

Caregiver's Guide

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Caregiver's Guide

12 Signs That Everything Is Not Fine	3
Medicaid and Long-Term Care Services.	4
Tips For Caring For The Caregivers	6
Financial Steps When You Lose A Spouse.....	7
How To Avoid Caregiver Burnout.....	8
9 Tech Add-Ons and Apps to Simplify Caregiving.....	9
Dental Health For Those Receiving Care.....	10
How To Stay Safe From Scammers.....	11
5 Proven Tips To Talk With Aging Parents.....	12
Navigating Disagreements In Parent Care With Siblings	13
Caregivers Are Not Alone	13
Just What Is Hospice Care?.....	14
Respite: A Period Of Rest And Relief	15

PUBLISHER
Todd M. Smith

ADVERTISING SALES
Julie Poutre, Glen Jardine,
Sylvie Weber & Brooke Dolloff

**ADVERTISING DESIGN
& PRODUCTION**
Jeana Desilets

CONTACT US
Email: news@caledonian-record.com
Phone: 802-748-8121
Web: caledonianrecord.com
littletonrecord.com
orleanscountyrecord.com

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Law Office of Jay Abramson	2
Mountain View Dental	3
Caledonia Home Health Care & Hospice.....	5
Dr. John Grisham	5
Armstrong's Better Hearing.....	6
North Country Home Health & Hospice	7
Passumpsic Financial Advisors.....	8
Craftsbury Community Care Center.....	8
Community of Vermont Elders	9
Common Man Inn & Spa.....	9
Riverside Enrichment Center	10
Littleton Area Senior Center.....	10
Greensboro Nursing Home.....	10
Care Trak Northeast.....	10
Danville Dental Group.....	11
The Riverglen House	11
NEK Council on Aging.....	12
Ammonoosuc Community Health Services.....	13
North Country Manor.....	14
Northeastern Vermont Regional Hospital.....	14
Northern Physical Therapy.....	15
The Gale Insurance Agency.....	15
Littleton Regional Healthcare	16



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12 SIGNS THAT EVERYTHING IS NOT FINE

BY MADHUSMITA BORA
CTW Features

Children of aging parents always worry about the wellbeing of their guardians. As our parents head toward their twilight years, problems such as dementia, Alzheimer's, depression become very common. There's no way of being certain when those diseases might strike, or when one should intervene and assume the role of a complete caregiver.

Most elderly couples like the independence of living by themselves and not being dependent on their offspring. They often resist efforts to changing their lifestyle or living space. They put up a brave front in front of their children and often are good at masking any worrisome health issues. Although it's nice to give them their freedom, it's also wise to be alert for evidence, which indicate that they might be incapable of independent living.

Here are 12 signs to look for before intervening:

1. Appearances

One of the first signs is when they forget daily routines such as bathing, brushing or wearing inappropriate clothes. Any of that could indicate depression, dementia or physical illness. If they are stressed and overworked, find out what's going on.

2. Home Upkeep

If the house is messier than usual, there's dust everywhere, the yard is unkempt, dishes piling up in the sink, it maybe a sign that all isn't well.

3. Driving

Look for tell tale signs in the car, said Amy Goyer, AARP expert in aging, multigenerational issues and family caregiving. There might be nicks and dents that tell a story. "It's not OK if your mom gets four speeding tickets in a week," Goyer said. "If they are having trouble backing their car from the driveway and are hitting the mailbox, it could be indicative of visual and cognitive impairment."

4. Finances

One of the most important indicators is when people forget to pay their bills. If there's repeated missed payments, and financial discrepancies, it's time to take over. Keep an eye also on mounting credit card

debt or overpaid and underpaid bills.

5. Vulnerable

If scammers dupe your loved ones, it's a worrying sign. Screen for telemarketing calls and keep track of how they are spending their money.

6. Health issues

If there are health issues one after the other and the doctor visits become frequent, it's a good reason to intervene.

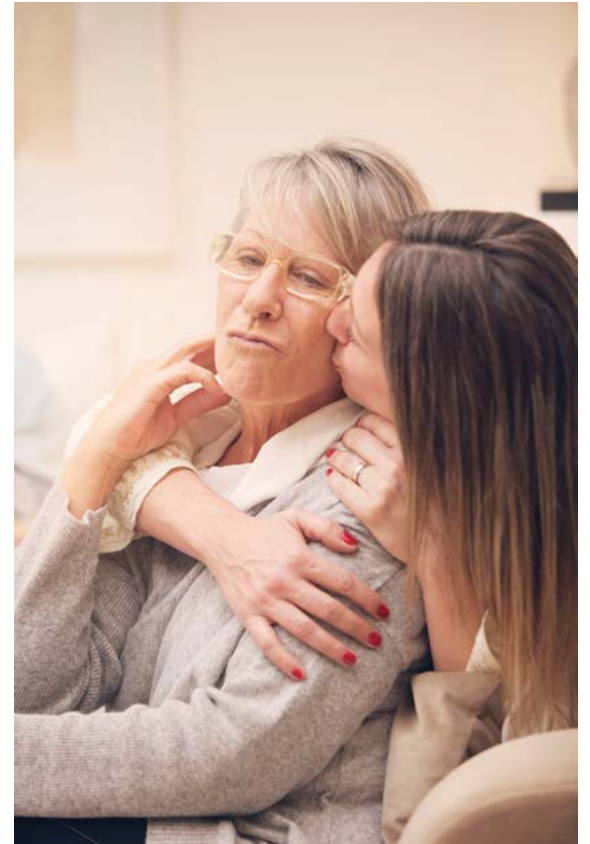
7. Memory loss

Modest memory loss is common with aging and because of medication side effects. But, if your parents are forgetting simple words while speaking, losing themselves in familiar neighborhood, or having difficulty following directions, it's time to be concerned. "If they are opening mail in strange places such as the bathroom, and not keeping up with the knitting basket, you might want to figure out what's going on," Goyer, AARP expert in aging, multigenerational issues and family caregiving, said.

