



**Georgia Department of Human Services**  
Division of Aging Services



**Caring from a distance**

# INTRODUCTION

Information contained within this document has been prepared as educational material for your consideration. It is not intended to constitute or substitute for specific legal advice on a situation. If your situation is like anything described in this information, you are encouraged to seek advice from an attorney or other professional to fully examine and assess your set of facts and circumstances.

You have determined that an elderly loved one needs your assistance. Either this determination is based on observations of events that have occurred over a period of time; or an illness or injury has occurred recently, creating the need for immediate intervention and assistance.

These are common situations that many must face. What makes it more difficult is that your loved one lives miles away, and you are separated by cities, or possibly, states.

Perhaps you and your loved one, and maybe even other family members, have discussed this possibility, and plans are already in place; i.e., necessary preparations have already been made. It is, however, just as likely that this is one of those conversations that have never taken place. It may have been a fleeting thought pushed aside in hopes that it would never be necessary; or it may be a subject always thought to too difficult to approach.

Whatever the case, if you now seek this information, perhaps this resource will help you craft some of the important questions, provide needed answers or point you toward solutions.

Numerous resources exist today for caregivers, ranging from tips on assistance in providing care to ensuring that caregivers remember to take care of themselves. Some of these resources can be found in the sections at the end of this document.

The material here is presented in a question-and-answer format and addresses a variety of thought-provoking, long-distance caregiving concerns.

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# CASES

## It has been determined that my loved one cannot stay alone anymore What are the options?

That depends upon several factors:

- **Loved one's preferences**

It is the right of all legally competent adults to make their own decisions about choices affecting them, including health care, finances and where to live.

- **Authority to decide**

Adults retain the legal authority to make their own decisions until either a court takes that authority away or, in the instance of health care situations, until a physician determines they are not capable of understanding and making informed decisions about their care.

- **Level of care needed**

Depending upon an adult's physical and/or mental needs, there are a range of options to consider for assisting with and meeting care needs, including housing. The primary focus will need to be on the activities in which the adult engages on his/her own and the degree to which assistance is needed. A physician will be an important participant in this discussion.

Options for level of care include but are not limited to:

- services in the adult's own home (i.e., home health; home and community-based services)
- adult day care
- hospitalization
- rehabilitation
- personal care home
- assisted living
- skilled nursing care facility
- hospice (in a home, nursing facility or a residential hospice facility)

- **Financial situation**

For each of the level-of-care options provided above, the adult's personal financial situation is a critical factor. Almost any health care or long-term care option can be obtained with private funds and, oftentimes, some choices may have to initially be covered by an adult's own personal funds before the adult qualifies for another payment option. In many cases, however, there are other financing options already available that the adult can use or for which they can become eligible, through an application process with the appropriate agency.

Each payment option is governed by its own rules and is subject to the restrictions and allowances of those rules. Depending upon an adult's payment sources, it is important to first determine the level of care needed before determining whether that level of care is covered by the existing payment source. If it is not, then it is essential to inquire about the adult's ability to qualify for any of the other accepted payment sources.

The chart that follows provides some guidance as to whether a financing source meets the given care option. **Note: there may be exceptions for certain situations; this is only intended as general guidance.**

	PRIVATE PAY	MEDICARE	PRIVATE INSURANCE	VETERAN'S BENEFITS	MEDICAID
Adult Day Care	X		X**		
Hospital	X	X	X	X	X
Rehabilitation	X	X	X**	X	X
Home Health	X	X	X**	X	X
HCBS*	X				X
Personal Care Home/ Assisted Living	X		X**		
Skilled Nursing Care	X	X	X**	X	X
Hospice	X	x	X	X	X

\*HCBS = home and community-based services

\*\*Depends on what coverage is purchased

## **If I'm out of state, what do I need to do to be assured that my loved one's health care provider will communicate with me?**

Make sure that you have the legal authority to communicate with your loved one's health care provider. Since April 14, 2003, the effective compliance date for the Privacy Rule of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), there have been federal restrictions on the release of private health information, though they may or may not be more restrictive than your state's law.

Because this information is required to be safeguarded, it is legally required to have written, authorized consent to share certain information. If this consent is already in your loved one's medical file, this will eliminate barriers to you being able to communicate with their health care provider. Physicians' offices now normally add this as part of their patient paperwork for new patients and annual reviews. You might remind your loved one to add you as one to whom information can be released if you are not already listed in their record.

