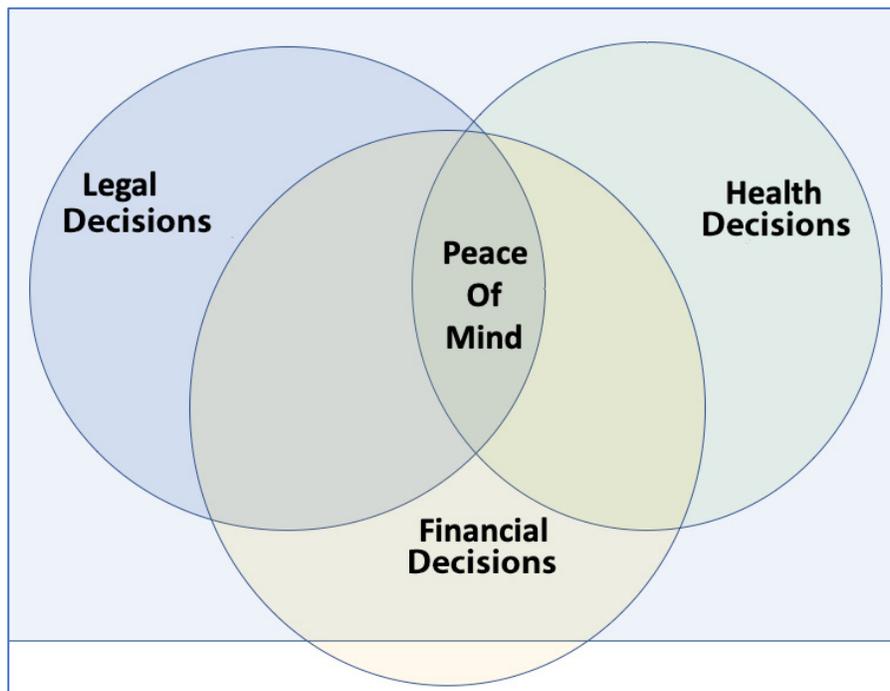




Navigating as We Age: Changes & Choices



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Riderwood Caring Connections Committee
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Revised 2022, 2023, 2024
Riderwood Caring Connections Committee

The Caring Connections Logo is a nautical rose signifying our navigation through the choices we make as we live fully through all stages of life at Riderwood.

The Caring Connections Committee is a joint Initiative of residents and the Resident Services Coordinators/Social Workers (2024):

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Ellen Lebedow, Manager, Resident Services Coordinators, Co-Chair
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Carolyn Fausnaugh
Merrill Fisher
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Mina Wuchenich, M.Ed., Editor

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Maggie Hayes, J.D.
Sharon MacInnes, Ph.D.
Stephanie McConachie, Ed.D.

Guest Speakers

Riderwood Staff &
Outside Experts (*pro bono*)



Welcome to *Navigating as We Age: Changes & Choices!*

A little background: *Navigating* began in 2018 when a fellow resident faced navigating the legal, financial, and medical issues as her husband declined mentally and physically. As a long-time educator active on Riderwood's Continuing Education Committee (CEC), she could not believe

that she was so clueless about end-of-life issues, and how to navigate them. Why don't I know this stuff? Why indeed, since every year both staff and resident groups sponsor educational events to help us anticipate issues one by one and the "win" of making decisions in advance. Like many of us, our friend didn't attend these events, figuring that she'd learn later when the need arose. But life happened. Her stress was palpable.

The CEC led by Nancy Pawliger realized that this dilemma cut across our community. A Caring Connections Committee (CCC) was the answer—to explore producing a resident-run class outside of the SAGE program. The desire was specifically to help all of us plan end-of-life decisions ahead of need and share them with family members and representatives.

Mina Wuchenich, an educator/resident and member of the CEC, agreed to co-chair this subcommittee along with staff member Ellen Lebedow, Manager of Resident Services/Social Workers. Other CEC members volunteered and began a six-month research project to learn about decisions we all need to make, and forms we all need to fill out, as we age. In 2019 the CCC, with Mina and Ellen at the helm aided by Suzan Wynne, began an arduous process of conceptualizing a multi-part course to help residents plan ahead, integrating many overlapping issues into their own personal roadmaps. Having educated themselves, the primary goal of the course became clear: encourage and equip all Riderwood residents to complete their personal legal, financial and medical advance directives. The CCC gathered the experiences of fellow residents and consulted staff and community experts: social workers, attorneys, therapists, teachers, evaluation gurus, finance leaders, an organizational development expert, medical professionals, computer whizzes and a psychotherapist. As they developed the curriculum, CCC member Trudy Downs "massaged" the first Life Ledger where residents could record their decisions to pass on in conversations with their family members or personal representatives.

Riderwood residents responded enthusiastically. In June 2019, the 12-week *Navigating* pilot began with 20 participants...and a waiting list. As of today, over 220 residents have successfully completed the course.

In December 2020, Sharon MacInnes, a resident with a Ph.D. in Educational Administration and extensive experience in curriculum development, suggested four paradigm shifts: (1) shifting the focus away from “end of life” to “peace of mind”; (2) centering the course around the concept that Riderwood residents have much more control over the trajectory of their life because of *where* they are living, thus emphasizing resources available at Riderwood; (3) engaging students more actively in the classes; and (4) producing a completed revised Life Ledger as the heart of the course and major component of the homework. Sharon then undertook a major revision of the Life Ledger in order to synchronize the new *Navigating* course around it. CCC members and their friends submitted numerous edits from March to May and a final Life Ledger was adopted in May 2021. It is now online. In April, the CCC decided that Sharon would write lesson plans with objectives; rearrange the curriculum to sequentially progress from easier topics to more fraught subjects; assemble old and new materials into a revised binder; and work with speakers to create PowerPoint presentations where needed. She submitted her ongoing work to a subcommittee consisting of Mina, Ellen, Sandra Flank, and Cappie Morgan who reviewed and approved them. Each completed class was then distributed to the entire CCC for final approval. Student evaluations added final touches to the course.

We are proud of this new *Navigating* course inaugurated in Fall 2021. Many hands have molded it into its current form—too many to mention—and we sincerely thank all of you!

We look forward to your feedback so that we can continue to improve this important effort. And we sincerely hope you will find the course useful in promoting Peace of Mind for yourself, your loved ones, and your representatives!

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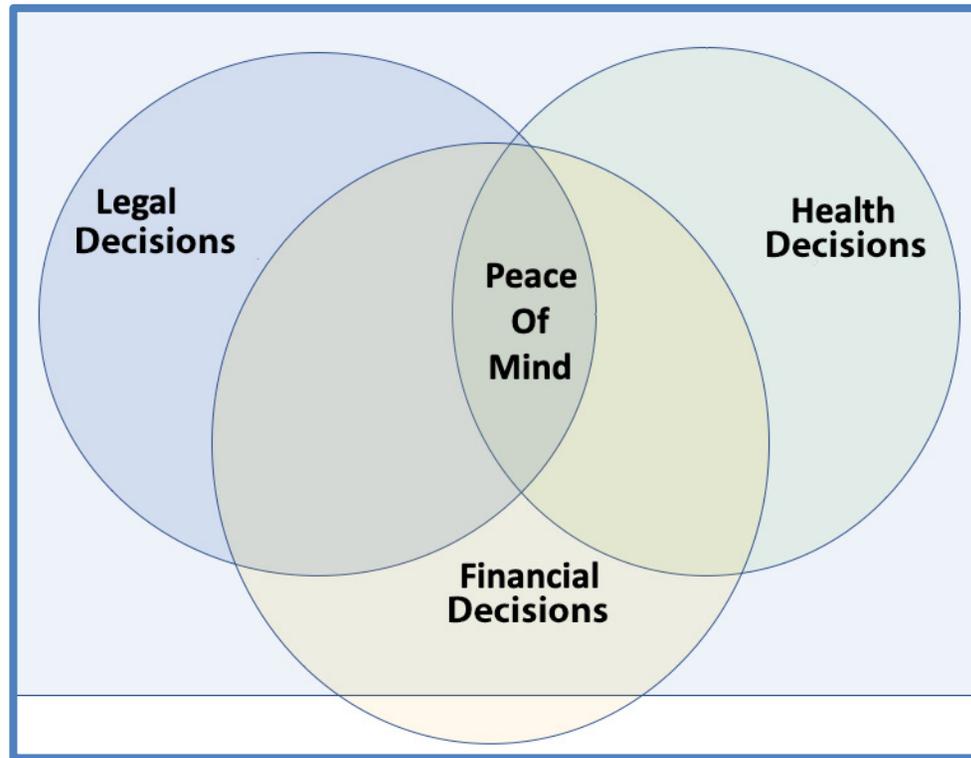
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Section I: Overview, *Life Ledger*, & Legal Decisions,



OVERVIEW OF “NAVIGATING” COURSE

The premier product of Riderwood’s Caring Connections Committee and its “Navigating” subcommittee is this course, “Navigating as We Age.” The course encompasses 12 classes on many financial, legal, and health topics that impact us as we age in place and has been authored by your peers at Riderwood. It has been carefully planned to promote your peace of mind, and that of your loved ones and representatives, as you complete the sequential components of this course.

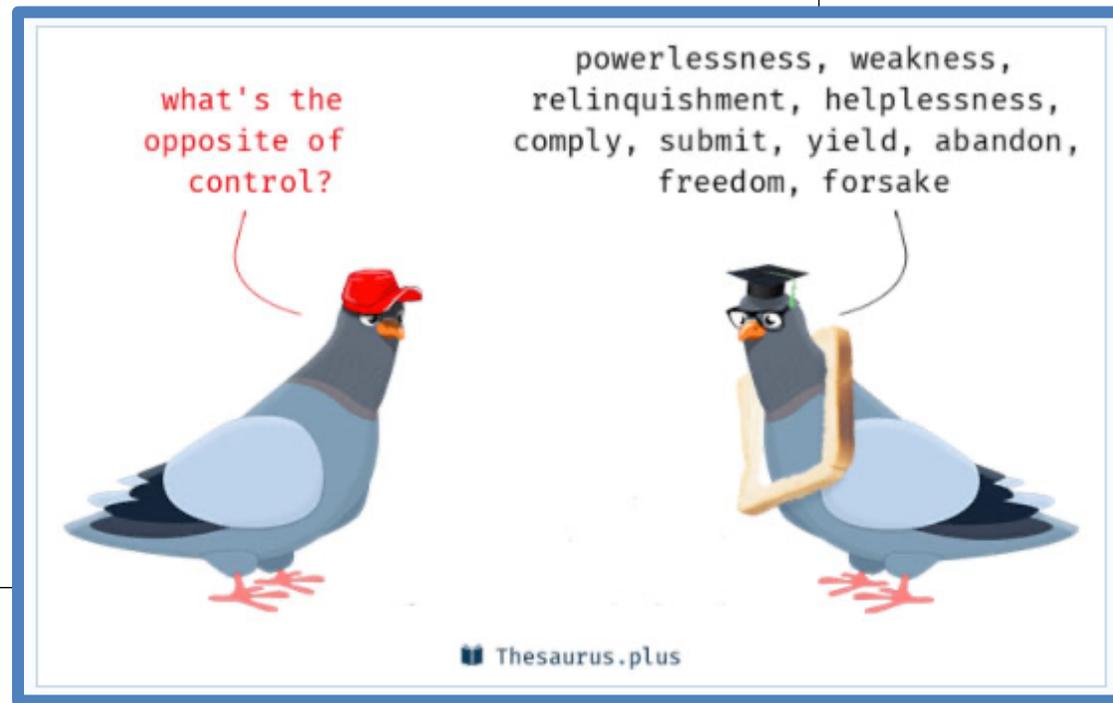
The primary *raison d’être* of the course is to provide activities that engage you and expert speakers that encourage you. We hope to inspire you to actively complete tasks you may have been postponing. Our goal is to encourage you to produce a document called a *Life Ledger* corraling your decisions, hopes and wishes for the future, and then sharing it.

As with any course you take, the amount of work you put into it directly relates to what you will gain. Your task as a participant is to complete the *Life Ledger*, collect the essential documents mentioned in the *Life Ledger* and classes in one place, and share this information as a gift to those you most care about and/or your trusted representatives. While we can’t absolutely guarantee you will feel Peace of Mind if you meet our expectations, we sincerely believe you will.



All of us want to be in control of all aspects of our lives at all times. That may not always be possible, but this course is designed to give you the tools that allow you to know you are as secure as you can be legally, financially, and medically so that you have peace of mind. Each of these issues involves the following process:

1. **Consider** the issue for what it means to you.
2. **Decide** your preferences.
3. **Document** them in a format to share with others in your life.
4. **Share** with key people like family members or agents like your Power of Attorney.
5. **Review your decisions** periodically to update them





CLASS 1: LIFE LEDGER



OBJECTIVES OF CLASS 1

1. Through an interactive activity, students will recognize that their concerns for the future align with this course’s mission of providing tools that allow them to make informed legal, financial, and health decisions.
2. At the end of this lesson, students will appreciate the value of the Life Ledger and the binder and will begin to enter information into it.

WHAT YOU WILL FIND IN THIS CHAPTER

Life Ledger

Note: this binder contains the *Life Ledger: My Caring Connections*® in pdf format. Because of the format, it can’t be changed. You could print it out and fill it in, but we recommend instead that you download the Life Ledger in Word format from and save it on your computer <https://caringconnectionsinc.com/>. Once you do that, you can fill in each row or column—they will expand as you add information. You can also delete sections that are not pertinent to you. See “Explanation of the Life Ledger (Please Read First)” at https://caringconnectionsinc.com/wp-content/uploads/2024/08/everythingyouneedtoknowaboutll_final.docx. As you change the Life Ledger by adding or deleting information, the page numbers will change. Homework assignments, which are mandatory for completion of this course, are at the end of each chapter in the binder. You will be able to jump to different sections using the hyperlinks at the top of each section of the Life Ledger.

Homework (*for this chapter alone, we’re placing the homework at the beginning so as not to interfere with the Life Ledger*)

HOMEWORK



1. Complete the “File of Life” and put it on your refrigerator and fill out the wallet card (some refrigerators do not have metal doors, but you should be able to attach it to the metal side of the refrigerator). The wallet card will fit into your badge if you choose to carry it.

Date completed: _____

2. Completely enter information specifically relevant to you in parts A-F of Section I: “Identification and Personal Information” of your Life Ledger (pages 1-8) and start adding as many people as you can in parts G-H, “My Current Professional Relationships” and “My Personal Advocates” section (pp. 8-12).

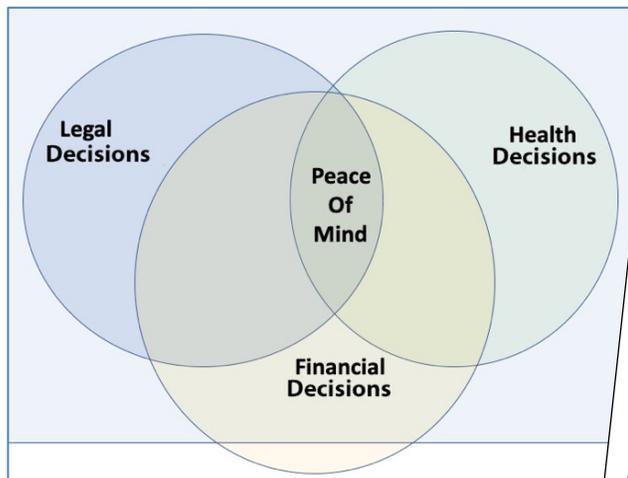
3. Using the “Personal Advocates” table in your Life Ledger, make a list of the advocates you need to contact and the dates when you intend to call them (also include the date you actually call them or meet with them)



Advocate name	Date I’ll call	Date I called

Extra Credit: Download, save, and skim NIH’s National Institute on Aging’s 123-page booklet “Get Fit for Life” at

--	--	--	--	--	--	--	--



Introduction to the *Life Ledger: My Caring Connections*

What is the *Life Ledger: My Caring Connections*?

The *Life Ledger* is a reference document designed to capture your legal, financial, and health information, as well as your values. This single comprehensive document guides you in gathering, in advance of need, your key data and details of your plans. It is a gift to yourself, your family, and trusted representatives. Your supporters will then have a guide to help them implement your decisions, as needed.

How and why was the *Life Ledger* developed?

Most of us have ideas and preferences about our future as aging seniors. If we want those to be effective, we must consider, decide, record, and share our desires, updating them as circumstances change. In 2018, a team of residents at a Maryland Continuing Care Retirement Community knew this well. They developed a 12-session course, *Navigating as We Age: Changes & Choices*, which uses the *Life Ledger* to help residents make and communicate their plans. Later, they created another 9-session course, *Financial Security: Money Management as We Age*. The *Life Ledger* anchors both courses and has also proved useful as an independent tool. In 2019, as the residents worked on the *Life Ledger* and other projects, they formed the Caring Connections Committee (CCC).

How do you use and share the *Life Ledger*?

Whether you complete the *Life Ledger* on paper or on a computer, start with the instructions, *Explanation of the Life Ledger (Please Read First)*. See the options for downloading, personalizing, and protecting your data. Much of the information you will enter here is sensitive, so security is important. Once you complete each section, keep it current as changes in your circumstances occur. Add a reminder on your calendar to update it yearly.

Disclaimer: This *Life Ledger: My Caring Connections* is not a binding legal document or substitute for your will or trust or Advance Directives. It is designed solely as a structure to help you organize and document your legal, financial, and health decisions to share with your family and agents.

Share your *Life Ledger*, ahead of need, in conversations with people you trust--loved ones, holders of your Powers of Attorney, the executor of your will, etc. Don't keep it in your Safe Deposit Box where only you can access it. The information it contains is one of the greatest gifts you can give to those you most care about and/or your trusted representatives!

For more information, caringconnections20904@gmail.com.

Click twice to navigate to each section

PERSONAL & FAMILY

KEY DOCS

PASSWORDS

ASSETS & LIABILITIES

INSURANCE

CASH FLOW

HEALTH

FINAL WISHES

GENEALOGY

LEGACIES

MY LIFE LEDGER¹

SECTION I: IDENTIFICATION AND PERSONAL INFORMATION

Date of completion of form:

Next scheduled update (choose a date like your birthday and update annually, marking the date on your calendar):

A. MY PERSONAL INFORMATION

	My Information ²	My Spouse or Significant Other or Primary Support Agent ³
Legal name and variations you have used in the past (plus nickname if broadly used)		

¹ This document will contain much personal information. Decide how you wish to keep it (as a printout or on your computer) and what level of security you desire.

² Include documentation if applicable (location of birth certificate, adoption papers, marriage certificate, divorce papers, naturalization, etc.)

³ This section is provided as a space for you to fill in as much information about your current or former spouse, significant other, or primary support agent as you deem necessary to have in one place. For example, if your spouse is deceased, it may only be necessary to add his/her

LIFE LEDGER

	My Information ²	My Spouse or Significant Other or Primary Support Agent ³
Maiden name (if applicable)		
Marital status		
Date and place of birth		
Email (if you have more than one, list each one)		
Current address		
Previous addresses (last 10 years)		
Landline phone #		
Cell phone #		
Driver's License # (or state- or federal-issued ID); issuer; expiration date; physical location		
Social Security #		
Medicare/Medicaid #		

death date and location of death certificate. If both spouses are living, do they have a Power Of Attorney and Successor Agent for each other? If you are divorced, the location of your divorce decree is probably sufficient. If single, give the name and address of your life partner, significant other, close relative, or person you have identified to act on your behalf. Married couples: each spouse should complete his/her own Life Ledger even if much of the information is the same.

LIFE LEDGER

	My Information ²	My Spouse or Significant Other or Primary Support Agent ³
U.S. Passport #, date of issue & expiration, physical location		
Citizenship country (if dual, also passport info for 2 nd country)		
Native language		
Religious Affiliation		
Profession (active or retired)		

B. MY MILITARY RECORDS AND VETERANS BENEFITS, IF APPLICABLE

Did you serve in the U.S. military? YES NO If yes, military ID #:

Location of discharge papers:

Any decorations? Disability payments? Retirement income?

Are you a spouse or a beneficiary who receives Veterans Benefits or is eligible for Survivor Benefits? If so, give details and see <https://militarypay.defense.gov/Benefits/Survivor-Benefit-Program/> :

Branch of service	Active service dates	Grade or rank	Place(s) Served

C. MY CURRENT BUSINESS INTERESTS, IF APPLICABLE

Briefly describe and indicate location of documentation and contact information for business partners and/or connections that are currently relevant. Include beneficiaries. For example (add any others that may apply):

- Do you currently have any active business interests? (For example, you retained an interest in your old company when you retired, stock options or profit sharing, are helping a grandchild establish a company, etc.)
- Are you involved in a current business or partnership or not-for-profit endeavor?
- Do you serve as an officer (member of Board of Directors, treasurer, secretary, trustee, website manager) for any business or non-profit organization? Who should be contacted in the event of your death?

D. MY FAMILY OR OTHER KEY RELATIONSHIPS

My Children and Stepchildren							
Name	Address	Phone	Email	Facebook or social media contact info (ex: What'sApp)	Date of birth	Spouse's name	Notes

LIFE LEDGER

My Grandchildren

Name	Address	Phone	Email	Facebook or social media contact info (ex: WhatsApp)	Date of birth	Spouse's name	Notes

My Great-Grandchildren

Name	Address	Phone	Email	Facebook or social media contact info (ex: WhatsApp)	Date of birth	Spouse's name	Notes

LIFE LEDGER

My Siblings							
Name	Address	Phone	Email	Facebook or social media	Date of birth	Spouse's name	Notes

My Pets					
Name of pet	Description	Pet care instructions (food, medicine, dogwalker, etc.)	Current Health, License & rabies info	Person(s) to be called upon for pet care & maintenance (does this person have a key to your home?)	Contact for veterinarian (name, address, phone #)

Do you have an arrangement for long-term care of your pets?

