

Hello. I'd like to welcome everyone to our session today, "Caring for Aging Relatives." My name is Katie Muhlhammer, and I'll be your technical host for today's session. I want to mention a couple quick housekeeping items, and then I'm going to go ahead and introduce our guest presenter and pass it over to her.

If you take a look at the left-hand side of your screen, there's a couple options. One of the options is an "FAQ" or "Frequently Asked Questions" section. If you have any questions maybe about an attendance certificate or you can see these slides but you're having audio issues, check out that "FAQ" for some frequently asked questions that we can help you with. We also have a copy of the presenter's slide deck in the "Event Resources" section. We encourage you to download that document if you'd like to have a hard copy, and then finally, we have an "Ask a Question" section where you can send a question to us. I'll tell you a little bit more about that when we get to the end.

We're very pleased to have Camille Koonce here today. She's a certified case manager, as well as an Aging Life Care expert. As you'll see, she's got just a perfect background, and this is definitely her wheelhouse. She's worked in the nonprofit sector, as well as for profit. She's served vulnerable populations, including seniors, as well as children and adults with disabilities. She's actually been in the field for over 20 years, and she enjoys connecting with people all over the world and assisting them as they progress through life's challenges and caring for their loved ones. So, Camille has just a wealth of knowledge and experience, and so we're thrilled we were able to get her to present today's topic for us. So, without further ado, I'm going to go ahead and pass it over to you now, Camille to get us started.

Oh, thank you so much, Katie. Thank you everyone for listening today. Today's topic is caring for aging relatives, and the learning objectives that we're going to try and hit on today are: determining the type of assistance that your loved one may need—because that can really change; discovering how to use family meetings to discuss, not just current care needs, but also planning for the future; identifying alternatives to nursing home care—also known as skilled nursing facilities; and as well as tips on placement; visiting facilities; as well as the importance of family involvement. And, we also will try and provide some resources on locating caregiver resources as well.

So, according to the Family Caregiver Alliance, about 34.2 million Americans have provided unpaid care to an adult age 50 or older in the last 12 months. So, that is a huge amount of people who are really, you know, taking care of loved ones who are getting older. Also, about 15.7 million adult family caregivers care for someone who has Alzheimer's or dementia. Alzheimer's disease is frequently in the news, and it's becoming more and more prevalent. A lot of people are having to really deal with this type of situation and really be there for their aging loved one.

On the average, caregivers spend three days each month just on simple tasks, such as grocery shopping, food preparation, housekeeping, laundry, transportation to appointments, giving medication. They spend six days a month on assisting with even more services, such as feeding, dressing, grooming, walking, bathing, assistance toileting, and about 13 hours per month researching care services or information on different illnesses and diseases, coordinating physician visits, managing the money—the financial matters. So, it is a huge issue caring for aging relatives. And, I'm going to turn this over to Katie because she had a quick poll for us.

Thanks, Camille. I'm going to go ahead and send out this follow the audience. And no matter when it is that you are listening to this, we encourage you to still participate in this particular question, "how soon do you anticipate being in a caregiver role?" And, we've given you several options. You're either A—you are currently in a caregiver role; maybe it's option B—within the next several weeks; option C—looking at a couple months to six months down the road; D—within the next year; or E—you don't anticipate being in a caregiver role. Perhaps you're here to get some information to help a friend or a loved one or someone who is in a caregiver role themselves. So, take a moment to do that. Even though you are listening in after the fact, we will be able to collect the survey results from all the participants anonymously, and so you'll get a sense for others who are joining into the session and where they stand in this. So, thank you, and Camille, I'm going to go ahead and pass it back to you.

Thank you so much. So, one good place to start is assessing your loved one's level of care needs. I frequently talk with clients, and the first thing, they're like, "I just don't know what kind of care that my parent or loved one is going to need," and so a lot of times, just trying to understand. Basically, you have two perspectives: activities of daily living, also known as ADL,

and instrumental activities of daily living, which is IADL. Usually, these can be evaluated. There's actual standards that physicians, insurance companies, in-home care agencies, government programs, facilities, they all have actual standardized criteria to determine, you know, does this person need assistance? Is it with an ADL or is it the instrumental ADL?