Additionally, there are legal documents and procedures that can authorize your communication with your loved one's health care provider. These include:

- Durable Power of Attorney for Health Care (executed on or before 6/30/2007)
- Georgia Advance Directive for Health Care (replaced the health care power of attorney and living will – 7/1/2007)
- Guardianship

## **If my loved one never completed the Privacy Release information with his health care provider and does not have a formal advance directive, does that mean that I will not be able to talk to his doctor unless I become his legal guardian?**

Not necessarily. If your loved one has the capacity and wishes to do so, he can complete the necessary paperwork to ensure that you have the required authority to communicate with his health care providers. If, however, there is a medical emergency and your loved one is unable to provide consent or complete the necessary authorization, there is a law in Georgia that might provide you with the authority to make medical treatment decisions for your loved one. It is the Consent for Surgical or Medical Treatment and is found in the Official Code of Georgia Annotated (O.C.G.A.) § 31-9-1 et seq. The law provides a list of persons by authorized degree that may provide consent for surgical or medical treatment for the patient if the patient is unable to do so himself. This will allow medical personnel to communicate with certain persons in specific situations. It does not mean that every situation will be covered however; so, there may be instances, where one still may be prevented from accessing the information of loved ones if the proper authorization is not in place.

## **How do I get the authority to handle access of my loved one's finances so that I'll have that in place whenever I need it?**

You don't. That authority is not yours to take; it belongs to your loved one. It is theirs to voluntarily give to whomever they choose, if they choose to give it; whenever they choose to give it. They may use an instrument in Georgia such as the Statutory Financial Power of Attorney, also known in other states as a Durable Power of Attorney.

What you can do, is have a conversation with your loved one and express any concerns that you may have about their current or future ability to handle financial or business affairs. Make them aware of the options available or offer to contact someone they can speak to about options.

Whenever a loved one no longer has the capacity to understand and make decisions concerning the grant of authority over their financial, or even their health care affairs then the Durable (or Statutory) Financial Power of Attorney or the Georgia Advance Directive for Health Care may no longer be available as options. It is at this point, depending upon the needs or the situation, when one might have to evaluate whether guardianship and/or conservatorship is appropriate as a last resort. The Georgia Department of Human Services Division of Aging Services has other publications to specifically address the subject of guardianship and conservatorship, or an attorney may be needed to provide additional information on this subject. Please check the resource section of this document for references to both.



## **If I have Power of Attorney for my father and I cover expenses for him out of my own pocket, can I just reimburse myself later from his finances?**

An agent acting under a validly executed power of attorney has a duty to be a responsible fiduciary for his or her principal. Ideally, the power of attorney document should specifically detail whether payment to the agent is authorized, and if so, under what circumstances. If not, depending upon the accounting requirements, an agent may be able to reimburse him/herself for actual out-of-pocket expenses incurred for the principal. Unless the agent has trouble getting someone to recognize the authority of his agency, the instances should be very limited when the agent is forced to personally bear the financial expenses of the principal. It is always a good practice to maintain accurate receipts and notations for any money paid directly to the agent from the principal's finances.

Depending upon your father's circumstances, a situation could occur in the future that may prevent you from recovering reimbursement from his finances. For instance, he could, because of illness or disability, need to qualify for Medicaid. In such case, there is no guarantee that you would then be allowed to recover out-of-pocket expenses from his income or assets.

Instead, you might want to allow your father to be as financially independent as possible and meet his own expenses. As the agent, you will have the authority to arrange your father's finances, bills and other expenses in the way that best meets his needs and serves his interests. Conscientiously undertaking these tasks should help alleviate the need for you as the agent to have to incur out-of-pocket expenses that require reimbursement. (See the publication, *Managing Someone Else's Money - Agents Under Power of Attorney*, state specific Guide for Georgia developed by the Consumer Financial Protection Bureau and available from the Division of Aging Services.)

If, however, you as the agent use your own funds to meet the financial obligations of your principal (the person on whose behalf the agent is acting), it should be done with the knowledge that there is a risk that you will never be reimbursed or otherwise compensated for doing so. One cannot accurately predict the future in terms of 1) the principal's willingness to follow through on a promise made in the past, 2) the future existence and status of finances, and/or 3) laws, policies and regulations governing what is and is not an acceptable practice as it relates to such reimbursement.

## **If I have power of attorney for my mother, can I pay myself for my services?**

That depends upon whether the power of attorney document authorizes compensation to the agent. If it does, then whatever the terms are for compensation are binding. If the document is silent about compensation, the presumption may be, that there was no intent for the agent to be compensated. In that case, the reasonable answer is "No."

## **If I am the primary caregiver for my loved one, can other family members get guardianship or conservatorship?**

There are two measures of last resort for obtaining the legal authority to assist another person who is unable to make vital decisions in the best interest of their property or of themselves. There is guardianship in which a court, after making a determination of incapacity, appoints another person or entity to make decisions for one who is no longer deemed able to make or communicate significant responsible decisions about his/her health or safety; and, conservatorship in which a court, after a determination of incapacity, appoints another to make decisions about a person's property because he/she is deemed unable to make or communicate significant responsible management decisions about his or her property.

Even if you are actively providing care as the primary caregiver, if another relative or any other interested person believes that your loved one is not receiving the best care or is otherwise at risk and in need of a different caregiver, then they may choose to petition the court for either guardianship and/or conservatorship.

Just because a petition is filed, however, does not automatically mean that it will be granted. The court will order an evaluation, appoint an attorney for your loved one and schedule a hearing to hear the evidence from all parties. Then a decision will be made as to whether a guardian and/or a conservator is needed and who can best fulfill that role.

