

# URBAN AGING NEWS

Urban Aging L3C

FREE

Issue 38 | Fall 2024

Info, Insight, & Inspiration for Metro Detroit's Maturing Adults



## LOSING MEMORY, RETAINING CREATIVITY

The Hannan Center recently presented Carolyn Bell, an artist diagnosed with dementia and a client of the center's Daybreak adult day program, with the Randal Charlton award for her artwork, "Medicine Man" and "Untitled". They embody the center's mission to preserve the dignity and to enhance the quality of life for Michigan's older adults who are 55+ years of age.

## -ANNUAL CAREGIVER ISSUE-

Learn about the Caregiver Coalition. See page 4

Get tips for choosing a nursing home. See page 14

Preventing UTIs can also prevent ER visits. See page 21



## **DAYBREAK**

at Hannan Center

**A Daytime Program Designed to  
Improve the Quality of Life for Older  
Adults Living With Dementia**

DayBreak provides compassionate daytime care for adults with dementia, offering caregivers short-term relief while ensuring safety and engagement for loved ones. Our affordable program provides a safe and secure facility, flexible scheduling, professional support, and accessible facilities, giving families and caregivers peace of mind.

### **Why DayBreak at Hannan Center is the Best Choice for Your Loved One:**

#### **PROMOTES INDEPENDENCE:**

Helping your loved one stay active and socially engaged.

#### **SAFE AND SECURE:**

Special locking doors prevent wandering and ensure safety.

#### **COST EFFECTIVE:**

One of the most affordable options for dementia care.



**Let DayBreak at Hannan Center provide the care your loved one needs, while  
you find the peace of mind you deserve.**

**LEARN MORE TODAY: (313) 831-4999 | [WWW.HANNAN.ORG/DAYBREAK](http://WWW.HANNAN.ORG/DAYBREAK)**

# ON MY MIND

By Patricia Ann Rencher

I shall never forget how lost I felt when Mom and Dad got sick, and I hope I never do. That memory is what fuels the mission of this paper – to prepare and educate my community to care for aging loved ones. My parents had been declining long before I realized how serious their health conditions were. It took a medical event to shock me into reality. A host of emotions arose, from disbelief, to shock, to horror. The most gripping emotion,

however, was my feeling that I was useless.

As overwhelmed as I felt, the reality was that there were many new worlds to figure out: healthcare systems, Medicare and insurance, supportive services, rehabilitation centers and skilled nursing facilities. These were all foreign to me and to most of the other adult children I met along the way. I thought, “Wouldn’t it be nice to have one source that

educated us on program offerings?” That’s why I created Urban Aging News in 2015 and have published this resource since.

I know for sure that family members who become caregivers can be so scared that they are almost paralyzed, and they have little time or bandwidth left to research services or to seek help. These families are right under our noses, and they are providing care without information or insight – the resources that make it easier to provide loving care.

For those not currently caregiving but who know someone who is, when you ask “What can I do?” or “How can I help?”, oftentimes the caregiver doesn’t know what they need. Take a copy or give them a subscription to UAN.

Caregivers are struggling alone and can use your gift of anticipating their needs. Think about bringing a meal, or offer to sit with the caregiver’s loved one. While you’re visiting, hold the loved one’s hand or stroke their face. Research tells us that intentional touch has both physical and psychological well-being benefits. Caregivers are most likely busy performing essential tasks to



have the luxury of expressing their love through the calming power of touch.

So often caregivers are just hoping that you will anticipate their needs and take a duty upon yourself.

Be well,

*Patricia Ann Rencher*

Patricia Ann Rencher  
Founding Publisher  
urbanagingnews@yahoo.com  
313.204.5140  
www.urbanagingnews.com



## OUR STAFF



UAN is a free publication circulated throughout metro Detroit

For advertising, editorial contributions or distribution site requests, call (313) 204-5140

Publisher.....Patricia A. Rencher  
Editor.....Alicia Nails  
Graphics.....Kimberly Ratcliff

UAN is a product of Urban Aging, L3C

# URBAN AGING NEWS

A great gift for the caregiver in your life

Don't miss the resources and information in this publication

**SUBSCRIBE TODAY!**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Return this form with \$25 – 4 issues/year – Make Check or Money Order payable to UAN L3C – 1905 Hyde Park, Detroit 48207

# Caregiver Coalition Supports Those Who Provide Care: Changing the Care Conversation

By Shawntay Lewis



The Southeast Michigan Senior Regional Collaborative, a network of 35 senior-serving organizations, has initiated the first caregiver coalition in Michigan. The coalition, called Changing the Care Conversation, is facilitated by caregivers who are also

focused on caregivers' needs. The coalition addresses themes like mental health support, education, caregiver advocacy, respite, resources and support, with a focus on the cultural diversity of Southeast Michigan, said Kristie King, senior regional collaborative executive director.

"The main commitment was making sure that we center the voice of the family caregiver, and that we really highlighted caregivers of color, Black and brown populations, understanding that there are some things about communities of color that may differ from the majority population when it comes to caregiving," King said.

The priorities of the coalition were chosen by the members who are caregivers, based on what they would like to see accomplished.

"We came up with activities and brainstormed activities for the caregivers who are part of the coalition to get their feedback of what they wanted to see our coalition do," said Callie Bruley, one of the facilitators of the CTCC coalition.

In each coalition meeting, a conversation is facilitated and caregivers can discuss what they are going through, and what support they may need.

"It's really about what caregivers want to see, what they experience day to day and what they think could make their lives easier as a caregiver," Bruley said. "Those services that do exist, sometimes do not fully meet the need. It's making sure we know what programs are out there...but also, it's identifying [where] there is a gap, what can we do to close that gap and sharing the caregiver's voice to do that."

In 2021, the Center for Health and Research Transformation reported an estimated 1.7 million caregivers live in Michigan. The coalition to support

Continued on page 16



*Empowering Caregivers One Conversation at a Time*

**Listen Here:** [linktr.ee/CaregiverConversations](https://linktr.ee/CaregiverConversations)

Scan to listen



**Caregiver Conversations** is your go-to source for insightful discussions, expert advice, and heartfelt stories about caregiving. Whether you are a caregiver yourself, a family member, or a professional in the field, our podcast is here to support and guide you through the complexities of caregiving.

ELDER LAW  
& ADVOCACY  
CENTER  
A DIVISION OF  
NEIGHBORHOOD LEGAL SERVICES MICHIGAN





**2024 Walk to End Alzheimer's**  
**Detroit - Detroit Zoo**  
Nov. 2, 2024 | 7:30 a.m.


2024 National Presenting Sponsor  
**Edward Jones**

# THIS IS WHY WE WALK.

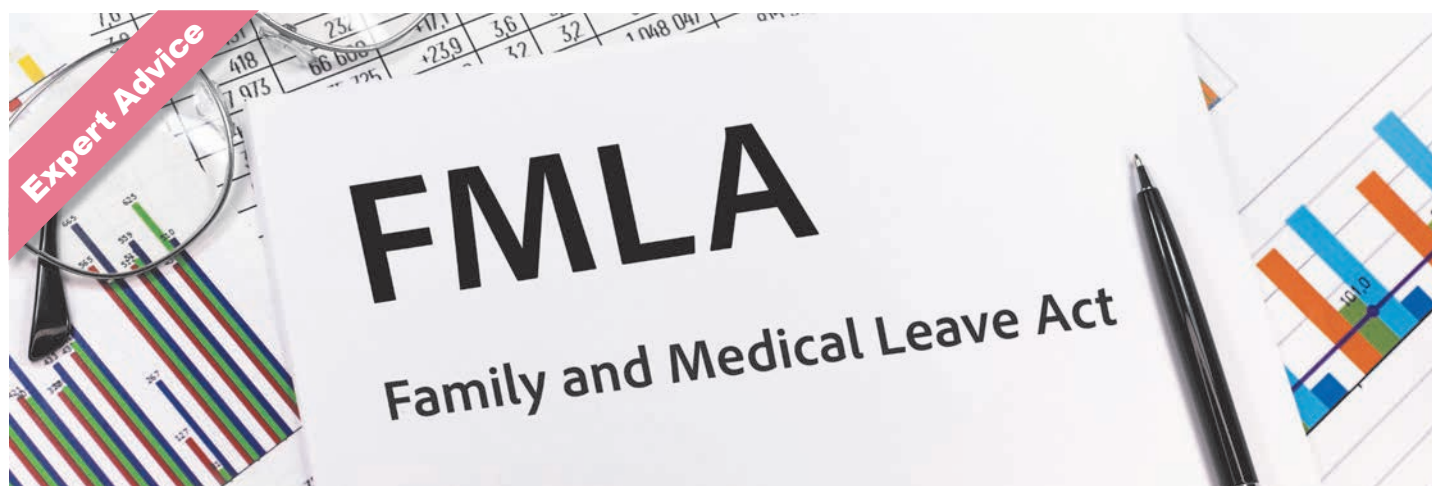
At the Alzheimer's Association Walk to End Alzheimer's®, we're fighting for a different future. For families facing the disease today. For more time. For treatments.

We're closer than ever to stopping Alzheimer's. But to get there, we need you. Join us for the world's largest fundraiser to fight the disease.

Register today at [alz.org/walk](https://alz.org/walk).

**WALK  
TO END  
ALZHEIMER'S**  
ALZHEIMER'S  ASSOCIATION®

# Employed Caregivers: FMLA and Other Leave Options



Caregiving for someone who means the world to you, while also working a full-time job, is a demanding combination. You may feel as if you've got more on your plate than you can handle. That's why it's worth checking out some of the following tips that may help you care for your loved one while keeping your job and paycheck intact.

To begin, you may need to meet with your manager or human resources representative and discuss the policies and resources that are available to you. These might include:

**Flexible work options.** This could mean a compressed workweek or a modified schedule. Job-sharing and remote work are also caregiver-friendly options to explore. Many employers offer flex-time options on a case-by-case basis, even if there is no formal policy in place.

• **Counseling and support services.** The human resources department may offer an Employee Assistance Program or other resource specifically for caregivers. Counseling is an example of a resource to help with reducing stress and managing time.

• **Eldercare referrals.** Many companies offer eldercare referrals, assisted by either an online database or live consultants. This reduces the burden of having to conduct time-consuming research to find needed services.

• **Using paid time off.** Depending on the employer's policies and applicable state laws, employees may be permitted – or even required – to use accrued paid sick days or vacation leave toward time taken off for caregiving.

## Understanding the Family and Medical Leave Act

Caretakers may be eligible for unpaid leave under the federal Family and Medical Leave Act. FMLA entitles certain workers to take unpaid leave for up to 12 weeks per year, without losing job security or health benefits. The care must be for a spouse, child or parent who has a serious health condition. FMLA does not cover leave for in-laws or siblings.