8. Sudden drop in weight

If your parent or parents are losing weight without effort or sickness, that's a sign. Weight loss could indicate that they prob-

12 Signs continues on 5



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MEDICAID AND LONG-TERM CARE SERVICES

- COMMON MYTHS AND MISCONCEPTIONS

BY JAY C. ABRAMSON

Law Offices of Jay C. Abramson

There is so much fear and anxiety surrounding aging and the possible need for long term care services, especially on your financial security. This often leads to believing all the horror stories that swirl around casual conversations whether at work, the local diner or at a senior meal site. Some think they will lose their home. Others are certain you have to spend every last penny before getting any help in paying a nursing home bill. Still others believe children will have to pay for their parents' care. Here are some of the facts to help ease these anxieties.

Medicare may pay for limited coverage. Medicare (to differentiate from Medicaid) will pay up to 100 days in a nursing facility following a 3 day hospital stay and a medically determined need for skilled nursing care such as physical therapy, occupational therapy or special administration of medication. However, after 100 days if you do not have long term care insurance you either have to pay your way or qualify for assistance through Medicaid.

Medicaid is a health insurance program for certain low-income people. These include: certain low-income families with children; aged (65 and older), blind, or disabled people on Supplemental Security Income; certain low-income pregnant women and children; and people who have very high medical bills. Medicaid will generally pay for certain health services, including long term care services such as home care, and nursing home care for those with modest incomes and limited resources.

An individual needing long term care must go through an evaluation with a state Medicaid assessment specialist in order to determine a need for care. If the individual fails to meet the minimum level of care needed to qualify for that State's Medicaid coverage, then no Medicaid help is forthcoming.

A need for skilled nursing care will automatically medically qualify a person. Skilled care must be needed on a frequent basis. Examples of skilled care might include the need for: frequent monitoring of vital signs, wound dressing changes, maintenance of mechanical ventilation equipment, maintenance of a catheter, help with elimination problems, maintenance of IV administrations, careful monitoring of medication usage, managing colostomy problems, careful supervision of severe diabetes, frequent injections, maintaining a feeding tube and many more problems requiring the skill of a nurse or doctor.

You need to be broke to qualify for Medicaid - MYTH. There is both an income and an asset test to qualify for Medicaid long term care services. In general, the income test is

"There are numerous planning strategies to transfer or protect a personal residence in order to avoid a transfer for less than value or to avoid Medicaid recovery against the home."

Jay C. Abramson

Law Offices of Jay C. Abramson

met when you are in a nursing home and your monthly income cannot cover the cost. Currently in the Northeast Kingdom, the costs range from around \$7,800 to \$9,000 per month. Medicaid helps needy individuals pay for long-term care, but you do not need to be completely destitute to qualify.

States are required to allow nursing home residents with spouses living in the community to retain a certain amount of income for the support of the community-residing spouse. This set-aside for the healthy spouse at home avoids impoverishing that spouse instead of using all of the household income and resources for nursing home costs. In 2017, Vermont set the income limits for this spousal allowance at \$2,030 per month. The community spouse whose income is below this amount may get their spouse's income to reach the spousal allowance. In limited cases the healthy spouse may receive an additional excess shelter allowance if household maintenance costs are above certain predetermined limits. In no case may the monthly income allowance exceed \$2,931 a month.

An individual needing Medicaid nursing home care must have assets less than \$2,000. When one member of a couple needs care in a nursing home, the healthy member can have countable resources of \$120,900 in 2017 (these amounts change annually). Generally, resources are anything that can be converted to cash to pay for nursing home care.

Certain assets are not counted by Medicaid towards the less than \$2,000 asset limit. The following are some of the exempt assets.

- Personal possessions, such as clothing, furniture, and jewelry
- Motor vehicles are excluded, regardless of value, as long as it is used for transportation of the applicant or a household member. However, a truck is not considered a motor vehicle unless it is the only means of transportation for the household.
- The applicant's principal residence, provided it is in Vermont if you are applying for coverage in Vermont
- Prepaid funeral plans, up to a \$10,000 value are not counted
- Assets that are considered "inaccessible" for one reason or another – like jointly held real estate where the other owner does not want to sell
- Assets that are used as income producing property or property used in trade or business

A home with equity value as measured by your property tax assessment of more than \$543,000 is not exempt and must be counted as an asset to qualify under the asset test. This rule does not apply if the Medicaid applicant's spouse or another dependent relative lives in the home.

I can give away up to \$14,000 a year under Medicaid rules - MYTH. You can give away up to \$14,000 a year without incurring a gift tax. Under Medicaid law, a gift of \$14,000 or any other significant amount could trigger a penalty period if it was made within the five-year look-back period. This is the length of time that Medicaid looks at your bank and financial records.

To qualify for Medicaid, you should transfer your money to your children - MYTH. Medicaid law imposes a penalty on people who transfer assets without receiving fair value in return. This penalty is a period of time during which the person transferring the assets will be ineligible for Medicaid, and the length of the penalty period is determined, in part, by the amount of money transferred. The state will look at all transfers made within five years before the application for Medicaid. That doesn't mean that you can't transfer assets at all – there are exceptions (for example, applicants can transfer money to their spouses without incurring a penalty). However, before transferring any assets, you should talk to an elder law attorney.

A number of people who eventually need Medicaid assistance have gifted cash or cash-equivalent assets to their children or other members of the family either inadvertently or deliberately prior to applying for Medicaid. Any transfer for less than value, whether it is a gift or at a reduced purchase price, is subject to a penalty from Medicaid at any time during five year/60 months from the date of the gift. The penalty is calculated by dividing the less-than-value amount of the transfer by the average daily Medicaid nursing home cost which is currently \$342.04 per day.

