

URBAN AGING NEWS

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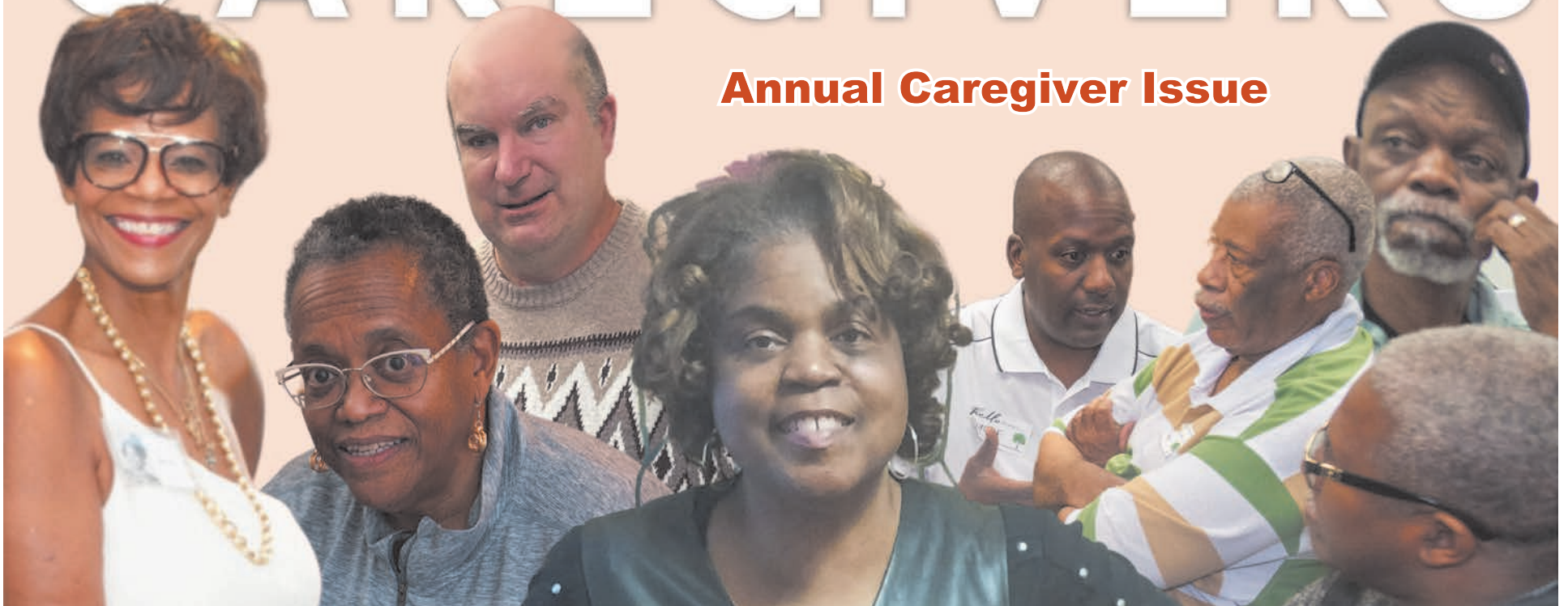
FREE

Issue 34 | Fall 2023

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

The Many Faces of **CAREGIVERS**

Annual Caregiver Issue



-INSIDE-

Patient Advocates Guide Individuals & Caregivers. See page 5

PACE Supports Aging in Place. See page 6

Annual Medicare Open Enrollment. See page 9



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.

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.

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.

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 or call (313) 224-5990.

ON MY MIND

By Patrica Ann Rencher



September always ushers in a flood of emotions for me. It's mom's and dad's birth month. It's also the time of year when I'm working on the annual caregiver issue.

Without fail, I torture myself with an excruciating critique of my 10-year caregiving experience with my parents - examining the scenarios in my head to adjudge how well my sister and I performed this sacred

task. Are there some regrets? Yes. Are there things we might have done differently? Absolutely. Did we provide crucial comfort and competent care? Indeed we did.

The soothing truth is, my sister and I worked pretty well together, without many disagreements, at least not on the most important issues. Witnessing how many families are experiencing otherwise, I look back

on our caregiving journey knowing that we were fortunate to have had each other to usher our parents through their last years.

As September angst begins to mellow, I eventually stop beating myself up and concentrate on this work. I'm renewed for my mission of educating families on the resources, programs, services and tools needed and available for confident caregiving and aging well.

And with every quarterly issue, we at UAN strive to realize our vision of preparing families for the possibility of a loved ones' mental or physical decline. We're convinced that our coverage of essential legal documents, asset protection, Medicare updates, aging in place recommendations and more operates to encourage proactive decision making.

Each issue is a gentle nudge for families to have the difficult conversations and to put their affairs in order so that loved ones can age with dignity.

Whether you're currently caregiving or anticipating caregiving (as we all should) we're confident you'll find



some answers in the pages that follow.

Be well,

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Fall is Decision Time; Review Your Medicare Plan

By Kim Parker

MEDICARE OPEN ENROLLMENT PERIOD



Without these key ingredients, the agent or adviser is not equipped to deliver the best service.

It's unfortunate, but agents and advisers do have trust issues with clients as well. After all, they're the ones who need to prove they're trustworthy, not the client. Knowing that a client can take their business elsewhere at any given moment is a real concern. This is why the agent community should strive to always act in their client's best interest, provide accurate and timely information, commit to providing excellent service, and exhibit professionalism.

Trust is the glue that holds client/advisor relationships together for the Annual Open Enrollment Periods this fall.

With open enrollment periods for Medicare and the Health Insurance Marketplace around the corner, many will look to the insurance agent community for assistance. Decisions for the 2024 plan year range from selecting first time coverage, to determining whether to keep the current plan or move to another one, and a host of other needs and concerns.

There's the stress of uncertainty and those without 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 the insurance journey can be exhausting.

Experts advise clients to seek word of mouth recommendations, use due diligence to research and screen a few agents, then determine which they feel most compatible and comfortable with.

Those who already have a go-to agency or adviser may question whether to continue trusting their current adviser to be the best resource for their needs. If the current adviser communicates

industry trends and happenings, delivers on promises, maintains regular contact, and strives to be attentive, those are signs that you are valued. Advisers with the best of intentions will fall short sometimes but when neglect is evident and occurs often, that's a sign to take your business elsewhere.

In the end, a rewarding relationship requires client input as well, like being open and honest in communications, setting clear and realistic expectations for coverage, and sharing significant life changes or circumstances as they occur.



Owner & Principal Adviser at Forty7 Benefits, Kim Parker is an independent insurance adviser. Contact Parker at 810.350.4117 or kim@47benefits.com.

