Options for Long Term Care
Greetings!

I hope you find the information in this booklet helpful as you explore various options for long term care services. For over 40 years the mission of Senior Resources has been to promote independence and dignity for older adults and their families in Muskegon, Oceana and Ottawa counties. We know that providing unbiased, comprehensive information is of vital importance. This is our goal, 365 days of the year!

However, there is no way that one booklet could ever cover all the long term care services available in our lakeshore area. The objective of this booklet is to serve as a ‘primer’ on the language of long term care, levels of eligibility for financial assistance and the various costs for differing levels of care—which can go a long way in helping people navigate a sometimes overwhelming system. Because any product ‘in-print’ is quickly outdated, we will be updating and reprinting this document on a regular basis.

Senior Resources has Options Counselors to help you navigate and access older adult benefits and services. You can call 231-733-3585 (Oceana County 231-559-0331) and trained counselors will listen to your unique life situation, present options and help guide you to information and resources. Counselors will help you pair your own personal resources with community resources for a variety of long-term care needs.

When our counselors aren’t available, I encourage you to utilize the Community Access Line of the Lakeshore (CALL 2-1-1). By simply dialing 2-1-1 you will be connected to a call specialist who will listen to your inquiry and help direct you to the most appropriate agency or service. The 2-1-1 service is available 24 hours per day, 7 days per week.

We are pleased to provide this free informational booklet to help guide your journey into the world of long term care and are sincerely grateful to local senior serving businesses for underwriting the cost of its publication.

Best Wishes,

Pam Curtis, CEO
Senior Resources of West Michigan

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In-Home Care

In-home care is simply the support you need to remain safe living in your own home. This care can range from bathing and dressing assistance to homemaking help or transportation services. The level of assistance you or your loved one will need is dependent upon your illness and/or disability and the quantity of informal care support. Informal care is the care received by family, friends and neighbors at no cost to the patient. The more informal care available the less a patient will need to acquire formal (or paid) caregivers.

Home Care Agencies

There are many agencies that provide in-home services. Typically the price charged is based on 15 minute units and most agencies ask for a two hour minimum. Different rates often exist based on the number of hours purchased and the type of services requested.

Home Health Aide Services can include:

- **Conversation and companionship**: Whether it’s conversation and company, or just eating a meal together, having someone to sit and visit with can help make for a happier, healthier life.
- **Meal preparation**: Many seniors do not have the opportunity to eat a well-balanced meal. Caregivers can prepare a hot, nutritious meal of the clients choosing.
- **Light housekeeping**: This can include vacuuming, dusting, sweeping and mopping floors, cleaning bathrooms to include sinks, showers, tubs and toilet, cleaning kitchens, taking out the trash, straightening all rooms, organizing closets etc.
- **Errand services**: Home Health Aides can run errands such as picking up prescriptions, going to the post office, etc.
- **Grocery shopping**: Caregivers will shop with or without the client accompanying them. They can shop at any store the client prefers.
- **Respite or relief for family**: Rest and relief for family members who are assisting with the care of their loved ones. Aides can provide assistance so you can run errands, go shopping or get some much-needed rest.
- **Medication Reminders**: Although aides cannot administer medications they can assist the individual who shares in the responsibility of taking their own medication.
- **Grooming and dressing guidance**
- **Incidental transportation**: Trips to doctor appointments, barbershops, beauty salons, shopping, etc.
- **Laundry and linen washing**: This can be done in either the client’s home or the laundromat. This service includes washing, drying, ironing and putting things away.
- **Recreational activities**: Whether it is cards, board games, or a walk in the park, home health aides can help clients stay active in mind, body and spirit.
- **Mail assistance and organization**: Aides can assist the client in separating the junk mail from the important mail, and let them know when bills are due.
• **Periodic review and communication with family:** On a recurring basis aides can contact the family to discuss how things are going, answer any concerns or redefine any services that may be needed. This is a great service for clients whose families live far away and may not be in daily contact with their loved ones.

• **Daily TLC phone calls:** This service is just the ticket for those clients who may not need someone coming to their home every day, but they and their families can have peace of mind knowing if they need something, the agency will be checking in.

• **Bathing:** Bathing is essential to an individual’s health and sense of well-being. It refreshes the spirit, provides relaxation while cleansing the skin and stimulating circulation.

• **Mobility:** Activity and exercise are vital to a healthy lifestyle. The benefits of activity include increasing stamina, strengthening the heart, lowering blood pressure, improving digestion and regulating sleep. In addition it improves mood, releases stress and increases mental alertness.

• **Transferring and positioning:** Moving or placing a person into a correct posture position encourages the functional activity of the body’s many systems. It assists in eliminating pressure areas on the skin, reducing atrophy and stiffening of muscles, encourages proper breathing, digestion, and elimination.

• **Incontinence care:** The inability to control urination or defecation is embarrassing to individuals and can become unsanitary if not taken care of correctly. Home health aides understand the sensitivity of this situation and approaches to caring for individuals who need assistance.

• **Toileting:** Elimination is an important and normal body function. However, it is usually an activity that is private and one that is not openly discussed. The individual often faces embarrassment along with a sense of loss of independence. Home health aides strive to provide an acceptable, comfortable and safe environment for all types of toileting needs.

**Adult Day Services**

Adult day services are one of the best-kept secrets in our area communities. Not only are they cost effective in comparison to an institution and private in-home respite programs but they also prevent social isolation. Adult day services are community-based group programs designed to serve adults who are physically impaired or mentally confused and may require supervision, increased social opportunities, assistance with personal care or other daily living activities. Adult day centers generally operate programs during normal business hours five days a week. Some programs offer respite care services in the evenings and on weekends.

**Adult Day Service programs offer**

- A safe, secure environment.
- Social and exercise activities.
- Assistance with eating, walking, toileting, medications.
- Physical, speech, occupational group therapies.
- Monitoring weight, blood pressure, food/liquid intake.
- Nutritious meals, snacks or special diets.
- Personal care, such as bathing, shampooing, shaving is usually an extra charge.
**Durable Medical Equipment**
Durable medical equipment (DME) refers to equipment that is usually used for medical purposes, used in your home, has an expected lifetime of at least 3 years, and can withstand repeated use. Examples of DME are wheelchairs, walkers or hospital beds. DME used for home health services and prescribed by a doctor are typically paid under Medicare Part B (with participating suppliers).