As an example, suppose John transferred \$500,000 into an irrevocable trust or directly to his children to his children four years before needing nursing home care. He received nothing in return. Now John needs long term care in a nursing home and applies for Medicaid. Because he is applying for Medicaid inside of the 60 month look back period for assessing a penalty, he will not qualify for Medicaid assis-



tance until the penalty has been satisfied. John has two options. He can have his children return the \$500,000 and do away with the penalty or he can accept the penalty and have the children pay it out of the gift or trust. It's important to note here that the trust cannot be set up to pay John's costs nor can there be any formal verbal agreement for the children to do so. Such arrangements invalidate the gift represented by the trust and Medicaid considers that the money was never out of John's control and therefore he must spend it all down prior to receiving Medicaid, regardless of the trust.

The penalty is calculated by dividing the \$500,000 by the Medicaid penalty rate which is \$342.04 a day. The result is a period of 1,462 days, or approximately 48 months from the date of application for Medicaid long term care. John must pay for his nursing home cost out of his own pocket before Medicaid will start helping him cover the cost. When John transferred the assets he started the clock ticking on what is called "the look back." After the look back has been met, Medicaid cannot assess a penalty.

It is interesting to note in this example that had John waited one more year before applying for Medicaid, he would not have incurred a penalty of 4 years from Medicaid. If John were anticipating Medicaid within five years, it was foolish for him to create a 4 year penalty with the gift. He should have looked for some other solution if he thought his plan would include taking care of the penalty.

Transferring a Personal Residence

There are numerous planning strategies to transfer or protect a personal residence in order to avoid a transfer for less than value or to avoid Medicaid recovery against the home. Medicaid planning specialists understand the rules for doing this.

Transfers of the home may also be made under certain conditions without Medicaid penal-

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Continued from Page 4

ty. Here are those exceptions.

- transfer to the applicant's spouse
- transfer to a child who is under age 21 or who is blind or disabled
- transfer into a trust for the sole benefit of a disabled individual under age 65 (even if the trust is for the benefit of the Medicaid applicant, under certain circumstances)
- transfer to a sibling who has lived in the home during the year preceding the applicant's institutionalization and who already holds an equity interest in the home
- transferred to a "caretaker child," who is defined as a child of the applicant who lived in the house for at least two years prior to the applicant's institutionalization and who during that period provided care that allowed the applicant to avoid a nursing home stay.

It is important to note that even though a transfer of the home to the community spouse out of the name of the Medicaid beneficiary is an exempt act, the transfer of the home from the community spouse to

anyone else while the beneficiary is receiving Medicaid is considered a gift for less than value. Doing so will disqualify the nursing home spouse for Medicaid coverage.

However, in Vermont you may deed the property to someone else as long as you retain the right to live in the house (a life estate) and the right to sell the house. Medicaid does not consider this a gift of the house since all rights while the person is alive are retained by the applicant for Medicaid.

Medicaid for long term care is a very complicated program. Before you take any actions with your home or savings seek advice from an elder law attorney.

Jay C. Abramson opened the Law Offices of Jay C. Abramson in St. Johnsbury in 1995.

In May of 2005, Jay became a Certified Elder Law Attorney by the National Elder Law Foundation. He provides counseling and represents special needs, older persons and their representatives about the legal aspects of health and long-term care planning, public benefits, surrogate decision-making, and older persons' legal capacity.

12 Signs

Continued from Page 3

ably are not eating well. It could be a sign of waning energy that they are struggling with chores around the kitchen and cooking. It could also indicate a serious health issue such as depression or cancer.

9. Unsteady walk

Lookout for unsteady gait, frequent falls or difficulty and reluctance to walk usual distances. It could be indicative of the onset of arthritis, knee issues, muscle weakness or joint pains. If they are unsteady on their feet, you might want to get them an aid such as a cane or walker. Falling can cause major disabilities in older adults.

10. How's that mood?

Be receptive to any changes in mood demeanor. If they are sad and anxious without a valid reason, seek help.

11. Isolation

Missing social interactions can also be an indicator for a health problem. When older adults are depressed, they stop going to church, hanging out with their friends or

attending their bridge club. Keep an eye on their social interactions and activities for any change out of the norm.

12. Communication patterns

Be alert for a change in communication patterns. If they are communicating less or more than they used to, it might be a red flag.

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TIPS FOR CARING FOR THE CAREGIVERS

BY JILL KIMBALL

Ammonoosuc Community Health Services

Stacey Benning loves summer. This year, she had a long list of places to explore with her kayak - until she received a call that her 76-year old mom, Rose, was wandering her neighborhood in a night gown.

Stacey took the next flight to Charleston, NC where her mom's once tidy home was in disarray. "Dishes were piled high, there was expired food in the fridge, and ants were everywhere!", recalled Stacey. Rose, once a hospital adminis-

trator was disheveled and confused. "Her medications were messed up. She had no idea, what she took or when." A trip to a primary care provider confirmed that Rose had dementia. Over the next week, Rose was stabilized and seemed better. But what about the future?

"Take a break and give yourself down time.

Share responsibilities. Accept help. Remember to care for yourself first so you can better care for others."

— Jill Kimball

Ammonoosuc Community Health Services

Stress of always being "on" takes its toll

Since there was no family nearby, Stacey moved Rose to New Hampshire so she could care for her. This was no easy task. Stacey, lives alone and works a full-time job at a large retail chain. To make matters more difficult, she is also battling skin cancer.

"Just getting my mom transitioned to the move was hard enough. Never mind, that I need to physically care for her." After a few weeks of unpaid Family/Medical Leave, Stacey needed to return to work. The stress of constant caregiving and her own medical concerns began to take its toll. "I just need a break." Stacey said recently. "I'm constantly worried. Not just for my mom, but for my own health, too." Stacey wants to do what's best for her mother. "I'm happy to care for her. But, I just don't know if I'm equipped."

Nearly 30% will have to care for their parents – the key to success is balance

Stacey is not alone. It is estimated that 28% of American's with parents still living will need to support their aging parents. How can caregivers properly care for those they love and still care for themselves? The answer, according to ACHS Family Care Physician, David Nelson, DO is in balance.