Patient Advocates Guide Healthcare Consumers

By Alan Fisk



Gwendolyn Hill has survived breast cancer — twice. And during her battles, the 71-year-old metro Detroit grandmother learned a lot about diseases, medications, doctors, hospitals and the American medical system.

But instead of just counting her blessings, she has used that knowledge to help dozens of people around Detroit deal with their own

serious illnesses and health questions.

Hill isn't a doctor or nurse or therapist, instead she has been a self-taught patient advocate for 25 years.

"I almost died, so I had to learn about medical issues," Hill says. "I call myself a health literacy advocate. I make sure people and

families have the information they need to understand diagnoses, treatment and prognoses."

Hill, a semi-retired training and development consultant from Farmington Hills, Michigan, does not work for any health agency or charge for her services. "I just decided to take what I learned and help others," she says, explaining

that people find her by word of mouth.

Besides providing knowledge, Hill goes to doctor appointments to help clients who have questions. She is just one small part of the growing field of patient advocacy that offers a wide array of services.

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PACE: An Innovation in Insurance-supported Wraparound Services

By Patricia Anstett



Judith Wright lives with her son, Darrin Letzring. PACE provides them with home delivered supplies, ranging from incontinence products to a lift chair - all for free.

Four days a week, Judith Wright pushes her walker to a bus that takes her to the bustling Program for All-Inclusive Care for the Elderly in Sterling Heights, Michigan. There she mingles with friends, sees her doctor and health care team, eats two hot meals and works out in a physical therapy session to build her walking ability and balance at the PACE Southeast Michigan program.

By enrolling in PACE, a person moves all of their health insurance into a PACE program. PACE centers also have a health clinic and home services.

Through PACE, Wright, a 76-year-old diabetic with anemia and limited mobility, has received all kinds of free help — including an electric lift chair, a bed rail, and eyeglasses. “In six years, I haven’t even bought an aspirin,” the mother of three said.

“If we had to pay for everything they’ve given us, we’d be living out of my car,” said her son, 50-year-old Letzring.

Wright’s time at the center gives her full-time caregiver/son a needed break and allows him to work part time. “She took care of me until I was 18, and now it’s my turn.”

PACE began in 1973 in San Francisco when the Asian families who viewed nursing homes as an unacceptable solution for their aging elders prompted the opening of an adult day care program, so that they could age at home instead. The idea slowly caught on.

In 1994, southeast Michigan became one of the first PACE pilot projects. Henry Ford Health now owns 55% of PACE Southeast Michigan; Presbyterian Villages of Michigan owns 45%. PACE’s metro Detroit regional programs now serve 1,600 older adults at seven centers, with the eighth center opening soon.

It’s been around for 50 years but PACE is not widely known. It’s one of countless resources families may sort through — and often miss — looking for help so their loved ones can age at home.

PACE Eligibility Restrictions are a consideration. Nearly half of the people going to the PACE Sterling Heights center are 55 or older and qualify for both the Medicare and Medicaid programs. Participation is largely for those with limited incomes, although any Medicare recipient can apply and pay for the program, at \$4,100 or more a month.

Research shows that PACE programs, though costly, provide a higher level of care that keeps older adults out of nursing homes and hospitals, said Mary Naber, CEO of PACE of Southeast Michigan. “That’s where the quality improves, when they stay in their homes.”

A challenge to eligibility is the fact that applicants must have the mobility constraints that would qualify them for nursing home care. Some PACE participants can’t make it into the program centers and nearly half have dementia. PACE is then able to take its team out and deliver resources to the participating person’s home.

Continued on page 19

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**



Advocates

Continued from page 5

Professional advocates, often doctors or nurses, may also be hired to arrange and coordinate doctor appointments and medical testing, advise clients in emergency situations, identify health resources, deal with health insurers and billing questions and speak up about patient rights, among other services.

There are some 71,000 patient advocates of all types currently employed in the United States, 82 percent being women, according to the Zippia job research firm.

But the need is growing fast as America gets older, says Dr. Annette Ticoras, an internist, who operates Guided Patient Services, which provides medical advocacy nationwide, including Michigan.

About 16.9% of the U.S. population was 65 or older in 2020, up more than a third from 2010, according to the U.S. Census Bureau. Michigan's 65 and older population rose from 13.8% in 2010 to 18.1% in 2021. But almost 20 percent of Detroit-area residents are older than 60, according to a Detroit Area Agency on Aging study.

"Some seniors often don't know how to make their way through the health care maze while aging," says Ticoras, most of whose clients are older. "Someone who's aging sometimes needs more information so they are not over-treated."

She warns that "solo agers" – seniors who may be widowed, without children or estranged from family – can be at particularly "high risk of facing a health crisis alone. Who's going to come to the emergency room with them at 2 a.m.?"



Registered nurse Veronica A. Bilicki

Ticoras, based in Ohio, can assist clients almost anywhere via phone calls or computer Zoom sessions. "My job is to facilitate the best and most appropriate care for my clients. I ensure that the care plans that are executed are in everyone's best interest."

A health advocate, especially a doctor or nurse, can be costly, ranging from \$15 an hour to \$250 and up depending on needs and where you live. The AARP suggests options, like hiring someone from a home health aide company or non-profit advocacy organization.

Some health insurance plans cover advocate services and some employers provide benefits through membership in a patient advocacy company. Medicare generally does not pay for advocate costs.

For help finding an advocate that suits your needs, search the web sites of these national groups:

AdvoConnection provides a directory of advocates. Search by the location of the patient and the service needed. There is no charge to use the site, which is affiliated with the National Patient Advocacy Foundation.

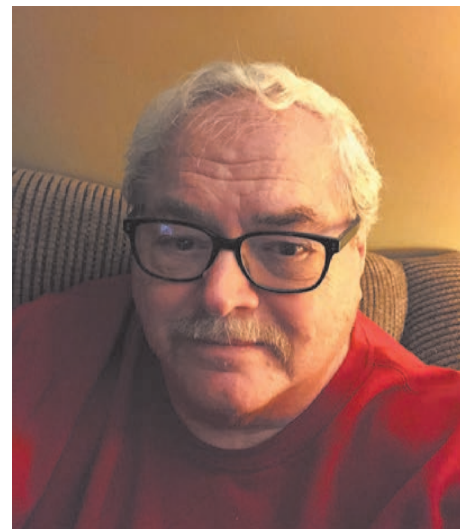
The National Association of Health Advocacy Consultants

is a free list of advocates who belong to the association. Use is also free. If you cannot find an advocate on either list, do a web search using "patient advocate" and your location.