## **What if I already have a durable power of attorney to handle financial matters and an advance directive to make health care decisions. Can the guardianship/conservatorship petition still go forward in court?**

Yes, it can. The court process supersedes or cancels out the voluntary grant of authority, always in the case of a financial power of attorney; but only for cause with an advance directive for health care, if the court determines that such action is necessary to protect the alleged incapacitated adult.

## **I live in Georgia and my mother lives in another state. I plan to relocate her to Georgia in the next six months. Will the advance directive from her state be legal in Georgia because I don't think she is able to complete a new one?**

The out-of-state directive for your mother may be recognized in Georgia if it is substantially similar to Georgia's requirements for this document. For specific legal advice on this issue, please consult an attorney.



**My brother lives in another state and is currently in a nursing home. I've talked to him about moving to Georgia to be closer to family. He said he is ready to move to Georgia. When I spoke to the social worker at the nursing home about this, she mentioned that one of my brother's step-grandchildren, his "guardian," had not said anything about my brother leaving. Is this going to be a problem for me in getting him moved?**

The initial question is whether your brother has the legal authority to choose where he lives and/or whether he can leave the state to relocate to Georgia. Since the social worker mentioned the term "guardian," it is first necessary for you to determine whether there is a court ordered guardianship in place for your brother. Only a court can appoint a legal guardian, so unless the step-grandchild has been through this court process, it is not likely that he or she is the legally appointed "guardian" for your brother. Often, the terminology, "guardian" is mistakenly misused in the place of other grants of authority such as Durable Powers of Attorney and Health Care Directives. Before taking any steps to relocate your brother, clarify whether your brother still retains the legal authority to make decisions concerning both his person and his property as both are integral pieces of a relocation plan.

**If I determine that there is no guardianship in place for my brother and he wants to relocate to Georgia, what are some steps I need to take to make this happen?**

The first step begins with obtaining the legal authority to act on your brother's behalf. Since he will be in another state and is likely not able to do much of the legwork that is required to prepare for his move, these tasks will most likely be left to you. Determine if your brother wishes to give you the authority to handle these affairs for him. If so, find out from the local long-term care ombudsman how your brother can access the local legal services program to obtain the necessary services and/or documents.

Next, assess where your brother currently lives and what resources of his are being used to maintain his residence. If he is in a nursing home, then consider how that bill is being paid. (i.e.: his income, Medicare, Medicaid, private insurance) If it is his income, then the source of that income will need to be verified to know what actions are necessary to transfer it to another state. Arrangements will have to be made with payers of income, current banking institutions, and/or state agencies in order to ensure that your brother's income and assets are properly transferred or redirected.

The next step is to make sure that your brother is physically and mentally able to be relocated. A conversation with his medical professionals is essential; you will need to have proper authorization to have those conversations. Obtain the necessary authorization from your brother if you do not already have it.

Whatever level of care your brother is currently receiving, it is likely that he will need at least that level of care in Georgia. Locating an appropriate placement for him in advance of physically relocating him is critical. If he is in a long-term care facility in his state, then work with the long-term care ombudsman to get leads on possible appropriate facilities in the geographic areas that interest you. Once you locate the facility that suits your brother's needs and preferences, work with that facility to secure an appropriate placement for your brother.

Coordinate with your brother's current facility and medical professionals to determine the best way to transport your brother from his state to Georgia, considering his physical and/or mental needs.

Once you obtain this status, act within your authority as your brother's agent and complete whatever is necessary to implement the relocation plan. Be patient. Be thorough. Be understanding to the adjustment that your brother is making. Be the advocate that your brother needs you to be.

### **My elderly father and I live in different cities. Though I visit as often as I can, sometimes I feel like it is not enough. Can I be held liable for not doing something or not doing enough to help him?**

That will depend upon the nature of your relationships with your father. Georgia does not generally hold family members legally responsible or "liable" for the care of their elderly relatives solely by reason of family relationship. However, there are obligations and responsibilities that people in certain positions of trust are required to meet under the law. These positions include "fiduciaries" (one officially appointed to act or assume the role to act in the capacity of trust over designated financial/business affairs) and "caregivers" (also known as, "caretakers" - people who have the responsibility for the care of a disabled adult or elder person as a result of family relationship, contract, voluntary assumption of that responsibility, or by operation of law).

If you have a legal obligation as a fiduciary and fail to uphold it, that failure resulting in harm to your loved one could lead to liability, civil and/or criminal. For issues concerning loved ones in a state other than Georgia, please consult an attorney licensed to practice law in that state.

### **Who would have the right to hold me liable?**

That depends. For civil actions, the person harmed or someone legally empowered to pursue claims on that person's behalf would generally have the right. For criminal actions, the state typically has the right to prosecute crimes against its citizens.