Dr. Nelson sees a panel of area residents that includes geriatric patients and those who care for them, including Rose and Stacey. "We all want to do what's right for our loved ones, but it can't come at a cost to our own health. Caregiver burn out is a real thing. We need to utilize existing resources, and develop creative options to help us stay in balance."

5 Tips to help with caregiver Burn-out

- Gain understanding. Knowledge is power – Speak to the patient's primary care provider and their pharmacist to better understand their diagnosis, and their prescriptions. Stacey also reached out to a ACHS Patient navigators for resources.

- Build outside relationships – Lean on friends and family. Find a caregiver support group. Schedule an appointment with a therapist so you'll have a safe place to vent your concerns and frustrations.



- Find resources – Compile a list of resources such as visiting nurses, Adult Day Programs and Senior services. Speak with your HR department to understand your benefits and Employee Assistant Programs where offered.

- Utilize technology – There are a variety of caregiving apps., including medication management, chronic illness maintenance and even transportation Check out: AARP, Balance, Elder 411 and more.

- Schedule time for you – Take a break and give yourself down time. Share responsibilities. Accept help. Remember to care for yourself first so you can better care for others.

Now that Stacey's mom is settled in her new home, Rose is stronger and can visit the senior center a few times a week. Stacey uses her smartphone and a video app to monitor mom while she works, and relies on a neighbor for check ins. Stacey also started seeing a therapist once a month, and schedules a kayak night once a week. According to Stacey, "It helps me maintain balance ... and my health and wellbeing!"

Jill Kimball, APR, is the Community Relations Manager at Ammonoosuc Community Health Services, Inc. in Littleton, NH. She works with organization's primary care and behavioral health providers, pharmacists, nutritionists and patient navigators to deliver ACHS's message to their 10,000 patients and the community. For more information on ACHS visit: ammonoosuc.org

*The names of those in this story have been changed to protect their privacy



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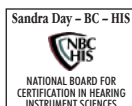
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STEPS TO TAKE

Locate documents. Locate important documents: spouse's will, estate planning documents, insurance policies, bank and brokerage statements, stock and bond certificates, deeds, Social Security number, birth and marriage certificates, and certified copies of the death certificate.

Tracking & filing system. Keep track of the details, set up a system to record incoming and outgoing calls and mail. Make a list of the names and phone numbers of the people and organizations you're dealing with and post it in a central location. Create a filing system for important documents and correspondence with separate folders for different topics—government benefits, tax information, bank records, etc.

Estate. Seek help from an attorney, accountant, and/or financial and tax professional. Bring someone with you to help process information. An attorney can review your spouse's will, estate planning documents, start estate settlement procedures, etc. If you're named executor in the will, you're responsible for carrying out the terms of the will and settling the estate, which means following legal and administrative procedures to make sure that all debts of the estate are paid and that all assets are distributed correctly. A tax professional can help file tax returns. A financial professional can help by reviewing your financial situation and identifying any retirement and survivor's benefits that may be available.

APPLY FOR BENEFITS.

- Life insurance — Benefits aren't automatic;

you have to file a claim for them. This should be one of the first things you do. (Contact your insurance agent or company directly)

- Social Security Administration — Contact to see if you and/or your dependent children are eligible to file a claim for retirement, survivor, or death benefits.

- Employers — Contact your spouse's most recent and past employers to find out if you are eligible for any company benefits. If your spouse was a federal, state, or local employee or in the military, you may be eligible for government-sponsored survivor's benefits.

Update account names. Contact financial institutions to change account names and/or update contact information.

Short-term expenses. You have immediate expenses to take care of, such as funeral costs or debts. If you're waiting for insurance proceeds or estate settlement money, you can use credit cards for certain expenses or you can negotiate with creditors to allow you to postpone payment. Make sure you have a credit card in your name. Order a free copy of your credit report and review it for accuracy.

Avoid hasty decisions. Find out where you stand financially before you make any large purchases, sell property, or loan money to others.

MOVING AHEAD

After the initial legal and financial matters are taken care of, work with a financial professional who can help you by:

- Suggesting ways to invest any life insurance proceeds or estate settlement money you receive
- Calculating your net worth by identifying your assets and liabilities, giving you an understanding of how you'll meet your short- and long-term spending needs
- Establishing a budget by looking at your monthly income and routine living expenses
- Helping you update beneficiary designations on your life insurance, retirement plan, IRA, employee benefits, annuity, etc
- Reviewing your investment portfolio at



Dirk Elston



Lyn Tober



Michael Worden

least annually

- Updating your estate planning documents (will, trust, power of attorney) to reflect your circumstances and your wishes for disposition of the marital estate (gifts to children, charities)

- Updating your insurance coverage to reflect your new circumstances

Make sure the financial professional is responsive to what you say you need, not what they think you want. Don't be afraid to ask questions. Make sure you understand all your options before making important decisions.

For more information, visit www.passumpsic-bank.com/investments or give us a call at 802-751-4335. Dirk Elston, Infinex Financial Consultant, member of the Passumpsic Financial Advisors team, has over 21 years of experience in the financial services industry. Lyn Tober, Infinex Financial Consultant, Member of the Passumpsic Financial Advisors team, brings over 16 years of experience in the financial services industry. Michael Worden, Infinex Financial Consultant, Member of the Passumpsic Financial Advisors team, brings over 2 years of experience in the financial services industry.



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How To Avoid CAREGIVER BURNOUT

BY MADHUSMITA BORA
CTW Features

Caregiving is a fulfilling experience, but it also can be physically, mentally and

emotionally daunting.

Caregiver burnout is real. The sooner it's recognized and addressed the better it is for the recipient and caretaker. Valuing the Invaluable, a 2015 study on caregiving by AARP, found that more than 55 percent of

caregivers felt overwhelmed by the amount of care their family member needs. Caregivers of older adults experience depression, anxiety and greater severity of physical health symptoms such as sleep problems, pain and exhaustion.

"These caregivers are feeling the crunch between work and other responsibilities," said Amy Goyer, AARP family and caregiving expert and author of "Juggling Life, Work and Caregiving" (American Bar Association, 2015). "The average care-

giver spends 18 hours per week caring for their loved ones. It's like having another job and they are getting pulled in multiple directions," Goyer says.