In-house advocates as some hospitals have their own advocates. Veronica A. Bilicki, a registered nurse with Henry Ford Health, manages the in-house concierge program available to Ford employees and community caregivers, called C.A.R.E.

Bilicki also heads a donor-funded Ford advocacy program called Senior Navigator for seniors in the West Bloomfield area that helps with things like adult briefs and advice for living with diabetes. She hopes to expand to the entire Ford system.

"With our aging population in Michigan," predicts Bilicki, "there will be greater need."



Veteran journalist Alan Fisk was an editor and reporter at publications including The Detroit News and The New York Times for over 50 years. In retirement he has taught journalism at the University of Michigan. He enjoys babysitting his two grandchildren and, with his wife, watching horse racing and baseball.



8 Questions to Ask an Advocate

Experts recommend asking the following when searching for an advocate:

- Have you handled cases that are similar to mine?
- What are your credentials?
- What do you charge?
- How long will it take to perform the services needed?
- Can you provide references?
- Are you on call 24/7 or do you have specific hours?
- Where are you located?
- Do you provide written reports about your services?

Review Your Medicare Plan During Open Enrollment



MMAP

MICHIGAN MEDICARE/MEDICAID
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Navigating Medicare

What do I need to consider when selecting or enrolling with a Medicare provider?

Read your Annual Notice of Change from your current provider and look for changes in your plan's 2024 coverage or costs.

If you've got questions, the Michigan Medicare/Medicaid Assistance Program has answers. They don't sell Medicare plans, they simply help people navigate plans to understand them.

Certified counselors offer free, unbiased plan reviews, to maximize benefits and savings. MMAP counselors can help:

- Explain Medicare health plan options
- Identify resources for prescription drug assistance
- Understand doctor bills, hospital bills and Medicare Summary Notices
- Understand Medicare/Medicaid eligibility, enrollment, coverage, claims and appeals

- Enroll in Medicare Savings Programs
- Review Medicare supplemental ("Medigap") insurance needs, compare policies and pursue claims and refunds
- Explore long term care financing options, including long term care insurance
- Identify and report Medicare/Medicaid fraud and abuse

For in-person, Zoom, or telephone appointments, visit www.mmmapinc.org, or call 800.803.7174.

Medicare Open Enrollment Period

October 15 - December 7

During this open enrollment period, Medicare health and drug plan options may be reviewed.

You can speak to a MMAP counselor via phone or video chat.

A local MMAP Counselor can help you sign up for a new Medicare Plan.

For more information
and to connect with a MMAP counselor call

1- 800 - 803 - 7174

MMAP
MICHIGAN MEDICARE/MEDICAID
ASSISTANCE PROGRAM



Navigating Medicare



Research Studies Seek Volunteers - and They Pay!

**By Erin Fox, Communications Specialist
University of Michigan Alzheimer's Disease Center**



Being a caregiver for a loved one with dementia can be challenging. It can result in long hours, stress, and a heavy emotional load, all on top of working a job and holding down family responsibilities.

To better understand how to mitigate these stressors and support caregivers, researchers need caregiver input. Caregiver research can be beneficial for both the caregiver and the care-recipient. Researchers studying caregivers can: discover better ways of support, reduce premature institutionalization, lessen caregiver burnout and depression, and, importantly, inspire public policy to create and fund innovative, more supportive programming.

The research studies below are being conducted by the Michigan Alzheimer's Disease Center for those caring for someone with dementia. All studies offer a financial incentive, and virtual or phone participation for those not able to go into the Detroit location.

A Comparison Wellness Study

This research study compares two different types of group wellness classes for individuals who have Alzheimer's disease or related dementias and their support persons. The study team is looking to recruit participants 65 or older with Alzheimer's disease or a related dementia, and their caregiver who is over age 18. Contact Mateo Lopez at

www.rpcnbi-wellness-study@med.umich.edu or 734.936.7758.

Identifying Factors Predicting End-of-Life in Dementia

This study aims to understand which changes might predict the end of life in people living with dementia to help patients, caregivers, families, and healthcare professionals know what to expect in later stages. The study is looking for individuals with at least moderate stage dementia and their main caregiver, who must be able to answer questionnaires related to their specific type of dementia. Contact Betsy Posby at blwar@med.umich.edu or 734.358.7370.

Measuring Dementia Caregiving Styles

The goal of this study is to develop a questionnaire that can help researchers understand how caregivers are approaching dementia-related care, and then use this information to tailor supports and services to caregivers' unique needs. The study team is looking for unpaid caregivers currently providing some form of physical assistance, emotional support, or financial assistance to a family member or friend who has a doctor's diagnosis of an age-related dementia. Participation involves an initial 60-minute survey and an optional 20-minute follow up survey. Contact Sophia Tsuker at sophia.tsuker@wayne.edu or 313.355.3557.

Stress & Well-being

The SWELCare study focuses on the daily experiences, well-being, and cardiovascular health of individuals living with a family member or friend who is experiencing cognitive decline. The study team is looking for caregivers and persons with cognitive decline over the age of 18 to participate. No formal diagnosis of dementia is required. Contact Akari Oya at swelcarestudy@umich.edu or 734.936.7489.

To learn about ongoing research opportunities for caregivers or for older adults, join the MiNDSet Registry, a database created to match those interested in or qualified for other studies. Visit www.alzheimers.med.umich.edu/research/ for more information.

Ladybird Deeds: Leaving Real Estate to Loved Ones

By Norman E. “Gene” Richards, J.D.



It's considered the simplest and least expensive way to transfer real estate 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 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 real estate property to a designated individual or individuals, called the beneficiaries, upon the death of the owner, who is the grantor. Until the grantor dies, they retain full control over the property,

and still have the right to dispose of it. This means the grantor can choose to change the beneficiary, or to lease, sell or otherwise dispose of the property at any time. This lifetime power is known as an enhanced life estate.

As long as the grantor still owns the property at the time of 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.

There are other benefits as well. Because the grantor retains full control over the property after signing the ladybird, there is no gift or otherwise 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. Once ownership transfers, the property taxes will remain capped, provided the beneficiary is a qualified relative and the property is used as a qualifying residence.

So, the ladybird deed can be ideal in some instances, but there are other considerations that are thought to be

hidden risks. These 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 there will be no trust or will 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 are then passed on to the deceased beneficiary's heirs - or if this ownership right instead goes to the remaining living beneficiaries. There is no Michigan statute and very little case law governing ladybird deeds to resolve these issues.

Norman E. “Gene” Richards is a partner at the law firm of Cummings, McClorey, Davis & Acho, P.L.C., where he focuses his practice on estate planning and elder law. He assists clients with the development of customized estate plans including long-term care needs for older adults and special needs trusts for children with special needs. He can be reached at 734.261.2400 or nrichards@cnda-law.com.