FMLA covers employees in the public sector, or a company or organization that employs 50 or more people working within 75 miles of the work site. To be eligible, the employee must have worked for that employer for at least 1,250 hours in the last 12 months — about 24 hours a week. The U.S. Department of Labor's Family and Medical Leave Act Employee Guide provides more information.

**How is FMLA leave requested?** Notify the employer as soon as possible. A 30-day notice is required when the need for leave is "foreseeable" — for instance, caring for a loved one after scheduled surgery.

**What to expect?** The employer is required by law to tell you your rights under FMLA and, if you qualify, to offer you leave. You may be asked to submit paperwork from a health care provider confirming your loved one's condition and need for care. Employers may not retaliate, threaten or make work life difficult because FMLA leave has been requested.

**Must all 12 weeks of FMLA leave be used consecutively?** The law allows for taking the 12 weeks of leave annually, all at once or intermittently. Note: Paid time off that is used for caregiving leave, that is also FMLA-eligible, counts toward the 12-week entitlement.

**What about state caregiving laws?** Nine states and the District of Columbia have laws on the books providing paid time off for caregivers through tax-funded family-leave insurance programs. Michigan, however, has no such laws.

See AARP's Prepare to Care: A Planning Guide for Families for a step-by-step guide on how to have needed crucial conversations to assess a loved one's needs; tips for organizing important documents; a listing of federal and national resources; self-care tips and checklists; as well as medication charts and contact list templates.

## A Caregiver's Prayer

By Tracy Robbins

Lord, help me remember I am doing your work.

Help me to clothe myself with compassion, kindness, humility, gentleness, patience, forgiveness, and love.

Help me to live out and embody the fruit of the Spirit showing love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control.

Enable me to see them through your eyes. Help me to have compassion as you did and to follow your example.

Ease my burden and provide times of rest and refreshment.

Give me the energy necessary to fulfill my tasks.

Grant me strength and extra grace to be able to handle things I might not normally be able to handle.

Help me not to lose my joy and give me moments of laughter.

In moments of frustration, help me to be slow to anger and to refrain from letting any anger or frustration give a foothold to negative thought or action.

Comfort me as I mourn what I have lost.

Fill me up with your love so that I'm so full your love overflows.

Help me to remember that it's you THROUGH me.

Thank you for trusting me with this role of caring for my loved one.

AMEN

# Dispelling Myths About Hospice Care & Resources

By Patricia Anstett



Paula Duren, PhD, of Universal Dementia Caregivers, explains the benefits of hospice to caregivers.

Millions of African American and Latino patients and their caregivers may want to benefit from free, helpful, end-of-life care and from supplies being delivered to the home or to the nursing home — and hospice programs most often provide this comfort care. However, the word hospice carries a stigma and experts say the program is too often misunderstood by communities of color. Therefore, they say, these communities lag far behind white communities in their use of free hospice service which is covered by Medicare and most health insurance plans.

“About 50 percent of Medicare beneficiaries who are white take advantage of the hospice benefit, but when you talk about communities of color, that number drops all the way down to the mid-30s,” said Dave Turner, an African American hospice leader based in metro Detroit. He is vice president of innovation and communities for St. Croix Hospice, a company with 66 hospice programs in 10 Midwest states, including two in Michigan, in Troy and Livonia. For a list of services and locations, go to <https://www.stcroixhospice.com/>.

Hospice programs offer specialized care for people typically with six months or less to live, though the benefit may be longer if a doctor certifies the person still needs it. Hospice programs provide nurses, home health aides, pain specialists, spiritual counselors and even musicians - along with a wide range of free supplies, from wheelchairs and diapers, to hospital beds, shower chairs, medicines and oxygen.

The programs can greatly assist caregivers by freeing them from duties like bathing, diaper changing or wound care.

This same misinformation can also hinder acceptance of palliative care, a medical specialty with benefits similar to hospice. It's for people with a serious illness, such as cancer, stroke and heart failure. Most health insurance plans cover palliative care and patients don't have to be terminally ill. Yet though most major hospital systems offer palliative care,

Continued on page 21



Presbyterian  
Villages

OF MICHIGAN

SERVING SENIORS & COMMUNITIES

## Embrace the possibilities

Presbyterian Villages of Michigan (PVM) creates opportunities for seniors of all faiths. Connecting seniors to resources and their community for a vibrant life.

[www.pvm.org](http://www.pvm.org) | (248) 281-2020

### Detroit

*The Thome Rivertown  
Neighborhood*  
313.259.9000

*The Village of Bethany Manor*  
313.894.0430

*The Village of Brush  
Park Manor Paradise Valley*  
313.832.9922

*Delta Manor*  
313.259.5140

*The Village of Harmony Manor*  
313.934.4000

*Hartford Village*  
313.270.9700

*The Village of Oakman Manor*  
313.957.0210

*The Village of St. Martha's*  
313.582.8088

*The Village of  
University Meadows*  
313.831.6440

*The Village of  
Woodbridge Manor*  
313.494.9000

### Holly

*The Village of  
Holly Woodlands*  
248.634.0592

### Pontiac

*The Village of  
Oakland Woods*  
248.334.4379

### Redford

*The Village of Redford*  
313.541.6000

### Westland

*The Village of  
Our Saviour's Manor*  
734.595.4663

*The Village of  
Westland*  
734.728.5222

PVM Programs and  
Partners include:



# Medical Foster Homes Provide Warm Alternatives to Residential Care Facilities

By Allie Jacobs



## MEDICAL FOSTER HOME

Explore VA's Medical Foster Home Resource Guide for Veterans and potential caregivers.



According to the U.S. Department of Veterans Affairs, the Medical Foster Home program supports veterans who can no longer live independently due to “serious chronic disabling conditions that meet nursing home level standards” but prefer an alternative to an institutionalized setting for long-term care.

In 1999, two social workers at the Little Rock VA Medical Center piloted the first Medical Foster Home program. Today, the program is administered at 156 VA medical centers, serving more than 700 veterans in those regions. The goal is to have the program available at every VA medical center nationwide by 2025.

The program offers ongoing caregiver support and 30 respite days each year.

“It’s not just about the veteran — the VA will say, ‘Whatever you need, let us know,’” Sigler said.

Caregivers undergo background checks and home inspections, Laird said. Once approved, caregivers are required to complete biannual training sessions.

For veterans in need of long-term care, the transition from living independently to a Medical Foster Home comes with its own set of challenges.

“A lot of them are losing their homes, they’re losing their cars...they feel like they’re losing their family,” Sigler said. “There’s a lot of anxiety when everybody first gets here so I try to talk to them about those issues. It usually takes a good six months for them to get comfortable being here.”

Another adjustment for veterans is having 24/7 care and supervision. Going for a walk, for example, isn’t permitted without being accompanied by a caregiver.

The cost of living in a Medical Foster Home is typically less than that of a nursing home, Laird said, ranging from about \$3,000 to \$4,000 per

Continued on page 10

For more than a decade, Connie Sigler’s Michigan lakefront home has been filled with strangers who turn into family.

Connie and her husband, Jack, currently have three individuals at their Michigan state licensed adult foster care home, which they call “Home Away from Home.” Two residents are veterans enrolled in health care with the Veterans Health Administration.

“Jack does a lot of the cooking and cleaning, but we both do a little bit of everything,” she said. “We like to have [the residents] come and eat with us, or we eat with them. We also have to get their medications together because they’re not able to do that.”

Connie is a former preschool teacher and nurse’s aide, while Jack was a paramedic for 30 years.

The program requires caregivers to have no more than three residents in the home. Each veteran is assigned a Home-Based Primary Care Team, which includes a nurse case manager, social worker, pharmacist, and a primary care physician — among other specialists based on veterans’ needs.

“I go into the home unannounced once a month and visit with the veterans,” said Melissa Laird, Medical Foster Home program coordinator for the VA Ann Arbor Healthcare System. “I make sure they are stable and getting the things that they need. I also assess the caregivers’ needs and provide caregiver relief, whether it be identifying signs of burnout or whatever is needed for that person to remain successful in their role.”

## Free Estate & Legacy Planning

Protect your family's future with an estate plan. Work with an experienced attorney to ensure your home is passed down to the next generation.

**Qualifications:** If you own a home in Detroit and you earn up to 300% of the Federal Poverty Level, then you may qualify for **FREE** execution of your life and legacy planning documents.

**Workshops:** The workshop will provide an overview on the different types of documents used in Estate and Legacy Planning; including: The Last Will and Testament, Health Care Power of Attorney, Durable Power of Attorney for Finances, Ladybird Deed, and Trusts.

**MYDHN.EDUCATION**

**(866) 313-2520**

**ELDER LAW & ADVOCACY CENTER**  
A DIVISION OF  
NEIGHBORHOOD LEGAL SERVICES MICHIGAN

**CITY OF DETROIT**

**Detroit Housing Network**

**Scan to get started!**

# Decoding the VA Aid and Attendance Benefit

By Bob Mannor, J.D., Mannor Law Group



Navigating the complexities of long-term care is a challenge many Michigan seniors face, especially when trying to access financial resources to ease the burden. For veterans and their surviving spouses, the VA Aid and Attendance pension benefit can be a crucial lifeline, providing financial assistance for in-home care, assisted living, or nursing home care. Yet, despite its value, many are unaware of this benefit or find the application process overwhelming. Let's break down how Michigan seniors can better understand and access this vital support.

## What is Aid and Attendance?

The Aid and Attendance pension is an enhanced benefit available to qualifying veterans and their surviving spouses who need help with activities of daily living, such as bathing, dressing, eating, or grooming. It is an addition to the standard VA pension,

designed to help cover the costs of care, whether at home, in assisted living, or in a nursing home.

## Eligibility Criteria:

Eligibility hinges on three key factors: military service, health, and financial status.

**1. Military Service:** The veteran must have served at least 90 days of active duty, with at least one day during a recognized period of war. Discharge conditions should be anything other than dishonorable.

**2. Health Status:** The veteran or spouse must require regular assistance with daily activities due to a physical or cognitive condition. This could range from help with basic personal care to managing dementia-related needs.

**3. Financial Need:** The VA considers income, some types of assets, and the cost of care to determine financial eligibility. However, the rules are nuanced, and with proper legal guidance, some assets and income can be restructured to improve qualification chances.

## Common Misconceptions and Roadblocks:

A significant misconception is that only low-asset veterans qualify for Aid and Attendance. While financial criteria exist, proper estate planning can often open doors that may seem closed. Legal strategies, such as creating trusts, legally transferring assets, or managing income streams, can help a family qualify for benefits without jeopardizing financial stability.

Another barrier is the daunting application process. The paperwork and documentation required can be overwhelming, especially for families already managing caregiving duties. A professional well-versed in veterans' benefits and elder law can make a substantial difference in ensuring a successful application.

## Why Professional Guidance Matters:

Given the complexities, partnering with an elder law attorney experienced in VA benefits is crucial. At our dementia-focused law firm, we have successfully guided countless Michigan families

through this process, securing the support they need while safeguarding their long-term financial health. As the aging population grows, so does the need for clear information and expert assistance in securing resources like Aid and Attendance to ensure our veterans and their families receive the care they deserve.

