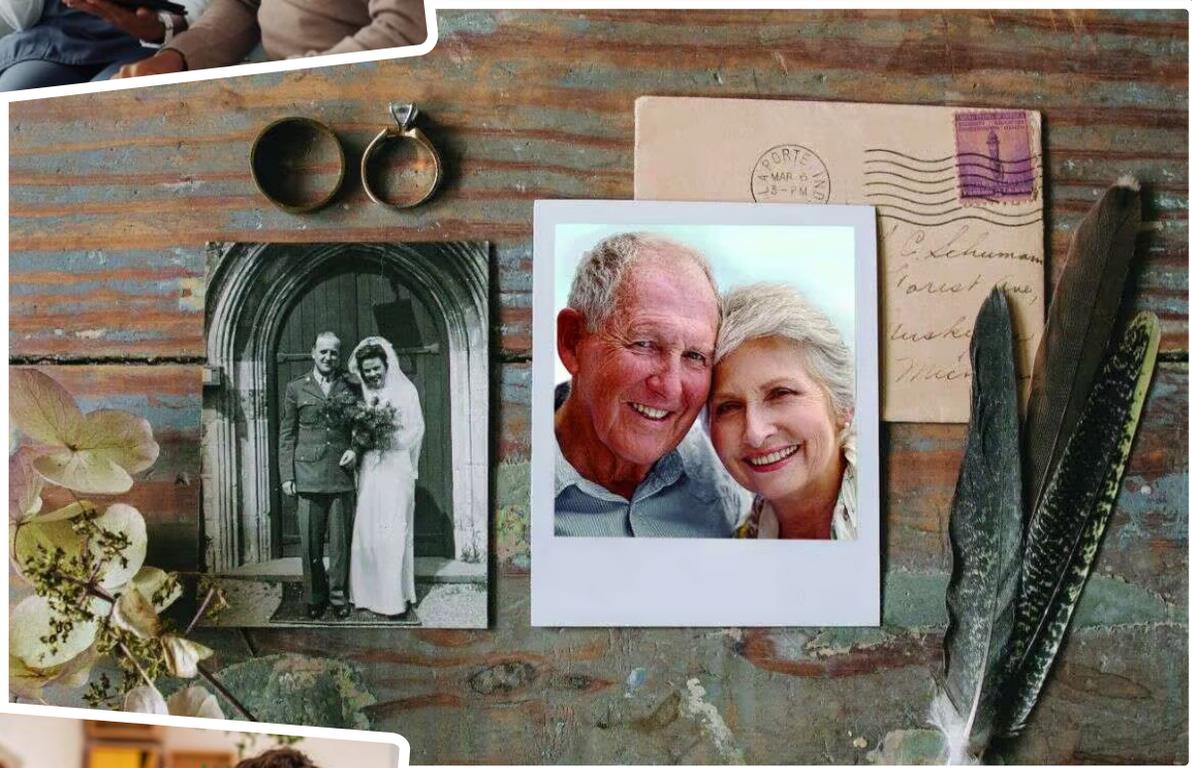


Options For Long-term Care

2026



Our Mission

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Greetings



I hope you find the information in this booklet helpful as you explore various options for long-term care services. Since 1974, 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!

We realize 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 an explanation 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 Because any product ‘in-print’ is quickly outdated, we will be updating and reprinting this document on a regular basis. It is also posted on our website, www.seniorresourceswmi.org, on the Care Options page.

Senior Resources has Options Counselors to help you navigate and access older adult benefits and services. You can call 231-733-3585 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, you can fill out an online referral form at

www.seniorresourceswmi.org. I also encourage you to utilize the Community Access Line of the Lakeshore’s 211 program. 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 211 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.

Best Wishes,

Pam Curtis

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. More informal care means the person will require less formal (or paid) caregiving.

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 client's 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.
- **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.
- **Telephone Reassurance:** Regularly scheduled calls to isolated and homebound individuals to provide wellness checks and socialization. This free service can not only help alleviate isolation and loneliness—both proven to be linked to physical and emotional decline—but also provide families a peace of mind knowing someone will be checking in.



- **Bathing:** Bathing is essential to an individual's health and sense of well-being. It refreshes the spirit and 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 is 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. 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.

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Monitoring Devices/Services to Protect those who Wander

There are many products that can be used to increase the safe return of repeat wanderers. Some systems are GPS based and can give an alert when a loved one leaves a designated boundary and can track via computer or smartphone. Others use a radio frequency transmitter worn on the wrist or ankle with search and recovery conducted by specially trained law officers. Some may use a QR code, or other technology, to communicate with family or others.

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.