- Directions in will
- Informal arrangement with others; if so, specify here:
- Information for short-term emergency

E. MY LEGAL OR PERSONAL RESPONSIBILITIES (INCLUDING CAREGIVING FOR SPOUSE OR OTHER RELATIVE)

Examples: are you an executor for anyone? have a legal, medical, or financial POA⁴ for anyone? Appear as a co-signer for anyone? Hold legal or financial or ethical guardianship for someone? (Successor Trustee, Agent, Advocate, Ward, etc?)

Name of person for whom you are fully or partially responsible, legally, financially, or morally	Relationship (spouse, parent, aunt, sibling, adult child, grandchild, friend)	Address & phone #	Email	Your responsibility (Ex: secondary contact on checking account, contact on advance directive or LTC ⁵ , managing specific payment for someone, paying for car insurance for someone, co-signer of loan for education, etc.) <i>Give specific details here!</i>	Backup in case you are unable to fulfill responsibility	Location of any official documents

⁴ Power of Attorney.

⁵ Long Term Care Insurance

F. OTHER IMPORTANT RELATIONSHIPS

Examples: former spouse, close niece or nephew, In-Laws, godparent, adoptee, foster child, close friend, etc.

Name	Address	Phone	Email	Facebook or social media	Date of birth	Spouse's name	Notes

G. MY CURRENT PROFESSIONAL RELATIONSHIPS

	Name	Address	Website	Phone	Email	Notes
Attorney						
Accountant/Tax Preparer						
Financial advisor						
Daily Money Manager (writes your checks and pays your bills)						
Stock broker						
Executor of estate						
Backup executor						
Dentist						
Physician (Primary care)						
Specialty Physicians						

G.MY CURRENT PROFESSIONAL RELATIONSHIPS						
	Name	Address	Website	Phone	Email	Notes
Provider of medical supplies such as oxygen, CPAP, etc.)						
Minister, Priest, Rabbi, Imam						
Social Worker						

H. MY PERSONAL ADVOCATES ⁶					
	Name	Address	Phone # (home & cell)	Email	Notes
Person(s) with access to my home ⁷					
Health care advocate ⁸					
Financial advocate ⁹					

⁶ Trusted people whom I have specifically asked to support me if I need it. They are backups, not necessarily holding legal roles like Powers of Attorney.

⁷ Includes neighbors, family members, and outside aides and/or house cleaners.

⁸ Possible family members or friends who could come to the hospital or accompany you to medical appointments and communicate with your health care provider (sometimes when we're in distress, we don't listen carefully to information being delivered and we jump to conclusions that can be clarified if a second person is also listening). Your health care advocate should be local so s/he can communicate with your Health Decision Maker or Medical Proxy. S/he should be a good communicator; may be a professional Care Manager; and should not be afraid to ask questions of health care professionals. That person will need a written consent (<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10106.pdf>) or authorize him/her after setting up your Medicare account) from you for medical professionals to release information (HIPAA—see <https://www.medicare.gov/claims-appeals/your-medicare-rights/your-right-to-access-your-personal-health-information>). This person is a personal advocate not usually holding a legal role (but could also be your Power of Attorney for health care) and is very important. ***It is imperative that you fully discuss this role with that person and get agreement before you enter his/her name on the Life Ledger and tell members of your family who this is.***

⁹ Someone from your family or social network you would trust to pay bills/taxes, deposit any income, and to track your finances if you are temporarily unable to do so. Your financial advocate should preferably be local and should have a consent form signed by you to protect

H. MY PERSONAL ADVOCATES ⁶					
	Name	Address	Phone # (home & cell)	Email	Notes
Tax preparer					
Personal advocate to notice changes in mental, physical, behavioral, social health ¹⁰					
People who perform services for you (pet walking, meal delivery, computer help, etc.)					

both of you. This person is a personal advocate not holding a legal role but is very important. ***It is imperative that you fully discuss this role with that person and get agreement before you enter his/her name on the Life Ledger. Tell members of your family who this is.***

¹⁰ Local trusted friends or family members to whom you have given permission to share warning signs of serious changes in your abilities or behaviors or attitudes. They may be a point of contact/intermediary between you & your family and other professional agents. These advocates are people you trust with perspectives in: (1) Social changes: hygiene, withdrawal, household management, transportation, etc. (2) Health changes in mobility, memory, hearing, vision, breathing, and attitude such as fear or suspicion, etc. Your advocates serve as a first alert of need for additional services.

H. MY PERSONAL ADVOCATES ⁶					
	Name	Address	Phone # (home & cell)	Email	Notes
Other tasks someone might help with (such as home care, communication with the outside world, logistics, etc.)					
Other Important Relationships (such as one or two primary friends)					

Click twice to navigate to each section

PERSONAL & FAMILY

KEY DOCS

PASSWORDS

ASSETS & LIABILITIES

INSURANCE

CASH FLOW

HEALTH

FINAL WISHES

GENEALOGY

LEGACIES

SECTION II: MY KEY DOCUMENTS AT A GLANCE

Legal, Financial, and Health/Medical

Keep copies of your original documents that are valuable or irreplaceable in a fireproof metal box or in your filing system at home or on the internet (but not in a safe deposit box which is only accessible by you). Use this form to specify where each key document is located (going so far as to designate which file cabinet drawer or which computer folder they are in). Also be sure that representatives such as your attorney or executor have originals or signed copies of these documents.

Note: Documents and contact information may be mentioned in other parts of the Life Ledger because they fit in more than one category--it's not necessary to enter information twice.

LEGAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
Will & codicils		Attorney		
		Location of copy in your home		
		Copy in possession of which relative(s) or agents		
Revocable Trust, if applicable		Attorney		
		Location of copy in your home		

LIFE LEDGER

LEGAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
		Copy in possession of which relative(s) or agents		
Memorandum of Wishes¹¹				
Trustee and Successor Trustee(s)				
Executor(s)				
Divorce Decree, if applicable				
Preuptial Agreement, if applicable				
List of assets transferred to & titled in your trust (real estate? stocks?)				

¹¹ This is a separate list that you make out designating to whom you want specific items distributed. The items do not have to be valuable. Many people create such lists without mentioning them in wills, but your executor may not be obligated to follow your instructions unless it is part of your will.

LIFE LEDGER

LEGAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
Contracts				

FINANCIAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
Financial Power of Attorney ¹²				
Pension plans				
Railroad retirement				

¹² Someone from your family or social network or professional whom you legally appoint to make decisions about your financial affairs. There are two types of Power of Attorney: (1) “regular” which ends the moment a person becomes incapacitated, and (2) “durable” which remains in effect if the person becomes incapacitated and unable to make decisions. There are also two levels of Power of Attorney: (1) “limited” which gives power to the agent to conduct specific tasks and sometimes specifies a time period, and (2) “general” which gives the agent power to conduct common financial, legal, and medical tasks. This person does not have to be local because s/he can handle transactions through on-line banking but does need to be trustworthy. The documents this person needs are: (1) Financial Power of Attorney; (2) paperwork from your financial institutions; (3) list of your financial institutions; (4) websites, passwords, security questions (the last three items should be entered in this Life Ledger). For more information, consult your attorney. ***It is imperative that you fully discuss this role with that person and get agreement before you enter his/her name on the Life Ledger and tell members of your family who this is.***

Section II: My Legal and Other Important Documents

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LIFE LEDGER

FINANCIAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
Veterans benefits				
Worker's compensation papers				
Tax records (at least 7 years)				

HEALTH/MEDICAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
Living Will or Advance Health Directive ¹³				

¹³ An Advance Health Directive (also called a Living Will or Five Wishes) documents your wishes about your health care including end-of-life decisions. It also names a person as your Medical Power of Attorney (POA) or Medical Proxy, someone to advocate for you if you are not able to speak for yourself. This may be a family member, friend or professional attorney. This person does not need to be local, does not need to be the financial decision maker, does not have to be the same person as your advocate or caregiver, but DOES need to understand your wishes and be able to advocate and implement them. Copies of documents you should execute and deliver to this person are: (1) Advance Directive or Living Will which will include your Health Care Power of Attorney; (2) Advance Directive(s) for Dementia, if applicable; (3) Authorization to access your Medicare and other medical records. Members of Kaiser Permanente: your Advance Health Care Directive is at <https://kp.org/lifecareplan>. It is imperative that you fully discuss the Power of

Section II: My Legal and Other Important Documents

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HEALTH/MEDICAL	Date executed	Where located	Contact information (address, phone number(s), email for each if applicable)	Beneficiaries, if applicable (individual, trust, etc.)
Advance Directives for dementia				
Medicare Authorization to access your records				
Organ donation card				

Attorney/Proxy role with that person and get agreement before you enter his/her name on the Life Ledger and tell members of your family who this is.

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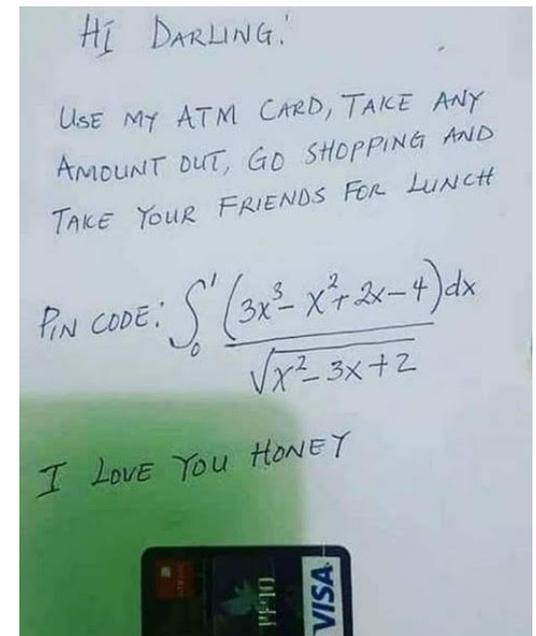
LEGACIES

SECTION III: PASSWORDS, COMBINATIONS, AND KEYS¹⁴

Below is a sample list of memberships for which you may have passwords, PINs, combinations, or keys.

Amazon
 Apple account
 ATM card
 Cell phones, tablet or iPad
 Computer (desktop and laptop)
 Computer backup cloud storage
 Drawers and cabinets
 DNA tests (online)
 Entertainment (like Netflix, Prime, Kindle, Zoom)
 Email accounts
 Entrance gates
 Facebook
 Gmail/Google

Home alarm system
 Home safe
 Internet service provider
 Lockers
 Newspaper & subscriptions
 Online services & store accounts
 Organization memberships
 Post Office or FedEx box
 Safe Deposit Box
 Storage unit



¹⁴ This section for storing passwords is, like all other sections, optional and a matter of personal choice. If you feel comfortable saving it to your computer for your family and administrators, do so. You may prefer to store your passwords, which often change, in an online program like Last Pass or simply keep a separate, hand-written list near your computer. Passwords are nearly always case sensitive: Philadelphia, philadelphia, and PHILADELPHIA are not the same to a computer.

Product/service	Website address	Your username for logging in	Your password/PIN for logging in (or the password to your password manager app, or location of key if you access a physical location)	Email and phone # associated with account

Since we don't always remember our passwords, companies often ask security questions. Write answers you may have used:

- Your birth city:
- Mother's maiden name:
- Mother's birth date and location:
- Father's birth date and location:
- Elementary school:
- Name of first pet:
- Best friend in high school:
- Make and model of first car:
- Oldest sibling's middle name:
- Maternal grandmother's maiden name:
- Former addresses (they may give 3-4 to choose from)
- Where you met your spouse:
- Others you have used?



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SECTION IV, PART A: FINANCIAL ASSETS AND LIABILITIES

ASSETS ON HAND

Do you have cash on hand and valuables in your home that should be secured?

Give the normal location of:

Your wallet or purse:

Location of checkbooks:

List of hiding places for cash or valuables:

Jewelry location (if you have fine jewelry pieces stored with your costume jewelry, make a list of these pieces or take photos and note their location and perhaps designate an heir in your will or Memorandum of Wishes):

Art (specify):

Other valuables (specify):

DEBTORS AND CREDITORS

Does anyone owe you money? If yes, fill in information below (explain any extenuating circumstances)

Name	Address	Phone	Amount	Date of loan	Terms	Location of agreement or promissory notes

Do you owe anyone money? If yes, fill in information below (note any extenuating circumstances?)

Name	Address	Phone	Amount	Date of loan	Terms	Location of agreement or promissory notes

MY BANKING INSTITUTIONS

Bank/credit union	Account type (checking, savings, Christmas, CD, Money Market)	Account number	Contact info (address & phone #)	Website address & login info (user name & password)	How do you receive statements? (electronically? by mail?)	Where do you keep monthly statements?	Beneficiary (like your trust) or co-signer?

MY INVESTMENT ACCOUNTS

(Stocks, Bonds, Mutual Funds, 401(k) Accounts, TSPs, IRAs, Hedge Funds)

Account name and stock symbol if applicable	Account number	Current est. value	Company contact (address & phone #)	Account manager	How do you check status? (Online? By phone? Agent?)	Website address and login info (username & password)	Tax status (taxable/tax-deferred/tax-exempt)	Location of documentation	Beneficiary name & contact

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REAL ESTATE

Legal description	Type of real estate (vacant lot, single family house, townhouse, vacation home, time share, cemetery plot, etc.)	How is it titled? (sole owner, trust, partnership, etc.)	Mortgage holder and contact info	PITI ¹⁵ monthly payments (if mortgaged) or taxes & insurance if no mortgage	Homeowners Association contact, rental manager, landscaping, cleaning company, etc.)	Net value as of ___ (date) [appraisal less mortgage balance]	If rented, tenant name & contact info, monthly rent, lease term	Where is the income deposited (bank, Credit Union; automatic deposit or check?)	Location of documentation (deed, mortgage, lease, expense accounting, etc)	Location of keys

²³ Principal, Interest, Taxes, Insurance

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CARS, BOATS, RVs, ETC.

Type of vehicle	How is it titled?	Where stored	Holder of loan or lease	Monthly payments	VIN, license plate, registration, other identification	Location of documentation

COLLECTIONS¹⁶

Type of collection (stamp, coin, gun, 1 st Edition books, artist, etc.)	Desire for disposal (stay in the family, passed to specific person, charity, institution, sold and proceeds disbursed, etc.)	Where stored	Appraisal, if known	Location of documentation

¹⁶ Disclaimer: This Life Ledger is not a binding legal document or substitute for your will, codicils, or trust. You may prepare a separate list of your personal effects and designate a recipient for each item as a “precatory memorandum,” also known as a “Memorandum of Wishes,” but your executor may not be obligated to follow your instructions unless it is part of your will.

MEMBERSHIPS

Include any current memberships and subscriptions (AAA, AARP, Costco, Amazon Prime, Netflix, newspapers, periodicals, Metro SmartTrip card, Easy Pass, Ancestry, Office 365, etc.) and any recurring orders (orders you receive every month such as for dog food, computer ink, etc.)—refunds might be due if you cancel them before their expiration date. Be sure to include airline frequent flyer programs and other programs like accrued timeshare points, prepaid vacations, train/cruise/plane benefits where the value might be cashed in.

Organization	Contact info	Amount of dues	Check or Automatic payment? From what source?	Your member name and number	Expiration date	Login (username & password)	Member-ship card location	Transfer to whom or cancel at death?



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SECTION IV, PART B: INSURANCE

(Enter an “Information correct as of this date ____” for each type of policy; update yearly or as changes occur)

HEALTH INSURANCE POLICIES

(Medical, Medicare, Medigap, HMOs, Dental, Drug; fill in even if these policies are joint)

Company	Company contact (address)	Name on account, Policy number or membership number	Type of policy (single, couple, family) and person(s) covered	Customer Service phone or website address and login info	Provider (if different from insurance company)	Cost of policy, how & when paid (Check? Auto payment? From which account? Deduction from pension?)	Beneficiary name	Location of policy

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LONG-TERM CARE INSURANCE

Company	Policy number and premium	Company address	Customer care phone #	Benefit amount per day	Waiting period	Benefit period	Does policy include Inflation Compound? What %	Cost of policy, how & when paid (Check? Automatic deduction? From which account?)	Location of policy

LIFE INSURANCE (WHOLE LIFE, TERM, VARIABLE LIFE INSURANCE, ETC.)¹⁷

Company	Policy number & type (whole life, term, accidental death, etc.)	Company address	Customer care phone #	Website address and login info (user name & password)	Cost, how & when paid (Check? Automatic deduction? From which account?)	Death benefit	Person covered	Beneficiary name	Location of policy

¹⁷ Include any free promotional insurance policies on your credit cards, bank accounts, brokerage accounts, etc.

CAR INSURANCE (FOR EACH VEHICLE YOUR HOUSEHOLD OWNS)

Company	Company contact	Your agent	Agent's Phone	Website address & login info	Policy number & car make/model	Deductible	Policyholder name(s)	Location of policy

HOMEOWNERS AND RENTERS INSURANCE, BUSINESS INSURANCE, UMBRELLA POLICY, JEWELRY POLICY, OR PERSONAL LIABILITY

Company	Company address	Your agent	Agent's Phone	Website address & login info	Policy number	Policy cost; paid from which account? Effective until ____	Coverage; Deductible	Policyholder name(s)	Location of policy

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SECTION IV, PART C: CASH FLOW

(Information correct as of this date ____; update yearly or as changes occur)

MONTHLY INCOME (IF RECEIVED OTHER THAN MONTHLY, ADJUST TO REFLECT AVERAGE MONTHLY INCOME)

(If married, fill out 2-3 charts if spouses or significant others maintain separate accounts as well as a joint account)

income source (ex: salary, OPM ¹⁸ , state pension, company pension, Veterans benefits, Social Security, RMD ¹⁹ , annuity, stock dividend, royalties, rental home, business income, sales on Etsy, eBay, etc.)	Amount per month (convert to monthly amount if paid bimonthly, quarterly, annually)	Type of income (ex: salary, pension, dividends, alimony, interest, net rental income; portion of former spouse’s pension, handicraft sales)	Bank or Credit Union account that receives the income	How is the income received? (by paper check, direct deposit, other)	When is income deposited	Login information	Where do you keep these records?

¹⁸ Office of Personnel Management

¹⁹ Required Minimum Distribution from investment in IRA (Individual Retirement Account)

FIXED MONTHLY EXPENSES (IF OWED OTHER THAN MONTHLY, ADJUST TO REFLECT AVERAGE MONTHLY EXPENSES)

Name of Biller (estimated taxes, Long Term Care, car and all other insurance, newspaper, phone, credit/debit cards, recurring doctor or dental payment plans, periodicals, pledges to political or charitable organizations, etc.)	Amount per month (convert to monthly amount if the bills are received bimonthly, quarterly, annually)	Type of expense (insurance policies, pet care, religious pledge, regular charitable donations, credit/debit cards, subscriptions, cable, cell phone, pharmacy, medical, alimony, avg personal care, etc.)	Bank or Credit Union account that pays the bill (see details of bank accounts above and credit cards below)	How is the bill paid? (by paper check, automatic payment, bill pay through your bank, other)	Due date of recurring bill	Where do you keep these records?

DO YOU QUALIFY FOR SURVIVOR BENEFITS (SPOUSES, EX-SPOUSES AND OTHER DEPENDENTS)?

- **Social Security:** This is a very complex issue dependent on numerous things. Call (800) 772-1213 to request an appointment with a Social Security representative or see <https://www.ssa.gov/benefits/survivors/ifyou.html>.
- **Federal Government employees:** see <https://www.opm.gov/retirement-center/my-annuity-and-benefits/life-events/#url=DeathSurvivors>
- **State and city employees:** varies by government entity
- **Other pension plans:** vary by plan

NON-RECURRING MEDICAL EXPENSES, INCLUDING CO-PAYS

Name of biller (Psychologist, doctor, imaging center, oxygen company, ambulance, etc.)	Organization address or website & login info	Phone	Procedure and cost	Year	Medicare? HMO? PPO? ²⁰ Check or bank transfer? From which bank account?

CHARITY LIST

(Example of a filled-out table—typically, individuals and couples have both recurring and occasional donations)

Organization	Organization address or website & login info	Phone	20__ Amount	20__ Amount	20__ Amount	20__ Amount	Check or automatic donation? From which bank account or credit card?

²⁰ HMO is a Health Maintenance Organization like Kaiser Permanente and Anthem Blue Cross; PPO is Preferred Provider Organization like Tricare.

CREDIT/DEBIT CARDS, GAS CARDS, AND STORE CREDIT ACCOUNTS

Company & type (Visa, MC, AmEx; credit or debit) ²¹	Card number	Expiration date	Security code #	Company contact (address & phone)	Date bill is normally received & date due	If you have set up an online account for this company, give website address and username and password	Date you normally pay this bill by check or bank money transfer; from which account?	If scheduled for automatic electronic payment, date scheduled and from which checking account?

