklist along as you search for the best place for yourself, spouse, or a parent.

**It’s Time to Move**
You may have made a decision to move into housing which better meets your wishes or changing needs. Or you may want to begin downsizing now in preparation for the day when less room and fewer responsibilities appeal to you. Whatever the reason, it’s never too soon to make plans for your “stuff”.


But What about My Stuff?
Our homes are filled with furniture, photos, mementos and memories. Drawers, cabinets, closets, attics, basements, sheds, and spare rooms may overflow with a lifetime of the personal possessions we have cherished, which have brought us joy, or that we’ve simply failed to toss out along the way.

Dad’s high school jacket is stored in an upstairs trunk. Which of the children should it go to? Every grandchild has ridden in the little red wagon collecting dust in your attic. Who gets it? If the quilt your mother hand stitched has been tucked around every child and grandchild, who will you give it to?

Jewelry, linen, dishes, furniture, diaries, letters, photos, clocks, mom’s rocker, and granddad’s pipe, are all “untitled” property which will need to be considered when downsizing or planning a move. Making arrangements for a lifetime’s accumulation may seem as overwhelming as it is important.

If your provision for personal possessions, i.e., your untitled property, is a line in your will which states “Divide personal property equally among my children,” you leave the door open for conflict and emotional upheaval at a time when grief magnifies a family’s upset and leaves them less able to cope with the challenge. Even family members with strong relationships and generous hearts may struggle with strong feeling and conflict when left to divide a loved one’s personal possessions among themselves.

The memories, emotion, and meaning even the simplest item carries for family members might surprise you. By assuming responsibility for the transfer of your personal property now, you not only enjoy the relief and peace of mind that will come from knowing your property has been dispensed in keeping with your wishes, you have gifted your family with a profound gesture of wisdom and sensitivity.

The Gift of Personal History
Not everyone in your family will know the history that surrounds a piece of jewelry, a collection, or a memento. If your father sold three goats so he could buy that brooch with the little diamond in the center for mom’s birthday, this snippet of personal history is one your family will cherish.
Share your stories!
Your memories and personal history are priceless to family. Record them or write them down. Give everyone in your family an opportunity to share with you what they would most like to have and why. The bowl you stirred cookie batter in for years may hold little value to you, but may represent cherished memories to the grandchild who stood at your elbow and cracked the egg.

Creative Ways to Transfer Property to Family
Your own creative solution may best meet your needs and the wishes of your family when it comes to your untitled property. While there is no “right” way, following are examples of how others have chosen to transfer untitled property.
Write out a list briefly describing each item of transfer and the name of the family member, friend, or special person in your life to which you want that item to go. This list can be attached to your will. In Missouri, such a list will need to be notarized and witnessed. If you have keepsakes you want to go to a particular person, give it to them now. Then, schedule a gathering of family members and give each an equal share of “fun money” with which to purchase remaining items of their choice. Fun money can be marbles, poker chips, or monopoly money.

Family members can also pull numbers out of a hat which correspond to household items you have grouped and numbered. If they are unhappy with the number they pulled from the hat, they may trade later with other family members.

eBay
eBay has become a popular and potentially lucrative way to offer items of value to the highest bidder. If you have unusual collections or other items that may be of interest to an international market, eBay may be particularly useful.
www.ebay.com

Craigslist
Craigslist is yet another avenue for selling items locally. You can list everything from pearls to pillows on Craigslist.
http://craigslist.org

Charitable Organizations
Many charitable organizations such as DAV, Christian Foundation, and Salvation Army are happy to accept donated items. Some will even pick your items up at no cost on scheduled pick-up days.
Help With Packing, Moving, and Unpacking
You may be ready to downsize, but feel overwhelmed and wonder where to begin. You may have a lot of stuff, but little time and energy to devote to the task. Whether you just need a little hand holding, or guidance from start to finish, the following is a list of those happy to offer their knowledge and experience with the entire process, or with any portion of it.