AAA 1B Offers Caregiver Coaching



Area Agency on Aging 1B offers a free Caregiver Coaching program that aims to assist caregivers by matching them with a professionally trained volunteer coach. This is a compassionate partner who helps caregivers identify needs and obstacles, and sometimes just offers an empathetic ear.

- The program is available to family caregivers who either reside in AAA1B's six-county southeast Michigan service region, or care for a family member who resides in the region which includes Macomb and Oakland counties.
- There is no commitment or cost to schedule. Caregivers may call their coach for help identifying resources, help them meet a challenge, or just to talk. Communications are typically by phone or Zoom.

“Caregivers are an underserved population who can feel overwhelmed and are often juggling career and family demands in addition to caring for their aging family member,” says Julie Lowenthal, program coordinator. “I think the program empowers caregivers — improving and enhancing the quality of life both for them and those they care for.”

To become a coach, or to be matched with one, call 800.852.7795 or visit www.aaa1b.org/caregiver-resources/caregiver-coaching/.

Pet Placement: A Most Humane Addition to Dementia Care

Team Suzy Inc. gives families in Southeast Michigan who are caring for loved ones with a dementia-related illness the opportunity to adopt a pet, in collaboration with Michigan Humane. The free placements also can come with grants to cover the pet care expenses, such as food, leashes, bedding, toys, that arise - for as long as the loved one being cared for is alive.

Animal assisted therapy, according to researchers, works as a beneficial and effective complementary treatment, especially affecting behavioral and psychological symptoms for



patients with various degrees of dementia.

Mike Plaskey, co-founder and vice president of Team Suzy Inc.,

named the organization for his late wife who he cared for during her dementia journey. He says the Companion Pet Program was inspired by her strong bond with

her dog, Dusty, who was by her side throughout her illness. Team Suzy was created in memory of Suzy Plaskey who lived with early-onset Alzheimer's until 2020.

“In addition to the Companion Pet initiative, Team Suzy supports those caring for a loved one diagnosed with a dementia-related illness, such as Alzheimer's disease, through financial assistance and other special programs and services,” Plaskey said.

To learn more about the Companion Pet initiative or the financial grant application process, visit www.teamsuzy.org.



Michigan LGBTQ+ Elders Network

Community Navigation & Support

MiGen's Community Navigators provide friendly and step-by-step assistance to **LGBTQ+ seniors** in need of additional resources.

Community Navigators can help seniors access **community assistance programs, transportation, housing and more.**

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Reminder

Call Community Navigators to schedule fall vaccines

MiGen is the only LGBTQ+ org in the state focused on LGBTQ+ adults ages 45+

Remember to visit migenconnect.org to learn more.

Prepare Now – In Case of a Power Outage

By Monica Williams, Executive Director
New York & Michigan Solutions Journalism Collaborative



Dorothy Harris (right), coaches her sister, Bernice Goode, on breathing through an electronic nebulizer. They had to relocate to their brother's during the February storms that left 500,000 customers without electricity for several days.

The most recent storm in Michigan killed five residents, overturned trees, and knocked out power for hundreds of thousands of people.

It was a reminder to be prepared before the next massive storm hits, courtesy of climate change, particularly if you're a caregiver. Now's the time to sign up for emergency alerts, pack an emergency kit, stock up on shelf-stable food, and make a plan in case you need to evacuate.

There are online resources to help you organize, such as the checklist at www.ready.gov/plan-form. Here are a few things caregivers can do to make sure their loved ones are safe before, during and after a natural disaster:

BEFORE THE DISASTER

Stay informed. If you have a cellphone, you'll probably automatically receive Wireless

Emergency Alerts from authorized federal, state, and local authorities. Keep in mind that in a major disaster, cell towers could malfunction, causing your phone's battery to drain faster as it seeks out a signal.

If you want a backup, the National Oceanic and Atmospheric Administration Weather Radio is online 24-7 with information directly from the National Weather Service, at www.weatherusa.net/radio.

Detroit residents can also sign up for Detroit 365 alerts online at www.public.coderedweb.com/CNE/en-US/BF4C7F0A3951 - and for power outage alerts at www.dteenergy.com.

There's no shortage of smartphone apps with weather updates. Download them to stay updated and make sure older adults and disabled neighbors are aware of weather forecasts, watches, and warnings. Be sure they are aware of any incoming storms and their projected severity.

Prep the home. Help seniors by reinforcing doors and windows and clearing loose items from outside the home. While outdoors, make sure furnaces or drains aren't blocked and check for potential hazards. Keep large objects away from exits, and that's particularly vital for older adults or those with physical disabilities. Heat or cool the home before bad weather arrives. If possible, have a generator or safe battery-powered space heater.

Have emergency supplies on hand. Extreme weather can occur in any season. Once a bad storm hits, it could potentially be a few days before electricity is restored or roads are clear. Perhaps more than others, older adults need an emergency kit that will meet their specific needs. Before the storm, prepare one for home and one for the road. Place essential items in a duffel bag or small suitcase with wheels for easy transport. Keep the bag next to or under the bed, for easy reach. The ADA recommends that all items are marked with fluorescent tape, large print or braille, for those who are visually impaired.

Supplies should include:

- Emergency phone numbers, including the number to a pharmacy, in a prominent accessible place and also programmed into a cell phone.
- Flashlights with extra-wide beams and high-powered bulbs, plus extra batteries.
- Blankets, sleeping bags and pillows.
- Medical devices and equipment, including
- diabetic supplies.
- Battery-powered radio and extra batteries.
- Cell phone car charger, in case of power failure.
- A first-aid kit.

Continued on page 21



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Balancing Caregiving: Tools for Walking the Tightrope

By Emily Gordon, LLMSW



Instead, they report that they are just doing what devoted children or loving spouses do for their loved ones.

This line of thinking creates two distinct and common obstacles for family caregivers to navigate: One, the belief that the stress and hardship that they experience is typical, everyday stress – and two, a knowledge gap regarding the resources and supports that exist in the community that can be tapped into for help.

Walking the Tightrope

Picture a family caregiver with the world on their shoulders, struggling to keep their balance. They are walking a tightrope.

Like caring for a loved one, tightrope walking is also a tradition practiced across many cultures. Both acts require passion, courage, and effective technique to be successful.

Family caregivers typically have nearly unlimited passion and courage. What they usually haven't mastered is effective technique – identifying and integrating tools to help them maintain their balance.

Tightrope walkers use an umbrella or a pole to keep their balance, and likewise family caregivers can greatly benefit by tools - self-care strategies to assist them in safely continuing on their path and avoiding burnout.