Palliative Care

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient’s prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Out-of-Home Care Options

Adult Foster Care Homes (AFC)

There are generally three types of adult foster care homes typically serving the elderly and disabled, while retaining a home-like environment:

- **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.
- **Small group homes** for 1 to 12 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 range from single-family homes to larger homes varying greatly in design and accommodations.
- **Large group homes** for 13 to 20 persons: These homes tend to have the greatest number of variations in floor plan and accommodations.

Assisted Living Facility (ALF or AL)

Generally, these are state-licensed programs offered at senior residential communities with services that could 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 services offered



can vary from facility to facility. Assisted living is generally regarded as a step or two below skilled nursing in its level of care. Approximately 90% of the country's assisted living services are paid for with private funds, although some states, like Michigan, have adopted Medicaid waiver programs.

ALFs can range in size from small homes housing 6-12 people to large full-service facilities.

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.

Long-term Care Ombudsman Program & Respite Care

Long-term Care Ombudsman Program - Purpose and Structure

The Michigan Long-term Care Ombudsman Program strives to improve the quality of care and quality of life experienced by residents who live in licensed long-term care facilities such as: nursing homes, homes for the aged, and adult foster care homes. Ombudsmen advocate for residents in these facilities, guided by the wishes of the resident. It is funded by the federal and state government with no cost to the resident or their families.

Local Ombudsman Services: Local Ombudsmen work with the individual residents to resolve problems and promote high quality care. Local ombudsmen are practiced in explaining rights to residents, empowering residents to communicate concerns, and assist in resolving those concerns.

When to call an Ombudsman: As a resident or a family member, call the toll-free number below to speak with a local Ombudsman whenever you have concerns about care in a facility, have questions about your rights as a resident, or would like more information about alternatives to long-term facility care.

Call Toll Free: 866-485-9393 Muskegon, Oceana, and Ottawa county residents can call direct 231-733-3595 or 231-737-3486.

Respite Care

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

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.

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 day service (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



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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 should be in written form, acknowledging the specific end-of-life decision that have been discussed and understood by all participants involved in the process.

Advance 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 advance directive. In addition to filling out advance directives, or other documents, it is important to have conversations with loved ones so they are aware of your wishes.

There are several kinds of advance directives: durable power of attorney for health care/ appointment of patient advocate, living will, Do Not Resuscitate (DNR), Physician Order for Life-Sustaining Treatment (POLST), and declaration of anatomical gift (upon death). We will discuss some of the more common medical related information here:

Living Will

Written instructions 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 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 for Healthcare

Also known as a health care proxy or advocate – you appoint someone to make medical decisions and related care decisions for



you when you can no longer make them for yourself. This is legally binding and in writing and witnessed. You may appoint a second person as patient advocate in case the first is unable to serve.

Do Not Resuscitate (DNR) Order

This is a written document in which you express your wish that if you stop breathing and have no heartbeat, you do not want anyone to resuscitate you. These forms are signed by the individual (or patient advocate if needed) and a physician.

Comparing Costs of Care

Skilled Nursing Home \$373* a day shared room/\$386* 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 \$6,218* 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 of needs for care only receives on average approximately 3 hours per day of direct services.*

Homemaker \$37* 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 \$37* 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

Nursing Home Private Room	Nursing Home Semi-Private	Assisted Living One bedroom	Home Health Aide 3 hrs/day	Homemaker Services 4 hrs/week
\$140,951	\$136,111	\$74,615	\$40,515	\$7,696

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.

Custodial Care in the Home

Traditional Medicare does not cover custodial care, however some Medicare Advantage plans may offer it. Check with your plan to find out



what services may be covered. 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.

**Annual Care Cost Statistics provided by Genworth Financial*



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Medicaid Eligibility Requirements & Types of Payment Options

Medicaid Eligibility Requirements

Long-term Care Medicaid Eligibility for Programs

	Single	Married
Income	Must be less than \$2,982 with Medicare premium	The individual applying must be under \$2,982 with their Medicare premium
Assets	Cannot have more than \$9,950 in Cash, IRAs, Mutual funds, Stocks, Savings, Checking, Life Insurance etc. Does not count home or 1 car	Community Spouse can keep \$32,532 to \$162,660 depending on total asset amount on first day of 30 days of care The spouse receiving Medicaid cannot have more than \$9,950 in their name after asset declaration and spend down*

Long-term Care Medicaid Eligibility for Skilled Nursing Facilities

	Single	Married
Income	Any income less than monthly cost of care	Spouse often can keep most of the income but will have a patient pay amount based on income
Assets	Must have less than \$9,950 Must plan to return home for home not to count as an asset	Community Spouse can keep \$32,532 to \$162,660 depending on total asset amount on first day of 30 days of care The spouse receiving Medicaid cannot have more than \$9,950 in their name after asset declaration and spend down*

*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.



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SafeSeniors outreach supported by funding from the PREVNT grant, administered by the Michigan Bureau of Aging, Community Living, and Supports.