2B Organized
Katrinia Tettamble
Springfield, MO
417-755-3855
www.2b-organized.com

Smooth Transitions
Mary Jane Holmes, Owner
Springfield, MO
417-425-4000
www.smoothtransitionsswmo.com

Moving Mom?
Moving an elderly parent can be a daunting task. To avoid tucking mom into her new residence only to realize you’ve forgotten to transfer her utilities, the following quick guide might be helpful.

The Post Office offers an online change of address form at https://moverguide.usps.com. You can find change of address forms online for the Internal Revenue, State Vehicle Registration, Social Security, Medicaid, and the Veterans’ Administration, as well. Just Google “change of address” along with the name of the business or agency for which you need a change of address form.

In addition to transferring utilities and phone service, be sure to alert physicians, banks, and any financial accounts (such as a 401K) to a change of address. Insurance providers, including homeowners, car, life, health and supplemental insurances, should also be notified.

If your parent(s) receives the newspaper, are patrons of the library, receive magazine subscriptions, participate in book clubs, or other clubs or organizations, you may want to take time to give them their new address, as well.
When You Live in a Long-Term Care

Facility Resident Rights and Protections
Residents of a long-term care facility have the same rights and protections as all United States citizens. The facility must give you a written description of your rights in a language you understand. They must also give you the rules and regulations regarding your conduct and responsibilities during your stay in the facility. At a minimum, federal law states that a long-term care facility must protect and promote the following rights of each resident:

Respect
You have the right to be treated with dignity and respect. You have the right to make your own schedule, including when you go to bed, rise in the morning, and eat your meals. You have the right to decide which activities you want to participate in.

Freedom from Abuse and Neglect
You have the right to be free from verbal, physical, mental and sexual abuse, corporal punishment, and involuntary seclusion by anyone. If you feel you have been abused or neglected (your needs not met), report this to the nursing home, your family, your local Long-Term Care Ombudsman, or call the Elder Abuse Hotline at Toll free: 1-800-392-0210.

The long-term care facility must investigate and report to the proper authorities all alleged violations and any injuries of unknown origin within five working days of the incident.

Freedom from Restraints
A physical restraint is any device, material, or equipment attached or next to the resident’s body that the resident cannot easily remove, or which restricts freedom of movement and normal access to one’s own body. A chemical restraint is a drug that is used for discipline or convenience, and is not required to treat medical symptoms.

It is against the law for a long-term care facility to use physical or chemical restraints, unless they are necessary to treat your medical symptoms.

Information on Services and Fees
You must be informed in writing about all facility services and fees before you move in. The facility can’t require a minimum entrance fee as a condition of admission if your care is paid for by Medicare or MO HealthNet.
Money
You have the right to manage your own money or to choose someone you trust to do this for you. If you ask the facility to hold, safeguard, manage, and account for your personal funds that are deposited with the facility, you must sign a written statement that allows them to do this.

Your money (over $50) must be placed in an interest bearing account separate from the facilities. They must have a system that ensures full accounting for your funds and must not mingle your funds with their funds or other residents’ funds.

Privacy, Property, and Living Arrangements
You have the right to privacy and to keep and use your personal belongings and property as long as they don’t interfere with the rights, health, or safety of others. You have the right to send and receive mail and facility staff should never open your mail unless you allow it. You have the right to use a telephone and talk privately.

If you and your spouse live in the same facility, you are entitled to share a room (if you both agree to do so). You also have the right to reject a move to an inappropriate room. The facility must notify you before your room or your roommate is changed.

Visitors
You have the right to spend private time with visitors. The nursing home must permit your family to visit you at any time, as long as you wish to see them. You don’t have to see any visitor you don’t wish to see. Any person who gives you help with your health, social, legal, or other services may see you at any reasonable time.