**Personal Emergency Response Systems (PERS)**
Personal emergency response systems are home devices that connect older adults to a 24-hour call center with the push of a button. The transmitter is typically worn on a neck pendant or wristband, and it sends a signal to a receiver that's connected to the home telephone line. When your loved one pushes the button, the staff at the call center evaluates the situation, deciding whether to call an ambulance or a designated friend or family member. With most PERS setups, your loved one can talk with the call center staff from anywhere in the house.

**Medication Management**
A range of different solutions for medication management exist. A simple solution could be a call by family or a home health agency as a reminder to take medication. Reminder phones can also sound an electronic voice reminder. Dividing medication into an electronic pill box that sounds to remind the person to take their medication is another option. For those who cannot or should not handle their own medications, a medication dispenser can be combined with a personal emergency response system and allow only the medication that should be taken to be released. If the medication is not removed from the dispenser it will send a signal back to the personal emergency response system provider and a call will be made to a listed contact.

**Monitoring Devices/Services to protect those who wander**
There are a variety of products that can be utilized to increase the safe return of repeat wanderers. Some systems are GPS based and can give an alert when your loved one leaves a designated boundary and can track via computer or Smartphone. Others, such as Project Lifesaver, use a radio frequency transmitter worn on the wrist or ankle with search and recovery conducted by specially trained law officers.

**Hospice Care**
Hospice is designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used. Hospice programs generally are home-based, but they sometimes provide services away from home -- in freestanding facilities, in nursing homes, or within hospitals. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person.

To learn more about available services such as those described above, you can simply dial **2-1-1** any day of the week, any time of day!
Out-of-Home Care Options

Adult Foster Care Homes (AFC)
There are four types of adult foster care homes:

- **Family homes** for 1 to 6 persons: The licensee (the individual who has legal responsibility for the home) is generally the primary caregiver and lives in the home. This is the only category where the licensee is required to live in the home. These homes are typically single family dwellings in residential neighborhoods or rural areas. The homes generally provide private or semi-private bedrooms, semi-private bathrooms and family style common areas for social, dining and recreational activities.

- **Small group homes** for 1 to 6 persons: The licensee may be an individual, partnership, corporation or limited liability company. Staffing is provided on a 24-hour basis by the licensee and/or qualified staff. These homes typically are also single family residences as described above.

- **Small group homes** for 7 to 12 persons: These larger homes vary greatly in design and accommodations. Many are large single family residences while some are uniquely designed multi-occupancy buildings with private suites or apartment-style living arrangements.

- **Large group homes** for 13 to 20 persons: These homes tend to have the greatest number of variations in floor plan and accommodations. A growing number of them offer studios or private apartment-like units. Sometimes the units have kitchen efficiencies and private living areas. Some facilities are part of a community of several large group homes located on one piece of property. For example, some developments have "twin twenties" on one parcel of land. This means that two or more homes licensed for 20 or more are located on one piece of property.

These facilities typically serve the elderly, while retaining a home-like environment. For example, one building on the site may serve a more independent older population, while another addresses the needs of individuals with Alzheimer's or the frail elderly. This approach facilitates the compatibility of residents and the availability of specialty services.

Assisted Living Facility (ALF or AL)
Generally, these are state-licensed programs offered at senior residential communities with services that include meals, laundry, housekeeping, medication reminders, and assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The exact definition will vary from state to state, and a few states do not license assisted living facilities. Assisted living is generally regarded as a step or two below skilled nursing in its level of care. Approximately 90 percent of the country's assisted living services are paid for with private funds, although some states, like Michigan, have adopted Medicaid waiver programs. ALF's can range in size from small homes housing 6-12 people to large full service facilities.
The range of services can vary from facility to facility. Services typically include assistance with meals, bathing, dressing, continence care and other routine daily needs. Medical services vary by facility.

**Continuing Care Retirement Community (CCRC)**
This type of senior housing is planned and operated to provide a continuum of accommodations and services for seniors, including but not limited to independent living, congregate housing, assisted living, and skilled nursing care. A CCRC resident contract often involves either an entry fee or a buy-in fee in addition to the monthly service charges, which may change according to the medical services required. Entry fees may be partially or fully refundable. The fee is used primarily as a method of privately financing the development of the project and as payment for future health care. CCRCs are typically licensed by the state.

**Independent Living (IL)**
An IL is a multi-unit senior housing development that may provide supportive services such as meals, housekeeping, social activities, and transportation. Independent Living encourages people to socialize by providing meals in a central dining area and through scheduled social programs.

**Nursing Home or Skilled Nursing Facility (SNF)**
This type of facility is licensed by the state and provides 24-hour nursing care, room and board, and activities for convalescent residents and those with chronic and/or long-term illnesses. The availability of regular medical supervision and rehabilitation therapy is required, and nursing homes are eligible to participate in the Medicaid program.

**Respite Care**
This critical service offers temporary relief for caregivers, ranging from several hours to days. This may be provided in-home or in a residential care setting such as an assisted living facility or nursing home.

*Respite means taking a break before extreme stress and crisis occurs.*

**Positive impacts**
Studies show that respite for caregivers of frail, elderly people can lessen the burden and improve mental and physical health, and can reduce the likelihood of burnout.

**Types of Respite**
- Asking a family member or friend to stay with the patient for an hour or two
- Taking him or her to adult daycare (if ambulatory)
- Employing a professional sitter or healthcare aide for a few hours a week or month
- Hiring a college student (if skilled care is not needed)
- Placement at an assisted living or skilled nursing facility for a weekend, week or month
Comparing Costs of Care

**Skilled Nursing Home** $251* a day shared room/$274* a day private room
A nursing home is for those people who may need a higher level of supervision and care than in an assisted living facility. They offer residents personal care, room and board, supervision, medication, therapies and rehabilitation, as well as skilled nursing care 24 hours a day.

**Assisted Living** $3,287* per month**
Assisted living facilities are living arrangements that provide personal care and health service for people who may need assistance with activities of daily living, but who wish to live as independently as possible and who do not need the level of care provided by a nursing home. It’s important to note that assisted living is not an alternative to a nursing home, but an intermediate level of long-term care.

**Depending on the level of care that the individual needs this rate can be much higher. A resident with higher level needs for care only receives on average approximately 3 hours per day of direct services.**

**Homemaker** $21* per hour
This service makes it possible for people to live in their own homes by helping complete household tasks that they can’t manage alone. Homemakers can clean, cook meals and/or run errands.