*Bob Mannor is a Certified Elder Law attorney, certified dementia practitioner, presenter, author & host of Advice from Your Advocated Podcast. Contact the Mannor Law Group at 810.694.9000*



Comfort.  
Care. Compassion.

Hospice of Michigan's expert team provides the guidance, training and emotional support you need to help you be a more confident caregiver.

Call today to start receiving the compassionate care you and your family deserve.



**24/7 CAREGIVER  
SUPPORT CENTER**

**888.247.5701  
hom.org**

**SERVING SOUTHEAST MICHIGAN SINCE 1978**

## Medical Foster Home

Continued from page 8

month for the homes she oversees. The VA assists caregivers on how to determine a price range, and once that is settled, a private contract is created between the caregiver and veteran.

The Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, also known as the Cleland-Dole Act, will eventually make it possible for medical foster homes to be a paid benefit for highly service-connected veterans, Laird said. The act was

designed to expand veteran services for mental health, long-term care, telehealth and homelessness over the next five years.

Aside from financial benefits, a 2019 study by VA researcher and physician Cari Levy found better survival rates among veterans in a Medical Foster Home compared to veterans residing in traditional nursing homes with similar demographics and health problems. Levy's studies showed additional benefits, such as feeling like they were part of the caregiver's family.

Sigler has four children and 12 grandchildren — and she always

includes residents in family dinners and birthday celebrations.

While ultimately rewarding, the job of a Medical Foster Home caregiver comes with ups and downs. "You have to be flexible, patient and understanding," she says. "You also can't save them all, even when you really want to."

The John D. Dingell VA Medical Center in Detroit, Michigan, is a new Medical Foster Home program site, looking to recruit caregivers who are interested in owning a Medical Foster Home. The Detroit coordinator can be reached at 313.318.7219.

To learn more about the program, visit <https://rb.gy/y11tum>

*This story was produced with support from the New York & Michigan Solutions Journalism Collaborative, a partnership of news organizations and community partners dedicated to rigorous and compelling reporting about successful responses to social problems. The group is supported by the Solutions Journalism Network. Read related stories at [nymisojo.com](http://nymisojo.com). The collaborative also has compiled a detailed Caregiving Resource Guide with links to online information about various issues of interest to caregivers.*

## Building a Care Support Team

By Shawn Bennis, MSN, RN, CHC, Faith Community Nursing Program Manager, Henry Ford Health

It is important to identify your care support team - the people in your life who would be willing and able to help you if you have a planned or unexpected surgery or illness. We refer to those people as your caregivers. Some are family members, some are very good friends, and some are neighbors. Caregivers come in all forms, but it's important for you to identify them in advance and make your wishes known.

Make a list of the duties and errands you'll need help with. Next, list the people who would be willing to help. Especially consider those you see

frequently and those who offer to help without being asked. Consider assigning roles to people who have experience, knowledge or affinity in an area.

**The care support team may consist of some or all of the following people:**

**Primary caregiver/emergency contact person:** Think of one person who can oversee your day-to-day arrangements when you are unable to do so. Then think of a secondary person in case something should happen to your primary caregiver.

**Medical Durable Power of Attorney:** Consider a person to be your medical durable power of attorney who will make healthcare decisions for you when you are unable to make decisions for yourself. This may be the same person as your primary caregiver.

**Drivers:** These people are available to take you to appointments, the lab, or to the store.

**Medicine manager:** Identify a person who can take charge of your medicines at home to help organize, make schedules, fill and pick up prescriptions, and ensure you are taking your medications as directed.

**Cooks and special helpers:** Various people who can go grocery shopping, make/bring meals, run errands, do housework, and/or laundry. Most of these jobs can be done when convenient, so it allows for more flexibility.

**Exercise partner:** A person who will help you do your prescribed exercises and try to keep you motivated and active.

**Spiritual companion:** This person is a great listener and may not be part of your day-to-day activities.

**Comedian:** Think of those in your life who make you laugh. Children and teens are often great at this! Keeping your spirits lifted is critical care!

Creating a care support team is critical to your recovery. Some roles may change but maintaining open and ongoing communication will make caregiving more manageable. For more information about resources, for questions about your specific caregiving situation, or to see a list of upcoming support groups and classes, visit [www.henryford.com/familycaregivers](http://www.henryford.com/familycaregivers). You can also email [CaregiverResources@hfhs.org](mailto:CaregiverResources@hfhs.org), or call 313.874.4838.



## Caregiver Recognition: Nicole Smith

Caregiver Nicole Smith says she was living her best life as a working single woman, with no children. The U.S. Army civilian employee says she was doing just great. And when it became clear to her that her 76-year-old mother, Rosie, needed help, Nicole was convinced she could handle it. She soon realized just how much caregiving would change her life. It all began when the daughter noticed confusing conversations.

"Mom started doing things that made me pay attention – like coming home from work and saying she would take a quick nap and get ready for work. Because she had no physical illnesses, I felt as though I could handle it. Little did I know the magnitude of caregiving."

Universal Dementia Caregivers Executive Director Paula Duren, Ph.D. interviewed Smith so that others might be informed and inspired:

**Q: As you reflect on your now three-year journey as your mother's caregiver, how has it affected the mother-daughter relationship?**

A. Mom and I are opposites but we have learned to coexist. It takes a lot to get me going but mom can go from zero to 100 in no time. She does not want assistance and blames me for everything. I am learning that it's the disease. There are some days it's tough to remember. This experience has given us a chance to become closer, and build upon our relationship.

**Q: What has caregiving taught you?**

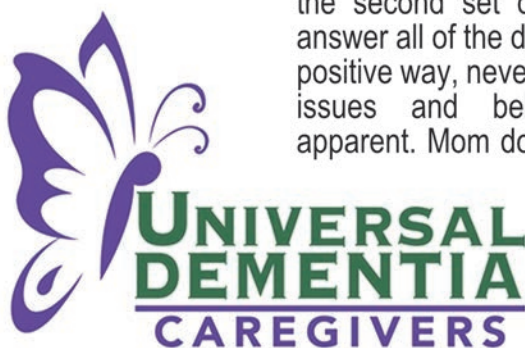
A. It's taught me the importance of giving yourself grace. There are days you will not want to be a caregiver, you will come short but you must be kind to you.

I have also learned the importance of going to the doctor with my mom if she will let me. She only hears part of the doctor's messages. She really needs the second set of ears. Mom would answer all of the doctor's questions in a positive way, never sharing some of the issues and behaviors that were apparent. Mom doesn't want me to tell

the doctor what is really going on. I have learned how to provide essential information to the doctors. It's also taught me the importance of joining a support group even before you think you need it. It is so important to be with others who understand the journey.

**Q: How have you grown as a result of caring for your mom?**

A: Patience with myself, and giving her some space. I have learned when and where to step in. That's important because she thinks she is capable. I risk her being angry, and she can be angry for a long time. I am always close by, and no longer insisting but trying to figure out what will work best. I have learned that I don't have to have all the answers, and I don't have to be there 24/7. I'm looking for more balance in my life. I was trying to anticipate all her needs all the time, for example, but I have also learned to ask for help.



We Care For Caregivers



**WE SEE YOU!**  
**UNIVERSAL DEMENTIA**  
**CAREGIVERS**  
**RECOGNIZES**  
**NICOLE SMITH**

**Family caregivers are the backbone of the healthcare system. At Universal Dementia Caregivers, our desire is to let caregivers know that "WE SEE YOU" and how you give your heart and soul to your loved ones.**

**We recognize the important work of family caregivers!**

**Please nominate a caregiver as each quarter we highlight the love, work, and commitment that a caregiver shows to a loved one living with dementia.**

**A \$100 gift card will be given to the selected caregiver.**



**TO NOMINATE A CAREGIVER, apply via the QR code or [www.universaldementia.org/contact](http://www.universaldementia.org/contact) for the form.**

**For more information or the upcoming training schedule, contact [info@universaldementia.org](mailto:info@universaldementia.org) or 248.509.HELP(4357)**

## Growing the Caregiver-Patient Bond

Expert Advice



The process of hiring in-home care requires hunting referrals or working through an agency, screening, and relying upon trustworthy references. While these steps can provide initial confidence and peace of mind, involving your loved one is a critical step in the selection process as well.

Companionship is a significant benefit of hiring in-home care, but a genuine relationship requires both parties to learn about one another. Inviting a new caregiver into the home is very personal and can be uncomfortable at first, but these are some ways to help your loved one and a new caregiver to connect.

### Storytelling

It can be difficult to get elders to open up initially, but flipping through photo albums and looking at memorabilia together is a great way to jog the memory and create opportunities for meaningful discussions.

### Music Therapy

Listening to music together can be a great way to form a bond. Hearing a treasured old song is often therapeutic for older adults by bringing back memories and reducing anxiety. Try leaving out a few favorite records or

CDs to be played during the new caregiver's visits.

### Sharing Hobbies and Activities

Discovering pastimes that both professional caregivers and your loved one enjoy equally is a great way to forge a connection. Finding things to do together will help keep minds and bodies active and engaged, not to mention spark conversations. If any of a senior's interests require supplies or special instructions, be sure to make these easily accessible for their new caregiver.

### Warming Up to Multiple Caregivers

While having the same person visit the home is preferable, that may not always be possible. As soon as possible, introduce your senior to the aide(s) who might serve as backups for their primary caregiver. Meeting with and establishing a relationship with multiple caregivers is especially important if a senior's condition requires assistance from multiple people and to understand the need to accept other caregivers as part of their care team.

### Building Trust

If a new caregiver isn't a good match, don't give up. If you are going through an agency, tell the company that they are not working out, why, and ask for a caregiver who has your desired personality and skills. If the caregiver was not connected to an agency, ask friends, church members, co-workers, and anyone else you can get referrals and trustworthy references from.

After the initial awkwardness and apprehension has been overcome, older adults often begin looking forward to visits with their in-home caregivers.

## ELDER LAW & ADVOCACY CENTER

A DIVISION OF  
NEIGHBORHOOD LEGAL SERVICES MICHIGAN

The Elder Law & Advocacy Center provides legal services for individuals 60+ years and their caregivers living in Wayne County. ELAC assists with Wills, Power of Attorney documents, Landlord/Tenant, Guardianship, Medicaid Planning, Kinship Caregivers issues, and more!

GET HELP

313.937.8291 [nlsmichigan.org/elder-law](https://nlsmichigan.org/elder-law)

ELAC is funded by the Michigan Aging & Adult Services Agency, Detroit Area Agency on Aging 1-A, AgeWays Nonprofit Senior Services, The Senior Alliance-Area Agency on Aging 1-C, and with support from the Older Americans Act, the Older Michiganians Act, and in compliance with Title VI of the Civil Rights Act of 1964 and EEOC Social Rehabilitation Act, Section 504.