²¹ Credit vs. debit cards: Credit cards are actually a line of credit issued to a single *individual* based on the person’s income and credit score; credit card debt is paid over time. Debit cards draw funds directly from a specific *checking account* in real time upon a purchase or withdrawal. If a credit card account is jointly held (both parties applied for the account as cosigners) and one party dies, the surviving party continues to hold the card/account. However, few major credit card companies issue joint accounts. Most credit cards are issued to a primary account holder who then names a spouse or dependent as an authorized user. **If the primary account holder dies, the authorized user loses all rights to use the credit card.** It is therefore important for each spouse and/or dependent to apply for and become the primary cardholder on at least one credit card. See further information at <https://www.experian.com/blogs/ask-experian/what-happens-to-credit-card-debt-when-you-die/#:~:text=Using%20a%20credit%20card%20after,you%20are%20an%20authorized%20user.&text=If%20the%20card%20was%20solely,account%20holder%20is%20now%20deceased>.

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Company & type (Visa, MC, AmEx; credit or debit) ²¹	Card number	Expiration date	Security code #	Company contact (address & phone)	Date bill is normally received & date due	If you have set up an online account for this company, give website address and username and password	Date you normally pay this bill by check or bank money transfer; from which account?	If scheduled for automatic electronic payment, date scheduled and from which checking account?

LONG-TERM FINANCIAL CONSIDERATIONS TO DISCUSS WITH SPOUSE AND/OR ADVISOR

Consider these options for the future as expenses increase and income decreases:

- Selling your real estate
 - If you don't regularly use your vacation home
 - If your rental property/properties are not providing income and have considerable equity, or if you're tired of dealing with it
 - If you don't regularly use your time share
- Selling your vehicles (cars, recreational vehicles, motorcycles, boats, etc.)
 - If your household has more than one car that you rarely use
 - If you rarely drive any more
 - If you rarely use your RV any more
 - If you rarely use your motorcycle or boat any more
- Reduce payment for extras
 - A storage unit—consider whether you still need the items you store (such as artwork, furniture, a kayak, a bicycle) or whether you could store them elsewhere, sell them, or give them to your children or grandchildren
 - A parking space for your RV, motorcycle or a boat slip
- Terminating memberships
 - Yacht club, golf club, country club, societies, subscriptions



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SECTION V: MY HEALTH INFORMATION

Current Medical Information: Refer to “[My Professional Relationships](#)” information in Section I of your Life Ledger for primary care and specialty doctor, dentist, etc.

AT-A-GLANCE HEALTH INFORMATION

(Gather copies of these records in one place, or indicate location if not kept with this Life Ledger)

ITEM	DESCRIPTION	DATE THIS INFORMATION IS CURRENT
File of Life		
My blood type		
Allergies & reactions		
Health documents; your Advance Directive will include your Health Care POA		

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ITEM	DESCRIPTION	DATE THIS INFORMATION IS CURRENT
Location of Medicare Card & Other Insurance Cards (including health provider card and long-term health insurance care)		
Online Medicare login, if applicable		
Online health plan login, if applicable		
Preferred hospital		
Preferred health care facility for rehab		
Preferred pharmacy		
My choice of a guardian if I am physically or mentally incapacitated		

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ITEM	DESCRIPTION	DATE THIS INFORMATION IS CURRENT
Any financing arrangements you have made for funeral, cremation, or memorial service		

MEDICATIONS AND REQUIRED MEDICAL EQUIPMENT (INCLUDING OXYGEN)

(as of _____ date)

(if possible, include discontinued medications & date discontinued)

Name of medication & equipment (oxygen, scooter, etc.)	Dosage	Times per Day	When taken	RX # and Pharmacy that has refill information; Supplier contact info for medical equipment

MY MEDICAL HISTORY THAT AFFECTS MY CURRENT HEALTH & TREATMENTS

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Health care issue	Date of onset, if known	Surgery/treatment received	Location of related documents

HEALTH CARE MEDICAL HISTORY POTENTIALLY AFFECTING FUTURE GENERATIONS

If you, or close family members, have any issues in your medical history that should be documented for future generations, add them here (Celiac Disease, hypertension, diabetes, vascular problems, thyroid, breast cancer, etc.)

Health care issue	Person affected (self, sibling, parent, etc.)	Date of onset, if known	Surgery/treatment received	Location of related documents	Outcome of Treatment

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SECTION VI: MY FINAL WISHES

MY WISHES FOR END-OF-LIFE PHYSICAL & EMOTIONAL COMFORT

- Where I would like to be (home, hospital, hospice, etc.):
- Personal possessions or pictures I want with me:
- Whether I will want my pets in my room :
- Favorite music or reading material:
- Any other desired diversion:
- Personal grooming priorities:
- Light and temperature in my room:
- Other personal wishes (other things I would like done that I have not expressed elsewhere):

MY FINAL WISHES AND DIRECTIVES

Set out your final wishes and directives to be followed at the time of your passing by your family, named responsible individual, and/or executor:

- I would prefer to be buried or cremated: _____
- I would like to donate my body to: _____ I have already arranged this with: _____
- Funeral Home Preference (Name, address, contact info): _____
 - I have arranged funeral arrangements as follows (for self and spouse, if applicable):

 - I have paid for funeral arrangements as follows (include contract # and contact information):

- Cemetery (Name & Address): _____

- Alternate burial location:
- Memory Stone: (Location & Inscription): _____
- If allowed by state law, ashes (to be scattered at _____, buried at _____, deposited at _____ columbarium, or given to family/friends): _____
- Notes on funeral/memorial service/Celebration of Life
 - Location:
 - If you want a religious service, whom do you want to preside?
 - If you don't want a religious service, what do you want and whom do you want to preside?
 - People who should also be asked to participate:
 - Music you would like included (if pieces are particularly meaningful to you, explain why):
 - Readings and/or prayers you would like to include:
 - Donations to charities or nonprofit organizations in lieu of flowers:
 - Other wishes:
- Obituary: ____Yes ____No Publish in a newspaper? ____Yes ____No
If yes, which newspaper(s) _____
- What specific accomplishments do you want included? (also see "Legacies" on next-to-last page of this Life Ledger)

IN THE EVENT OF MY DEATH, THE FOLLOWING PEOPLE SHOULD BE CONTACTED

Name	Address	Phone	Email	Relationship

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SECTION VII, PART A: MY GENEALOGY

My PARENTS			
Name	Date and place of birth	Date and place of death	Comments/Memories
Father's Name			
Mother (Full Maiden Name)			

My GRANDPARENTS			
Name	Date and place of birth	Date and place of death	Comments/Memories
Paternal Grandfather's Full Name			
Paternal Grandmother's Full Maiden Name			
Maternal Grandfather's Full Name			

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MY GRANDPARENTS

Name	Date and place of birth	Date and place of death	Comments/Memories
Maternal Grandmother's Full Maiden Name			

MY EDUCATIONAL BACKGROUND

Institutions of Higher Learning I Attended

Name of School	Location	Degree & Year	Memories/Honors

High Schools or Preparatory Schools I Attended

Name of School	Location	Years	Memories/Honors

Junior High Schools or Middle Schools I Attended

Name of School	Location	Years	Memories/Honors

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Elementary Schools I Attended				
Name of school	Grades attended	Dates attended	Location	Memories

PLACES I HAVE LIVED

Dates	Address	Memories

MY PROFESSIONAL BACKGROUND

Current and Prior Employers	Dates	Type of work	Location	Memories

MY VOLUNTEER BACKGROUND

Organization	Dates	Type of contribution	Location	Memories

MY GENEALOGICAL MATERIALS AND MY RESEARCH

Items that document your and/or your family’s life that you would like passed down to future generations

Specific Description of Genealogical Material (ex: computer files, binders, paper files, photos and albums, family objects, books, home movies, journals, diaries, scrapbooks, family trees, artwork)	Current Location	Distribution (to specific family member, specific repository, institution, family researcher—add to your will or Memorandum of Wishes)	Contact for distribution (address, phone #, website address, etc.)	Type of transfer (donation with no value, donation with value, Deed of Gift, etc.)

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SECTION VII, PART B: MY LEGACIES I'D LIKE TO BE PASSED DOWN

MY LEGACY: VALUES AND LIFE LESSONS

Ethics and Moral Teachings

What values would you personally like to see continued throughout your family's generations? Use the space below the bullets to state your wishes.

- Important values that have guided you and your family
- Principles you value regarding property, personal rights, the environment, and the country
- Virtues that you believe have brought out the best in you and your children
- Contributions you have made to specific charities or non-profit organizations that you would like family members to continue

Faith and Religion

Are there religious, spiritual, or value-based traditions you would like to see continued through your family's generations? Use the space below the bullets to state your wishes.

- Beliefs/doctrines/spiritual views within your family
 - Cultural and religious traditions and items you cherish
 - Contributions you have made to specific religious or spiritual/value-based organizations that you would like to see family members continue
-

Family Traditions and Stories

What family traditions would you like to see continued? Use the space below the bullets to share your wishes:

- Traditional dishes and/or recipes your family has shared
 - Lessons and stories from past generations that provide guidance
 - Holiday traditions and special life events practiced by members of your family
 - Family trips, gatherings, celebrations, and reunions with family and friends
 - Favorite stories passed down to you
-

Memorandum of Wishes for Your Personal Possessions of Emotional Value:²²

If you have belongings that are of emotional value to you, use this space to document your wishes regarding how they should be distributed. Include information regarding where the items are located, who has access to them, stories behind the heirlooms, and any special directions for the ongoing care of them. This is a space for items that have emotional value but little or no significant financial value. Your wishes for the distribution of items of financial value should be entered into your will as opposed to this list.

- Memorabilia: specific items associated with fond memories (write the stories associated with them)
- Books, documents and family collections
- Letters and photos, videos, home movies
- Websites that you belong to such as Facebook, Instagram, and other personal accounts (be sure to specify a legacy contact within your sites designating who will have access if you are no longer able to)
- Journals, diaries, personal calendars, and files
- Furniture pieces, tools, and computer equipment
- Toys, decorations, schoolwork, scrapbooks, and mementos saved from your children's past
- Artwork such as quilts, paintings, carvings, and crafts
- Articles of clothing that evoke fond memories

²² Disclaimer: This Life Ledger is not a binding legal document or substitute for your will or trust. We suggest you prepare a separate list of your personal effects based on this list and designate a recipient for each item as a "precatory memorandum," also known as a "Memorandum of Wishes," but your executor may not be obligated to follow your instructions unless it is part of your will.

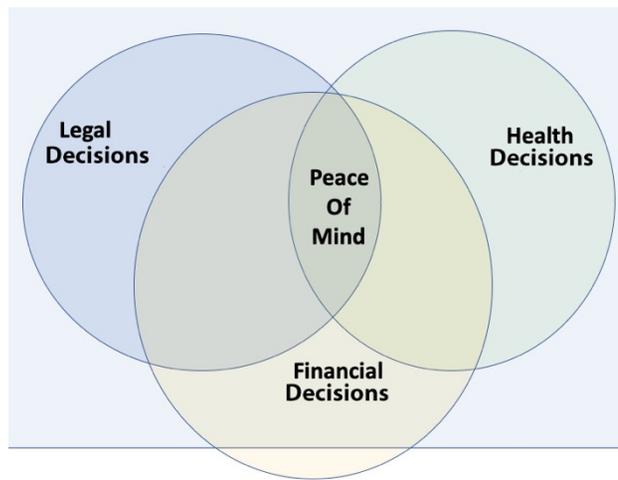
My Accomplishments

My life is and has been full. I am proud of routes I have taken, what I've learned and am learning along the way, and of my accomplishments. I would like the following to be remembered about me (here are some examples that may or may not apply to you: things you did in your career; volunteerism that you're especially proud of; the social and honorary organizations you belonged to and/or volunteered for; your love of animals; your humor; your interests; your hobbies; how you tackled life by perseverance and personality; how you raised your family and made a warm home for them; your reputation for your woodworking or cooking; the repairs and help you extended to others; the things you accomplished like writing a book or producing artwork such as paintings and quilts; formal and informal honors and recognition you received; how you nurtured others through your support or tutoring; etc.)

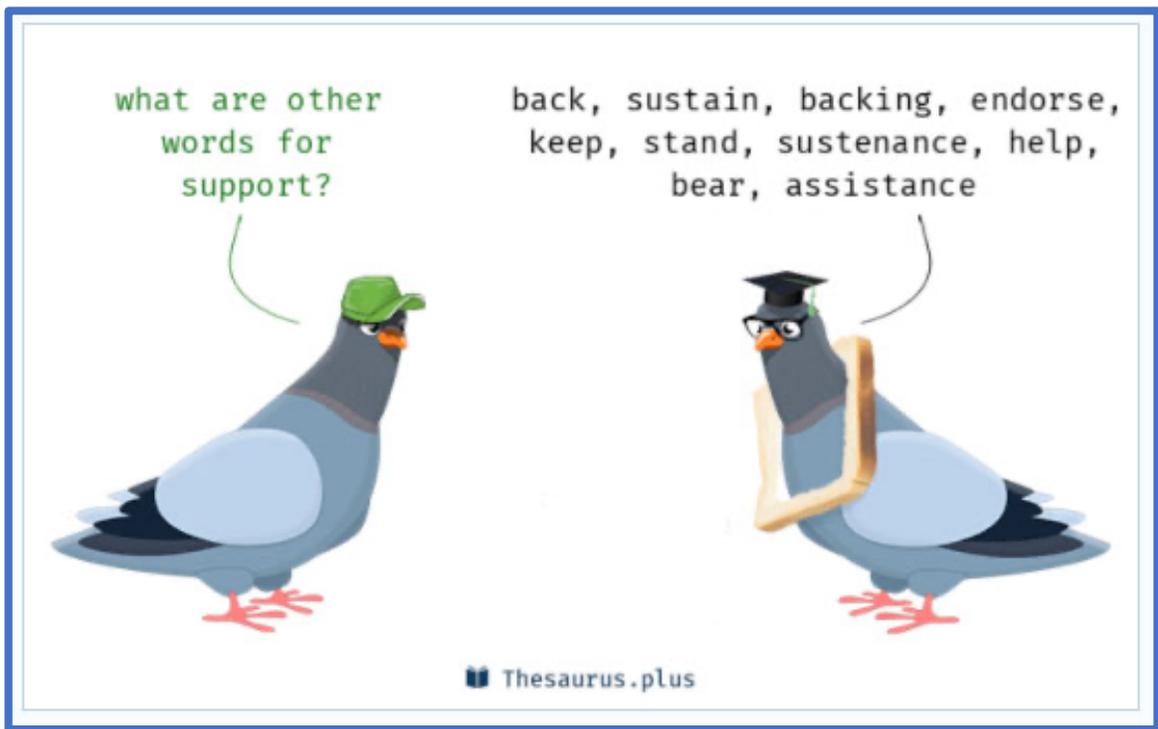
Is there anything else that you want to say about your final wishes and legacies?



Congratulations! Filling out your Life Ledger is a monumental accomplishment that you can be very proud of! It's a reflection of your journey through life—your accomplishments, your relationships, and your legacy, and it's designed to be updated regularly. We hope completing it gives you a profound sense of Peace of Mind. Here's a gentle reminder, though: knowing that you have a finished copy will only give *you* peace of mind. To truly spread that sense of freedom and satisfaction and control, and to ensure that your loved ones and representatives understand your legacy, you need to share it and spread that Peace of Mind to them, too. Why not call them now, have that conversation, and pass this on today? It's never too early! And don't forget to set a date on your calendar to update it next year!



Class 2: Bridges and Connections



OBJECTIVES OF CLASS 2

1. Students will begin to enter information on the Life Ledger consistently
2. Students will be able to access and use the resources provided by Caring Connections (its library and resources posted on RiderwoodLife.com)
3. Through an interactive activity, class members will become aware of personal inhibitions that weigh against asking for help
4. Students will be able to access the bridges (resources) offered by Resident Services/Social Workers and their breadth of services

WHAT YOU WILL FIND IN THIS CHAPTER

[Resident-run bridges and connections](#) (online and physical repositories)

[Staff-run bridges and connections](#) (Resident Services Coordinators/Social Workers)

[Asking for Help](#)

[Speaker](#): Ellen Lebedow, LCSW-C, Manager, Riderwood Resident Service Coordinators/
Social Workers

[Contacts for Social Workers](#)

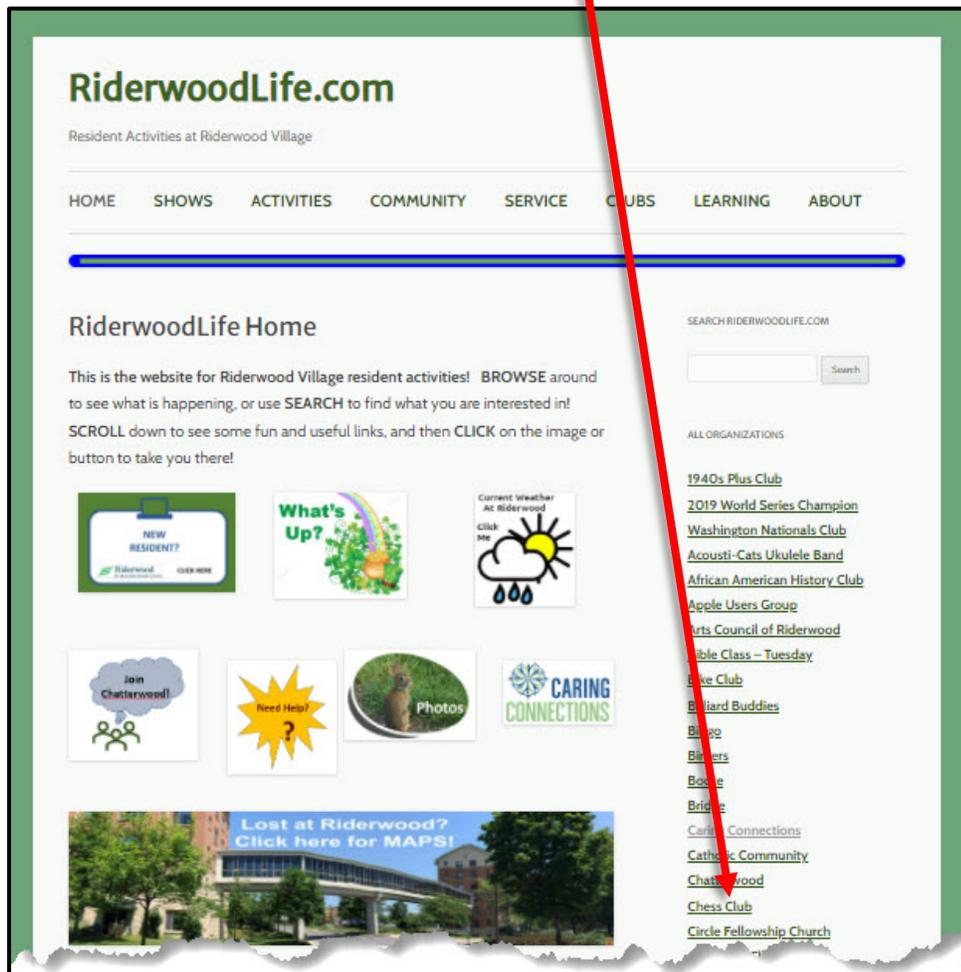
[Riderwood Support Groups](#)

[Homework](#)

RESIDENT-RUN BRIDGES AND CONNECTIONS

Residents have organized and created two research/reference libraries, one physical and one digital, that contain valuable resources for other residents.

- **Village Square Library:** The Caring Connections section is near the outside windows where you can borrow books and articles on issues of aging.
- <https://riderwoodlife.com/>: This resident-run website has information on all resident-run clubs and organizations. Click on the “Caring Connections” link to find such resources as:
 - Key Documents from the *Navigating As We Age* Binder like “Using Your iPhone as a Safety & Security Device when charging at night”
 - Security, Emergency Checklists for Family Members like “Things to Consider After a Resident’s Death”



STAFF-RUN BRIDGES AND CONNECTIONS

Riderwood offers many staff resources for residents:

- **Social Workers, known as Resident Services Coordinators, in each neighborhood are available** for *personal* and *confidential* guidance. Start there to build a relationship ahead of need. They are the Bridges for all residents (with or without computer skills) to extensive support and current information such as lists of area consultants like:
 - Geriatric Care Managers
 - Eldercare Lawyers
 - Lists of Daily Money Managers
 - Hospice information
 - Information about professional caregivers
 - much more





Some examples of why you may call Social Work:

- You are a caregiver and are feeling burned out.
- You are having a hard time coping with a chronic illness.
- You're feeling overwhelmed or need to discuss a change in health status.
- You're concerned about another resident.
- You want information about supportive resources.
- You need help adjusting to your new home.

Don't know who to ask????
As your Social Worker.....

The Social Work Department provides coverage in both Arbor Ridge and Independent Living.

Assignment are based on community buildings in Independent Living and neighborhoods in Arbor Ridge.

For more information on how to get in touch with a Social Worker, please contact the Social Work office at **301-572-8339**.

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SOCIAL WORK


Riderwood
Add more Living to your Life®


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WHAT IS A SOCIAL WORKER?

A Social Worker is a professional who is educated and trained to help improve the quality of life for individuals and groups.

At Riderwood, our mission is to promote a successful life experience for our residents while helping them "to maintain their highest level of functioning and independence, within the least restrictive environment."

WHO MAY USE SOCIAL WORK SERVICES?

All residents of Riderwood, their families, and friends are welcome to call on the staff of the Social Work Department for assistance.