However, many caregivers cite a lack of time and energy as obstacles to acquiring, incorporating and using these aids. Therefore, they continue to lose their balance and fall - with no safety net below.

The 2020 Caregiving in the U.S. update from the National Alliance for Caregiving and AARP reported that family caregivers were in worse health compared to 2015 - findings that preceded the COVID-19 pandemic.

The reality is, the stress and strain of caregiving is more challenging than the stresses and strains of everyday life. That means specially tailored help is needed for family caregivers to maintain their well-being – for their own health as well as to continue giving their loved ones the best quality of care possible.

Finding Balance

Jewish Family Service of Metropolitan Detroit's Caregiver Support Program offers services that help family caregivers with the unique hardships that come with supporting their loved ones.

JFS offers individuals guidance and resources, educational opportunities, and tools and strategies for their specific self-care needs. The goal of the program is to prevent burnout by helping caregivers to reduce and manage their stress and increase their resilience.

Using SHARE for Dementia, an evidence-based program of Cleveland's Benjamin Rose Institute on Aging research and advocacy group, JFS helps individuals with early-to-moderate stage dementia or Alzheimer's disease and their caregivers have open, honest conversations about planning for their futures together - while the person with the diagnosis can still voice their care values and preferences.

JFS is committed to maintaining the safety and dignity of older adults, while also alleviating the strain their caregivers experience, with Geriatric

Care Management and by helping clients secure home care. Geriatric care managers identify an older adult's critical needs and customize a plan of care that includes physical safety, social wellness, and financial stability so older adults can age in place in the comfort of their own homes.

Family caregivers who have specific goals in maintaining their health or getting healthier can meet with certified health coaches one-on-one or join a class or workshop.

Those caregivers who have a family occurrence of dementia or Alzheimer's and worry about their own future brain health can access the JFS Mind University program which provides innovative cognitive training classes and wellness workshops that are designed to be as fun as they are challenging.

Taking care of a spouse, parent, or friend is the ultimate way to express one's love for them. It is also exhausting work for which family caregivers can get help so that they can stay healthy and continue giving quality care.

For more information about these services and more, contact the JFS Resource Center at 248.592.2313 or resourcecenter@jfsdetroit.org.



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Help with Home Safety Modifications

By Joel P. Ambrose, President of HandyPro International, LLC, Farmington, Michigan



Joel P. Ambrose is the president of HandyPro International, LLC, a licensed contractor specializing in home modifications and professional handyman services. His colleague, Keith Paul, is a licensed Aging In Place specialist. To contact Joel:

- Call - 734.254.9160
- Email - jambrose@handypro.com
- Visit - www.handypro.com



As older adults increasingly choose to remain in their homes and age in place, ensuring the safety and comfort of their living environments becomes of utmost importance. A partnership between the Detroit Area Agency on Aging and Cass Community Social Services Home Safety Program serves to meet this need with vital home modifications that support wellbeing while encouraging independence.

One of the cornerstones of the DAAA-funded program is personalized home modifications. Because each participant has unique requirements, making home modifications to meet their needs is key. Modifications range from installing grab bars and handrails, to adding smoke detectors and levered door handles.

In-home safety measures also include removing trip hazards to reduce fall risks and retain mobility. Fall prevention is of primary importance so the program addresses this head on by creating an environment that is free from hazards, such as clutter, rugs and uneven surfaces. The program

thereby reduces the risks of falls while increasing confidence for moving around the home without fear. Assistive technology also plays a crucial role in home safety - smart home devices like video door bells allow greater control of the environment while increasing safety and convenience for comfortably maintaining independence.

Finding affordable modifications is often an impediment to making necessary home improvements, so the program also addresses financial constraints faced by older adults. Through grants, subsidies and community partnerships, the program ensures essential modifications are available for those in need, to create a safer living environment.

By responding to personalized needs and prioritizing fall prevention, while taking advantage of affordable technology, this program fosters overall well-being. This helps older adults remain independent and able to age safely and gracefully in their own homes.



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PACE

Continued from page 6



Gracie Anderson is a 96-year-old recipient of PACE home delivery.

Gracie Anderson, a 96-year-old Detroit resident had her second leg amputation in 2018 but until then she lived on her own. One of her four daughters, Virginia Stevens, now lives with her while her youngest daughter, Jacqueline Lawler, is her legal caregiver. Free adult briefs

were the lure that convinced Lawler that the family needed PACE.

"They sent out an occupational therapist and a physical therapist and then I took her to the PACE Dearborn clinic for an exam," Lawler recalled. "This is where I got hooked. At the clinic, they found an open wound on her buttocks, likely from her wheelchair. They also sent a worker to her home to clean and care for the wound until it healed. She taught my sister how to clean the wound. The PT put a sock on the back of her wheelchair, so it was comfortable. They made sure she got what she needed until she was in a place where she was stable."

Lawler said her mother hasn't been back in the hospital since she entered the program in 2018.

Most days, her mom awakens late. Once her vitals are assessed, her diabetes medicines administered and she's cleaned, dressed and fed,

she watches TV, and dozes in her favorite chair.

Lately, Lawler is not sure her mom always recognizes her. That adds to the physical and mental stress. That would be worse, she said, if she didn't have an entire team at PACE. She expects her mother to be able to live out her life at home.

"Most of the people we care for have not had proper care all their life," Naber said. "What PACE does is provide all that they need in a true relationship model where they can grow to trust what we do."

For more information about PACE, or to speak to a representative, visit pacesemi.org, or call 855.445.4553



Veteran journalist Patricia Anstett was a Detroit Free Press medical writer for 22 years, inducted in the Michigan Journalism Hall of Fame. This article is submitted on behalf of the New York & Michigan Solutions Journalism Collaborative project on caregiving, a partnership of news and community organizations dedicated to rigorous and compelling reporting about successful responses to social problems.

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Trualta : A National Caregiver Support Portal

To increase the quality of family caregivers who support those aging at home, the Detroit Area Agency on Aging partnered with Trualta's caregiver support platform which says it "provides skills-based training, support groups, and an online community to families managing care for loved ones at home."

The online portal is free, caregiver-friendly and specifically designed to help users better care for elder loved ones living at home. Offered 24 hours a day, 7 days a week, caregivers can access learning modules and participate in live support groups where they can provide or receive encouragement.

"We've heard nothing but accolades from our caregivers who are actively using the portal," says Crystal White, DAAA caregiver support coordinator.

According to White, the five-minute lessons are facilitated by clinical experts who provide professional guidance on multiple caregiving subjects for a variety of diseases.

