

Caregiving



A Family Guide

Acknowledgements



This edition of *Caregiving: A Family Guide* has been edited by the Aging Services Council of Central Texas. The Aging Services Council of Central Texas is a strong, effective network of individuals and organizations who work together to ensure that older adults and caregivers have the information and services they need to support themselves and family members as they age.



www.agingervicescouncil.org

SPECIAL THANKS TO:

The Gray Panthers of Austin who first created and published this manual in 1985. Their mission is to work for social and economic justice and peace for all people.



National Gray Panthers

PO Box 4356, Torrance, California, 90510-4356

www.graypanthers.org

The Donald D. Hammill Foundation for editing and printing this manual as a service to the community. The Donald D. Hammill Foundation was established to improve the quality of life for people who have disabilities, the aged, and people who are financially disadvantaged, including the working poor and those who are indigent or chronically ill.

www.hammillfoundation.org



Donald D. Hammill Foundation

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Adult Day Care



Adult day health care provides health oversight, socialization, and therapeutic activities in a supportive group environment. This community resource not only allows older adults with physical and/or cognitive impairment to receive necessary care while continuing to live at home, but also gives their caregivers time away from the demands of caregiving. Because these older adults might otherwise require care in assisted living or a nursing home, adult day care is often a cost-effective source of care and activities.

Sometimes referred to as *adult day care*, *adult day centers*, or *adult day health care*, these programs are licensed and regulated by the Texas Department of Aging and Disability Services as Day Activity and Health Services (DAHS). Under DAHS regulations, their services must include

- meals and snacks planned by a licensed dietician;
- medical services provided by a licensed nurse who must be on the premises during hours of operation;
- personal care services provided by trained personnel; and
- recreational, fitness, and social activities planned and directed by a qualified activities director.

Costs and times of operation vary from program to program. Programs may also have admission criteria concerning the adult's mobility; continence; or emotional, mental, and social abilities.

Austin Adult Day Health Center

3710 Cedar Street, Austin, TX 78705

(512) 458-6305 or (512) 451-4611

M-F 7:00 am – 5:30 pm

Cost: Private Pay or fully covered by Medicaid, VA, or long-term care insurance for those who qualify.

Operated by AGE of Central Texas

(www.ageofcentraltx.org)

Round Rock Adult Day Health Center

475 Round Rock W. Dr. #120, Round Rock, TX 78681

(512) 255-4865 or (512) 451-4611 (main AGE office)

M-F 7:00 am – 5:30 pm

Cost: Private Pay or fully covered by Medicaid, VA, or long-term care insurance for those who qualify.

Operated by AGE of Central Texas

(www.ageofcentraltx.org)

Assisted Living Communities with Day Programs

Some Assisted Living communities may offer adult day services in addition to the residential care that they provide.

Adult Protective Services and Elder Abuse



Texas has a law authorizing protective services for older persons (65 and older) and persons with disabilities. Under this law, Adult Protective Services (APS), a program of the Texas Department of Family and Protective Services, is responsible for investigating allegations of abuse, neglect, and exploitation. When allegations are confirmed, APS provides or arranges services in order to prevent further maltreatment of the individual. These may include short-term services such as emergency shelter, food, medication, heavy cleaning, minor home repairs, restoration of utilities, and mental health assessments. APS in-home staff refer cases that require guardianship services to the Department of Aging and Disability Services. Guardianship is a legal method to protect individuals' well-being when they are legally incapacitated and cannot protect themselves.

The Texas law requires that “a person having cause to believe that an elderly or disabled person is in a state of abuse, exploitation, or neglect shall report the information immediately to the Department of Family and Protective Services (DFPS).”

Signs of Neglect

“Neglect” means the failure of an individual or his or her caregiver to provide the goods or services necessary to prevent physical harm, mental anguish, or mental illness. Common signs that indicate neglect include obvious malnutrition, lack of personal cleanliness, dressing

habitually in torn or dirty clothes, obvious fatigue and listlessness, begging for food, needing medical or dental care, being left unattended for long periods of time, or self-reports of neglect. The most prevalent form of neglect is self-neglect.

Signs of Abuse

Abuse of an older person may take many forms, such as physical abuse, sexual abuse, verbal assaults, isolation, and misuse of medications. The abuse of older family members may be as widespread and as unreported as are child or spousal abuse. Some signs of physical abuse are frequent injuries, such as bruises, cuts, black eyes, or burns, especially when the caregiver cannot adequately explain how they happened; frequent complaints of pain without obvious injury; passive, withdrawn, and emotionless behavior; lack of reaction to pain; and self-reports of pain.

Common signs of sexual abuse include physical signs of sexually transmitted diseases, evidence of injury to the genital area, difficulty in sitting or walking, fear of being alone with caregivers, or self-reports of sexual assault.

Signs of Exploitation

Exploitation is the illegal or improper use of another person's money or property for personal profit or gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property or other resources. Signs of financial exploitation may include sudden changes in bank account or banking practice, unexplained withdrawal of

a lot of money by a person accompanying the victim, adding additional names on a bank signature card, sudden changes in a will or other financial documents, unexplained missing funds or valuables, and unpaid bills despite having enough money.

How to Report

In many cases, an abused person is totally dependent on the abuser and is afraid to complain. If you suspect abuse or neglect of an older or disabled person, you must report it to the Department of Family and Protective Services. The law specifies that a person who reports abuse is not liable for criminal or civil suits because of his or her role in the report or any later investigation.

To report abuse, neglect, or exploitation in the community, contact

Texas Department of

Family and Protective Services

1-800-252-5400 (24-hour hotline); www.dfps.state.tx.us

Make a report online at www.txabusehotline.org

To report abuse, neglect, or exploitation of a person in a nursing home, personal care home, or adult day care center, contact one of the following.

Texas Department of

Aging and Disability Services

1-800-458-9858 (hotline); www.dads.state.tx.us

To report a crisis situation or crime, call your local police department. In an emergency call 911.

SafePlace

The SafePlace hotline is the first step for seeking help with sexual or domestic violence.

(512) 267-SAFE (7233); www.safeplace.org

Advocacy Equals Action



We in the Austin area have more resources than many other cities and counties, but there is much room for improvement. Change can come about when groups of individuals with common interests and concerns organize in order to initiate changes. We often forget that as individuals we can influence the social policy and legislation that directly impact our daily lives.

If, like many others, you feel frustrated about a lack of resources and services for impaired and older individuals, maybe the time has come for you to take action. Most of us feel better knowing we have at least tried to improve a problem, but feeling that our efforts alone are futile may prevent us from ever trying.

One way to avoid feeling alone or frustrated in your efforts to bring about change is to join an established organization that advocates for the things in which you also believe. These group experiences can give you the opportunity to meet other concerned persons, to learn about new programs and ideas, and to try out your new “advocacy wings” among friends. These organizations also can keep you updated on relevant issues through newsletters and speaker engagements.

Advocacy Groups

There are many advocacy groups in Austin. Some well-known groups concerned with the problems of older adults include

- ADAPT (512) 442-0252; www.adaptoftexas.org
- AARP of Texas 866-227-7443; www.states.aarp.org/category/texas

- AARP Central Austin Chapter 108 (512) 922-0245
- AARP North Austin Chapter 2700
www.aarpchapter2700.com
- AARP South Austin Chapter 2426
www.southaustinaarp.org
- Area Agency on Aging of the Capital Area (512) 916-6062
Information and Referral – (512) 916-6065;
www.capcog.org/divisions/area-agency-on-aging/
- Gray Panthers (512) 751-1362;
www.graypanthersaustin.org
- Coalition of Texans with Disabilities (512) 478-3366;
www.txdisabilities.org
- Consumers Union (512) 477-4431;
www.consumersunion.org
- Advocacy, Inc./Disability Policy Consortium
(512) 454-4816; www.disabilityrights.org
- LeadingAge Texas (Formerly TAHSa) (512) 467-2242;
www.leadingagetexas.org
- Texas Impact (512) 472-3903; www.texasimpact.org

Voting

One of the best ways to advocate for change in your community is to vote. Texas law now requires voters to show photo identification when voting in person. When voters appear at a polling location to vote, they must present an approved form of photo ID issued by the Texas Department of Public Safety (DPS) or the United States government.

APPROVED FORMS OF PHOTO ID

Except for the citizenship certificate, all IDs must be current or expired for no longer than 60 days. Approved forms of photo ID include the following.

- Texas Driver License issued by Texas DPS
- Texas Election Identification Certificate (EIC) issued by DPS
- Texas Personal Identification Card issued by DPS
- Texas Concealed Handgun License issued by DPS
- U.S. Military ID Card containing the person’s photograph
- U.S. Citizenship Certificate containing the person’s photograph
- U.S. Passport

FREE ELECTION IDENTIFICATION CERTIFICATES AVAILABLE

Individuals without an approved form of photo ID may apply for an Election Identification Certificate (EIC) at any Texas Driver License office. There is no charge for this certificate. EICs for persons 70 and older do not expire; all other EICs expire every six years. To receive this voter ID card, applicants must provide specific documents that prove their identity and citizenship. For more information call DPS at (512) 424-2600 or visit their website at www.txdps.state.tx.us.

NAME ON PHOTO ID MUST MATCH NAME ON THE VOTER REGISTRATION LIST

Texas law requires poll workers to review the name on each voter’s photo ID to see if it exactly matches the list of registered voters. If the names are not exact, but are “substantially similar,” that person will be able to vote after initialing the sign-in sheet to affirm that he or she is the same person appearing on the voter registration list.

VOTING BY MAIL

You are eligible to vote early by mail if you are a registered voter who is

- 65 years of age or older;
- out of the county during the entire election period;

- sick or disabled; or
- confined in jail, but eligible to vote.

To vote by mail, you must first apply for a ballot. The Travis County Clerk's office does not send out applications or ballots without a specific request from the voter. They must receive your application no earlier than 60 days before election day and no later than the close of business 9 days before election day. If the deadline falls on a weekend, the last day to submit an application is the preceding Friday. If the deadline falls on a state or federal holiday, the ballot application must be received on the preceding business day.

Communicating Your Concerns

Effective advocacy inevitably involves contact with a wide variety of public policy makers. People who hold office cannot read minds. If we do not communicate our needs, we cannot expect anyone else to meet them. It is important to know that to an elected official, every letter, phone call, or visit represents about 5,000 other people with the same concern (the "silent majority" theory). So in a very real sense, you are never alone as an advocate.

"So," you say, "how do I go about it?" Here are some helpful hints.

- *Get the facts.* The more you know about the issue, the more likely you will be to get the attention of the person you are trying to influence. Some research beforehand will give you more credibility and more confidence.
- Express your opinion to as many of those persons capable of positively influencing the situation as possible.
- Whether you write, call, or visit, remember to be direct, brief, and polite.

- Whenever possible, try to compliment the person on something he or she has done, especially in an area related to your concern.
- Always focus on your major point, as you will be more effective if you don't stray from your main objective.
- Send a personal note whenever possible; a signed but pre-printed card is not as effective.
- A direct phone call can be helpful; try to get past the receptionist.
- A personal visit is considered the most effective tactic. An appointment is desirable but not necessary, since schedule changes can affect the best of plans. Remember that staff persons are generally well informed and can carry your message to the official.

You CAN make a difference if you care enough to take action. If you get someone to join you, you'll be that much closer to your goal.

References

The names and telephone numbers of city, county, state, and many federal offices are listed in the blue pages of the telephone directory or can be found online.

The League of Women Voters publishes useful materials such as Voters Key which contains listings of current elected Texas officials.

The League of Women Voters of the Austin Area
(512) 451-6710; www.lwvaustin.org

Aging and Caregiving



Aging and Living Go Hand in Hand

Aging is a part of living, not a disease! Look around you to see the wide variety of activities and work in which older people are engaged. When an older person experiences physical impairment and can no longer be completely independent, there can still be meaning and joy in life.

It is reassuring to know that most older people continue to lead their lives much as they always have. In fact, at any one time, only 5% of people over 65 live in institutions.

Those of us who are professional helpers have had the opportunity to know many older people affected by serious health problems. They are fighting diseases such as diabetes, heart disease, emphysema, and arthritis. They are coping with weakness, paralysis, and confusion. Such difficulties are a challenge to living a full, satisfying life.

We have learned that older adults take on that challenge. They are determined to continue living at home, to live much as they always have, and to keep their humor and enjoyment of life. At times, this challenge can only be met with some degree of family and community assistance.

Common Myths About Aging

Some slowing down and physical changes are natural parts of aging. But *serious* interference with daily activi-

ties usually comes from conditions that are not “just a part of old age.” The following are some commonly held beliefs about aging, coupled with the true facts.

MYTH: Older adulthood begins at 65.

FACT: There is absolutely no scientific, biological, or psychological reason or evidence for choosing the 65th year as the year at which to mark a dramatic life transition.

MYTH: Growing older results in mental deterioration and senility.

FACT: Symptoms such as gross intellectual impairment, confusion, depression, hallucination, and delusions are most likely the result of disease and/or adverse drug interactions and not the normal aging process.

MYTH: Older people are frail.

FACT: Although chronic conditions like arthritis or heart problems affect at least 75% of older adults, the vast majority find that they can continue to perform their daily activities with relative independence. Only about 5% of the over-65 population resides in nursing homes, hospitals, or other institutional settings at any given time.

MYTH: Older people are less competent workers and should retire.

FACT: Workers over age 50 receive high evaluations in performance and productivity, are punctual, have good attendance, and are cost effective. A New York University study found that as we grow older, our productivity increases moderately but steadily. Some 13% of the over-65 population is in the workforce. Many volunteer.

MYTH: Older people have no interest in or ability to participate in sex.

FACT: Sexuality remains an important part of human life at any age. People usually can continue to express their sexuality well into their later years. Serious physical illness or emotional problems can interfere with sexual expression at any age; talking to medical or mental health professionals can help.

As is true for most everyone, pursuing life goals is the main occupation of older people. The physical, personal, and social demands of aging can make this pursuit more challenging than at other stages of life. How easily and successfully a person will adapt and accomplish goals depends on the interaction of many complex factors.

For the Older Adult: How to Feel More like Yourself When You're Not Feeling Quite Yourself

DEPENDENCY

In this section, we want to speak directly to you, the older adult who is facing life with a disability or a disease that must be dealt with because it will not disappear. When you must depend on others, you may

- feel your body has let you down;
- realize there are things you just cannot do anymore;
- resent needing help from others;
- feel guilty that your loved ones must spend time and energy helping you;
- feel like giving up and not trying anymore;

- feel depressed, listless, blue, not your usual self; and
- not want to be left alone, but feel resentful of someone always being with you.

BASIC NEEDS

Every person has basic needs such a food, clothing, shelter, and medical care. In addition to these needs, consider the importance of

- feeling in control of your life;
- feeling needed and useful;
- feeling loved and cared for;
- having something to look forward to; and
- feeling safe and secure.

To Feel in Control of Your Life:

- Participate in your care to the extent you are able.
- Express your ideas to others about how you would like things to be done.
- Arrange your activities so that you succeed in what you do.

To Feel Needed and Useful:

- Participate in family and neighborhood activities and decisions.
- Explore volunteering, either in or out of your home.
- Adapt hobbies or other activities to your present capabilities.
- Bring your experience to others. You have survived personal, national, and international crises. Share the benefit of your experience with those around you.

To Feel Loved and Cared For:

- Share your feelings with your loved ones; don't let resentments build up.
- Try to understand the point of view of others; they will appreciate it.

- Tell someone if you are lonely and need companionship – volunteers, neighbors, young people may be able to spend time with you, doing something you both enjoy.
- Keep your sense of humor.

To Have Something to Look Forward to:

- Reach out and try something new.
- Change your routine or try doing things a different way to add variety.
- Ask people around you about new things in their lives – you may get ideas.

To Feel Safe and Secure:

- Express your fears and take action to relieve them.
- Talk to others in similar situations – it’s comforting to know that you are not alone.

You may have ideas about ways to make positive changes. Sharing your ideas with those who are close to you may be a step in the right direction.

DEPRESSION

Depression is the most common mental health problem of older people. It can be triggered by loss; grief; illness; immobility; isolation; retirement; medication interactions, side effects, or misuse; alcohol or other drug abuse; or physical illness.

Severe depression is not normal at any age. When depression lasts more than a few days or a week and interferes with enjoyment of life, it deserves attention, regardless of your age. Symptoms of depression include feeling listless, having many physical complaints, sleeping or eating too much or too little, feeling very pessimistic, complaining of memory loss, or forgetting recent and past events.

If you are depressed, family and friends may try to help by encouraging you to get mental health treatment. Supportive therapy from a professional, with or without medication, is often helpful. Sometimes a stay in the hospital may be needed. (See “Counseling” and “Alcohol/Drug Abuse” sections for more information.)

You can help ease depression by thinking of the blessings in your life; learning to think more positively about yourself, other people, and the future; learning to communicate your feelings more easily; finding and participating in enjoyable activities; and remembering how you effectively coped with problems in the past, and drawing on those skills to address new problems.

For the Caregiver

If you have decided to care for an older loved one in your home, you deserve enormous credit. The task is probably more difficult than you first imagined. At the same time, you are probably more capable than you thought yourself to be. You have a great deal of common sense and what you don't know, you can learn.

Whether you are providing care in your home or are commuting to provide care where your older adult lives, you have a big job. Certain aspects of the situation may be discouraging, no matter how much you want to help or how much satisfaction you derive from helping. In this situation you may feel

Resentment at having to give care, always attending to someone else's needs: “I thought I'd have some time to myself when the kids grew up. Instead, I have less time than ever, caring for Mom since her stroke.”

Exhaustion from the never-ending nature of the tasks.

Personal care, cooking, and housework are repetitive

- chores that may offer little sense of accomplishment:
“I work so hard, but there’s always more laundry to do and then another meal to prepare.”
- Sadness* that the role your family member used to play in your life has changed: “I never expected to have to give my husband the kind of care I gave my children.”
- Frustration* that you don’t have time for your own needs and pleasures: “When will it be my turn, and will I be healthy enough to enjoy it when it comes?”
- Anger* that others don’t offer more help: “Everyone says Jean is such a good daughter, but where is she now?”
- Guilt* that you wish for more gratitude than the older adult can express: “She could at least say ‘thank you’ when I bring in her dinner!”
- Pain* at seeing your loved one deteriorate; “She was always so independent. It hurts to see her in a wheelchair.”
- Exasperation* with barriers to assistance within the social service system: “If I have to make one more phone call!” Often long waits and repeated calls are necessary. So are patience and persistence!

STRESS

All the feelings discussed above can cause stress. Unrelieved stress may lead to a decline in your own health and emotional well-being, and it may affect other members of your family. Signs of stress include irritability, pessimism, sleeplessness, physical symptoms such as constipation or diarrhea, or impatience with others.

To relieve stress

Get adequate rest and good nutrition. This will help prepare you to face each day. If caring for an older adult keeps you from sleeping, ask a family member

to take over periodically and allow you to get a full night's sleep.

Exercise regularly. Taking even a short walk helps relieve tension. Regular physical activity keeps the body working better.

Get away. This gives you needed time off for activities you enjoy. Arrange for someone else to take over for you on a regularly scheduled basis. Knowing that every Tuesday evening is yours can help.

Allow others to help. If you do it all yourself, you risk exhaustion. Ask others to help; they may enjoy feeling useful, and you can do a better job.

Talk about your frustrations. Telling a supportive family member or friend about your problems can make them easier to bear.

Go easy on yourself. You are probably feeling just what others in similar situations feel. Try not to link your personal sense of accomplishment or failure to the health or mood of the person for whom you are caring.

Set personal milestones that you can achieve. Plan to spend 15 minutes doing something that is important to you – then do it.

Reorganize your work. Make sure you're doing things the easiest way. Also, a mere change in routine can combat boredom and fatigue.

Get involved in spiritual activities. Spiritual activities and religious ritual can be a source of strength. Rabbi Shalomi calls caregiving “a sacred vocation . . . a noble path of service.”

Exercise may also relieve stress. Each of the following exercises will help you to relax. You also can combine them into one super-relaxation session.

Listen to music. Take a few minutes to listen to music that you find especially relaxing. In addition, recordings of the ocean, mountain streams, rain, and other relaxing sounds are available in stores and most public libraries.

Breathe rhythmically. Slowly take deep breaths, fully expanding your abdomen and chest, and then breathe out slowly. As you inhale, imagine the fresh air going through your mind and body. As you exhale, imagine tensions and negative feelings leaving your body.

Relax your body systematically. Tighten the muscles of your body one group at a time. Start by clenching your feet and toes; relax them and enjoy the sensation of letting go. Continue with your lower legs, alternately tensing and relaxing, and so on up your body. Don't forget to include your face, especially your jaw and eyes. Imagine the tension leaving your body, and it will.

Visualize pleasant surroundings and happenings. When you have finished relaxing your body, imagine that you are in your favorite vacation spot or retreat space.

It is extremely important to take care of yourself so that you can be and do your best.

Accessing and sharing humor are vital.

Alcohol and Drug Abuse



Alcohol can often help people relax, socialize, and celebrate events. Prescribed and over-the-counter medications can cure illness, manage symptoms, and save lives. For older adults, however, alcohol and medication misuse can become hidden problems that affect their health, well-being, and families.

Up to 3.5 million older adults may have a serious alcohol problem. In addition, up to three-fourths of all older adults may not be using medications as prescribed or directed. The misuse, abuse, and/or adverse interactions of these substances may be difficult to spot, especially in persons with little social contact from neighbors, friends, or family. Even observant family members and friends may fail to detect an alcohol or drug problem due to denial, misguided tolerance of the problem, or a lack of knowledge about alcohol and drugs in later life.

There are two groups of older adults who have drinking problems:

- Those who have a long history of alcohol abuse and continue excessive drinking in their older years.
- Those who begin to abuse alcohol in reaction to the stresses of aging, especially retirement, death of a spouse, or health or financial problems.

Alcohol and drugs are assimilated differently in the older adult's body than in a younger person's. Alcohol has a greater effect on the aging body because it is burned off more slowly, is more concentrated in the body, and gets into the brain more easily and quickly. Medi-

cations may also have a greater effect in older adults; this can result in overdose. Combinations of drugs can cause adverse reactions. Finally, combining alcohol and medications can have very dangerous effects: drowsiness and lack of alertness, a tendency to fall or have accidents, life-threatening depression of the central nervous system, and interference with the effectiveness of the medication.

Recognizing the Problem

The following problems may be caused, or made worse, by alcohol or medication misuse: depression or suicidal thoughts, mood changes, memory problems, social isolation, resentment and hostility, malnutrition, stomach problems, incontinence, sleep problems, memory loss, confusion, tremors, falls, bruises and cuts, poor hygiene, or an unkempt home. In addition, having more than two drinks per day on a regular basis may indicate a problem.

Physicians are often unable to recognize alcohol and medication abuse in their older patients. In addition, health care providers who are not sensitized to the problems of older alcoholics frequently see physical and mental disorders as a symptom of aging rather than as conditions aggravated or caused by alcohol or medication abuse. Therefore, it is very important to carefully observe the ways in which the older adult is using alcohol and medications.

Taking Action

Sometimes a person with an alcohol or medication problem can stop when confronted. In fact, older people have

the highest recovery rate of all age groups. Research shows that a key factor in the recovery of older people is the concern and involvement of family and friends.

Sometimes, however, the person cannot stop without professional help. A range of effective treatment options is available, including programs tailored for the needs of older adults. It is critical that family, friends, neighbors, and caregivers who notice these problems take action. With help, older adults can understand and make peace with life, with themselves, and with their families.

The following are sources for assistance.