**Home Health Care** $22* per hour
Personal and home health aides help those who are elderly, disabled, or ill to live in their own homes or in residential care facilities instead of in nursing homes. Home health aides may offer care to people who need more extensive personal care than family or friends are able to or have the time or resources to provide.

*Yearly average rates based on above listed costs of care*

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home Private</td>
<td>$99,828</td>
</tr>
<tr>
<td>Nursing Home Semi-Private</td>
<td>$91,615</td>
</tr>
<tr>
<td>Assisted Living one bedroom</td>
<td>$42,756</td>
</tr>
<tr>
<td>Home Health Aid</td>
<td>$48,048</td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>$46,332</td>
</tr>
</tbody>
</table>

**Nursing Services- Staff Ratio Requirements for the State of Michigan** A licensee shall maintain a nursing home staff sufficient to provide not less than 2.25 hours of nursing care by employed nursing care personnel per patient per day. The ratio of patients to nursing care personnel during a morning shift shall not exceed 8 patients to 1 nursing care personnel; the ratio of patients to nursing care personnel during an afternoon shift shall not exceed 12 patients to 1 nursing care personnel; and the ratio of patients to nursing care personnel during a nighttime shift shall not exceed 15 patients to 1 nursing care personnel and there shall be sufficient nursing care personnel available on duty to assure coverage for patients at all times during the shift.

**Medicare doesn’t cover custodial care if it is the only kind of care you need.** Custodial care is care that helps you with usual daily activities like getting in and out of bed, eating, bathing, dressing, and using the bathroom. It may also include care that most people do themselves, like using eye drops, oxygen, and taking care of colostomy or bladder catheters. Custodial care is often given in a nursing facility.

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*2016 Annual Care Cost Statistics provided by Genworth Financial*
## Medicaid Eligibility Requirements

### Long Term Care Medicaid Eligibility for Programs

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<thead>
<tr>
<th></th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>Must be less than $2,205 with Medicare premium</td>
<td>The individual applying must be under $2,205 with their Medicare premium</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td>Cannot have more than $2,000 in Cash, IRAs, Mutual funds, Stocks, Savings, Checking, Life Insurance etc.</td>
<td>Community Spouse can keep $24,180 to $120,900 depending on total asset amount on first day of 30 days of care.</td>
</tr>
<tr>
<td></td>
<td>Does not count home or 1 car</td>
<td>The spouse receiving Medicaid cannot have more than $2,000 in their name after asset declaration and spend down*</td>
</tr>
</tbody>
</table>

* Spend down refers to spending any money over the amount of $2,000 in order to qualify for Medicaid. There are approved ways of spending the money. The money can never be gifted. The money must be used in either the care of the individual or paying bills or needs of the individual. Examples: Tax bills, utilities, clothing, remodeling the home, upgrading appliances, burial trust ...

### Long Term Care Medicaid Eligibility for Skilled Nursing Facilities

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<tr>
<th></th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>Any income less than monthly cost of care</td>
<td>Spouse often can keep most of the income but will have a patient pay amount based on income</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td>Must have less than $2,000</td>
<td>Community Spouse can keep $24,180 to $120,900 depending on total asset amount on first day of 30 days of care.</td>
</tr>
<tr>
<td></td>
<td>Must plan to return home for home not to count as an asset</td>
<td>The spouse receiving Medicaid cannot have more than $2,000 in their name after asset declaration and spend down*</td>
</tr>
</tbody>
</table>

* Spend down refers to spending any money over the amount of $2,000 in order to qualify for Medicaid. There are approved ways of spending the money. The money can never be gifted. The money must be used in either the care of the individual or paying bills or needs of the individual. Examples: Tax bills, utilities, clothing, remodeling the home, upgrading appliances, burial trust ...
# Types of Payment Options

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<th>Adult Day Services</th>
<th>Assisted Living</th>
<th>Skilled Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private Pay</strong></td>
<td>Average per hour $20.83</td>
<td>Average per hour $8-13</td>
<td>Average $105 per day</td>
<td>Average $269 per day for private room</td>
</tr>
<tr>
<td><strong>Medicare</strong></td>
<td>Yes. Short term only while skilled care is in place. Usually less than 3 mos &amp; less than 4 hrs per day</td>
<td>No</td>
<td>No</td>
<td>Yes with 3 day hospitalization. Days 1-20 are 100% covered. Days 21-100 with a co-pay. Over 100 days is private pay or Medicaid.</td>
</tr>
<tr>
<td><strong>Private Health Insurance</strong></td>
<td>Yes. Short term only while skilled care is in place. Usually less than 3 mos &amp; less than 4 hrs per day</td>
<td>No</td>
<td>No</td>
<td>Yes. Will usually cover co-pay for days 21-100. Check details of each plan</td>
</tr>
<tr>
<td><strong>Veterans Affairs</strong></td>
<td>Yes. Must show financial need. Use criteria to triage priority</td>
<td>Yes</td>
<td>Yes. Aide &amp; Attendance</td>
<td>Yes. In Veteran’s facilities</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>Yes. Options include MIChoice, PACE or Adult Home Help</td>
<td>Yes with MIChoice</td>
<td>Yes with facilities that accept</td>
<td>Yes with patient pay each month of entire income minus $60.</td>
</tr>
<tr>
<td><strong>Long Term Care Insurance</strong></td>
<td>Yes. Check details in plan</td>
<td>Yes as detailed in plan</td>
<td>Yes as detailed in plan</td>
<td>Yes as detailed in plan</td>
</tr>
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*See pages 12-14

**Each Long Term Care Insurance product is unique. It is your responsibility to read and fully understand your policy and the extent of its coverage.
Frequently Asked Questions about Medicare Coverage of Skilled Care

When and how long does Medicare cover care in a skilled nursing facility?
- Up to 100 days if you continue to meet Medicare’s requirements.

How much is covered by the Original Medicare Plan?
- Medicare provides full coverage for days 1-20. The co-payment (your share) is up to $164.50 per day in the year 2017 for days 21-100. It can change each year. If you have a Medigap (Medicare Supplement Insurance) policy with the Original Medicare Plan, or are in a Medicare Advantage Plan, your costs may be different or you may have additional coverage.