Users can read or print articles, view videos, listen to audio lessons or practice skills using Trualta's on-demand library.

"It's an excellent resource. They've covered all of the bases from hospital discharge, to toileting and daily care, to falls prevention, documents and decision making, end of life, and caregiver self-care. And if you need help, it allows you to contact me for assistance," adds White.

After viewing the Try It Out: Putting First Things First video, a caregiver with the initials T.R. complimented the program's organizational tools. "Prioritizing is most important, it sets a way you won't get overwhelmed."

Caregiver J.B. says the program is comprehensive. "This has proven to be a wonderful resource. There are so many different sections to provide any type of caregiving information one could possibly need." She also praised the interpersonal support, saying, "I have found the weekly Support Group sessions to be very helpful and supportive. Over time we



DAAA Caregiver Support Coordinators Laura Riddick (left) and Crystal White (right) are flanked by veteran caregivers/facilitators at the recent Brotherhood of Caregiving event.

have come to know one another and our situations. We also share information about products and equipment that's helpful to us on our caregiving journey. Many thanks to DAAA for making this resource available."

To learn more, visit www.daaa1a.trualta.com/, or contact Caregiver Support Services at whitecr@daaa1a.org or riddickl@daaa1a.org, or call 313.446.4444

The New 60



Prepare

Continued from page 14

- A three day supply of daily medications and vitamins.
- A three day supply of bottled water.
- Ready-to-eat non-perishable food, canned juices, peanut butter, comfort food, manual can openers and utensils and condensed milk.
- Extra food and water and a collar with ID tag for service or support animals or other pets.
- Essential documents in a dry, fireproof place. Email copies of the documents to yourself.
- Whistles.
- Tools such as a wrench or pliers to be able to turn off utilities.
- A spare pair of glasses, contact lenses, or hearing aids with extra batteries.
- Wet wipes, antibacterial soap, toilet paper, hand sanitizer and heavy-duty plastic trash bags.

- Cash in various bills, in case a purchase is necessary and an ATM is unavailable.
- Towels, masks, rags, and N95 masks, to protect airways.
- Make sure aids such as canes and walkers are at the ready. Ready.gov recommends that power wheelchair users have a manual chair as a backup.
- Comfort items such as blankets, noise-canceling headphones, soothing music, photographs, coloring books, stuffed animals, board games or familiar books, are important, particularly for those with cognitive issues. Set aside items that usually help with relaxation at home.

Tackle transportation for Takeoff.

Make sure seniors have access to reliable transportation in case they need to leave home. Keep a blanket, flashlight, paper map, change of clothes and hard-soled shoes in the car. Know how to open the garage door without power. Coordinate with family members and friends, if necessary.

Prepare your loved one. Consider giving them a medical alert system that allows them to call for assistance. Make sure they know what to do if the power goes out.

DURING THE STORM

Keep seniors company. Storms can be stressful and induce anxiety in older adults, particularly those with cognitive disabilities. If possible, stay with them during a storm for reassurance and emotional support. Don't forget about other older neighbors. If you can't be with them, establish a system for checking in regularly.

Consider a controlled environment such as a hotel or friend's house, if you can't stay put. Check pet policies before arriving to make sure animals are welcome.

Prepare for a quick evacuation. Keep the car ready to go. That means a full tank of gasoline, inflated tires, unworn windshield wipers and topped-off fluids. Store work boots, gloves and a change of clothes in the car. Fill a small plastic bin with a flashlight,

batteries and a first aid kit. Include tools.

In winter pack antifreeze, a snow brush, ice scraper and salt melting products. Also, if you're stuck in your car in the winter, run the engine periodically to keep the fuel line from freezing. Make sure your exhaust pipe is clear to avoid carbon monoxide poisoning.

AFTER THE DISASTER

Return to normal settings and routines as quickly as possible. Alzheimer's and dementia patients, in particular, often have difficulty figuring out what's happening now and what's happened in the past. Limiting access to news reports prevents further distress.

Stay away from downed power lines. To report storm-damaged trees call 313-224-4444.

Additional Resources:

Inclusive Preparedness Resources: rdcrss.org/4683mag

24/7 Helpline: bit.ly/3Rxmyto

How Caregivers Can Schedule Self-Care

Respite Care: Short-term stays for older adults to give primary caregivers a needed break. Some programs are free, others have low cost fees. These programs include:

- Hannan Center's Daybreak program: www.hannan.org/daybreak, or 313.833.1300 ext. 24.
- Henry Ford Health C.A.R.E. program at www.henryford.com/visitors/caregivers/caregiver-concierge or call 866.574.7530.
- Alzheimer's Association Michigan Chapter, 248.351.0280, or the 24/7 Helpline at 800.272.3900 or

www.helplinegmc@alz.org. Ask about caregiver grants.

- Team Suzy: Grant applications available on www.teamsuzy.org/.
- Local senior centers.
- Local Area Agency on Aging's caregiver programs.

Assistive Technology: Experts say utilizing technology can lighten a caregiver's load immensely. From managing medications, appointments and tasks, to telehealth visits, disease management and GPS trackers for wanders, there is plenty of assistance to reduce a caregiver's workload. To learn ways that

caregiver advocates promote the use of technology, search these articles on the websites below:

- a. Digital Technology for the Family Caregivers by the Family Caregiver Alliance on www.caregiver.org.
- b. Caregiving Made Easier: How Technology Can Reduce the Need for Doctor Visits and Technology Assists for Dementia Patients and Caregivers both on www.aarp.org.

Learning to Log-on: Not comfortable with technology or

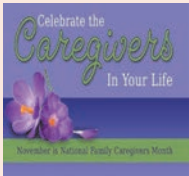
research? Tap the services of your neighborhood library or senior center's computer class instructor. Technology is here to stay!

Ask for help and be specific: Most people are willing to help, but most require a specific ask. If you are overwhelmed, it is critical to determine what needs to be done on the computer or the internet, then ask.



NEWS BRIEFS

ADVOCACY



The Changing the Care Conversation program is forming a Caregiver Coalition through the Southeast Michigan Senior Regional Collaborative. As a Coalition member, you'll ensure caregivers' voices are heard, supported and understood. Caregivers also have the opportunity to utilize the numerous resources and benefits offered. A monthly stipend is available for virtual meetings. To learn more, visit www.semisrc.org/caregiving-coalition.html, or contact info@miseniors.org and type "Caregiver Coalition" in the subject line.

BETTER HEALTH



Corktown Health Center's Aging Services Department provides a safe, culturally competent environment dedicated to the health and wellbeing of LGBTQIA+ adults ages 60 and over. For inquiries or to make an appointment, visit www.corktownhealth.org, or call 313.832.3300.