- Austin-Travis County Integral Care (ATCIC) operates a **24-hour Hotline to Help**, (512) 472-4357, (512) 703-1395 TDD, and provides a variety of substance abuse services.
- Contact the Texas Commission on Alcohol and Drug Abuse (TCADA), 1-800-832-9623, for information and referral.
- **Focus on Recovery**, 1-800-234-0420, is a 24-hour national helpline that provides information on drug and alcohol problems and treatment options.

Austin area assessment and treatment facilities for inpatient and outpatient programs include

Austin Recovery

(512) 697-8600; www.austinrecovery.org

La Hacienda Solutions (outpatient)

2100 Kramer, Suite 200

Austin, TX 78758

(512) 835-1994; www.lahacienda.com/outpatient

(inpatient at Hunt, TX)

The Heritage Program for Senior Adults

The Heritage Program for Senior Adults works on an outpatient basis with older adults who are experiencing prob-

lems such as depression and anxiety. These problems are often related to life stressors such as loss of a loved one, social isolation and loneliness, medical concerns, family issues, and changes in living situations.

Seton Shoal Creek Hospital

3501 Mills Avenue

Austin, TX 78731

(512) 324-2000; www.seton.net

Austin Lakes Hospital (secondary diagnosis)

1025 East 32nd Street

Austin, TX 78705

(512) 544-5253; www.austinlakeshospital.com

Alcoholics Anonymous (AA)

Daily support groups meet in multiple locations across the central Texas area. Call Hill Country Intergroup for schedules: (512) 444-0071. An AA group for older adults meets Tuesdays at noon at the Senior Activity Center, 29th Street and Lamar. www.AustinAA.org

Support groups for friends and family members are also available. Contact AL-ANON-ALATEEN Information Center for locations and times. www.austinalanon.org

Alzheimer's and Dementia



Alzheimer's (AHLZ-high-merz) is a disease of the brain that causes problems with memory, thinking and behavior. It is not a normal part of aging and problems get worse over time. Although symptoms can vary widely, the first problem many people notice is forgetfulness severe enough to affect their ability to function at home or at work or to enjoy lifelong hobbies. The disease may cause a person to become confused, lost in familiar places, misplace things, or have trouble with language.

When Memory Loss is a Warning Sign

Many people worry about becoming more forgetful as they grow older. Our brains change as we age, just like the rest of our bodies. Most of us eventually notice some slowed thinking and problems remembering certain things. However, serious memory loss, confusion, and other major changes in the way our minds work are not typical parts of aging. Many conditions can disrupt memory and mental function. Symptoms may improve when the underlying cause is treated. Possible causes of memory problems include depression, medication side effects, excess alcohol use, thyroid problems, poor diet, vitamin deficiencies, certain infections, and Alzheimer's disease and related dementias. Anyone experiencing significant memory problems should see a doctor as soon as possible. Methods for early diagnosis are improving dramatically, and treatment options and sources of support can improve quality of life. An early diagnosis helps individuals receive treatment for symptoms and gain ac-

cess to programs and support services. It may also allow them to take part in decisions about care, living arrangements, money, and legal matters.

10 WARNING SIGNS OF ALZHEIMER'S DISEASE

It may be hard to know the difference between age-related changes and the first signs of Alzheimer's disease. Some people recognize changes in themselves before anyone else notices. Other times, friends and family are the first to observe changes in the person's memory, behavior, or abilities. To help identify problems early, the Alzheimer's Association has created a list of warning signs for Alzheimer's and related dementias. Individuals may experience one or more of these signs in different degrees.

1. Memory loss that disrupts daily life

Forgetting recently learned information, important dates or events; repeatedly asking for the same information; and increasingly needing to rely on memory aides

What's a typical age-related change?

Sometimes forgetting names or appointments, but remembering them later.

2. Challenges in planning or solving problems

Changes in ability to develop and follow a plan or work with numbers; trouble following a familiar recipe or keeping track of monthly bills.

What's a typical age-related change?

Making occasional errors when balancing a checkbook.

3. Difficulty completing familiar tasks at home, at work, or at leisure

Difficulty completing daily tasks. Sometimes have trouble driving to a familiar location, managing a budget at work, or remembering the rules of a favorite game.

What's a typical age-related change?

Occasionally needing help to use the settings on a microwave or to record a television show.

4. Confusion with time or place

Lose track of dates, season, and the passage of time; trouble understanding something if it is not happening immediately; forgetting where they are or how they got there.

What's a typical age-related change?

Getting confused about the day of the week but figuring it out later.

5. Trouble understanding visual images and spatial relationships

Difficulty reading, judging distance, and determining color or contrast, which may cause problems with driving.

What's a typical age-related change?

Vision changes related to cataracts.

6. New problems with words in speaking or writing

May have trouble following or joining a conversation, or stop in the middle of a conversation and have no idea how to continue or they may repeat themselves.

What's a typical age-related change?

Sometimes having trouble finding the right word.

7. Misplacing things and losing the ability to retrace steps

May put things in unusual places; may lose things and be unable to go back over their steps to find them again; may sometimes accuse others of stealing.

What's a typical age-related change?

Misplacing things from time to time and retracing steps to find them.

8. Decreased or poor judgment

Changes in judgment of decision making; may use poor judgment when dealing with money, giving large amounts to telemarketer; may pay less attention to grooming or keeping themselves clean.

What's a typical age-related change?

Making a bad decision once in a while.

9. Withdrawal from work or social activities

May start to remove themselves from hobbies, social activities, work projects, or sports; may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What's a typical age-related change?

Sometimes feeling weary of work, family, and social obligations.

10. Changes in mood and personality

Can become confused, suspicious, depressed, fearful, or anxious; may be easily upset at home, at work, with friends, or in places where they are out of their comfort zone.

What's a typical age-related change?

Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

Alzheimer's Disease and Other Types of Dementia

Dementia is a general term for the loss of memory and other intellectual abilities serious enough to interfere with daily life. Alzheimer's is the most common form of dementia and accounts for 60% to 80% of those di-

agnosed with dementia. More than 5 million Americans have Alzheimer's disease; that includes 13% of those over age 65 and nearly 50% of those 85 and older. By 2050, the number of individuals with the disease may reach 16 million. Because 70% of those with Alzheimer's live at home, its impact extends to millions of family members, friends, and caregivers.

Other disorders that can cause memory loss, confusion, and other symptoms associated with dementia include the following.

- Vascular dementia, often considered the second most common type of dementia, refers to the impairment caused by reduced blood flow to parts of the brain. One type may develop after a single major stroke blocks blood flow to a large area of brain tissue. Another kind, formerly called multi-infarct dementia, can occur when a series of very small strokes clog tiny arteries. Individually, these strokes are too minor to cause significant symptoms, but over time their combined effect becomes noticeable. Vascular dementia symptoms can be similar to Alzheimer's disease and may include problems with memory and confusion and difficulty following instructions. In some cases, the impairment associated with vascular dementia can occur in "steps" rather than in the slow steady decline usually seen in Alzheimer's.
- Mixed dementia is a condition in which Alzheimer's disease and one or more other dementias occur together. Evidence shows that this type of dementia is much more common than once believed.
- Parkinson's disease affects control of movement resulting in tremors, stiffness, and impaired speech. Many individuals with Parkinson's also develop dementia in later stages of the disease.

- Dementia with Lewy bodies often starts with wide variations in attention and alertness. Individuals affected by this illness often experience visual hallucinations as well as muscle rigidity and tremors similar to those associated with Parkinson's disease.
- Physical injury to the brain caused by an automobile accident or other trauma can damage or destroy brain cells and cause symptoms of dementia such as behavioral changes, memory loss, and other cognitive difficulties.
- Huntington's disease is an inherited, progressive disorder that causes irregular movements of the arms, legs, and facial muscles; personality changes; and a decline in the ability to think clearly.
- Creutzfeldt-Jakob disease (CJD) (CROYZ-felt YAH-kob) is a rare, rapidly fatal disorder that impairs memory and coordination and causes behavior changes. Recently, variant Creutzfeldt-Jakob disease (vCJD) was identified as the human disorder believed to be caused by eating meat from cattle affected by mad cow disease.
- Frontotemporal dementia is a term describing several conditions (such as Pick's disease and primary progressive aphasia) in which front and side areas of the brain are especially affected. Personality and behavior changes are often the first symptoms.
- Normal pressure hydrocephalus (NPH) is caused by a buildup of fluid in the brain. The cause of most cases is unknown. Symptoms include difficulty walking, memory loss, and inability to control urine. NPH can sometimes be corrected with surgery to drain the excess brain fluid.
- Mild cognitive impairment (MCI) is a term some doctors use to describe a situation in which a person may have

problems with memory or another thinking skill that are serious enough to show up on tests, but not severe enough to interfere with daily life. Research has shown that individuals with MCI have an increased risk of progressing to Alzheimer's disease, especially when their main area of difficulty involves memory; however, a diagnosis of MCI does not always mean the person will develop Alzheimer's.

HOW TO FIND OUT IF IT'S ALZHEIMER'S DISEASE

The first step in following up on symptoms is finding a doctor with whom a person feels comfortable. There is no single type of doctor that specializes in diagnosing and treating memory symptoms of Alzheimer's disease. Many people contact their regular primary care physician about their concerns and they often oversee the diagnostic process. In many cases, the doctor may refer the patient to a specialist such as a neurologist who specializes in diseases of the brain and nervous system, a psychiatrist who specializes in disorders that affect mood or the way the mind works, or a psychologist with special training in testing memory and other mental functions. There is no single test that proves a person has Alzheimer's. The workup is designed to evaluate overall health and identify any conditions that could affect how well the mind is working. Experts estimate that a skilled physician can diagnose Alzheimer's with more than 90% accuracy. Steps to a diagnosis include understanding the problem, reviewing the medical history, evaluating mood and mental status, completing a physical exam and diagnostic tests, and conducting a neurological exam, which may also include a brain imaging study. Physicians can almost always determine that

a person has dementia, but it may sometimes be difficult to determine the exact cause.

TREATING THE SYMPTOMS

Drugs and non-drug treatments may help with both cognitive and behavioral symptoms. A comprehensive care plan for Alzheimer's disease considers appropriate treatment options, monitors treatment effectiveness as the disease progresses, changes course and explores alternatives as necessary, and respects individual and family goals for treatment and tolerance for risk. While treatment may temporarily help symptoms, it does not slow or stop the brain changes that cause Alzheimer's to become more severe over time. Doctors sometimes prescribe vitamin E for cognitive symptoms of Alzheimer's disease.

Tips for Caregivers

Create a calm, safe environment that may be better suited for the person's abilities.

- Eliminate clutter, noise, glare, and excessive noise.
- Develop soothing rituals with regular daily routines, comforting objects, gentle music, and a reassuring touch.
- Provide opportunities for exercise and satisfying activities geared to the person's abilities.
- Monitor personal comfort; ensure a comfortable temperature and check regularly for pain, hunger, thirst, constipation, full bladder, fatigue, infection, and skin irritation.
- Be sensitive to frustration about expressing wants and needs.
- Rather than argue or disagree, redirect the person's attention.

- Simplify tasks and routines.
- Avoid open-ended questions; ask “yes” or “no” questions instead.
- Allow enough rest between stimulating events such as visits from friends or neighbors.
- Use labels to cue or remind the person.
- Equip doors and gates with safety locks.
- Remove guns from the home.

Note. State and Local Alzheimer’s Disease and caregiver resources taken from the Texas Alzheimer’s State Plan Partnership Resource Guide.

Alzheimer’s Association

1 (800) 272-3900; www.alz.org

Provides comprehensive information for family caregivers, healthcare providers, researchers and the media on risk factors, diagnosis and treatment options; day-to-day care; legal and financial planning; safety services and MedicAlert+SafeReturn; current research; Association news releases; and links to local chapters.

Alzheimer’s Disease Education and Referral (ADEAR) Center

1 (800) 438-4380; www.nia.nih.gov/alzheimers

Provides current and comprehensive Alzheimer’s disease information and resources from the National Institute on Aging; research updates; directory of National Institute on Aging Alzheimer’s Disease Centers; clinical trials database; recommended reading list for caregivers; and press releases.

Alzheimer’s Foundation of America

1 (866) 232-8484; www.alzfdn.org

Provides disease information, resources, caregiver tips, news.

Area Agencies on Aging (AAAs)

1 (800) 252-9240; www.dads.state.tx.us/contact/aaa.cfm
Provides services to help older Texans, their family members, and caregivers obtain information and assistance for locating and accessing community services; information on services for persons 60 years of age and older, including healthcare benefits counseling; case management; nutrition services; transportation; in-home help; senior centers; and the Retired Senior Volunteer Program (RSVP).

Caregiver SOS by WellMed Charitable Foundation

1 (866) 390-6491; www.caregiversos.org
Includes support provided by Caregiver SOS Centers across Texas, tele-learning through Caregiver Teleconnection and Community Stress-Busting Program for Family Caregivers, focusing specifically on helping caregivers with their stress.

Texas Department of Aging and Disability Services, Center for Policy and Innovation

1 (512) 438-5555; www.taketimetexas.com

Take Time Texas

Texas Respite Coordination Center was created to offer caregivers and respite care providers services, resources, and educational materials.

Texas Department of State Health Services

1 (800) 242-3399

Alzheimer's Disease Program

www.dshs.state.tx.us/alzheimers/default.shtm

Provides information, education, and support to individuals with Alzheimer's disease and their caregivers; addresses the burden of Alzheimer's disease through statewide strategic planning with the Texas Council

on Alzheimer's Disease and Related Disorders and the Texas Alzheimer's Disease Partnership; staffs the legislatively mandated Texas Council on Alzheimer's Disease and Related Disorders; and serves as the state's liaison to the Texas Alzheimer's Research and Care Consortium.

Texas Department of Public Safety Silver Alert Program

(512) 424-2080; www.dps.texas.gov/dem/Operations/Alerts/index.html

Assists law enforcement in the recovery of missing older adults with a documented mental condition. Caregivers should immediately report wandering incidents to their local law enforcement agency. Only law enforcement can request activation of the Texas Silver Alert Network, having met state alert criteria. Caregivers should prepare in advance through obtaining a physician's letterhead (with signature), indicating the missing senior citizen's name, condition and date of diagnosis.

U.S. Department of Health and Human Services Alzheimer's website

www.alzheimers.gov

Being Responsible for Another's Well-Being and Personal Care



You may be giving very personal kinds of care to an older adult. For yourself, you do these activities automatically. Doing them for someone else requires practice and concentration. Special consideration of the older adult's medical needs will determine how you perform these tasks.

The following information on personal care and nutrition is designed to teach necessary skills to people who give care. For individualized instructions, you may wish to call a certified home health agency for information.

The informal caregiver, as the primary contact person in the home, acts as the eyes and ears of the formal care system. Informal caregivers can observe and evaluate the signs and symptoms of illness and report them to health care professionals. This process includes careful observation of the person as well as asking the person how he or she feels.

Each person has an individual response to an illness. Symptoms are usually less evident in older adults, and the disease process may move more slowly than in younger adults. Older people may not feel pain or other symptoms as acutely as younger adults. In addition to observing, therefore, it is very important to carefully question the older person about how he or she is feeling.

Meeting the human needs of the person receiving care is very important. These needs are love and affection, recognition, acceptance, security, trust, socialization, food, clothing, shelter, rest, activity, avoidance of

pain, and escape from danger. The caregiver needs to know how the individual feels about receiving personal care. Some persons may be embarrassed or reluctant to undergo procedures of an intimate nature, or they simply may not want to be touched. Talking to the person about his or her feelings can lead to better understanding.

Problems to Watch For

Watch for signs and symptoms that may indicate problems and the need for medical attention.

SKELETAL AND MUSCULAR SYSTEMS

- Swelling of ligaments and limbs around joints
- Grimacing as the person moves
- Slow movements
- Bruising of the skin
- Whiteness, shiny red or hot areas over a swollen joint
- Loss of strength

SKIN

- Color, texture, or temperature changes
- Swelling
- Clamminess or moistness to the touch
- Dry, oily, white, or scaly patches
- Markings such as moles, scars, or warts
- Sores, wounds, lumps
- Odor
- Hair condition – oily, dry, dull, brittle, infestations, or hair loss
- Scalp condition – scaly, dandruff, or red

CIRCULATORY SYSTEM

- Swelling of ankles and feet
- Swelling or hard knots in the lymph nodes of the neck, groin, or armpit

- Blue or white color of the nail beds, lips, feet, or hands
- Changes in the pulse rate – faster, slower, irregular, weak, or strong

RESPIRATORY SYSTEM

- Changes in the rate of respiration
- Breathing – difficult, shallow, or noisy
- Cough
- Sputum – white, yellow, odorous, thick, or liquid
- Nose – stopped up, bleeding, dry, draining
- Throat – sore, red or white spots, swollen tonsils, difficulty swallowing

DIGESTIVE SYSTEM

- Mouth and tongue – red, swollen, spotted
- Bad breath
- Diseased or bleeding gums
- Lined or coated tongue
- Cracks at the corner of the mouth
- Bloated stomach
- Signs of nausea or vomiting
- Poor appetite or refusal to eat
- Drinking large amounts of fluid
- Intestines – bloated or reaching for the abdomen or showing facial contortion
- Bowels – movements frequent; soft or loose; stools hard to move; stools black, blood-tinged, clay colored, or with mucus; grimacing with pain when moving the bowels

NERVOUS SYSTEM

- Shaking of limbs or body
- Slowness in reacting
- Cannot be easily awoken after a head injury
- Eyes – sudden onset of impaired vision; sensitive to light; dull; over-bright; discharge; bloodshot; whites are yellow in color; moist; glassy

- Facial drooping on one side
- Slurred speech
- Confusion
- Weakness – may be one sided
- Ears – discharge; pulling ear as if in pain; ringing in ears; sudden onset of impaired hearing

URINARY SYSTEM

- Urine red, rust-colored, or with sediment
- Urination frequent
- Difficult to start stream
- Small or large amount of urine with an urgent feeling to urinate
- Dribbling, cannot empty bladder completely
- Foul odor to urine
- Pain with urination

REPRODUCTIVE SYSTEM

- Vaginal discharge – green, yellow, white; watery, cheesy consistency; odorous
- Breasts – lumps, thickening, dimples; nipple discharge; swollen; change in contour of nipple or breast tissue
- Male genitalia – abnormal discharge yellow or white in color; testicles lumpy or swollen

ENDOCRINE SYSTEM

Signs will be reflected in other systems, such as

- Increased fluid intake, thirst
- Frequent urination
- Dry skin
- Mood changes

CARDIAC SYSTEM

- Pain and/or heaviness in chest
- Nausea
- Profuse perspiration
- Pain radiating to jaw, neck, shoulder, left arm

BEHAVIOR AND/OR MOOD CHANGES

The caregiver may observe that the older adult is being overly critical, aggressive, irritable, listless, withdrawn, angry, demanding, sullen, abusive, anxious, sad and crying, or depressed. Depression is the most common mental health problem faced by older people. Severe depression is not normal at any age. (See “Depression” in the “Aging and Caregiving” section; for a list of causes and symptoms, see the sections on “Counseling” and “Alcohol/Drug Abuse.”)

Case Management



Older adults and their families may feel confused and frustrated by the challenges facing older individuals in today's world. Case management is a service that helps an individual navigate and assess the availability of services and resources. It is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive needs through communication and available resources to promote quality, cost-effective outcomes.

Identifying and accessing needed services and resources can seem to be an overwhelming and impossible task. However, there are individuals, called case managers, who provide support services to families with aging relatives. A case manager can be the link with the community to keep an aging person independent and safe in his or her home.

In general, the case manager provides the following professional services.

- Assesses the needs of the aging client and his or her family.
- Advocates on behalf of the older individual.
- Develops a care plan with agreed-upon goals.
- Identifies and coordinates the delivery of all services to meet those goals.
- Monitors progress.
- Adjusts services as needed.

Examples of other services that may be offered by a case manager include the following: consultations;

money management; processing of insurance claims or other necessary forms; arrangements for housing or home modifications; arrangements for home health care and other in-home services; guardianship, advocacy, and assistance in personal, legal, and community matters; and counseling for families who are in conflict over the care of an older adult.

The following agencies and organizations provide different levels of case management services.

Area Agency on Aging of the Capital Area

(512) 916-6065

The Area Agency on Aging of the Capital Area provides quality services to support and advocate for the health, safety, and well-being of older adults in the 10-county region.

It has served the people of Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson counties in Texas since 1982, and it strives to provide services that help meet the needs of the individual consumer or the needs of someone who cares for them. Trained staff also provides contact information for referral agencies or outside service providers.

Benefits Counseling

The Benefits Counseling Program provides HICAP/SHIP-certified Medicare Benefits Counselors to answer questions about Medicare health care coverage, issues, and public benefits. A Benefits Counselor provides information and counseling free of charge to individuals 60 years of age or older and to Medicare beneficiaries of any age. Benefits Counselors assist Medicare beneficiaries in the following areas:

- Medicare Parts A & B
- Medicare Prescription Drug Plans (Part D)

- Medicare Advantage Plans (Part C)
- Extra help with Part D Prescription Drug Costs (a program through the Social Security Administration)
- Medicare Savings Programs to help pay for Medicare Part B premium (thru Texas HHSC)
- Medicare Supplement Insurance (Medigap) Policies
- Medicare appeals rights and representation
- Medicare and employer/secondary health insurance interaction
- Public benefits programs
- Medicare fraud prevention
- Medicare preventive health
- Understanding Medicare when you first become eligible
- Open Enrollment Period plan selection for Part D Drug Plans and Advantage Plans

For free one-on-one confidential counseling, call a Medicare benefits counselor today at (512) 916-6062 or toll free (888) 622-9111, ext. 6062.

Care Coordination

The Care Coordination Program assists older individuals (60 years and older) who have been recently hospitalized or suffered a health crisis (within thirty days) and who are without the financial resources to pay for the total cost of needed care and who reside in the 10-county CAPCOG area. The program provides short-term services to help clients remain independent and make future plans. A Care Coordinator will complete an assessment to identify a client's needs and develop an individual care plan. Arrangement for appropriate services and follow up is managed by the assigned Care Coordinator. The Care Coordinator assesses a person's needs, then links clients to in-home services on a temporary, short-term basis.

Care Coordination Services may include

- homemaker services;
- limited personal assistance;
- durable medical equipment not accessed through Medicare;
- emergency Response System; and
- other services that address needs identified by assessment and care planning.

Important note: All services are short-term, temporary, and are provided at no charge. Contributions toward the cost of the service are encouraged and welcome!

AGE of Central Texas

(512) 451-4611; www.ageofcentraltx.org

Caregivers often feel isolated and alone. AGE can provide information, education, ideas, or an understanding ear as they help you help others navigate the challenges of aging. AGE offers educational events, information, resources, and support groups for people who provide care to an aging or disabled adult. Through collaborative relationships, they help to educate the community about the value of caregiving. All services are provided at no cost. Services include the following.

- *Personal Consultations.* Call, email, or stop by the AGE building. They can help you in your search for housing, transportation, physical and mental health resources, financial and legal resources, government benefits, educational and recreational activities, in-home and adult daycare services, and other services for older adults or family caregivers.
- *Caregiver Seminars.* Seminars are held 4 to 5 times a year on Saturday mornings, covering various topics.
- *Annual 'Striking A Balance' Caregiver Conference.* This conference is offered in the Fall of each year.
- *CaregiverU.* AGE provides evidence-based training and classes for caregivers and seniors.

Family Eldercare

(512) 483-3553; www.familyeldercare.org

Services include the following.