She is among 40 million Americans who care for a loved one. She has cared for grandparents and a sister, and is currently taking care of her 92-year-old father, who has Alzheimer's disease and lives with her. She says most caregivers get so immersed, juggling life, work, family and caring for a relative, that they just forget about themselves.

"We take care of ourselves less because we think everyone else is more vulnerable than we are," Goyer says. "We keep going and then we get wiped out."

The burnout problem extends to new mothers, too.

"Newborns need an intensive level of care that's not possible by one person," said Kellie Wicklund, a Philadelphia-based licensed professional counselor for private reproductive health. "And the mother is in such a state of neglect that she starts to go into postpartum depression and anxiety within a couple of weeks of intensively caring for babies."

Some signs of caregiver burnout are: physical fatigue, lack of motivation, lack of identity, substance abuse, detachment

from family, lack of sleep, isolation and a surge of negative emotions.

If you have one or more of those symptoms, here are some tips for recharging and self-care:

- Get help: Seek professional counseling. Life coaches and grief counselors can be of immediate help. If you are experiencing extreme sadness and indulging in suicidal thoughts, contact the National Suicide Prevention Lifeline at 1(800)273-8255 or www.suicidepreventionlifeline.org

- Start accepting offers of help: Let your friends and extended family help out with the duties. Have someone clean the yard, run to the store or run errands while you spend quality time with the care recipient or by yourself. Goyer says she hires a concierge for a wide variety of tasks so she's freed up to just care for her parents.

- Be on top of your finances: Work with employment and financial counselors. Explore work from home or part-time and flexible work options. Figure out if you should disclose your caregiving situation with your employer. Often times, bosses are sympathetic and may be OK with you leaving work early to make to that doctor's appointment.

Burnout continues on 9

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9 Tech Add-Ons and Apps to Simplify Caregiving

Here are some of the best gadgets and apps that simplify caregiving:

- 1. Evernote: This cross-platform app acts like your digital file cabinet. You can use it for note-taking from the doctor, daily journal, storing prescription data or medical record.
- 2. Balance: Designed for Alzheimer's caregivers, the app allows family members to be in touch through the chat feature, helps manage medications among caregivers, and gives access to RSS feed with the latest Alzheimer's and caregiving news. It also allows caregivers to notify doctors on any mood or behavior changes in the patient.
- 3. CareZone: Like Evernote, this is the one stop for caregivers to organize and coordinate with families and doctors. Users can create a care profile and have loved ones join in as helpers by uploading photos and dosage information



- on medications, grocery lists etc. in a shareable task list. The app also helps to manage calendars, appointments, medication and contacts. It has a medical toolbox that sends reminders about medicine times etc.
- 4. Facebook or messenger group with friends and families could also simplify communication between family members.
- 5. Wireless doorbell: These are useful gadgets to have with the patient while you are away in another room. If they need your help, you are just a bell away.
- 6. Baby monitors with video and or audio: These monitors help keep eye on babies and can also be used to supervise older adults.
- 7. Motion sensors: You can install them in a certain

perimeter beyond which you wouldn't want the care recipient to venture out.

8. Install digital locks in your home so caregivers can enter with access codes. You can have video surveillance on your phone or laptop so you can unlock the door for them.

9. AARP caregiving app: This app helps families organize important information about a care recipient and coordinate between themselves and caregivers about tasks, appointments and medications.

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Burnout

Continued from Page 8

- Form a village: Connect with other caregivers. Sometimes just talking to someone else in a similar situation could help relieve stress or help you gather insight on how to address a problem. You could even share services with another caregiver.
- Build a team: Sometimes family doesn't come forward to help. In that case, get an outside mediator to work out a solution. Maybe someone respected by the family. Build a pool of people who will step in when you can't.

• Take breaks. It's not selfish – it's practical to set aside a few hours for yourself to go to the movies, go for a drive or just a quick weekend getaway.

“What's important is to find good support and recognize your own suffering,” Wicklund says. “Put your own care back on the table, take a planned break, go to your doctor's appointments or to the gym, and eat and sleep well.”

There's also the option of finding full-time or part-time work and hiring someone else for the job.

“Taking care of someone round the clock, day after day, is not for everyone,” she said.

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DENTAL HEALTH FOR THOSE RECEIVING CARE

BY ANGIE SIMINO
Mountain View Dental

As a Caregiver, you may have to assist or even take a hands-on approach to dental care. It's important to point out that when caring for someone's overall health, their dental health is often just as critical. Preventing infections, dental pain, and other oral complications can help to improve or maintain a person's quality of life.

For those with their natural teeth, it is ideal to brush twice daily (or at least once a day) using a soft bristled toothbrush. If a person is unable to brush on his or her own, a power toothbrush may be a helpful tool in many cases – though it will likely take some practice when you start using it on someone else! If the person is able to spit after brushing, fluoride toothpaste is a great choice. For individuals with swallowing problems (or those unable to spit), brushing with water is also an option.

Thoroughly removing plaque and germs from all surfaces of the teeth promotes gum health and helps prevent cavities. Flossing (or using other interdental tools) to clean between the teeth every day cleans where a toothbrush can't reach and is extremely important in preventing decay.

Dentures require special care to keep them clean, free from damage, and fitting well. Dentures need to be cleaned every day and should be removed overnight. They should be brushed with a soft bristled brush that is designed for dentures. Don't use regular toothpaste to clean dentures- it is likely too abrasive and may cause damage. You can use mild dishwashing liquid to clean them if commercial cleaners are not available. When you are cleaning dentures, do so over a towel. This can prevent breakage if they

"Regular dental examinations can help to identify problems before they cause unnecessary pain."

— Angie Simino
Mountain View Dental

drop in the sink or onto the floor. If dentures do not fit well, be sure to visit your dentist. Ill-fitting dentures can cause sores and can lead a person to stop eating from discomfort.