**I am trying to help my grandmother as much as I can but I'm the only one doing so, and my grandmother says that she wants to leave the bulk of what she has to me. I don't want to wait for a will because I'm afraid my other relatives will try to keep things tied up in court. I have heard of people using care contracts. Are they legal, and is that something that my grandmother and I could have prepared?**

Care contracts, sometimes referred to as "Life-care Contracts" do exist in some states. They may mean something different depending upon who is using the term. Typically, when used in the long-term care communities, they tend to refer to arrangements with a residential facility that one agrees to live in for the rest of their life at either a set price or for a base price with menu items available on an as-needed basis at additional costs. There are facilities that may offer these contracts because they have various levels of care and the person is able to "age-in-place" regardless of their physical or mental condition.

There are companies that sell this type of contractual coverage much like insurance.

In other instances, individuals have been known to formally seek to establish this type of arrangement with other individuals. For instance, an agreement may be made to provide guaranteed specified care and services to another person for life. In exchange, the person receiving the care agrees to make either a lump sum payment periodic payments or agrees to transfer certain property to the proposed caregiver(s) at a given point in time.

If honored in your state, the validity of a contract may be judged according to terms of the contract. Factors that will generally be considered include, 1) whether both parties willingly entered into the agreement; 2) whether both parties understood what they were agreeing to; and, 3) whether there is adequate consideration by both parties (is each getting reasonable value for the promises they are making), among other things.

These agreements may not be valid in every state. Before entering into such an agreement, it is strongly advised that you seek the advice of an attorney familiar with such agreements.

**As a caregiver, what is my obligation to follow my loved one's wishes when he/she has expressed given directions about not doing any of the following in the future?**

- **going to the doctor**
- **going to the emergency room**
- **taking prescribed medicines**
- **being forced to eat**
- **getting out of bed**
- **seeing other family members**

The starting point of this answer is the recognition that every adult has the right to make decisions about his or her own person, health care choices and with whom he/she will or will not associate. This right exists until an adult is deemed by one in the position of a legally designated authority, no longer able to make or communicate reasonable decisions about these choices due to physical and/or mental impairment. If something begins to interfere with an adult's capacity to make sound decisions and this places the adult "at-risk" or in a position of danger, then it may become necessary for someone else to gain the legal authority to step in and aid that adult.

An otherwise competent adult can choose to make lawful decisions with which family, friends and others might disagree. If that adult's lawful decisions are being made because he or she fails to recognize or comprehend and accept the consequences of those decisions, then there is a greater likelihood that intervention is or will become necessary.

So, an assessment is necessary in each of these named situations to determine if your loved one is making an informed decision about these choices and has a clear understanding of the consequences. When decisions are made that are likely to adversely affect health and safety, it is often a good idea to encourage that loved one to reconsider those choices or at least consult with another trusted person (i.e., a relative, friend, physician, clergy, social worker, counselor or licensed therapist, etc.); if for no other reason but to document their decisions so it is clear that each of those choices was made with complete knowledge of their consequences. It is always better if your loved one has expressed his or her wishes on each of these subjects in writing. It is recommended that your loved one be encouraged to complete an advance directive to clearly establish these choices.

## **Do I have to relocate my mother to be nearer to me or other family members if she's beginning to decline, or can she stay in her own home?**

First, consider some possible reasons for your mother's alleged "decline." A good place to start is always with a complete health evaluation. However, it is also a good idea to attempt to characterize what you believe to be her changes in behavior, attitude, and/or personality: activities of daily living, eating habits, hygiene habits, decision making, etc. Determine whether there have been any major life changes for her: illnesses, death of close friends or family members, friends or close family members who may have moved away.

Realistically, unless you have the legal authority to decide where your mother will live or the legal obligation to provide a safe and appropriate place for her to live, the choice of your mother relocating is your mother's choice to make, not yours. You may certainly initiate a discussion with her and share your opinion, but without the legal authority to do so, you do not get to make the decision for her.

## **Can I let my father pay for alterations to my house to make it more accessible for him to move in with me?**

That decision must be discussed thoroughly with your father so that both of you are clear on the consequences involved and any proposed terms under which the modifications are being proposed at his expense. If your father understands the arrangement that the two of you are making and enters it willingly, he has every right to spend his money as he chooses. As part of a long-term planning process for him, however, it is also a good idea for him to have a discussion with an attorney and/or a financial advisor who would represent your father to make sure that this is the best plan for him.

## **I am the only one of my mother's children who comes to visit on a regular basis. If I am the primary caregiver, how much information do I have to share with other family members about my mother's condition?**

Family relationships often break down during the caregiving of a loved one simply because there is a lack of available information and communication shared among family members. While it may seem reasonable that as primary caregiver you are the only person who needs access to all information, keep in mind that part of caregiving is putting the needs and wishes of your care recipient in the highest priority. However, the question that should always be asked is whether the care recipient would want other family members kept apprised of the status of everything. If the answer to that is yes, then personal feelings should be put aside, and every effort should be made to be as inclusive of the other family members as possible. It is not uncommon for people to become suspicious and less trusting when they believe that important information is being withheld from them.