What is skilled care?
- Skilled care is health care given when you need skilled nursing or rehabilitation staffs to treat, manage, observe, and evaluate your care. Examples of skilled care include intravenous injections and physical therapy. It is given in a Skilled Nursing Facility (SNF). Care that can be given by non-professional staff isn’t considered skilled care. People don’t usually stay in a SNF until they are completely recovered. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days). Skilled care requires the involvement of skilled nursing or rehabilitative staff in order to be given safely and effectively. Skilled nursing and rehabilitation staff includes
  o registered nurses,
  o licensed practical and vocational nurses
  o physical and occupational therapists
  o speech-language pathologists
  o audiologists

Why would I need skilled nursing or rehabilitation care?
- You get skilled nursing care to help improve your condition, or maintain your current condition and prevent it from getting worse.

- You get skilled rehabilitation care to help improve your condition within a predetermined time period, or set up a maintenance program designed to maintain your current condition and prevent it from getting worse.

When will Medicare cover skilled care?
Medicare will cover skilled care only if all of the following are true:
1. You have Medicare Part A (Hospital Insurance) and have days left in your benefit period available to use.
2. You have a qualifying hospital stay. This means an inpatient hospital stay of 3 consecutive days or more, starting with the day the hospital admits you as an inpatient, but not including the day you leave the hospital. You must enter the Skilled Nursing Facility (SNF) within a short period of time (generally 30 days) of leaving the hospital. After you leave the SNF, if you re-enter the same or another SNF within 30 days, you may not need another 3-day qualifying hospital stay to get additional SNF benefits. This is also true if you stop getting skilled care while in the SNF and then start getting skilled care again within 30 days.
3. Your doctor has ordered the services you need for SNF care, which require the skills of professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists or audiologists, and are furnished by, or under the supervision of, these skilled personnel.

4. You require the skilled care on a daily basis and the services must be ones that, as a practical matter, can only be provided in a SNF on an inpatient basis. If you are in a SNF for skilled rehabilitation services only, your care is considered daily care even if the therapy services are offered just 5 or 6 days a week.

5. You need these skilled services for a medical condition that was treated during a qualifying 3-day hospital stay, or started while you were getting SNF care for a medical condition that was treated during a qualifying 3-day hospital stay. For example, if you are in a SNF because you broke your hip and then have a stroke, Medicare may cover rehabilitation services for the stroke, even if you no longer need rehabilitation for your hip.

6. The skilled services must be reasonable and necessary for the diagnosis or treatment of your condition.

7. You get these skilled services in a SNF that is certified by Medicare.

**How long does Medicare cover my Skilled Nursing Facility (SNF) care?**

Medicare uses a period of time called a benefit period to keep track of how many days of SNF benefits you use, and how many are still available. A benefit period begins on the day you start using hospital or SNF benefits under Part A of Medicare. You can get up to 100 days of SNF coverage in a benefit period. Once you use those 100 days, your current benefit period must end before you can renew your SNF benefits. Your benefit period ends when you have not been in a SNF or a hospital for at least 60 days in a row, OR if you remain in a SNF, when you haven’t received skilled care there for at least 60 days in a row. There is no limit to the number of benefit periods you can have. However, once a benefit period ends, you must have another 3-day qualifying hospital stay and meet the Medicare requirements before you can get up to another 100 days of SNF benefits.

Refer also to the Medicare Medicaid Assistance Program on page 17
Frequently Asked Questions: Veteran’s Affairs Aid & Attendance Benefits

Who is Eligible for Veterans Affairs Basic Pension and Aid and Attendance? A pension is a benefit that the VA pays to wartime veterans who have limited or no income and who are at least 65 years old or, if under 65, are permanently or completely disabled. There are also "Death Pensions," which are needs based for a surviving spouse of a deceased wartime veteran who has not remarried.

What are the Service Requirements for Aid and Attendance? A veteran or the veteran's surviving spouse may be eligible if the veteran:

- Was discharged from a branch of the United States Armed Forces under conditions that were not dishonorable AND
- Served at least one day (did not have to be served in combat) during the following wartime periods and had 90 days of continuous military service:
  - World War I: April 6, 1917, through November 11, 1918
  - World War II: December 7, 1941, through December 31, 1946
  - Korean War: June 27, 1950, through January 31, 1955
  - Vietnam War: August 5, 1964 (February 28, 1961, for veterans who served "in country" before August 5, 1964), through May 7, 1975
  - Persian Gulf War: August 2, 1990, through a date to be set by Presidential Proclamation or Law.

If the veteran entered active duty after September 7, 1980, generally he/she must have served at least 24 months of the full period for which called or ordered to active duty (there are no exceptions to this rule).

What are the Disability Requirements for Aid and Attendance? Veterans, spouses of veterans or surviving spouses can be eligible for Aid and Attendance benefits if they meet the following disability requirements:

- The aid of another person is needed in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, toileting, adjusting prosthetic devices, or protecting himself/herself from the hazards of his/her daily environment; or
- The claimant is bedridden, in that his/her disability or disabilities require that he/she remain in bed apart from any prescribed course of convalescence or treatment; or
- The claimant is in a nursing home due to mental or physical incapacity; or
- The claimant is blind, or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less.
What are the Income Requirements for Aid and Attendance?
The claimant's *countable family income* must be below a yearly limit set by law. *Countable Income* means income received by the claimant and his or her dependents. It includes earnings, disability and retirement payments, interest and dividends, and net income from farming or business. A claimant must report all income, but the VA will exclude any income that the law allows. Public assistance, like SSI, is not counted as part of *countable income*. The annual income limits for the Aid and Attendance program are higher than those set for the basic pension. The maximum Aid and Attendance benefit that can be paid monthly to a single veteran is $1,731 but the veteran must have *countable* income of $0 to receive the maximum benefit.

<table>
<thead>
<tr>
<th>Aid and Attendance</th>
<th>Maximum Annual Pension Rate Category If you are a…</th>
<th>Maximum Monthly Pension Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Veteran</td>
<td>$1,794</td>
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</tr>
<tr>
<td>Veteran with Spouse/Dependent</td>
<td>$2,127</td>
<td></td>
</tr>
<tr>
<td>Surviving Spouse</td>
<td>$1,153</td>
<td></td>
</tr>
</tbody>
</table>

Unreimbursed Medical Expenses
Most veterans have some countable income, but there are exclusions that may reduce *countable income*, including a portion of unreimbursed medical expenses paid by claimants. Unreimbursed medical expenses include: cost of a long term care institution or assisted living, health related insurance premiums (including Medicare premiums), diabetic supplies, private caregivers, incontinence supplies, prescriptions and dialysis not covered by any other health plan.