Types of Payment Options

Type	Home Health	Adult Day Services	Assisted Living	Skilled Nursing Facility
Private Pay	Average per hour \$30.00 - \$40.00	Average per hour \$15-20	Average \$205 per day	Average \$386 per day for private room
Medicare	Yes; short term only while skilled care is in place. Usually less than 3 mos and less than 4 hrs per day.	No	No	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.
Private Health Insurance	Yes; short term only while skilled care is in place. Usually less than 3 mos and less than 4 hrs per day.	No	No	Yes; will usually cover co-pay for days 21-100. Check details of each plan.
Veterans Affairs*	Yes; must show financial need. Use criteria to triage priority.	Yes; with MI Choice or PACE at their facility	Yes; Aide and Attendance	Yes; in Veteran's facilities
Medicaid	Yes; options include MI Choice, PACE or Adult Home Help	Yes; with MI Choice or PACE at their facility	Yes; with facilities that accept	Yes; with patient pay each month of entire income minus \$60
Long-term Care Insurance**	Yes; check details in plan	Yes; as detailed in plan	Yes; as detailed in plan	Private Pay Yes; as detailed in plan

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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 \$217 per day in the year 2026 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 staff 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:

- registered nurses
- licensed practical and vocational nurses
- physical and occupational therapists
- speech-language pathologists
- 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.

For Additional Information

Refer to the State Health Insurance Program on page 22.



To obtain additional information and resources, simply dial 2-1-1 any day of the week, any time of day.

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 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
 - Gulf War: August 2, 1990, through a future 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

Aid and Attendance

Maximum Annual Pension Rate Category	Maximum Monthly Pension Rates
<i>If you are a...</i>	
Single Veteran	\$2,422
Veteran with Spouse/Dependent	\$2,871
Surviving Spouse	\$1,556

Veterans Affairs
National Caregiver
Support Line:

855-260-3274

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 \$2,300 but the veteran must have countable income of \$0 to receive the maximum benefit.

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 to 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 to apply for non-service connected pensions:

1. Contact the VA: 800-827-1000
2. Apply online: <http://vabenefits.vba.va.gov/vonapp/main.asp>

VA Home and Community Based Services

Veterans Health Administration (VHA): Offers services to qualifying veterans in their homes.

Services can include:

- Homemaker/Home Health Aide Program – must require personal care assistance
- Respite Care (In-Home) – Rest for Caregiver at Home
- Adult Day Health Care
- Respite Care (Inpatient)
- Home Based Primary Care
- Other VHA Services:
 - Skilled Nursing Care
 - Palliative Care & Hospice
 - Care Coordination Home Telehealth (CCHT)

Note: There are eligibility requirements. Contact Veteran Affairs

Benefits at 800-827-1000 for more information and an assessment.

Long-term Care Programs

One of sixteen Area Agencies on Aging in the state of Michigan, our focus is to support the independence, dignity, and overall well-being of older adults and adults living with a disability in Muskegon, Oceana, and Ottawa counties. We provide unbiased care options allowing for an informed choice for long-term care.

Care Options Counselors

Care options vary and depend on the level of care needed and how that care is delivered and funded. Trained Options Counselors provide guidance to help pair personal resources with community resources or available programs to fit each unique situation for a variety of long-term care needs. The service is free and conducted over the phone, in person or individuals may begin the care option review process online by submitting a Care Options Referral form.



Who is Eligible?

- Adults age 60+
- Adults age 65+ or 18-64 and certified disabled for the MI Choice Waiver Program
- Needs assistance with daily living tasks to remain independent
- Reside in Muskegon, Oceana or Ottawa County

Care Program Options

Care options provided in partnership with a network of over 100 screened service partners may include, but are not limited to:

- Adult day care • Homemaking • Respite
- Personal care • Medication management

Services are given both in or out of the home. Primary Care at Home, a home-based medical care, can be included with any care program; see page 24 for program description.

Case Coordination and Support

For individuals requiring a higher level of supervision and care that are experiencing difficulty with daily living activities, allowing them to stay safely in the home. Funded in part by federal and state funds allocated under the Older Americans Act and Older Michiganians Act.

Care Management

For individuals requiring a higher level of supervision and care that are not Medicaid eligible. A Supports Coordinator and Registered Nurse assess need and arrange for in-home services. Funds are restricted. Participants may be limited to services only once or twice per week. Participants asked to cost-share if able. Funded in part by federal and state funds allocated under the Older Americans Act and Older Michiganians Act. For those able to pay for services, an in-home assessment can be arranged, determine what level of care is required, coordinate services with area providers and bundle the services in one monthly invoice.



Targeted Care Management

For individuals requiring a higher level of supervision and care who are Medicaid eligible and not enrolled in the MI Choice Waiver program. Supports Coordinators offer assessment services, care planning, service coordination, follow-up and re-assessment. Funded through a combination of Older Americans Act, Older Michiganians Act, and Department of Health and Human Services' Independent Living Program.