Even with either one, like the activities of daily living, somebody needing bathing, dressing, it also is not just how much care do they need. It's very different, for example, if your mother needs help bathing, or does she need help being reminded to bathe? Because sometimes with different cognitive impairment, they just need prompts like, you know, to take their medication, or, you know, "oh, it's time to get dressed now," or "it's time to go to the bathroom," or it's eating. So, there are different programs out there designed to help elders based on that, not just the activity of daily living that they may need help with, but also the variation. Because, like I said, it can go anywhere from just a prompt all the way to hands-on care. That's something that people frequently hear when they're dealing with in-home care agencies or facilities. That's one of the terms that they'll frequently use. It's like, is it more companionship or they're just standing by and helping? Or do they actually need hands-on care? Where they're actually helping the person maybe stand, mobility assistance, or actually helping with the toileting, versus just standing by and being present and maybe offering some reminders.

And also, there is a ton of assistive technology out there now. Like, if somebody is just having problems with taking their medication; many pharmacies now can actually put the prescriptions into little pill packs, so that it's almost like the pill dispensers that people see. But, these are actually little pop packets, where the medications are all together, and it actually will have—in very large letters—when they're supposed to take it, what day, what time, to really help expedite that. So, that's one thing that can help. They also even have dispensers that have alarms. It will send a message to a smart phone if the person doesn't take the medication, so there are so many different things. That's just one possibility. But they do have—you know—people have seen the chairs that rise for people who might have arthritis, or they also have—I was thinking the other day.

I was talking with someone, and we were talking about someone who was losing their vision. And there are so many different resources for seniors that may have hearing or vision impairment, including telecommunications.

Whether it is a special phone, whether it is closed captioning for their TV, there are so many different resources, and a lot of those, there are state agencies that actually provide those services. They provide training, and so they can be an excellent resource. There are a lot of resources out there for aging relatives, depending on what the situation is and to help them to stay in their home as long as possible and as independent as possible.

Another thing to consider, is if symptoms come on suddenly, like suddenly maybe somebody is getting a little bit more confused, they're less able to take care of themselves, they keep repeating things over and over, and you start to wonder, you know, "what's going on?" It never hurts to go ahead and get that consultation with a physician just to make sure that they don't have an infection. Maybe, they're taking too much of a medication, or they're having a reaction to a medication. Just to find out what is going on to see if it's something very simple that can be easily treated. Or, is it an early symptom of something a little bit more serious that really is going to need a little bit more management, like dementia?

And, Katie has another activity for you.

Thanks, Camille. So, as Camille was just going over, the difference between some of the ADLs and the IADLs—I've got them listed here for you. Just take a moment and just kind of reflect for yourself, and maybe, you even kind of want to come and jot down, whether you printed it out or on a piece of paper—you know—which of these ADLs and IADLs does your loved one current need some level of assistance with? So, just a chance to kind of start making some notes, doing some reflections, kind of breaking down, as Camille said as well, the level of assistance within each of these particular items. All right, I'll pass back to you now.

Thank you so much. So, once you've determined what level of care is a loved one is needing, the next step is to figure out what are we going to do next. One of the ways to achieve that is through a family meeting. Another option is, before a family meeting, to actually try and have conversations with the senior or the loved one ahead of time. It doesn't mean that it's going to necessarily happen the very first time, but a lot of times, just even bringing it up one-on-one can help with resolving the situation.

I was talking with a client the other day, and she mentioned that her mother had been diagnosed with early onset dementia. And so, initially when we

were talking, she was looking for in-home care resources, but her mother had very suddenly started wandering at night. And, she was really concerned for her safety that she may wander out of the house, she might turn on the stove. So, she decided to bypass the in-home care and start looking at memory care facilities, where her mother could get a little bit more help that she might need. And I asked her—I was like—"Well, you know, how is your mother feeling about that?" She's like, "Well, initially, when she had talked about it, she was like, 'I don't want anybody in my home; I don't want anybody here ever'." She's like, "The very next day, she had a lucid moment, and she's like, 'I know something isn't right with me,' and she's like, 'and I know I need a little bit of help'." And so, she had been open to the in-home care, and so then she's like—you know—she actually sat down with her mom, and she said, "You know, I'm really concerned about your safety, you know, because you were wandering around at night." And her mom initially, again, was a little bit off put by that, and she—of course—didn't remember wandering around.