- *Service Coordination.* Family Eldercare helps coordinate a range of services for older adults living independently and at several senior housing properties in the community. Family Eldercare's Service Coordinators work to help clients identify and acquire the services they need to remain self-reliant. Call (512) 483-3553 for more information about any of the services offered through this program.
- *Money Management.* Family Eldercare's Money Management Program helps seniors and people with disabilities continue to live independently in their homes and in their neighborhoods. A less restrictive alternative to guardianship, Money Management offers two levels of services:
 - Bill payer assistance is available to low-income older adults and people with disabilities who have the capacity to remain in control of their finances and voluntarily receive the services. Services include sorting mail, writing checks for the client to sign, balancing checkbooks, and making sure bills are sent in a timely manner.
 - For individuals determined to be incapable of handling their own finances, representative payees are approved to receive benefits issued by Social Security and the Office of Personnel Management on behalf of the clients. Services also include budget setup, checkbook balancing, and management of monthly bill payments. Monitoring and insurance is provided. All clients receive additional case management services to ensure adequate food, shelter, and medical care. All bank accounts are insured through AARP and monitored by third-party volunteers who ensure accountability.

Clients eligible for Money Management services must be an older adult or an adult with disabilities, low-income

(at or below 200% of Federal Poverty Index), incapable of performing the tasks themselves, or without anyone available or appropriate to assist them.

Jewish Family Services

(512) 250-1043; www.shalomaustin.org

Jewish Family Service (JFS) offers outreach to older Jewish adults living in congregate living settings. JFS geriatric case management services provide help to older Jewish adults needing assistance in order to continue living in their own homes. JFS also offers assistance to families who seek information on area assisted living facilities and nursing homes, and provides consultation on end-of-life planning.

For information about outreach or case management services, call (512) 250-1043. In addition, the Jewish Community Center offers programs and activities for senior adults in the Greater Austin area.

Meals on Wheels and More

(512) 476-6325; www.mowam.org

CARE – Comprehensive Assessment, Resources, and Empowerment

Case Managers help clients solve complicated problems that, if left unsolved, could lead to a loss of independent living. Services are offered to individuals receiving their meal programs. The Case Management program is made up of a 2-tier program: Comprehensive Case Management and Supportive Case Management. Comprehensive case managers provide intensive case management for individuals who are most at risk of losing their ability to live on their own. Supportive Case Managers work with those who need help providing a healthy meal for themselves, but are less likely to lose their independent living.

National Association of Professional Geriatric Case Managers (NAPGCM)

www.caremanager.org

NAPGCM is a non-profit professional development organization whose mission is to advance professional geriatric care management through education, collaboration, and leadership. A professional Geriatric Care Manager is a health and human services specialist who helps families who are caring for older relatives. The Geriatric Care Manager is trained and experienced in a variety of specialties and acts as a facilitator and advocate for services on behalf of the older adult. For a list of Care Managers in the community go to the website and search by zip code.

Counseling



A sense of emotional well-being is a vital part of maintaining a comfortable and healthy lifestyle for persons of any age. Sharing concerns and exploring feelings can reduce or relieve problems experienced by an individual, a couple, or a family.

Sometimes, however, you may not feel comfortable discussing such concerns with those family members closest to you. When a problem grows to the point that you feel an objective and more experienced professional could better assess and guide you toward a solution, contacting a professional counselor can help. Counselors are professionally trained in various fields such as pastoral care, health care, law, psychology, or social work. Obviously, when the problem concerns legal issues, you contact an attorney. For medical concerns, you call a physician or other medical professional. Less understood is the assistance that clergy, pastoral counselors, psychiatrists, psychologists, and clinical social workers can provide. These professionals assist with emotional difficulties (e.g., grief or depression), family relationship problems (such as a troubled marriage or conflict between generations), and personal life adjustment difficulties (such as illness, retirement, or alcohol and drug abuse). Social workers, in both hospitals and many other agencies, also can help with community resource information.

These counseling professionals have various educational backgrounds. A psychiatrist is a medical doctor who has specialized in psychiatry and can diagnose physical illnesses and prescribe medication. Psychologists, psychotherapists, counselors, clergy, pastoral

counselors, and social workers have college degrees, and all should have a license or certification in order to practice. Most have areas in which they specialize, with an increasing number specializing in care of older adults.

Geriatric care managers specialize in coordinating services for the family in order to better care for older individuals. When the family is not available, they also counsel and advocate for the older adult.

Depression

Depression is a significant problem for adults over age 65. Some researchers say that about one-third of those over 65 will experience depression that is severe enough to seriously affect daily living. Depressed older adults have the highest risk of suicide of any group in our society. However, depression is treatable and often resolved with proper care. In fact, more than 80% of older adults who get help are successfully treated. Many times older adults go untreated because family, friends, or professionals do not recognize the depression. Some of the basic symptoms are

- insomnia or too much sleep;
- crying spells;
- low, sad mood;
- disregard for personal appearance;
- sad or blank look on the face;
- thoughts of suicide; and
- forgetfulness, confusion, disorientation.

Frequently, older adults, their physicians, and family members think that the forgetfulness, confusion, and disorientation they are observing is a natural consequence of aging or is due to physical problems called dementia (e.g., Alzheimer's disease, multiple strokes) that

involve brain disorders. Because the cause of symptoms may not be clear, assessment by a professional should help determine if depression is present. Because depression also can be associated with alcohol and drug abuse, family members, friends, and other caregivers should observe and monitor the older adult's patterns of medication and alcohol use. These observations should also be reported to the professional. (See the "Alcohol/Drug Abuse" section.)

Persistent depression, anxiety, or other emotional or cognitive problems can be severe enough to pose significant risks or danger to the older adult, to others, or to property. In these instances, evaluation for psychiatric hospitalization is warranted.

Payment

Forms of payment for counseling vary greatly. Many agencies use a fee scale based on income. Tax-supported and privately funded agencies may waive or reduce fees on an individual basis. Medicare, Medicaid, and other insurance usually cover services by a psychiatrist (MD) and licensed counselors. Be sure to check your insurance coverage before selecting from the variety of counseling services available.

Finding Help

These agencies provide counselors or can help you locate a professional counselor.

- Austin Travis County Integral Care (512)-472-HELP (4357); www.integralcare.org
- Capital Area Counseling (512) 302-1000; www.camhc.org
- Caregiver Resource Center AGE (512) 451-4611; www.ageofcentraltx.org

- Family ElderCare (512) 450-0844; www.familyeldercare.org
- Jewish Family Services (512) 250-1043;
www.shalomaustin.org
- LifeWorks (512) 735-2400; www.lifeworksaustin.org
- New Life Institute (512) 469-9447; www.newlifetexas.org
- Plumeria Counseling Center (512) 344-9181;
www.plumeriacounseling.com *sliding scale counseling
- Samaritan Center for Counseling and Pastoral Care
(512) 451-7337; www.samaritan-center.org
- Senior Adult Specialty Healthcare (512) 476-3556;
www.senioradults.net
- Seton Mind Institute (512) 324-3380;
www.setonfamilyofdoctors.com/institutes-and-specialty-practices-name/Seton-Mind-Institute. Offers geriatric psychiatry clinic.
- Staff at your local church or synagogue
- Travis County Medical Society (512) 206-1249;
www.tcms.com
- Waterloo Counseling (512) 444-9922;
www.waterloocounseling.org *takes traditional Medicare insurance and specializes in LGBTQ issues
- Your family doctor
- YWCA Women's Counseling and Resource Center
(512) 326-1222; www.ywca.org

In-Patient, Group Counseling, and Home Services

**Seton Shoal Creek Hospital –
Senior Adult Services**

3501 Mills Avenue

Austin, TX 78731

(512) 324-2000; www.seton.net/locations/shoal_creek

Seton Shoal Creek serves older adults and their specific needs. Programs address depression, substance abuse, acute conditions related to dementia (including Alzheimer's and other), and other emotional disorders. Both inpatient and outpatient programs are offered. (Accepts Medicare and third party insurance payments.) The hospital provides a telephone consultation and referral service at (512) 324-2029.

Seton Behavioral Health Services -

Generations Program for Older Adults

11111 Research Blvd, Medical Plaza, Suite 340
Austin, Texas 78759

Generations Intensive Outpatient Program provides group therapy directed to assist individuals who exhibit prolonged anxiety, low self-esteem, isolation, depression or excessive crying, suicidal thoughts, changes in eating patterns, and unresolved grief issues. Patients must be 55 or older and have traditional Medicare coverage. Program starts at five days a week and is composed of three group therapy sessions per day. A complimentary lunch is provided and transportation can be arranged for patients who are unable to drive themselves. Case management services include family therapy sessions, treatment planning, and communication with other outpatient providers to ensure continuity of care.

StarCare Home Health

A Division of Covenant Health System

8140 North MoPac Expressway, Bldg. 2, Suite 150
Austin, TX 78759
(512) 459-6565

Behavioral health services include an initial evaluation by the psychiatric RN to assess the patient's physical and mental health status. Services are provided in the

patient's home setting and may include psychiatric and medical nursing, physical therapy, occupational therapy, speech therapy, medical and social services, as well as assistance by a home health aide. All services are performed under a physician's order. For questions regarding eligibility, contact StarCare. Homebound status of the patient, physician's orders, and the need for skilled services will be reviewed. Medicare, Medicaid, and/or private insurance may cover all/part of the cost. StarCare is a Medicare-certified agency and is JCAHO accredited.

Legends Program at Austin Lakes Hospital

1025 East 32nd Street

Austin, TX 78705

(512) 544-5253; www.austinlakeshospital.com

The Legends Program, located in St. David's Pavilion, focuses on treatment of patients age 55 or older with affective disorders, major depression, adjustment disorders of aging, and other mental health problems. Services include consultation, assessment, treatment, and aftercare planning. Options include both an inpatient treatment program and a partial hospitalization program for patients who are able to return home each day. A weekly support group is available to discuss caregiver concerns, legal and medical issues, community resources, etc. Accepts Medicare and third party insurance payments.

Culturally Specific Services



The following organizations may be able to give information on culture-specific needs of older citizens based on the inner dimensions of race, ethnicity, physical abilities, sexual orientation, and gender.

CITY BOARDS COMMISSIONS

www.austintexas.gov/department/boards-and-commissions

- African-American Quality of Life
- Asian-American Quality of Life Advisory Commission
- Austin Mayor's Committee for People with Disabilities
- Commission on Immigrant Affairs
- Commission on Seniors
- Hispanic/Latino Quality of Life Resource Advisory Commission
- Mexican-American Cultural Center Advisory Board

CITY OF AUSTIN PARKS & RECREATION DEPARTMENT/ OTHER CULTURAL FACILITIES

- Asian American Resource Center (512) 974-1700
8401 Cameron Road, Austin, TX 78754
www.austintexas.gov/aarc
- Celtic Cultural Center of Texas
1105B Taulbee Lane, Austin, Texas 78757
www.celticcenter.org/index.php;
- Jewish Community Center of Austin (512) 735-8000
7300 Hart Lane, Austin, TX 78731
www.shalomaustin.org/page.aspx?pid=1070
- Mexican American Cultural Center
www.austintexas.gov/esbmacc

COMMUNITY /OTHER ORGANIZATIONS WITH INFORMATION ON SPECIFIC CULTURAL GROUPS

- Austin Area African-American Behavioral Health Network
www.hogg.utexas.edu/initiatives/african_american_professional_network.html
- Asian Behavioral Health Network
www.sites.google.com/site/austinasianbehavnet/
- Austin Gay & Lesbian Senior Services (512) 628-1694
1700 Rutherford Lane, Austin, TX 78754
www.aglss.org/
- Texas Department of Aging and Disability Services
(512) 438-3011; 701 W. 51st St., Austin, TX 78751
www.dads.state.tx.us/

Dental Services



Adequate dental hygiene and treatment are important health considerations. Loss of teeth or ill-fitting dentures can aggravate speech and eating as well as cause discomfort and embarrassment.

Medicare does not pay for dental care except for surgery on the jaw or facial bones. Because 97% of all dental expenses are paid by the consumer, it is important to look for ways to save costs. Some health maintenance organizations (HMO) include a dental division. There are prepaid dental plans with annual premiums that usually include examinations, x-rays, cleanings, routine fillings, and extractions at little or no cost to the insured. Other services under these plans may be available at a reduced rate. Retired state employees might explore dental plans available through state employee unions or associations.

A general dentist may refer patients to an oral surgeon for difficult tooth removals or surgery on the jaw, to an endodontist for root canal surgery, or to a periodontist for treatment of gum disease. The Austin/Travis County Health and Human Services Department's Medical Assistance Program (MAP) provides low-cost dental services to eligible low-income persons. Individuals will need to complete an application form and have a personal interview to determine eligibility for free services.

CommUnityCare (www.communitycaretx.org) provides dental coverage to people who are MAP (Medical Assistance Program) card holders, Medicaid patients under the age of 18, or Medicare beneficiaries who are a patient at one of the CommUnityCare health centers.

Emergency and some other services are also available for self-pay patients of the CommUnityCare health center system who meet established income guidelines and have no other dental insurance benefits. Service includes dental exams, teeth cleaning, fillings, extractions, dentures, dental sealants, and emergency treatment. They do not provide orthodontics (braces), implants, crowns, or bridges.

Dental services are available at the following locations.

Austin Dental Clinic (RBJ)

15 Waller Street
Austin, TX 78702
(512) 978-9895

Ben White Dental

1221 W. Ben White, Suite 112B
Austin, TX 78704
(512) 978-9700

North Central Clinic/Dental

1210 W. Braker Ln
Austin, TX 78758
(512) 978-9880

South Austin Clinic/Dental

2529 South First Street
Austin, TX 78704
(512) 978-9865

Manos de Cristo Dental Clinic

4911 Harmon Ave.
Austin, TX 78751
(512) 477-2319; www.manosdecristo.org/dental

Disability Services



Older adults may face learning to live with a disability. Many disabilities are caused by disease or accident rather than by the aging process; they may be temporary or long-term. Frequently, disabilities can be managed with a mix of medical treatment, therapy, education, training, counseling, and the use of assistive devices. In any event, steps can be taken to maximize the independence and quality of life of those with a loss of vision, hearing, speech, or physical mobility.

Blindness/Visual Impairment

Although a change in vision is common in our later years, loss of visual acuity and diseases of the eye are not synonymous with growing older. People of all ages should have their eyes checked regularly by a licensed optometrist or ophthalmologist. Some diseases, such as glaucoma, can be controlled if diagnosed early. Cataract surgery is now performed safely on an outpatient basis. Sight loss does not have to mean the loss of independence. Resources for individuals with visual impairment include the following.

American Foundation for the Blind

2 Penn Plaza, Suite 1102

New York, NY 10121

1-800-232-5463; www.afb.org

AFB provides information and referral services for individuals who are blind or visually impaired. They also maintain a special e-mail site for older adults with interviews and special information that can be accessed from the AFB web page.

Criss Cole Rehabilitation Center

4800 North Lamar

Austin, TX 78756

(512) 377-0300; www.dars.state.tx.us/dbs/ccrc/

This center provides residential, pre-vocational training for legally blind adults. It offers career guidance and independent living skills training that lasts from four to six weeks. All clients must be able to care for themselves independently. Referrals to Criss Cole are made by the Department of Assistive and Rehabilitative Services – Division for Blind Services.

Department of Assistive and Rehabilitative Services – Division for Blind Services

Austin District

4800 North Lamar

Austin, TX 78756

1-800-628-5115; www.dars.state.tx.us/dbs

Services provided may include eye examinations, information and referral, orientation and mobility training, counseling, recreation and socialization, and independent living skills training. Training can be done in groups or one-on-one in the home.

Center on Vision Loss

11030 Ables Lane

Dallas, TX 75229

(214) 352-7222; dallas@afb.net; www.afb.org/cvl

This is the regional AFB resource office serving the Austin area. The VisionAware program helps older adults and their families learn more about reading, driving, using a telephone, retirement living, continuing to work, hobbies, and more. This service offers ongoing tips and advice on vision loss.

Learning Ally

1314 West 45th Street

Austin, TX 78756

(512) 323-9390; www.learningally.org

Learning Ally, formerly Recordings for the Blind and Dyslexic, is the world's largest producer of audio textbooks and literature. Audio CDs are available to patrons for their use through their audio catalog. Older adults may participate in the program through an annual membership fee.

Texas State Library Talking Book Program

PO Box 12927

Austin, TX 78711

(512) 463-5455; 1-800-252-9605; Email [tbp.services@](mailto:tbp.services@tsl.texas.gov)

tsl.texas.gov; www.tsl.texas.gov/tbp

The Talking Book Program provides library services to more than 18,000 qualified patrons across the state. Patrons select books from more than 80,000 titles in categories ranging from mysteries to classics and from westerns to bestsellers. In addition, more than 70 magazines are available, including *Reader's Digest*, *Newsweek*, *Guideposts*, and *Texas Monthly*. The Talking Book Program's collection is provided in alternative media formats: cassette, braille, and large print. To receive assistance, patrons contact reader consultants via a toll-free telephone number, mail, fax, or the Internet. Items are sent through the mail free of charge, and patrons are provided special playback equipment (on loan for as long as they use the service) to listen to recorded material.

Eye Care America

HELPLINE: 1-877-887-6327; www.eyecareamerica.org

This project provides U.S. citizens and residents age 65 and older with eye care information, including resources

for low or no-cost eye care. Although there is no financial qualification for the program, the project is intended for those who have not seen an ophthalmologist in three or more years. Seniors can request brochures about eye diseases and aging if they are not interested in services.

Deafness/Hearing Impairment

Hearing loss may be a natural process of aging or may be a specific disorder not necessarily related to age. It is important that older adults not be embarrassed or reluctant to seek medical advice when a hearing loss is noticed. Tact and support by a caregiver are often needed to encourage an older individual to seek professional advice. Hearing tests should be carried out by licensed professionals, not by hearing aid suppliers. The following resources are available.

Brackenridge Hospital

Audiology Department

601 East 15th Street

Austin, TX 78701

(512) 324-7000; www.seton.net/locations/brackenridge

Strictly diagnostic, this clinic provides a full range of testing, but does not dispense hearing aids. Referral by a physician is required. Medicare and Medicaid are accepted.

Department of Assistive and Rehabilitative Services – Office for the Deaf and Hard of Hearing Services

4900 North Lamar

Austin, TX 78751

(512) 407-3250; www.dars.state.tx.us

Works to eliminate societal and communication barriers to improve equal access for people who are deaf or hard of hearing.

Jesus Lutheran Church of the Deaf

1307 Newton St.

Austin, TX 78704

Voice: (512) 442-1715; Video Phone: (512) 961-7218;

www.jesusdeafchurch.com

The church has services that are both spoken and signed.

Travis County Services for the Deaf and Hard of Hearing

2201 Post Road, Room 100

Austin, TX 78704

(512) 410-1598; Fax: (512) 854-9289;

[www.co.travis.tx.us/health_human_services/
deaf_services](http://www.co.travis.tx.us/health_human_services/deaf_services)

Serves the community by promoting and improving communication options, promoting self-sufficiency and non-institutionalized living, providing information and referral services, and providing individualized services in a caring and efficient manner.

University of Texas Speech and Hearing Center

Department of Communication Sciences and Disorders

2504 Whitis Ave

Austin, TX 78712

(512) 471-3841; www.csd.utexas.edu/center

This center provides speech and hearing evaluations, aural rehabilitation therapy, speech therapy, hearing aid repair, and classes for coping with a hearing loss. A special program provides reconditioned hearing aids for low-income clients for a fee. Other services are provided on a sliding scale. The program is part of professional training for speech therapists and audiologists; therefore, services are provided only when students are attending class.

Education



Older adults may want to learn about subjects that interest them or develop new skills. The variety of educational resources in the community can help older adults stay mentally and physically fit as well as provide opportunities for social interaction with others. Listed below are resources for lifelong learning.

CaregiverU

Powerful Tools for Caregivers. A free 6-week course that provides emotional support for family caregivers. The curriculum covers self-care behaviors (e.g., increased exercise, relaxation, and medical check-ups), management of emotions (reduced guilt, anger, and depression), self-efficacy (increased confidence in coping with caregiving demands), and use of community resources (increased utilization of local services). Classes are offered throughout the Austin area.

AGE of Central Texas

3710 Cedar St.

Austin, TX 78705

(512) 451-4611; www.ageofcentraltx.org/caregiver_u.php

Road Scholar (Formerly Elderhostel) at University of Texas Austin

2405 Robert Dedham Dr.

Austin, TX 78712

(512) 471-3500; www.utexas.edu/ce/roadscholar

This international program provides education in residence for adults age 55 and over and their companion of any age. They spend a week on a college campus or a special site, taking informal classes geared especially

for them. There are also service programs and intergenerational programs. There are fees; scholarships may be available.

Lifetime Learning Institute

7703 North Lamar, Suite 131

Austin, TX 78752

(512) 206-4232; www.lliaustin.org

The Lifetime Learning Institute is a continuing education program of non-credit daytime classes for adults 50 and over. Courses meet for two hours once a week for about eight weeks. They are held at recreation centers and local churches. There are two semesters, beginning in February and September. Call for fee information.

Story Circle Network

PO Box 500127

Austin, TX 78750-0127

(512) 454-9833; storycircle@storycircle.org;

www.storycircle.org

Story Circle Network, a national program with workshops and reading and writing circles and an Austin chapter, encourages women to write their stories. There is a special program OWL, Older Women's Legacy.

SeniorNet Computer Learning Institute

3710 Cedar Street, Box 2

Austin, TX 78705

(512) 451-4611; www.agecomputer.org

This volunteer-based program is designed to meet the computer learning needs of adults over the age of 50. It is sponsored by AGE of Central Texas.

Austin Community College

(512) 223-7000; www.austincc.edu

University of Texas at Austin

(512) 475-7540; www.utexas.edu

Registrar/Certification for free auditing of classes (with consent of instructor).

University of Texas at Austin Informal Classes

(512) 471-3121; cie.austin.utexas.edu/informalclasses

Osher Lifelong Learning Institute at UT Austin

(512) 471-3124; www.utexas.edu/ce/olli/

Located in the Thompson Conference Center on the UT Campus, UT OLLI offers lifetime learning to adults who wish to focus on personal enrichment in a structured setting. Five annual membership programs (UT Forum, UT LAMP, UT NOVA, UT QUEST, and UT SAGE) are offered 3 times per year during 6-week sessions in fall, winter, and spring.

End of Life and Hospice Care



Older adults with terminal illnesses and their families face a variety of decisions. Choices about medical treatment, counseling, pastoral care, organ donation, funeral arrangements, and distribution of assets can intensify the stresses of a terminal illness. Being well informed and well prepared in advance can ease the stresses on both the ill person and the family and ease the transition at the end of life.

Planning Ahead

All competent persons can think about how they want things to go should they become ill. In Texas, these decisions can be listed in written documents that are legally binding. These legal documents include living wills (advanced directives), power of attorney (health care and financial), organ donation document, and wills.

A living will and a medical power of attorney for health care can specify your wishes regarding medical treatment under various conditions. A general durable power of attorney for financial affairs allows you to designate a specific person to act on your behalf in the financial areas of your life should you become incapacitated. An organ donation card gives permission for donation of all or specified organs upon your death. A will can include instructions about how you wish your remains to be disposed of as well as a plan for distributing your assets. Clearly, the law encourages and legitimizes advanced planning concerning the issues of catastrophic

illness and death. Most of these documents can be filled out without the advice of an attorney. (See “Legal Services” section for more details.)

Hospice

Hospice is a special program for terminally ill patients with a life expectancy of less than six months and their families. The primary goal of hospice care is to help the patient live each day as fully and meaningfully as possible. The focus of hospice services is care, not cure. The hospice team of professionals, volunteers, and family works together with the patient to help manage the physical and psychological symptoms of the illness. Hospice helps the dying remain at home by providing such services as nurses’ visits; home health aides who provide personal care, light housekeeping, and shopping; respite care (relief to caregivers); therapy; spiritual bereavement services; volunteers; and 24-hour crisis staffing.