MI Choice Waiver

Available to individuals that are Medicaid eligible that meet medical, income, and asset criteria. See pages 26-27 for program description.

Caregiver Support

Our trained Support Specialists give advice, tips, guidance, and offer an outlet to share concerns so caregivers aren't alone in their caregiving journey. Available support and resources include:

- Individualized short-term emotional support
- Problem-solving • Referral services

- Educational resources • Respite services
- Support group counseling

Contact a caregiver support specialist at 231-733-3531 or 231-683-4760 or email caregivers@seniorresourceswmi.org.

The agency also provides counseling on Medicare benefits described on page 22 and offers a Primary Care at Home program described on page 26-27, serves as an advocate for older adults, and possesses a wealth of information/resources to help promote and assist the independence of older adults.

For More Information

Senior Resources Intake Line:

231-733-3585 or 800-442-0054 Ext. 3585;
231-559-0331 in Oceana County

Email:

ContactOptions@seniorresourceswmi.org

Visit:

www.seniorresourceswmi.org

Caregiver Support Specialists:

231-733-3531 or 231-683-4760



SHIP

State Health Insurance
Assistance Program

State Health Insurance Assistance Program (SHIP)- Senior Resources

What is the State Health Insurance Assistance Program (SHIP)?

SHIP (formerly the Michigan Medicare Assistance Program, or MMAP) is a free counseling service for Medicare beneficiaries and their families. Since 1984, this program has provided education and counseling assistance to Michigan's Medicare beneficiaries and their families or representatives.

SHIP is funded by a grant from the Aging, Community Living and Supports Bureau through funding received from the Centers for Medicare Services, the Medicare agency and a grant from the Administration on Aging, and is not affiliated with the insurance industry.

SHIP is a free health-benefit counseling service. Its goal is to help individuals find their way through the Medicare health benefits maze. SHIP accomplishes its mission through 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 SHIP Can Help You:

Call **231-733-3572** or to be connected with a local SHIP counselor who can help you:

- Identify resources for prescription drug assistance

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231.728.3442



- Explain Medicare Health Plan Options
- Understand doctor bills, hospital bills and Medicare Summary Notices
- Understand Medicare 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 fraud and abuse

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

About SHIP Counselors:

SHIP counselors are specialists trained in Medicare law and regulations, health insurance counseling and relevant insurance products. SHIP 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, SHIP 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 program. SHIP counselors have assisted many thousands of Michigan’s elder and disabled citizens and saved them many millions of dollars in out-of-pocket expenses, providing impartial assistance to those who may benefit from help dealing with online government systems.



Anna Urick Duggins

Elder Law and Estate Planning Attorney

- Elder Law
- Medicaid Planning
- Powers of Attorney
- Wills & Trusts
- Long Term Care Planning
- Guardianships
- Conservatorships
- Probate & Trust Administration



231-722-5415



elderlaw@parmenterlaw.com

601 Terrace Street, Muskegon, MI 49440



Primary Care at Home - Senior Resources

What is primary Care at Home?

Primary Care at Home is home-based medical care for older adults and adults living with a disability, designed to lessen emergency room visits and hospitalizations.

Who is eligible?

- Adults age 60 + or adults age 18-64 who are certified disabled
- Enrolled in Medicare or a Medicare Advantage plan
- Have at least two chronic health conditions and agree to receiving care management services reimbursed by insurance
- Home-bound or home-limited -- have barriers that make it challenging to leave home
- Reside in Muskegon or Ottawa County

How Does Primary Care at Home Work?

A dedicated medical team will make regularly scheduled home visits that allow the patient to stay safely in their home. The team assesses the patient, provides a personalized, inclusive

care plan that addresses total health and overall well-being and monitors their possible changing needs.

- Advanced Practice Provider with physician oversight – just like a doctor’s office
- Care plan review and frequent check-ins with a Community Health Worker to detect changes in your health
- 24/7 clinical support
- Mobile, X-ray, ultrasound, and EKG for homebound patients

To Reach Primary Care at Home:

Primary Care at Home team, call 231-737-4041 or

Visit: www.seniorresourceswmi.org to submit a Primary Care at Home Referral Form and a team member will contact you.

Enhanced Care Services

Behavioral Health at Home

Senior Resources provides counseling services to you in the comfort of your own home. Our services are designed specifically for older adults who have difficulty leaving home due to health conditions.

- In-home and telephonic personal one-on-one behavioral health counseling
- All behavioral health needs can be addressed with referral for additional support if needed
- Available in Muskegon and Ottawa counties

To learn more about this program contact our Enhanced Care Solutions Team at **231-737-4041**

Safe Haven

Safe Haven is an Elder Abuse Victim Advocacy and Care Management community program provided by Senior Resources, the area agency on aging for Muskegon, Oceana and Ottawa counties.