The Social Workers are available to meet with residents and families in the resident's apartment or in the Social Worker's office. Although not required, appointments are recommended to assure that adequate time can be set aside to meet the resident's needs.

WHAT SERVICES ARE AVAILABLE?

The Social Work Staff is available to answer questions and provide support to residents and their families as they adjust to the community.

We also provide support to residents as they adjust to physical and personal losses, and assist with interpersonal and family relationships.

Social Workers are available to assess residents' needs, provide education about resources, and coordinate appropriate programs and services to support one's safety and quality of life within the community.

When the need arises, Social Workers assist residents with navigating the different levels of care. Levels of care include: Independent Living, Independent Living with Support Services, Assisted Living, and Comprehensive Nursing Care in Arbor Ridge.

The Social Work Staff also offers a variety of Support Groups for our residents such as:

- Low Vision
- Hearing Loss
- Caregivers
- Grief & Loss

For additional information on support groups, location, and times, please call the Social Work Department at **301-572-8339**. We welcome your suggestions if you have ideas for other groups or educational programs.

The Social Work Staff provides education about Advance Directives and end of life planning. Social Workers collect copies of your Health Care and Financial Power of Attorney, Health Care Instructions, and Emergency Contact Information so that medical providers on campus are aware of your wishes.

If you have questions regarding any of these documents, please let us know and we will be happy to assist.

Please keep us informed of any changes to these important documents.

ASKING FOR HELP

Many people age in place in their own apartment rather than moving to a higher level of care in Orchard Point's "The Glan" or Arbor Ridge, especially if they have an able-bodied spouse. Private caregivers, aides, and geriatric care managers can allow that to happen. Riderwood's Resident Services Coordinators/Social Workers can help with in-house caregivers, and word-of-mouth recommendations for caregivers are always helpful. Long Term Care insurance may cover aides but usually require that they be certified so check credentials. Here is a checklist of the types of home care help available from various services. A different category is available for people who really don't need help but are lonely: concierge companions may be engaged to come a couple of times a week to share a trip to a book store, museum, or just a meal at a local restaurant.

Caregiver Task Sheet

Please check off the tasks that you would like a caregiver to provide

<p>Personal Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bed Bath/Sponge Bath <input type="checkbox"/> Tub/Shower <input type="checkbox"/> Shampoo Hair <input type="checkbox"/> Brush/Comb Hair <input type="checkbox"/> Brushing Teeth <input type="checkbox"/> Shave <input type="checkbox"/> Apply Make Up <input type="checkbox"/> Nail Care/Clean and File <input type="checkbox"/> Skin Care/Apply Non-medicated Lotion to Dry Areas <input type="checkbox"/> Assist with Getting Dressed <input type="checkbox"/> Vital Signs <input type="checkbox"/> Medication Reminder* <p>Toileting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist to Bathroom <input type="checkbox"/> Assist to Bedside Commode <input type="checkbox"/> Assist Urinal/Bedpan <input type="checkbox"/> Incontinence Care <input type="checkbox"/> Empty Urinary Drainage/Catheter bag** <input type="checkbox"/> Empty Colostomy Bag*** <p>Companionship</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take for a Walk <input type="checkbox"/> Accompany to Appointments <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Provide Transportation**** 	<p>Mobility</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assist with Walking (ambulatory) <input type="checkbox"/> Turn Position in Bed (bedridden) <input type="checkbox"/> Transfer/Bed/Chair (wheelchair) <input type="checkbox"/> Assist with Home Exercises <input type="checkbox"/> Range of Motion Exercises <p>Nutrition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare Meals/Snacks <input type="checkbox"/> Assist with Feeding <input type="checkbox"/> Feeding <input type="checkbox"/> Encourage Fluids <input type="checkbox"/> Restrict Fluids <p>Support Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client's Laundry <input type="checkbox"/> Clean Kitchen/Dishes <input type="checkbox"/> Take Out Trash <input type="checkbox"/> Maintain Bathroom Cleanliness <input type="checkbox"/> Maintain Bedroom Cleanliness <input type="checkbox"/> Oxygen Turned On/Off Only <input type="checkbox"/> Maintain Living Area/Vacuum/Dust <input type="checkbox"/> Make Bed/Change Bed Linens
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*After medicines are set up/dispensed by an RN or family member.
 ** Maryland and DC Board of Nursing regulations preclude caregivers from assisting with any other elements of catheter care.
 ***Maryland Only. Maryland Board of Nursing regulations preclude caregivers from assisting with any other elements of colostomy care. DC regulations preclude caregivers from assisting with any part of colostomy care, including emptying a colostomy bag.
 ****Standard IRS mileage rates may be applicable.



Family & Nursing Care
Since 1968

MD: 301.588.8200 | 410.697.8200 • DC: 202.628.5300 • familynursingcare.com
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 MD NBSA LICENSE 070605.

The flip side of needing care is giving care. If you are caring for someone, it can be absolutely overwhelming. Understand that you have to care for yourself or you won't be much good either for either of you.



Caregiver's Bill of Rights

by Jo Horne

Author of Caregiving: Helping an Aging Loved One

I have the right:

To take care of myself. This is not an act of selfishness. It will enable me to take better care of my loved one.

I have the right:

To seek help from others even though my loved one may object. I recognize the limits of my own endurance and strength.

I have the right:

To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself.

I have the right:

To get angry, be depressed and express other difficult emotions occasionally.

I have the right:

To reject any attempt by my loved one (either conscious or unconscious) to manipulate me through guilt, anger or depression.

I have the right:

To receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return.

I have the right:

To take pride in what I am accomplishing and to applaud the courage it sometimes takes to meet the needs of my loved one.

I have the right:

To protect my individuality and my right to make a life for myself that will sustain me when my loved one no longer needs my full-time help.

I have the right:

To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made toward aiding and supporting caregivers.

www.caregivercoalitionsd.org

6.2016/CCSD/VA

**SPEAKER: ELLEN LEBEDOW, LCSW-C
MANAGER, RIDERWOOD RESIDENT SERVICES**

**Bridges and Connections:
Resident Services/Social Workers**



**Can I/We Depend on Confidentiality?
YES!**

Who may use our services?

- ▀ Residents
- ▀ Families of residents
- ▀ Friends of residents

**Bridges and Connections:
Resident Services/Social Workers**



**When & how should you contact us?
(email, phone, office)**

- ▀ Email: see binder
- ▀ Phone numbers: see binder
- ▀ Our office hours are: 8:30 – 4:30 M-F
- ▀ Outside of hours (urgent concern): Security
- ▀ Manager on Duty on weekends

**Bridges and Connections:
Resident Services/Social Workers**



How can we help in general?

- ▀ You want to stay active, but you're not sure how to do that
- ▀ You need supportive resources like a walker
- ▀ You need help managing your money and paying bills
- ▀ Your vision or hearing, speech, memory, or mobility is becoming an issue
- ▀ You or your children or friends feel you need a different level of care

**Bridges and Connections:
Resident Services/Social Workers**



You need supportive resources like a walker or scooter

- ▶ We can refer you to a specialist in RW outpatient rehab who will evaluate your body size and needs, help you order, and help you apply for Medicare to cover it
- ▶ They will adjust height, give lessons

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**Bridges and Connections:
Resident Services/Social Workers**



You need help managing your money and paying bills

- ▶ We can help you understand what professional Daily Money Managers offer and refer you to some sources
- ▶ We can help with an appointment with the RW Finances Department

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**Bridges and Connections:
Resident Services/Social Workers**



Your hearing or speech or mobility or memory is becoming an issue

- ▶ We have support groups for example- Low Vision, Caregiver support, as well as the Memory Café and Memory Fitness for Independent Living folks
- ▶ We educate and help residents connect with resources at Riderwood and beyond

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**Bridges and Connections:
Resident Services/Social Workers**

You or your children or friends feel you need a different level of care

- ▶ We will explain services of different caregivers
 - ▶ Private and Riderwood-supplied
 - ▶ Short-term (knee replacement) and long-term
- ▶ We can guide you through moving from one level of care to another within RW
 - ▶ Home Support
 - ▶ Certified Home Health
 - ▶ Intermissions Program (social day program for those with cognitive decline)
 - ▶ Continuum of Care at RW



**Bridges and Connections:
Resident Services/Social Workers**

How can we help with *emotional* issues?

- ▶ You're feeling adrift, isolated, lonely, and not connected to the community
- ▶ You're coping with a chronic illness
- ▶ You're concerned about another resident
- ▶ You are coping with losing a spouse or a friend or a beloved pet
- ▶ You're a caregiver and are feeling burned out
- ▶ You want to be sure your plans for a graceful end of life are in order

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**Bridges and Connections:
Resident Services/Social Workers**

You're feeling adrift, isolated, lonely, and not connected to the community

- ▶ We can offer guidance
- ▶ We can refer you for help

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Social isolation affects nearly 1 in 5 older adults.

Social Isolation & Health

Research on danger for people over 50

Negative health effects from chronic social isolation

- Higher blood pressure
- Increased susceptibility to the flu
- Greater risk of heart disease
- Earlier onset of dementia

Social isolation is bad for health - like smoking 15 cigarettes a day.

15

Illustrations courtesy of AARP

Your Control Over Isolation and Loneliness

Tips for getting and staying connected

- 1 Nurture existing relationships
- 2 Make time each day to connect
- 3 Volunteer
- 4 Exercise with others
- 5 Move out of your comfort zone

**Bridges and Connections:
Resident Services/Social Workers**

You're coping with a chronic illness

- We facilitate a variety of support groups, including a Parkinson's Support Group
- Let us know if you want to start a group covering your needs
- We can make referrals for aides, professional care givers, and hospice

**Bridges and Connections:
Resident Services/Social Workers**

You're concerned about another resident or your pet

- ▶ We want to know about it, or you can contact Security for urgent concerns
- ▶ We can arrange wellness checks
- ▶ We can connect with your family members or your trusted advocates
- ▶ Let us know your plan for unexpected emergencies when you can't fulfill your caregiving responsibilities
- ▶ Let us know emergency care plans for your pet



**Bridges and Connections:
Resident Services/Social Workers**

You are coping with losing a spouse or a friend or a beloved pet

- ▶ We have two Grief and Loss Support Groups that meet weekly
- ▶ We can connect you with Pastoral Care
- ▶ We have referrals for bereavement support



**Bridges and Connections:
Resident Services/Social Workers**

You're a caregiver and are feeling burned out

- ▶ We have a Caregiver Support Group that meets monthly
- ▶ We have a Dementia Caregiver Support Group that meets monthly
- ▶ We can help you obtain an aide to give you time for yourself
- ▶ We can listen to your concerns



**Bridges and Connections:
Resident Services/Social Workers**



You want to be sure your wishes for your care, quality of life, and end of your life are followed

- We encourage you to fill out your Advanced Directive and we will transfer it to the Medical Center
- We will transfer your Financial Power of Attorney to the Finance Department
- We support your filling out the Life Ledger

**Bridges and Connections:
Resident Services/Social Workers**



- Don't keep it in--reach out to someone and talk!
- Your Resident Services Coordinator/Social Worker is here to listen, provide support and guidance.
- Explore support options for mental health or care management with your RSC/SW.
- Give the gift of peace of mind to your loved ones and representatives—check with your RSC/SW to ensure you have all POA documents on file for when a medical emergency happens.

**Bridges and Connections:
Resident Services/Social Workers**



- Be kind to yourself
- Practice self-care as often as you can (have compassion for yourself and others)
- Partake in hobbies and special interests as often as possible and to whatever extent you can
- Foster positive relationships with neighbors and staff *and* quality of life for you and others through civility
- Expand your social network

Who is the Resident Services/Social Work Team?

Please Note List is Subject to Change

As of July 1, 2024



<p>Ellen Lebedow, LCSW-C 301-572-8330 Ellen.Lebedow@erickson.com Kings Court, Terrace Level Resident Services Manager</p>	<p>Linda Costa, Administrative Assistant 301-572-8339 Monday – Friday</p>
<p>Independent Living/Resident Services Coordinators</p>	<p>Arbor Ridge/Social Workers</p>
<p>Amy Stewart, LBSW, MSW, CMC 301-572-8338 Amy.Stewart@erickson.com Village Square- Located next to Potomac Cafe Park View, Walden Court Victoria Place, Canterbury Court</p>	<p>Mary Baradel, LCSW-C Continuing Care Social Worker 301-572-8357 Mary.Baradel@erickson.com</p>
<p>Emily Preston, LMSW 301-572-8451 Emily.Preston@erickson.com Montgomery Station- Located at the beginning of Berkshire Gardens – Second Level Charles Terrace, King’s Court Berkshire Gardens, Hampton Square</p>	<p>Minette Bacchus Resident Services Coordinator, Long Term C 301-572-8337 Minette.Bacchus@erickson.com</p>
<p>Michelle Ferguson, LMSW 301-572-8393 Michelle.Ferguson2@erickson.com Town Center- Located in TNC Lobby Madison Green, Garden View Calvert Landing, Fox Run</p>	
<p>Brian Koen, LCSW-C 301-572-8341 Brian.Koen@erickson.com Lakeside Commons- Located on terrace level of LSC Meadowbrook Square, Hunter Glen Forest Crossing, Orchard Point 1, 4, & 5</p>	

If you are concerned about a person’s safety, please contact Riderwood Security

at 301-572-8391.



Riderwood Monthly Support Groups

Meeting Dates, Times, & Location May Be Subject to Change

Support Groups	Meeting Days	Time	Room	Contact Person
Al- Anon	Every Monday of the Month	12:30 pm – 1:30 pm	Village Square Classroom	Ellen Lebedow 301-572-8330 Ellen.Lebedow@erickson.com
AA (Riderwood)	Every Monday of the Month	2:00 pm – 3:30 pm	Village Square Music Room	Ellen Lebedow 301-572-8330 Ellen.Lebedow@erickson.com
Caregiver Support Group	3 rd Wednesday of the Month	1:00 pm – 2:00 pm	Montgomery Station Classroom	Emily Preston 301-572-8451 Emily.Preston@erickson.com
Dementia Caregivers Support Group	2 nd Friday of the Month	10:30 am – 11:30 am	Lakeside Common Card Room	Mary Baradel 301-572-8357 Mary.Baradel@erickson.com
Grief and Loss Support Group (Weekly)	Every Tuesday of the Month	9:30 am – 11:00 am	Executive Board Room Village Square	Ellen Lebedow 301-572-8330 Ellen.Lebedow@erickson.com
Grief and Loss Support Group (Weekly)	Every Wednesday of the Month	1:30 pm – 2:45 pm	Lakeside Common Card Room	Ellen Lebedow 301-572-8330 Ellen.Lebedow@erickson.com
All Are Welcome LGBTQ Support/Discussion Group	4 th Tuesday of the Month	2:30 pm – 4:00 pm	Village Square Card Room	Catherine Tuerk 240-864-3859 Marilyn Gerhard 301-755-2423
Low Vision Support Group	2 nd Wednesday of the Month	1:00 pm – 2:00 pm	Montgomery Station Chesapeake Room	Brian Koen Hannah Spalding 301-572-8341 Brian.Koen@erickson.com
Low Hearing Support	TBD	One on One Support Meetings by Appointment	Residents can email contact for resources or information	Amy Stewart Hannah Spalding 301-572-8338 Amy.Stewart@erickson.com
Memory Café & Memory Fitness – Independent Living	These groups are Private	By Referral Only		Please see your Resident Services Coordinator/Social Worker for more information
O.A – Together We Can!	Every Monday of the Month	11:15 am – 12:15 pm	Virtual - Zoom	Ellen Lebedow 301-572-8330 Ellen.Lebedow@erickson.com
Parkinson's Support	2 nd Wednesday of the Month	2:30 pm – 3:30 pm	Montgomery Station Chesapeake Room	Michelle Ferguson 301-572-8393 Michelle.Ferguson2@erickson.com
Aging Support Group	1 st and 3 rd Thursday of the Month	3:00 pm - 4:00 pm	Lakeside Commons Classroom	Ellen Lebedow 301-572-8330 Ellen.Lebedow@erickson.com
Peripheral Neuropathy Support Group	4 th Thursday of the Month	3:30 pm – 4:30 pm	Montgomery Station Chesapeake Room	Jim David 301-273-9376 Jimsue63@gmail.com

If you have any questions, or if you are interested in starting a new support group, please contact someone in Resident Services. (Last updated 07/31/24)

Information about support groups can also be found on <https://riderwoodlife.com/support-groups/>.

When in doubt, call the main desk



HOMEWORK

1. Complete Section I, Part G-H: “My Current Professional Relationships” and “My Personal Advocates” (pages 8-12) of your Life Ledger. Be sure all of Section I of your Life Ledger (“Identification and Personal Information”) is totally filled out to your satisfaction.
2. Go to the Caring Connections part of <https://riderwoodlife.com> and scroll through the posted articles. Click on 3 of the “Family Members” resources. For discussion during next class, decide which ones might be particularly helpful for you or a loved one (we’ll be going into the “Key Documents from Navigating as We Age” during upcoming classes).



3. Look at the “Asking for Help” checklist found on page 56 of your binder. Are there any chores you didn’t know an aide could help with?
4. Scan the support groups opportunities available at Riderwood found page 66 of the binder. If one would be of use, use the contact information to sign up.
5. Watch Heidi Grant’s TED Talk “How to Ask for Help & Get a Yes” (12 minutes) at https://www.ted.com/talks/heidi_grant_how_to_ask_for_help_and_get_a_yes#t-266864. Analyze yourself: Is it hard for you to ask for help? Why? With all the means of communication available to us, what is the best way for you personally to ask for help? The worst way? Do you follow up with your helper afterwards?

Heidi Grant is Chief Science Officer for the Neuroleadership Institute, Associate Director of the Motivation Science Center at the Columbia University, and author of six best-selling books. This video offers a general approach to asking for any kind of help and practical tips that make a difference between yes and no responses.



Class 3: Legal Decisions

As we age, we need to take care that all of our legal affairs are in order, which means that all the i's are dotted and the t's are crossed. There's a lot more than wills and trusts to consider since our lives have been so full.

<p>what are other words for protection?</p>  <p>shelter, security, shield, aegis, guard, safeguard, preservation, cover, screen, refuge</p>  <p>Thesaurus.plus</p>	<p>what's the opposite of protection?</p>  <p>danger, threat, attack, destruction, insecurity, harm, hurt, hazard, exposure, doubt</p>  <p>Thesaurus.plus</p>
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OBJECTIVES OF CLASS 3

1. Students will continue to enter information on the Life Ledger consistently
2. Through a role play, observers will grasp how failing to execute and update their legal documents will hinder executors and cause unnecessary distress to family members if they are incapacitated in any way
3. Class members will recognize the importance of formally designating personal, legal, and financial advocates and Powers of Attorney and know the differences
4. Students will understand the variety of legal decisions they can make to give them and their family members Peace of Mind

WHAT YOU WILL FIND IN THIS CHAPTER

[Role Play](#)

[Articles on Elder Law](#)

[The Legal Limits of Your Will](#) – AARP article

Maryland Legal Forms

[Maryland Financial Power of Attorney](#)

[Maryland Medical Advance Directive](#)

[Understanding Advance Directives](#)

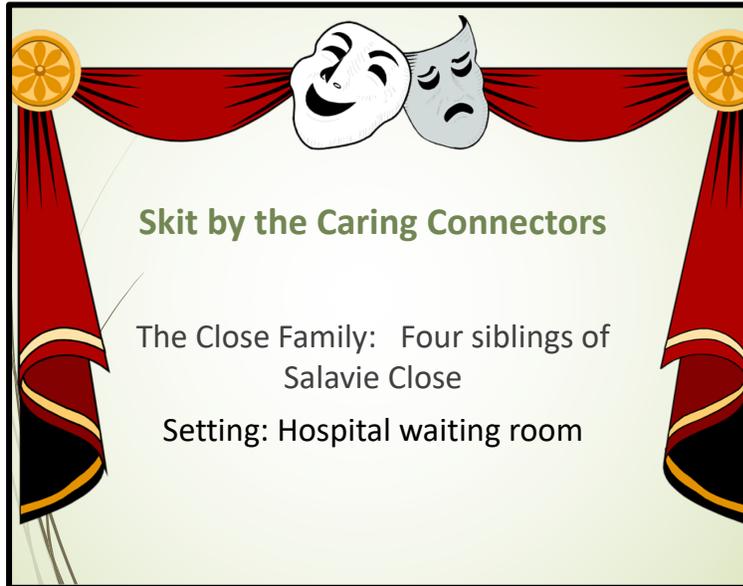
[VA Aid and Attendance](#)

[Speaker](#): Jessica Gorsky, L.L.M., Whiteford, Taylor & Preston, (410) 884-2454

[Further Resources](#)

[Homework](#)

ROLE PLAY



Skit: Salavie Close has terminal cancer and was given 6 months to live but has been in denial so she didn't tell anyone. Now, five months after her diagnosis, she has been admitted to ICU and is on a ventilator. Her 4 siblings are now in a hospital waiting room discussing her plight.

ARTICLES ON ELDER LAW

RESOURCES ELDER LAW

Elder Law

What is elder or special needs law?

Legal issues that affect people as they age and people with special needs are growing in number. Our laws and regulations are becoming more complex, and each state has different laws. Actions taken with regard to a single matter may have unintended legal outcomes.

It is important for attorneys working with seniors, people with special needs, and their families to have a broad understanding of the laws that may have an impact on a given situation to avoid future problems.