Free legal consultations for residents of Canton Township are sponsored by the Charter Township of Canton Community Development Block Grant program.

Tax deductible contributions are welcomed.



## Property tax payment plans are available now!

### Interest Reduction Stipulated Payment Agreement (IRSPA)

This payment plan reduces the interest rate from 18% to 6% for eligible taxpayers. To sign up, you must own and live in your home, and have a Principal Residence Exemption (PRE) and ID that proves residency.

### Distressed Owner Occupant Extension (DOOE)

This program is not available to everyone. If you own and live in the property, and are suffering financial hardship you may qualify for this program. Proof of ownership, occupancy, and hardship are required.

### Stipulated Payment Agreement (SPA)

Available to everybody, this plan allows a taxpayer to pay taxes pursuant to a payment schedule. The plan will avoid foreclosure provided that payments are submitted per the agreed upon schedule.

### Pay As You Stay Payment Agreement (PAYSPA)

Only for those who have first applied for their local municipality's Poverty Tax Exemption (PTE) and received an approval. Once notified by your local Assessor's office and deemed eligible, our office will mail you a notification letter with your Reduced Amount Due. You will have the option of paying a lump sum (additional 10% off) or enrolling into a PAYSPA.

**Many of these plans are  
available online at  
[treasurer.waynecounty.com!](http://treasurer.waynecounty.com)**

**For more information email [WCTOPaymentPlans@waynecounty.com](mailto:WCTOPaymentPlans@waynecounty.com) or call (313) 224-5990.**

# Finding the Right ‘Fit’ in a Nursing Home

By Jordan Ray, KFF Health News



Few people want to go into a nursing home, but doing so can be the right choice if you or a loved one is physically or cognitively disabled or recovering from surgery. Unfortunately, homes vary greatly in quality, and many don't have enough nurses and aides to give residents the care they need.

## Q: How do I find nursing homes worth considering?

Start with Medicare's online comparison tool, which you can search by city, state, ZIP code, or home name. You can also reach out to your local area agency on aging and your local long-term care ombudsman at 866.485.9393. Ombudsmen help residents resolve problems with their nursing home. Some people use private placement agencies, but they may refer you only to homes that pay them a referral fee.

## Q: What should I find out before visiting a home?

Search online for news coverage and for reviews posted by residents or their families.

Call the home to make sure beds are available. Well-regarded homes can have long waiting lists.

Figure out how the stay will be paid for. Most nursing home residents rely primarily on private long-term care insurance, Medicare (for rehabilitation stays) or Medicaid (for long-term stays if you have few assets). In some cases, the resident pays entirely out-of-pocket. If you're likely to run out of money or insurance coverage during your stay, make sure the home accepts Medicaid. Some won't admit Medicaid enrollees unless they start out paying for the care themselves.

If the person needing care has dementia, make sure the home has a memory-care unit.

## Q: How can I tell if a home has adequate staffing?

Medicare's comparison tool gives each home a rating of one to five stars based on staffing, health inspection results, and measurements of resident care such as how many residents had pressure sores that worsened during their stay. Five is the highest rating. Below that overall rating is one specifically for staffing. Be sure to study the annual staff turnover rate, at the bottom of the staffing page. Anything higher than the national rate — an appalling 52% — should give you pause.

You should also pay attention to the inspection star rating. The "quality" star rating is less reliable because homes self-report many of the results and have incentives to put a glossy spin on their performance.

## Q: Does a home with three, four, or five stars provide good care?

Not necessarily. Medicare's ratings compare the staffing of a home against that of other homes, not against an independent standard. The industry isn't as well staffed as many experts think it needs to be: About 80% of homes, even some with four and five stars, are staffed below the standards the Biden administration will be requiring homes to meet in the next five years.

## Q: How many workers are enough?

There's no straightforward answer; it depends on how frail and sick a nursing home's residents are. Medicare requires homes to prominently post their staffing each

day. The notices should show the number of residents, registered nurses, licensed vocational nurses, and nurse aides. RNs are the most skilled and manage the care. LVNs provide care for wounds and catheters and handle basic medical tasks. Nurse aides help residents eat, dress, and get to the bathroom.

Expert opinions vary on the ideal ratios of staffing. Sherry Perry, a Tennessee nursing assistant who is the chair of her profession's national association, said that preferably a nursing assistant should care for eight or fewer residents.

Charlene Harrington, an emerita professor of nursing at the University of California, San Francisco, recommends that on the day shift there be one nurse aide for every seven residents who need help with physical functioning or have behavioral issues; one RN for every 28 residents; and one LVN for every 38 residents. Patients with complex medical needs will need higher staffing levels.

Staffing can be lower at night because most residents are sleeping, Harrington said.

## Q: What should I look for when I visit a home?

Watch to see if residents are engaged in activities or if they are alone in their rooms or slumped over in wheelchairs in hallways. Are they still in sleeping gowns during the day? Do nurses and aides know the residents by name? Is food available only at mealtimes, or can residents get snacks when hungry? Watch a meal to see whether people are getting the help they need.

Continued on page 15

## Nursing Home

Continued from page 14

You might visit at night or on weekends or holidays, when staffing is thinnest.

### Q: What should I ask residents and families while visiting the home?

Are residents cared for by the same people or by a rotating cast of strangers? How long do they have to wait for help bathing or getting out of bed? Do they get their medications, physical therapy, and meals on time? Do aides come quickly if they turn on their call light? Delays are strong signs of understaffing.

Medicare requires homes to allow residents and families to form councils to address common issues. If there's a council, ask to speak to its president or an officer.

Ask what proportion of nurses and aides is on staff or from temporary staffing agencies; temp workers won't know the residents' needs and likes as well. A home that relies heavily on temporary staff most likely has trouble recruiting and keeping employees.

### Q: What do I need to know about a home's leadership?

Turnover at the top is a sign of trouble. Ask how long the home's administrator has been on the job; ideally it should be at least a year. (You can look up administrator turnover on the Medicare comparison tool: It's on the staffing page beneath staff turnover. But be aware the information may not be up to date.) You should also ask about the tenure of the director of nursing, the top clinical supervisor in a home.

During your tour, observe how admissions staff members treat the person who would be living there. "If you walk in to visit with your mom

and they greeted you and didn't greet your mom or focused all their attention on you, go somewhere else," advised Carol Silver Elliott, president of the Jewish Home Family, a nonprofit in Rockleigh, New Jersey.

### Q: Does it matter who owns the home?

It often does. Generally, nonprofit nursing homes provide better care because they can reinvest revenue back into the home rather than paying some of it to owners and investors.

But there are some very good for-profit homes and some lousy nonprofits. Since most homes in this country are for-profit, you may not have a choice in your area. As a rule of thumb, the more local and present the owner, the more likely the home will be well run. Many owners live out of state and hide behind corporate shell companies to insulate themselves from accountability. If nursing home representatives can't give you a clear answer when you ask who owns it, think twice.

Finally, ask if the home's ownership has changed in the past year or so or if a sale is pending. Stable, well-run nursing homes aren't usually the ones owners are trying to get rid of.

*KFF Health News is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF – an independent source of health policy research, polling, and journalism.*

*To find the original story visit: [www.bit.ly/47BwZSI](http://www.bit.ly/47BwZSI)*

migenconnect.org



**MiGen**  
Michigan LGBTQ+ Elders Network

*Authenticity is Ageless.*

Services, advocacy and connection for LGBTQ+ older adults

## PROGRAMS & SERVICES

Black Led Mental Health Project	Food Box Delivery	Second Sunday Artist Talk
Book Clubs	Friendly Caller	Speaker Series
Caregiver Support	Men of the Hour	Tech Support
Community Navigation	MiStory	Trans Aging Project:
	MMAP Counseling	Adult Vaccination

LEARN MORE & GET CONNECTED

>> [migenconnect.org](http://migenconnect.org)

SIGN UP FOR A PROGRAM OR SERVICE

>> **313-241-8994**

## Coalition

Continued from page 4

caregivers is funded through the Michigan Health Endowment Fund and the Changing the Care Conversation program, a national movement to improve support for family caregivers.

"We're in the middle of piloting this program, bringing it here to Michigan from Florida. So, kind of understanding that work and working directly with the health fund, and their commitment to caregiving," King said.

The Southeast Michigan Senior Regional Collaborative represents Michigan, one of 11 states creating such caregiver-serving programs. Outreach began last year with the recruitment of nine caregivers, with the first to join the coalition called "caregiver champions."

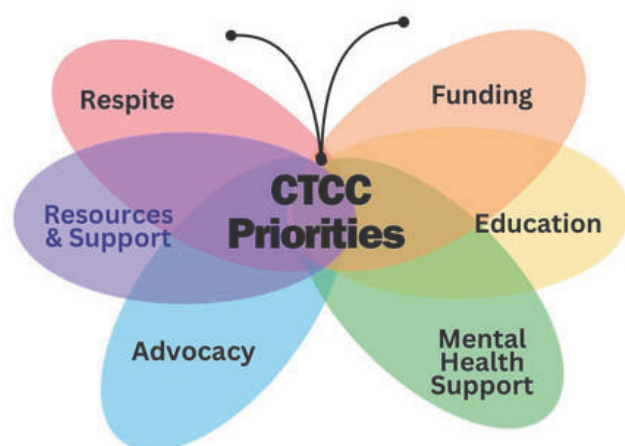
"We didn't want this to be just another coalition or another initiative that was led by organizations," King said. "We really wanted to center the voice of the family caregiver, and so that's what we really began to do."

CTCC program facilitator, Jane Grant, said conversations at the coalition meetings are learning opportunities for many. "What I found is that so many people are not aware that there is support out there," Grant said. "We are a support system that will work with them and do whatever we can to give them the best benefit and resources that they need. They're not alone."

Facilitators of the coalition are also caregivers. As a family caregiver,

Bruley dedicates her time to advocating for caregiver support in Michigan because of her experience. "My mom and I were caregivers for my dad. Throughout his life with Parkinson's ... even back in high school I was a caregiver," Bruley said. "Now I support my mom and I'm a caregiver for my mom. She's got a lot of health issues. Many I think, because she pushed herself really hard taking care of my dad for as long as she could."

The coalition has plans to support initiatives for state legislation to provide for caregivers and caregiver respite. This includes working to bring the Home Health Program, a program to provide caregivers education and structured support, to Michigan. They also support



legislation through the Paid Leave for All coalition, to ensure caregivers can receive paid time off for caregiving and access to paid family leave. Another initiative is ensuring the people they care for have better long-term access to services like Medicaid.

"People are living longer. You may live longer and need caregiving services. It's going to touch everybody at some point in time. And that's how we have to look at it and that's why we have to be so diligent and consistent about fighting for these changes to help people," Grant said.

The next step is to grow the coalition through engagement and outreach. Some caregivers have even joined from out of state.

"It's hard work and it's heart work, and being there for your family in a different manner and changing your life and what your life looks like, that

voice has to come from the family caregiver," King said.