Where there are other interested family members involved in the life of your mother, even to a lesser extent than you, then it may often be a better idea and practice to at least periodically keep them informationally involved and updated. This may help to decrease the level of strife and stress among you and lessen the likelihood that, at some point, action may be taken to legally challenge you as the primary caregiver. Besides, sometimes an unexpected benefit is that it may relieve the feeling that you are totally alone in the experience as the caregiver when you have others with whom you can at least share information.

## **How do I make others in my family contribute time and money to take care of our loved one?**

Practically, the reality is that you can never force others to contribute their time or money to support loved ones if they choose not to do so. Georgia has no law that imposes state civil or criminal liability against family members for failure to personally contribute to the care of a loved one. (There remains in the law a statute from the 1800s that allows counties to seek assistance from children and parents of paupers that the county financially supports. This is the same part of the law from which the pauper's burial practice is derived.) This is an additional reason that it is beneficial to regularly involve other family members in the status of and discussion about your loved one. Family members are sometimes more inclined to financially participate in the care of a loved one when they feel included in the discussions and decisions about the care and welfare of that loved one. For family members who adamantly refuse to participate and contribute, however, that choice is legally theirs to make.

**I think I am the closest living relative that my aunt has that will have anything to do with her. She is very ill and is in the hospital and they found my name and telephone number in her emergency contacts and called me. We are not that close, even though she is my mother's sister. My mother passed away five years ago, and my aunt hasn't called me once since my mother died. She has no husband, no children and she and her brothers, my uncles, don't even speak to each other. I live out of state but can afford to travel and see about her as the hospital requested, but where do I start? And how do I begin to, or should I want to, make health care decisions for someone I'm not even that close to?**

Family dynamics can be very difficult, especially when the relationships are estranged. Often there is a communication breakdown when communication is most needed at the times of sickness, heartache, and/or death. However, you have identified some key factors that might guide you in making some important decisions: 1) your aunt is very ill and in need of a health advocate; 2) she has obviously been carrying around information that identifies you as an emergency contact for her in the event that something happens to her and she is unable to speak for herself; 3) you by your own admission have the financial ability to render assistance, should you choose to do so; and 4) from the situation you describe, you indicate that if you do not render this assistance, there is likely no other family member available who is willing or available to do so.

As identified earlier, Georgia has what is called the Consent to Surgical and Medical Treatment Law that authorizes certain identified persons to consent to surgical and medical treatment for patients unable to do so for themselves. You are in a unique position, having lost your mother, your aunt's sister, five years ago, to think back to conversations and remember comments that you can use to guide you in making decisions that are as close to what your aunt would want as possible. All that is left now is for you to make the decision to act. You are the only one that can make that decision.



**What do I do if I'm not the primary caregiver, but I believe that the person who is taking our loved one's money is using it for himself and keeping the rest of the family away to keep his actions from being detected?**

If you ever have reason to believe that an elder person age 65 and older (or a disabled adult 18 years old or over) is being abused, neglected or exploited, then you may file a report with Adult Protective Services (APS); every state has a similar program. In Georgia, they are a section in the Department of Human Services Division of Aging Services tasked with the responsibility to accept for the Division Director reports of alleged abuse, neglect and exploitation; investigate them; and, provide for services, if a person is found to need protection.

Contact **APS** at **1-866-552-4464**. See the Resource Section at the end of this publication for additional information. Always, in the event of an emergency, call 911.

# COMMUNICATION

Caring for a loved one can be stressful and challenging. Caregiving when there are many miles between the caregiver and the loved one adds an entirely new dimension of stress. Key to caregiving from any distance is communication. Regardless of how many miles there are between you and your loved one, there needs to be good communication. No matter the past or current situation, medical condition, or diagnosis, it is critical that lines of communication be kept open.

Remember that there is always a way to approach a subject with someone, especially, a loved one, and it is important to find the better way to do so. It is not as important to always be right to make the point as it is necessary for each person to feel respected and to heard. Just like you, your loved one may already be wrestling with several mixed feelings that make it difficult to communicate. In an ideal situation, the conversation flows in a manner that demonstrates respect toward one another. You and your loved one listen to understand the other's point of view and hear each other's frustrations. There is mutual listening and good faith on both sides.

That doesn't always occur. Even with the best intentions, things go wrong. Sometimes, without any bad intent, the conversation can take a wrong turn. There will be an angry exchange – a destructive confrontation. Accusations will be made; tempers will be lost. There will be miscommunication and misinterpretations. Things will be said that we will regret. Someone may be unintentionally belittled, or there may be silence. There may be feelings of rejection or someone may be ignored. There can be hurt feelings, and the relationship risks being jeopardized. Things can be made worse.

## **Always Respect the Person<sup>1</sup>**

No matter what we bring to the table as a caregiver, we must bring respect for the person to whom we are providing care. That means we are to be mindful of our own issues, emotions, perceptions, biases, opinions, etc. We need to know that all of these can cloud the way we see the other person and sometimes cause us not to hear or see as well as we could or should. Here are three basic rules:

- **Manage emotions**

Emotions are normal and healthy. They indicate that what is happening is very important to us. But they can derail cooperative problem solving. Therefore, knowing how to manage them is very important.