Elder and Special Needs Law encompasses many different fields of law. Some of these include:

- Preservation/transfer of assets seeking to avoid spousal impoverishment when one spouse enters a nursing home
- Medicaid
- Medicare claims and appeals
- Social Security and disability claims and appeals
- Supplemental and long-term health insurance issues
- Tax planning
- Disability planning, including use of durable powers of attorney, living trusts, "living wills" for financial management and health care decisions, and other means of delegating management and decision-making to another in case of incompetency or incapacity
- Access to health care in a managed care environment
- Conservatorships and guardianships
- Estate planning, including planning for the management of one's estate during life and its disposition on death through the use of trusts, wills and other planning documents
- Probate and administration of estates
- Administration and management of trusts
- Long-term care placements in nursing homes and life-care communities
- Nursing home issues, including questions of patients' rights and nursing home quality
- Elder abuse and fraud recovery cases
- Housing issues, including discrimination and home equity conversions
- Age discrimination in employment
- Retirement, including public and private retirement benefits, survivor benefits and pension benefits
- Health law
- Mental health law

Source: www.nasla.org

Courtesy: PositiveAging Sourcebook, Spring/Summer 2021, pg. 22

Find an Elder Law Provider

Use our step-by-step guide:

STEP 1 - Know Your Needs

- Organize and outline all the information pertinent to your situation.
- If you are calling on behalf of a loved one, make sure that you have as many specific details as possible.

STEP 2 - Call Attorneys and Ask

- How long has the attorney been in practice?
- Does his or her practice emphasize a particular area of law?
- How long has he or she been in this field?
- What percentage of his or her practice is devoted to Elder or Special Needs Law?
- Is there a fee for the first consultation, and if so how much is it?

STEP 3 - Initial Consultation

- What will it take to resolve it?
- What are the advantages and disadvantages of each possibility?

- Are there any alternate courses of action?
- What is the estimate of the cost to resolve your problem and how long will it take?

STEP 4 - Discussing Fees

- Do you bill weekly, monthly, or upon completion of work?
- Do you charge by the hour? Are there different hourly rates for work performed by attorneys, paralegals and secretaries?
- Is there a flat fee for this service?
- Will there be any out-of-pocket expenses (charges for copies, postage, messenger fees, court fees, deposition fees and other such costs)?

STEP 5 - Make It a Good Experience

- Once you decide to hire an attorney, ask that your arrangement be put in writing. A positive and open relationship between an attorney and a client benefits everyone. The key is communication.

Source: National Academy of Elder Law Attorneys

Courtesy: PositiveAging Sourcebook, Spring/Summer 2021, pg. 23-24

Elder Law Certifications

When researching elder law attorneys, it is important to understand their special qualifications and certifications. There are several different certifications that distinguish elder law attorneys from other professionals. These certifications demonstrate that a particular attorney has the training, experience, and ability to help seniors resolve disputes and prepare for the future.

A few of the certifications available to elder law attorneys are listed and described below.

Certified Elder Law Attorney (CELA)

Certified Elder Law Attorneys (CELAs) are attorneys who are certified to practice elder and special needs law by The National Elder Law Foundation (NELF).

The CELA designation is accredited by the American Bar Association. This

prestigious designation indicates that an attorney has passed a rigorous examination, demonstrated experience with elder law matters, taken continuing education courses in elder law and provided references. Currently, there are 500 CELAs across the country.

National Academy of Elder Law Attorneys Fellow

For more than 30 years, the National Academy of Elder Law Attorneys (NAELA) has been the leading professional organization for attorneys specializing in elder law and special needs planning.

NAELA Fellows are attorneys who have been members of the Academy for at least three years, whose careers concentrate on elder law and/or special needs planning, and who have distinguished themselves both by making exceptional contributions

to meeting the needs of older Americans and by demonstrating commitment to the Academy. Fellows are recognized by their peers as exceptional lawyers and leaders.

Council of Advanced Practitioners

An invitation-only group, the Council of Advanced Practitioners (CAP) includes distinguished members of NAELA.

NAELA established the CAP in 2005. To be invited to join the CAP, an attorney is required to be a Member of NAELA for 10 consecutive years, receive the highest rating available for legal skills and ethical conduct, and be a NAELA Fellow or Certified Elder Law Attorney. The CAP recognizes NAELA members who are innovators in the field of elder law.

For more information, visit naela.org or nelf.org.

Courtesy: Aging Life Care & Elder Law Resource Directory, 3rd Edition, pg. 24

The Legal Limits of Your Will

OTHER DOCUMENTS COULD OVERRULE IT, SO HERE'S WHAT YOU SHOULD KNOW TO AVOID
ESTATE PLANNING PITFALLS

by Sharon Waters, [AARP](#), September 29, 2021



GETTY IMAGES

That last will and testament you have tucked away? It may not be the last word on what happens to your stuff after you are gone. Instead, that legal document's directives for doling out your wealth may be overruled by other paperwork and relevant laws.

"A [will is a document of last resort to transfer assets](#)," says Eido Walny, a Milwaukee estate attorney. "There are a lot of ways to transfer assets that would preempt the terms of a will."

Here are some major assets that often fall outside a will's scope, along with tips for getting them to the people or organizations you want.

Retirement accounts

When it comes to 401(k)s, IRAs and pensions, the person or people listed as beneficiaries may end up receiving those assets regardless of what your will says (though state laws may sometimes intervene). That's because you've already told your plan administrator or investment firm how to handle the asset after your death, explains Portia M. Wood, a Los

Angeles County estate attorney. “There’s no longer a need for probate court interference,” she says.

This can cause sticky situations, such as when you want your spouse to inherit everything, but your [ex-spouse is still the beneficiary of your 401\(k\)](#). Against your wishes, your ex may get those funds. “Many ex-spouses are not willing to say, ‘Oh, I know it was a mistake. Let the current spouse have the money,’” says Atlanta financial planner Kamila Elliott.

Another problem can arise if no primary beneficiaries are alive and no contingent beneficiaries were named. Then the recipient could be determined by the default terms set when the account was opened.

Life insurance policies

As is the case with retirement accounts, a [life insurance policy’s beneficiary listing](#), not your will, generally determines who gets the money. So again, you could accidentally leave a policy payout to your ex. But both insurance and divorce are chiefly covered by state law, which can vary. (In contrast, private-sector retirement investments are primarily governed by federal laws.) Some states — Minnesota, for example — automatically revoke the beneficiary designation of an ex-spouse on a life insurance policy. The rules can be complicated, so the safest strategy is to update beneficiaries on all insurance policies and investments after a divorce. “You should not fall into the trap of trying to figure out which is a state account and which is a federal account. Just update all of them,” Walny says.

A divorce agreement, however, might include a provision that an ex-spouse receives life insurance proceeds, notes Walny; in that instance, the policyholder should affirm that election with the insurance company once the divorce is final.

Bank accounts

If an account is titled as transfer on death (TOD), payable on death (POD) or joint tenancy with right of survivorship (JTWROS), those designations generally override the will, says Reggie Fairchild, a South Carolina financial planner. Your account’s signature card would indicate if any of these designations applies; you can ask your bank to look up your card if you aren’t sure. For individual accounts titled TOD or POD, the beneficiary can go to the bank with proof of identity to transfer or collect the funds. JTWROS accounts become the property of the surviving account holder, who will need to show the bank a death certificate for the other account holder.

Real estate

If two spouses own a home jointly with right of survivorship, the property automatically passes to the remaining spouse without a court’s involvement. Real estate can also be transferred outside a will in certain states, such as Wisconsin, through a TOD deed, in which you name the beneficiary on the property, Walny says.

Trusts

Any asset in a trust is not governed by a will, making trusts another tool for distributing assets outside of probate court, Wood says. But after a trust is set up, you need to retitle accounts, change beneficiaries or take other measures so that each asset you want to put into the trust will actually end up there. Be aware that, under the 2019 Secure Act, most trusts have lost the ability to stretch IRA distributions over many decades; now, in most cases, those distributions need to be paid out within 10 years, similar to the case with nontrust IRAs, says Ed Slott, founder of [IRAhelp.com](https://www.ira-help.com).

Get Right on the Money

Follow these tips for naming beneficiaries to help asset transfers go more smoothly.

Fill out forms completely. When listing beneficiaries, include full names, Social Security numbers and relationships to you. If you have multiple beneficiaries, specify the percentage split of your assets and make sure numbers total 100 percent.

Use words precisely. Money goes to a primary beneficiary or beneficiaries. Only if there are no surviving primary beneficiaries do contingent beneficiaries receive funds. Don't make the mistake of listing one child as primary and another as contingent.

Stay current. Life events such as marriage, divorce, the birth of a child or the death of a beneficiary are good reasons to review your paperwork. Fairchild suggests checking annually, perhaps after you've filed your tax return.

Take care with your estate. Naming it as a beneficiary instead of a person or a trust (if you have one) may create unnecessary expense and hassle.

Don't wing it. Got a complicated financial or familial situation? Uncertain about any of the rules? Then work with an attorney [or money manager]. A little money spent up front can save a lot of anger and anguish after you're gone.

MARYLAND LEGAL FORMS

Financial Power of Attorney

If you have not filled in an official Financial Power of Attorney form yet, download Maryland's official form from

<https://www.marylandattorneygeneral.gov/Courts%20Documents/17-202.pdf>. There are other forms that work, but this form will immediately be accepted in Maryland.

- Select someone you trust because the agent's authority will continue until you die or revoke the POA or the agent resigns or is incapacitated
- You can choose to grant only certain powers in this document
- Understand that the document becomes effective immediately on signing and ends immediately upon your death
- Get legal advice if you have any questions about anything in this document
- Be sure to review the document at least once a year

Article - Estates and Trusts

[\[Previous\]](#)[\[Next\]](#)

§17-202.

"MARYLAND STATUTORY FORM
PERSONAL FINANCIAL POWER OF ATTORNEY
IMPORTANT INFORMATION AND WARNING

You should be very careful in deciding whether or not to sign this document. The powers granted by you (the principal) in this document are broad and sweeping. This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

You need not grant all of the powers listed below. If you choose to grant less than all of the listed powers, you may instead use a Maryland Statutory Form Limited Power of Attorney and mark on that Maryland Statutory Form Limited Power of Attorney which powers you intend to delegate to your attorney-in-fact (the Agent) and which you do not want the Agent to exercise.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

You should obtain competent legal advice before you sign this power of attorney if you have any questions about the document or the authority you are granting to your agent.

DESIGNATION OF AGENT

Maryland Medical Advance Directive

(includes Medical Power of Attorney or Medical Proxy): If you have not already filled out an Advance Directive or need to update it, download the official Maryland version and fill it out: <https://www.marylandattorneygeneral.gov/health%20policy%20documents/adirective.pdf>

**MARYLAND ADVANCE DIRECTIVE:
PLANNING FOR FUTURE HEALTH CARE DECISIONS**



**A Guide to
Maryland Law on
Health Care Decisions
(Forms Included)**

**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL**

*Brian E. Frosh
Attorney General*



August 2015

Understanding Advance Directives

Protecting patient rights

An advance directive is a legal document that details medical and healthcare decisions that should be made on behalf of a patient if they are no longer able to make decisions. The document has two distinct parts.

The first part, sometimes called a living will, ensures that patients receive only the life-prolonging treatments they select. Life-prolonging treatments are efforts that will not cure a terminal condition but will prolong dying. They include hydration (giving water) and nutrition (giving food) by tube, machines that breathe for you, and other kinds of medical and surgical treatment.

Advance directives also allow patients to name an agent to act as their decision maker if they become incapacitated. This second part of an advance directive is often called a medical power of attorney or a durable power of attorney for health care. The

person named to make decisions is a "health care agent."

What happens if I cannot give my consent for treatment?

That is where an advance directive comes in. Adults can sign an advance directive to make their choices about medical treatments known in advance. If you become incapacitated, doctors or other caregivers can use this document to deliver only the medical treatments you want. Advance directives also give patients the option to appoint an agent to make decisions for them if needed.

What happens if I cannot make decisions and I have no advance directive?

In Maryland, if you don't have an advance directive—and later you can't speak for yourself—usually your next of

kin will make health care decisions for you. Even if you want your next of kin to make decisions for you, an advance directive can make things easier for your loved ones by helping to prevent misunderstandings or arguments about your care.

How do I select a health care agent?

A health care agent can be named in an advance directive. This person has the authority to see that doctors and other health care providers give you only the type of care you want. Before naming an agent, be sure to talk with the person and confirm they are willing to accept this responsibility.

Do I need a lawyer to help me make an advance directive?

While you may want to consult an attorney, you do not need one to prepare either type of advance directive.



To make your advance directive valid, it must be signed by you in the presence of two witnesses, who will also sign. If you name a health care agent, make sure that person is not a witness. Maryland law does not require the document to be notarized. You should give a copy of your

advance directive to your doctor, who will keep it in your medical file, and to others you trust to have it available when needed.

How do I get advance directive forms?

To be valid in Maryland, your

advance directive does not have to be on any particular form. Three example forms are highlighted below, but many more are available. Consumers should select one that meets their needs and reflects their values.

- **Maryland Office of the Attorney General**

www.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx

- **National Hospice and Palliative Care Organization (NHPCO)**

www.nhpco.org/patients-and-caregivers/advance-care-planning/advance-directives/downloading-your-states-advance-directive/

- **Aging with Dignity**

www.agingwithdignity.org

For additional information, visit www.marylandattorneygeneral.gov/Pages/HealthPolicy/AdvanceDirectives.aspx.

VA AID AND ATTENDANCE

<https://www.va.gov/pension/aid-attendance-housebound/>

You may be eligible for additional financial help from the Veterans Administration if you already receive a VA pension and then become permanently disabled and/or housebound. This generally applies if (1) you served (or your spouse did) during wartime, (2) have assets below \$130,000, excluding your Riderwood apartment, and (3) your health care costs exceed your income. Contact the VA for more information.

The screenshot shows the VA website's page for "VA Aid and Attendance benefits and Housebound allowance". The page features a dark blue header with the VA logo, U.S. Department of Veterans Affairs, and navigation links for Search, Contact us, and Sign in. Below the header, there are navigation tabs for "VA Benefits and Health Care", "About VA", and "Find a VA Location", along with a "My VA" link. The main content area includes a breadcrumb trail: Home > Pension benefits > Aid and Attendance benefits and Housebound allowance. A left sidebar under "Pension benefits" lists options: Get benefits (with a minus sign), Eligibility, How to apply, Apply now, Aid and Attendance benefits and Housebound allowance (highlighted), Survivors Pension, Manage benefits (with a plus sign), and More resources (with a plus sign). The main heading is "VA Aid and Attendance benefits and Housebound allowance". The introductory text states: "VA Aid and Attendance or Housebound benefits provide monthly payments added to the amount of a monthly VA pension for qualified Veterans and survivors. If you need help with daily activities, or you're housebound, find out if you qualify." A callout box with an information icon contains the text: "You can still file a claim and apply for benefits during the coronavirus pandemic" followed by "Get the latest information about in-person services, claim exams, extensions, paperwork, decision reviews and appeals, and how best to contact us during this time." and a link "Go to our coronavirus FAQs". At the bottom, a light blue box contains the text: "Am I eligible for VA Aid and Attendance or Housebound benefits as a Veteran or survivor?"

PRESENTATION BY JESSICA GORSKY, J.D.



Advance Planning 101

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ADVANCE PLANNING STARTS WITH AN ESTATE PLAN, BUT WHAT DOES THAT INCLUDE?

- Will
- Revocable Trust
- Power of Attorney
- Advance Directive
- Nomination of Guardian
- Re-titling of Assets
- Beneficiary Designations
- Funeral/Burial/Body Disposition
- Irrevocable Trusts for Specific Purposes – i.e. liquidity for estate taxes, strategic charitable giving, tax savings, special needs beneficiaries, long-term care planning, etc.

WHAT HAPPENS WHEN YOU DON'T HAVE A WILL?

- No named beneficiaries for estate assets
- No named guardian for minors
- No named personal representative
- No direction on how YOU want your assets to pass
- What's the big deal?
 - Having no will means state law dictates who gets your assets, how much of those assets and when your assets are distributed.
 - Furthermore, there is no privacy – all your assets must be valued and become a part of public record.

THE WILL

- The will is the instrument that directs how and to whom your assets are to be distributed and how and from where your debts, taxes and expenses are to be paid after your death
- Designation of personal representatives and beneficiaries
- Can include testamentary trusts
- Must be drafted pursuant to the laws of the state where you are domiciled to be legally effective

REVOCABLE AKA "LIVING TRUST"

- Trust Agreement
 - Centralized asset management
 - Provides for succession of management
 - Extremely flexible
 - Probate avoidance
 - Privacy protection
 - Protection of vulnerable beneficiaries from themselves
 - Provide for charitable intentions
 - Estate tax reduction for married couples

REVOCABLE AKA "LIVING TRUST"

- Living trusts do NOT
 - Provide asset protection against trust creator's creditors
 - Protect against costs of long-term care (nursing homes, Medicaid)
 - Affect the creator's income taxes
- Need a Pour-Over Will to go along with trust (for assets not transferred to trust prior to death)

WILL VS. REVOCABLE TRUST

Characteristics	Trust	Will
Avoidance of probate	X	
Statute of limitations for creditors	X	X
Reduction of estate taxes	X	X
Protection of spendthrifts	X	X ¹
Privacy	X	
Expense prior to death	X	
Expenses after death		X
Immediate and continuous access to cash flow	X	
Avoidance of Will Contest	X	

¹ If property is given in trust.

Trustees

- Self
- Family members
- Friends
- Professionals
- Institutions
- Beneficiaries as Trustees
- Guardians as Trustees

BENEFICIARIES

WHO ARE YOU GOING TO PROVIDE FOR AND HOW MUCH?

- Children
- Grandchildren
- Nieces/Nephews
- Siblings
- Charities
- Friends

ESTATE PLANNING FOR SINGLES

What if you do not have any children or family, how does this impact your estate plan?

- Consider friends and professionals for fiduciary positions
- Consider leaving estate to friends
- Consider setting up a foundation or leaving funds to charities
- Think of your pets – consider a pet trust

IF YOU HAVE A REVOCABLE TRUST . . .

Is it funded?

- If not, then your pour-over will must be utilized to transfer assets to revocable trust and your pour-over will has to be probated to make such transfer.

POWER OF ATTORNEY

- Deals with financial matters and property management
- Why you need one
- General vs. Durable vs Limited
- Springing POAs
- When does it become effective?
 - Immediately; or
 - Upon incapacity (as certified by two (2) physicians)
- Provides for nomination of guardian/conservator
- Important for assets not owned by revocable trust

ADVANCE HEALTH CARE DIRECTIVE

- Purpose of the document is to appoint health care agent to make health care decisions for you when you are unable
- HIPAA Waiver (Health Insurance Portability and Accountability Act of 1996 regulations effective April 15, 2003)
- Authorizes doctors, hospitals, other medical professionals, and health insurance companies to speak with and share information with people you specify

ADVANCE HEALTH CARE DIRECTIVE

BENEFICIARY DESIGNATIONS

- Properly designating beneficiaries of life insurance policies and retirement plans (IRAs, 401(k)s, etc.)
- For many, their retirement plan is the largest asset – important to consider the tax impact of who they name as beneficiaries
- Trusts work well as beneficiary of life insurance
- Be cautious about naming trust as beneficiary of retirement plan

RE-TITLING OF ASSETS

- Quit claim deeds
- Assignments of business interests
- Changing titling on personal checking and savings accounts, brokerage accounts, stocks, bonds, CDs (but only if it will not result in a penalty)

Evolving World of Estates

- Second marriages/late in life marriages
- Family estrangements
- SECURE Act changes to retirement plan distributions
- Digital Assets and Planning in the Digital Age

World of Elder Law

- All elder law attorneys are estate planners, but not all estate planners are elder law attorneys
- The primary focus of elder law attorney is to assist seniors with Medical Assistance/Medicaid planning, VA benefit planning, assisting with guardianships and sometimes engaging in elder abuse-related litigation
- Elder law attorneys review and prepare all the same estate planning documents discussed during this presentation – when/if you need to meet with such an attorney, you will want to bring your existing estate planning documents and current financial records with you

**FOR MORE INFORMATION
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Further Resources

National Association of Elder Law Attorneys: <https://www.naela.org/findlawyer>

HOMWORK

- 1) Fill out the legal part of “Section II: Key Documents” in your Life Ledger (pp. 13-18). Gather all of the documents mentioned and enter as much information as possible into the chart. As you realize you don’t have something like retitling your assets or updating your will and trust, take care of it (make necessary appointments, find documents, contact necessary company, etc.). Put as many things in one place as possible with your Life Ledger or enter the location of documents stored in file cabinets or boxes in the “Where located” column.
- 2) So that you understand the types of legal representation and what an executor needs, read the short articles “Choose the Family Caregivers Who Will Help When You Need Them” (March 10, 2021; <https://www.aarp.org/caregiving/financial-legal/info-2021/choosing-a-legal-representative.html>) and “How to Be a Good Executor of a Will or Estate” (May 7, 2021; <https://www.aarp.org/retirement/planning-for-retirement/info-2021/how-to-be-a-good-executor.html>)
- 3) **In preparation for next week**, please read “Overview of Health Insurance” In Session 4 of your binder. Write down any questions you have for the discussion.
- 4) If you do not have a will, make an appointment with an attorney experienced in drafting wills and trusts.
- 5) If you want to avoid probate, you probably need a trust. Make an appointment with an attorney experienced in drafting wills and trusts to determine your needs.
- 6) If you have a will, review it. If it needs to be updated, make an appointment with your attorney. Ditto for your trust.
- 7) Read “The Legal Limits of Your Will” by AARP on pp. 73-75 and “Understanding Advance Directives” on pg. 78 of your binder.
- 8) If applicable, check each of your assets (bank accounts, stocks, real estate, etc.) to see if it has been transferred into your trust; if not, begin the process of retitling them.
- 9) Start filling out your password chart on pages 19-20 of your Life Ledger.