We all need saliva to moisten and cleanse our mouths, and to digest food. Dry mouth can be caused by medical conditions, as a side effect of many medications, or from certain medical treatments (such as chemotherapy or radiation treatments for cancer). Dry mouth can cause discomfort and lead to a dramatic increase in dental decay over a short time. Over the counter moisturizing products are available, as are fluoride rinses which help prevent cavities when used consistently.

Regular dental examinations can help to identify problems before they cause unnecessary pain. In addition, professional cleanings are necessary to maintain natural teeth and avoid gum infections or gum disease.

A great resource for Caregivers, "Dental Care Every Day: A Caregiver's Guide" can be found online on the website for the National Institute of Health at:

<https://www.nidcr.nih.gov/oralhealth/Topics/Developmental-Disabilities/DentalCareEveryDay.htm>

Preventive measures go a long way when it comes to dental health, leading to better overall health.



Angie Simino, RDH is the Practice Manager of Mountain View Dental in Whitefield, NH. She has practiced as a dental hygienist for over 16 years and has been with Mountain View Dental since 2004.

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How To STAY SAFE FROM SCAMMERS

BY MARICHEL VAUGHT AND NANCY METZ
Community Of Vermont Elders

We're all aware of scams and fraud. We know it happens everyday. Many of us receive a scam phone call or email daily. Being targeted for a scam has almost become the norm — we've become so used to it. Although it is almost impossible to stop a scam from happening, it is 100% preventable. What we need to do is stay vigilant, know what the latest scam tactics are and report.

Scams are always evolving and advancing. For those who rely on caller ID, now beware of caller ID spoofing, where the scammer can mask their phone number and make it show on your caller ID a trusted local number. In April, some patients from Northeastern Vermont Regional Hospital were receiving phone calls telling them they were behind on hospital bills and were required to pay them immediately with a credit card. The name of the hospital appeared on the patients' caller IDs, so why shouldn't they believe them? Know this: Hospitals and utility companies will never require you to pay a bill over the phone with a credit card. If you are in doubt, call the hospital or utility company directly using their official telephone number that can be found in a directory —not the one that popped up on your caller ID.

According to the Office of the Vermont Attorney General, once someone has been a victim of a scam, or loses money due to a scam, that money is gone. It is virtually impossible to get it back. What we can do is continue the vigilance and conversation around scams and frauds to protect ourselves and our vulnerable loved ones. The Community of Vermont Elders, who provides education and advocacy for older Vermonters, has collaborated with the Vermont Area Agencies on Aging, FAST of Vermont, the Office of the Vermont Attorney General, Vermont Department of Financial Regulation, Vermont Legal Aid, the Vermont Center for Crime Victim Services and AARP to streamline the reporting process for someone who has received a scam call or has become a victim of a scam or fraud. The phone number to call if you need help due to scams or fraud is 211. By calling 211, you can get the help you need for the type of scam you've been victim to. Even if you have not lost money but are receiving new types of scams, report it. These new scams can then be placed on the Scam Alert system that was launched earlier this year by the Office of the Vermont Attorney General. The system warns those subscribed to it of the latest scams circulating the state. To sign up for these scam alerts, visit consumer.vermont.gov.

There are several types of scams to be aware of out there — from the ones coming in by phone to pop-ups on your computer, to claims of sweepstakes winnings and giving to fake charities, from scammers posing as loved ones requesting financial help to scammers taking advantage of people on dating sites. The Community of Vermont Elders offers presentations and discussions on the latest scams and fraud with their latest program Building Bridges to Services for Older Vermonters, including how to protect yourselves, how to report and how to recognize if someone you love has be-

come a victim. If you are interested in scheduling a presentation for your organization (no group is too small), please contact Marichel Vaught at Marichel@vermontelders.org or 595-9872.

Marichel Vaught, on left in photo, worked with Meals on Wheels of San Francisco and other non-profit organizations. She also works for The Bridge newspaper in Montpelier. Nancy Metz lives in West Newbury, Vt. She came out of retirement to work on Building Bridges. Prior to retirement she had held management positions in healthcare and social service organizations. For more information or to schedule a training, call 802-229-4731 or e-mail Marichel@vermontelders.org, Kelly@vermontelders.org or Nancy@vermontelders.org. Also learn more at <https://vermontelders.org/>.



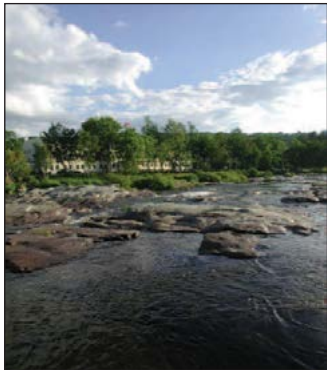
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5 PROVEN TIPS TO TALK WITH AGING PARENTS

BY JULIA HASKINS
CTW Features

As our parents get older we're forced to come to terms with some harsh realities. Our parents may be struggling with health issues or they may feel overwhelmed running their own households. Whatever the situation, we want to help our parents lead their best possible lives. And that often means having tough conversations.

Nobody wants to have conversations with their parents about difficult subjects such as end-of-life care. It's never easy, but you can work with your family to make an uncomfortable situation more manageable.

1. Consider the Setting
When, where and how a dis-

cussion takes place can make all the difference. Think about how you want the conversation to play out and what factors will promote a successful outcome.

For example, a holiday probably isn't the best time to hold a serious conversation, says Nancy Batchelor, Associate Professor of Clinical Nursing at the University of Cincinnati College of Nursing. She suggests picking a low stakes event when family members are gathered in one place, such as during a weekly meal.

Every family is different, with their own communication preferences, says Ruth Drew, Director of Family and Information Services at the Alzheimer's Association. Some families may opt for a formal meeting, while others may prefer a more casual setting, like a discussion over coffee at home.

2. Be Honest

It may seem kindest to sugarcoat tough subjects, but this approach will only hold you and your family back from progress. Be honest about what you hope to accomplish. Do you want to talk to your dad about assisted living? Do you think that your mom should consider getting a live-in nurse? Being upfront is key, especially if the topic is uncomfortable to discuss.