To be eligible for hospice care, persons must be certified by a physician to be terminally ill, with a life expectancy of approximately six months or less. While they no longer receive treatment toward a cure, they require the close medical and supportive care that a hospice can provide. The emphasis of hospice care is on helping the person to make the most of each hour and each day of remaining life by providing comfort and relief from pain.

Hospice uses a team approach that includes the family, nurses, social workers, physicians, clergy, and volunteers all working together. Family or friends providing care in the home can call for help from a hospice team member 24 hours a day, 7 days a week.

Hospice care under Medicare includes both home care and inpatient care, when needed, and a variety of services not otherwise covered by Medicare. Medicare covers physicians' services; nursing care; medical appliances and supplies; outpatient drugs for symptom management and pain relief; short-term inpatient care, including respite care, home health aides, and homemaker services; physical therapy; occupational therapy and speech/language pathology services; medical social services; and counseling, including dietary counseling. When a patient receives these services from a Medicare-approved hospice, Medicare Hospital Insurance – Part A pays almost the entire cost. The only expense to the patient is limited to cost-sharing for out-patient drugs and biologicals and inpatient respite care.

Hospice Austin

4107 Spicewood Springs Road, Suite 100

Austin, Texas 78759

(512) 342-4700; www.hospiceaustin.org

There are a number of private hospice agencies in the Austin area. Hospice Austin is a nonprofit agency serving the Austin community.

Life After Diagnosis

(512) 451-4611; www.ageofcentraltx.org

For people living with a terminal diagnosis, the Caregiver Resource Center at AGE of Central Texas offers support groups to help. Contact the Caregiver Resource Center for information.

Organ Donation

The Living Bank

PO Box 6725

Houston, TX 77265

(713) 961-9431; 1-800-528-2971; info@livingbank.org;

www.livingbank.org

The Living Bank is a non-profit organization dedicated to the enhancement of organ and tissue donorship and transplantation. Its mission is to facilitate the commitment of enough organ/tissue donors so that no one must die or suffer for lack of a donation. For information and application for registration as a donor contact The Living Bank.

Donate Life—Texas Registry

Texans can register to be an organ, tissue, and eye donor at www.donatelifetexas.org.

Funerals and Burial

Once a death has occurred, some disposition of the body must occur. Options include burial, cremation, entombment, or donation for scientific study. In the absence of a prepaid funeral contract, arrangements can generally be made by a spouse, next of kin, or other legal representative. If you are starting from scratch, contact the **Funeral Consumers Alliance of Central Texas (FCA-CTX)** (Formerly AMBIS), (512) 474-1577, for information about funeral costs and facilities in the Austin area. Before making an agreement with a company, visit the establishment. By law, you must be presented with a printed price list detailing specified retail costs. FCA-CTX also can provide you with this information.

No consumer organizations recommend prepaid funeral contracts because the consumer loses control of the funds; if plans change for unexpected reasons (people move or can be traveling when death occurs, for instance), the consumer may forfeit all or a substantial portion of the prepaid funds; a prepaid funeral contract cannot cover more than 20 unanticipated expenses and costs that are paid to third-party providers of goods or services, so everything cannot be included in the plans; and better, more cost-effective arrangements may be available at the time of death than were available when the prepaid contract was purchased. To pay for final disposition, consumers should put money aside in a checking account or CD that is jointly owned by a trusted relative, friend, or agent. Low-cost arrangements and extensive consumer information are available to members of FCA-CTX at (512) 474-1577.

Under Federal Trade Commission regulations, consumers have the following major rights (as well as others) when dealing with funeral homes.

- To receive prices provided by telephone.
- To receive written price lists before prices are discussed.
- To buy goods and services that must be sold on a “per item” basis, without being required to purchase one item in order to receive another.
- To have no false claims made about merchandise.
- To have no false statements made about legal requirements for embalming.
- To know that a casket is not required for cremation.
- To purchase a casket anywhere without being charged a casket-handling fee by the funeral home.
- To be given an itemized statement of goods and services selected.

In addition to insurance and private pay, the following financial resources are available.

U.S. Department of Veterans Affairs

VA benefits. 1-800-827-1000; www.va.gov

Travis County Veteran's Services Office

(512) 854-9340; www.co.travis.tx.us

This county office is not part of the VA. It helps veterans with issues related to vets.

Social Security

1-800-772-1213; 1-800-325-0778 TTY; www.ssa.gov

A lump-sum death payment may be made on the Social Security record of a worker who dies either fully or currently insured. The lump sum is a one-time payment and is paid in addition to any monthly survivor benefits that may be due.

When an insured worker dies, cash benefits may be paid to eligible survivors as follows.

- widows or widowers
- surviving children
- dependent parents
- spouses with surviving children in their care
- surviving divorced spouses (in some cases)

Travis County Indigent Burial Benefits

(512) 854-4120

www.co.travis.tx.us/health_human_services/burial

A stipend for burial may be available for indigent Travis County residents who die within Travis County. This is for burial in the Travis County International Cemetery only. First, a local funeral home should be contacted by the family or by friends of the deceased. A referral will then be made to Travis County Human Services. Eligibility will be determined based on the income of next of kin.

Falls and Home Safety



Each year, one in every three adults 65 and older falls. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. Fortunately, falls are a public health problem that is largely preventable.

How Can Older Adults Prevent Falls?

Older adults can stay independent and reduce their chances of falling. They can

- Exercise regularly. It is important that the exercises focus on increasing leg strength and improving balance, and that exercises get more challenging over time. Tai Chi programs are especially good.
- Ask their doctor or pharmacist to review their medicines—both prescription and over-the-counter—to identify medicines that may cause side effects or interactions such as dizziness or drowsiness.
- Have their eyes checked by an eye doctor at least once a year and update their eyeglasses to maximize their vision. Consider getting a pair with single vision distance lenses for some activities such as walking outside.
- Make their homes safer by reducing tripping hazards, adding grab bars inside and outside the tub or shower and next to the toilet, adding railings on both sides of stairways, and improving the lighting in their homes.

To lower their hip fracture risk, older adults can

- Get adequate calcium and vitamin D—from food and/or from supplements.
- Do weight bearing exercise.
- Get screened and, if needed, treated for osteoporosis.

The following checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you'll find other tips for preventing falls.

FLOORS: LOOK AT THE FLOOR IN EACH ROOM.

- Q:** When you walk through a room, do you have to walk around furniture?
- A:** Ask someone to move the furniture so your path is clear.
- Q:** Do you have throw rugs on the floor?
- A:** Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.
- Q:** Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?
- A:** Pick up things that are on the floor. Always keep objects off the floor.
- Q:** Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?
- A:** Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

STAIRS AND STEPS: LOOK AT THE STAIRS YOU USE BOTH INSIDE AND OUTSIDE YOUR HOME.

- Q:** Are there papers, shoes, books, or other objects on the stairs?
- A:** Pick up things on the stairs. Always keep objects off stairs.
- Q:** Are some steps broken or uneven?
- A:** Fix loose or uneven steps.
- Q:** Are you missing a light over the stairway?
- A:** Have an electrician put in an overhead light at the top and bottom of the stairs.

Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?

A: Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Q: Has the stairway light bulb burned out?

A: Have a friend or family member change the light bulb.

Q: Is the carpet on the steps loose or torn?

A: Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

A: Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: LOOK AT YOUR KITCHEN AND EATING AREA.

Q: Are the things you use often on high shelves?

A: Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

Q: Is your step stool unsteady?

A: If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BATHROOMS: LOOK AT ALL YOUR BATHROOMS.

Q: Is the tub or shower floor slippery?

A: Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Q: Do you need some support when you get in and out of the tub or up from the toilet?

A: Have a carpenter put grab bars inside the tub and next to the toilet.

BEDROOMS: LOOK AT ALL YOUR BEDROOMS.

Q: Is the light near the bed hard to reach?

A: Place a lamp close to the bed where it's easy to reach.

Q: Is the path from your bed to the bathroom dark?

A: Put in a night light so you can see where you're walking. Some night lights go on by themselves after dark.

FALL PREVENTION CLASSES

A Matter of Balance, coordinated by AGE of Central Texas, emphasizes practical strategies to manage falls and maintain an active, healthy lifestyle. Classes are led by certified class leaders and are free to the community. Participants will learn to

- set goals for increasing activity;
- make changes to reduce fall risks at home;
- exercise to increase strength and balance; and
- view falls as controllable.

AGE of Central Texas

(512) 451-4611; www.ageofcentraltx.org

Medical Equipment

Older adults may need assistive equipment to help with functioning and safety. Supplies such as wheelchairs, wheelchair ramps, walkers, canes, special beds, braces, and adaptive equipment for the bathroom and kitchen may be obtained from Durable Medical Equipment or supply companies. Some equipment may be covered by Medicare or private insurance with a doctor's order.

For those who need equipment on loan, contact AGE of Central Texas- HELP (Health Equipment Lending Program). Call (512) 600-9288 or email them to see if the equipment you need is in stock.

Financial Resources



The financial situations of older persons range from immense wealth to abject poverty (one in five meets the federal definition of “poverty”). Of course, the great majority of persons find themselves somewhere between the two extremes. Regardless of their income, many older persons experience a sense of financial vulnerability related to the fixed nature of their incomes. One real fear is that a crisis (usually health-related) will deplete their savings, with little opportunity for replenishment. This is especially true for frail older individuals. For this reason, medical insurance options are included in this overview of financial resources.

The Area Agency on Aging of the Capital Area provides benefits counseling services to older adults in a 10-county area of Central Texas (Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson). A counselor helps people resolve problems they may have in claiming the various kinds of benefits to which they are entitled. Activities may include assistance in completion of Medicare or other insurance claims forms, and assistance with Social Security, Medicaid, VA pensions or Aid and Attendance, or other retirement/pension payments. Should clients need legal advice, an appropriate referral will be made. Call (512) 916-6062 for information. Collect calls are accepted.

Social Security Benefits

Retirement, survivor, and disability benefits are paid to persons who meet certain eligibility requirements and file an application for benefits. Retirement benefits go

mostly to people age 62 or older and their families. Disability benefits go to people with disabilities and their families. Survivor benefits are paid to the families of workers who have died.

The full retirement age for those born in 1938 or later is increased in gradual steps until it reaches age 67 for those born in 1960 or later. You can still take your retirement benefit at age 62 with a lesser monthly benefit. The amount of monthly benefit is based on a person's date of birth and calculated total earnings during a lifetime of work under Social Security. However, you can continue to work and still collect all of your Social Security benefits as long as your earnings are under certain limits. If you are between the ages of 62 and full retirement age and your earnings from wages and/or self-employment income go over the limit, some or all of your benefits will be withheld. Your earnings in (or after) the month you reach your full retirement age will not affect your Social Security benefits, no matter how much you earn. Non-work income, such as investment income, interest, pensions, annuities, capital gains, and other government benefits, is not counted toward Social Security's income limits.

Social Security benefits were paid on the third day of the month. Now when you retire, your benefits will be paid on a Wednesday, depending on your birth date. Persons born from the 1st through the 10th of the month receive their checks on the 2nd Wednesday; 11th through the 20th on the 3rd Wednesday; and 21st to the end of the month on the 4th Wednesday. Your Social Security check is deposited directly into your bank account or other financial institution you may designate. Direct deposit is a convenient and safe method of receiving your check.

If the beneficiary is incapable of managing his or her funds, benefits can be paid to a *representative payee*. A form must be completed and accompanied by a statement from a physician stating that the person currently is not capable of handling financial affairs. A representative payee also can be designated for Supplemental Security Income (SSI) checks.

It is important that certain changes be reported promptly to the Social Security Administration. These include the following: any change in your estimated earnings from work or self-employment, a change in address, a change in your direct deposit account, a change in your marital status, a change of your name, a change regarding a pension from non-covered work, the need for a representative payee, your conviction for a crime, travel abroad in certain countries, and your death.

To apply for benefits or to obtain information, call toll free 1-800-772-1213 or TTY 1-800-325-0778 between 7:00 a.m. and 7:00 p.m. Monday through Friday. In Austin, you also may call (512) 916-5404. The lines are busiest early in the week and early in the month. Also, faster service can generally be obtained by calling after 5:00 p.m. Central Time because the call center is still open to handle cases for those in the Mountain and Pacific time zones.

Medicare

Medicare is our country's federal health insurance program for people age 65 and older, people of any age with permanent kidney failure, and people with disabilities under 65 who have been receiving Social Security disability checks for 24 months. Call 1-800-633-4227. So-

cial Security also has an automated telephone system that you can call 24 hours a day, 7 days a week to report many of the changes that can affect your Social Security account and to obtain information about Social Security Programs.

Though Medicare is administered by the Center for Medicare and Medicaid of the U.S. Department of Health and Human Services, the Social Security Administration provides information about the program and handles enrollment. To enroll, call 1-800-772-1213 or TTY 1-800-325-0778. The initial enrollment window is open between two months before your 65th birthday through three months after your birth month. Medicare coverage for retirees begins the first day of the month you are 65, even though your full retirement age for Social Security purposes is a later date. You can apply later during an open enrollment period, but premiums will be higher and there will be a waiting period for coverage.

Medicare has four parts: Hospital Insurance (Part A), Medical Insurance (Part B), Medicare Advantage (Part C which will be discussed later) and Prescription Drug Coverage (Part D). Medicare Parts A and B are sometimes referred to as “Traditional Medicare.” These will be discussed separately below.

HOSPITAL INSURANCE – PART A

Most people age 65 and over are eligible for Medicare Hospital Insurance based on their own or their spouse’s employment. Hospital insurance helps pay for medically necessary inpatient care in a hospital and a Medicare-certified skilled nursing facility, home health care, and hospice care. Coverage for inpatient hospital benefits and benefits in a skilled nursing facility are based on a “benefit period.” A “benefit period” begins the first day

you enter the hospital under Medicare and ends when you have spent 60 consecutive days out of the hospital or any other skilled nursing or rehabilitation center.

For Medicare coverage, you must have been hospitalized for a minimum of three days to be admitted to a Medicare-certified skilled nursing facility within 30 days after hospital discharge. For inpatient hospitalizations, the first 60 days in any benefit period are covered at 100% after you pay the deductible; for days 61-90, you must make a co-payment per day. Once a new benefit period begins, you again are eligible for 90 days of inpatient hospitalization coverage. (You must pay deductibles and co-payments for each benefit period.) There is no limit to the number of benefit periods you might have in any year. If you stay in the hospital more than 90 days in one period, you can draw from a nonrenewable “lifetime reserve” of 60 days or you can pay the hospital privately on a per diem basis.

For skilled nursing care or rehabilitation services in a skilled nursing facility, the first 20 days are covered at 100%. Days 21-100 require a co-payment per day. Part A pays for no more than 190 days of inpatient care in a psychiatric hospital in your lifetime.

Home health care is covered at 100% (except for durable medical equipment) with no limits on the number of visits. To qualify for coverage, you have to need intermittent skilled nursing care, physical therapy, or speech therapy; be confined to your home; and be under a physician’s care. Medicare pays for hospice care in the home for terminally ill beneficiaries if that care is provided by a Medicare-approved hospice. Part A does not cover physician’s fees, private duty nursing, private room fees, TV or phone charges, nonskilled or long-term nursing home care, homemaker services, or any nurs-

ing home care in a facility that is not certified to receive Medicare

MEDICAL INSURANCE – PART B

Medicare Part B pays for a range of medical services but the most significant coverage is for doctor's bills. It also covers outpatient care (including limited psychiatric and rehabilitative services), physical and occupational therapy, lab work, x-rays, mammograms, durable medical equipment, ambulance (limited), and home health care for those without Part A. Physician's fees covered under Part B include office, home, and skilled nursing home visits; surgery; and second opinions. Medical Insurance does not cover appliances for vision or hearing problems, orthopedic shoes, homemaker services, or custodial care.

If your Medicare Part B coverage began on or after January 1, 2005, Medicare will cover the cost after deductibles of a one-time preventive physical examination within the first six months that you have Part B. Medicare also covers the following preventive services: bone mass measurement, cardiovascular screening, colorectal cancer screening, diabetic screening tests, and some diabetic supplies and self-management training, pap test and pelvic examination, prostate cancer screening, flu shots, glaucoma screening, and kidney dialysis service.

Part B coverage requires a monthly premium, which is automatically deducted from your Social Security benefit. You pay an annual deductible. Medicare Part B covers 80% of approved expenses (called "reasonable charges"); you are responsible for the other 20% plus any non-approved expenses unless your physician or other service provider agrees to accept "assignment."

PRESCRIPTION DRUG COVERAGE - PART D

The Medicare Prescription Drug Plan effective January 1, 2006, helps pay for prescription drugs. All individuals with Medicare Part A and/or Part B are eligible to enroll in Medicare Part D regardless of age, income, or health conditions. Part D is a voluntary prescription drug program. Enrollment is not automatic. File for Part D when you file for Medicare. The Part D application is a separate application filed with a private company offering a formulary (prescription drug list). Delay in filing when first eligible for Part D may result in a higher monthly premium. The late enrollment fee is 1% per month and there is no limit to the percentage late fee.

All Part D prescription drug plans are run by private companies approved by Medicare. There are differences in the plans including the list of drugs covered, pharmacies accepting Part D, monthly premiums, and co-payments. There are two plans: the simple plan that covers only drugs used with Medicare Parts A and B and/or a supplemental plan; or a Medicare Advantage Plan plus prescription drugs. You will be able to change plans once a year during the open enrollment period.

Before enrolling in a plan, compare the following: cost of monthly premium, yearly deductible, co-payments, and drugs covered by the plans. Each Part D plan must meet formulary (prescription drug list) requirements set by Medicare. This formulary will include generic and brand name drugs. Select a plan and file an application with the private company. Monthly premiums can be deducted from your Social Security check. People who have prescription drug coverage under their current health insurance policy should check that coverage before enrolling in Part D. People who move to another

location where their private company does not offer a prescription drug plan will have, under present law, 63 days to select a new plan offered by a company in that area without any penalty.

People on Medicaid beginning in 2006 will have drug coverage provided by a Part D plan. During the open enrollment period, Medicaid recipients will have the opportunity to switch to another plan. For information on how to apply for Medicaid prescription drug coverage, contact the Medicaid Office for Aged and Disabled at (512) 919-7360 or 1-800-252-8263.

Help is available for people with lower incomes and few savings or other assets to pay some or all of the cost of Part D. Contact the Social Security office to file an application for assistance. This application is separate from the Part D application filed with the private company for drug coverage. For additional information about the Prescription Drug Program, call 1-800-Medicare (1-800-633-4227) or visit the Medicare web site at www.medicare.gov.

MEDICARE ASSIGNMENT

For a medical service provider to “accept assignment” means that he or she will bill you based on the Medicare “reasonable charge” for that particular service.

If a physician agrees to participate

- The physician bills Medicare and is reimbursed directly by Medicare.
- You are responsible only for the 20% of the “reasonable fee” that Medicare does not cover and any unmet portion of the yearly deductible.
- Medicare will send you a “description of services,” which is not a bill.

If a physician does not agree to participate

- The physician's Medicare claim is still limited as to the amount he or she can charge you for covered services – 115% of the Medicare fee schedule for nonparticipating physicians.
- You must work out your own payment plan for the total bill with the physician.
- Medicare will reimburse you for 80% of the “reasonable charge” for that particular service, minus any deductible that you may owe. You must then pay the remainder of the doctor's fee yourself.
- Doctors who do not accept assignment for elective surgery are now required to give you a written estimate of your costs before surgery if the total charge will be \$500 or more.

CLAIMS

Medicare claims are filed through a variety of government contractors called Medicare Administrative Contractors (MAC). Always review Medicare billing statements for accuracy – be sure you received the listed service on the indicated date and that services are not omitted or listed more often than received. Contact the specific service provider (physician, radiology clinic, hospital, etc.) about any questions, or call 1-800-633-4227 and ask for Doctor's Services. There is a time limit for filing Medicare claims. If the claim is not filed within the time limit, Medicare cannot pay. Do not procrastinate. You do not want to run out of time if your claim is returned to you for more information.

APPEALS

If you disagree with the way a claim is handled by Medicare, you have the right to appeal. Under Hospital Insurance Part A, Medicare must send you written notice

about denied services. In some cases, you may receive a denial letter while still in the hospital if the hospital's utilization review process determines you no longer need acute medical care. To appeal, contact the Social Security Administration office to request a review. If the review is unsatisfactory, you can take your appeal as far as the federal courts, depending on the amount of money involved. For Part B Medicare coverage, call 1-800-442-2620 to appeal the decision on your claim.

In spite of the discouraging bureaucracy of the Medicare system, over half of all appeals result in some restitution for the insured. Many persons also have had a very helpful response through contacting their congressional representatives about recurrent hassles with Medicare. An additional benefit to any appeal is that it sensitizes those who make policy to the realities of those who live with that policy.

HELP FOR LOW-INCOME PEOPLE WITH DISABILITIES

Medicaid Buy-In, authorized in 2005, covers working people who have Social Security-defined disabilities and earn less than 250% of the federal poverty level. The "buy-in" label comes from the monthly premiums that clients pay in amounts based upon their earned and unearned income.

The program creates options for those with disabilities who want to stay employed or return to work but are concerned that their earnings may push them over the Medicaid eligibility limit. Premiums for the Medicaid Buy-In program can vary greatly depending on prospective clients' countable levels of earned and unearned income. For more information, go to www.hhsc.state.tx.us/MBI.shtml.

HELP FOR LOW-INCOME MEDICARE BENEFICIARIES

If you have little income and few assets and are entitled to Medicare Part A, you may be eligible for one of the Medicare Savings Programs. The first of these is the “Qualified Medicare Beneficiary” or “QMB” program. If your household income is at or below the national poverty level and your savings and other resources are very limited, the state will pay your monthly Medicare premiums, deductibles, and co-payments. Your Medicare Part B premium will not be deducted from your Social Security benefit. This program can save you hundreds of dollars.

Another Medicare Savings Program is “Specified Low-Income Medicare Beneficiary” or “SLMB” program and is for persons entitled to Medicare Part A whose incomes are slightly higher than the national poverty level. (Your household income cannot exceed the national poverty level by more than 20%.) The state will pay your Medicare Part B premiums. You will be responsible for Medicare’s deductibles and co-payments.

For information on these programs, call 2-1-1 or go to www.yourtexasbenefits.com to find out where and how to apply.

Private Health Insurance

Medicare itself will pay for less than 50% of the average older person’s medical costs for any given year. This is not surprising, considering some of the services that Medicare does not cover – outpatient medications, dental care or dentures, routine exams for vision and hearing, as well as the major part of nursing home care. There are a variety of private insurance policies to help pay

for the costs of those services not covered by Medicare. The basic types of coverage include

- Medigap policies that pay some of the amounts that Medicare does not pay on covered services and may cover other services that Medicare does not cover at all.
- Managed care plans such as health maintenance organizations (HMOs) for which you pay a fixed monthly premium.
- Continuation or conversion of an employer-provided or other policy you have in force when you reach 65.
- Hospital indemnity policies, which pay cash amounts for each day of inpatient hospital care.
- Specified disease policies, which pay only when you need treatment for the insured disease.
- Nursing home or long-term care policies, which pay cash amounts for each day of covered nursing home or in-home care.

Before rushing out to buy additional insurance, however, it is important to remember what Medicare covers so you can identify gaps or potential overlaps in the various policies you consider.