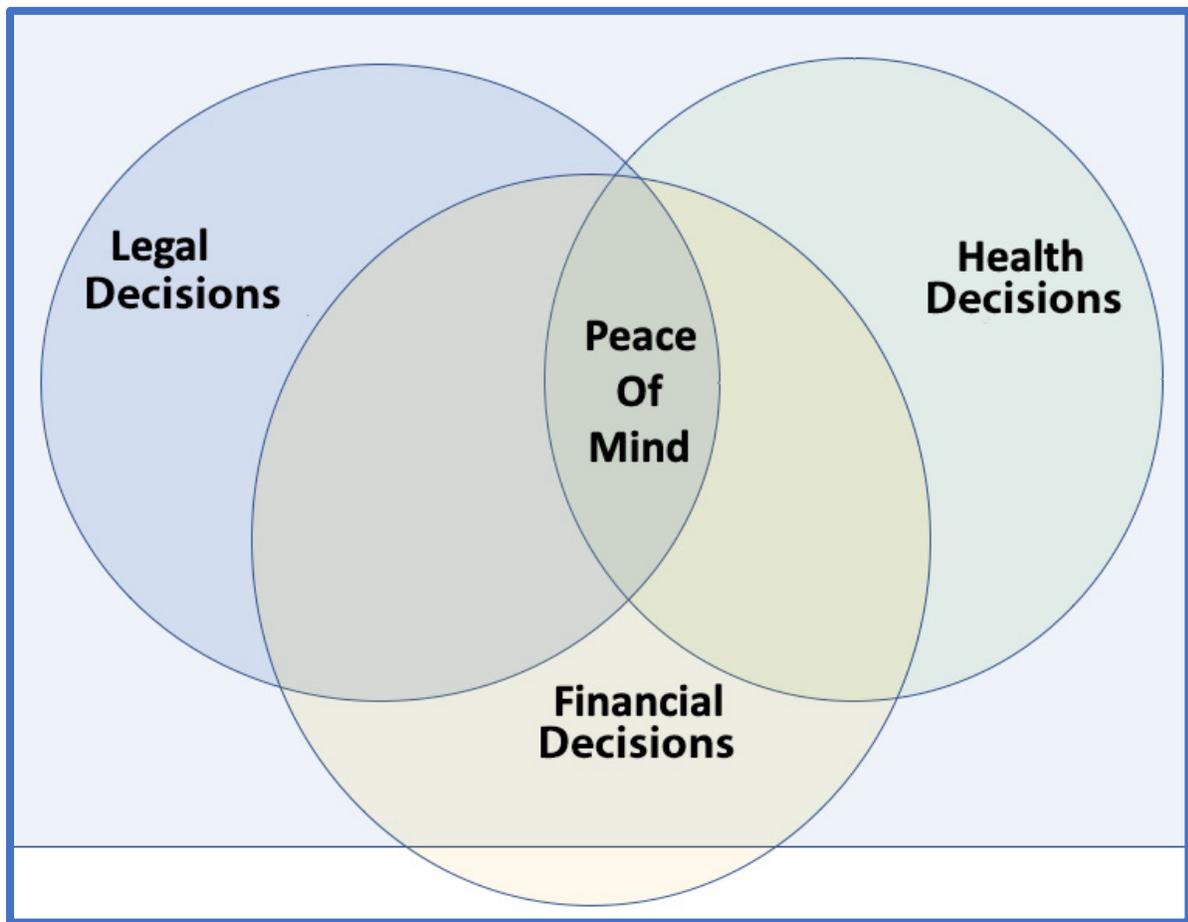


Document	Date of Update or Completion	Comments to Self
Will & Codicils		
Trust, if applicable		
Memorandum of Wishes		
List of assets transferred to & titled in your trust		
Riderwood Contracts		



Section II: Financial Decisions

As we live longer, we need to be sure that we don't outlive our finances. Married people need to behave as if they are single because the sad truth is that one day they probably will be. It is essential for each one of us to independently understand how our money works for and against us.



Class 4: Finances #1

Planning & Achieving Your Financial Goals



OBJECTIVES OF CLASS 4

1. Through two interactive scenarios, class members will become aware of the necessity to independently manage their finances now, or fully understand how their finances are managed, and plan proactively for the future as life conditions change
2. Class members who are married will be aware of the need for both spouses to know all of the details of the couple's current finances and investments, how circumstances may change if a spouse is incapacitated or dies, and what resources are available for managing their resources in that event
3. Students will understand their obligation to share financial information with heirs and/or representatives
4. Participants will be acquainted with essential financial concepts such as a financial Power of Attorney, debit and credit card ownership vs authorized users, types of insurance, beneficiaries vs. joint owners, etc.
5. Attendees will recognize the options that exist for keeping their financial stability if they no longer want to manage their finances or are unable to do so
6. Students will understand the tools provided in the Life Ledger for organizing their financial life and will enter their personal financial information to their satisfaction

WHAT YOU WILL FIND IN THIS CHAPTER

[Scenarios](#)

[Overview of Health Insurance](#) by Suzan Wynne

[How to Find a Financial Advisor](#)

[Speaker slides](#): George Petrides, Daily Money Manager

[Record Retention Guide](#)

[Trading Places: Who Does What?](#)

[Further Resources](#)

[Homework](#)

SCENARIOS

Scenario #1 -- Married Couple with Children, Ailing Spouse

Introduction

Personal Information

- Maria (81) and Hiram (84) Weecaring are married Riderwood residents. They moved from Wyoming into a two-bedroom/one bath apartment 6 years ago.
- They have two children - Ruth (60, lives in Wyoming) and Sally (59, lives in D.C.); Ruth has two children who are the Weecaring's only grandchildren.

Family Dynamics

- Ruth has frequent contact with her parents by phone and Zoom; Sally has less contact due to her demanding job.
- Maria and Hiram have three siblings. Maria (two sisters in Wyoming) and Hiram (one brother in D.C. who is a retired doctor).
- They have five nieces and nephews in Wyoming.
- The extended family is not very close; they rarely celebrate holidays together and they maintain contact by occasional telephone and Zoom calls and the Internet.

Work History

- Maria coupled raising the children with volunteer and church work in Wyoming for which she was paid a small amount.
- Hiram's entire career was with a political consulting firm that caused him to travel to D.C. frequently.

Social History

- Most of their social activities were based on their work, charities and the church in Wyoming. They are quite religious and have agreed to continue tithing to their beloved church in Wyoming as well as donating small amounts to the wonderful church they have joined in Maryland.
- They have many casual friends and one close friendship, Dan and Wilma Altmount who are younger but live in Wyoming.

Legal Matters

- They have used the services of an attorney for a long time.
- They have wills, trusts, Financial and Health Care Powers of Attorney, and Advance Medical Directives that were created 12 years ago.
- Their estate is going to their children. Ruth will receive 75% and 25% is going to Sally. This is because Sally, with no dependents, has substantially more income and resources than Ruth, who has two children. This has not been discussed with the women.

Scenario #1 (continued)

Financial Matters

Income

- Income is from Hiram's Social Security, minimal Social Security for Maria, Hiram's pension, and returns from mutual funds, stocks and bonds.
- Income is sufficient to cover expenses at this time but the probable costs of Maria's medical needs are of concern, as is the increasing cost of staying at Riderwood.
- Maria has done nearly all of the shopping for the household. They have three credit cards and two store accounts with Maria as primary card holder and Hiram as authorized user on each. Hiram has maxed out two of the credit cards because he has used them to pay for Maria's health care. They have a joint bank account in both of their names. Unfortunately, they were recently contacted by their bank's representative who was very convincing and said there was suspicious activity on their account. After they "verified" their identify, their savings account was drained.

Investments

- \$600K invested in a broker-managed combination of conservative and market-based stocks, bonds and mutual funds owned jointly.
- They have a CPA.

General Health

- Hiram and Maria were in good health until two years after moving to Riderwood, when Maria started to decline physically due to hip and leg problems, as well as COPD and breathing difficulties.
- Hiram has been helping Maria function but her care has become almost unmanageable.
- Their health insurance is with Blue Cross Blue Shield and Medicare A and B.
- They both have Long Term Care Insurance.

Decision Makers

- Friends Dan and Wilma Altmount have Primary Financial Power and Primary Health Care Power of Attorney.

Advocates

Personal Advocates

- They have talked in theory with the Altmounts but have not firmed anything up.

Professional Advocates/Organizations

- They have discussed how things work in Riderwood with Riderwood Social Workers and Community Resources but there is no firm plan about how to utilize these resources.
- They have not discussed the emotional and financial impact of Maria's changing condition.

Scenario #2 – Widowed Man, No Children

Introduction

Personal Information

- David Soloinisky (86) – widowed Riderwood resident. He and his wife, Adelaide, moved into a two-bedroom/two bathroom apartment 10 years ago; she passed in early 2021. David has decided to remain at Riderwood.
- They have no children.

Family Dynamics

- David is physically and emotionally distanced from a brother who lives on the west coast.
- His wife, who was an only child, conducted all financial transactions and kept all financial records before she passed.
- Adelaide was proficient on the computer but David only knows how to email
- David has always been an introvert and loves reading and watching sports on TV and going to Nats games because he is a season ticket holder.

Work History

- Adelaide was a career student and a mathematics professor at a local college. She managed all finances when they moved to Riderwood. In the past, David frequently said he wouldn't know what to do without Adelaide's financial capabilities.
- Despite his tendency to be an introvert, David had excellent sales abilities and owned a sporting goods franchise that he built into 17 stores in malls. Adelaide kept the books for the firm. The company was sold 10 years ago when they moved into Riderwood; David receives income from the sale.

Legal Matters

- The couple had an excellent long-term attorney; David's will is eight years old.
- Adelaide named her best friend Joyce, who is a CPA, as her Financial Power of Attorney.
- The financial estate goes to favorite charities and causes.

Financial Matters

Income

- Social Security
- David will receive income from the sale of his franchise until 2030. His generous income more than covers his Riderwood costs.
- He has just received a bill, forwarded by his old company, for a judgment against the company of \$50,000 incurred due to a personal injury claim.
- He pays off his credit cards at the end of every month. In addition to his Riderwood fees, his major fixed monthly expenses are payments for the new car he recently purchased and the vacation house that he and Adelaide purchased together about 15 years ago.

Scenario #2 (continued)

General Health

- Both moved into Riderwood with excellent health. However, Adelaide got sick in 2017 and required a great deal of care. David found the payment of Adelaide's medical bills through Kaiser Permanente (KP) confusing as KP did not accept Riderwood as a medical service provider, which meant that none of the Riderwood providers could be used for health services.
- Adelaide's Long Term Care Insurance helped pay for her illness.
- David has a LTC policy but isn't too sure about its terms.
- David's health insurance is with Kaiser Permanente and Medicare A (hospital coverage). He feels that Kaiser has always met his needs but is concerned because he must drive to a Kaiser facility for any treatment he might need.

Advocates

Personal Advocates

- David's brother has volunteered to help if needed.

OVERVIEW OF HEALTH INSURANCE

SUZAN WYNNE, M.S.W., SEPTEMBER 2021

The health insurance situation in the U.S. is messy and confusing. While it is impossible to present a comprehensive picture of this complex industry, there are some essential elements that must be considered, regardless of what insurance you have.

Consult your annual insurance manual: All health insurers must provide written annual updates about their policies. If you are contemplating engaging a new provider, elective surgery, mental health care or, really, any change in your medical care, it is important that you consult this document prior to arranging for the service. You should **also** call the Customer Service or Member Relations number on the back of your card to verify that the provider and/or service is covered. This is particularly important if you are planning to go to the hospital for a procedure that might involve uncovered physicians.

Essential considerations:

- Which types of care providers (ex. physicians, Nurse Practitioners, etc.) are covered by your policy?
- Who is responsible for billing (you or your provider)?
- What types of services are covered by your policy?
- What to do when you are disputing a charge?
- Avoiding the out-of-network provider trap in a hospital setting
- Avoiding the Medicaid trap

Most Riderwood residents have:

Primary Health Insurance from one or more of these sources:

1. A Medicare product such as Original Medicare, Medicare Advantage or Medicaid
2. TriCare for active-duty and retired military service members
3. Private Health Insurance
4. Health Maintenance Organization (HMO)
5. A contract with a Concierge physician practice
6. A Health Savings Account (HSA)

Secondary Health Insurance Policies:

1. A Medi-Gap policy (AARP, union sponsored, etc.)
2. Long-Term Care Insurance

What is a Provider?: Individuals and groups who provide health care services are referred to in this Overview as “providers” but **who** is covered and **what services** are covered are determined by insurers, most of which have panels of in-network or preferred providers. Not all independent

providers are connected with all forms of insurance so it is essential that, when contemplating making an appointment with a new provider, you should first check with your insurer to avoid being surprised with a large bill for a provider or for a non-covered service.

To become a preferred provider, individuals must go through an application process and agree to certain cost-related conditions. From the provider's perspective, being a preferred provider offers the benefit of receiving referrals from the insurer.

Provider access operates a bit differently in Health Maintenance Organizations (HMOs). They usually employ providers on staff and require that members select a Primary Care Physician (PCP), who manages the member's health care, determining when it is appropriate to refer to specialists, both in- and out-of-network, and a member of the Health Education or Care Coordination teams. HMOs generally attempt to provide all care in-house as a cost-saving strategy.

Explanation of Benefits (EOB)/Medicare Summary Notice (MSN): Health insurers send out monthly summaries of activity with respect to bills for your medical care. If you have a policy with an annual deductible before insurance kicks in, the EOB will also include information about your deductible status. Always review your summary statements carefully to be sure that you actually received those services. The statements provide information about reporting suspicious or fraudulent billing or filing an appeal.

If you have Medicare, Part D (prescription drugs), you will also receive a separate monthly summary of charges associated with your prescription medications.

Original Medicare

Medicare came into being in 1965 with a plan to provide basic coverage for individuals 65 and older or who have been deemed eligible due to long term disability. That plan is now called Original Medicare and it pays 80% of established costs for covered services and providers. If you don't have a Medi-Gap policy, you are responsible for the 20% copay.

The Centers for Medicare and Medicaid Services (CMS) publishes an annual manual that addresses what most consumers need to know about these insurance products, what services and providers are covered, and premium payment information. Since regulations and service coverage frequently change, consumers should read the manual and keep it handy for reference. See "**Medicare & You: The Official U.S. Government Medicare Handbook**": <https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>

Medicare has a number of component parts:

- Part A covers: blood; inpatient hospital stays; hospice care; skilled care in a nursing facility care (not including custodial or long-term care); Home Health care;
- Part B covers: many other medical expenses like outpatient treatment; ambulance service; preventive services; mental health; advance care planning; durable medical equipment like oxygen equipment;
- Part C: Medicare Advantage plans (see below)
- Part D: optional coverage of prescription drugs.

You can add/remove coverages in options B and D only at specific enrollment times. Within Original Medicare and Medicare Advantage, consumers have a wide range of plans to choose from.

When you choose your preferred plan, Part B premiums are deducted from your Social Security check *if you are on Social Security*. If you are not on Social Security, you will be billed for the monthly Medicare premium. Most Riderwood residents qualify for receiving their Part A premiums at no additional cost.

Medi-Gap Policies: In the years since Medicare's creation, insurers such as United Healthcare, have created policies to cover the copays (20% or 50%) not covered by Original Medicare. These supplemental plans are known as Medi-Gap policies.

Original Medicare was set up so that billing (filing claims) for the 80% coverage is the responsibility of the medical provider. However, if you have a Medi-Gap policy or another secondary insurance carrier, you need to ask each medical provider who will file claims for reimbursement.

Note: Since not all health care providers are signed up with Medicare, be sure to ask when you make an appointment with a new provider if they accept Medicare. If not, you will be responsible for all of the provider's charges.

Medicare Advantage.

Medicare Advantage plans (Part C) have evolved because consumers wanted more than the basic coverage that Original Medicare offered even though premiums for Medicare Advantage Plans tend to be somewhat higher. The Advantage Plans are operated by private health insurance companies under contract with Centers for Medicare and Medicaid Services (CMS), the Federal agency that oversees Medicare and Medicaid. Many organizations, universities and companies offer Medicare Advantage plans. Erickson Living offers Erickson Advantage to all of its residents. It is operated by United Healthcare.

As is the case with Original Medicare, there are many optional plans within Advantage plans. The options differ in levels and types of coverage for services and providers, annual deductibles, amounts of copay. The Advantage Plans offer some level of coverage for services such as dental, hearing, vision, transportation to medical appointments and some Home Care.

Note: a supplemental Medi-Gap policy is not allowed with Medicare Advantage. Billing is the responsibility of the medical provider, but, ultimately, you will be responsible for any co-pays due. You may pay these co-pays at the time of service or through billing arrangements after service.

Some Riderwood residents are members of an area Health Maintenance Organization (HMO), such as Kaiser Permanente, Johns Hopkins University Hospital, or George Washington University. Generally, when HMO members become eligible for Social Security, they transition to the HMO's Medicare Advantage plan.

Each insurer sponsoring a Medicare Advantage plan selects from the CMS menu of covered services what types of services it will cover. Insurers may offer more services to consumers who select more costly plans and fewer to consumers who opt for less costly plan options. If you have an HMO policy or an HMO-connected Medicare Advantage plan, do not assume that your policy will cover services from Riderwood's Medical Center and rehabilitation providers, even if you have an urgent need for care.

Though Riderwood does not have general contracts with any of the area HMOs, shortly before the onset of the Covid-19 pandemic, there were signs that area HMOs were willing to be more flexible about coverage for limited services from Riderwood's health care providers. For

instance, both Johns Hopkins and Kaiser Permanente will support limited rehabilitation services rendered by Riderwood providers as long as their Primary Care Provider (PCP) authorizes this service.

A resident contemplating a move to Arbor Ridge, who is connected to an HMO or an HMO-connected Advantage plan, should receive guidance in writing from the HMO's Member Services regarding how to obtain covered medical services while residing at Arbor Ridge.

TriCare

Most Riderwood residents, who have TriCare health insurance policies, come to Riderwood well aware of how their policy works, how they obtain reimbursement, obtain medication and so on. Be sure to advise your health care agent(s) about your situation.

Private Health Insurance Policies

Private health insurers have their own policies with respect to coverage and billing. Customer Service representatives can provide referrals to providers within network and assist with out-of-network provider issues. You can find that number on the back of your medical card.

Medical providers who accept these insurance policies must comply with the billing requirements set by each company. For residents of Maryland, the insurance coverage they offer must comply with state law. Insurers of Maryland residents come under the jurisdiction of the Maryland Insurance Commission, which regulates minimum requirements for benefit coverage. In the event of a dispute or other matter concerning coverage or billing, the Commission can often assist with resolving the issue. It is best to begin that process by submitting a written documentation.

Special note about Federal Blue Cross/Blue Shield: Many Riderwood residents have this insurance due to their pre-retirement employment. Be sure to check with each medical provider you use to learn who is responsible for filing claims. Online automatic billing, when available through the provider, is the easiest way to manage co-pays and other non-reimbursable expenses.

Health Maintenance Organization (HMO)

Some Riderwood residents may have opted to continue on non-Medicare HMO policies even though they were eligible for the HMO's Advantage plans. HMOs offer many levels of plans to fit the budgets and needs of members, but overall, they tend to be somewhat less costly than the Advantage plans.

Like all HMO plans, they have in-network providers and most require that the Primary Care Provider (PCP) offer referrals to specialists who are usually within the network as a cost-control measure.

HMOs have contracts with specific hospitals. When members are hospitalized, they will be seen by HMO providers who will determine both the length of stay and the discharge plan. HMOs also have contracts with short-term rehabilitation and continuing care facilities (assisted living, dementia care, and long-term care). Only in exceptional cases can out-of-network

facilities be compensated under an individual contractual arrangement. This usually happens when highly specialized care is not offered by the usual facility.

Concierge Programs

Some medical practices operate outside of the health insurance system. They offer an array of plans that provide access to their services.

Long Term Care Insurance

Private insurers generally provide no coverage for room, board and Home Care in Independent Living, Assisted Living/dementia care or Long-Term Care.

Medicare also doesn't cover costs associated with these services, though, according to the 2021 Medicare handbook, CMS regulations now allow some coverage for Home Care under both Original Medicare and Medicare Advantage.

Options for coverage:

- Pay out of pocket
- Spend down your assets to qualify for Medicaid (see below)
- Use the benefits associated with a Long-Term Care (LTC) policy

If you were wise enough to purchase a Long-Term Care (LTC) Insurance policy when you were younger and healthy, you are among a tiny minority in the U.S. and that small pool of policy holders is what makes these policies so costly.

LTC policies differ widely in the cost of premiums, length of coverage, services of coverage, start dates, compound inflation, acceptable service providers, and so on. Most policies have a maximum period of coverage but within that coverage period, will compensate policy holders for home care by an aide from an approved agency and daily charges while residing in a continuing care facility. When you sign up for a policy, you select the level of daily compensation and that is tied to your premium. Periodically, you will be given the option to lower the cost of your premium if you accept certain conditions.