"It all goes back to honesty and being respectful," Batchelor says. "[Make] sure that they understand that you're not trying to run their life but you really need to know what they want and how they want to deal with this."

Children need to be completely transparent in the points they want to get across, says Daniel Swagerty, Associate Director of the Landon Center on Aging at the University of Kansas Medical School. Explicit



communication is necessary to make progress.

Subtleties and general statements "may be hard for the older adult to actually access," Swagerty says, and prevent them from fully engaging in the matter at hand.

3. Be Respectful

Respect also means being mindful of the way you speak with your parents. It can be awkward to take on a role reversal by suggesting what your parents should or should not do, but refrain from talking down to them or using infantile language. This is particularly critical if your parents have some form of dementia.

"It's really important to recognize that people with Alzheimer's disease and other dementias are not children and they deserve all the respect that their life and experience has afforded them," Drew says.

4. Provide Options

When talking to your parents about major lifestyle changes, remember that they may

be feeling sad or anxious. You can acknowledge the hardships they're facing while also offering a silver lining.

For example, giving up the car keys can be heartbreaking for someone who has been driving for most of his or her life. But there are ways to ease the pain. Drew suggests framing life changes as gains rather than losses. Perhaps you can hire a driver for your parent who can no longer get behind the wheel. Or maybe this presents the perfect opportunity to take a trip by plane or train.

"It is typical for [older adults] to retain a sense of self even into the very late stages," Drew says. "That's a strength for them. We want to honor and respect that but also capitalize on those strengths."

In that same vein, children must be able to recognize the situations in which their parents can safely exercise their own decision-making, Swagerty says.

"The older adult should still

be afforded some deference if they can make those decisions," he says. "That takes some open communication."

5. Seek Outside Counsel

If the conversation isn't going in a productive direction it might be best to bring in objective counsel. A lawyer, caregiver or other mediator who specializes in elder issues can help your family determine the best course of action.

Batchelor recommends seeking out a lawyer who deals with older adults to ensure that legal documentation and other nitty-gritty items are dealt with properly. Having outside counsel can also help you facilitate a cut-and-dry conversation.

"Discussing the topic in terms of having your affairs in order is a great thought because it's one-two-three – What do we want to do here? It can be finances, who owns the house and how are we going to deal with turning that over if need be?" Batchelor says.

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- ★ Volunteers, such as Senior Companions, support those who are caregivers.
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CAREGIVERS ARE NOT ALONE

BY NANCY OAKES
NEK Council On Aging

"Caregivers need to be realistic about what they can and cannot do. But the bottom line is: No one has to do it alone."

— Nancy Oakes
NEK Council On Aging

Caring for family, neighbors, and even friends starts naturally. Simple gestures of support can include acts of kindness such as taking someone you know grocery shopping or giving him or her a ride to the doctor or spending time driving your grandchild to school activities. As time moves on, though, life's needs often grow complex, and so does your commitment.

We at the Council on Aging know all too well the impact of caregiving on the caregiver because frequently they put the needs of others way ahead of their own and turn to us when they have run out of steam. We'd like to help change that path of inevitability. To work with us early on is to take a pro-active approach that will help both you, as the caregiver, and your loved one, enjoy a more stress-free experience.

Here are just some of the ways in which we can support you with care:

- Friendly interaction with a Meals on Wheels driver who brings fresh, nutritiously prepared food to your loved one's doorstep

- A Senior Companion who can provide company for your family member or friend while

you take some time to take care of yourself

- Free health-insurance counseling with our Medicare counselor that could help save money on prescriptions

- Respite grants that you can use for yourself on everything from a massage to a mini vacation or just a series of dinner-and-a-movie nights out

- A case manager to help you manage more complex care when life gets more complicated

- Workshops on how to care with a loved one through all six stages of dementia

- The resources that come from learning there is a support group

- Classes on self-care to help you take better care of yourself.

The truth is, caregivers need to be realistic about what they can and cannot do. But the bottom line is: No one has to do it alone. At the Family Caregiver Support Program, we coach you on how to build a care team; how to take a break from the routine of care without feeling

guilty; why you need to eat well and exercise, and how to do it; where the social support networks are and what valuable insight our clients have gained from participating in them, and most important of all, making sure you schedule an annual wellness visit to your primary care physician.

In my fifteen years working to support family caregivers, I've noticed many need encouragement to care for themselves. They often feel guilty if they take a break. In our Powerful Tools for Caregivers classes, they learn to let go of that guilt. They realize they will become a better caregiver if they do pleasurable things for themselves on a regular basis.

All of us at the Council on Aging are educated and experienced in helping you take care of you and finding the supports you need to help those you care for. Assistance can begin as quickly as a phone call to our Senior HelpLine: 800-642-5119 or an e-mail: info@NEKCouncil.org.



Since 2002, Nancy Oakes has been the Council on Aging's Family Caregiver Support Program Director.

How To Navigate Disagreements In Managing Parent Care With Siblings

Deciding on a parent care plan can get complicated when siblings are involved. Emotions tend to get heated when making decisions about loved ones, and everyone wants their voice heard when it comes to their parents' health and happiness. Here's how you can make sure that everyone's opinions are respected while keeping your parents' best interests in mind:

1. Set an Agenda

Keep everyone on topic by setting an agenda before the conversation. Figure out what you hope to accomplish and the steps you'll take as a family to get there. You can always circle back to tie up any loose ends.

2. Meet All at Once

Important points can get lost in translation if all siblings aren't present for the conversation. Avoid this outcome by meeting in person. Also be sure to keep a record of the points



discussed so that there's no confusion about what was actually said.

3. Embrace Individual Opinions

Your parents' welfare means a lot to all of your siblings, even if you each have different ideas about a plan of care. Prevent

one sibling from dominating the conversation by giving everyone a chance to speak and offering thoughtful feedback. And as is the case with any potentially thorny conversation, never hesitate to bring in a mediator who can keep family members in line.