The CTCC caregiver coalition meets on the fourth Wednesday of each month at 11 a.m. and 6 p.m. For more information and to get involved, call 888.341.8593 or email [careconversation@miseniors.org](mailto:careconversation@miseniors.org).



USAgings Conference was held in Tampa, FL. July 8-11, 2024. The Detroit Area Agency on Aging Caregiver Support Coordinators, Laura Riddick (l), BSP, MAHS, and Crystal White, MA, FLE, along with professional staff from AAAs across Michigan were awarded the 2024 Collaboration Achievement Award for creating the three-part webinar series for caregivers, Dementia Caregiving Series. To explain their process, White presented Collaboration to Develop New Dementia Caregiving Webinar along with Trualta CEO and founder Jonathan Davis and Michael Klinkman, MD, of the Michigan Health Information Network. The evidence-based webinar series replaces Developing Dementia Dexterity, and can be accessed in person or virtually by calling 313.446.4444.

## A THOUGHTFUL GIFT FOR THE LITTLE ONES YOU LOVE!



**little Things**

Written by Sharon Lucia  
Illustrated by Annette Dargatzis



Looking for the perfect gift to share with the special little ones in your life?

**Give the gift of Little Things** – a beautifully illustrated children's book that inspires young hearts to chase big dreams while cherishing life's small moments. Through rhythmic verses and delightful illustrations, Little Things teaches the joy found in everyday wonders.

**Order your copy today at [littlewordsofwisdom.org](http://littlewordsofwisdom.org)**

# Do you care for a friend or family member living with Alzheimer's Disease and related dementias (ADRD)?

We want to hear from you!



Help us develop new surveys which will capture and characterize the most important aspects of the caregiving experience for non-traditional caregivers of people living with ADRD. A non-traditional caregiver is a family member other than a spouse or adult child, or a friend who helps the person living with ADRD.

## **You may qualify to participate if you:**

- Are a caregiver of someone living with ADRD
- Are 18 years old or older
- Are able to read and understand English
- Have an existing relationship with the person living with ADRD
- Provide some form of physical assistance, emotional support, and/or financial assistance to the person living with ADRD

## **This study involves one 60 minute visit that can be done from home and includes:**

- An interview about being a caregiver for someone with ADRD
- An online survey with questions about you and the person with ADRD you are caring for

**If you are interested or want to learn more, please contact the study team at 734-764-0644 or email [PMR-CODALab@med.umich.edu](mailto:PMR-CODALab@med.umich.edu).**

# Medicaid and Medicare Patients Have Protections Against Being Discharged Too Soon

By Patricia Anstett



Marilyn Lawson of Eldercare & Caregiver Solutions

Panic may set in. You are told that your hospitalized loved one is going to be discharged home before you think they are ready, or you object to the place they will be transferred to for care, upon release.

Marilyn Lawson, an experienced Detroit elder care specialist, says she knows just how stressful these issues are, not only because she has helped others with their problems but because she recently faced them with her own husband.

Ray Lawson, 90, her husband of 50 years, died in July just five days after being discharged home from a short-term rehabilitation center. Now, to help others, she hopes to pass along knowledge about essential information that caregivers need to know about health care facility discharges.

Urban Aging News interviewed Lawson about questions caregivers may have when they face decisions to discharge or transfer loved ones from hospitals,

rehabilitation centers and nursing homes.

## Q: Who makes discharge decisions?

A: In a hospital, the primary care physician or the head of the interdisciplinary professional team decides whether a patient's condition has been stabilized, no longer requiring inpatient hospital care and the patient can be discharged home or to another health care facility.

## Q: How much advance notice does a hospital have to give before discharge?

A: Procedurally, up to two days before, but not less than four hours before the discharge occurs.

## Q: Is the hospital required to give written notice of a pending discharge?

A: Yes. A discharge planner, a social worker or nurse administrator, will give the patient who is able to act on their own behalf, or the patient representative notice. Medicare patients receive form CMS 10065-IM, titled Important Message from Medicare. The recipient is asked to acknowledge receipt, and should read carefully as it provides information about the appeals process.

## Q: Where do you appeal if you disagree with a decision to discharge?

A: First, appeal to the primary care doctor at the health care facility, or a member of the interdisciplinary professional team. If you think the discharge will adversely affect a person's health, tell them you object because it would be unsafe to discharge, and why you think so. If you

disagree with their decision after discussion, you can appeal further.

People with private insurance need to file appeals to their company. Medicare beneficiaries can appeal to Livanta, a quality improvement organization, by calling 888.524.9900, or going to [www.bit.ly/3ZC3WMP](http://www.bit.ly/3ZC3WMP).

Michigan Medicaid recipients can file appeals through the Department of Insurance and Financial Services by calling 877.999.6442 or going to [www.bit.ly/3ZC3WMP](http://www.bit.ly/3ZC3WMP)

## Q: How much time do you have to appeal a discharge that you dispute to Livanta?

A: Act promptly, as the timely arrival of an expedited decision in the patient's favor will prevent an interruption of service. Your appeal should be made no later than your planned discharge date, but certainly before you leave the hospital. If you miss the deadline, please refer to the "Important Message from Medicare" form for other options

**Please note:** Discharges from rehabilitation centers are similar to that of hospitals except that an independent review company is contracted by your

insurance company to review weekly progress reports submitted by the rehab center's therapy staff. If the patient's performance does not meet standardized measurement tools, the discharge process is set in motion. A "Notice of Medicare Non-Coverage" form CMS 10123 - NOMNC 12/31/2011 is issued to the patient. Read the instructions carefully and file an appeal immediately if you feel you are being discharged too soon.

## Q: How can caregivers find out about a nursing home or rehabilitation facility's quality of care?

A: Visit the facilities. Try to equip yourself with information such as that in "Questions to Ask When You Visit a Nursing Home," at [www.bit.ly/3Be1tOC](http://www.bit.ly/3Be1tOC).

Ask the social worker for a list of transfer options, including their Medicare ratings. Specify your preferences and desired criteria, such as proximity to home, specialization in the unique care your loved one requires, and facilities with a Medicare rating of 3 and above. You may

Continued on page 19



## Medicare

Continued from page 18

find this Medicare checklist helpful: [www.bit.ly/47InOQA](http://www.bit.ly/47InOQA). Prior to visiting the facility, you'll likely want to look up each facility's Medicare rating for yourself to determine what the rating was based on. Ratings are listed at <https://www.medicare.gov/care-compare/?providerType=NursingHome>. Facilities are rated on a 1– 5-star scale, with 5 being the highest.

### **Q: What responsibilities does a caregiver have if their loved one is discharged home?**

**A:** The caregiver should become thoroughly familiar with the Post Discharge Summary Plan prepared by the facility to ensure continuity of care. It contains vital information about the patient's diagnosis, medications, follow-up doctor appointments, special diet, alertness and physical dependency level. Also, if doctor prescribed, it includes medical equipment ordered, with the name of the supplying company. It also includes the home healthcare agency providing home visits and for how long. The caregiver is responsible for overseeing all tasks indicated on the PDSP, seeing that they are performed.

### **Q: How can a caregiver know if they are capable of caring for a loved one at home?**

**A:** 1. Caregivers must research and understand their loved one's condition and diagnosis.  
2. Understanding your loved one's legal and financial affairs is equally important as these will determine service eligibility.  
3. Confirm or establish a power of attorney for healthcare and finances, those who can legally act on your loved one's behalf.  
4. Work with the discharge planner to ensure a successful transition home. A limited list of supportive equipment, supplies and services that might be needed includes:

### **Durable medical equipment:**

- Hospital bed with side rails
- Oxygen system
- Wheelchair
- Walker with or without seat
- Exercise equipment
- Hoyer Lift
- Bedside commode
- Portable ramp
- Geri Chair or Lift chair

### **Supports, supplies & services:**

- Meals on Wheels
- Respite care
- Transportation
- Incontinence wear
- Pill organizers with time slots
- Wound care dressings/ointment

Some listed items are prescribed by the doctor and covered under the patient's insurance plan. Others are not considered medically necessary, and are therefore out-of-pocket expenses. Hospice or palliative care programs offer many of these items at no charge. (**See related story, page 7**).

Establish a support team for yourself and your loved one to enhance care and avoid burnout. To learn about other supports and services for which you and your loved one might be eligible, consult your local Area Agency on Aging.

*Marilyn J. Lawson founded Eldercare & Caregiver Solutions in Detroit to educate families on sources of support for caregivers and seniors. She can be reached at 313.377.9516 or by email [EldercareSolutions@Outlook.com](mailto:EldercareSolutions@Outlook.com). To learn about ECS's monthly Caregiver Support Group, contact Takisha V. LaShore, PhD, LMSW, program facilitator and care management consultant at 734.519.1227.*

*Veteran journalist Patricia Anstett was a Detroit Free Press medical writer for 22 years, inducted in the Michigan Journalism Hall of Fame.*

Area Agency on Aging 1-B



## Helping Seniors and Their Families

AgeWays Nonprofit Senior Services helps older adults live safely and independently in whatever setting they call home. Whether you're looking for help caring for yourself or support caring for an older loved one, we can help you access the programs, services and supports you need. Serving Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties.

- ✓ In-home Care Programs
- ✓ Caregiver Support and Respite
- ✓ Medicare Counseling
- ✓ Health and Wellness Classes

The Area Agency on Aging 1-B is now AgeWays.