MEDIGAP INSURANCE

Medicare Supplemental Insurance, known as Medigap insurance, is specifically designed to help fill the gaps in Medicare coverage. It is regulated by federal and state law and must be clearly identified as Medicare Supplemental Insurance. State law requires all so-called “Medigap” policies to meet minimum standards of coverage, which include

- 100% coverage of hospital co-payments for days 61 to 90 in any benefit period;
- 100% coverage of hospital co-payments for “life-time reserve days” used;

- 100% coverage of hospital expenses after all Medicare benefits are depleted (lifetime maximum of 365 days);
- 100% coverage of Part B co-payment (20% of “reasonable charges”). The insurance company can add their own deductible for Part B and set an annual maximum for benefits covered; and
- 100% of the reasonable cost of the first three pints of blood or equivalent quantities of packed red blood cells per calendar year.

Congress has defined 10 standard Medigap policies types. Each of these has the same coverage across all states. These policies must include the basic benefits package listed above plus a standard set of additional coverages. It may be well worth the effort to shop around for a Medigap policy that also covers any deductibles required by Medicare, covers the co-payments charged by skilled Medicare nursing homes after the 21st day, or provides for medication or private nursing coverage.

In general, the more coverage you get, the higher the premium will be. Try not to let fear dictate your choice of policy. By law, Medigap insurers must use the same format, language, and definitions in describing each of their plans. Keep in mind that each company’s products are alike, so they are competing on service, reliability, and price.

MEDICARE ADVANTAGE PLANS (ALSO KNOWN AS MEDICARE PART C)

Medicare Advantage Plans are health plan options that are part of the Medicare program. If you join one of these plans, you generally get all your Medicare-covered health care through that plan. This coverage can include prescription drug coverage. Medicare Advantage Plans include

- Medicare Health Maintenance Organizations (HMOs)
- Preferred Provider Organizations (PPO)
- Private Fee-for-Service Plans
- Medicare Special Needs Plans

When you join a Medicare Advantage Plan, you use the health insurance card that you get from the plan for your health care. In most of these plans, generally there are extra benefits and lower co-payments than in the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

To join a Medicare Advantage Plan, you must have Medicare Part A and Part B and pay your monthly Medicare Part B premium to Medicare. In addition, you might have to pay a monthly premium to your Medicare Advantage Plan for the extra benefits that they offer.

If you join a Medicare Advantage Plan, your Medigap policy will not work. This means it will not pay any deductibles, co-payments, or other cost-sharing under your Medicare Health Plan. Therefore, you may want to drop your Medigap policy if you join a Medicare Advantage Plan. However, you have a legal right to keep the Medigap policy. See www.medicare.gov/Pubs/pdf/02110.pdf.

Medicare now pays the private plans more than the same services through traditional Medicare. The subsidies have fueled explosive growth in the least-efficient plans—fee-for-service plans. In addition, some of the Advantage plans have opted out of Medicare, leaving participants looking for other plans.

You can find out which plans serve your area and obtain a copy of the leaflet entitled *The Facts about Medicare Advantage Plans* by contacting any Social Security

office, or by phoning Medicare at 1-800-633-4227. TTY users should call 1-877-486-2048. You can also secure information about choosing a health plan, buying a Medigap policy, or help with other questions from the Texas Department of Insurance at 1-800-599-7467.

There is a potential pitfall to signing up for a Medicare Advantage plan. If the choice is ever made to go back to traditional Medicare, Parts A and B, it will be necessary to medically qualify for a Medigap policy. Serious and complicated medical issues are often the driving force behind changes to traditional Medicare, so caution is urged in signing up for a Medicare Advantage plan.

LONG-TERM CARE INSURANCE

Historically, long-term care insurance was designed to pay some or all of the costs of a nursing home stay when you can no longer perform daily living tasks independently. For newer policies (ones issued in the last 10 to 15 years), coverage for care *may* be for more than one setting, including nursing homes, assisted living, and adult day care facilities, and in-home care which includes medical assistance from a home health agency, or non-medical assistance from a companion or personal assistant service. These policies must meet all of the standards set by the State Board of Insurance. Policies advertised or marketed as long-term care and nursing home policies must offer benefits for at least 12 months.

Each policy is different. Some policies pay for all types of care, from home health care to nursing care. Others pay only when a certain type of facility delivers the care. Each policy must include in its definitions of care the level of skill required, the nature of the care, and the setting in which the care must be delivered.

Long-term care insurance is costly and might not cover all of your expenses. It is a bad idea to pay premiums from your savings. If your only income is Social Security, it is unwise to buy a long-term care policy. People buy long-term care insurance to protect their assets. Medicaid pays long-term care expenses for people who qualify. (See “Housing – Nursing Homes” for information on Medicaid coverage of nursing home care.) Some financial advisers and consumer publications say buying long-term care insurance is a bad choice for a couple with assets (excluding their home) below \$100,000.

Whether to transfer your assets ahead of time, spend them down to qualify for Medicaid, or buy long-term care insurance is a matter of personal choice. Your decision depends on your income, family situation, and family preferences.

OTHER INSURANCE PLANS

If you have continued group insurance for retirees or are part of any other private health insurance plan, check the benefits carefully to determine if you still need a Medigap insurance plan. Duplication of benefits can be tricky; it is best to consult the state department of insurance before purchasing a Medigap policy if you are covered by other private insurance.

Hospital indemnity policies pay a fixed cash amount for each day you are hospitalized up to a designated number of days. Specified disease insurance provides benefits for only a single disease or a group of diseases. Benefits are usually limited to payment of a fixed amount for each type of treatment. Remember, Medicare and Medigap policies will very likely cover the costs of these illnesses. The relative benefits and costs of buying more insurance should be carefully weighed.

General Shopping Tips

- Talk to several agents and companies.
- Buy locally from an agent you know and trust.
- Never buy a policy or sign something you do not understand. Ask questions. Discuss with friends and family.
- Never buy a policy on an agent's first visit.
- Never sign a blank application; answer all questions truthfully.
- Make checks payable to the insurance company, never to the agent.
- Pay premiums for only one year at a time.

INFORMATION RESOURCES

For information, counseling, or to file a complaint about private insurance providers, you may contact

Consumer Protection Division

Office of the Attorney General

PO Box 12548

Austin, TX 78711

(512) 463-6169; 1-800-578-4677;

www.texasattorneygeneral.gov/consumer

The Texas Department of Aging and Disability Services

701 West 51st #W253

Austin, TX 78751

(512) 438-3011; www.dads.state.tx.us

Texas Department of Insurance

Consumer Claims/Complaints

PO Box 149091

Austin, TX 78714

(512) 463-6169; 1-800-578-4677; www.tdi.texas.gov

Elder Law and Public Health Division
Office of the Attorney General
(512) 463-2100; 1-800-252-8011;
www.texasattorneygeneral.gov

Supplemental Security Income (SSI)

This program provides a minimum monthly income to persons 65 or older and persons who are blind or disabled who have very limited incomes and resources. In Texas, persons eligible for SSI automatically are eligible to receive Medicaid, a medical assistance program. You usually are eligible for food stamps as well. You must provide documentation that your household's income and resources are below levels set by the Social Security Administration. For information, call the Social Security Administration: 1-800-772-1213 or TTY 1-800-325-0778, 7:00 a.m. – 7:00 p.m., M-F.

Medicaid

Medicaid is a medical assistance program that helps states provide health care services for needy and low-income individuals. Though the federal government partially funds Medicaid, programs differ greatly from state to state because they are administered at the state level. In Texas, Medicaid coverage is only available to recipients of Supplemental Security Income (SSI), recipients of Aid to Families with Dependent Children (AFDC), and to eligible nursing-home residents (see “Housing – Nursing Homes” section).

In Texas, Medicaid covers the cost of comprehensive medical services including prescriptions, personal care services, eyeglasses, hearing aids, and medical trans-

portation. Check beforehand with any medical service provider to be sure that they are licensed for or accept Medicaid reimbursement.

For information or to apply contact

Medicaid for Aged and Disabled

(512) 919-7360; 1-800-252-8263

VA Aid and Attendance

Aid and Attendance is a program for wartime veterans and their spouses, including a surviving spouse. This benefit should not be confused with a VA pension, which is separate and distinct. The purpose of the program is to provide financial assistance with activities of daily living (ADLs); the overriding thought is that current income is not sufficient to cover the current costs of care.

The basic qualifications include (a) at least 90 days of active duty, at least one of which was during a period of war (defined as World War II, Korean conflict, Vietnam era, and the Persian Gulf War); (b) anything other than a dishonorable discharge; (c) a surviving spouse must have been married to the veteran at the time of her/his passing; (d) must require the assistance of another person to perform some of the daily activities of living; (e) must meet income and countable asset criteria established by the VA; and (f) must be 65 years or older or totally disabled.

There are income and net worth limitations to qualify for the program. In addition, the application process is rather lengthy and complex, similar to qualifying for Medicaid. However, for most, the qualification process is easier than Medicaid, and hence its recent popular-

ity. It can take 6 months or more to qualify for Aid and Attendance.

It is against federal law for someone to charge a fee for assistance with filling out the original application. However, a fee can be charged for filing an appeal.

Food Stamps

Food stamps (sometimes currently referred to as “SNAP” – Supplemental Nutrition Assistance Program) are government coupons that can be used like money to buy nutritious foods like meat and fish, vegetables and fruit, dairy products, and bread. Food stamps may not be used to buy alcohol, tobacco, paper products, or pet food. U.S. citizens and some categories of legal aliens may get food stamps if they (a) meet the food stamp program guidelines and any other requirements that apply to their household, *and* (b) provide or apply for a social security number for all household members.

To qualify for food stamps, your assets must not exceed specified limits for your type of household. (Slightly more assets are allowed for households with one or more persons over 60 years of age.) Your home and the land that it is on, most personal belongings, and farm or business property are NOT counted toward the asset limit. In some cases, part of the value of your car will count toward the asset limit. Again, depending on the type of your household (whether it contains a person with a disability or a person age 60 or older), you will also have to meet gross and/or net income tests. Benefit levels for all households depend on the number of people in a household and the household’s net income. The more people in the household, the larger the benefit; the lower that household’s net income, the larger the benefit.

To get food stamps, you must file an application at your local food stamp office. In Texas, food stamps are distributed by the Texas Health and Human Services Commission. You may pick up an application in person or call 2-1-1 to have one mailed to you. Most households must have an in-person interview with a food stamp worker to review the application and the needed documentation. If you can't get to the office in person, you may appoint any responsible adult to act as your authorized representative and appear for you. A home visit or telephone interview can be arranged in the case of disability or other hardship.

You will need to furnish the following items when you apply for food stamps.

- I.D. showing your name and address;
- Proof of social security number or proof that you have applied for all household members. You can apply at the food stamp office if necessary;
- Proof of your monthly earning, such as recent pay stubs;
- Copy of check or benefit statement from social security, pension, SSI, or other unearned income;
- If not a U.S. citizen, proof of legal alien status;
- Bankbook or current bank statement;
- Receipts for childcare costs; and
- Utility and rent bills or proof of mortgage and property tax payments, if you own your home.

You may also be required to verify other information about your household status. If you cannot get all these things immediately, apply anyway. Your benefits will be figured from the day you apply and you can bring the remaining items in later. For food stamp eligibility questions call (512) 929-7350.

If you qualify, you should receive your food stamps within 30 days of the date your application was received by the food stamp office. If you are in an emergency situation, for example, less than \$150 in income and \$100 in assets, you may qualify for expedited service and get the stamps within 5 calendar days.

LOCAL FOOD STAMP OFFICES

Texas Health and Human Services Commission (South)

724 Eberhart

Austin, TX 78745

(512) 445-0022; www.yourtexasbenefits.com

Texas Health and Human Services Commission

5451 North IH 35 Suite D

Austin, TX 78723

(512) 929-7330; www.yourtexasbenefits.com

Texas Health and Human Services Commission (North)

1601 Rutherford

Austin, TX 78754

(512) 908-9455; www.yourtexasbenefits.com

Medical Assistance Program

Q: What is MAP?

A: The Medical Assistance Program (MAP) is a service of the Community Care Services Department. MAP provides access to health care through networks of established providers for those City of Austin and Travis County residents who meet eligibility criteria. Some services require a co-payment.

Q: Who may qualify for a MAP card?

A: Travis County residents with family incomes at or below 100% of the Federal Poverty Index Guide-

lines (FPIG), who meet asset guidelines, and have no other health care coverage (such as Medicaid or Medicare).

Travis County residents who are disabled or older individuals with incomes at or below 200% of the Federal Poverty Index Guidelines, who meet asset guidelines, and have no other health care coverage (such as Medicaid or Medicare).

Even if you do not qualify for MAP, you may be enrolled in other programs that can help you get health care at a reduced rate.

You can apply for a MAP card at the following locations.

Cesar Chavez

111 East Cesar Chavez

Austin, TX 78701

(512) 972-5300 (call center); www.co.travis.tx.us/health_human_services/community_centers.asp

Northeast Austin Health Center

7112 Ed Bluestein Boulevard, Suite 155

Austin, TX 78702

(512) 972-4242 (call center); www.co.travis.tx.us/health_human_services/community_centers.asp

East Rural (Manor) Community Center

600 West Carrie Manor

Manor, TX 78653

(512) 272-5561; www.co.travis.tx.us/health_human_services/community_centers.asp

North Rural (Pflugerville) Community Center

15822 Foothill Farms Loop, Bldg. D

Pflugerville, TX 78660

(512) 978-9840; www.co.travis.tx.us/health_human_services/community_centers.asp

South Rural (Del Valle) Community Center

3518 FM 973

Del Valle, TX 78617

(512) 247-4407; www.co.travis.tx.us/health_human_services/community_centers.asp

West Rural (Oak Hill) Community Center

8656 Hwy 71 West, Bldg. A

Austin, TX 78735

(512) 854-2130; www.co.travis.tx.us/health_human_services/community_centers.asp

For MAP or CHC sliding-fee scale certification, bring the following documents to your interview (the eligibility offices can advise acceptable alternate documents to determine eligibility, if you do not have the listed documents):

- Birth certificate or U.S. passport
- Texas driver's license/photo ID
- Current utility bill (except homeless)
- Proof of income for past four weeks
- Medicare, Medicaid, or other insurance card/letter (if applicable)
- Social Security card
- Lease agreement/rent receipt
- Bank statement (if applicable)
- Tax receipt or property appraisal (if applicable)
- Proof of alien sponsor's income (if applicable)

Remember: Even if you do not qualify for MAP, you may be enrolled in other programs that can help you get health care at a reduced rate.

For more information about the MAP program, contact the Call Center at (512) 972-5300. Home-bound citizens can request that an eligibility worker come to their home. Eligibility for MAP is determined by the eligibility staff at the various community health centers or at the previous locations.

U.S. Department of Veterans Affairs

The Department of Veterans Affairs (VA) helps veterans and their families apply for benefits, file claims, and clarify services. Contact the following sites for information.

Austin Veteran's Satellite Outpatient Clinic

7901 Metropolis Dr.

Austin, TX 78744

(512) 823-4000; www.centraltexas.va.gov

Veterans' Benefits Hotline

1-800-827-1000 for Veterans Commission of Texas.

Information and referral for Texas veterans. Same number for Veteran's Land Board. Information and assistance with housing, loans, etc.; www.centraltexas.va.gov

Veterans Outpatient Clinic

701 East Whitestone Boulevard

Cedar Park, TX 78613

(512) 260-1368; www.co.travis.tx.us/veterans_services

Veterans' Service Office Travis County

100 North IH 35

Austin, TX 78701

(512) 854-9340; www.co.travis.tx.us/veterans_services

Food and Nutrition



The phrase “you are what you eat” applies to all of us. For the older adult, obtaining an adequate and well-balanced diet can have special difficulties. These problems may be a result of

- physical impairments that impede shopping, cooking, and eating;
- reduced social contacts and disinterest in eating alone;
- missing or loose teeth, unhealthy gums, or ill-fitting dentures;
- sensory losses or changes in taste, sight, or smell;
- mental or emotional changes such as sadness or depression, anxiety, or confusion;
- medications that produce side effects such as increased or decreased appetite, nausea, constipation, changes in taste; or
- economic hardship that makes it difficult to purchase healthy foods.

Your physician can give you information about your specific needs. He or she can recommend a dietitian or nutritionist to help plan the diet best for you. There is an abundance of nutritional information available.

Guidelines for Nutrition

It is important to follow the seven guidelines listed here as you design a healthy diet.

1. Eat a variety of foods.
2. Maintain a healthy weight.
3. Choose a diet low in fat, saturated fat, and cholesterol.

4. Choose a diet with plenty of vegetables, fruits, and grains.
5. Use sugar in moderation.
6. Use salt and sodium in moderation.
7. If you drink alcoholic beverages, do so in moderation.

People need more than 40 different nutrients to stay healthy. This includes protein, fat, carbohydrates, vitamins, minerals, and water. Grouping foods into major groups according to the nutrients they contain provides a convenient way to ensure a healthy, well-balanced diet. The major food groups with recommended numbers of servings are listed below.

BREADS, CEREALS, AND OTHER GRAIN PRODUCTS (6-11 SERVINGS DAILY)

1 Serving = 1 slice of bread ~ 1 ounce ready-to-eat cereal ~ ½ cup noodles, pasta, rice, grits ~ 1 small muffin, roll, biscuit ~ 5 small saltines or 2 graham crackers ~ ½ cup cooked cereal, such as oatmeal or cream of wheat.

FRUITS (2-4 SERVINGS DAILY)

1 Serving = 1 whole apple, banana, orange ~ ½ grapefruit, melon wedge ~ ¾ cup juice ~ ½ to ¾ cup berries ~ ½ cup canned or cooked fruit ~ ¼ cup dried fruit.

VEGETABLES (3-5 SERVINGS DAILY)

1 Serving = ½ cup cooked or chopped raw vegetables ~ 1 cup leafy raw vegetables such as lettuce or spinach.

MEAT, POULTRY, FISH, EGGS, DRY BEANS AND PEAS, SEEDS AND NUTS (2-3 SERVINGS DAILY)

1 Serving = 3 oz. (about the size of a deck of cards) cooked lean meat, fish, or poultry ~ ½ cup cooked dry beans or peas ~ 2 tablespoons peanut butter ~ 1 egg.

MILK, YOGURT, AND CHEESE (2-3 SERVINGS DAILY)

1 Serving = 1 cup milk ~ 1 cup yogurt ~ 1 ½ ounces natural cheeses ~ ½ cup cottage cheese ~ 2 ounces processed cheese.

The amount and kinds of food you should eat depend on your age, sex, physical condition, and activity level. Older adults may not need as many calories as they did in their younger years, but the nutrient quality should remain high. Your doctor may have suggested that you be careful not to eat foods containing too much fat, cholesterol, sodium, or sugar. Some foods do not belong in any of the basic food groups. Foods like cake, jelly, cookies, butter, oil, alcohol, and others are high in calories and low in nutrients and should be used in moderation. Persons with lactose intolerance may need to substitute soy-based products for traditional dairy products or buy dairy products designed for lactose-intolerant people. Individuals with an elimination problem may need to eat even more fiber than the above suggestions provide. Consultation with your physician, a nutritionist, or dietitian can help you design a well-balanced diet that meets your particular needs.

Drinking plenty of fluids may be one of the most important dietary tips to follow. Water, juices, soups, and other beverages are essential to transport necessary nutrition to all body cells and to help the kidneys remove wastes. Adequate fluid intake will also ease the process of elimination. Six to eight glasses of liquid daily are essential and, in hot weather, you will probably need more to keep your body functioning well.

Several cookbooks are available for older adults who desire more nutritional food. Among the books, which can be found at the library, are *The Older Americans Cookbook* by Marilyn McFarland; *The Over Fifty Cook-*

book: *Eating Well When You Just Can't Eat The Way You Used To* by Jane Weston Wilson; and *The Good Age Cookbook* by The Institute for Creative Aging.

Eating Habits Checklist

If you are an older American, this checklist, taken from a report in the *Chicago Tribune*, lets you see whether you are at nutritional risk. The list was developed by the American Academy of Family Physicians, the American Dietetic Association, and the National Council on Aging. Add the points after each statement that rings true.

1. I have an illness or condition that made me change the amount or kind of food I eat. (2)
2. I eat fewer than two meals a day. (3)
3. I eat few fruits, vegetables, or milk products. (2)
4. I have three or more drinks of beer, liquor, or wine every day. (2)
5. I have tooth or mouth problems that make it hard for me to eat. (2)
6. I don't always have enough money to buy the food I need. (4)
7. I eat alone most of the time. (1)
8. Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
9. I am not always physically able to shop, cook, or feed myself. (2)

SCORING

- 0 to 2 points: Good. Check again in 6 months.
- 3 to 5: You may be at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Recheck in 6 months.

- 6 or more: High nutritional risk. Take this checklist to your doctor, dietitian, or other health professional the next time you visit. Ask for help to improve your nutrition.

Meal Planning Tips

Mealtime and food can be made more appealing by following a few simple guidelines. A variety of strategies are listed below.

- Provide eye appeal in color, texture, and arrangement of food on the serving plate.
- Food temperatures should be appropriate – hot foods should be served hot, cold foods should be served cold. Insulated mugs help keep beverages hot for slower eaters.
- Prepare bite-size pieces. Peel and cut up fresh fruits such as apples, oranges, and melons as needed.
- Serving portions should be adequate and appropriate for the individual.
- Fully light the dining area so food can be easily seen and identified.
- Emphasize breakfast time, when appetites are frequently best.
- Try eating or serving several meals rather than the traditional three meals a day.
- Eat or provide nutritional snacks between meals for those with small appetites or in need of supplemental food.
- Foods should be moist, tender, and easy to chew.
- Allow for rest before meals.
- If possible, choose a comfortable, interesting place to eat, such as by a window or on the patio.

- Some persons prefer listening to relaxing music or watching television while eating.
- Have a mealtime companion if possible.
- Attend a group-meal program for company or support.
- Select tableware suitable for older adults. Forks or spoons with loop handles may be easier to grasp.
- Beverage tumblers should have a firm base and not tip easily. Cups or mugs with firm bases and easy-to-grasp handles should be used.
- Plates may need a higher outer rim to push food against or to secure it easily on a fork.
- If nausea is a problem, offer cold, less odoriferous foods. Eating slowly and having small, frequent meals may help.

Shopping Tips

Most everyone is concerned about food costs and getting the most for the money spent. With a few tips on proper food selection, you can obtain healthy and affordable foods.

BEFORE SHOPPING

- Prepare a list and plan ahead to avoid “impulse buying.”
- Shop on days when the foods are freshest and more plentiful, usually toward the end of the week.
- Check ads for special prices and discounts and use coupons for only those items you need and will use.
- Don’t go to the store hungry or you may buy more than you need!

AT THE STORE

- Stick to your shopping list.
- Buy dated products only if the “sell by” or “use by” date has not expired.

- Buy frozen products only if they are frozen solid.
- Buy packaged precooked foods only if the package is not torn or damaged.
- Do not buy cans that are dented, bulging, or damaged in any way.
- Buy only fresh produce. Do not buy produce that is wilted or shows any sign of mold.
- Shop for perishables last. Keep frozen and refrigerated items together in your basket and in the grocery sack.
- Compare prices among forms of the same foods, such as fresh, canned, or frozen, and get the best buy.
- Remember that buying in quantity saves money only if you serve the food often and can store it properly.

SELECTING FOOD

- Make your own casseroles and soups with dried peas, beans, or lentils and either fresh or leftover meats and vegetables. This is much more economical than buying prepared products.
- Buy only lean cuts of meat.
- Use fruit juices rather than fruit drinks or “soda.”
- Substitute plain yogurt for sour cream in recipes.
- Hot cereals are usually less expensive than ready-to-eat varieties.
- Buy pink or chum canned salmon, which is less expensive than king or sockeye. The bones can be used, too and are an excellent source of calcium.
- Chicken and turkey often cost less than red meat and have fewer calories and less fat.
- Individually frozen vegetables in large plastic bags usually cost less per serving than small packages, and you can cook only what you need.