But, later on, she came back and she's like, "I remember now that I was wandering around, and I was very scared, and I was very anxious." And she's like, "So I would be willing to look at these facilities with you." And she did promise her mom, she's like, "You know, I'm not trying to put you in a home." She's like, "If you don't like it, we can certainly make sure you're at home. I want you in a place where you're happy and getting the care you want, but also, you know, the support you need." Her mom was also a very social person, so we were helping her to find facilities that really do offer a lot of activities for individuals that may have those cognitive impairments. So, that's just one example.

So, if the person, you know, say there are multiple family members, maybe it's you and a spouse, or if it's your parents, maybe you have other siblings. If you do decide to do a family meeting, some people decide to meet ahead of time to come up with a list of questions, come up with a plan, come up with an agenda. One of the big things I think a lot of people don't always consider is, what do they want to be the outcomes? What are they hoping to achieve? Is it just a general meeting thing? "You know, we're concerned, we want to plan for the future." Or, is there an immediate concern? Saying, "you know, you recently fell—you had to go to the hospital, it wasn't serious, but we want to put something in place so this doesn't happen again." So, what, ultimately, do you want the outcome or to achieve with

that family meeting? Because that is so important in order to have a productive discussion.

So, Katie has another poll for you.

Excellent. Thank you. I'm going to go ahead and pass out this other survey. I'm going to go ahead and send that out there. And just take in a moment and think about, you know, what do you see as your loved one's biggest objections to accepting help? So, you should have the survey on your screen. Take a moment and select which of those options. Is it their desire for independence, financial concerns, the concern that others will make decisions he or she won't like, or possibly a desire for privacy? So, take a moment and kind of reflect for yourself. And you can feel free to click and select that survey, and then you'll be able to see where some others, who are listening in, kind of fall along that as well, and what they see as their loved one's biggest objection to accepting help.

All right, Camille, I'll go ahead and end that survey and pass the slides back to you.

Oh, great. So, during that family meeting, it's really important to focus on not just telling the person your concerns, but also listening and getting feedback and empathy. Nobody wants to be told what to do, so it's really important to—as much as possible—include the senior and make it a very empowering moment and saying, "You know, we really want to work with you; we are here for you." "What can we do to keep you safe and independent?" It doesn't mean that they are going to be on board with it, but there are some ways to introduce the concept of getting some help.

Now, my first suggestion will be, think outside of the box, and also know who you're dealing with, know the personality, and other, even the other personalities of other family members you may be dealing with. For example, my mother is extremely independent and very active—has been her whole life. She and my dad both love gardening, but my dad has developed asthma, and her knees are not what they used to be. She does have some arthritis in her knees.

I did mention to her, "You know, maybe we could consider hiring somebody to help with weeding and planning of the plants." She completely did not want to hear it. Shut it down. So, in the meantime, what I did was I actually

did some research, and I looked for providers in the area that could provide some just yard work that were licensed, bonded, and insured. I called the owner of one of the companies. He had been in business for 20 years. He was very familiar with the area. He worked with a lot of seniors. I asked him, "How big of a job do you have?" He's like, "No job is too big or too small. We can do gutters. We can do weeding." I was like, "How much notice do you need?" He's like, "If possible, sometimes we can do same-day service." So, I said, "I am pretty sure I will be contacting you soon."

So, a couple months go by, I'm talking to my mom, and she's like, "You know, I really wish I had been able to weed the front yard before the trick or treaters came by." And this is the day before Halloween. And I don't live very close to my parents; I live about four hours away. I was like, "You know, I was doing research for someone, and I know that there's this company that does yard work. Why don't you give them a call and see if maybe they can come by and just do some weeding?" So, she's like, "You know, that's a good idea. I'll go ahead and call. They probably can't help, but I'll do it." So, she gave them a call. They were there the next day. They did all the weeding in probably 15 minutes. She was thrilled.