Safe Haven has a team of elder victim specialists that provide confidential, trauma-informed, person-centered wrap around support services for elderly and vulnerable adults who have been victims of abuse, neglect, or exploitation.

- Emergency Financial Application Assistance
- Negotiations with creditors, landlords and employers
- Connection with Housing Resources
- Emotional Support & Safety Planning
- Explanation of processes, investigations, court etc.

To reach Safe Haven call **231-733-3565** or **231-733-3532**

GUIDE

The Guiding an Improved Dementia Experience (GUIDE) Model aims to enhance the quality of life for individuals with dementia and lessen

the strain of their caregivers by coordinating the proper care and resources.

The GUIDE model provides:

- Access up to \$2,500 in respite care services each year
- Dementia Management training and support groups for caregivers and patients
- Our Care Navigator will regularly check in to monitor progress and make adjustments to the care plan

To Qualify, patients must:

- Have a diagnosis of dementia or Alzheimer's disease
- Be enrolled in Medicare Part B

To Learn More, contact a Care Navigator by calling 231-737-4041 and choose option 1 or email us at PCAH@seniorresourceswmi.org



MI Choice 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 Waiver services on a continual basis such as:

- Adult day services
- Counseling
- Personal care
- Home delivered meals
- Community living supports
- Personal emergency response system
- Community transportation
- Chore services
- Environmental modifications
- Medical equipment and supplies
- Nursing Services
- Homemaker services
- In-home/out of home respite care
- Fiscal intermediary services

MI Choice is a statewide program funded through the Michigan Department of Health and Human Services (MDHHS). The two MI Choice 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:

- Adults age 65+
- Adults age 18-64 and certified disabled
- Must meet Michigan Medicaid nursing facility level of care criteria
- Individual income no higher than \$2,982/month
- Assets less than \$9,950 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 \$32,532. Maximum protected amount \$162,660. (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 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.

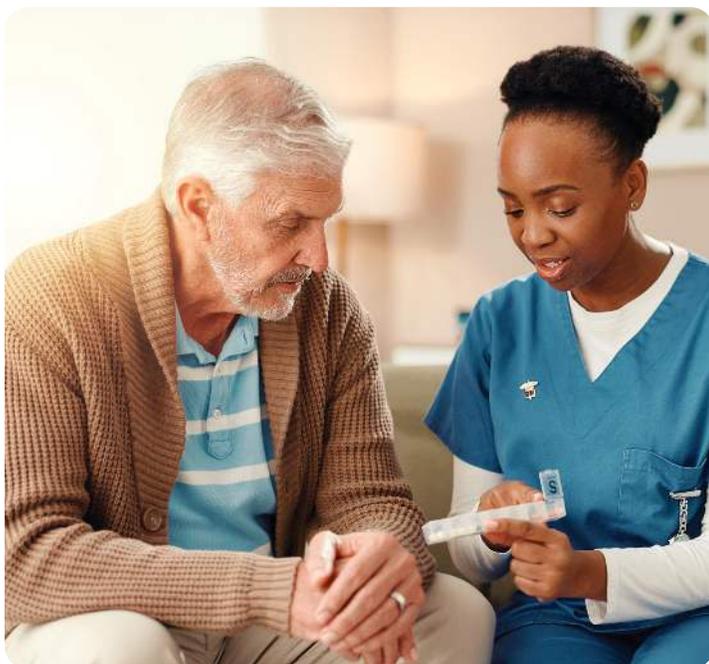
What MI Choice Waiver services may be provided in a residential setting?

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.

**This program is supported by the Administration for Community Living (ACL) and the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award administered through the Michigan Department of Health and Human Services. The contents are those of the author(s) and do not necessarily represent the official views of, nor endorsement by, ACL, HHS, or the U.S. Government.*

Community Transition Services

The goal of the Community Transition Services (CTS) 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.
- Desires to return to community-based living.
- Has a barrier to being able to transition to the community.

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.

The following agencies can assist with Community Transition Services:

- Area Agency on Aging of West Michigan: 888-456-5664 or 616-456-5664
- Reliance Community Care Partners (RCCP): 800-447-3007
- Senior Resources: 800-442-0054 or 231-733-3585; 231-559-0331 in Oceana County

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

For More Information

Senior Resources:

231-733-3585 or 800-442-0054 Ext. 3585; 231-559-0331 in Oceana County

Email:

ContactOptions@seniorresourceswmi.org

Visit:

www.seniorresourceswmi.org to submit a Care Options Referral Form and an Options Counselor will contact you.