- **Respect perceptions**

We all see the world a little differently. If we disparage (belittle) the other person because they don't see the world our way (the "right" way!), then we have put up a barrier to cooperation. On the other hand, differences in perceptions, if treated with respect, can be sources of mutual understanding and creative solutions.

- **Listen**

Listening is perhaps the most important ingredient in cooperative problem solving. When we listen to another person, we not only learn more about the problem and possible ways to solve it but we also build a bridge of respect and trust, which is essential for carrying out our agreement once it has been reached.

<sup>1</sup> Adapted from Conflict Management: A Workshop for the Eldercare Community. Developed by Resolution Resources Consulting, Inc. funded by The Center for Social Gerontology, Inc. and created for The Georgia Department of Human Services Division of Aging Services (July 2005)

Words do hurt. Even if we forget exactly what was said, we often remember how what was said made us feel. An important thing to remember when a loved one is experiencing a mental deficiency, is sometimes things may be said unintentionally. They may need what seems like illogical excused forgiveness from you to move past what was said and move toward tasks that need to be done. That may be particularly true, if your loved one has short-term memory deficits and has difficulty remembering what was recently said, regardless of how it made you feel.

Communication is a critically important component in caregiving.

See the Resource Section for additional articles and resources on Communication.

# CONCLUSION

The time to encourage putting tools in place that may be needed in the near or distant future is now. Or, at the latest, resources and plans will be needed as soon as it is initially detected that a loved one needs more assistance. Some of these tools are available from the Division of Aging Services at no cost. Types of tools to be considered include:

- Georgia Advance Directive for health care (also available in Spanish)
- Statutory Financial Power of Attorney
- Details of My Final Arrangements (an end-of-life planning document)

Information is available on other subjects such as:

- Georgia Law on Guardianship (includes Conservatorship)
- Medicaid Information for Long-Term Care
- Benefits Guide for Older Georgians
- Guide to Funeral Homes, Crematories and Cemeteries
- Do I Need a Will

Feel free to contact the Georgia Department of Human Services Division of Aging Services for a copy of any of this information. **Call 404-657-5258 or 1-866-552-4464.**

# RESOURCE INFORMATION

## Emergencies

Call **911**

## Reports of Abuse, Neglect, Exploitation

- For individuals in the community, contact:  
Adult Protective Services: **1-866-552-4464**
- For residents of nursing homes, assisted living facilities, personal care homes and other long-term care facilities, file a complaint about a licensed health care facilities or service providers contact:  
Health care Facility Regulation: **404-657-5276** or the toll-free number **800-878-6442**.
- For a resident advocate call:  
State Long-Term Care Ombudsman Program: **1-866-552-4464**

## Aging Resources

Area Agencies on Aging (AAAs): **1-866-552-4464**

## Medicare Issues

- GeorgiaCares: 1-866-552-4464
- 1-800-MEDICARE (1-800-633-4227)

## Medicaid & Senior Benefits

- Georgia Department of Community Health: **1-866-211-0950**
- Georgia Division of Family & Children Services: **1-877-423-4746**

## Social Security

Social Security Administration: **1-800-772-1213**

## Legal Services

- Elderly Legal Assistance Program (age 60+): **1-866-552-4464**
- Georgia Senior Legal Hotline: **1-888-257-9519**
- State Bar of Georgia: **1-800-334-6865**

# ELDER CARE RESOURCES

## Elder/Caregiver resources

[aging.georgia.gov/caregiving](http://aging.georgia.gov/caregiving)  
[eldercare.acl.gov/Public/Resources/Topic/Caregiver.aspx](http://eldercare.acl.gov/Public/Resources/Topic/Caregiver.aspx)  
[caregiver.org](http://caregiver.org)  
[caregiverslibrary.org](http://caregiverslibrary.org)  
[caregiver.com](http://caregiver.com)  
[caring.com](http://caring.com)  
[aarp.org/caregiving](http://aarp.org/caregiving)

## Caregiver guides

[cancer.org/treatment/caregivers/caregiver-resource-guide.html](http://cancer.org/treatment/caregivers/caregiver-resource-guide.html)  
[caregiving.org/pdf/coalitions/VA\\_Caregiver\\_Guide.pdf](http://caregiving.org/pdf/coalitions/VA_Caregiver_Guide.pdf)  
[longtermcarelink.net/eldercare/the\\_caregivers\\_handbook.htm](http://longtermcarelink.net/eldercare/the_caregivers_handbook.htm)  
[aarp.org/caregiving/care-guides](http://aarp.org/caregiving/care-guides)  
[nia.nih.gov/health/getting-started-long-distance-caregiving](http://nia.nih.gov/health/getting-started-long-distance-caregiving)