Medical Care
You have the right to be fully informed in a language you understand about your total health status, including your medical condition and medications. You have the right to continue to use your own doctor. If you prefer, the facility will assign a doctor.

You have the right to take part in developing your care plan. You also have the right to create an advance directive.

You have the right to self-administer medications unless the nursing home finds this unsafe. You also have the right to refuse medications and treatments (but this could be harmful to your health) and refuse to participate in experimental treatment.
You have the right to access all your records and reports, including medical records and reports, within 24 hours.

The facility must notify your physician and, if known, your legal representative or an interested family member when:
1. You are involved in an accident that resulted in an injury or may require a physician’s intervention
2. A deterioration of your health, mental, or psychosocial status is a life threatening condition or causes clinical complications;
3. Your treatment needs change significantly;
4. Or when the facility decides to transfer or discharge you.

Social Services
The facility must provide you with any needed social services, including counseling, help in solving problems with other residents, help in contacting legal and financial professionals, and discharge planning.

Leaving the Long-Term Care Facility
Living in a long-term care facility is your choice. You can choose to move to another place. If your health allows and your doctor agrees, you can spend time away from the facility visiting friends or family during the day or overnight. Talk to the facility staff a few days ahead of time so your medication and care instructions can be prepared. If your care is covered by certain health insurance, you may not be able to leave for visits without losing your coverage.

Complaints
You have the right to make a complaint to the staff or any other person, without fear of punishment.

Protection Against Unfair Transfer or Discharge
You can’t be sent to another facility, or made to leave the current facility, unless any of the following are true:
• It is necessary for the welfare, health, or safety of you or others.
• Your health has declined to the point the facility cannot meet your care needs.
• Your health has improved to the point that facility care is no longer necessary.
• The facility has not been paid for services you received.
• The facility closes.
Except in emergencies, facilities must give a 30-day written notice of their plan and reason to discharge or transfer you.

**Your Family and Friends**

Family members and legal guardians may meet with the families of other residents and may participate in family councils. By law, nursing homes must develop a plan of care for each resident. You have the right to take part in this process, and family members can help with your care plan with your permission. If your relative is your legal guardian, he or she has the right to look at all medical records about you and make important decisions on your behalf.

**Resident Groups**

You have a right to form a resident group to discuss issues and concerns about the facility’s policies and operations. The facility must give you meeting space, and must listen to and act upon any recommendations from the group.

**Reporting and Resolving Problems**

If you have a problem at the facility, talk to the staff involved. The staff may not know there is a problem unless you tell them. If the problem isn’t resolved, ask to talk with the supervisor, the social worker, the Administrator or the Director of Nursing. The facility must have a grievance procedure for complaints. If your problem isn’t resolved, follow the facility’s grievance procedure. You may also want to bring the problem to the resident or family council.

If you feel you need outside help to resolve your problems, call the Long-Term Care Ombudsman for your area. Their phone numbers must be posted in the facility.

**Other things you need to know** Policies concerning smoking, alcohol usage, pets, and intimate relationships vary among facilities. If these are important issues to you, please be sure to ask the facility about its policies.
Saying Goodbye to a Loved One

We all know life ends. But facing the death of a loved one can be emotionally shattering. Our parents are woven throughout our personal history. It doesn’t seem possible they will no longer be there. A spouse may have been your life partner for fifty years or more. You can no longer picture life without them.

For many of us, the death of a loved one is excruciating to contemplate, impossible to discuss, and agonizing to witness. The words “death”, “dying”, or “funeral”, are taboo words we avoid and tiptoe around. We, or our loved one, may even pretend the thing we don’t want to face isn’t really happening.

But despite our love, hope, best efforts, prayers, and a good doctor’s care, there may come a day when your loved one’s remaining time is a matter of months or less. Should you talk about it? Should you bring in hospice? Should your loved one die at home, or in a hospital?