The owner happens to be very, very personable. She knows everything about his life, his family, his kids, and as time has passed, she now has him come during the summer. He comes once a week. He has a crew that come and mow the lawn. Every couple of months, they come, they clean the gutters. So, one of the things when you're introducing the concept of help is also looking for that opportunity.

I was speaking with another client, and she really was concerned that her parents, you know, if something was to happen to them, nobody in the family would know where their paperwork was. So, she had nine siblings. And so for Christmas, she was literally giving every single sibling an important document packet, including her parents, so that they could actually have the discussion about, "Oh, you know, it's so important to have all your papers in one place", and it's like, "this is where I'm going to keep mine." So, it's not necessarily saying, you know, "I need you to do this." It's actually saying, "This is something that we all need to do," and getting people on the same page.

Same thing, I talked with a younger person, and she was looking for an elder law attorney for not just her, but also for her mother and grandmother.

The goal was to actually get the grandmother to do a will and power of attorney and other paperwork. And the way they presented it to the grandmother is, "Oh, we're going to be going and doing our wills and paperwork and power of attorney, do you want to go with us and do yours as well?" And the grandmother was completely on board with that. So, a lot of times, thinking outside the box and looking for the opening. Doing research ahead of time. If you think that they might need some in-home care in the future, you know, find out some agencies in the area, so that you could actually contact them so that, when that opportunity presents itself, you'll be ready.

Again, when encountering resistance, that is just hard, because, you know—seniors—there is so much emotion tied up with the independence, the loss of it, and it's like there may even be underlying issues. You know, a lot of seniors, they may be on a fixed income. They're very worried about cost, so it may be a cost concern. They just may be angry that people are in their business. They don't want people in their home. So, a lot of times, it's trying to figure out where is that resistance coming from, and addressing that issue. Sometimes it's very obvious. Sometimes it's not. And sometimes people, they want what they want, and nothing else is going to change.

Ways to get around the resistance, if it's something really critical, like maybe somebody really does need in-home care because they have maybe Parkinson's, and they really need assistance with those activities of daily living. The other thing, maybe they do have dementia, and it's becoming a concern. They're not eating. They're forgetting things. Talking to their doctor, a lot of times, if there's something that you really think they need. If a doctor says, you know, "Based on your test results, you're going to need in-home care once a week," and many times the seniors, because it's coming from a neutral authority figure, they will accept it. Not always, but that is one strategy.

Another strategy is they do have geriatric care managers. They're also known as Aging Life Care professionals. And they specifically, all they deal with is seniors and their caregivers. Many of them have advanced degrees in geriatrics, nursing, social work, and they are very skilled at coming in and having those difficult conversations and really mediating it, especially if there are that resistance or if there's multiple family members who are all on different pages. Their goal is to actually help get everyone on the same

page, and they are extremely empowering for the seniors. Many of them that I have talked to actually say that they are an advocate for the senior.

Now, it's not that they are not going to say, you know, when the senior says, you know, "I'm 91 years old; I don't need any care; I don't need to use a walker." They will actually, in a very nice way, say, you know, "I appreciate what you're saying, but in order for you to stay safe and independent and in your home, these are some things that need to happen." You know, "you've recently fallen; you've gone to the hospital, so in order to have what you're wanting, these are some things to happen." So that is one resource, is a geriatric care manager to help coordinate those family meetings.

So, the different levels of care, they range from minimum assistance to maximum, and it's basically, how many of those activities of daily living are they needing? They can handle most things, so maybe they just need medication reminders or meal preparation, or maybe lighthouse keeping. Moderate, they're needing a little bit more. Maximum is you're literally looking at moving towards multiple hours a day. It could be eight hours, it could be 12 hours. The maximum would be skilled nursing care, which would be 24/7 in a skilled nursing facility. Some people call it skilled nursing facility, some people call it nursing home, but they are the same thing.