Food Safety at Home

Avoiding food-borne illnesses is the main objective of safety and hygiene practices regarding food. The following are some simple but critical guidelines.

MEATS

- Defrost meat, poultry, or fish in the refrigerator or microwave, following manufacturer's instructions.
- Whole cuts of beef and lamb can be cooked medium or from barely pink to brown.
- Chicken, pork, hamburger, and fish should be cooked well done.
- Avoid eating all raw or undercooked meats, fish, poultry, or shellfish.
- Be sure that the food preparation area and utensils are kept clean. Wash cutting boards, utensils, countertops, sink, and hands with hot, soapy water.

EGGS

- Do not use any eggs with cracked shells.
- Boil eggs for at least 7 minutes.
- Fry eggs at least 3 minutes on each side. Avoid runny, liquid yolks.
- Scramble eggs to dry, not runny, consistency.
- Avoid foods made with raw or partially cooked eggs such as homemade mayonnaise, homemade ice cream using eggs, or homemade eggnog.

DAIRY

- Use only pasteurized milk products.
- Use only pasteurized processed cheeses and avoid soft-ripened cheeses such as Brie and Camembert.

FRUITS AND VEGETABLES

- Wash all fruits and vegetables well.

- Use only fresh-looking produce without any signs of mold or wilt.
- Do not use canned goods if the can is dented, bulging, or damaged in other ways.

Up-to-date information is available at www.eatright.org and www.healthierus.gov/dietary guidelines.

Nutrition Programs and Meal Assistance

SNAP/FOOD STAMPS

SNAP, the Supplemental Nutrition Assistance Program, is a government assistance program to help low-income households pay for food. SNAP used to be called the Food Stamp program. The amount of SNAP food stamps a household gets depends on the household's size, income, and expenses (see the "Food Stamps" section in "Financial Resources"). To see if you qualify or to apply, call the Capital Area Food Bank at (512) 684-2550 or toll-free 1-855-684-2550 or schedule an appointment online at www.austinfoodbank.org.

HOME DELIVERED MEALS

Meals on Wheels and More

2222 Rosewood Avenue

Austin, TX 78702

476-6325; www.mealsonwheelsandmore.org

Provides six home-delivered meals per week to homebound persons. Meals are delivered Monday through Friday between 10:45 a.m. and 1:15 p.m. There is a long-term program and a short-term/emergency program. Most areas of metropolitan Austin, Round Rock, Pflugerville, and Manor are served. Contributions are requested based on income.

FOOD BANKS

The Capital Area Food Bank of Texas provides food and grocery products to more than 300 Partner Agencies in 21 Central Texas counties. To find a food bank close to you, call 211.

CONGREGATE MEALS

Senior Nutrition Centers

The Senior Lunch Program, operated by the Austin Parks and Recreation Department (P.A.R.D.), is open to anyone age 60 or older. A nutritious lunch is served Monday through Friday. Other activities offered include field trips, special holiday events, educational programs, and non-emergency medical services. Transportation to and from the sites listed below can be arranged by phoning (512) 974-1462 (P.A.R.D. Reserve a Ride). An up-to-date list of sites can be found at www.ci.austin.tx.us/parks/srmeals.htm.

- South Austin Senior Activity Center, 3911 Manchaca, (512) 448-0787
- Collinwood, 1001 Collinwood Lane, (512) 836-8810
- Conley-Guerrero Senior Activity Center, 808 Nile, (512) 478-7695
- Gaston Place, 1941 Gaston Place, (512) 926-0258
- Hyde Park, 610 East 45th Street, (512) 452-2596
- Lakeside, 85 Trinity, (512) 476-6226
- Merriltown, 14745 Merriltown Drive, (512) 733-7646
- Metz Recreation Center, 2100 East 3rd, (512) 476-9193
- Montopolis Recreation Center, 1200 Montopolis, (512) 385-5933
- North Loop, 2300 North Loop, (512) 458-9052
- Primrose, 1026 Clayton Lane, (512) 452-5242
- Oak Hill, 8656 Hwy 71W #A, (512) 854-2130
- Salina, 1143 Salina, (512) 477-2414

- South Austin, 2508 Durwood, (512) 972-6891
- Alamo Recreation Center, 2100 Alamo St., (512) 474-2806
- Vietnamese, 8222 Jamestown, (512) 339-2200
- St. Johns, 7500 Blessing Ave., (512) 974-7865
- Manor, 600 W. Carrie Manor, (512) 272-5561
- Pflugerville, 15803 Windermere, (512) 251-4168
- Del Valle, 3518 FM 973, (512) 247-4407
- Oak Hill, 5446 W. Highway 290, (512) 892-0226
- Jonestown, 18649 Highway 1431, (512) 267-3245

Health Care



Visiting the Doctor

No physician is a mind reader, not even a psychiatrist. To give proper care, the doctor needs information that only you can provide. To get the most from visiting a physician, do some advance planning.

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING.

If possible, bring the drugs along. The doctor needs to know what drugs you are taking to prevent dangerous drug interactions, avoid duplicating prescriptions, and possibly save you money.

WRITE A LIST OF QUESTIONS.

You might even give the doctor a copy of the list. Be as specific as possible; include your symptoms and when they occurred.

BRING A RECORD OF PREVIOUS X-RAYS, TESTS, AND EXAMINATIONS.

If a procedure was done recently, the doctor may be able to obtain and use the results.

ASK QUESTIONS WHEN YOU MAKE THE APPOINTMENT.

Does the doctor have special instructions that must be followed before an examination? For example, some tests are ineffective if the patient has eaten even several hours before the exam. Is there a charge for missed appointments? How much notice does the office require if you must change your appointment? If you have several

concerns, be sure to inform the person scheduling your appointment. You may need to schedule an appointment that is longer than usual.

ASK ABOUT FINANCIAL ARRANGEMENTS.

Can you pay the bill in installments? Does the doctor accept credit cards or your insurance plan? Is he or she a member of your health maintenance organization (HMO), or a preferred provider of your insurance plan? Does the doctor accept Medicare assignment? (For an explanation of this term, see the “Medicare” section in “Financial Resources.”)

LEARN THE NAME OF THE NURSE WHO WORKS IN THE OFFICE WITH YOUR DOCTOR.

In most cases, he or she will be the link between you and your doctor.

TALK TO YOUR DOCTOR.

At the doctor’s office, effective communication is critical. If the doctor or staff person does not ask about your personal health history, be sure to mention long-term diseases or problems such as glaucoma, high blood pressure, or diabetes. While the doctor is talking, jot down the answers to your questions. Or you might ask the doctor to clearly print the information that you need.

Important questions you might ask include

- What is the cause of your problem?
- What can you expect to happen because of this problem?
- What are the treatment options?
- Will the treatment affect planned activities?
- Does the doctor use a specific hospital?
- How do you contact the doctor after office hours?
- Does the doctor or insurance company offer 24-hour nursing support?

If the doctor is not clear or does not answer one of your questions, ask again. If the answer is still not clear, ask a nurse or another staff member. Do not be afraid to discuss your fears with the doctor.

Using Medicines Wisely

It is easy for anyone to abuse drugs accidentally. Many factors complicate the seemingly simple task of taking medications. Older persons can face even more potential problems because they frequently take several different drugs. Metabolic processes change with age. This can cause complications and require careful monitoring of medication dosage and side effects. (See the “Alcohol/Drug Abuse” section.) To avoid these problems, be sure to ask the doctor the following questions.

- What side effects may occur and should they be reported?
- Does the drug react adversely with other drugs (including over-the-counter medications), alcohol, or certain foods?
- Will the drug affect your activities?
- What are the instructions for taking the medication?
- Can a less expensive generic form of the drug be substituted?
- Can a different form of the drug (e.g., liquid vs. tablet) be substituted?
- Can the medication dosage and timing be adjusted to fit your lifestyle? (For example, can you take 300 mg. once a day rather than 100 mg. three times a day?)
- When should you stop the medication?

If you do not feel satisfied with the answers from the doctor, talk to the pharmacist. The pharmacist may also

be able to offer assistance such as easy-to-read labels and easy-to-open containers; be sure to keep these out of the reach of children.

You should *never* take another person's prescription, even if it is the same medication; the strength may be different from what you require. Drugs can deteriorate and become dangerous or ineffective; throw out all drugs not currently in use. Respect the expiration date shown on all medication bottles. When in doubt, throw the drug out.

Taking the correct amount of the proper drug at the right time can also be complicated, particularly if one is taking several medications. The following suggestions may facilitate this procedure.

- Use a segmented pillbox available at most drug stores. Ask the pharmacist if the device will provide adequate storage for your prescriptions.
- Make a chart noting which drugs to take, when, and how much. Mark the chart when you take them.
- Be sure you can tell the medicines apart and do not transfer pills from one container to another.
- Unless absolutely necessary, do not keep medicines by the bed. Groping around in the dark can cause mistakes.
- Do not double up for missed doses; this can be dangerous or useless with some medications.

Remember, to be on the safe side of a question about medication, ask your doctor or pharmacist.

Home Repair and Modification



This section of our handbook will discuss dwelling-related assistance for those older adults living in their own or their families' homes. There are many reasons why problems with current housing may arise. Housing concerns for frail older adults are complicated by factors such as location; repair needs; utility costs; rental or mortgage prices; accommodation of disabilities (“accessibility”); and the need for support services, companionship, supervision, and/or health care. (See the “In-Home Care and Support Services” section for information on getting help and support in the home.)

If you need to make your home safer, more navigable, more comfortable, or less expensive to maintain, the resources listed below can be useful. Contact one of the following services to determine if you are eligible for the program.

Home Repair Providers in the City of Austin

To be eligible for home repairs and/or modifications, the client must meet the following criteria:

- Submission of an application and proof of income
- Total household income is at or below \$42,500/year for a single homeowner
- Agreement to the program requirements
- No outstanding debts or judgments owed to any government agencies

- No previous assistance from another home repair group in the same fiscal year
- The home must be owner-occupied and in the owner's name
- Property taxes are current or property owner is on a payment plan

PROVIDERS

Austin Area Urban League

(512) 478-7176; www.main.org/services/aul

Emergency Home Repair (EHR). Assists with repairs for low-income homeowners who are facing a life-threatening condition, or a health and safety hazard. Provides home repair and accessibility modifications.

American YouthWorks

(512) 744.1900; www.americanyouthworks.org

Provides home repair and accessibility modifications.

Hands on Housing (a Division of Interfaith Action Central Texas)

(512) 386-9145; www.interfaithtexas.org/hands-on-housing/

Provides home repair and accessibility modifications.

Easter Seals Central Texas

(512) 472-8696; www.easterseals.com/centrltx/

Provides home repair and accessibility modifications.

Austin Habitat for Humanity

(512) 472-8788; www.austinhabitat.org

Brush with Kindness house painting

(512) 472-8788

Provides home repair, accessibility modifications, and veterans home repair.

Meals on Wheels and More

(512) 476-6325; www.mealsonwheelsandmore.org

Provides home repair, accessibility modifications, and veterans home repair.

Rebuilding Together Austin

(512) 636-4498; www.rebuildingtogether.org/organization/rebuilding-together-austin

Provides home repair and accessibility modifications.

City of Austin, Neighborhood Housing and Community Development

Set up a home application visit by calling (512) 974-3100, request an application by mail, or download an application at www.austintexas.gov/department/home-rehabilitation-loans.

Provides accessibility modifications, whole home reconstruction, lead paint removal, and sewer lateral replacement.

Texas Ramp Project

www.texasramps.org

Emergency ramp construction. Texas Ramp Project only accepts client referrals from social service agencies. Please contact a local Social Service provider.

City of Austin Weatherization and Air Conditioning System Replacement

Austin Energy

206 East 9th Street, Suite 102

Austin, TX 78701

(512) 322-6584; www.austinenergy.com

Provides free audit of homes for energy loss and an estimate of the cost for complete weatherization of a home. Audits are done by private contractors. Low-interest loans are available for energy-saving repairs

for total home efficiency improvement; rebates are available. Free repairs and weatherization services are available for those who are low income, older adults, or those with a disability. The audit and loan programs are available to any City of Austin utility customer.

Travis County Home Repair Resources

Travis County CDBG Owner-Occupied Rehabilitation Program

The program is currently administered by Meals on Wheels and More.
(512) 476-6325; www.mealsonwheelsandmore.org

To be eligible for home repairs and/or modifications, the client must meet the following criteria:

- Submission of an application and proof of income
- Total household income at or below 80% of the Median Family Income (MFI) for Travis County, Texas (less than \$42,500/year for one person)
- Agreement to the program requirements
- No outstanding debts or judgments owed to any government agencies
- Property must be located within the unincorporated areas of Travis County with the exemption of the Village of Webberville.
- The home must be owner-occupied and in the owner's name
- Property taxes are current or property owner is on a payment plan

Travis County Department of Human Resources Home Repair/Weatherization Program

The Travis County Home Repair Program provides materials and labor to correct immediate threats to health and safety. These threats must be corrected before one or more of the energy efficiency programs

can be completed. Services are only available to Travis County low-income homeowners once every 5-year period. Travis County Housing Services also provides free weatherization improvements to make homes more energy efficient for eligible county residents.

Services Provided

- Emergency dwelling repairs
- Emergency electrical and plumbing repairs
- Handicap access measures, and
- Materials for “self help.”

Provides free weatherization and minor home repair for low-income residents of Travis County. Applicants’ eligibility is based on income and family size. Weatherization includes installing insulation, servicing heating and air conditioning units, caulking, replacing exterior windows and doors, patching exterior siding, installing roof vents, and more. This is a one time per dwelling program.

The Home Repair program provides emergency home repair (includes electrical and plumbing), home repair – self-help (materials only), accessibility enhancements for individuals with a physical impairment (excluding City of Austin residents), septic tank installation and repair, and roof repair. Septic tank applicants must live outside the city limits but within the county. The program will install a septic tank to eliminate environmental hazards.

Website Services

Angie’s List is a U.S.-based, advertising supported website containing allegedly consumer reviews of local businesses. According to the October 2013 quarterly busi-

ness report, Angie's list has 2,378,867 paid members with membership, with revenue of \$17 million and advertising revenue of 48.4 million, and a quarterly net loss of \$13 million. For more information contact 1-888-888-LIST or go on their website to research this service. There is a fee to enroll and become a member.

According to Angie's Website, becoming a member provides the following services: access to great local reviews on AngiesList.com; live support through their call center; award-winning Angie's List magazine; access to their Complaint Resolution Team; and discounts from highly rated service companies.

Should you need resources beyond what is listed here, consult with friends, family, or websites for a referral to a reputable "handy man." Many private home repair businesses offer discounts to older adults. If you use a home-repair person who is not recommended by someone you know, ask for references. It is preferred that the repair person be bonded and insured.

Housing Alternatives



Many sections of this book have described community services that allow an older adult to remain in his or her home or in the home of a relative or caring friend. In-home services of all kinds, organized recreation programs, and community-sponsored meals can make it possible for an older adult to maintain this level of independent living. However, older adults may require more intensive assistance and supervision to ensure their health, safety, and quality of life. Fortunately, there exists a continuum of living alternatives for those who need to leave their homes: retirement communities, assisted-living facilities, personal care homes, and nursing homes.

Older adults may need to change their residence to save money. For those with financial hardship, subsidized housing is available in apartment complexes designated for older adults. Others may want to move to reduce their sense of isolation from others in their age group; they might consider moving into an apartment complex with a large population of older residents.

Subsidized Housing

Subsidized housing is available for low-income persons and older or disabled persons who cannot afford private housing. Subsidized housing limits the house payment to no more than 30% of the individual's or household's adjusted income.

SECTION 8

This federally funded program pays part of the rent directly to the property owner; tenants pay the balance,

not to exceed 30% of their income. Section 8 vouchers can be used in apartment complexes, in single-family dwellings, or in duplexes. It is up to the voucher recipient to locate his or her own housing. The landlords must be willing to accept payments from HUD and meet the guidelines regarding upkeep, electrical fixtures, plumbing, etc. Sometimes a landlord may agree to participate in the program and, if so, the tenant can remain in place with reduced rent. The Section 8 program is operated through the Austin Housing Authority, 1124 S IH 35, (512) 477-4488. Depending upon funding, the Housing Authority may or may not be accepting applications, and the waiting period can be lengthy. It is best to plan ahead.

PUBLIC HOUSING

The Housing Authority-City of Austin (HACA) administers the Public Housing program. It manages multiple apartment complexes in Austin. This housing is for low-income families, older adults, and people with disabilities. Rents are based on 30% of a family's income. You must apply at the HACA office at 1124 S IH 35, (512) 477-4488. The application is simple. If you are receiving Social Security Disability, bring a copy of your award letter and attach it to the application to be assigned a federal preference. Applicants are assigned their units; they must accept whatever unit is offered or wait a year to reapply. Although people over 62 do get a federal preference and move more quickly through the waiting list, there is no guarantee that they will get assigned a unit in one of the senior complexes. The waiting list can be three to eight months for someone with a federal preference which includes the following: over 62, disabled, or homeless due to natural disaster. The waiting list can be 10 to 18 months for someone without a federal preference.

The Travis County Housing Authority, 502 East Highland Mall Blvd, operates subsidized apartment complexes as well. Call (512) 480-8245 to determine if applications are being accepted. The wait could be 2 to 3 years.

PRIVATE COMPLEXES PARTICIPATING IN SUBSIDIZED/HUD PROGRAMS

Federal preference is given to those on SSI, paying over 50% of their income on rent, and those who are homeless due to eviction from substandard housing. The following complexes are for persons over the age of 62. To apply, call the individual complexes. All have waiting lists, which can be as long as 2 years.

Cobblestone Court (South)

2101 Davis Lane

Austin, TX 78745

(512) 292-1652; www.ncr.org/cobblestonecourt

Eberhart Place (South)

808 Eberhart Lane

Austin, TX 78745

(512) 447-1634; www.seniorhousingnet.com

Lyons Gardens (East)

2720 Lyons Road

Austin, TX 78702

(512) 236-1781; www.ncr.org/lyonsgardens

Oak Springs (East)

3001 Oak Springs

Austin, TX 78702

(512) 928-2015; www.voatx.org

Rebekah Baines Johnson (Central)

21 Waller Street

Austin, TX 78702

(512) 476-6051; www.rbjseniorhousing.org

St. George's Court (Northeast)

1443 Coronado Hills Drive

Austin, TX 78752

(512) 459-8285; www.stgeorgescourt.org

Village Christian (North)

7925 Rockwood Lane

Austin, TX 78757

(512) 459-9550; www.brentwoodoaks.org

Western Trails (South)

2422 Western Trails

Austin, TX 78745

(512) 447-8759; www.agingcare.com

The **Austin Tenants Council** is a non-profit community agency that assists people who are experiencing housing problems, particularly in rental situations. Please call (512) 474-7006 to arrange for an individual appointment; 1640 East Cesar Chavez, Austin, TX 78702, 9:00 a.m.–noon and 1:00 p.m.–4:00 p.m. M-F. Download free at www.housing-rights.org, “*Guide to Affordable Housing in the Austin Area.*”

Affordable housing information can be found on the Texas Low Income Housing Information Services website at www.housing-rights.org.

Retirement Apartments

If you need or want some support services and your finances are adequate, you may want to consider renting or buying an apartment in an apartment complex or retirement community that is designed for older persons. These facilities generally offer services like congregational meals, housekeeping, transportation, laundry, shopping, and organized social programs. Staff is present 24 hours

a day in case of an emergency. Nursing care usually is not available. Some retirement communities also offer assisted-living services, which consist of assistance with routine hygiene, mobility, and medications.

Personal Care Homes

A personal care home is smaller and more homelike than the larger assisted-living facilities. It usually is located in a residential neighborhood. Personal care homes provide the following: food; shelter; help with dressing, movement, bathing, and other routine hygiene; and administration of medications. Rooms may be shared and meals are served in congregate dining areas. Facilities that provide services to four or more individuals must be licensed by the Texas Department of Aging and Disability Services, Long-Term Care as “assisted living facilities, small.”

Assisted Living

Assisted living is often viewed as the best of both worlds. Residents have as much independence as they want with the knowledge that personal care and support services are available if they need them. Assisted living communities are designed to provide residents with assistance with basic ADLs (activities of daily living) such as bathing, grooming, dressing, and more. Some states also allow assisted living to offer medication assistance and/or reminders. Assisted living communities differ from nursing homes in that they don't offer complex medical services. Assisted living communities range from a stand-alone residence to being one level of care in a CCRC (continuing care retirement community).

Nursing Homes

Nursing homes provide 24-hour-a-day supervision under the direction of a registered nurse or physician in addition to room, board, and personal care services. Nursing facilities provide intermediate care and skilled nursing care on a short- or long-term basis. The average cost for a nursing home stay is approximately \$2,700 for one month; costs can vary, depending on the facility and type of care required.

If you can afford to pay privately, you need not be concerned with Medicaid/Medicare certification when you select a nursing facility. If extended nursing home care is unaffordable, it will be necessary to investigate requirements for Medicaid assistance. In order to receive Medicaid services for long-term care, an individual must qualify both financially and medically.

Financial eligibility is complex and must be determined by a medical eligibility worker with the Texas Department of Aging and Disability Services. In general, the amount of monthly income and resources of an individual and spouse must not exceed a designated dollar amount. Income includes Social Security benefits, veterans benefits, private pension benefits, interest or dividends, earnings or wages, civil service annuities, railroad retirement benefits, state/local retirement benefits, gifts or contributions, and royalty and rental payments. Countable resources include bank accounts and certificates of deposit, real property, life insurance, stocks and bonds, oil/gas/mineral rights, jewelry and antiques, cars and other vehicles. The following resources are excluded: homestead where the individual intends to return or the spouse lives, life insurance if the face value is \$1,500 or less, burial funds of \$1,500 (less any excluded

life insurance), car worth less than \$4,500 (or more, if needed for medical transportation), and burial spaces for the individual, spouse, and close relatives.

In addition, the law now protects a designated dollar amount of other resources for a spouse in the community (excluding the value of homestead, household goods, personal goods, one car, and burial funds). A designated amount of monthly income for a spouse and dependent children is also protected. Couples and individuals whose resources are higher than the criteria allow must “spend down” their resources to the protected level before financial eligibility is established.

Functional eligibility, called a “level of care,” is determined by the Texas Department of Human Services based on information supplied by your physician. Listed below are the criteria for medical eligibility for both Medicaid and Medicare.

CRITERIA FOR A LEVEL OF CARE DETERMINATION

In general, an individual must have a disease or medical disorder or both, with a related impairment that

- impairs judgment and recognition of physical condition, need, and side effects of medication;
- is serious enough to require a level of routine care that might be given by an untrained person; and
- requires nurse’s (RN or LVN) supervision, assessment, planning, and intervention that are usually available only in an institution.

The individual must require medical/nursing services that

- are ordered and supervised by a physician;
- are dependent on the individual’s adequately documented medical condition;
- requires the skills of registered or licensed vocational nurses;

- are provided either directly by or under the supervision of licensed nurses in an institutional setting; and
- are required on a regular basis.

Skilled Nursing Care – Medicare

For a patient to qualify for skilled nursing care, his or her condition must be such that he or she requires the continued supervision of a physician and complex nursing services provided on a daily basis, for example,

- frequent monitoring of unstable conditions;
- monitoring of medications requiring skilled observation in unstable, critical, or terminal conditions;
- insertion of naso-gastric tube and around-the-clock feedings;
- tracheostomy care, catheter care, and intramuscular or intravenous therapy that requires close monitoring; or
- decubitis care of infected or severe lesions.