If you can move yourself gently past an initial reluctance to talk about a parent’s or spouse’s prognosis, try to do so. Say what’s in your heart while you have time. Treasure your remaining time and make it special. Share your grief. Remember that listening is powerful. More important than anything you might say at this time is what you allow your parent or spouse to say.

If aggressive medical treatment seems futile and is no longer wanted, and the hospital environment too clinical and cold, your loved one may prefer to die in the comfort of home, surrounded by family and friends. He or she can listen to music at midnight, stay up all night reading, sip a sherry in the evening, or sit on the porch on a sunny afternoon.

While caring for a dying parent or spouse at home can be richly rewarding, it is not for everyone. Do not feel pressured to take on what can be an enormously draining caregiving role. You might contact a local hospice to discuss the challenges involved and what you might expect before making such an important decision.

Death is a family affair, belonging to your loved one and to family members. Deciding where he or she chooses to die, what treatments will be used or refused, who will be with him or her, what comfort and support will be provided, and by whom, and what sort of memorial will best honor his or her life, are not decisions to be made by a doctor, nurse, or hospital. Celebrate the life of your loved one by being present during the process of dying. To ease a loved one’s final passage, is to acknowledge that every day of life is a precious gift.
Hospice provides personalized care and comfort designed to meet the physical, spiritual, emotional, and social needs of an individual facing a life-limiting diagnosis, as well as the needs of his or her primary caregiver and family members.

The hospice team which coordinates care may include a physician, nurse, social worker, counselor, home health aides, clergy, therapists, and volunteers. Some hospices may offer art or music therapy. Care is usually provided in the home with the primary caregiver continuing to provide most of the day-to-day care.

Many people welcome the services and care offered by hospice. Others view hospice service as “giving up”, and may deny themselves the comfort hospice can provide. However, an individual can end hospice services at any time and for any reason, and can resume at a later date.

The services provided by individual hospices vary considerably. A doctor or other healthcare professional may recommend a particular hospice, but the hospice you choose is your decision to make. Your best source of information will come from friends, neighbors or family members who have taken advantage of hospice services.

Important questions to ask when contacting a hospice and inquiring about services is what their role will be, what your role will be, and what services will be provided. The manner in which your questions are addressed will be a first, telling glimpse of the caring and competence you can expect. Questions should be answered patiently and in plain language you can understand.

Although most hospices are certified, verify certification, as Medicare will not cover care provided by a hospice that is not certified. You can also contact the Better Business Bureau and the Attorney General’s Office to determine the status of an individual hospice service. If you have someone in your life who can do this research for you, all the better.

The goal of “comfort care” provided by hospice is to prevent and relieve pain and suffering. Hospice nurses are experienced and are often extraordinarily skilled at managing pain while not causing unnecessary grogginess. Therapy will help your spouse or loved one maintain as much mobility as possible.

The chaplain, social worker, nurse, and counselor are generally exceptionally caring, compassionate, and dedicated individuals. They can guide you through day-to-day caregiving,
offer bereavement counseling, help with emotional issues along the way, and stay in touch with you up to a year following the passing of your loved one.

Medicare pays 100% toward hospice care, supplies, medication, equipment, and services. Other payment sources may include MO HealthNet, HMO’s, private insurance, and other managed care organizations.

**Final Days and Final Wishes**
Not every death allows for family and friends to express their love and say their goodbyes. These final conversations can be a keepsake of cherished memories. A dying father, who knows he will not live to walk his daughter down the aisle, can still tell his daughter how gorgeous she will be on her wedding day. The seriously ill mother, eagerly awaiting that new grandbaby, may want to share with her son a helpful piece of child rearing advice. An honest conversation on managing household tasks and garden maintenance may give the worried spouse comfort on how she will manage going forward without her husband.

Lifelong friends may want to laugh at fond memories from childhood days. The conversations may feel uncomfortable, even awkward; but don’t pass up this window of opportunity. Sharing these precious moments will bring healing for the sadness that is to come. Jot them down in a notebook or record them on your smartphone. The stories, memories and wisdom shared are gifts survivors will treasure forever.