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Just What Is Hospice Care?

BY KAREN WRIGHT, MSW

North Country Home Health
and Hospice Agency

Hospice care started as a volunteer movement in the 1960s in which Dame Cicely Saunders opened the first hospice in the United Kingdom. Saunders introduced the philosophy of hospice care to the United States during a visit to Yale University and the first hospice was opened here in 1974 in Connecticut.

Congress made hospice a permanent part of the Medicare benefit in 1986. Over 6,000 agencies now provide hospice care to their communities in the United States.

Hospice is a patient centered philosophy of care. Interdisciplinary team of professionals and volunteers provide compassionate care for individuals facing a life limiting illness. Hospice is not a "place," as care is provided to individuals and their caregivers regardless of where they may call home. Private homes, hospitals, nursing homes, assisted living and group homes are examples of where hospice may be provided.

Hospice care focuses on quality of life and provides support to the patient and their caregivers in achieving their goals and wishes. A compassionate team of physicians, nurses, social

"The decision to elect hospice care is difficult and deeply personal for the individual and their loved ones."

— Karen Wright

North Country Home Health and Hospice Agency

workers, home health aides, spiritual counselors, therapists and volunteers work with the patient to achieving their goal. Services provided to patient and their caregivers include: management of pain and symptoms, assisting patients with the emotional, spiritual and psychosocial aspects of dying, provides needed medications, medical equipment and medical supplies, family/caregiver education on the provision of care, short term inpatient treatment for management of symptoms that can not be managed in the home environment or is needed for caregiver respite and bereavement counseling for surviving family members and friends.

There are many misconceptions on what hospice is. Common misconceptions include:

"If I choose hospice care I am giving up."

An individual electing hospice care is not giving up on living, but making the decision to focus on quality of life. Hospice provides a high level of quality medical care with a different fo-

cus from the traditional medical model.

"Hospice is only for people who only have a few days to live."

The Medicare Hospice benefit allows individuals to remain on hospice for an unlimited period of time if the patient continues to be clinically appropriate and their physicians continue to certify them as having a life limiting illness.

"Hospice is only for people with terminal cancer."

According to the National Hospice and Palliative Care Organization, in 2014 only 36% of patients admitted to hospice had a diagnosis of cancer. The reminding 64% of hospice admissions were for patients with the diagnosis of: Alzheimer's, Congestive Heart Failure, Chronic Obstructed Pulmonary Disease, End stage Liver or Kidney disease or other neurological disease.

The decision to elect hospice care is difficult and deeply personal for the individual and their loved ones. We can not control when we die but can control how we wish to die.



For additional information on hospice, please visit the National Hospice and Palliative Care website at: www.nhpco.org.

Karen Wright is the Hospice Director at North Country Home Health and Hospice Agency in Littleton, NH. North Country Home Health and Hospice provides services to the residents of northern Grafton County and all of Coos County. She has 25 years of health care experience and 10 years in hospice.

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The Wellness Calendar

Public Wellness Programs brought to you by Northeastern Vermont Regional Hospital

NVRH Programs Childbirth Education This program is for pregnant women who are planning to have a baby. It provides information on the birthing process, labor and delivery, and newborn care. Call 802-748-7501 for more information.	NVRH Cardiorespiratory Rehabilitation An evidence-based educational program for people with cardiac and pulmonary problems. Rehabilitation is a series of classes that focus on improving your health. Call 802-748-7501 for more information.	NVRH Nutrition This program is designed to help you make healthy choices when it comes to eating. It covers topics such as meal planning, food safety, and more. Call 802-748-7501 for more information.
Prenatal Breastfeeding This program is designed to help you prepare for breastfeeding your baby. It covers topics such as latch, positioning, and more. Call 802-748-7501 for more information.	CPAP Instruction This program is designed to help you learn how to use your CPAP machine. It covers topics such as mask fitting, cleaning, and more. Call 802-748-7501 for more information.	Community Presenters AARP Smart Driver, American Heart Association, and more. Call 802-748-7501 for more information.



Choosing Health

**NORTHEASTERN VERMONT
REGIONAL HOSPITAL**

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RESPITE: A PERIOD OF REST AND RELIEF

BY ANNAMARIE SLOSS
North Country Manor

Do you feel your loved one is not ready to return home following a hospital stay? As a family caregiver, do you want to go on vacation or attend a family event? Would you like the opportunity to sample



life at NorthCountry Manor before making your assisted living decision? Short term respite stays offer families a much needed break from the daily responsibilities of caring for an elder loved one. A respite stay is especially helpful for families who are caring for a loved one with memory loss. Just a short break from the everyday stresses of care giving can make a world of difference and help the caregiver recharge. Whether you want to take a much needed vacation or just a weekend off, respite can provide all the attention your loved one will need in a safe and caring environment. Short term stays can also be an option for individuals who want to “get a taste” of what living in a community feels like without the long term commitment of moving. Respite can also provide a “bridge of care” for those individuals who are discharged from the hospital but not yet ready to return home. A Short-Term Stay provides you with all the benefits of residency, including access

to all of the amenities, community areas, and personal care and wellness services, in a secure and caring environment without a long-term commitment. Included in the fee is a beautifully furnished room with 24-hour emergency response, three healthy nutritious meals daily, medication assistance and daily personal care assistance (if needed), weekly housekeeping and linen laundering services, and participation in any scheduled social, cultural and wellness activities. Annamarie Sloss, RN, is administrator at North County Manor. She was trained at Thomas Jefferson University Hospital in Philadelphia, one of the country's most rigorous nursing programs. Her 38-year nursing career includes many years in a variety of Intensive Care Nursing Specialties and Geriatrics. Sloss brings a diversity to the assisted living model that is unique and hard to match. At NorthCountry Manor, all respite clients are under the supervision of a registered nurse.



With all the comforts of home, you can rest easy knowing that your loved one is in good hands while you take the necessary time to re-new and restore yourself.



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