## Abuse neglect and financial exploitation

[ncea.acl.gov](http://ncea.acl.gov)  
[napsa-now.org/get-help](http://napsa-now.org/get-help)  
[helpguide.org/articles/abuse/elder-abuse-and-neglect.htm](http://helpguide.org/articles/abuse/elder-abuse-and-neglect.htm)  
[aginginplace.org/guide-to-recognizing-elder-abuse](http://aginginplace.org/guide-to-recognizing-elder-abuse)  
[nia.nih.gov/health/elder-abuse](http://nia.nih.gov/health/elder-abuse)

## Prescription drug assistance

[mygeorgiacares.org/Medicare/MedicarePrescriptionDrugBenefit\(PartD\).aspx](http://mygeorgiacares.org/Medicare/MedicarePrescriptionDrugBenefit(PartD).aspx)  
[medicineassistancetool.org](http://medicineassistancetool.org)  
[medicare.gov/drug-coverage-part-d](http://medicare.gov/drug-coverage-part-d)  
[medicare.gov/your-medicare-costs/get-help-paying-costs/find-your-level-of-extra-help-part-d](http://medicare.gov/your-medicare-costs/get-help-paying-costs/find-your-level-of-extra-help-part-d)

## Communication

[elizz.com/caregiver-resources/13-ways-to-improve-your-caregiver-communicationskill](http://elizz.com/caregiver-resources/13-ways-to-improve-your-caregiver-communicationskill)  
[aginginplace.org/important-caregiver-skills-to-keep-seniors-happy-in-their-home/#link-1](http://aginginplace.org/important-caregiver-skills-to-keep-seniors-happy-in-their-home/#link-1)  
[thiscaringhome.org/effective-communication-skills-for-better-caregiving](http://thiscaringhome.org/effective-communication-skills-for-better-caregiving)  
[caregiverslibrary.org/caregivers-resources/grp-caregiving-basics-topic/hsgrp-communication/communications-skills-article.aspx](http://caregiverslibrary.org/caregivers-resources/grp-caregiving-basics-topic/hsgrp-communication/communications-skills-article.aspx)  
[nia.nih.gov/health/alzheimers-caregiving-changes-communication-skills](http://nia.nih.gov/health/alzheimers-caregiving-changes-communication-skills)



## **Alzheimer's and related dementias**

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

[alzfdn.org/caregiving-resources/fact-sheets-information](http://alzfdn.org/caregiving-resources/fact-sheets-information)

[nia.nih.gov/health/alzheimers](http://nia.nih.gov/health/alzheimers)

[lbda.org](http://lbda.org)

[memory.ucsf.edu/dementia/vascular-dementia](http://memory.ucsf.edu/dementia/vascular-dementia)

[nia.nih.gov/health/vascular-contributions-cognitive-impairment-and-dementia](http://nia.nih.gov/health/vascular-contributions-cognitive-impairment-and-dementia)

[cdc.gov/aging/dementia/index.html?deliveryName=DM5465](http://cdc.gov/aging/dementia/index.html?deliveryName=DM5465)

## **Legal help**

[georgialegalaid.org](http://georgialegalaid.org)

[LawHelp.org](http://LawHelp.org)

[gabar.org/forthepublic](http://gabar.org/forthepublic)

[naela.org](http://naela.org)

[gaprobate.gov](http://gaprobate.gov)

## **Long-term care**

[georgiaombudsman.org/long-term-care](http://georgiaombudsman.org/long-term-care)

[theconsumervoice.org/issues/recipients](http://theconsumervoice.org/issues/recipients)

[medicare.gov/NursingHomeCompare/About/howcannhchelp.html](http://medicare.gov/NursingHomeCompare/About/howcannhchelp.html)

[medicare.gov/nursinghomecompare/search.html?](http://medicare.gov/nursinghomecompare/search.html?)

[medicare.gov/homehealthcompare/About/What-Is-HHC.html](http://medicare.gov/homehealthcompare/About/What-Is-HHC.html)

[medicare.gov/homehealthcompare/search.html](http://medicare.gov/homehealthcompare/search.html)

## **Hospice/Palliative care**

[hospicefoundation.org](http://hospicefoundation.org)

[nhpco.org/patients-and-caregivers](http://nhpco.org/patients-and-caregivers)

[nia.nih.gov/health/what-are-palliative-care-and-hospice-care](http://nia.nih.gov/health/what-are-palliative-care-and-hospice-care)

## **Information/Education**

[aging.georgia.gov/publications](http://aging.georgia.gov/publications)

[empowerline.org](http://empowerline.org)

[ncoa.org](http://ncoa.org)

[aarp.org/caregiving](http://aarp.org/caregiving)

[caregivered.org](http://caregivered.org)

[rosalynncarter.org](http://rosalynncarter.org)

# EMERGENCY INFORMATION

If you are the primary or a significant participant in the care of a loved one, there are certain pieces of information that you may need to have or at least be able to access in the event of a medical emergency of your loved one is unable to provide the necessary information to emergency medical technicians, paramedics, nurses, physicians or other first responders and that information is not already on file through a medical alert-type organization or some other accessible system. While you may ordinarily know this information, and usually be able to recall it on a moment's notice, in a crisis, it is not uncommon to make a mistake or inadvertently forget something that could be vitally important.