**What To Do When A Loved One Dies**

**An Unattended Death**
The Medical Examiner, in Greene County, or Coroner, in other counties, will need to be contacted to investigate a death when unattended by a physician, chiropractor, or accredited Christian Science practitioner in the 36 hours immediately preceding death. When an individual is receiving hospice care, the family will typically be asked to contact the hospice nurse directly. The nurse will then notify the attending physician, who will pronounce death, and notify the coroner.
Funeral Arrangements
Your loved one may have pre-paid for the funeral and burial. If not, you may be asked to sign a contract when ordering services. The contract usually binds the person who signs it to pay the charges, but some of this money may be reimbursed from the estate or other sources. If the estate does not have funds to pay the funeral costs, the person who signed the contract may have to pay.

The average cost of a traditional funeral service, which includes transportation of the body, embalming, cosmetics, dressing, an average-priced casket, viewing, and a funeral service is between $7,000 and $10,000. Cemetery plot and the monument are in addition to this.

When Funds are Limited
Funerals can be costly. Some older Missourians consider pre-need funeral plans. A pre-need funeral plan is an agreement in which a seller agrees to provide funeral services and merchandise at the time of the buyer’s death. It may be paid in installments or a lump sum. A less expensive option to a funeral is a direct burial, in which the body is buried shortly after death, usually in a simple container.

A direct burial involves only transportation, dressing, and a moderate casket, and costs between $1,000 and $1,500. This option eliminates the need for embalming, as no viewing or visitation is involved. Another option to limit cost is through a direct cremation, where the body is cremated shortly after death. There is generally no visitation or viewing, and no need for embalming. Cremations can cost anywhere from $900 and up, depending on the cost of the urn.

For more information on funerals, or to file a complaint, contact:
State Board of Embalmers and Funeral Directors
3605 Missouri Blvd
P.O. Box 423
Jefferson City, MO 65102
573-751-0813
www.pr.mo.gov/embalmers.asp
**Obtaining a Death Certificate**

To settle the estate, you will need a copy of the deceased’s death certificate. The funeral director usually fills out the certificate, and then forwards it to the doctor or county coroner, who will send it to the County Health Department. It will be forwarded to the State of Missouri Bureau of Vital Records in Jefferson City.

You can usually order a copy of the death certificate at most local County Health Departments or by writing to:

Missouri Department of Health and Senior Services Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65102
**573-751-6387**

A fee of $13 per copy must accompany the request.

Applications for death certificates are online: [www.health.mo.gov/data/vitalrecords](http://www.health.mo.gov/data/vitalrecords)

For expedited service, applications can also be placed on-line at [www.vitalchek.com](http://www.vitalchek.com).

There is an additional $9.50 processing fee plus shipping for this service.

**Safe Deposit Boxes**

When a deceased person has a safe deposit box, the financial institution where the box is located is required to open the box at the request of interested parties. By law, the bank or institution must deliver a will found in the safe deposit box to the probate court, life insurance policies must be given to the beneficiaries, and funeral instructions delivered to the appropriate person.

**Missouri Veterans Cemetery**

5201 S. Southwood Rd.
Springfield, MO 65804
**417-823-3944**

To be eligible for burial at the Missouri Veterans Cemetery, an individual must meet these qualifications:

- have served active duty time
- have received an honorable discharge
- have active service dates
**Military Honors**
Missouri Veterans are eligible for the Missouri military funeral honors program at no cost. The honors ceremony consists of the firing of three rifle volleys, sounding of “Taps” and flag folding and presentation. Notify your funeral director when making funeral arrangements if you think you qualify for military honors.