In order to actually determine those care needs, when you're looking at whether it is an in-home care agency, assisted living, or even a long-term care facility; they are going to need physician's orders and/or notes. They're going to need medical history, and many of them will actually do an assessment to determine, are they going to be able to provide the level of care needed?

So, in-home care services, there are many, many agencies out there that offer up services. The agencies we most frequently work with are licensed, bonded, and insured. Some people choose to hire private caregivers as well. It can be anywhere from a home health aide to a CNA, and pretty much they can do anywhere from a few hours a day—it could just be companionship—on up to 24-hour care. It could be, again, running errands, chore services.

The only thing that they really don't do is administer medication or those skilled services. They are what they call home health agencies, and the big

difference is they actually provide skilled care, and that skilled care requires a doctor's orders, whether it's physical therapy, occupational speech therapy, wound care, a nurse visit, medication administration. All of it requires a doctor's orders. That may be covered by Medicare or their insurance. All of the other services are considered non-medical, and so they're not covered by insurance. There are programs out there that are through the state and county. One resource is the Area Agency on Aging. There are also some veterans' benefits out there. So, there are some resources out there, even if somebody can't do the private pay.

There are also a lot of other resources through the Area Agency on Aging, such as, like, Meals on Wheels. They're a private meal delivery company to make sure that seniors are eating if they're having trouble preparing their own meals. There's assistive technology out there, again, like the personal emergency response system, and if somebody does fall, they can get that help they need if they are living at home.

So, with housing options, typically, it goes anywhere from independent living, assisted living, and then you have, like, skilled nursing home care. Within that, there are all sorts of different options. They have what are called continuum care retirement communities. The continuum of care retirement communities actually offer all levels of care, anything that you could possibly need for your entire lifespan. One of the terms people may hear with that is "life care" and it's those particular communities, you actually have a buy-in. Usually, it's several thousand dollars, but your care is guaranteed for as long as you live, so they tend to be a little bit more expensive.

Retirement communities, many times, may offer us some combination of all levels of care, you know, independent and assisted, assisted and skilled. But they're rental only, so there's just a rental month-to-month. There's no long-term contract, so if somebody decided, you know, "I don't like this community; I want to move somewhere else," they could always do that.

Adult care homes, they provide the assistive services, but it's on a smaller level. Usually, it's in a private home with somewhere between five or six residents. It may be more or less. Most people think of adult care homes, and they think immediately it's going to be less expensive because it's smaller, and that's not always true. I've actually seen with adult care homes

that they are more expensive than your more traditional assisted living facilities.

The assisted living facility, it's exactly what it sounds like. You know, all of them will have three meals a day. You'll have housekeeping. They will provide transportation for medical appointments. The linens, the laundry, and then they'll do an assessment to actually see what level of care they need. Some of the services or some of the agencies will do what they call "a la carte" for the level of care, and some have a flat fee. So, it could be \$3,000 covers your room, your board, and all of your care. Or, it could be your room rate is \$3,000, and then on top of that they'll say, "Well, you know, if you need this many hours of care, it's going to be an extra \$250; if you need medication reminders, it's going to be another \$200." So, it just depends on the facility.

Within the assisted living community, they also do have dedicated programs for those with cognitive impairment. It's usually referred to as memory care. Some of them are actually secure units specifically designed for individuals who may wander. But the caregivers in the facilities or that memory care unit, they have additional training to deal with individuals with Alzheimer's or dementia, other cognitive impairment, you know, offering those prompts. The activities are usually geared towards really stimulating the brain, and so they can be a really good option for someone who doesn't want to put their family member in, like, a skilled nursing facility because, maybe, they just need those prompts and assistance. So, a memory care community may be a good resource for them.

So, when evaluating facilities, a lot of times there are checklists. That is one thing that I frequently talk about with clients, is you can go online, and they have a checklist nowadays for just about everything, including you can actually just even put in a search and say, you know, "assistive living checklist," and probably ten will pop up. Or, you can even put "memory care facility checklist." And so a lot of times, I suggest to individuals if they're going to be visiting more than one facility, to have a checklist with them, because it's really hard after you visit two or three to figure out and remember which one offered what services, what the price was, just to help keep that in line.