What are the Asset Requirements for Aid and Attendance?
*Net Worth* (the value of your assets) also affects eligibility. VA pensions are a need–based benefit, and a large net worth might affect your eligibility. All personal goods are exempt from the net worth. These goods include the home you live in, a vehicle used for the care of the claimant, and household goods and personal effects such as clothes, jewelry and furniture. There is no asset limit set by law, and the determination of eligibility can be made at the discretion of a VA caseworker.
How do You Apply for Veterans Affairs Benefits?
Applying for VA pension is often complicated and may take some time. It is a good idea to keep copies of all unreimbursed medical bills for at least twelve months. The average wait for approval is six months. However, the benefits are retroactive to the date of application. There are several ways you can apply for non–service connected pensions:

1. You can contact the VA at 1–800–827–1000.
2. You can apply online at: http://vabenefits.vba.va.gov/vonapp/main.asp

VA’s National Caregiver Support Line

1-855-260-3274

The Caregiver Support Line is housed at the Canandaigua VA Medical Center campus in New York. This support line will serve as a primary resource/referral center to assist caregivers, Veterans and others seeking caregiver information to help care for our nation’s veterans. Calls to the National Caregiver Support Line will be answered by VA employees who are licensed clinical social workers. The support line is also available to respond to inquiries about caregiver benefits associated with Public Law 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010.
Department of Health & Human Services Adult Home Help Program

What Is the Adult Home Help Program?

Home Help is administered by the Department of Health & Human Services (DHHS). It is designed to give support to individuals who are unable to care for themselves adequately at home. This program provides funding for individuals to hire helpers to assist with daily activities. This allows people to live in their own homes rather than live in nursing homes, adult foster care homes, or homes for the aged.

What Services Are Included?

- Feeding
- Bathing
- Grooming
- Dressing
- Taking medicine
- Transferring from one position to another
- Moving around the home
- Doing laundry
- Preparing meals and cleaning up
- Shopping for essential items
- Light housework

Who Is Eligible?

To receive Home Help Services, a person must be (1) eligible for Medicaid and (2) need physical help to perform these activities. A Medical Needs form (DHS-54A) signed by an approved Medicaid enrolled provider indicating personal care is needed must be obtained before payment for services can begin.

People with (1) high medical bills or extensive personal care needs and (2) income that exceeds Medicaid standards can still become eligible for Medicaid and this service. Ask a DHHS Adult Services worker about the “deductible” and “personal care option.”

Who Provides the Services?

Home Help clients employ their own providers. Providers are not employed by DHHS or the state of Michigan. Providers may be friends, relatives, neighbors, or employees of home help agencies. A client’s spouse or a parent caring for a child under 18 cannot be paid by DHHS. If a client has difficulty finding a provider they may contact the Michigan Quality Community Care Council (MQC3) at 800-979-4662. They maintain a registry of qualified providers.
Adult Home Help -continued

How Much Are Providers Paid?

The Adult Services worker, with the client and provider, will agree on how much help the client needs every month. This is based on the client’s physical and mental condition and home situation. The Adult Services worker will conduct a comprehensive assessment to determine the amount of time needed to complete each task.

What Services Are Not Covered?

- Yard work, heavy housework, and home repairs
- Transportation (DHHS can direct you to other resources to assist with this)
- Supervision
- Prompting or reminding someone to complete a task

How Do I Apply for Home Help?

The person in need of services or someone they choose to represent them can call or visit the Adult Services Unit of their local county Department of Health and Human Services.
The Medicare Medicaid Assistance Program (MMAP)

What is MMAP?

MMAP (pronounced "map") is a free counseling service for Medicare/Medicaid beneficiaries and their families. Since 1984, MMAP has provided education and counseling assistance to Michigan’s Medicare and Medicaid beneficiaries and their families or representatives. MMAP is funded by a grant from the Michigan Aging and Adult Services Agency through funding received from the Centers for Medicare and Medicaid Services, the Medicare agency and a grant from the Administration on Aging, and is not affiliated with the insurance industry. Nationally, this program is called the State Health Assistance Program (SHIP).

MMAP, Inc. is a free health-benefit counseling service. MMAP’s goal is to help individuals find their way through the Medicare health benefits maze. MMAP accomplishes its mission through MMAP sites housed in regional Area Agencies on Aging, County Departments on Aging, Senior Services Agencies, Commissions on Aging and other similar organizations located throughout Michigan.

How MMAP can help you:

Call 1-800-803-7174 to be connected with a local MMAP counselor who can help you:
- Identify resources for prescription drug assistance,
- Explain Medicare Health Plan Options
- Understand doctor bills, hospital bills and Medicare Summary Notices,
- Understand Medicare/Medicaid eligibility, enrollment, coverage, claims and appeals,
- Enroll in Medicare Savings Programs,
- Review your Medicare supplemental (“Medigap”) insurance needs, compare policies and pursue claims and refunds,
- Explore long term care financing options, including long term care insurance,
- Identify and report Medicare/Medicaid fraud and abuse.

If you are an out-of-state family member, you can work with a MMAP counselor by calling 1-800-803-7174.

About MMAP counselors:

MMAP counselors are specialists trained in Medicare and Medicaid law and regulations, health insurance counseling and relevant insurance products. MMAP counselors are not connected with any insurance company, nor are they licensed to sell insurance. Their purpose is to serve you objectively and confidentially. Currently, MMAP has hundreds of highly trained and certified counselors. These dedicated and compassionate people, many of them seniors, answer questions and act as guides through the Medicare and Medicaid programs. MMAP counselors have assisted many thousands of Michigan’s elder and disabled citizens and saved them many millions of dollars in out-of-pocket expenses, bringing peace of mind to those who are often confused and frightened when they deal with unfamiliar and difficult government systems.
**MI Choice Medicaid Waiver Program**

MI Choice is a home and community-based long term care program. Eligible adults must meet financial requirements and must be medically appropriate for nursing home care. This program allows the individual to access services in the community along with receiving support in their own home or other residential setting. Each participant can obtain basic Medicaid covered services and must receive one or more MI Choice Medicaid Waiver services on a continual basis such as:

- Adult day services
- Counseling
- Non-medical transportation
- Personal care
- Home delivered meals
- Community living supports
- Personal emergency response system

- Chore services
- Environmental modifications
- Medical equipment and supplies
- Private duty nursing
- Homemaker services
- In-home/out of home respite care
- Fiscal intermediary services