Your Pure Benefits is hosting a well care health fair on Thursday October 26 from 10 a.m. to 3 p.m. at Grosse Pointe Woods Presbyterian Church, 19950 Mack Ave. 48236. Resources will include health screenings, healthy food samples, as well as expert advice on mental health, hospice, and nursing homes. Physical therapy representatives will also be available. Parking is across the street from the church. For more information or to secure a vendor table, call Gail Sanders at 313.444.2409.

DRIVING



Michigan's Guide for Aging Drivers and Their Families offers helpful tips on observing older adults and their driving abilities for signs and symptoms indicating driving problems. There is also a list of driving rehabilitation programs and specialists who can determine if a visual, physical, or mental condition is affecting the ability to drive safely. If an unaddressable problem is determined, the guide recommends submitting a Driver Evaluation Form (DA88) requesting a reexamination of the unsafe driver to the Secretary of State either online or by written letter. Warning: While it will not be disclosed to the driver, the form requires an explanation of why the driver is deemed to be unsafe, and the full name, address, telephone number and signature of the person filing the form. Enlisting the aid of a healthcare provider might prevent a family feud. For the booklet or form, visit the Secretary of State offices or Michigan's Guide for Aging Drivers and Their Families at bit.ly/3sOFUzN.

FITNESS



Research indicates that caregivers are more vulnerable to illness and they can get sicker than others if they don't take care of themselves. Exercise is an excellent way to do so. It also helps with better sleep and more energy, to care for the loved one. Commit to an exercise program by contacting a local Area Agency on Aging, senior center, or seek out a free, 24/7 online class that easily accommodates personal schedules.

Start with Michigan's Get Set Up program at: www.getsetup.io/partner/Michigan. Help is available by calling 888.559.1614, or emailing help@getsetup.io. AARP's Senior Planet also offers free online fitness classes at: Virtual Fitness and Wellness Classes - Senior Planet from AARP at bit.ly/45U9nXT.

FOOD

The Wayne County Senior Services Liquid Nutrition Program is available to those 60 years and over who are unable to ingest solid food, due to a debilitating disease or condition. To apply, visit: www.waynecounty.com/departments/seniorservices/liquid-meals.aspx, or call 800.851.1454 or 734.326.5202. Clients are limited to two cases of 24 cans each of Ensure Plus each month. A donation of \$15 per case is requested. Residents of Detroit, Highland Park, Harper Woods, Hamtramck or the five Grosse Pointes may call the Detroit Area Agency on Aging at 313-446-4444 for more information.

VOLUNTEER OPPORTUNITIES

Focus: Hope is in need of volunteers to either pack food boxes or deliver food boxes to homebound seniors. Groups or individuals may call 313.494.4270, or email volunteer@focushope.edu to reach the volunteer manager.

LEGAL INFO

Having needed legal and life-planning documents drafted now makes it easier and less stressful for loved ones and caregivers in the future. Four of the key life planning documents are:

Durable Financial Power of Attorney – A written document to legally appoint an agent - a trusted person - to handle financial affairs. They can be drafted to go into effect either immediately after the document is signed and the agent signs the Acceptance of Agency - or only after two physicians have determined that there is a lack of ability to communicate informed consent. Discuss the benefits and downsides of each option with an attorney.

Durable Health Care Power of Attorney (also known as a Patient Advocate Designation or an Advance Directive) – A written document to legally appoint an advocate - a trusted person - to speak on behalf of and to ensure medical treatment is managed in the manner desired. This takes effect only after it has been determined by two physicians that there is a lack of ability to communicate informed consent.

Last Will and Testament – A written document to legally appoint a Personal Representative - a trusted person- to follow specific instructions on distribution of belongings, bank accounts and real estate after death.

Living Will - The fourth written document to be aware of has no legal effect in the state of Michigan, but it is still often relied on by physicians and judges as evidence of a person's intent. The document provides a person who has not appointed another with a vehicle to express their own wishes regarding their medical treatment and end of life care, once the signer has been determined by two physicians to lack the ability to communicate informed consent.

LIFELONG LEARNING

Keeping Independent Through Technology is a free class that explores how various technology tools work to keep people safe and independent. It will be held on Wednesday, October 25, 11 a.m. -1 p.m., at the Highland Park Recreation Center, 10 Pitkin St., 48203. RSVP by voicemail to: 313.664.2616.

High Blood Pressure Control: A Hypertension Self-Management Workshop - Teaching skills and providing tools to take control of high blood pressure. It is a fun, interactive, eight-week virtual workshop led by certified experts. Participants receive free blood pressure monitors. To register, visit www.nkfm.org/HBPC or call 734-222-9800 x 2590.

RESPIRE



The Hannan Center offers an affordable adult day care program for dementia patients that gives caregivers a needed option. Hannan's Daybreak program, located in Midtown, allows caregivers time to work, run errands or rest while the loved one has the benefits of socialization and recreational activities, in a supervised and secure environment. To learn more or to arrange a tour, visit www.hannan.org, or call 313.833.1300 ext. 24.

SUPPLIES & HOME ASSISTANCE

The Supplying Transitional Ostomy Medical Assistance program is a resource for supplies for those with stomas who lack health insurance, are experiencing hardship or medical emergencies. A free, one-hour "Bridge the Gap from Hospital to Home" visit is available to support ostomates and their family caregivers. To learn more, visit www.stomasupplies.org, or call 877.557.8662.

The Virtual Dialysis Support Center is offering free Caregiver Kits - a \$70 value - to full time, unpaid caregivers of dialysis patients. To qualify, caregivers must reside in Detroit, Hamtramck, Highland Park, Harper Woods, or the five Grosse Pointes. There are no income restrictions to qualify for a kit. Contact vdsc cares@gmail.com, or call or text 313.312.0224, to receive the application.

Those who are living at home with a diagnosed chronic illness may benefit from help with their non-medical household activities. The Lori's Hands organization is accepting client referrals in metro Detroit. Their student volunteers visit clients weekly to help with housework, meal preparation, grocery shopping, and other household activities. Clients help students understand the experience of living with a chronic illness, navigating the healthcare system, or aging in place. Visit www.lorishands.org to make a referral.

Caregiver Recognition Spotlight

Lois Cole, 95, moved in with her daughter Diane Byrd Johnson who is now 67 some 30 years ago.

"I convinced her to move in because I needed help. I was busy working, going to school and raising two boys. She did just that, take care of my family and my home," Johnson says.

Up until eight years ago, says the retired healthcare professional, her mom was independent, creative and nurturing. "It was then that I began to see signs of cognitive decline, her driving, her inability to handle finances and forgetting how to do activities she had done for years, like quilting."