Also with assisted living facilities, sometimes you can actually go during the lunch, and they'll provide free lunch or free dinner. Many of them will also

offer the option of having your loved one come and participate in an activity just to get a nice overview of the community. The more open they are, that's what you want. You're looking for transparency. Some people will literally go and do a tour, and then they actually will go back more after hours just to see how things really are after the shift changes, you know, after 5:00 o'clock, after all the tours, just to make sure that whatever they said during the tour is still going to be correct later on in those evening hours. Because it's a really big decision to have somebody, a family member, in a facility.

As far as the costs of assisted living, the average nationwide is probably around \$4,000 to \$5,000, and for memory care, it's probably around \$5,000 to \$6,000, and that would be per month. Before making a decision about a facility placement, definitely make sure your family member's condition has been evaluated, seeing if that is what they really want. I actually have spoken with seniors who cannot wait to move into a facility. Maybe they live up north. They're tired of the snow. They want to move to Florida. They want the activities. Maybe they do need a little bit of help, so they are very excited. So, not even is resistant to moving into a facility.

On the flip side of that, with a lot of older adults, the only idea that they have is when they were growing up, they heard that people were put into a home. And so, a lot of seniors can be very, very leery and thinking you're just trying to put me in a home, and the home was where people were placed to go and die. They really just don't have a context for what assisted living, or even an independent living community is like, because they just don't know. And it may even be that that their friends aren't in any of these communities, so they've never even seen one.

My parents' next-door neighbor, she's in her 80s. Her health has been declining. Her son had mentioned moving her to a community after her husband passed away, and she literally accused him of trying to put her in a home. But, she was willing to go and visit it. And once she actually got there and started visiting, you know, it took her a couple months, but she said, you know, "I will give it a month; I will go and I'll stay there for one month, but if I don't like it, I'm coming back home." And she absolutely loved it. She started to thrive. Because she was having some problems with managing her medications, her health actually improved. So, in some situations, you know, seniors can get on board, but they really just may

have some difficulty wrapping their head around what you're talking about because they just don't have anything to relate it to.

When you're looking at other facilities, like skilled nursing facilities, where you're going to need that 24-hour care, *Medicare.gov* actually does have—they'll say nursing home—find a nursing home, it's the same thing as a skilled nursing facility, and they actually have a five-star rating system. So, a lot of times, that can be a really good starting place, as far as, like, what are the ratings for a particular facility? It also will have some inspections report.

Another resource is every state has what they call a "Long-Term Care Ombudsmen Program". Many people have not heard of this program, but their whole purpose of being is to advocate for individuals that are in, like, skilled nursing facilities on a long-term basis, as well as their families. So, if there's ever any question, if there's any issues, or you just want some more information, they are an excellent resource. Because that's what they do, is they work with their facilities in a specific area because they're throughout the state. And if there's any complaints, they investigate them, so they know, you know, what's going on. They really act as a liaison between the facility and the family or that individual to really resolve the issues because sometimes it's just a communication problem. But, sometimes, it may be a legitimate concern about care, and then the ombudsman will follow up and make sure that the changes are made. They'll report it to the state agency. So, they're really an excellent resource.

Other things to consider are how close is the facility to families and friends? The goal is always to be close. Sometimes, it's not always a possibility, but it's a question of, if you have two facilities, one is really close to family and friends, but the other one offers better care, you know. It can be a hard choice because the seniors, they really want to be close to family and friends, and there is that positive connotation. But at the same time, you know, there may be a better facility. It just may be a little bit farther out. So, those are some things to consider.

It's really hard to decide between assistive living and a nursing home. Just some general information on that, when I'm talking with different clients, so in assistive living you have your own apartment. You can come and go. There are activities. You've got your meals. You have your transportation. You can be left alone. Somebody can come in and they'll, maybe, help you,

like if you need assistance with personal care, if you need assistance with some mobility assistance, maybe getting to the dining room. And, like, if you have memory care, you know, they come in, and they'll offer those prompts and make sure that things are fine. But you could be left alone.