**Body Donation**
National Body Donor Program
2135 Chouteau Ave
St. Louis, MO 63103
314-241-6237
www.nationalbody.org

Mid-America Transplant Services
1110 Highlands Plaza Dr. #100
St. Louis, MO 63110
Toll free: 1-888-376-4854
Donor Referral Hotline 1-800-873-6667
www.midamericatransplant.org

**Organ and Tissue Donation**
You may wish to help others by donating your organs or tissue upon your death. Missouri law does not require your request to be in writing. You simply need to tell your family or health care agent. However, if you want your wishes to be clear, put them in writing. You may make your intention to donate your organs known by signing the back of your driver’s license and asking a witness to sign.

Missouri Organ/Tissue Donation and Registry
Toll free: 1-888-497-4564
www.missouriorgandonor.com
Tasks that Need to be Handled After the Funeral

Get duplicate death certificates. You may need a dozen certified death records to complete upcoming tasks, though some will require less expensive copies. Your funeral director may help you handle this or you can order them from the County or State Vital Statistics office where the death occurred. Each certified record will cost in the neighborhood of $10-$20.

Send thank you notes. Sending thank you notes may be a task a family member will help you with.

Notify local Social Security office. Typically, the funeral director will notify Social Security of your loved one’s death. If not, call 1-800-772-1213 or contact your local office. If your loved one was receiving benefits, they must stop because overpayments will require complicated repayment. Even a payment received for the month of death may need to be returned. If the deceased has a surviving spouse or dependents, ask about their eligibility for increased personal benefits and about a one-time payment of $255 to the survivor.

Handle Medicare. If your loved one received Medicare, Social Security will inform the program of the death. If the deceased had been enrolled in Medicare Prescription Drug Coverage (Part D), Medicare Advantage plan or had a Medigap policy, contact these plans at the phone numbers provided on each plan membership card to cancel the insurance.

Look into employment benefits. If the deceased was working, contact the employer for information about pension plan, credit unions and union death benefits. You will need a death certificate for each claim.

Stop health insurance. Notify the health insurance company or the deceased’s employer. End coverage for the deceased, but be sure coverage for any dependents continues if needed.

Notify life insurance companies. If your loved one had life insurance, appropriate claim forms will need to be filed. You will need to provide the policy numbers and a death certificate. If the deceased was listed as a beneficiary on a policy, arrange to have the name removed.

Terminate other insurance policies. Contact the providers. That could include homeowner’s, automobile and so forth. Claim forms will require a copy of the death certificate.
Meet with a probate attorney. The executor should choose the attorney. Getting recommendations from family or friends might be the best approach, but an online search can also be an efficient way to find an attorney. If there is a will, the executor names in it and the attorney will have the document admitted into probate court. If there isn’t a will, the probate court judge will name an administrator in place of an executor. The probate process starts with an inventory of all assets (personal property, furniture, jewelry, etc.), which will need to be filed in the probate court. If there is a trust, contact the trust attorney.

Make a list of important bills (mortgage payments). Share the list with the executor or estate administrator so that bills can be paid promptly.

Contact financial advisors, stockbrokers, etc. Determine the beneficiary listed on these accounts. Depending on the type of asset, the beneficiary may get access to the account or benefit by simply filling out appropriate forms and providing a copy of the death certificate. If that’s the case, the executor wouldn’t need to be involved. If there are complications, the executor could be called upon to help out.

Notify mortgage companies and banks. It helps if your loved one left a list of accounts, including online passwords. Otherwise, take a death certificate to the bank for assistance. Change ownership of joint bank accounts. Did the deceased have a safe deposit box? If a password or key isn’t available, the executor would most likely need a court order to open and inventory the safe deposit box. Most probate courts have administrative rules about steps to access the box of any decedent.