Skilled nursing care is reimbursed by Medicare. Medicare limitations apply, that is, maximum 100 days eligibility. Medicare also will pay for other treatments in some circumstances in a post-hospital care facility certified by Medicare.

RESOURCES AVAILABLE

Area Agency on Aging of the Capital Area
(512) 916-6062; www.capcog.org

The agency is a good resource for information on selecting an assisted-living facility or nursing home.

Useful website: Assisted Living Personal Care Network at
www.alfa.org.

Texas Department of Aging and Disability Services
1-855-839-3237

Benefits Counseling is a free service to assist anyone who is age 60 or older to obtain information regarding public benefits, private benefits, and a variety of community support programs. The programs are operated by the area Agencies on Aging.

How to Choose a Nursing Home

The Texas Department of Aging and Disability Services operates a **nursing home hotline** at **1-800-458-9858** that provides the following: information on steps to nursing home placement, alternatives to nursing home placement, what you can expect from a nursing home, Medicaid financial assistance, how to file a complaint, and information about the performance history of a particular nursing home.

You can telephone nursing facilities and ask the admissions coordinators the following questions.

- What level of care is offered?
- Do they have any openings? Is there a waiting list?
- Do they accept Medicaid or Medicare patients?
- Are there restrictions on the types of patients accepted?
- What is the daily rate and what does it include?
- What services cost extra?
- Will they send you a copy of the admission agreement?
- Nursing staff requirements, RN on duty 7 days/week?
- Is transportation available to and from medical appointments?
- What is the bed-hold policy?
- Is there a volunteer program?
- Are there full- or part-time social workers and an activities director?
- Do they offer security or special programs for wandering residents?

MAKING A VISIT

Make several visits at different times of the day to the homes you are considering. Remember the importance of location; visits from family and friends can make the nursing home stay much more pleasant. Frequent visitors can monitor the quality of care being provided. Talk to family members of current residents. When visiting the home, be sure to look for the following:

Cleanliness

Does the home appear to be clean, pleasant, and comfortable? Is it reasonably free from unpleasant odors? Does it appear well-maintained inside and out? Are the employees clean and well groomed?

Safety

Ask a staff member the procedure to be followed in the event of fire. Is there an evacuation plan posted? When was the last fire drill? Are the hallways free of obstructions and wide enough for two wheelchairs to pass with ease? Are there handrails in the hallways, bathing areas, and toilets? Are there call buttons to the nurse's station located at each bed, toilet, bath, and shower room?

Food

Try to visit during lunchtime so that you can see the food and possibly sample it. Does the food look appetizing and taste good? Is it served hot? Are provisions made for individual dietary needs or preferences? Are snacks served? Are patients helped with eating if necessary? Ask to see a typical menu and if menus are posted.

Staffing

Do the nurse call lights stay on a long time? Do the patients look clean? Do the linens and towels look clean?

Is there a physician on call in case of emergency? Is the Validation Method part of staff training?

Atmosphere

The residents should be treated with dignity. Observe the attitude of staff toward disoriented residents. Try to speak to a few of the residents during your visit. They should speak well of the conditions and the staff. Are there provisions for privacy in the bedrooms? What provisions are made to safeguard possessions? Ask for a copy of the Bill of Rights of nursing home residents.

Activities

Is there an activity director on staff? Is there a list of activities posted? Are activities provided for bedfast patients? Is there a bookmobile service? Do residents have a say in formulating activities? Is there a community television set in the facility? Are volunteers available to assist with resident activity programs?

Residents' Council

Is there a Residents' Council? Is the administrator readily available? Is there a complaint policy? Is there a telephone number posted to report complaints? Does the facility allow residents to see their records when not contraindicated by their condition?

Family Support

Is there a Family Council or Family Support Group?

The Attorney General's Consumer Protection Office will send you a pamphlet entitled "*Selecting a Nursing Home, Know Your Rights*," which contains an excellent checklist to be used during nursing home visits. To obtain this pamphlet, please call or write

Texas Attorney General – Consumer Protection Office
Consumer Protection Hotline: 1(800) 621-0508
PO Box 12548
Austin, TX 78711
(512) 463-2185; www.texasattorneygeneral.gov

Other useful pamphlets include

“Nursing Home Life: A Guide for Residents and Families”

AARP

98 San Jacinto Boulevard Suite 750
Austin, TX 78701
1(866) 227-7443; www.aarp.org

“What You Should Know About Housing and Services for Older Adults”

LeadingAge Texas (Formerly TAHSA)
2205 Hancock Drive
Austin, TX 78756
(512) 467-2242; www.leadingagetexas.org

Useful websites with nursing home information and checklists include:

- www.hhsc.state.tx.us
- www.texasattorneygeneral.gov
- www.medicare.gov/nhcompare/home.asp
- www.tanhr.net
- www.capcog.org/divisions/area-agency-on-aging

What a Resident Needs to Know

GETTING THERE

Pre-Arrival

Before you arrive make sure that

- The home knows when you will arrive and has the room ready.
- Your physician has completed a history and a physical and provided current doctor's orders.
- You know which of your belongings you may bring with you.
- You understand your financial responsibility.
- You know what not to bring (items not allowed in resident rooms).
- You obtain a copy of the home's complaint procedure.

Arrival

The admission agreement is your contract with the facility. It specifies the facility's obligations to you and your obligations to the facility. The admission agreement should include

- The cost to hold your bed if you are away from the home.
- The home's responsibility for lost or stolen belongings.
- Extra charges for services.
- When payment is due.
- How refunds are determined and how long it takes for one to be processed.
- How much prior notice of price increases.
- How the facility will assist in and account for managing the resident's funds.
- What freedom the resident has in selecting and changing pharmacies.

RESIDENTS' RIGHTS

All nursing home residents are protected by federal and state laws. Under Medicaid and Medicare law, residents are entitled to receive information about their rights as

residents, services offered and charges for those services, and their medical conditions and treatment plans.

Residents have the right to:

- Be treated with dignity, respect, courtesy, and consideration without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment.
- Receive all care necessary to have the highest possible level of health.
- Be free from physical or chemical restraints that are not required for medical symptoms.
- Communicate in their native language.
- Complain about care of treatment and receive prompt response without fear of reprisal or discrimination.
- Receive visitors.
- Privacy.
- Participate in social, religious, or community activities.
- Manage their own financial affairs in the least restrictive method.
- Have access to and have an accounting of their money and property deposited with the facility.
- Have access to personal and clinical records.
- Be fully informed about their medical condition.
- Retain the services of a physician of their choice and be fully informed in advance about treatment or care that may affect their well-being.
- Participate in developing a plan of care.
- Refuse medical treatment and refuse to participate in experimental research.
- Keep and use personal possessions.
- Receive a written statement of admission agreement describing the services provided by the facility and the related charges.

- Be informed with 30 days of admission of entitlement to benefits under Medicare or Medicaid.
- Discharge themselves from the facility unless they have been judged mentally incompetent.
- Not be transferred or discharged without 30 days notice, except in an emergency, and only under certain designated conditions.
- Not be relocated within the facility except in accordance with nursing facility regulations.
- Refuse to perform services for the person or facility providing services.
- Use advance legal directives.
- Receive a copy of the Statement of Resident Rights and Responsibilities before receiving services or as soon as possible after receiving services and to be informed of changes or revisions by the person providing services.

HOW TO COMPLAIN

If you or an older individual have problems in the nursing home, you should talk to the following persons or agencies.

**Texas Department of Family and Protective Services,
Adult Abuse and Exploitation Hotline**
1-800-252-5400

Nursing Home Advocacy Project

Texas residents can call to talk to a lawyer free of charge about the rights of their loved ones in nursing homes. If legal action is warranted, the caller will be referred to a lawyer who has agreed to work at a reduced fee.

Texas Legal Services Center
815 Brazos Street, Suite 1100
Austin, Texas, 78701
1-888-343-4414; www.tlsc.org

The Nursing Home Administrator

Government regulations require that a nursing home administrator may not discharge a resident simply for complaining. Most homes have a written procedure for residents and their families to submit problems or complaints.

Area Agency on Aging of the Capital Area, State Ombudsman Program

1-877-787-8999

This department is concerned about the quality of life for all residents of nursing homes in a 10-county area, including Travis County. Ombudsmen function as advocates for older individuals and can help mediate between you and the nursing home.

Information and Referral



Many services exist to help older people and their families. However, finding the ones that provide what you need may be quite a challenge. Information and referral agencies specialize in gathering and categorizing information about the services and resources that are available in a given community. As you begin your search for information or help, you can save time by calling an information and referral agency. It is important to be prepared when you make your inquiries. Listed below are some guidelines to remember when phoning for information.

- Have a clear idea of the problem. Be specific about your needs. This minimizes getting the “run-around” between various offices.
- Have a pen and paper ready to take notes. Include the date and names of persons who give you significant information.
- Briefly explain your reason for calling. Ask to speak to the appropriate person. If they are unavailable or are not helpful, contact their immediate supervisor and explain the situation.
- Expect to be asked some questions. These might include your full name, address, age, social security number, income, doctor’s name, etc. Having this information ready before calling can save time. Many agencies require this information for any telephone inquiries.
- Be patient but persistent. Phone numbers and financial guidelines change frequently, and even experienced personnel may have to do some research.

- Be prepared for any subsequent interviews. Gather all documentation that you will be required to provide (birth certificate, bank statement, etc.). Most agencies can provide in-home assessment; request this service if an office visit would be a hardship for you.

Resources

211

Currently available in 80% of the country, 2-1-1 is an easy-to-remember number that helps people cut through what can be a confusing and overwhelming maze of information and resources. 2-1-1 helps people assess their needs and links them directly to the resources that will help.

AGE Caregiver Resource Center

3710 Cedar Street

Austin, TX 78705

(512) 451-4611; www.ageofcentraltx.org

AGE of Central Texas Caregiver Education and Resources operated in collaboration with the Area Agency on Aging of the Capital Area, provides equipment, information, education, and consultation to caregivers and their families.

Area Agency on Aging of the Capital Area

6800 Burleson Rd Building 310, Suite 165

Austin, TX 78744

1(888) 622-9111; (512) 916-6060 Caregivers Resource/
Program Manager; www.capcog.org

Austin Resource Center for Independent Living (ARCIL)

Austin Location

825 E. Rundberg Ln

Austin, TX 78753

(512) 832-6349; FAX (512) 832-1869; www.arcil.com

In-Home Care and Support Services



One of the most common needs of older adults is some type of in-home assistance. The need may be minimal or major, medical or functional, short-term or long-term. The types of in-home care and supportive services that are available include home health care, personal care, light housekeeping, telephone reassurance, transportation, and shopping and running errands. This section will discuss a variety of resources that provide these services.

Home Health Care Services

Persons who need home-based medical services have a growing number of options depending, of course, on their financial and insurance resources. More complex medical services are available to patients at home than ever before; many treatments patients previously received in the hospital are now provided primarily on an out-patient basis. Home health care services can be divided into three major categories, discussed next.

MEDICARE/MEDICAID-REIMBURSED SERVICES

Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) covers eligible home health services like intermittent skilled nursing care, physical therapy, speech-language pathology services, continued occupational services, and more. Usually, a home health care agency coordinates the services your doctor orders for you.

Medicare doesn't pay for

- 24-hour-a-day care at home
- Meals delivered to your home
- Homemaker services
- Personal care

All people with Medicare who meet all of the following conditions are covered.

- You must be under the care of a doctor, and you must be getting services under a plan of care established and reviewed regularly by a doctor.
- You must need, and a doctor must certify that you need, one or more of these: (a) Intermittent skilled nursing care (other than just drawing blood), or (b) physical therapy, speech-language pathology, or continued occupational therapy services. These services are covered only when the services are specific, safe, and an effective treatment for your condition. The amount, frequency and time period of the services needs to be reasonable, and they need to be complex or only qualified therapists can do them safely and effectively. To be eligible, either (a) your condition must be expected to improve in a reasonable and generally-predictable period of time, (b) you need a skilled therapist to safely and effectively make a maintenance program for your condition, or (c) you need a skilled therapist to safely and effectively do maintenance therapy for your condition.
- The home health agency caring for you must be Medicare-certified.
- You must be homebound, and a doctor must certify that you're homebound.

You're not eligible for the home health benefit if you need more than part-time or "intermittent" skilled nursing care.

You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services. You can still get home health care if you attend adult day care.

Note: Home health services may also include medical social services, part-time or intermittent home health aide services, medical supplies for use at home, durable medical equipment, or injectable osteoporosis drugs.

Your costs in Original Medicare

\$0 for home health care services.

20% of the Medicare-approved amount for durable medical equipment.

Before you start getting your home health care, the home health agency should tell you how much Medicare will pay. The agency should also tell you if any items or services they give you aren't covered by Medicare, and how much you'll have to pay for them. This should be explained by both talking with you and in writing. The home health agency should give you a notice called the "Home Health Advance Beneficiary Notice" (HHABN) before giving you services and supplies that Medicare doesn't cover.

PERSONAL ATTENDANT SERVICES/ CARE ON A DAILY BASIS

Sometimes referred to as *custodial care*, this is the type of assistance with routine activities of daily living that many older people need. This type of care can include assistance with light housekeeping, meal preparation, errands and shopping, laundry, and personal care like bathing, dressing, and toileting. There are many agencies that provide in-home care. If you qualify financially and functionally, this type of care can be subsidized by

the Texas Department of Aging and Disability Services (TDADS).

For a list of private pay home care agencies, call Capital Area Agency on Aging at (512) 916-6065, a hospital social worker, or the Texas Association for Home Care, (512) 338-9293, or look online to learn about public and private agencies providing in-home help. They also can refer you to a professional geriatric case manager who can help assess your needs, explore available services, and arrange for care. (See “Case Management” section.)

Note. For those who are unable to afford private pay rates, you may be eligible for state funded programs or sliding scale services.

**Texas Department of Aging and Disability Services
(TDADS)**

701 W. 51st St

Austin, TX 78751

(512) 438-3011; you can also call 2-1-1 for information
and referral

www.dads.state.tx.us

The Texas Department of Aging and Disability Services (TDADS) offers a number of programs that provide older adults and persons with disabilities with help in their home or in other community-based settings. Services are free of charge for those who financially or medically qualify.

Sliding Scale and Charitable Care

H.A.N.D.

1640 B East 2nd, Ste 200

Austin, TX 78702

(512) 477-3796

www.handaustin.org

H.A.N.D. , a nonprofit agency, provides in-home personal attendant services on a sliding scale based on income. Clients additionally receive wrap around services such as social work, transportation and volunteers at no additional charge.

Hiring Your Own Help

Purchasing services directly from agencies can save paperwork, supervision, and time. Agencies generally assure coverage in case of employee illness, provide bonded personnel, provide licensed home health aides, and can coordinate care with a Medicare skilled home health team. The cost for in-home help may, however, be lower if you hire your own help. The relative importance of cost, convenience, legal responsibilities, and overall risk factors should be carefully weighed. If you decide to hire your own worker, the following information may be helpful.

To determine what help is needed, you may want to list necessary routines and ask yourself what you can do alone, what your family or support system is able and willing to do, and what is not being done. Once you have examined the needs, you can develop a job description for your worker. The purpose of a job description or contract is to clarify the duties and responsibilities of both the employer and the worker. Having a formalized agreement is essential if there is a dispute about salary, hours of work, tasks, etc. A contract-job description always can be revised or updated as needed. It is important to be as specific as you can in a contract to lessen the chances for confusion or disagreement. If the job involves special skills such as lifting into the bathtub or giving medications, the worker should be trained and experienced in those skills.

Probably the best way to find a worker is through a recommendation from a family member, friend, or someone you trust. Let them know you are looking. Your church or synagogue, a senior center, a hospital social worker or discharge planner, or community agencies may be important resources. If none of these methods proves fruitful, try advertising in the “Help Wanted” classified sections of newspapers, college newspapers, or organizations’ newsletters. Try starting with the least expensive ad rate. At a minimum, your ad should include hours needed, a brief description of duties, telephone number, and time to call. You could also mention preferences such as non-smoker or male/female, and wage offered. (For example: Grocery shopping, light housekeeping. 6 hrs every Friday. Non-smoker. 555-5555 after 5:00 PM.)

You do not need to interview every person who calls in response to your ad. When applicants call, describe the job in some detail as well as your expectations and the general wage range you are offering. Ask if they have done this kind of work before or why they are interested in this job. Also restate important requirements like no smoking or driving requirements. Set a specific appointment time for an interview. It is recommended that you invite a family member or friend to be present for the interview. This can be very helpful both for moral support and in sorting out the information you obtain.

For the interview, have your sample contract ready for the applicant to read. Record the name, address, and telephone number of the applicant. Have a list of important questions ready. Some suggested interview questions include

- Where have you worked before?
- What kinds of things did you do?

- Is there anything in the job description that you would not do?
- Ask for two work-related references and one personal reference.
- Ask if they have ever been arrested and convicted of a felony or misdemeanor, and if so, what were the circumstances?

If the applicant is obviously unsuited, be noncommittal about future contact. Remind a suitable applicant that you will need to check references before making a decision. Never hire someone without checking references. Take time after your interview to jot down notes and impressions. Next, ask the references how long they have known the applicant and how and whether he or she was reliable. Describe the job situation and ask references if the applicant would be a good match for your position. Finally, select the candidate who best fits your needs.

Legal Services



We have all known individuals who slowly or suddenly lost the ability to make the daily decisions necessary to care for their person or their finances. If the incapacitated person has not planned for this possibility, a guardianship may be needed. However, sometimes a limited or full guardianship is one part of a complicated solution to a difficult situation. Guardianship is awarded by the court, based on medical and other testimony; the procedure is complicated, expensive, and time-consuming. Planning ahead may help older adults and their families avoid the need for guardianship. Planning ahead also can reduce the stress and emotional turmoil that families experience in this situation. A good place to start would be with an elder law attorney. See www.naela.org.

There are legal tools that allow us to decide what we want in the event of our own incapacitation or incompetence. These include the following: Medical Power of Attorney; Directive to Physician and Family or Surrogates (also known as a living will); Out-of-Hospital DNR Order; a Statutory Durable Power of Attorney for financial affairs; and a declaration of guardian in the event of later incompetence or need of guardian. Each of these common forms and those less common will be discussed in this section. The State Bar of Texas distributes a reference guide to elder law issues, the *Seniors and the Law: A Guide for Maturing Texans*, available in both English and Spanish.

Call 1-800-204-2222, ext. 2610; www.texasbar.com.

Medical Power of Attorney for Health Care

The Medical Power of Attorney form is commonly available for free from hospitals and other health care providers. It is relatively simple and allows you to designate one or more persons, called *agents*, in order of priority, to make health care decisions on your behalf should you be unable to do so. It also can include specific instruction to your agent about what you want to occur in certain situations. The form must be witnessed and signed by two people but does not require notarization or legal recording.

In the absence of an executed Medical Power of Attorney for health care, the law designates certain kin, in order of priority, to make health care decisions. According to the Texas Health and Safety Code, Section 166.039, the order of priority is patient's spouse, patient's reasonably available adult children, patient's parents, or the patient's nearest living relative. If none of the above individuals are available to make a treatment decision, a decision made by the attending physician must be concurred with by another physician not involved in the treatment or who is a representative of the ethics or medical committee of the health care facility.

The adult should think about the nature and extent of the care he or she may want in certain circumstances and discuss these wishes with the designated people. Distribute copies of this document to a variety of people. Advise family members that you have completed this form, where a copy is located, and that you want them to honor it. You should give a copy to all your physicians and ask them to honor it. Give the original to your agent. Also make sure there is a copy in your hospital chart.

Directive to Physicians and Family or Surrogates

This document, commonly called a living will, is intended for use in situations where the patient's condition is incurable or irreversible and certified to be terminal by two physicians. Essentially, it is an instruction to your doctor about medical procedures you do or do not want if you are terminally ill. A Directive to Physician addresses "end of life" issues.

It is important that you discuss potential treatment alternatives with your physician and advise her or him of your choices. It also is important that you communicate to your health care agent and successor health care agent what level of quality of life you are willing to accept or willing to live without. This document must be signed and witnessed by two persons. The original should be given to a close family member or friend, and copies should be given to your Medical Power of Attorney, physician, and each of your children.

You should execute the Directive in coordination with the Medical Power of Attorney. In the event of a conflict between the two documents, the instrument completed later in time controls.

Declaration for Mental Health Treatment

A competent adult may declare his or her preferences for mental health treatment should he or she become incapacitated in the future. The mental health treatment covered by the directive includes psychoactive medications, electroconvulsive or other convulsive treatment, emergency medical care, and other preferences. The

declaration only becomes effective should the person be declared to be incapacitated at a later time by a court of law. The form must be signed in front of two witnesses who will not benefit from the person's will and who are not related to or caring for the person completing the form. The witnesses must affirm that the person signing the declaration appeared to be of sound mind. The declaration remains in effect for three years unless the person becomes incapacitated, then the declaration stays in effect until the person is no longer incapacitated.

Out-of-Hospital Do-Not-Resuscitate Order

If you have an Out-of-Hospital Do-Not-Resuscitate Order (OOH-DNR), medical professionals will allow natural death and will not initiate life-sustaining procedures in the event of your cardiac arrest or respiratory arrest. The OOH-DNR is an order from the physician that allows the patient to refuse life-sustaining treatments and ensures that health care personnel will not provide cardiopulmonary resuscitation (CPR) and related procedures to restart the heart and breathing. All other emergency care needed for comfort can be provided. The State of Texas has a standard form for the Out-of-Hospital-Do-Not-Resuscitate Order. *To protect your rights under the law, if you have an Out-of-Hospital Do-Not-Resuscitate Order now, make sure that the state-approved form has been used.*

General Durable Power of Attorney for Financial Affairs

The General Durable Power of Attorney for Financial Affairs is a relatively simple form that is available to

anyone without the need for an attorney. The powers granted by this document are broad and sweeping. The form lists 13 separate kinds of financial powers that can be granted. You can pick among them and add others if you like. This document does not require witnesses but must be notarized. If you have any questions about completing the form, consult an attorney.

The General Durable Power of Attorney for Financial Affairs is not recognized by the Social Security Administration. A *representative payee document* must be filed with the Social Security Administration in order to designate another person to manage your Social Security benefits.

Declaration of Guardian in the Event of Later Need of Guardian

This form is also referred to as the Designation of Guardian Before the Need Arises. There is a little known tool that can be useful in some situations to avoid guardianship. Simply put, it allows a person to designate who he or she would like to be a guardian of his or her estate and person in the event a guardian is ever necessary. This document is especially useful for persons without living parents or close relatives.

Body Disposition Authorization Affidavit

The right of consumers in Texas to use a Body Disposition Authorization Affidavit or similar written instrument was created by the Texas Legislature several years ago. This law provides that the consumer's wishes as expressed in such an instrument must be "faithfully" car-

ried out by whoever has legal authority to control the disposition.

A separate provision allows consumers to designate the person or persons they want to control the disposition. If no one is appointed to control the disposition, the following persons, in the order listed, have the right to control the disposition.

1. the decedent's surviving spouse
2. any one of the decedent's surviving adult children
3. either one of the decedent's surviving parents
4. any one of the decedent's surviving adult siblings,
or
5. any adult in the next degree of kinship in the order named by law to inherit the estate of the decedent

The Appointment of Agent form is useful to reduce the possibility of conflicts between those persons who have equal authority to control the disposition decision, such as several adult children. However, the use of the Body Disposition Authorization Affidavit will control the disposition decision no matter who has the authority to carry it out.

The other primary advantage of the Body Disposition Authorization Affidavit is its use by people who want to be cremated. In the absence of such a properly executed Affidavit, the funeral director must secure permission of all the immediate family members who have the authority to control disposition.