With skilled nursing care or a nursing home, many times the person, they need 24/7 care. They may have major mobility issues. They may even be bedridden. They may not even be able to get out of bed without somebody there. It's almost like being in a hospital setting, because the nurses, they have actual nurses that are there 24/7. Sometimes people have to be monitored. They might have to have injections. And so, that is the big difference between the assisted living and the nursing home is, you know, not just how much care do they need, but once it starts to hit 24/7, you know, assisted living, they just don't provide that level of care. And also, you know, if there's a cognitive impairment, assisted living may be a good issue, but they do also have memory care in skilled nursing facilities as well. So, they may need that 24/7 care, but they also may need the memory care, and there are facilities out there that do offer both types of service.

Also, they do have skilled nursing facilities not only with the memory care, but also with the secure unit or the WanderGuard in case somebody is a wander risk. So, a lot of times that's where that assessment comes in, either with the facility and getting all that information from the doctor to make sure they can provide the level of care needed. And, ultimately, what does the person need?

And Katie is going to provide you with another activity.

Thank you, Camille. So, this is just a chance for everyone to kind of pause for a moment, maybe even want to pause the recording as you're listening in and just think for a moment. As Camille went through the different main levels of care that are out there, based on your loved one's current needs and situation, which of those options do you feel might be the best option for your loved one? So, kind of start having a little bit of an idea about that. So you might just pause, take a moment, and then we'll go ahead and pass it back to Camille to finish us out.

And so, to continue, when visiting a long-term care facility, whether it's assisted living or skilled nursing, you know, your senses— seeing, hearing,

touching, smelling—there are some questions here that you can ask. Do the meals look appetizing? Do the residents get to customize their rooms? Is it noisy? So, those are just some things to start with when you're actually doing a tour or visiting.

Some other things with the staffing, what is the ratio of staff to residents, especially in memory care? Is it one staff person for every five residents, or is it one to one? Is there enough staff at night? What are the processes with the nursing assistants? Are they adequately trained? So, there are a lot of questions, and they tend to come very naturally. When people are touring facilities, they think, "Oh, I'm not going to ask all the questions I need to ask." Many times, just going on the tour, people are going to get a really good sense of the facility. And, you know, if you were in a facility, what are the things that would be important to you?

Other things, just talking with the residents. Again, like with the assisted living facilities, many times they'll offer the family and the potential resident a free lunch or dinner, and it gives an opportunity to actually talk with residents in a very natural environment. But also, even if you're going into a skilled nursing facility, many times they will have activities for residents, and you can always go and ask them, you know, "What do you think of being here?" "How are the staff?" "How are you treated?" So, a lot of times, residents can be a valuable resource.

Many times, you can also ask if they even have, like, a resident counsel because a lot of facilities will actually have that, so that they have members or residents will actually have counsel. They meet regularly to discuss different issues that they can bring up and address with management and staff as a way of advocacy for everyone who's there.

And then other things, when you're visiting a facility, you know, find out about licensing. Most states—actually—every single state actually has an agency that regulates assisted living facilities. They regulate skilled nursing facilities. They also have regulations for even home health and home care agencies as well. You can easily go to the *National Voice for Quality Long-Term Care*. That is one place to start. But like I said, every single state will actually have an agency that will do licensing and regulation— any complaints—so that information is pretty readily available. And if you can't find it, like I said, the local ombudsmen program, they're a good resource, as well as the Area Agency on Aging for that particular area, because

they're also really good at providing that information and making sure that people can get their resources they're looking for.

So, once somebody is going to be, potentially, moving into a facility, it's important for the family to still stay involved. You know, visit as frequently as you can, or even I know families that have switched off. It's like, "Oh, I'm going to go on Monday; I'm going to go on Wednesday, you know, this person is going to go on Saturday." So, it's like as many days of the week are filled. They're getting their visitors, so they don't feel lonely. But, also, it's a chance for family to see what's going on—to raise any concerns. Many families will also even have conferences with the care plan because many times they will do that assessment on a quarterly basis, you know, just to see, does anything need to be changed? If there is something that you're not feeling it's correct, feel free to advocate for that.