MI Choice is a statewide program funded through the Michigan Department of Community Health (MDCH). The two MI Choice Medicaid Waiver agents that serve Muskegon, Oceana and Ottawa counties are Reliance Community Care Partners and Senior Resources of West Michigan*. See following page or directory for contact information

**MI Choice Eligibility Requirements:**

- Frail adults age 65+
- Persons who are disabled age 18+
- Must meet Michigan Medicaid nursing facility level of care criteria
- Individual income no higher than $2,205/month
- Assets less than $2,000 countable for a single person
- If the client has a spouse living in the community, the federal Protected Spousal Asset Guidelines are utilized. Minimum protected amount $24,180. Maximum protected amount $120,900. (Included in this are-vacant property not adjoining, recreational vehicles, and cash value of life insurance)
- Financial eligibility determined by the Department of Health and Human Services (Medicaid eligibility)

**MI Choice Medicaid Waiver in Residential Settings**

**What will MI Choice Waiver pay for in a licensed residential setting?**

MI Choice Waiver will pay for care services that are above the normal and customary services that are included in the room and board charges. This amount will vary with every Waiver participant admitted into a residential setting, as the person’s needs and care will vary.

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*The MI Choice Waiver Program and its subprograms are funded by Medicaid and administered by the Michigan Department of Community Health.*
What MI Choice Waiver services may be provided in a residential setting?
Activities of Daily Living (ADL) such as: bathing, eating, dressing, and personal hygiene that do not replace what is considered usual and customary for the licensed setting. Homemaking tasks incidental to the provision of assistance with ADLs that do not replace what is considered usual and customary for the licensed setting.

Nursing Facility Transition Incentive Program

The goal of the Nursing Facility Transition Incentive Program (NFTi) is to provide persons currently residing in a nursing home with the opportunity to return to community based living. This may be a private home, an apartment, the home of a family member or friend, or an assisted living residence.

Who Qualifies?
- A person is in a nursing home and has pending or active Medicaid.
- Meets MI Choice Waiver Medicaid rules.
- Desires to return to community based living.

Transition Process:
- **Referral:** A referral may be made by a person living in a nursing home, a social worker, family member or friend.
- **Interview:** At the first interview, the transition process will be explained to the person and important information will be gathered to help in the process**. An assessment of needs will also be completed.

  **Note:** An individual may stop the Nursing Facility Transition process at any time they decide to stay in the nursing home.

The following agencies can assist with Nursing Facility Transitions:
1. Disability Network of West Michigan: 1-866-322-4501 or 231-722-0088
2. Disability Network of the Lakeshore: 1-800-656-5245 or 616-396-5326
3. Reliance Community Care Partners (RCCP) 1-800-447-3007
4. Senior Resources: 1-800-442-0054 or 231-733-3585; 231-559-0331 in Oceana County
Senior Resources is an Area Agency on Aging that has served Muskegon, Oceana and Ottawa Counties for over 40 years. Its mission is to provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons.

The agency provides in-home care coordination services including MI Choice Medicaid Waiver, counsels on Medicare/Medicaid benefits, is a partner in the Michigan Pathways to Better Health project, provides caregiver support, maintains a community loan closet and serves as an advocate agency for the elderly.

Senior Resources assists people affected by age or disability in making informed decisions regarding long term care by providing information and/or coordination of services. A variety of programs are available pertaining to options for long term care. In addition to the MI Choice programs described on pages 18-19, Senior Resources offers Long Term Care Options Counseling, Care Coordination, Targeted Care Management, Carenect medical alert systems and Companion Care Services.

Call Senior Resources to learn more about:

- **Navigating and accessing older adult benefits and services**
  Information on available services to maintain independent living and accessing community-based care can be reviewed over the phone or by appointment. Information on eligibility for various government supported programs can be reviewed, application processes explained and next steps outlined.

- **Maintaining independent living and accessing in-home care**
  Counseling can be provided on pairing personal resources with community resources for a variety of long-term care needs. Assistance can also be provided to those moving from a nursing facility back into a home environment by assessing needs, researching housing options and coordinating in-home care. Supports coordinators can help arrange for services such as: adult day care, personal care, homemaking services, home-delivered meals, medication management, respite care, companion care, and personal emergency response systems.

**Senior Resources intake line:** (231) 733-3585 or toll free 1-800-442-0054 Ext. 3585; 231-559-0331 in Oceana County

[www.seniorresourceswmi.org](http://www.seniorresourceswmi.org)
Program of All-inclusive Care for the Elderly- PACE®

The Program of All-inclusive Care for the Elderly, often referred to as the PACE program, offers an alternative to living in a nursing home for qualified individuals age 55+. The program is free to those individuals on Medicaid. LifeCircles serves eligible seniors living in Muskegon, Ottawa and western Allegan counties and Care Resources serves those living in Kent and eastern Ottawa counties. This innovative program offers a full spectrum of health services including preventative, primary, and acute/chronic medical services, as well as opportunities for social interaction. The primary focus is on preventative measures to maintain the health and well-being of elderly participants, allowing them to remain in their homes for as long as possible.

PACE benefits include, but are not limited to:
- Primary medical care and specialty care as needed
- Routine preventative care such as dentistry, optometry, and podiatry
- Rehabilitation therapy (physical, occupational, speech) and recreational therapy
- Home health care and personal care
- Social services
- Nutrition services and take-home meals as necessary
- Transportation to and from the center; to and from scheduled off-site medical visits; and emergency medical transport
- Acute hospital and nursing home care
- Prescription drugs and necessary health care related equipment and supplies

LifeCircles: 1-231-733-8655
www.lifecircles-pace.org

Care Resources: 1-616-913-2006 or 800-610-6299
www.care-resources.org

Address:
LifeCircles: 560 Seminole Road
Norton Shores 49444

Care Resources: 1471 Grace Street SE
Grand Rapids 49506

Holland Location 616-582-3100:
12330 James Street
Holland Township, MI 49424
Home Delivered Meals

Meals are delivered to your door to assist you. If shopping or cooking is difficult or if you are recovering from illness, injury or surgery, we can help whether you need meals for a week, month or a year.

Meal Options: offerings include hot homemade meals for lunch, frozen meals for lunch, evenings, weekends; salad entrée meals and also cold supper sacks.

Are you eligible?

The person must be:

- 60 years of age or older, or the spouse of someone at least 60 years of age and eligible to receive meals.
- homebound: i.e., does not leave his/her home under normal conditions.
- unable to participate in a congregate nutrition program.
- able to feed him/herself.
- at home when meals are delivered or contact the program when absence is unavoidable.