Johnson's love of travel, swimming and hanging out with former co-workers came to a halt as she realized that in addition to caring for her sons, her mom would need 24/7 care.

"As the primary caregiver, I have grown to accept her condition and recognize this is my assignment from God to keep her safe, comfortable, and to provide the best possible care. That's all that matters."

Johnson says she does however miss being able to come and go as she wishes. Fortunately, her mom is mobile, in good physical health, and she can take her along.

"This makes a big difference in caring for her. Her kind heart and loving personality are still there. She thanks me often and tells me she loves me. I know I am blessed."

The two have shared activities. "We go to exercise classes, hustle classes, and outdoor jazz concerts. We go to church and out to lunch and dinner, her favorite! But there are times when I want to go places alone. Or just need a break."

Like many caregivers, Johnson also had a hard time learning to ask for help so that she could get a needed break.

"I struggled with asking for help for a long time. I felt my siblings should just volunteer, not wait to be asked. I held on to anger for far too long. I've learned to forgive and to understand why God gave this assignment to me and not them. Caregiving is not for everyone. I have grown to ask and accept help," says the third oldest daughter and the fourth of Cole's 10 children.

"I have finally worked it out with my sisters. I just feel guilty sometimes because two of them work and two are battling health challenges."

Now, with the support of her sons and four sisters, Johnson takes weeklong trips at least twice yearly and even has time to volunteer.

"I love volunteering; it's rewarding. I've always been involved in the community and my church. It helps me to connect with others while uplifting them. I learned first-hand how much volunteers are needed," said the former Matrix Human Services board member.

Volunteering for Universal Dementia Caregivers is one of Johnson's most cherished activities.

"I believe God sent me there to prepare me for what was about to be my reality. I started going to learn ways to help the Medicare population, which was my job at the time. Mom showed no signs of dementia then. When she did, I was able to identify them. But God, he always knows what you need and provides."

To nominate a caregiver for recognition in this column, visit www.universaldementia.org/learnmore/nomination, click on the "learn more" tab to get to the application.



WE SEE YOU! UNIVERSAL DEMENTIA CAREGIVERS RECOGNIZES DIANE BYRD JOHNSON

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TO NOMINATE A CAREGIVER, apply via the QR code or www.universaldementia.org/contact for the form.

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

Nursing Home Placement Requires Research, Participation

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

"I'll never put my loved one in a nursing home." Sound familiar? Yet, there are many reasons someone might actually need to go into a nursing home. They may have a chronic illness or disability that requires round-the-clock care. They may be struggling with dementia or other cognitive decline. They may be unable to live independently due to physical or mental limitations.

For those considering placing a loved one in a nursing home, it is important to do research and find a facility that is right for them. Visit the facility, meet with the staff, and talk to other families who have loved ones there. Make sure the facility is clean, safe, and provides the level of care that your loved one needs.

It is also important to be prepared for the emotional impact of putting a loved one in a nursing home. Many feel guilty, sad, or angry. It is important to allow time to grieve the loss of the loved one's independence, but also remember you are doing what is best for them.

Nursing homes can provide a safe and supportive environment for older adults needing help with their daily living activities. They can also provide access to medical care, social activities, and other resources that can help them maintain their quality of life.

Those facing the difficult decision to put a loved one in a nursing home are not alone. There are many resources available to help make the best decision.

Here are some tips for coping with the decision to place a loved one in a nursing home:

- Get involved in your loved one's care. Visit them regularly, and participate in activities and events at the facility.
- Find a support group. There are many support groups available for families of loved ones who are in nursing homes. These groups can provide emotional support and advice.
- Connect with an elder law attorney to discuss options on how to find and afford care while protecting the loved one's savings and assets.

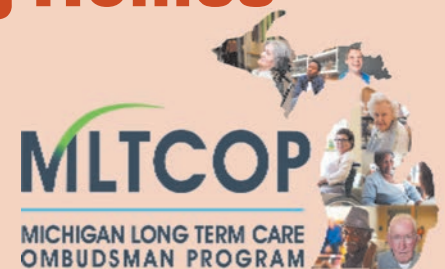
Putting a loved one in a nursing home is a difficult decision, but it can be the best option. Following these tips can make the transition easier for everyone involved.



Bob Mannor is a Certified Elder Law Attorney, Certified Dementia Practitioner, Presenter, Author & host of Advice from Your Advocates Podcast. Contact the Mannor Law Group at 810.694.9000.

What to Know About Nursing Homes

Skilled nursing homes that receive payments from Medicare or Medicaid are regulated by the Centers for Medicaid & Medicare, and compliance is enforced by the Michigan State Licensing and Regulatory



Agency. Here are important considerations to keep in mind, outlined in detail on the Michigan Long Term Care Ombudsman Program's website with fact sheets:

- **Daunting Admissions Process:** There are voluminous documents to be signed so ask questions about any document you don't understand.
- **Care Conference:** Within 14 days of admission, a comprehensive physical and mental assessment must be developed. Within seven days following the assessment, a resident-centered Care Plan Conference is held. The resident, as well as family members, may attend. Subsequently, the plan is updated every 90 days, or sooner if the resident's condition changes.
- **Family Councils:** A group of family members that meets regularly to discuss issues and concerns regarding the home and plan activities for residents. The council is independent, organized by family members, not by the nursing home. The main purpose is to improve residents' quality of life and to give family members a voice.
- **State Surveys of nursing homes** are conducted once a year, and more often if the facility is performing poorly. Ask for a copy of that full survey and note the rating for health inspection, staffing and quality of care. If the facility has received citations, read them closely for any corrective actions taken, and note how long corrections took to make. Survey findings may also be found at www.medicare.gov/care-compare, although the database sometimes takes some time to update - as well as www.nursinghomerating.org/mi-counties.htm. Note: Surveyors must post signs announcing that a survey is in progress. When you see a sign, make it a point to speak with a member of the survey team.

To learn more about Michigan's nursing homes, including eligibility, residents' rights, and filing of complaints, visit the Michigan Long Term Care Ombudsman Program site at www.MLT COP.org or call 866.485.9393.

Another source of useful information can also be found through the National Consumer Voice advocacy group. Visit www.theconsumervoice.org, or call 202.332.2275.

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Alzheimer's and Dementia Caregiver Center: alz.org/care

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Free life-planning workshop for Older Adults, Caregivers, and Kinship caregivers on the **First Tuesday** of each month at **2:00pm** via Zoom or phone conference. Call **313.937.8291** to Register

GET HELP

 **313.937.8291**

 nlsMichigan.org/elder-law

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

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Tax deductible contributions are welcomed.