Consider using the next three pages to collect some of this valuable information which may then be kept by you and other caregivers in case it is ever needed. There may be additional information specific to your loved one that you will want to add that may be essential for medical personnel to know in an emergency.

## EMERGENCY INFORMATION

Complete this information to provide details about emergency contacts.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Emergency contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

### Alternate Emergency contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

### Primary care physician

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Written health care directives

Living will:  Yes  No

Health care Power of Attorney:  Yes  No

Georgia Advance Directive for health care:  Yes  No

Out-of-State health care directive:  Yes  No

### Health care agent

Primary Agent: \_\_\_\_\_

Contact #: \_\_\_\_\_

Alternate/Successor Agent: \_\_\_\_\_

Contact #: \_\_\_\_\_

### Insurance

Private Insurance: \_\_\_\_\_ # \_\_\_\_\_

Medicare: Part A: \_\_\_\_\_ Part B: \_\_\_\_\_ # \_\_\_\_\_

Medicare Supplement: \_\_\_\_\_ # \_\_\_\_\_

Medicaid: # \_\_\_\_\_

### Pharmacy

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Other Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pain medications**

Are there any medications that should be avoided? Why?

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**Current Medications/Vitamins/Herbal supplements** (attach additional sheets as necessary)

Name	Dose	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Prostheses** (include any metal or metal fragments known to be inside the body)

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**Blood type** \_\_\_\_\_

**Previous surgeries** (and dates if available)

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**Medical diagnoses or conditions:**

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**Date last updated:** \_\_\_\_\_

## LONG-DISTANCE VISIT CHECKLIST

If your loved one is in one town, city, or state and you are in another, it is a good idea to prepare for each visit, even if you make regular visits. This helps you to focus, in advance of your trip, on those things that must be done during the visit as opposed to optional tasks or tasks that are not as high on the priority list. Obviously, if your visit is for a specific purpose, such as accompanying a loved one to a doctor visit, your priority is likely already clearly defined and there may not be time or opportunity to perform additional tasks on this visit.

In other instances, when your priority is established by what may be going on in your loved one's life at the time, this is when some more routine reminders could be helpful.

The short list below might assist you in getting the thought process started. Additional areas can be always be added and you may find that some areas may not need your attention on every visit.

- Appointments that need to be made
- Banking: reordering checks, deposit slips, statements, etc.
- Bill paying
- Car repairs or maintenance
- Car/House/Health/Life Insurance
- Clothes: Shopping or Alterations
- Cooking
- Dry Cleaning/Laundry
- Grocery shopping
- House repairs or maintenance
- Membership/Subscription Renewals
- Post Office Needs
- Prescription refills
- Recertification: homestead exemptions; leases; benefits programs, etc.
- Salon or Barber visits
- Taxes
- Visits with friends or relatives
- Worship Services
- Yard Maintenance

# KEY THINGS TO REMEMBER

Face it. Unless you are integrally involved in the life of your loved one and can immerse yourself in nearly every aspect of his or her life, there are simply some things that may fall off your radar or never make it on there at all. That doesn't make you unconcerned, just human. It is okay to make notes, keep a journal, jot things down in the note section of your phone, tablet, or whatever you need so that when you are able to be there, you don't have to struggle to find those things that make those visits extra special and bring joy and smiles that you really want to be able to do.

Like what? The best way to know if you haven't learned by observing, is to ask. Here are a few areas to start and you can add/build from here:

- Favorite radio and television stations (and shows with the designated dates and times)
- Special foods and beverages (restaurants and recipes – yes, it matters!)
- Comfort foods and treats/snacks (Brands do make a difference.)
- Daily routines (It may not matter to you what's done first, but it can really upset things for others.)
- The name and location of his/her barber/salon (Take note of any hair products.)
- If your loved one has a pet, the pet matters to them regardless of how you feel about pets.
- Everything you need to know about your loved one, is what you need to know about their pet!



# IMPORTANT NOTICE

Information contained within this document has been prepared as educational material for your consideration. It is not intended to constitute or substitute for specific legal advice on any situation. If your situation is like anything described in this information, you are encouraged to seek advice from an attorney or other professional to fully examine and assess your set of facts and circumstances.

You may make as many copies of this material as you like, and you may share it with others.

If there are questions about this publication, they may be directed to the **State Legal Services Developer** at **404-657-5328** or **1-866-552-4464** or by sending an email to: **natalie.thomas@dhs.ga.gov**

For additional copies of this document, contact the **Georgia Department of Human Services** Division of Aging Services at **404-657-5258** or **1-866-552-4464**, or send a request to:

**Georgia Department of Human Services**  
Division of Aging Services  
2 Peachtree Street, NW | 33rd Floor  
Atlanta, Georgia 30303-3142



## **Georgia Department of Human Services**