If you have a policy, become familiar with the ins and outs of coverage prior to need so that you are prepared. Most policies have a 90-day waiting period prior to start of coverage. Arbor Ridge has a staff member whose sole job is to work with billing and finance for Arbor Ridge residents. As of June 2021, that person is Michelle Forster ([301-572-8435](tel:301-572-8435)).

Most LTC policies require that policy holders or their agents pay the facility's bill and then request reimbursement. Whether services involve reimbursable care support at home or any level of care at Arbor Ridge, anticipate delays in reimbursement to you, at least for the first few months as routine billing is established.

What About Medicaid

Many Americans are confused about the difference between Medicare and Medicaid. Medicaid was designed to provide basic health insurance to individuals who have assets totaling \$2,500 or less. While Medicaid can cover costs for housing, food and custodial care for people who are in a Skilled Nursing facility, including Long-Term Care, there are strict and

complex rules regarding financial eligibility. Maryland Medicaid does not currently cover those costs for individuals in Independent Living or Assisted Living/Memory (dementia) Care.

Part of the process for determining eligibility involves detailed analysis of five years of financial records to assess whether assets were appropriately spent during those years. If it is determined that rules were broken, eligibility will be delayed or denied. In simple terms, transferring assets to a family member or a charitable organization during that time, can render an individual ineligible.

How does the Benevolent Care Fund fit into the picture? Riderwood's Benevolent Care Fund (BCF) is in place for residents who are running out of assets and need supplemental financial help to meet their financial obligations to Riderwood while in any level of care at Riderwood. Eligibility criteria for assistance from the Benevolent Care Fund is identical to that of Medicaid.

Qualifying for the BCF means that the resident must spend down all assets to no more than \$2,500. That will include the resident deposit paid at admission plus any real property or other asset.

When a resident is medically qualified for Long-Term Care and has spent down assets to no more than \$2,500, the resident may apply for Medicaid. Regardless of how long the approval process takes, the start date is the date of application.

Billing Issues

Billing process: It is the usual practice of private medical providers, including hospitals, to bill insurers at higher rates than your insurer allows for the codes connected to the visit or procedure. When you see your monthly insurance statement Explanation of Benefits (EOB), you may be shocked at the amount your provider is billing. Think of the whole matter as a negotiated settlement that can, sometimes, take months of back and forth to resolve. Meanwhile you, as the consumer, may receive multiple statements from your provider and you will see the pending matter on your EOBs as the process of negotiation moves along. When your provider has agreed to the amount the insurer is willing to pay, the EOB will include that information.

Once the provider has accepted payment from the insurer, you are not responsible for any uncovered amount beyond your copay.

Billing by out-of-network providers: The Biden administration has created new rules to support a 2020 law covering "surprise billing" by out-of-network providers that consumers may encounter, particularly in a hospital setting, whether for an emergency or for an elective procedure.

Until this law goes into full effect in January 2022, be aware that you may encounter a specialist or two who, though legitimately involved in providing a billable, specialized service, is not in your insurer's network. This can lead to unexpected out-of-pocket expenses.

If you are planning an elective procedure, it is best to work through insurance billing issues beforehand. Of course, this cannot work with emergency procedures. So, what to do? You can try to work with your insurance provider after the fact, but, if the insurer is unwilling to provide coverage, you can try to negotiate the price with the medical provider. Failing all of the above, you may be liable for full payment. This is where the Maryland Insurance Commission

can sometimes help to arrive at a negotiated solution. This advisory does not pertain to Medicare billing issues.

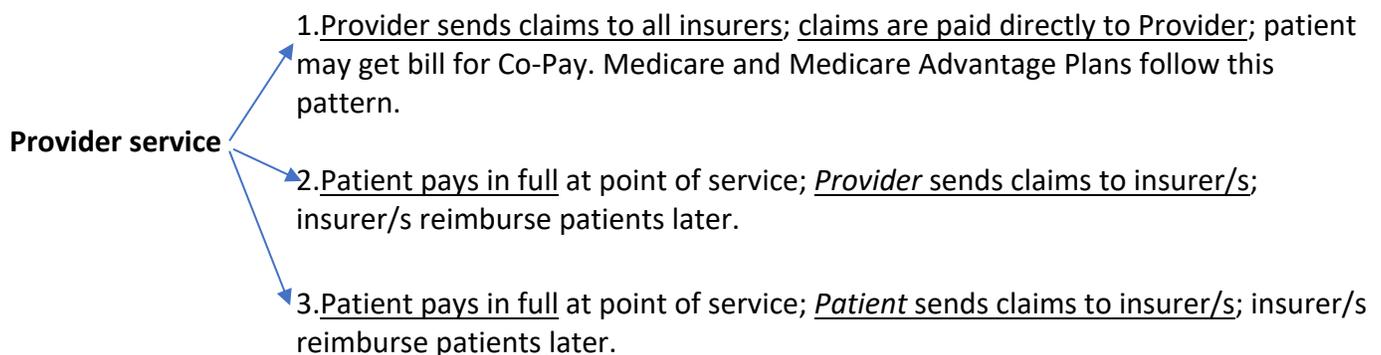
Insurance and Riderwood’s Medical Center

Riderwood’s Medical Center is part of Erickson Living’s network of medical centers. In addition to participating with Erickson Advantage, Medical Center providers participate with other common health insurance plans. In addition to the six primary care physicians, the Medical Center employs mental health personnel, podiatric physicians and phlebotomists. The lab can conduct blood tests for off-campus physicians.

Care Path Program: Even if you receive your primary medical care outside of Riderwood, you should participate in the Care Path Program. This involves completing a form about your health history and medications, authorizing your outside providers to share your records with the Medical Center, and having a brief visit with one of Riderwood’s physicians. Not all insurers cover the office visit associated with this program.

Your information is scanned in so that is available to Erickson’s medical providers and a hospital in the event of a medical emergency. Of course, it is important to periodically update the information.

Some typical patterns when Medical Providers accept Patients’ Insurance Plans:



A warning about Original Medicare’s three-day hospital stay requirement to qualify for inpatient rehabilitation coverage. If you have Original Medicare, you **must** be in the hospital for 3 nights as an admitted patient (not an observation patient) to qualify for coverage for post-hospital inpatient rehabilitation at Arbor Ridge or elsewhere. Medicare Advantage plans have no requirement for inpatient rehabilitation other than a referral due to “medical necessity.”

HOW TO FIND A FINANCIAL ADVISOR



Interviewing an Advisor - Questions to Ask

The following questions are designed to help you see “behind the curtain” of any firm with whom you might entrust your financial future.

BE SURE TO ASK THESE:

- 1) How do I know you are the right advisor for me?
- 2) How do I know whether what you are saying about your firm is true?
- 3) How do I know your recommendations truly in my best interest?
- 4) What will be my total expense, how are you compensated and where can I see this in writing?
- 5) How many clients do you serve and how does their situation compare to mine?

ADDITIONAL HELPFUL QUESTIONS:

- 6) How often will I hear from you?
- 7) Will your recommendations cover all aspects of my personal financial affairs or will I need another professional for advice in some areas?
- 8) After my initial planning, will you continue to alert me proactively to areas I need to touch up due to age, tax law, estate law, etc.?
- 9) Will you help me solve any financial obstacles I encounter?
- 10) Do you have the knowledge, experience and resources necessary to successfully navigate the complicated financial planning and tax world to achieve my financial goals?

IDEAL ANSWERS - SEE FOLLOWING PAGES



IDEAL ADVISOR RESPONSES

1) How do I know you are the right advisor for me?

Ideally you will be a client for life so your engagement with your advisor should be the right fit for both you and their firm. They should be willing to invest considerable time with you, *delivering value at their expense before you commit to anything*. If you do not find their initial presentation valuable or you discover something that would lead to an unsuccessful partnership, better to determine this upfront before you pay.

2) How do I know whether what you are saying about your firm is true?

Advisors can say many things. The proof is in the firm's "Form ADV". This is a required and audited disclosure for all SEC registered firms. If the firm does not have an ADV, they are either too small to be registered by the SEC in which case they are registered at the state level, *or they are not fiduciaries as defined by the Securities and Exchange Commission*.

In the ADV you will find, the scope of services provided, how the firm is compensated and by whom, conflicts of interest, and whether the firm or any of its professionals have been the subject of a disciplinary action or lawsuit. You will also see the extent to which the firm provides financial planning in addition to investment management, the types of clients the firm serves, the number of clients per professional and much more.

Be sure to review the firm's [ADV](https://www.your advisor_wealth.com/important-disclosures) (https://www.your advisor_wealth.com/important-disclosures) and search [FINRA's Broker Check](https://brokercheck.finra.org/) (<https://brokercheck.finra.org/>). Here you will be able to verify that neither your advisor nor any of its employees have ever been the subject of a legal or disciplinary action.

3) Are your recommendations truly in my best interest?

Imagine you visited your doctor with a concern about your heart, and before running any tests, the doctor tried to sell you a pacemaker. The doctor then explained you needed to act today before prices went up. Later you learned the doctor was paid extra to promote this specific brand of pacemaker. While absurd for the medical profession, this analogy represents what happens in some parts of the financial advising industry.

Your advisor should be bound by a *fiduciary duty*, (any SEC Registered Investment Adviser will be) which means they will have a *legal obligation* to put your interests above their own and to always act in your best interest. In order to maintain their SEC registration, they will have to provide extensive annual reporting and are subject to routine in-depth audits to assure compliance to this duty. There are significant enforceable consequences for breach, ranging from prison sentences to hefty fines and revocation of their SEC registration. Anyone seeking financial advice should require this level of duty from those providing the advice.

The term fiduciary can often be misused or misleading. Some advisors are also bound a fiduciary duty as CFP® professionals. While important, this is NOT a legally enforceable duty so be educated as to whether this is the only "fiduciary duty" to which an advisor is obligated. Each CFP® professionals must adhere to the [Standards of Professional Conduct](#), which require the advisor to provide services in accordance with a fiduciary standard of care.



(ideal answers cont'd)

Look for a culture that is centered around the client's best interest (vs. trying to sell you something). Do clients have the same investment allocations used in their personal accounts and the accounts of their immediate family members? Do they have a commitment to honest, ethical behavior evidenced by long term client relationships? They should be willing to provide you with existing client references for at least 3 clients in a similar demographic and life circumstance to you.

4) What will be my TOTAL expense, how are you compensated and where can I see this in writing?

Your advisor should not receive ANY other form of compensation from any source other than the fee you pay them. The advisor's fee should be detailed in their client agreements and on their SEC Form ADV annual disclosure. An average industry fee is approx. 1% of the assets managed.

In addition, ask about fund internal expenses, (ideally averaging less than 0.5% annually). Finally, the account custodian (i.e. Charles Schwab, Fidelity, TD Ameritrade, etc.) should not charge anything other than perhaps a nominal administrative fee for trading (less than 0.05% annually).

It only makes sense to hire a financial advisor, or any professional, if the *services they provide exceed the fees charged*. In other words, your time and effort saved, plus your tax savings, cost savings and long-term investment returns need to exceed the fee.

5) How many clients do you serve and how does their situation compare to mine?

Look for a low client to advisor ratio to ensure you receive the service you require to achieve your financial goals. Many brokerage firms have a 300 to 1 client to advisor ratio. 50-75 is a better ratio to ensure the firm's commitment and attention to you. Also, look for a firm who serves clients like you; who have a similar level of net worth, and are similar in age, demographic and life circumstance.

6) How often will I hear from you?

How often would you like to hear from them? The call or meeting schedule should serve your needs. Client communication and education should be a priority. As a general guideline, clients typically meet with advisors (virtually or in person – your preference) at least 2-3 times annually and more if desired or needed.

In addition to personal meetings, your advisor should send regular communication pieces such as an investment commentary or strategy update, education or insights articles covering various timely topics or other communications designed to answer questions commonly asked by clients. Some host regular client education events (or interactive web-based events with replays available). Above all, clients should always be encouraged to call, email or schedule a time to discuss any questions or concerns.

7) Will your recommendations cover all aspects of my personal finances or will I need another professional for advice in some areas?

Your advisor should serve as the primary point of contact and coordinator. You should receive a thorough financial analysis at least annually with recommendations and an *Action Checklist* detailing actions your advisor will undertake and those you will implement in order to achieve your financial (ideal answers cont'd)

Class 4: Financial Decisions



George Petrides, Jr.
Daily Money Manager

Everyday Money Management
www.EverydayMoneyManagement.com

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Cash Flow

How much money goes in and how much money goes out each month

This is one of the most important things to get a handle on and communicate to future helpers:

Inflows:
How much do I get?
How often do I get it (monthly, quarterly, annually, etc)?
For how long will I get it (i.e. is it lifetime or a finite amount? Is it fixed or does the amount vary)?
What account does it go into (and whose name(s) are on that account)?

Outflows:
What do I spend my money on?
Do I spend more than my inflows (i.e., do I have to transfer money from another account to pay all the bills?)
How do I pay big bills (e.g. estimated taxes, tuition for grandkids, etc.)

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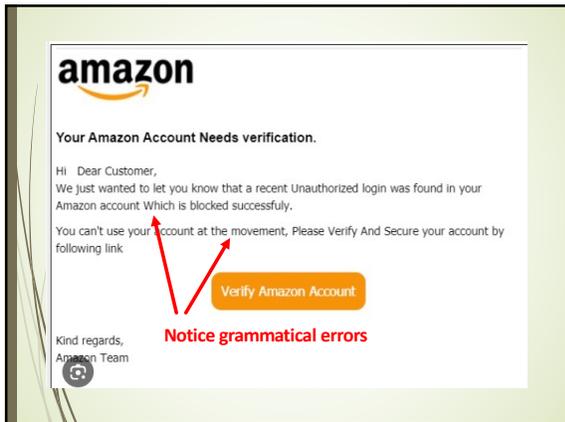


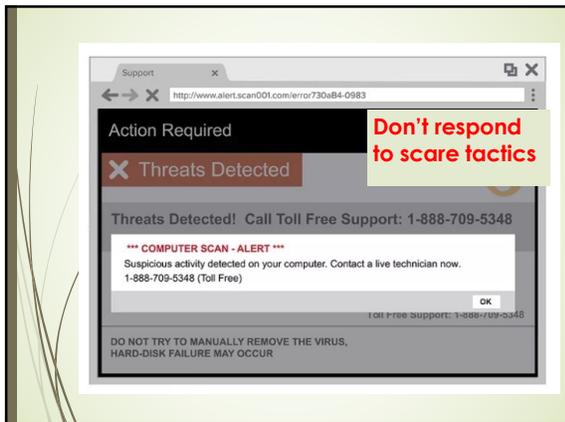
Simplify Your Cash Flow System

- **Streamline:** Get rid of any expenses you find you don't really need in your life
- **Consolidate:** If you have many accounts and credit cards, close/stop using all but a few so there is less to manage
- **Reduce risk** of being hacked/scammed by having fewer accounts and cards
- **Automate:** Put as many bills as possible on autopay, making sure there is enough cash in your account

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Online Scam Prevention

Follow these tips to avoid becoming a victim of an online scam.



Set up multi-factor authentication.



Never respond to scam messages.



Install antivirus software.



Keep social media accounts private.



File a complaint.



Be cautious transferring money.

AI and Grandparent Scams

- Scammers use social media and other sources to find out who is in your family (including pets). They use AI (Artificial Intelligence) to imitate the voice of your grandchild. Then they call and have that voice ask you for help and money.

How to prevent this:

- **Have a special name or a code word for your relatives to use when addressing you.**
- **Check with other relatives to confirm the story before sending money**

- Scammers can imitate *YOUR* voice.

How to prevent this:

- **Don't talk to anyone you don't know on the phone unless you called them. They may be recording your voice.**

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Other Phone Scams

- Scammers may know where you live and where you bank. They will impersonate officials from organizations like the police or the IRS. They will make you believe that there is a problem with your taxes, your account, your social security, etc.

How to prevent this:

- **Don't believe them, ever! Don't talk to them (so they won't record your voice). HANG UP. If there is really a problem with your account or benefit, you will get a letter in the mail.**
- **Contact the real organization yourself and check to see if there is a problem.**

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New Scams Pop Up Constantly - Stay Informed and Vigilant

AARP Scam Watch:
<https://www.aarp.org/money/scams-fraud/>

Consumer Financial Protection Board (CFPB):
<https://www.consumerfinance.gov/consumer-tools/fraud/>

Credit Bureaus:
<https://www.experian.com/blogs/ask-experian/the-latest-scams-you-need-to-aware-of/>

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Credit Cards vs. Debit Cards



Credit Cards

- Money comes from credit card issuer
- Money must be paid back monthly
- Impacts credit score



Debit Cards

- Money comes from checking account
- No monthly payment required
- Does not impact credit score

Source: Lexington Law

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Which is Safer: Credit or Debit?

- **Credit cards offer better protection from fraudulent transactions**
- **You will likely have \$0 liability if you report credit transactions promptly. You may have more liability for debit transactions.**
- **With debit, the money is coming directly out of your account. Your total balance may be vulnerable to the crooks.**

What about cash?

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Credit Card Tips

- ▶ Be sure you have a credit card in your own name (just because your name is on it doesn't mean you are the account owner)
- ▶ If you want to stop using a particular card, just stop using it. Remove it from any sites online. Lock it up at home. Canceling it may affect your credit score.
- ▶ Find the best card for the interest rate and rewards you want and use that one most of the time.

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Password Management

- ▶ Choose a place to keep your passwords and stick with it
- ▶ Consider security AND ease of use when choosing how to store passwords
- ▶ Document ALL the information you will need
- ▶ It's not just websites -- store all your secret information
- ▶ Test them and change them – at least annually
- ▶ Consider using an online password manager

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Password Managers

See handout (CNET recommendations)
Some popular ones:
Keeper – www.keepersecurity.com
1Password – www.1password.com
Dashlane – www.dashlane.com

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Charities: If you give, you will get...**more mail!**

1. Decide which charities to give to
2. Pay attention to the name of the charity
3. Give to each charity once a year
4. Start early (avoid end of December)
5. Only give to reputable charities
6. Check the tax status of the organization
7. Keep documentation for tax purposes
8. Stay in control of recurring donations
9. Consult your tax preparer

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Will I Run Out of Money?

- You may need a Monte Carlo analysis run by a financial advisor
- How to find one?
 - Ask those you already trust
 - Look up advisors on <https://brokercheck.finra.org/>
 - Decide if you want one that works hourly or charges a percentage to manage your assets. (Want hourly? Look at www.garrettplanningnetwork.com)
 - Financial planner vs. financial advisor
 - Find an individual or team that will pay attention to you, customize their service to you, and that you feel you can trust

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MD Financial Power of Attorney (see binder appendix)

Article - Estates and Trusts

(Previous)Next

§17-202

"MARYLAND STATUTORY FORM
PERSONAL FINANCIAL POWER OF ATTORNEY"

IMPORTANT INFORMATION AND WARNING

You should be very careful in deciding whether or not to sign this document. The powers granted by you (the principal) in this document are broad and sweeping. This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

You need not grant all of the powers listed below. If you choose to grant less than all of the listed powers, you may instead use a Maryland Statutory Form Limited Power of Attorney and check on that Maryland Statutory Form Limited Power of Attorney which powers you intend to delegate to your attorney-in-fact (the Agent) and which you do not want the Agent to exercise.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

You should obtain independent legal advice before you sign this power of attorney if you have any questions about the document or the authority you are granting to your agent.

DESIGNATION OF AGENT

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Planning for When You Need More Help

- Complete the Life Ledger
- Name beneficiaries on accounts in accordance with estate plan – on bank accounts, investment accounts, insurance policies, annuities. **(Consult your attorney before doing this)**
- Make sure all passwords are accessible and up to date, including the password for your cell phone and computer
- Bill paying
 - Joint accounts vs. Power of Attorney on accounts
- Tell others of your plans

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If you don't have an appropriate support person for finances, consider a Daily Money Manager (DMM) to:

- Ensure bills and payments don't fall through the cracks
- Provide financial data to help you make decisions
- Get your taxes done easily
- Get what you deserve from your medical insurance
- Reduce your risk of fraud / Assist with recovery from identity theft or other fraud
- Lower your stress around managing money

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Types of Services Provided by DMMs

- Bill paying
- Mail management
- Expense tracking and budgeting
- Banking and notary services
- File management
- Tax organization
- Insurance claims management

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Services *NOT* Provided by DMMS

- Tax advice
- Investment advice
- Legal advice
- Medical Advice
- Mental Health Advice

A DMM is a liaison between you and attorney, accountant, financial advisor, insurance agent, and sometimes even family members

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I will try to respond to as many questions as I can today, but you can always contact me:

George Petrides
Everyday Money Management
www.EverydayMoneyManagement.com

301-201-0816 (direct cell)
Email: george@everydaymm.com

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Addendum: See this article by Fiona Divecha in the *Riderwood Reporter*

Get tax benefits by donating from IRA

By **Fiona Divecha**
Manager, Philanthropy & Resident Life

Seniors over 72 must take a required minimum distribution (RMD) from their IRA plans this year. In 2020, the Federal Government waived RMDs, but the requirement is back in effect. Since most residents have to take the RMD, this is one of the best ways to give to the Benevolent Care Fund. Any qualified charitable distribution (QCD) counts towards meeting your RMD percentage and the amount you must take out for RMD is based on your age. You can complete this requirement and reduce the taxes paid on your IRA distribution by deducting the amount of your QCD from the amount of your income on your federal tax return therefore not paying taxes on this amount. This benefit is better for most residents who would take the standard deduction and not list charitable donations.