All Meals on Wheels clients are assessed by professional staff with a home visit within 10 days of beginning the program.

Clients are reassessed every 6 months while they remain with the program.

Healthy Meals at Home

If under 60, not quite homebound, or able to pay full cost, this program is for you. Prepay each month, no assessment, but healthy meals are delivered daily or weekly to your home.

For more information:

Call (231) 755-0434 or 1-800-442-6769

www.agewellservices.org
Neighborhood Activity Sites
AgeWell Services offers many different congregate meal sites where not only nutritious meals are served but there are many different social opportunities as well. All are welcome! For those under 60, there is a minimum cost of $6.00 per meal. For those 60 and older, donations are accepted.

Call AgeWell Services for schedules and additional information regarding these sites:

<table>
<thead>
<tr>
<th>Muskegon County</th>
<th>Oceana County</th>
<th>Ottawa County</th>
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<tbody>
<tr>
<td>Muskegon area</td>
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<tr>
<td>Community United Methodist Church</td>
<td>Hart</td>
<td>Grand Haven</td>
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<tr>
<td>Egelcraft Park</td>
<td>Oceana Council on Aging</td>
<td>Four Pointes</td>
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<tr>
<td>Jefferson Towers</td>
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<tr>
<td>Mercy Hospital Cafeteria</td>
<td>Hesperia</td>
<td>Holland</td>
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<tr>
<td>Pine Grove Manor</td>
<td>Daniels Restaurant</td>
<td>Evergreen Commons</td>
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<tr>
<td>Ravenna Senior Lunch</td>
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<tr>
<td>Tanglewood Park Café</td>
<td>Shelby</td>
<td>Jenison</td>
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<td></td>
<td>The Ladder Community Ctr</td>
<td>Georgetown Connection</td>
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<tr>
<td>Whitehall</td>
<td>Pentwater</td>
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<tr>
<td>S.H.A.W.L. Apts.</td>
<td>Friendship Center</td>
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</table>

Health and Wellness
AgeWell Services also offers a variety of wellness and enrichment programs to benefit adults 50 and older at multiple Activity Centers throughout their three county service area of Muskegon, Oceana, and Ottawa counties. Or visit our premier location at Tanglewood Park where individuals can participate in fitness classes, work out, take educational classes, learn about computers, music, language, health, nutrition and much more.

Contact AgeWell Services for a schedule of classes at any of our locations.

For more information:
Call (231) 755-0434 or 1-800-442-6769

www.agewellservices.org
# Directory of Aging and Disability Resources

## Adult Day Care Centers:

<table>
<thead>
<tr>
<th>Adult Day Care Centers:</th>
<th>DayCare Northside</th>
</tr>
</thead>
<tbody>
<tr>
<td>DayBreak</td>
<td>2330 Holton Rd. North Muskegon. 49445</td>
</tr>
<tr>
<td>572 Lake Forest Ln. Muskegon. 49441</td>
<td>Phone: 231-719-2855</td>
</tr>
<tr>
<td>Phone: 231-780-2229</td>
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</tbody>
</table>

**Day Center of Evergreen**

| 55 West 16th Street. Holland. 49423 | Phone: 616-355-5118 or 1-888-201-9145 |

**The Little Red House**

| 311 E. Exchange St. Spring Lake. 49456 | Phone: 616-846-5720 |

**Our Friend's House**

| 314 Washington. Hart. 49420 | Phone: 231-873-4488 |

## AgeWell Services

Located at Tanglewood Park 560 Seminole Road. Norton Shores. 49444.

Phone: (231) 755-0434 Toll Free: 1-800-442-6769

[www.agewellservices.org](http://www.agewellservices.org)

## Alzheimer’s Association

24/7 Helpline: 1-800-272-3900

[www.alz.org](http://www.alz.org)

## Community Access Line of the Lakeshore (CALL 2-1-1)

Phone: 2-1-1 or 231-733-1155 Toll Free: 1-800-211-5253

[www.call-211.org](http://www.call-211.org)

## Community Mental Health Services:

<table>
<thead>
<tr>
<th>Community Mental Health Services:</th>
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<tbody>
<tr>
<td>HealthWest</td>
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<tr>
<td>Customer Service: 231-720-3201</td>
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</tbody>
</table>

**Oceana County CMH**

| 105 Lincoln St. Hart. 49420            | Emergency Line: 1-800-992-2061 |
| Customer Service: 1-866-575-2894       |                                    |

**Ottawa County CMH**

| 12265 James St. Holland. 49424         | Emergency Line: 613-722-6914     |
| Customer Services: 1-866-710-7378      |                                    |
Department of Health and Human Services
Muskegon County
2700 Baker Street. Muskegon Hts. 49444
Phone: 231-733-3700
Adult Protective Services: 1-855-444-3911

Oceana County
4081 W. Polk Road. Hart. 49420
Phone: 231-873-7251
Adult Protective Services: 1-855-444-3911

Ottawa County
12185 James Street. Holland. 49424
Phone: 616-394-7200
Adult Protective Services: 1-855-444-3911

Disability Network West Michigan
27 E. Clay Avenue. Muskegon. 49442
Phone: 231-722-0088 Toll Free: 1-866-322-4501
www.dcilmi.org

Disability Network of the Lakeshore
426 Century Lane. Holland. 49423
Phone: 616-396-5326 Toll Free: 1-800-656-5245
www.dnlakeshore.org

Elder Law of Michigan
3815 W. St. Joseph. Lansing. 48917
Phone: 1-866-400-9164
www.elderlawofmi.org

Evergreen Commons
480 State Street. Holland. 49423
Phone: 616-396-7100
www.evergreencommons.org

Four Pointes- Center for Successful Aging
Formerly: North Ottawa County Council on Aging
1051 S. Beacon Blvd. Grand Haven. 49417.
Phone: 616-842-9210
www.fourpointes.org

Georgetown Seniors
7096 8th Ave. Jenison. 49428
Phone: 616-457-1170
www.georgetown-mi.gov
Hospitals

Holland Community Hospital
602 Michigan Ave. Holland. 49423
Phone: 616-392-5141

Mercy Health
Hackley Campus 1700 Clinton Ave. Muskegon. 49442
Phone: 231-726-3511
Lakeshore Campus 72 S. State St. Shelby. 49455
Phone: 231-861-2156
Mercy Campus 1500 E. Sherman Blvd. Muskegon. 49444
Phone: 231-672-2000