800.852.7795

AgeWays.org

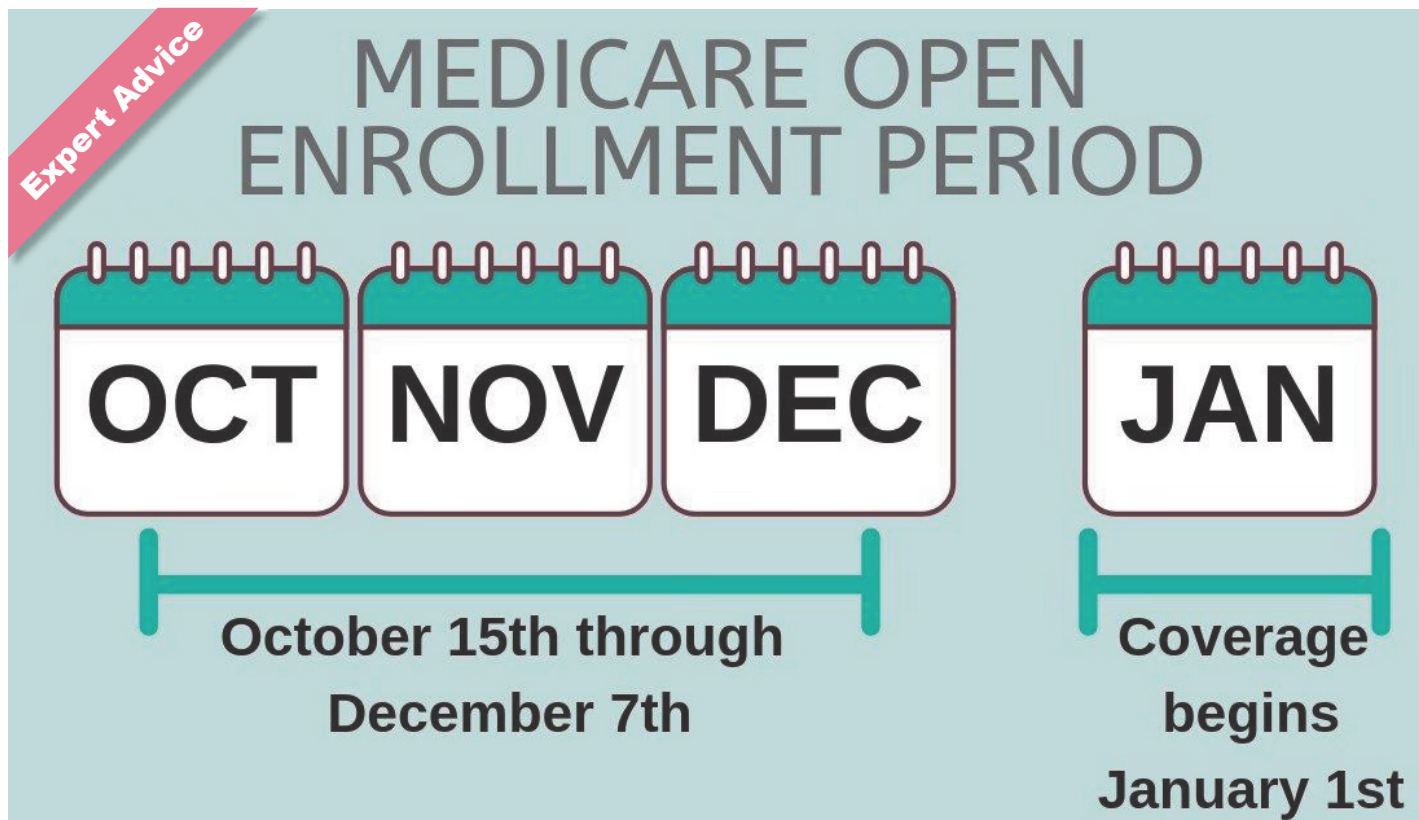


Keep in touch



# Medicare: Prepare for Annual Open Enrollment Period

By Kim Parker



With enrollment periods for Medicare and the Health Insurance Marketplace around the corner, many folks will look to an agent. Most are seeking assistance with acquiring first-time coverage, determining whether they should keep their current plan or move to something else. There's also a host of other needs and concerns people have as we move into the 2025 plan year.

The question about "should I stay, or should I go?" is sure to set in due to the changes in the Inflation Reduction Act. With this uncertainty, folks who do not have a go-to agency or adviser may ask who they can trust to help with their needs. With so many agencies and advisers to choose from, finding the right one during your insurance journey can be exhausting — made even worse if bad agents are encountered along the way.

As a consumer of insurance, I can assure you that word of mouth goes a long way in determining who to select as you also conduct your due diligence. Screen a few agents in your area and work with the one you feel most compatible and comfortable with. Only you know what you're looking for in a relationship.

Folks with a go-to agency or adviser may ask, "Why should I continue to trust my current adviser to help with my needs?"

Well, if your current adviser shares industry trends and happenings with you, delivers on promises, maintains regular contact, and strives to always give you the best version of themselves possible — those are signs that you are valued. Advisers with the best of intentions will fall short sometimes, we're all human. However, when neglect is

evident - and often - that's grounds for taking your business elsewhere.

It's odd to think that agents and advisers could have trust issues with clients, isn't it? After all, we're the ones who need to prove that we're trustworthy, not the client. But let's also consider trust from the agent or adviser's perspective. Knowing a client could take their business elsewhere at any given moment is a real concern. This is why the agent community strives to always act in your best interest, provide accurate and timely information, commit to providing excellent service, and exhibit professionalism in all things. Trust becomes a factor when you choose to place your business with us.

Placing business requires your input as well, including being open and honest in communications, setting clear and realistic expectations for

coverage, and sharing significant changes in your life or circumstances as they occur. Without these key ingredients, the agent or adviser you choose may ask themselves if they can do the job successfully if they can't trust the client.

Trust is the glue that holds the client/agent relationships together. Let's ask the right questions and provide the right information to alleviate uncertainty, for productive Annual Enrollment and Open Enrollment Periods this fall.



*Owner and principal adviser at Forty7 Benefits, Kim Parker is an independent insurance adviser focused on helping individuals, families, and employers make informed decisions concerning insurance coverage and benefits. Her experience includes all facets of the health and life insurance industry, with emphasis on Medicare benefits. Contact Parker at 810.350.4117 or [kim@47benefits.com](mailto:kim@47benefits.com).*

## Hospice

Continued from page 7

few promote it and it is underused, particularly among people of color.

In 2020, only 7 million of some 90 million Americans with a serious illness received palliative care benefits and just 1.5 million Americans received hospice care, statistics from U.S. hospice and palliative care organizations show.

Experts say that too many in the African American and Latino communities won't use hospice and palliative care programs because they see it as giving up and instead seek out intrusive, time-consuming, and possibly stressful treatment.

Johns Hopkins Medicine researchers who analyzed racial disparities at the end of life found that African American patients often sought substantially more intensive treatment such as mechanical ventilation, CPR and multiple emergency department visits in the last six months of their life, while more white patients choose hospice care.

The findings underscore the importance of advance care planning directives that African Americans are less likely to have completed that describe their end-of-life wishes, said David L. Roth, director of the Center on Aging and Health at Johns Hopkins, in the August 24, 2021 Journal of the American Medical Association's Network Open publication.

Turner, of St. Croix Hospice, said hospice and palliative care programs also are underused because primary care doctors and specialists don't tell their patients about them. Hospitals, too, are to blame for "what I call treating people to death," he said. When people "get a bad diagnosis, you need to stop and ask about the quality of life you will have instead of focusing on quantity."

Another obstacle is that some caregivers wrongly think hospice means they can't pray for divine intervention, Turner said. "We tell families, we never stop that intervention. What we are saying is that while they are praying, why not bring in all these wonderful services to help this part of the journey?"

Paula Duren, an African American aging specialist whose mother received hospice care, said hospice is poorly understood. "People need to understand it's more than having a nurse put morphine in your refrigerator," she said.

She usually explains hospice to others in her Detroit community by starting with "let me talk to you about the free resources they have to support you."

If they can get beyond the shock, stress and grief they may have about a loved one's terminal diagnosis, they are happy to hear there is free help and supplies that many spend lots of money buying, she said. "And it's a coordinated service. They put all these resources under one umbrella."

## UTI Prevention Measures May Reduce Emergency Room Visits

The cause of urinary tract infections, or UTIs, is usually bacteria growing in the urine within the bladder. Unlike the bowels, the bladder is supposed to be a sterile environment. Bacteria grow in the urine of the bladder when one has difficulty emptying the bladder—a common scenario for older adults. If the bladder isn't emptied completely, urine remains there longer than normal and bacteria have more time to start growing.

Other reasons that older adults develop urinary tract infections include:

- Generally impaired immunity, especially if frail.
- Retaining urine due to anticholinergic medications like antihistamines, or tricyclic antidepressants.
- Bladder or bowel incontinence, which can lead to increased chances of contamination of the urethra, the

canal through which urine exits the bladder.

- Catheters inserted while hospitalized or in a nursing home.
- Older men's prostate problems leading to incomplete bladder draining
- Immobility
- Diabetes

UTIs generally cause one or more of the following symptoms:

- Uncomfortable urination — burning or itching
- New or worsened incontinence
- Bloody, cloudy or strong smelling urine
- Low grade fever
- Abdominal pain
- Delirium

Sometimes new or worsened confusion can be the only outward sign of a UTI. If you suspect UTI, be sure

the person is seen by a medical professional within 24 hours. Consider the case even more urgent if you notice new or worsened confusion or drowsiness and decreased responsiveness.



### How to Reduce Risk of UTIs

People with incontinence are more at risk for UTIs because of the close contact that adult briefs have with their skin, which can reintroduce bacteria into the bladder.

Recommendations to help reduce UTIs:

- Wear cotton-cloth underwear and change daily
- Set reminders/timers for people with memory impairments to use the bathroom instead of using the adult brief.
- Change soiled briefs frequently
- Keep the genital area clean, encouraging front-to-back cleansing
- Drink plenty of fluids, usually two to four quarts each day.
- Drink cranberry juice or use cranberry tablets but not if there is a family history of kidney stones. Research is inconclusive, but many caregivers swear by it!
- Avoid caffeine and alcohol because these irritate the bladder
- Do not douche or use other feminine hygiene products

Sources: Caring.com, AgingCare.com, and the National Institutes of Health.

## Legal Documents to Execute Now, for Peace of Mind

Having the needed legal documents executed long before they are needed makes it easier and less stressful for loved ones and caregivers when the time comes when they are needed to guide decisions.

These are the legal documents to consider having prepared by a legal professional:

**Durable Healthcare Power of Attorney or a Living Will** – This legally appoints a trusted person to speak for you. Or, put your medical wishes in writing in case you cannot participate in medical treatment decisions.

**Durable Financial Power of Attorney** – This legally appoints a trusted person to handle your financial affairs should you become unable to do so. This may include signing contracts, banking, applying for benefits, etc.

**Last Will and Testament** – You should put in writing how you would like your property distributed after your death. This can include your house, bank accounts, etc.

Call Elder Law & Advocacy Center to determine your eligibility for free document drafting at: 313.937.8291, or contact your local Area Agency on Aging for referrals.

## Meeting Conflict with Mediation

When family conflict jeopardizes the dignity, well-being and even the safety of your elder loved one, consider Elder Mediation. Families can utilize advanced mediation, focused on protecting the older adult by resolving conflict between family, caregivers, or their care team, when communication becomes difficult.

The mediation process is facilitated by a neutral conflict resolution expert who helps families identify decision making strategies. At the end of mediation, an agreement is drawn up to include tasks and a “to-do list” for each individual participant making it easier to proceed with next steps and future decision making. The service is provided by the Neighborhood

Legal Services Michigan’s Great Lakes Legal-Elder Mediation Division.

“Elder Mediation,” according to Program Director Antonia Harbin Lamb, J.D., “is also a valuable tool to reduce the chances of elder abuse and neglect. It is an extremely useful tool to avoid the costly, intrusive legal system and focuses on current matters rather than issues of the past.”

Fees are set at a reduced rate based on the older adult’s income and can be divided among the participating parties. To learn more, call 313.937.8282.