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+. LifeCircles serves eligible seniors living in Muskegon and Ottawa counties; Care Resources serves those living in eastern Ottawa counties; and Community PACE serves Oceana County. 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
- Dietitian services, hot meals in center, and home delivered 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
- Caregiver respite services as needed
- Adult day social programming
- Personal emergency response systems as needed
- Environmental modifications as needed

For More Information



Care Resources

Ottawa County: 616-913-2006 or
800-610-6299

Visit: www.careresources.org



Community PACE

Oceana County: 231-652-4618
Visit: www.communitypace.com



LifeCircles

Holland: 616-582-3100 and
Muskegon: 231-733-8686

Visit: www.lifecircles-pace.org



Department of Health & Human Services Adult Home Help Program

What Is the Adult Home Help Program?

Home Help is administered by the Michigan Department of Health & Human Services (MDHHS). 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
- Dressing
- Bathing
- Taking medicine
- Grooming
- Doing laundry
- Transferring from one position to another
- Moving around the home
- Preparing meals and cleaning up
- Shopping for essential items
- Light housework

Who Is Eligible?

To receive Home Help Services, a person must be eligible for Medicaid and 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 high medical bills or extensive personal care needs and income that exceeds Medicaid standards can still become eligible for Medicaid and this service. Ask a MDHHS 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 MDHHS 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 MDHHS. 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.

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 (MDHHS can direct you to other resources to assist)
- 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.



AgeWell Services

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, AgeWell can help whether you need meals for a week, month, a year, or more.

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 or home-limited;
- unable to participate in a congregate nutrition program;
- able to feed him/herself; and
- at home when meals are delivered or contact the program when absence is unavoidable.

All Meals on Wheels clients are assessed by professional staff.

Full Pay Meals

If under 60, or not otherwise eligible, and able to pay full cost, this program is for you.

Prepay each month, no assessment, and healthy meals are delivered daily or weekly to your home.

Lunch and Activity Sites

Contact Agewell or check online for current locations at www.agewellservices.org

Agewell Services neighborhood Lunch & Activity Centers are unique to each community. Participants not only get a nutritious meal, but have the opportunity to socialize with friends old and new. Meals include a variety of delicious, healthy options, certified by a registered dietitian.

All are welcome! For those under 60, there is a minimum cost per meal. For those 60 and older, donations are accepted.

Senior Medical Transportation

The senior medical transportation program provides door-to-door non-emergency medical transportation for Muskegon County older adults who have low incomes. The service operates Monday-Friday from 8 a.m. to 3:45 p.m. Participants must be 60 or older and at or below 150% of the federal poverty level. For more information, call 231-726-7090.

Elder Abuse Awareness

AgeWell Services hosts SafeSeniors, the elder justice collaborative that works to identify, advocate, and seek justice for older adult victims of abuse, neglect, and financial exploitation in Muskegon, Oceana, and Ottawa counties. The SafeSeniors team educates law enforcement, health care providers, financial institutions, older adults, and the general population by providing educational



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workshops, issuing scam alerts, and promoting awareness to help with prevention and increase reporting. Members advocate for policies and programs that ensure the safety of older adults, and the multi-disciplinary teams investigate and prosecute perpetrators of these crimes to seek justice for victims.

To report abuse, neglect, or financial exploitation, call Adult Protective Services at 855-444-3911 24 hours a day, 7 days a week.

Senior Community Activities

AgeWell Services offers group classes at their downtown Muskegon location and throughout Muskegon County at community partner locations. They also offer other social and learning activities at Lunch & Activity Centers, along with group activities throughout the year. Costs vary by activity. Get class schedules and learn more about Senior Community Activities online: agewellservices.org/senior-activities

For More Information

AgeWell: 231-755-0434 or 800-442-6769

Visit: www.agewellservices.org

Directory of Aging and Disability Resources

Adult Day Care Centers

DayBreak Adult Day Services-Norton Shores

572 Lake Forest Lane, Muskegon, MI 49441
Phone: 231-780-2229

Day Center of Evergreen

55 West 16th Street, Holland, MI 49423
Phone: 616-355-5118 or 888-201-9145

The Little Red House

311 E. Exchange Street, Spring Lake, MI 49456
Phone: 616-846-5720

Our Friend's House

621 East Main Street, Hart, MI 49420
Phone: 231-873-4461

AgeWell Services

275 W. Clay Suite 100
Muskegon, MI 49440
Phone: 231-755-0434 Toll Free: 800-442-6769
www.agewellservices.org

Alzheimer's Association

24/7 Helpline: 800-272-3900
www.alz.org/gmc
Muskegon Office: 231-780-1922

Community Access Line of the Lakeshore (C.A.L.L. 2-1-1)

Phone: 2-1-1 or 231-733-1155
Toll Free: 800-211-5253
www.call-211.org

Community Mental Health Services:

HealthWest

376 E. Apple Avenue, Muskegon, MI 49442
Customer Service: 231-720-3201
Emergency Line: 231-722-HELP (4357)

Oceana County CMH

105 Lincoln Street, Hart, MI 49420
Customer Service: 231-873-2108
Emergency Line: 800-992-2061

Ottawa County CMH

12265 James Street, Holland, MI 49424
Customer Service: 616-494-5545
Other Areas of Ottawa County:
866-512-HELP (4357)

Department of Health and Human Services

Muskegon County

2700 Baker Street,
Muskegon Heights, MI 49444
Phone: 231-733-3700
Adult Protective Services: 855-444-3911

Oceana County

4081 West Polk Road, Hart, MI 49420
Phone: 231-873-7251
Adult Protective Services: 855-444-3911

Department of Health and Human Services, continued

Ottawa County

12185 James Street, Holland, MI 49424

Phone: 616-394-7200

Adult Protective Services: 855-444-3911

Disability Network West Michigan

27 E. Clay Avenue, Muskegon, MI 49442

Phone: 231-722-0088

www.dcilmi.org

Disability Network of the Lakeshore

442 Century Lane, Holland, MI 49423

Phone: 616-396-5326

www.dnlakeshore.org

Elder Law of Michigan

3815 W. St. Joseph, Lansing, MI 48917

Phone: 866-400-9164

www.elderlawofmi.org

Evergreen Commons

480 State Street, Holland, MI 49423

Phone: 616-396-7100

www.evergreencommons.org

Four Pointes Center for Successful Aging

1051 S. Beacon Boulevard,

Grand Haven, MI 49417

Phone: 616-842-9210

www.fourpointes.org

GT Connections (Georgetown Senior Center)

7100 8th Avenue, Jenison, MI 49428

Phone: 616-457-1170

www.georgetown-mi.gov

Health Project HUB of the Lakeshore Trinity Health - Muskegon Health Project

1675 Leahy St., Suite 210B,

Muskegon, MI 49440

Phone: 231-672-3201

Hospitals

Holland Hospital

602 Michigan Avenue, Holland, MI 49423

Phone: 616-392-5141

Trinity Health

Shelby Hospital

72 S. State Street, Shelby, MI 49455

Phone: 231-861-2156

Muskegon Hospital

1500 East Sherman Boulevard,

Muskegon, MI 49444

Phone: 231-672-2000

Trinity Health Grand Haven

1309 Sheldon Road,

Grand Haven, MI 49417

Phone: 616-842-3600

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**Corewell Health -
Zeeland Community Hospital**
8333 Felch Street, Zeeland, MI 49464
Phone: 616-772-4644

Corewell Health - Ludington Hospital
1 North Atkinson Drive,
Ludington, MI 49431
Phone: 231-843-2591

**Corewell Health -
Gerber Memorial Hospital**
212 South Sullivan Avenue,
Fremont, MI 49412
Phone: 231-924-3300

Legal Aid of West Michigan

450 Morris Avenue, Muskegon, MI 49440
Phone: 231-726-4887

STATE Health Insurance Program (SHIP)

Regional office located at Tanglewood Park
560 Seminole Road, Norton Shores, MI 49444.
Phone: 800-803-7174, 231-733-3572
www.mmapinc.org

MOKA – Assisting People Living with Disabilities

715 Terrace Street Suite 201,
Muskegon, MI 49440.
Phone: 231-830-9376 TTY: 800-649-3777
Ottawa Regional Offices:
100 Pine Street Suite 397, Zeeland, MI 49464