North Ottawa Community Hospital
1309 Sheldon Rd. Grand Haven. 49417
Phone: 616-842-3600

Zeeland Community Hospital
8333 Felch St. Zeeland. 49464
Phone: 616-772-4644

Reliance Community Care Partners
2100 Raybrook SE. Suite 203. Grand Rapids. 49456
Phone: 1-800-447-3007
Email: info@RelianceCCP.org

Legal Aid of West Michigan
450 Morris Ave. Muskegon. 49440
Phone: 231-726-4887

LifeCircles – Program of All inclusive Care for the Elderly (PACE)
Phone: 231-733-8686 Toll Free: 1-888-204-8626

12330 James St., Holland Twp, MI 49424
Phone: 616-582-3100 www.lifecircles-pace.org

Medicare/Medicaid Assistance Program (MMAP)
Regional office located at Tanglewood Park. 560 Seminole Road. Norton Shores. 49444.
Phone: 1-800-803-7174
www.mmapinc.org

MOKA – Assisting People Living with Disabilities
3391 Merriam. Muskegon. 49444.
Phone: 1-800-644-2434 TTY:1-800-649-3777
www.moka.org
Northside Senior Center
        Crosswinds Church, 1910 Ruddiman. North Muskegon. 49445
        Phone: 231-744-8613

Oceana County Council on Aging
        621 E. Main Street. Hart. 49420
        Phone: 231-873-4461
        Email: info@oceanacountycouncilonaging.com

Orchard View Senior Programs
        1765 Ada Ave. Muskegon. 49442
        Phone: 231-760-1493
        www.orchardviewce.org

Pathways to Better Health
        231-672-3305
        www.lakeshorepathways.com

Pentwater Friendship Center
        310 N. Rush Street. Pentwater. 49449
        Phone: 231-869-7901

Senior Resources of West Michigan
        Located at Tanglewood Park. 560 Seminole Road. Norton Shores. 49444.
        Phone: 231-739-5858 Toll Free: 1-800-442-0054; Oceana County-231-559-0331
        www.seniorresourceswmi.org

Tanglewood Park: AgeWell Services, CALL, LifeCircles, Senior Resources
        560 Seminole Road. Norton Shores. 49444.
        Phone: 231-733-8699  www.tanglewoodpark.info

Veterans Affairs Offices
        5000 Hakes Drive. Norton Shores. 49441. 314 State Street. Hart. 49420
        Phone: 231-798-4445  Phone:231-873-6834

Veterans Benefit Administration (for financial assistance)
        P.O.Box 342000, Milwaukee, WI. 53234-9907
        Phone: 1-800-827-1000  www.va.gov

Battle Creek VA Medical Center (for medical assistance)
        5500 Armstrong Road. Battle Creek. 49037
        Phone: 296-966-5600 Toll Free: 1-888-214-1247
        www.battlecreek.va.gov

White Lake Senior Center
        8741 Ferry St. Montague. 49437
        Phone: 231-894-9493  www.whitelakeseniors.org
The Language of Advance Care Planning

Advance Directives
Plans made by adults about how they want their healthcare decisions made once they are no longer able to make the decisions themselves. These should be in written form, which acknowledges the specific end-of-life decision that have been discussed and understood by all participants involved in the process. Advanced care directives are legally valid everywhere in the United States, but laws concerning them vary from State to State. The State of Michigan has guidelines that have to be met within the advanced directive and the Five Wishes form is one of many that meet Michigan requirements. Five Wishes is available at Senior Resources or can be ordered by calling (888) 594-7437.

Living Will
Written instructions (may or may not be specified in stated statues) that tell physicians and family members what life-sustaining treatment one does or does not want at some future time if a person becomes unable to make decisions.

Legal Conservator
A person appointed by a judge to make another’s (the ward’s) decisions regarding finances and property.

Legal Guardian
A person appointed by a judge to make another’s (the ward’s) personal decisions, including consenting to or refusing medical treatment.

Power of Attorney
A legal document in which one person gives another the authority to make specified financial decisions or assume certain financial responsibilities. The limitations or lack of limitations are established at the time that this legal document is drawn. All powers of attorney terminate upon notice of death of the principal.

- Durable Power of Attorney
  A legal document that names an agent to handle all of a person’s affairs if that person becomes incapacitated.

- Power of Attorney for Healthcare
  In this legal document a person (principal) appoints someone else (an agent) to make his/her healthcare decisions in the event s/he becomes incapable of making decisions.

Will
A legal document declaring a person’s wishes regarding the disposal of their property upon their death. In a will, one may choose a “personal representative” to gather property, pay debts and taxes due, and deliver the balance of the estate to the people who have been named to receive it. The existence of a will, by itself, does not avoid probate.
Thanks to the generous support of senior serving businesses in our lakeshore area, Senior Resources is able to offer this booklet free of charge.

**In-home Care Services**
- Alliance Home Health Services
  - Website: www.alliancehcs.com
  - Phone: 1-888-405-0100
- Healthy Focus
  - Website: www.healthyfocusllc.com
  - Phone: (231) 755-2223
- Lakeshore Home Health Care Services, Inc.
  - Website: www.lakeshoreservices.net
  - Phone: (231) 728-4353

**Companion Care Services**
- Care Connections non-medical companion care
  - Website: www.seniorresourceswmi.org
  - Phone: (231) 733-3530

**Equipment, Emergency Response Systems, Supplies**
- Senior Resources Carenect Personal Response
  - Website: www.seniorresourceswmi.org
  - Phone: (231) 733-3523
  - Systems- Your Care Connection
  - Phone: 1-800-442-0054

**Legal Services**
- The Law Offices of David L. Carrier, P.C.
  - Website: www.davidcarrierlaw.com
  - Phone: (616) 361-8400
  - (offices in Norton Shores and Holland)
  - Phone: 1-800-317-2812

**Medicare/Medicaid Assistance Program**
- Medicare/Medicaid Assistance Program
  - Website: www.mmapinc.org
  - Phone: (231) 733-3572
  - Phone: 1-800-803-7174

**Out of Home Care and Living Options**
- Christian Care Assisted Living
  - Website: www.Christiancareliving.org
  - Phone: (2131) 777-3494
- DaySpring Services
  - Website: www.dayspringserves.com
  - Phone: (231) 780-2229
  - (assisted living, in-home care, adult day services and independent living)