## MEDICARE OPEN-ENROLLMENT: OCT 15 - DEC 7

Detroit Area Agency on Aging

1333 Brewery Park Blvd Ste 200, Detroit, MI, 48207

**MMAP volunteers are here to help with comparing plans such as:**



**Original A&B**  
Hospital & Doctor  
Coverage



**Medicare Advantage**  
Combines A, B, C, & D



**Medigap**  
Extra insurance you  
can buy from private  
insurance  
companies



**Part D**  
Prescription Drug  
plan, can be an add  
on or included in  
Part C

**On the following Tuesday: 10/22, 11/15, 12/3**

**LOCATION: ROBERT QUELLER ROOM | 12PM - 2PM**

**WE WILL BE COMPLETING IN-PERSON OPEN-ENROLLMENT**

To make an appointment please call 1-800-803-7174

# Have you or a loved one noticed changes in your memory and thinking?

**Diverse VCID** is a research study using advanced brain imaging and blood-based techniques to better understand how vascular changes cause brain injury and cognitive decline, especially in racially diverse communities.

## You may be able to join if:

- You or a loved one has noticed changes in your memory and thinking
- Your doctor has said there are abnormal white matter changes on your brain MRI
- Taking part in Diverse VCID is up to you. If you join, you can leave the study at any time.

## Potential benefits:

- The study will be free to you and you will be reimbursed for participating.
- Your doctor can use the results from your MRI scan and bloodwork to help diagnose and treat your medical conditions.
- Your participation could lead to better care for you. It could also help your family and those in your community with memory loss in the future.



**Join us on our journey to improve medical care for people with memory loss.**

**For more information,**

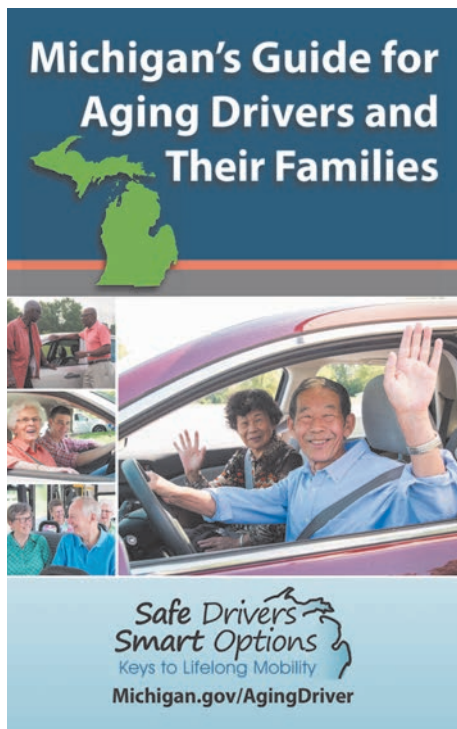
please call Danielle Davis at  
**734-615-8378**

or email at  
**daviscd@med.umich.edu**

or visit us at  
**diversevcid.ucdavis.edu**



## Before Taking the Car Keys...



If your family is suggesting that an elder loved one gives up their car keys but the suggestion is being met with strong opposition, Michigan's Guide for Aging Drivers and their Families offers helpful tips. The guide helps readers know how to observe the older adult's driving abilities, gives signs and symptoms indicating driving problems, and assists families in understanding the meaning of driving, from the loved one's perspective.

It also provides suggestions on how to begin the driving discussion, and how best to talk about appropriate driving choices and a list of driving rehabilitation programs and specialists, all to help determine if a visual, physical, or mental condition may be affecting the ability to drive safely.

But if the family feels certain that there is an uncorrectable problem, the guide recommends submitting a Request for Driver Evaluation form DA-88 at [www.bit.ly/3B6uonx](http://www.bit.ly/3B6uonx), or a letter requesting a re-examination of the unsafe driver either online or by written letter. Forms are available at any Secretary of State office.

**Warning:** In addition to providing an explanation of why you deem the driver unsafe, you'll have to give your full name, address, telephone number and signature. The Department does not accept anonymous requests, however the reporting person's name is kept confidential to the extent permitted by Michigan and Federal law.

Also, consider enlisting the aid of a healthcare provider to prevent a family feud.

## Long Term Care Advocate

"Assisted living" is a type of senior living community that serves residents who need assistance with their daily tasks of living, but who do not need skilled medical care. They offer care customized to each individual, so residents can stay as independent as possible. This makes assisted living a good fit for older adults who are beginning to have challenges but who do not need ongoing medical care.

Medicare does not cover the cost of assisted living facilities but in many states the Medicaid Waiver and some Veterans Administration benefits do provide some financial assistance for those who need this care.

However, the term "assisted living" is merely a marketing term says Faiza Najar, LMSW, the Eastern Wayne County ombudsman for the Michigan Long Term Care Ombudsman Program. She cautions that these facilities are not licensed or regulated by the State of Michigan and that many are simply independent living facilities that offer add-on assistance, for a price. In Michigan, Najar said, only nursing homes, adult foster care, and homes

for the aged are licensed and eligible for an ombudsman to assist.

Services offered at those licensed facilities are overseen by consumer protection agencies and operate under Michigan state regulatory laws. This allows for Michigan Long Term Care Program ombudsmen to advocate on behalf of, and with the consent of, residents of these licensed facilities. All LTC program services are provided under strict confidentiality and are free of charge and the ombudsman is not able to share information about the resident or the resident's concerns without the resident's permission.

The Bureau of Child and Adult Licensing, a division of the state's Licensing and Regulatory Affairs, or LARA, is responsible for licensing and monitoring facilities that provide housing and services to Michigan's elderly. To locate licensed facilities, or to view a facility's licensing renewal and special investigation reports, call 517.335.6124, or go to [www.michigan.gov/afchfa](http://www.michigan.gov/afchfa)

To contact a LTC ombudsman for your county, call 866.485.9393.

## Consider a Caregiver Support Group. It Couldn't Hurt!

Caregivers need support and information. And the fastest way to get both is by meeting experienced caregiver coordinators.

"Many people think caregiver support groups are either crying or ranting sessions. There's some of that, but sessions are mostly about learning and sharing information. It's probably the easiest and fastest way to get educated about local resources," says Marilyn Lawson of Elder Care and Caregiver Solutions, L3C.

"It's an opportunity to gain new insights as others talk about their experience, as well as the wealth of information that group leaders bring. Typically, there's no charge and support groups can range from relationship and demographic-specific, to dial-in if you don't or can't travel."

Lawson recommends contacting your local Area Agency on Aging, a disease-specific support organization, or going online to the Eldercare Locator, a service of the government's Administration for Community Living, at <https://eldercare.acl.gov/> or 800.677.1116.



**EVERYONE**  
deserves an equal  
opportunity to rent  
or own a home.

Have your rights been violated?  
**WE CAN HELP.**



5555 Conner St., Ste 2244, Detroit, MI 48213 | 313.579.3247 | [www.fairhousingdetroit.org](http://www.fairhousingdetroit.org)

# NEWS BRIEFS

## CAREGIVER SUPPORT

**Michigan's Home Help Program** offers a range of services and support to help eligible individuals maintain their independence and live safely in their own homes, with an option for family caregivers to receive compensation for their caregiving services. See the client handbook at [www.bit.ly/4gCLzO3](http://www.bit.ly/4gCLzO3) or contact your local Department of Health & Human Services office to obtain detailed information and to initiate the application process.

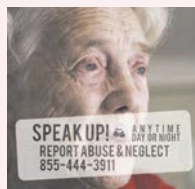
If you think senior centers are filled with old folks playing Bingo, think again! Today's older adults, ages 55 and above, are dancing, traveling, exercising, learning new skills and having robust discussions in book clubs. **Now, a hub for older adults to meet like-minded people**, centers also support the serious side of aging, like maintaining mental and physical health, offering loan closets for durable medical equipment, home repair, rent and utility assistance, transportation, adult day centers, in-home help, daily meals and food pantries. Most centers also have social workers and Benefits Navigators to help seniors find resources and services - or to decipher Medicare or Medicaid. Visit your local center today!

**Team Suzy is a 501(c)(3) non-profit that has created "A Road Map to Caregiving"** series of new programs for families and caregivers during their journey with loved ones affected with Alzheimer's and other related dementias. They accomplish this through education, a financial grant application process and innovative programs that support the families. To learn more about Team Suzy, its programs, and how to apply for a grant, visit: [www.teamsuzy.org](http://www.teamsuzy.org)

## DEMENTIA

Older adults with undiagnosed hearing loss run the risk of being misdiagnosed with dementia instead. Almost 1 in 2 adults over age 65 experiences some degree of hearing loss. Although age related hearing loss is not a life-threatening condition, it can have a significant impact on the quality of life if left untreated. **The Wayne State University Audiology Clinic** provides comprehensive hearing evaluations at no cost. To make an appointment, call 313.577.9620

## ELDER ABUSE



Adult Protective Services investigators protect vulnerable adults from abuse, neglect and exploitation by coordinating with mental health, public health, law enforcement, the probate courts, the aging network, community groups and the general public. If you suspect abuse, neglect, self-neglect or exploitation, call 855.444.3911 any time day or night to make a report. Staff will investigate allegations within 24 hours after the report is received.

## FAITH-BASED INITIATIVES

**The Atlanta-based dementia education and empowerment program, ALTER Dementia, LLC**, has arrived in Michigan! ALTER is looking to partner with African American faith-based communities to help them better serve their parishioners affected by dementia. This nurse-led program offers financial scholarships for ministries to transform their church into a dementia-friendly environment. For more information visit [www.alterdementia.com](http://www.alterdementia.com) or email [support@alterdementia.com](mailto:support@alterdementia.com).

## FREE SERVICES

**The MiCafe program provides eligibility screening for free benefits** like food, Medicare or Medicare Part D prescription drugs and more. Call 877.664.2233, Monday through Friday, 9:00 a.m. to 3:00 p.m. It only takes two to three minutes to answer eight questions to see if you qualify.

**Free Elder Legal Services:** "First Tuesdays" is provided by the Elder Law and Advocacy Center, a Division of Neighborhood Legal Services Michigan, offering free monthly workshops each month, for seniors and those caring for seniors. Elder law attorneys provide guidance on powers of attorney, last will & testament, Lady Bird deeds, and trust agreements. Sessions are offered via Zoom. To register or for more information, call 313.937.8291. Can't make Tuesdays? ELAC is in partnership with midtown's Hannan Center providing free legal consultations to Wayne County residents, 60 years or older. One-on-one meetings with an attorney are held every month between 10:00 am and noon. To schedule an appointment, call 313.833.1300, ext. 32.



The pilot **Accessibili-D**, an autonomous vehicle shuttle for residents age 62+ and/or with disabilities, is free for eligible riders and will run through 2025. Three autonomous vehicles, including two wheelchair-accessible ones, offer scheduled and on-demand rides at no cost to essential destinations, with weekday and weekend hours. Eligible residents must complete an Expression of Interest form and be contacted with instructions on how to enroll. Once enrolled, rides may be scheduled in advance or on-demand via the website, mobile app, or by phone. A safety operator is present at all times to assist riders with onboarding and offboarding, as well as to address any issues that arise. For more information, visit [www.bit.ly/4ea2DZT](http://www.bit.ly/4ea2DZT). In addition, a Delta Dental grant will directly fund shuttle service to transport Detroit residents to specific dental clinics.