Organ and Tissue Donation Declaration

An organ and tissue donation declaration on an advance directive, donation card, or an "Appointment of Agent

to Control Disposition of Remains” form (which permits competent persons to appoint an agent to make all decisions about the disposition of their remains after death) or a “Body Disposition Authorization Affidavit” (permits competent persons to declare their wishes with respect to body disposition, including cremation, thus avoiding the need to secure the approval of their survivors for the chosen disposition) will help ensure that the person will be an organ or tissue donor. The most important thing to do is make sure your family or agents know that you want to be an organ and tissue donor. Few of us will be organ donors because of the circumstances of our deaths, but almost all of us will be eligible to be tissue donors. The ability to be a tissue donor can be determined at the time of death only by a tissue procurement organization, which in the Austin area is the Blood and Tissue Center of Central Texas, (512) 451-2222. The Center should be contacted by one’s family or agents as soon as possible after death, no matter what time it is.

You can now register as a donor at Donate Life – Texas Registry. The state website where Texans can register to be an organ, tissue, and eye donor:

www.donatelifetexas.org.

Legal Resources

Though none of the documents discussed above require the services of an attorney, you should consult one if you do not understand the forms or have questions about what you can and cannot do. Almost everyone needs to have a will, and an attorney can prepare one that is more likely to stand up in court than a self-made version. Finding a lawyer is much like finding a physician. It is best to find a good one before you desperately

need legal advice. It is wise to shop for an attorney who is experienced in your specific area of need. It is particularly important to consult an attorney when there are children, stepchildren, second marriages, estate assets, and/or other situations that make legal issues more challenging or may increase disputes.

Area Agency on Aging of the Capital Area

6800 Burleson Rd

Austin, TX 78744

(512) 916-6062; 1-888-622-9111; www.capcog.org

Information on finding resources for legal assistance.

Dispute Resolution Center

5407 North IH 35 #410

Austin, TX 78723

(512) 371-0033 or (512) 279-1904 for special needs;

www.austindrc.org

This center trains volunteers to help people in conflict resolve their differences without the expense of legal action. Agreements are in writing and are signed by all parties. Although not legally binding, they can be used to establish agreement in court if necessary. There is a sliding scale; the usual fee is \$10. Sometimes disputes are not legal issues. Mediation skills can also help in making other kinds of decisions, such as housing and medical care.

Elderlaw (Assistant Attorney General's Office)

(512) 463-2070

Referral service. Assists with consumer complaints.

Family Eldercare's Guardianship and Money

Management Program

1700 Rutherford Ln

Austin, TX 78754

(512) 450-0844; www.familyeldercare.org

This program of Family Eldercare offers information and assistance for those who cannot adequately manage their own affairs and who have no family or friends to help. Services range from assistance in everyday financial management to full guardianship. Fees are charged on a sliding scale.

Family Law Hotline

1524 S IH 35, Box 19

Austin, TX 78704

(512) 476-5377; 1-800-777-3247;

www.texasadvocacyproject.org

This hotline is a statewide service that provides legal counseling. The service makes referrals to attorneys when necessary. Individuals receive a free 30-minute consultation with the attorney when referred by the hotline. Advice on legal issues is offered to persons of any age or sex, but the focus is on issues affecting women. The hotline is staffed by attorneys.

Lawyer Referral Service

(512) 472-8303

The Lawyer Referral Service is a non-profit group sponsored by the Travis County Bar Association. It refers clients needing an attorney to one who has experience in the appropriate field of law. There is a \$20 fee for the initial 30-minute consultation. The client and attorney negotiate the fees thereafter. Office hours are 8:00 a.m. - 5:00 p.m. M-F.

Texas Rio Grande Legal Aid

4920 North IH 35

Austin, TX 78751

(512) 374-2700; 1-800-369-9270; www.trla.org

Legal Aid is a non-profit agency that provides legal

services and advice to low-income persons. Legal Aid only handles civil matters. These cases include housing and consumer problems, racial discrimination, entitlement hearings and appeals, domestic matters, and mental health issues. It provides mediation services. Clients must meet low-income guidelines and must be over the age of 60. Office hours are 8:30 a.m. – 2:00 p.m. Fri and 8:30 a.m. – 4:00 p.m. M-Th.

Legal Hotline for Older Texans

(512) 477-3950

1-800-622-2520

Free telephone counseling.

Probate Court of Travis County

1000 Guadalupe

Austin, TX 78701

(512) 854-9188; www.co.travis.tx.us/probate

Filing and probating of wills in Travis County.

Texas Medical Association

401 West 15th Street #100

Austin, TX 78701

(512) 370-1300; www.texmed.org

Provides Directive to Physician and Medical Power of Attorney forms free of charge.

Recreation and Exercise



Structured recreation and exercise activities can be an important way to stay active and to interact with peers. Older adults can access a variety of resources in the community to pursue their recreational and exercise needs. The facilities listed here offer classes in exercise, dance, games, arts and crafts, etc. They also schedule special events and trips that are tailored to older adults. Various social clubs in the area serve those with special interests such as quilting, gardening, sewing, bridge, dogs, and others.

Senior Activity Centers

The Senior Activity Center, operated by the Austin Parks & Recreation Department (PARD), (512) 974-1462, functions as a total community resource facility for persons 50 and older. It provides a wide range of civic, cultural, and recreational activities and works with older adults to facilitate their decisions and support a sense of community. The center encourages continued involvement in the larger community. For information on schedules for classes and events contact:

EAST AUSTIN

Conley-Guerrero Senior Activity Center

808 Nile Street

Austin, TX 78702

(512) 478-7695; www.ci.austin.tx.us/parks/conleyg.htm

East Rural Community Center

600 West Carrie Manor St

Manor, TX 78653

(512) 272-5561; www.co.travis.tx.us

Salina Senior Center

1143 Salina Street

Austin, TX 78702

(512) 477-2414

CENTRAL AUSTIN

Hyde Park Senior Center

610 East 45th Street

Austin, TX 78751

(512) 452-2596; www.ci.austin.tx.us

Lamar Senior Activity Center

2874 Shoal Crest

Austin, TX 78705

(512) 474-5921; www.ci.austin.tx.us/parks/sac.htm

NORTHEAST AUSTIN

Gaston Place Senior Center

1941 Gaston Place

Austin, TX 78723

(512) 926-8955; www.ci.austin.tx.us

NORTH AUSTIN

St. John's Neighborhood Center

7500 Blessing

Austin, TX 78752

(512) 972-5520; www.ci.austin.tx.us

SOUTHEAST AUSTIN

Montopolis Neighborhood Center

1416 Montopolis Drive

Austin, TX 78741

(512) 972-5710; www.ci.austin.tx.us

SOUTH AUSTIN

South Austin Senior Activity Center

3911 Manchaca Rd

Austin, TX 78704

(512) 448-0787; www.ci.austin.tx.us/parks/sasac.htm

Private Senior Centers

Jewish Community Association of Austin

Senior Services of the Jewish Community Association

7300 Hart Lane

Austin, TX 78731

(512) 735-8000; www.shalomaustin.org

Jewish Family Service senior programs include exercise and fitness, education, and entertainment.

SURROUNDING AREAS

Del Valle, South Rural Community Center

3518 FM 973 South

Del Valle, TX 78617

(512) 247-4407; www.co.travis.tx.us

Oak Hill, West Rural Community Center

8656-A Hwy. 71 West

Austin, TX 78735

(512) 854-2130; www.co.travis.tx.us

Other Sites for Exercise/Recreation

WellMed Charitable Foundation

Senior Community Center

706 W Ben White Blvd, Suite 125 A

Austin, TX 78704

(512) 383-9626; www.wellmedcharitablefoundation.com/senior-centers/

YMCA multiple locations around town
(512) 322-9622; www.austinyymca.org

Volunteer Opportunities

RSVP of Travis County

PO Box 1748

Austin, TX 78767

(512) 854-7787; Fax (512) 854-4131;

www.texasseniorcorps.org

RSVP puts experience to work by connecting volunteers age 55 or older with rewarding opportunities to serve in Travis County. Volunteers can help address critical community needs by applying their life experience.

Spirituality



Individuals of any age may feel the need to nurture their spiritual lives. This is particularly true of older adults. We are meant to grow not only in age but also in wisdom and grace. This is a long process – a journey we are called upon to walk. We journey seeking wholeness. Those who pursue their spirituality have the ability to experience the fullness of life. This pursuit is a process of personal integration and self-acceptance. As we navigate through the later phases of life, we are required to learn to let go of control, depending more on others to do what we once did. This can make some older adults angry and disillusioned, or it can be an opportunity for growth that teaches us to rely on our faith. Longevity offers this opportunity to reflect on our life and put it in order. Frail older adults who live in a congregate setting, such as a nursing facility, must also be invited to take pleasure in participating in the rituals and traditions of the faith in which they are most familiar and comfortable.

Music is one of the best tools to accomplish nurturing the spirit. Music may be especially important to make the connection for those persons experiencing memory impairment or dementia. It's never too late to develop our spirituality.

As we age, we might consider reflecting on the following points.

1. Living in the present moment;
2. Occasionally doing life review – turning over loose ends to a higher power;
3. Working to resolve any unresolved issues – reaching out to make peace;

4. Remembering everyone has potential for growth – always;
5. Becoming a role model or mentor, filling others with hope by living your spiritual principles;
6. Being passionate about something – follow your heart.

There are some resources to assist in spiritual avenues, and they are described here.

The Seton Cove - A Spirituality Center

3708 Crawford Street

Austin, TX 78731

(512) 451-0272; www.setoncove.net

Rooted in Judeo-Christian values, The Seton Cove is an interfaith organization created to help people find new relationships with themselves, with others, and with their God. The “Cove” comes from the hope that this center will provide safe haven, a place where people from all walks of life can come to find healing and a source of spiritual renewal.

The Seton Cove offers spiritual direction, a time-honored ministry that helps people discover how God is being revealed in each circumstance of their everyday life. A Spiritual Director works with individuals to help them listen to God or to become aware of how God is acting in their lives. It is not therapy and does not seek to solve problems. Those who offer spiritual direction at Seton Cove have had formal training and preparation for this ministry. The Seton Cove also offers prayer groups, retreats, workshops and seminars, speakers, and support groups.

The Stephen Ministry

The Stephen Ministry exists within some established Christian congregations. It is a caring ministry by trained

lay people. Stephen ministers are not counselors or therapists; they are caring Christian friends who can offer a listening ear to help others through the tough times in life. Stephen ministers are trained to listen and help others sort through their feelings. Confidentiality is the cornerstone of Stephen Ministry, and ministers are supervised within their congregations. They serve members of the congregation to which they belong, and in some cases they serve members of any congregation. Not all churches have Stephen ministers but begin your search with the church to which you belong.

www.stephenministries.org

Aging and Spirituality.

A quarterly published by American Society on Aging's Forum on Religion, Spirituality, and Aging.

www.asaging.org/forsa

Parish Nurses

Many congregations have begun using parish nurses as a means of outreach for families who need home visits, health care, and referrals. For more information go to www.ipnrc.parishnurses.org or *The Essential Parish Nurse* by the Rev. Deborah Patterson and Alvyne Rethemeyer, available from Eden Books, (877) 627-5653.

Spirituality in Dementia

Regardless of the kind of faith or unfaith that a person with dementia had before the illness, all persons have spiritual needs—a connection with the larger other, be it a God named by Christianity, Judaism, or Islam, or the beauty of the creative arts or the experience of nature, or the glory of love that transcends the usual human capacities or the “Higher Power” of 12 step recovery.

Caregivers are prone to neglect their own as well as their loved ones' spiritual needs, yet in a recent survey, prayer was named second only to talking with others as caregivers' most common means of self-care. It is not unusual for some to be so upset with the existence of the disease and the personal impact of it, that they become bitter about the subject, angry and resentful, resisting any suggestion of faith, religion, or spirituality; while for some, faith is their only saving grace. Regardless of the caregivers' views, the care receivers' spiritual history should be respected and their need addressed. Even some who "left the faith" as adults, may sometimes, after dementia, revert to their childhood faith. Or, there may still be a generalized spiritual need that can be considered.

Certain aspects of religion might well be beyond the current reality of one in late stage dementia. Nevertheless, even these individuals may often retain the benefit of the rote memory of prayers, hymns, even scripture.

Those who are able to see that a human being is more than brain and body, may be comforted to believe that a soul, an eternal spirit, continues until the heart stops beating; some might think of it as a person's essence—that which makes Mom, Mom—the accumulation of "body memories" of all her years. We are talking about the very definition of what it is to be human. One of the saddest manifestations of the grief that accompanies dementia caregiving is the loss of hope for there being anything more than a physical shell present.

Here are some suggestions for caregivers to consider:

- Caregiving often isolates one from community. Isolation is debilitating and impairs caregiving.
- Do not overlook expressing your spiritual needs to the leader of your faith community.

- Encourage continued attendance at communal worship as long as physically possible—the loving presence of others, music, rituals, are retained in body memories. Assisting a person with dementia to dress for worship may take twice as long as usual, but is in most cases worth it.
- Explain to the faith community that providing such things as respite, rituals of transition for different steps in the journey, home visitation, sending them greeting cards, etc., are ways that the group can live out their calling to be of service.
- Suggest simplified worship – a gathering in the sanctuary of family, caregivers and care receivers, and friends who would go through the usual forms of worship but use a total of only 30 minutes concentrating on music (from the care receiver’s formative years), familiar passages from sacred texts, and a simple devotional message. Offer the Eucharist (Lord’s Supper) for Christians, even anointing oil for healing. Consider similar rituals of other faiths.

Support Groups



Support groups meet on a regular basis and provide mutual support for persons with similar concerns and situations. Older adults and their families may be dealing with a long-term or catastrophic illness, or with the death of a loved one. It can help to regularly meet with others to share feelings and ways of coping with the day-to-day changes that these events can bring about. Participation in a support group can provide opportunities for social interaction and recreation. You also can learn about the benefits of group advocacy.

Many of the support groups listed below are sponsored by organizations that serve persons with a particular illness or problem. Typically, these organizations also provide information, education, and referral services. Some provide other services, which will be listed when applicable. Call for locations and times of meetings.

For up-to-date lists of caregiver specific support groups, contact AGE of Central Texas or the groups listed below; (512) 451-4611; www.ageofcentraltx.org.

Austin Area Support Groups

AIDS Services of Austin (ASA)

7215 Cameron Rd

Austin, TX 78752

(512) 458-2437; www.asaustin.org

Provides direct care services to persons with AIDS and their caregivers.

Alzheimer's Association – Austin Chapter

3520 Executive Center Drive, Suite 140

Austin, TX 78731

(512) 241-0420; www.alz.org/texascapital/

American Cancer Society

2433 Ridgepoint Drive

Austin, TX 78754

(512) 919-1900; www.cancer.org

American Diabetes Association

9430 Research Boulevard

Austin, TX 78759

(512) 472-9838

1(800) 676-4065; www.diabetes.org

American Heart Association, Texas

10900-B Stonelake Blvd, Suite 320

Austin, TX 78759

(512) 338-2401; www.heart.org

American Lung Association

5926 Balcones Dr., Suite 100

Austin, TX 78731

(512) 467-6753; www.lung.org

Arthritis Foundation

1(800) 364-8000; (512) 250-8260; www.arthritis.org

Capital Area Parkinson's Society

PO Box 27565

Austin, TX 78755

(512) 371-3373; www.capitalareaparkinsons.org

CaregiverU

Powerful Tools for Caregivers. A free 6-week course that provides emotional support for family caregivers. The

curriculum covers self-care behaviors (e.g., increased exercise, relaxation, and medical check-ups), management of emotions (reduced guilt, anger, and depression), self-efficacy (increased confidence in coping with caregiving demands), and use of community resources (increased utilization of local services). Classes are offered throughout the Austin area.

AGE of Central Texas

3710 Cedar St.

Austin, TX 78705

(512) 451-4611; www.ageofcentraltx.org/caregiver_u.php

GRIEF SUPPORT

The Christi Center

(512) 467-2600; www.christicenter.org

Hospice Austin

(512) 342-4700; www.hospiceaustin.org

My Healing Place

(512) 472-7878; www.myhealingplace.org

Transportation



Transportation plays a critical role in the lives of older individuals as they age and can support their ability to age in place and live independently in their homes and in the community. Resources and services are in place that can assist older adults accessing the community for daily activities and social and recreational activities. Transportation is not a one-size-fits-all service and determining what transportation services are most appropriate is important.

Public Transportation

CAPITAL METRO

Capital Metro is the regional transportation leader in Central Texas, offering over 80 bus routes and a commuter rail service, MetroRail. The agency provides bus and rail service in the Austin metropolitan area, serving the City of Austin and the surrounding communities of Leander, Lago Vista, Jonestown, Manor, San Leanna, Volente, Point Venture and portions of Travis County and Williamson County.

Reduced Fares are available to those with a Capital Metro Reduced Fare ID (formerly the Disability Fare Card). Those eligible for reduced fares include adults 65 and over, Medicare card holders, and people with disabilities.

For additional bus and rail information, call the GO Line at (512) 474-1200 or visit www.capmetro.org.

METROACCESS ADA PARATRANSIT

MetroAccess is a demand-response, shared-ride service offered by Capital Metro for people whose disabilities prevent them from riding regular bus and rail service. MetroAccess complies with the Americans with Disabilities Act of 1990 (ADA). This service is an advanced reservation system with the service area and the hours of operation dictated by the service area and the hours of the Capital Metro bus service. Reservations can be made up to 3 days in advance over the phone or up to 6 days in advance online.

As defined by the ADA, a disability is recognized, with respect to an individual, as a physical or mental impairment that substantially limits one or more major life activities. Older adults who by reason of disability are unable to use Capital Metro's fully accessible bus or rail services may be eligible for MetroAccess services. Individuals interested in becoming a MetroAccess rider must go through an eligibility process. For information about the eligibility process, to request a MetroAccess application (applications should be brought to eligibility appointments, not mailed), or to schedule an appointment, call (512) 389-7501.

For more information about the MetroAccess program, call (512) 389-7501 for eligibility and for reservations, cancellations, open returns; for Where's my Ride call (512) 852-7272.

ACCESS- A-RIDE

Access-a-Ride is a premium, on-demand service provided by Yellow Cab. It's available 24 hours a day, 365 days a year to certified Capital MetroAccess customers, including those using nontransferable mobility devices. Access-a-Ride is a cost-shared service supported by

Capital Metro but is not part of the ADA-mandated para-transit program and rides are not guaranteed. Access-a-Ride is not intended to replace federally-mandated ADA paratransit service and may not meet the transportation needs of all passengers.

Access-a-Ride gives you the freedom and independence to travel whenever and wherever you want to with no advance notice. Service is available anywhere within the Greater Austin area serviced by Yellow Cab, with no mileage restrictions. There are no limits on the purpose of a trip; use Access-a-Ride to go grocery shopping or out to dinner, for an emergency doctor visit, to attend a meeting or lecture, or to visit a friend.

You must be a certified MetroAccess customer to use the Access-a-Ride program. To join the Access-a-Ride program, call (512) 434-7712.

CARTS- CAPITAL AREA RURAL TRANSPORTATION

(512) 478-7433; www.ridecarts.com

The CARTS District is a rural/urban transit district and is responsible for transit services in a 7,200 square mile 9-county area surrounding Austin. The District includes the non-urbanized areas of Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Travis, and Williamson counties and the San Marcos urbanized area. CARTS has a regional focus on planning to operate the wide variety of community-based passenger transportation services in its District.

CARTS delivers transportation to the 169 communities it serves and provides predictable connections between these communities to the national intercity bus network, to Capital Metro services, and to the metropolitan center of the region. The service frequency in or to

the various locales range from many times a day to once a month.

CARTS buses operate from seven transit stations located strategically throughout the CARTS District (the stations are also Greyhound stations). These stations are located in Austin, Bastrop, Round Rock, Georgetown, Taylor, San Marcos, and Smithville.

CARTS also provides non-emergency medical transportation throughout its District and in Austin and the surrounding metropolitan area under an agreement with the Texas Health and Human Services Commission.

The Office of Mobility Management

The Office of Mobility Management is a partnership between CARTS and Capital Metro with the purpose of increasing connectivity among all transportation providers in the region and creating a seamless transportation network. The office focuses on closing the gaps in service by working with transit providers, non-profit transportation providers, social service agencies, and local government agencies.

The office is also a resource for transportation information for Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, and Williamson counties. The Office of Mobility Management assists customers who cannot find transportation to serve their needs in these counties and employs a Trip Planning Specialist as the primary contact for transportation information and referral.

Office of Mobility Management Contacts:

Annelese Jones

Trip Planning Specialist

(512) 369-6047; annelese.jones@capmetro.org

Michelle Meaux

Regional Coordination Planner

(512) 369-7785; michelle.meaux@capmetro.org

Drive A Senior

Drive a Senior is a volunteer-based transportation service provided by the Faith In Action Network, a nonprofit network established in 1985. Drive a Senior provides free rides to people over age 60 (age 65 in Georgetown) in 66 zip codes in Austin, Round Rock, Pflugerville, Georgetown, Cedar Park, Leander, and Elgin.

Drive A Senior – Elgin

(512) 281-6065

Faith In Action Georgetown

(512) 868-9544; www.faithinactiongeorgetown.org

Northeast Austin – Faith In Action

(512) 459-1122

Faith In Action – Drive a Senior Northwest

Austin, Leander, Cedar Park

(512) 250-5021

Drive A Senior – North Central Austin

(512) 453-2273

Drive A Senior – Pflugerville and Round Rock

(512) 310-1060; www.driveasenior.net

Drive A Senior – South Austin

(512) 445-5552

Drive A Senior – Southwest

(512) 364-6501; sw@driveasenior.org

Drive a Senior – West Austin

(512) 472-6339; Fax: (512) 472-7158

City of Austin Parks and Recreation Department

Senior Transportation is part of the City of Austin Parks and Recreation Department, Senior Programs Division. Their goal is to provide a special system of transportation to enhance the quality of life and promote independence for persons 60 years or older.

HOW DOES IT WORK?

- Services provided Monday through Friday, 8:00 am - 5:00 pm.
- Clients may make reservations 30 days in advance. Minimum 24-hour notice.
- Intake forms required.
- Drivers provide curb-to-curb service. Assistance provided when needed.

WHO IS ELIGIBLE?

- Older Adults 60+
Riders with cognitive impairments are advised to have a caregiver accompany them. Riders in a wheelchair must let the dispatcher/senior transportation staff know that they need a handicap accessible van/bus when scheduling a ride.

TYPES OF SERVICES

- Regular Routes/Lunch Program: Provides reliable service from your door to congregate meal lunch locations and back home again. FREE/\$1.00 donation optional
- Reserve-a-Ride: Choose when and where you want to go within Austin city limits.
- Errands (non-medical): Destinations include grocery store, shopping centers, bank, hair salon, etc.; \$3.00 each way/\$6.00 round trip

- **Medical Appointments:** Destinations include doctor, dentist, etc. (non-emergency appointments). \$3.00 each way/\$6.00 round trip
- **Group Travel:** Travel with friends to the Texas Hill Country, visit San Antonio, or other destinations of your choosing. Senior Transportation serves groups of 7 or more in the Austin area and 10 or more for out of town trips. Depending on your destination, fees range at a rate of \$2.00 per passenger for every 10 miles. Call (512) 974-1464 to make reservations.
- **Medical Transportation:** Medical transportation services are available for Medicaid cardholders and these services are free and can be arranged through HHSC call centers.

To inquire or schedule these services for people using Texas Health Steps and other Medicaid programs, call the Medicaid number toll free: 1-877-MED-TRIP (633-8747).