Phone: 616-748-6511 TTY: 800-649-3777
www.moka.org

Oceana County Council on Aging

4250 W. Tyler Road, Hart, MI 49420
Phone: 231-873-4461

Email: info@oceanacountycouncilonaging.com

Orchard View Senior Programs

1765 Ada Avenue, Muskegon, MI 49442
Phone: 231-760-1350
www.orchardviewce.org

Program of All Inclusive Care for the Elderly (PACE)**Care Resources**

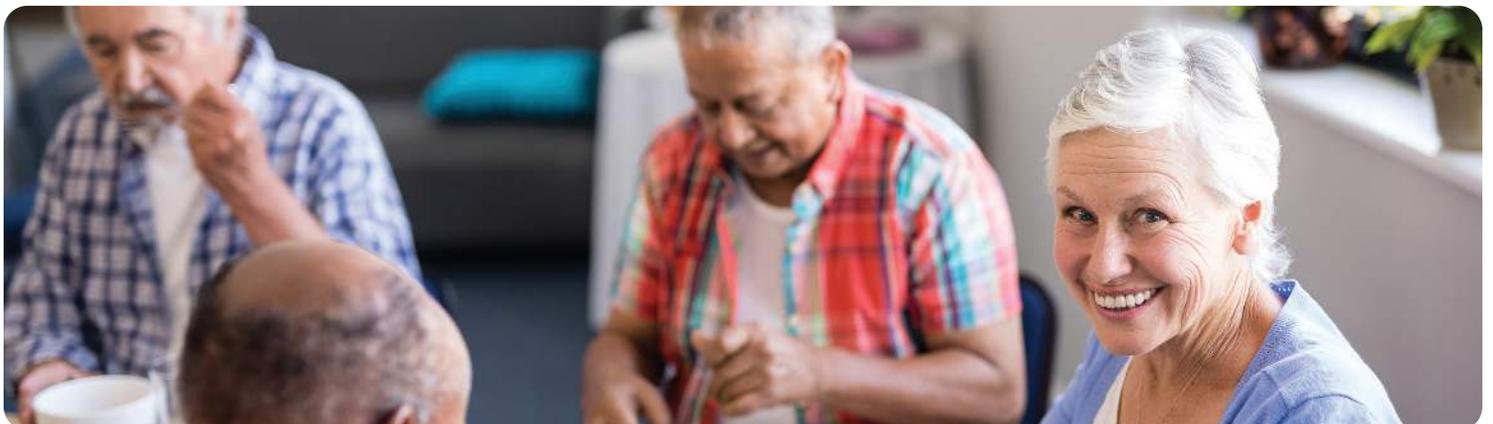
1471 Grace Street SE
Grand Rapids, MI 49506
Phone: 616-913-2006 or 800-610-6299
www.careresources.org

Community PACE

231 W. Pine
Newaygo MI 49337
Phone: 231-652-4618
www.communitypace.com

LifeCircles Muskegon:

Tanglewood Park,
560 Seminole Road, Norton Shores, MI 49444
Phone: 231-733-8686





LifeCircles Holland:

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

Reliance Community Care Partners

2100 Raybrook SE Suite 203,
Grand Rapids, MI 49456
Phone: 616-956-9440
Email: info@RelianceCCP.org

Senior Resources of West Michigan

Tanglewood Park
560 Seminole Road. Norton Shores, MI 49444
Phone: 231-733-3585
Toll Free: 800-442-0054;
Oceana County 231-559-0331
www.seniorresourceswmi.org

Tanglewood Park, location of: AgeWell Services, LifeCircles, Senior Resources

560 Seminole Road, Norton Shores 49444
Phone: 231-733-8699
www.tanglewoodpark.info

Veterans Affairs Offices

1903 Marquette, Muskegon, MI 49442
Phone: 231-724-7143

844 South Griswold Street Suite 100,
Hart, MI 49420
Phone: 231-873-6834

**Veterans Benefit Administration
(for financial assistance)**

Phone: 800-698-2411
www.va.gov

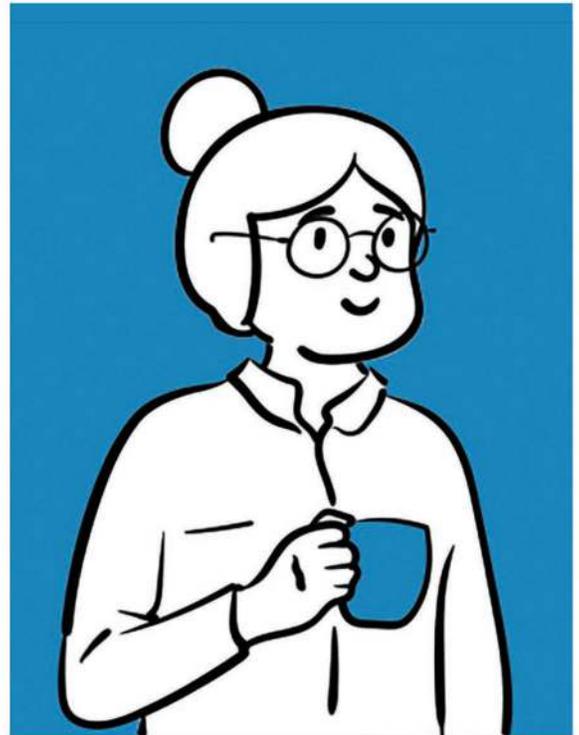
**Battle Creek VA Medical Center
(for medical assistance)**

5500 Armstrong Road, Battle Creek, MI 49037
Phone: 296-966-5600
Mental Health Care: 888-214-1247 x33680
www.va.gov/battle-creek-health-care

White Lake Senior Center

8741 Ferry Street, Montague, MI 49437
Phone: 231-894-9493

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LifeCircles-PACE.org



LifeCircles
A Porter Hills PACE Partnership

**People 55+ with income
up to \$3000/month**

may be eligible for:

- Housekeeping and personal care
- Medical house calls & transportation
- Prescription box set up & delivery
- Help staying strong with therapies
- Equipment like ramps & wheelchairs etc.



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Options For Long Term Care 2026

Located at Tanglewood Park
560 Seminole Road
Muskegon, MI 49444

Phone: 231-733-3585

Toll Free: 800-442-0054

www.seniorresourceswmi.org