## FOOD ASSISTANCE

The **Ensure Liquid Nutrition Program** and home delivered meals are provided to seniors 60+ by Wayne County Senior Services. To apply, visit [www.waynecounty.com](http://www.waynecounty.com), or call 734.326.5202 or 800-851-1454.

The **Restaurant Meal Program** provides certain individuals who receive Food Assistance Program benefits with the option to use their Michigan Bridge card to purchase prepared meals from participating restaurants. For eligibility requirements and frequently asked questions, a list of participating restaurants, and required forms for restaurants seeking to participate in the program, see: the Restaurant Meal Program at [www.michigan.gov](http://www.michigan.gov)

## LGBTQ CAREGIVER SUPPORT



Whether you're an LGBTQ+ caregiver or caring for an LGBTQ+ loved one, **MiGen's Community Navigation Program** offers important resources and services to assist older adults ages 45+ years. Navigators help older adults and/or their caregivers access community assistance programs, transportation, housing, and more by providing step-by-step assistance in-person, by phone, or virtually. Call 313.241.8994 or email [info@migenconnect.org](mailto:info@migenconnect.org) to connect to resources.

The **Friendly Caller Program** aims to strengthen community bonds and offer social support to LGBTQ+ individuals aged 45 and older through regular, friendly phone calls. Upon joining, participants are matched with a compatible participant and engage in weekly conversations to share experiences and build lasting connections. This program is conducted over the phone. See the client application to access this program and an **LGBTQ+ caregiver resource guide** at [migenconnect.org](http://migenconnect.org).

A digital wellness platform, **SAGECents**, offers LGBTQ+ older adults a free app with a range of tools and resources to help them manage their finances more effectively. Features include guidance on Medicare benefits, setting up a health proxy and living will, improving credit scores, and more! The tool asks a series of questions that it uses to connect users to the right resources around finances. See **SAGECents – SAGE** ([sageusa.org](http://sageusa.org)) to get started.

## RESEARCH

**Family caregivers of people with dementia are needed for a research study** that can be completed online, at home, or in person at Wayne State University. Participants will be asked to: complete a set of survey questions that will take about 60-90 minutes; complete the Online Family Caregiver Training Program at their own pace within 2-3 weeks followed by a second survey that will take about 30 minutes. Three months later they will send you the original survey for completion when you will then receive a \$100 Target gift card. Please contact Rosanne DiZazzo-Miller at 313-993-3970 or [ar7975@wayne.edu](mailto:ar7975@wayne.edu).

## SECOND OPINION

If you're concerned that the physician treating your elder loved one is providing less than optimal care, but your loved one refuses to change physicians, there's help in the form of a neutral, professionally-trained third party. **Geriatric assessment centers** provide thorough physical and mental assessments to ensure your loved one is receiving tailored care and attention. Here's how you can bring a geriatric assessment center into the picture: Call your loved one's health plan to request connection to a Geriatric Assessment Center and ask what is required to make a senior eligible for their services. Attend a doctor's appointment with your loved one and simply ask the physician to make a referral to one of the geriatric assessment centers. The center will then report back to the referring physician with their results and recommendations for optimal care.

# NEWS BRIEFS

## SOCIAL SECURITY ADMINISTRATION

The Social Security Administration works closely with caregivers through its Representative Payee program. A representative payee receives and oversees the Social Security or Supplemental Security Income benefits for an adult who is not capable of managing their own funds. When friends or family are not able to serve as the representative payee, Social Security appoints a qualified organization to serve. If you are concerned that someone you know has become incapable of managing or directing their benefits, call the Social Security Administration at 800.772.1213 (TTY 1-800-325-0778) to request an appointment to discuss your concerns. Learn more about the Representative Payee Program at [www.socialsecurity.gov/payee.org](http://www.socialsecurity.gov/payee.org).

## SUPPLIES

World Medical Relief offers free or low-cost incontinent supplies. To learn more, visit: [www.detroitdiaperbank.com/](http://www.detroitdiaperbank.com/), or call 313.955.6209. Contact them phone at 313.866.5333, or visit: [www.worldmedicalrelief.org/](http://www.worldmedicalrelief.org/)

## TRAININGS

**A Meaningful Life with Alzheimer's Disease**, the 13th Annual Fall Conference held by the Wayne State Institute of Gerontology and the Alzheimer's Association Michigan, will be held Tuesday, Nov. 19. The event will be offered in a hybrid format, at the Schoolcraft College Vistatech Center and offered via Zoom. Free to those living with dementia and their caregivers. CEs available to healthcare professionals. To view the agenda and to register, see: [2024-Nov-19-Alzheimers-Conference@wayne.edu](mailto:2024-Nov-19-Alzheimers-Conference@wayne.edu).

## TRANSPORTATION MADE EASIER

A lightweight transport wheelchair can make taking loved ones to appointments easier. It's also great if the person can walk, but long distances are a challenge. Unfortunately, these wheelchairs aren't covered by Medicare, but they are available for under \$200.



An all-inclusive  
care model  
designed with  
seniors in mind.



**The care you need, the independence you want, in our  
health centers and from the comfort of your home.**

As a PACE Southeast Michigan participant, all health care services must be provided and arranged by your PACE Southeast Michigan care team. PACE participants may be fully liable for the costs of medical services from an out-of-network provider or without prior authorization with the exception of emergency services.

H2318\_DM2

# AccountingAidSociety



## YEAR ROUND, NO-COST TAX ASSISTANCE

### Our Services

Accounting Aid Society offers **no-cost tax preparation** to those with an annual income of \$64,000 or less.

Our expert services are designed to help you maximize your benefits and refunds while minimizing your stress.

**We are happy to guide you through all your tax needs with ease, even after the filing deadline!**

**Schedule Your Appointment Today!**



**ACCOUNTINGAIDSOCIETY.ORG**  
**(313) 556-1920**

# Leaving Real Property to a Loved One Without a Will or Trust

By Attorney Norman (Gene) Richards



As long as the grantor still owns the property at the time of the grantor's death, then the beneficiary of the ladybird deed automatically takes ownership of the property, without needing a trust or going through probate.

**Avoiding probate is what makes ladybird deeds so attractive.** It is much cheaper and easier to prepare and record a deed that transfers property upon death than it is to go through a probate proceeding or to create and administer a trust to transfer the property after the owner's death.

There are other benefits as well. Because the grantor retains full control over the property after signing the ladybird, there is no gift tax or other taxable transfer. Also, if the property is the grantor's home, the grantor continues to qualify for the Principal Residence Exemption and there is no uncapping of the property tax rates. When ownership transfers at the grantor's death, the property taxes will remain capped, provided the beneficiary is a qualified relative of the grantor and the property is used as a qualifying residence.

While the ladybird deed may be ideal in some instances, it can result in unexpected problems. Some potential problems include, but are not limited to:

- Potential conflict if the property is owned by multiple beneficiaries after the grantor's death. There may be disagreement over the value of and/or whether to keep or sell the property. Such disagreements may require a court proceeding or lawsuit to resolve.

- Loss of protection for a vulnerable beneficiary. If a beneficiary receiving the property has special needs, or is incapacitated, then the protections that would have been in place under a trust or a will won't be available to protect that beneficiary.

- Confusion over what happens if a beneficiary dies before the grantor. Because a ladybird deed is not a will, there is some legal uncertainty about whether the interests of a beneficiary who dies before the grantor pass to the deceased beneficiary's heirs - or if the beneficiary's interest goes

instead to the other named, living beneficiaries. There is currently no Michigan statute, and very little case law, governing ladybird deeds to help resolve these issues.

*Norman (Gene) Richards is a partner at the law firm of Cummings, McClorey, Davis & Acho, P.L.C. where he focuses on estate planning and elder law - developing customized estate plans including for family-owned businesses, senior adults and long term care, and trusts for children with special needs. He may be reached at 734.261.2400 or nrichards@cmda-law.com.*

It's considered the simplest and least expensive way to transfer real estate, or property, when a person dies - with an equally lovely name - the "ladybird," or "Lady Bird" deed.

But is that really the case? As with most concepts, what appears simple on the surface may be more complicated in its application. Here is an overview of the ladybird deed, along with the benefits and challenges that come with that method of transferring property.

A ladybird deed transfers property to a designated individual or individuals, called "beneficiaries," upon the death of the owner, who is the grantor. Until the grantor dies, they retain full control over, and all rights to, the property. This means the grantor has the power to change the beneficiary(ies), or to lease, sell or otherwise dispose of the property at any time. This lifetime power is known as an enhanced life estate.

A Collection of Stories from Black Families

amazon.com

**BEST SELLING BOOK**

# On the Front Porch

Caring for a Loved One Living with Dementia

DR. PAULA S. DUREN

# ON SALE NOW

SCAN TO ORDER

**WAYNE COUNTY TREASURER ERIC R. SABREE**



**INVITES YOU TO**

# **8TH ANNUAL VETERANS RESOURCE FAIR**

**RESOURCES FOR ALL VETERANS, SPOUSES, AND FAMILY**

**NOVEMBER 21, 2024 | 10AM - 2PM**

**CRYSTAL GARDENS**

**16703 FORT ST. SOUTHGATE, MI 48195**

**HOSTED BY:**



**Eric R. Sabree**  
Wayne County Treasurer

**CO-HOST:**



**James Perry**  
Executive Director of  
Downriver Community  
Conference

**KEYNOTE SPEAKER:**



**Mark Ridgeway**  
Retired U.S. Navy Seal  
Chief Petty Officer



**Register  
Now**



**For more information, email [WCTOCommunity@WayneCounty.com](mailto:WCTOCommunity@WayneCounty.com)**



## DON'T HESITATE STAY UP TO DATE

The Detroit Area Agency on Aging is bringing its traveling COVID-19 vaccination team directly to your home.

Detroit Area Agency on Aging is a nonprofit that serves seniors, adults with disabilities, and caregivers residing in Detroit, Hamtramck, Harper Woods, Highland Park & the 5 Grosse Pointes.

**FREE Detroit Area In-Home COVID-19 Vaccinations for homebound seniors.**



**Don't let mobility challenges get in the way.  
Our traveling COVID-19 vaccination team comes to you!**

### Who qualifies?

- Homebound seniors, caregivers and family members living in the same home.
- Must reside in Detroit, Hamtramck, Harper Woods, Highland Park or one of the 5 Grosse Pointes.

COVID-19 has continued to evolve. Increase your protection against Omicron variants. Our team offers the primary series and the updated (Bivalent) booster.

**(313) 446-4444 [DetroitSeniorSolution.org](https://DetroitSeniorSolution.org)**

Detroit Area Agency on Aging | 1333 Brewery Park Blvd. Suite 200 Detroit, MI 48207