Again, the "ombudsmen program" is another resource. You know, if you're getting a lot of different answers from the facility or you're just not quite sure, you know, "I have some concerns; I've approached it, but they just don't seem to be listening to me," that long-term care ombudsmen program is a great resource.

Also, documenting any problems that you may observe. I recently was talking with a client. She moved her father into a skilled nursing facility on Friday, and then on Monday, she got a call that he was missing. Even though they knew he had Alzheimer's or dementia, they didn't think that he wandered because he needed assistance with his mobility getting to the bathroom. But, he was actually extremely mobile, and he actually left the facility and took a cab. Luckily, they were able to find him quickly. But, you know, that is like every person and every family member's worst nightmare, is to get a call that your loved one is missing and nobody knows where they're at. She, you know, immediately contacted the long-term care ombudsman after her father was safe. But not only that, she worked with the administrator, saying, "I just want to get into a different facility that is maybe more secure," and they were very, very accommodating. They're like, "Absolutely; when we did the assessment, we thought he would be a good fit for here, but, you know, based on this incident, he does need more care than we can provide." And they were very willing to work with her and get him to the right place, and he's doing fine now.

So, some additional tips for caregivers, just be patient with yourself and your family, and, you know—the seniors. No matter how old you are, people do slow down. They don't want to be told what to do. And it sometimes just takes a lot of patience. Also, as a caregiver, consider getting support for yourself. There are so many resources, both online and in person, for people who are also going through the exact same thing as you would be going through as a caregiver.

Realize that whatever you're feeling, it is normal. It could be guilt. It could be sadness, everything, every emotion in between, it is normal. Like I said, you are not alone, and others are going through it as well. And then, you know, identify resource that is can assist you in that decision-making process, because a lot of it is just having really good quality information so that you can move forward.

So, some helpful websites, the *Elder Care Locator*, actually, you just put in your zip code and that will actually bring up the Area Agency on Aging that I mentioned before. They're designed to be one-stop shopping for senior resources, as well as caregiver support, and also any programs, as far as, like, financial assistance, whether it's for in-home care or assisted living, or even skilled nursing facilities, they're going to know about those programs, as well as how to apply and what the eligibility would be.

*AARP*, they have so many different great resources for family members, including actual checklists, as I mentioned before, for when you're going to facilities. But they also have questions on even when you're sitting down and doing that long-term planning meeting with other family members, they actually have some really great articles on that. *The Family Caregiver Alliance*, again, they're all about caregiver support, and then *Medicare.gov* is a great resource to find the ratings for skilled nursing facilities, as well as just general information on senior's health care insurance benefits as well.

And for further assistance, you can always contact your Employee Assistance Program. They offer a wide variety of services, many times everything from counseling to actually helping to do that research and help you find those resources and information in your community so that you can make the best decisions possible and get the best care for your family members.

Well, thank you so much today, and if you have any questions, please let us know, and I will turn this over to Katie.

Thank you so much, Camille, for walking us through that information, for the wealth of resources, and real-life examples. I do want to mention just a couple quick wrap-up items to those of you listening in. Once again, on the left-hand side of the screen, we do have an "Event Resources" section. We have a copy of the slide deck here, and as Camille mentioned, just helpful websites and resources and links, so we encourage you to download that. We also have that "Ask a Question" section, that you're welcome to type in a question on this topic. We'll receive it via e-mail, and we'll reply back via e-mail. It may take us a couple days, depending on the nature of your question, so just like Camille was talking about just a moment ago, don't hesitate to contact your Employee Assistance Program. We're here for you 24/7. One of the services that we can provide is assistance with, if you're caring for an aging loved one or needing some resources or some guidance or some research to be done, so, again, just contact us 24/7.

Again, thank you for listening in. We trust this has been a lot of information, but it's been a good starting point perhaps, for those of you that are facing an issue. Thank you so much again, Camille, for your experience and expertise and some good examples for those of us listening in. So, take care everyone, and we do wish you all the best.