Close credit card accounts. For each account, call the customer service phone number on the credit card, monthly statement or issuer’s website. Let the agent know that you would like to close the account of a deceased relative. Upon request, submit a copy of the death certificate by fax or email. If that’s not possible, send the document by registered mail with return receipt requested. Once the company receives the certificate, it will close the account as of the date of death. If an agent doesn’t offer to waive interest or fees after that date, be sure to ask. Keep records of what accounts you close and notify the executor of the estate about outstanding debts.
Notify credit reporting agencies. To minimize the chance of identity theft, provide copies of the death certificate to the three major firms - Equifax, Experian and TransUnion – as soon as possible so the account is flagged. Four to six weeks later, check the deceased’s credit history to ensure no fraudulent accounts have been opened.

Cancel driver’s license. Clearing the driver’s license record will remove the deceased’s name from the records of the Department of Motor Vehicles and help prevent identity theft. Contact the State Department of Motor Vehicles for exact instructions. You may have to visit a customer-service center or mail documentation. Either way, you’ll need a copy of the death certificate.

Cancel email and website accounts. It’s a good idea to close social media and other online accounts to avoid fraud or identity theft. The procedures for each website will vary. For instance, Google Mail (Gmail) will ask you to provide a death certificate, a photocopy of your driver’s license and other detailed information.

Cancel memberships in organizations. Reach out to sororities, fraternities, professional organizations, etc., the deceased belonged to and find out how to handle his/her membership status. Greek organizations may want to hold a special ceremony for your loved one.

Contact a tax preparer. A return may need to be filed for the individual, as well as for an estate return. Keep monthly bank statements on all individual and joint accounts that show the account balance on the day of death.

(The above information is taken from the AARP website www.aarp.org)

Additional Considerations

Cell phone: Before giving away or selling your loved one’s cell phone, remove confidential or sensitive information. Unless you have a trusted individual who is tech smart, you might need to take the phone to the cell phone provider for assistance removing this information.

Pay attention to all the things linked to the cell phone number: pet ID tags, in store reward programs and contact numbers and addresses you may not have stored anywhere else.

Social Media. Did your loved one have a Linkedin account, Facebook or other social media? If so, it will be helpful if you know Login and Password information so you can close the accounts.
Airline Miles and Reward programs. To transfer miles or credit card rewards will generally require completing an affidavit, writing the company a letter and sending the death certificate. These miles or credit card reward points can add to a sizeable amount so it may be worth the extra steps to see if someone is eligible to use these. If family or friends are not interested in using these accumulated miles, they can often be donated to charity.

Online accounts. If you have the user name and password to an online account and there is information you need to get such as an account number, balance or form, do so before you notify the company. Once you tell them your loved one has died, the account will likely be disabled and you won’t be able to access.

Apply for Benefits Due to Survivors. For all kinds of insurance policies, as well as financial contracts—including car loans, mortgages and credit card agreements—find out whether insurance premiums were paid on the accounts. If so, cash benefits may be due to heirs.

Ask questions to find out if survivors are due pension benefits or income from the deceased person’s employer, union or maybe even the military. Employers may pay out 401 (k) funds, along with unused vacation time, holiday time or bonuses already earned.

Was there a life insurance policy? Generally, this requires a claim form and a death certificate.

Social Security Benefits
Who receives the benefits?
Certain family members may be eligible to receive monthly benefits, including:

- A widow or widower age 60 or older (age 50 or older if disabled)
- A surviving divorced spouse, under certain circumstances
- A widow or widower at any age who is caring for the deceased’s child who is under age 16 or disabled and receiving benefits on their record
- An unmarried child of the deceased who is:
  1. Younger than age 18 (or up to age 19 if he or she is a full-time student in an elementary or secondary school
  2. Age 18 or older with a disability that began before age 22.
Are other family members eligible?
Under certain circumstances the following family members may be eligible:
  • A stepchild, grandchild, step grandchild, or adopted child
  • Parents, age 62 or older, who were dependent on the deceased for at least half of their support.

Eligible family members may be able to receive survivors’ benefits for the month that the beneficiary died.
More detailed information is available on the Social Security Administration website at www.ssa.gov/planners/survivors/ifyou.html