To make a qualified charitable distribution, ask your IRA custodian (or you may have checks from your IRA account and check-writing powers) to send a check directly to the Riderwood Benevolent Care Fund. You will need the following:

Organization Name: Riderwood Village, Inc.
Fund Designation: Benevolent Care Fund
Address: 3110 Gracefield Road,
Silver Spring MD, 20904
EIN (Tax ID): 52-2126753

We appreciate every gift to the Benevolent Care Fund that makes it possible for us to meet the need in 2021. Keep in mind that mail has been slower and for this gift to count in 2021, Philanthropy must receive the gift by December 31, 2021. For more information, please contact Fiona Divecha at 301-572-8396 or fiona.divecha@erickson.com.

Record Retention Guide



Record Retention Guidelines

Document	How Long to Keep It
Automobile Records	Until you sell or donate the car. Keep donation records to support tax filings
Bank Receipts (ATM, Deposit) and Statements	Toss receipts after checking them against statement. Keep statements 1 year, unless needed to support tax filings. Check statements for errors or fraud
Birth/Death Certificates, Marriage Licenses, Divorce Decrees, Valid Passports, Education Records, Military Service Records, Adoption Records	Forever*
Cemetery Deeds, Funeral and Burial Contracts	Forever*
Credit Card Records	Until next bill comes, unless needed to support tax filings. Toss non-tax related receipts after checking against statement. Check statements for errors or fraud
Home Purchase and Improvement Records, Deed, Home Sale	Until property sold. Keep purchase/sale documents to support tax filings
Household Inventory	Forever*; update as needed
Insurance - Life	Forever*. If term insurance, toss after term has ended
Insurance - Car, Home, Etc.	Until you renew the policy
Investment Statements, Purchase Confirmations	Keep monthly until quarterly received. Keep quarterly until annual received. Keep proof of purchase price until investment sold
Investment Certificates	Until you liquidate the investment. Keep purchase/sale records to support tax filings
Loan Documents	Until loan is paid off. For mortgage or car loan, keep loan satisfaction letter until title indicates no lien.
Medical Documents	Keep insurance explanations of benefits until bill paid and/or dispute resolved. Keep medical records up to 5 years, including recent test results, list of medications, list of conditions
Paystubs	1 year. Toss after checking them against the W-2
Pension Plan Documents	Forever*
Receipts for Large Purchases	Until you sell or discard the item
Savings Bonds	Until they mature and you cash them in
Service Contracts and Warranties	Until you sell or discard the item warrantied
Social Security Card	Forever*
Social Security Statement	Until you get your new statement
Tax Records	Keep backup materials at least 4, up to 10 years from the filing date. Some people keep the returns forever*.
Utility Bills	Until next bill comes
Will, Financial and Health Care POAs	Forever*. Void old versions when updates are made

* Forever means for your entire lifetime. Some records should be maintained by the executor of your estate after your death. Estate financial records should be kept 7 to 10 years or more from the time the estate was settled (not the date of death). Some records, like birth and death certificates may be passed down from generation to generation. Consult your accountant and/or estate attorney for more information.

If you have any questions, please call us!

Keeping Your Financial Life in Order

P.O. Box 1469, Rockville, MD 20849 • Phone: 301.801.2294 • Fax: 240.536.9146
office@everydaymm.com • EverydayMoneyManagement.com

TRADING PLACES: WHO DOES WHAT?

Trading Roles right now is a gift which:

- Breaks down the silo mentality of who does what.
- Prepares others you care about to be ready to do what you do if, and when, you cannot do it in the future.
- Promotes transitions to changing circumstances. The Coaching Process is the hand-up all parties need.
- Builds mutual confidence in managing new situations



I'LL DO THE THINGS THAT HAVE TO BE
DONE RIGHT, AND YOU CAN TAKE THE REST.

Tasks: Mark with Initials of person who is responsible for and/or knowledgeable about: (use SH for Shared and O for Other)

Finances

- ___ Bill Paying
- ___ Taxes: Federal, State
- ___ Charities
- ___ Investments
- ___ Service Contracts
 - ___ Netflix , Costco, etc
 - ___ HBO, Comcast
 - ___ Amazon Prime etc
 - ___ iCloud, AAA
 - ___ Subscriptions
- ___ Outstanding Loans to pay
- ___ Investment Property
- ___ Other

Income Sources:

- ___ Social Security
- ___ Pensions
- ___ Investments/Annuities
- ___ Trusts
- ___ Outstanding Loans to be repaid to you
- ___ IRA Required Minimum Distributions
- ___ Rents on property owned
- ___ Other

Banking- online, Face-to-Face

- ___ Checkbook Balance

- _____ Automatic Deposits: Social Security, etc.
- _____ Automatic Payments/ Renewals: EZ Pass, Comcast, Amazon Prime, Netflix, etc.
- _____ Safety Deposit Box
- _____ Credit/ Debit Cards: Owner vs. User
- _____ Other

Caregiving

- _____ Manage Medications
- _____ Schedule, attend medical appointments
- _____ Maintain Daily Routine: Feed, bathe, dress, exercise, socialize
- _____ Monitor activities for safety
- _____ Cover Other’s Usual Roles
- _____ Transport
- _____ Research/maintain adaptive devices
- _____ Research outside help: staff, support groups
- _____ Research options for treatment
- _____ Schedule/ manage outside staff
- _____ Arrange social contacts, outings
- _____ Order, Access Meals
- _____ Other

Travel

- _____ Research and arrange travel

- _____ Set up outings, concerts, theater, movies, meals,
- _____ Other

Insurance

- _____ Life
- _____ Renters
- _____ Investment Property, boat, Etc.
- _____ Car/s

Health Insurances:

- _____ Medicare
- _____ Medigap Backup
- _____ Rx Insurance
- _____ Long Term Health

Insurance

- _____ Dental Insurance
- _____ Tracking Insurance Claims



Social / Family Commitments

- _____ Birthdays, anniversaries, holiday celebrations
- _____ Communications, updates

- Support, babysitting
- Gift buying
- Other

Home

- Shopping- food, clothes, supplies
- Cleaning
- Laundry
- Cooking
- Organizing/tossing/donating
- Trash/Recycling
- Keys, Permissions to access apartment
- Call for Maintenance
- Other

Car/s

- Driving, technical dashboard
- Maintenance: Gas, Tires, Anti-Freeze, Washer Fluid, Oil
- Vehicle Registration, License Renewal
- Inspections
- EZPass
- Reserved Parking Space
- Other

Technology:

- Computer/ tablet /printer
- Social Media
- iCloud Storage
- Backups, External Hard Drive
- Calendar
- Email Security settings
- Photo storage
- Cell Phone / Smart Phone

- GPS navigation
- CD / DVD player
- Alexa, etc
- Dragon Voice Activation
- SAGE Registration
- Metro Pass
- MyErickson
- Other

Legal Role for Others/Self:

- Medical Power of Attorney
- Power of Attorney
- Executor
- Trustee
- Guardian
- Contracts w Service Providers
- Other

Pets:

- Feeding
- Exercising
- Toileting, Cleaning, Brushing
- Vet. Visits, Microchip, Medications
- Other

Medical Roles: Who knows or handles:

- Medical Device Maintenance, C-PAP, mobility, etc.
- Rx Refills, Insurance Maintenance Rx

___ RIDERWOOD current services-
Home Health?

___ Medical History/ Allergies

___ Advance Directive

___ MOLST

___ Advance Directives for
Dementia

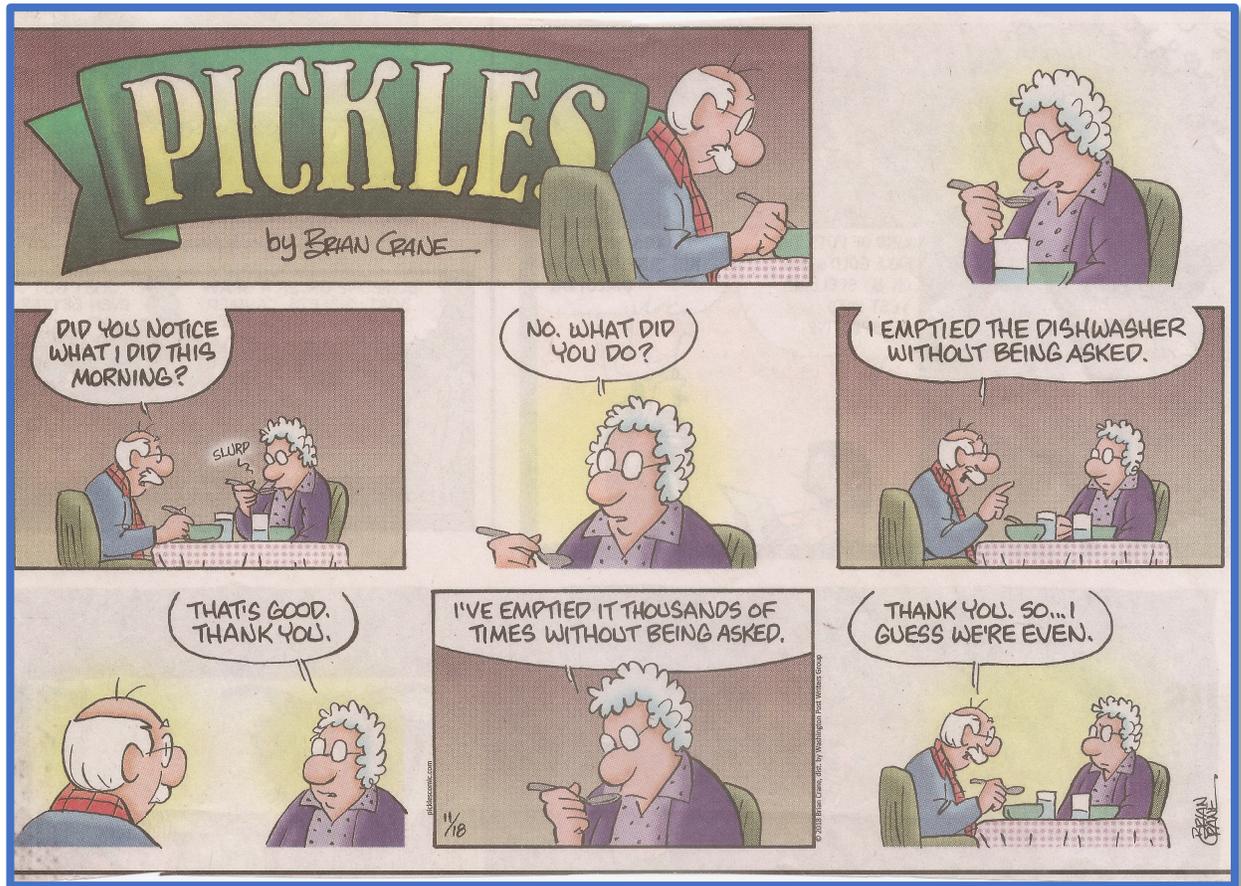
___ Doctor, Therapist
appointments

___ Planting, watering

___ Weeding / Clean up

___ Other

Other Roles:



___ Other

Gardening

___ Purchase of plants, seeds

FURTHER RESOURCES

- ⌘ **Fraud:** Be sure to check that your information on file at credit agencies is up to date including current address and phone number(s)! Credit card companies, banks, etc. verify your information with them which protects you in case of a scam or fraud:
 - Experian: (888) 397-3742
 - Equifax: (888) 378-4329
 - TransUnion: (888) 909-8872
- ⌘ “Financial Power of Attorney: How It Works”:
<https://www.legalzoom.com/articles/financial-power-of-attorney-how-it-works>
- ⌘ “Power of Attorney and Your Investments—10 Tips”: <https://www.finra.org/media-center/news-releases/2016/power-attorney-and-your-investments-10-tips-finra>
- ⌘ “A 6-step guide to choosing the right financial professional for you”:
<https://www.cnbc.com/2019/10/23/guide-to-choosing-the-right-financial-professional-for-you.html>
- ⌘ “How to Choose a Financial Advisor” by Coryanne Hicks:
<https://money.usnews.com/financial-advisors/articles/how-to-choose-a-financial-advisor>
- ⌘ “How to Choose a Financial Advisor” by John Schmidt:
<https://www.forbes.com/advisor/investing/how-to-choose-a-financial-advisor/>
- ⌘ Financial Industry Regulatory Authority (FINRA)’s suggestions:
<https://www.finra.org/investors/protect-your-money/ask-and-check>
- ⌘ Investopedia has some good articles:
<https://www.investopedia.com/articles/investing/102014/feeonly-financial-advisers-what-you-need-know.asp> and
https://www.sec.gov/investor/alerts/ib_fees_expenses.pdf and
<https://www.investopedia.com/articles/personal-finance/071415/how-cut-financial-advisor-expenses.asp>).
- ⌘ “Need Help Managing Day-to-Day Finances? A daily money manager might fit the bill”: <https://www.aarp.org/money/budgeting-saving/info-2016/money-management-on-a-budget.html>
- ⌘ “Daily Money Management and You”: <https://secure.aadmm.com/dmms-and-you/>
(American Association of Daily Money Managers)
- ⌘ American Association of Daily Money Managers: <https://secure.aadmm.com>
- ⌘ “2023 and 2024 Tax Brackets and Federal Income Tax Rates” [single filers and married filers filing jointly or separately:]<https://www.kiplinger.com/taxes/tax-brackets/602222/what-are-the-income-tax-brackets-for-2021-vs-2020>
- ⌘ “Long Term Care Insurance Presentation and Q&A” given by Ellen Davis on Tuesday, Nov. 10, 2020: <https://vimeo.com/477756925>

Homework

1. Fill out “Section III: Passwords, Combinations, and Keys” in your Life Ledger. If you already have a list, it does not need to be in the same format as the chart on pages 19-20 but make sure you can change it easily since your passwords probably change from time to time. You can enter the information directly into your Life Ledger, keep the list with your Life Ledger, or keep it separately. Make sure a person you trust knows where it is. Add new passwords *every time* you create an account.
2. Gather your financial records in one place or designate the location in the financial tables. Keep this up to date.
3. Check whether you are the owner or only an authorized user on each credit card. **Remember: credit cards are canceled if the owner dies even if you are an authorized user**
4. Optional: If you are interested in hiring a financial advisor, see the helpful questions and ideal answers in “[How to Find a financial Advisor](#)” above.
5. Optional: Consult the “[Record Retention Guidelines](#)” by Leah Nichaman above. If you’ve kept records too long, decide what you can throw away and start the process.



Extra Credit Homework #1 (optional but **extraordinarily useful** homework): If you have a partner (significant other or close friend or another member of this class) or can enlist another family member (a sibling, cousin, in-law, etc.), fill out the “[Trading Places: Who Does What?](#)” above. Then trade chores for several weeks so that both of you are familiar with your respective chores and can step in if there is an emergency.

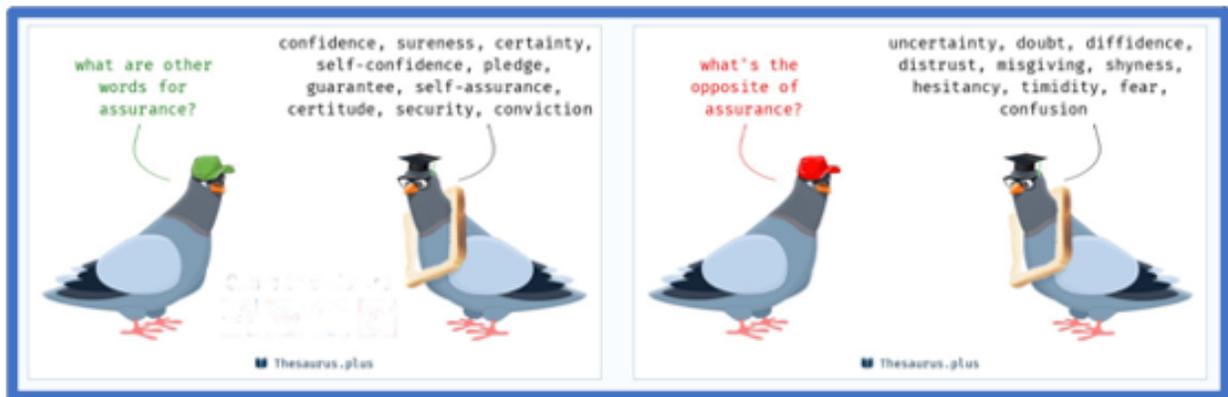
Extra Credit Homework #2 (optional): Read “The Most Influential 80-Plus-Year-Olds in America” at <https://slate.com/human-interest/2020/12/80-over-80-most-influential-top-20.html> --you will recognize most of the 20 on this list which includes dancer and *West Side Story* star Rita Moreno. Also, “At 95, Dick Van Dyke is still the consummate showman. And he’s desperate to get back onstage” at https://www.washingtonpost.com/entertainment/tv/dick-van-dyke-kennedy-center-honors/2021/05/13/61c264e0-ac5c-11eb-b476-c3b287e52a01_story.html.

I have completed		Date of completion	Follow-up plan
My Password chart			
Gathering financial records			
Checking credit cards, bank accts:			
	Credit Card 1		
	Credit Card 2		
	Bank Account		



Class 5: Finances #2

PARTNERSHIP WITH RIDERWOOD REGARDING RESOURCE ASSURANCE



OBJECTIVES OF CLASS 5

1. Through three interactive scenarios, class members will grasp the challenges that may be faced if their resources decrease while living expenses at Riderwood and health costs increase.
2. Participants will understand the Peace of Mind that Riderwood's Resource Assurance ensures.
3. Attendees will comprehend the role they play in guaranteeing that Riderwood maintains financial stability for all residents.
4. Students will appreciate the caring and purpose of the Benevolent Care Fund.
5. Attendees will understand the qualifications for Medicaid and how and when it applies.

WHAT YOU WILL FIND IN THIS CHAPTER

[Scenarios 1-3](#)

[Speakers](#): Landen Huff (Finance Director); Greg Hallen (Community Financial Analyst); Tanya Dyer Jenkins (Business Office Manager); Alecia Thomas (Move-Out coordinator)

[Independent Living Ancillary Fees](#)

[Further Resources](#)

[Homework](#)

[Yes, I Can!](#)

SCENARIOS 1-3

Scenario #1 – Individual, never married, no children

Introduction

Personal Information: Leslie Singleton (76) - single Riderwood resident; never been married and has no children. She moved into one-bedroom/single bath apartment 4 years ago. She is the oldest child and practically raised her siblings because her family of origin was broken. Leslie has always been a private person and was taught never “to air your dirty linen.” While she is fun-loving and friendly, she doesn’t share emotions easily and is not a club joiner.

Family Dynamics

- Two brothers (North Carolina) and one sister (local).
- Close to brothers; estranged from sister. Her brothers have been very successful in life and she has enjoyed vacations with them in various expensive resorts through the years—they enthusiastically pick up all the bills so that she can join them. They have repeatedly told her to let them know if she ever encounters financial problems.
- Eloise, her dog, has been with Leslie for 12 years.

Work History

- Leslie worked for forty-five years in a legal firm, rising from a part-time clerk to a partner.
- Undergraduate degree and JD; passed the Washington DC bar in 1981.

Social History

- Broad group of local and distant friends from work, neighborhoods, church.
- Close to Mary Rogers and Bill Fernando, who are about the same age and are members of same church.

Legal Matters

- Leslie does not have an attorney.
- Has a 20-year-old will, Advance Medical Directive, and has given Primary Financial and Health Care Powers of Attorney to brothers.
- Estate goes to the church, brothers, and the Riderwood Benevolent Care Fund.

Financial Matters

Income

- Small pension and Social Security (barely enough to pay Riderwood bill and incidentals).

Expenses

- Standard living expenses; enjoys giving money to nieces and family.
- Has several thousand dollars on her credit cards.

Investments

- \$60K invested in broker–managed conservative mutual funds.
- Has a CPA.

General Health

- Good health for years.
- Recent high blood pressure.
- She recently fell and had to have hip surgery. During the medical emergency testing, she was given a diagnosis of Parkinson’s disease which has gone untreated for years.
- Recently not sleeping or eating well, feeling tired all the time, no energy for classes or clubs.
- Health insurance converted to Erickson Advantage.
- Has Long Term Care insurance.
- Dog, Eloise, is getting frail.

Advocates

Decision Makers

- One brother has Primary and Bill Fernando has secondary Financial Power of Attorney.
- Second brother has Primary and Mary Rogers has Secondary Health Care Power of Attorney.

Personal Advocates

- Has none; it is a brand new concept.

Scenario #2 - Married couple with children; dysfunctional family

Introduction

Personal Information: Susan (85) and Donald (84) Batterly are married Riderwood residents. They moved into a two-bedroom 2-bath apartment in five years ago. They have three children (Lewis, 56, Kensington; Betsy, 54, Gaithersburg; and Sulva, 51, Florida).

Family Dynamics

- Donald has no siblings but Susan has one sister, age 78, who never married.
- Their children have a rocky relationship between themselves and with their parents. Lewis and Betsy have been quarreling for years. Sulva disowned the family many years ago and has not talked to any of them since. None of the children agree with their parents' move to Riderwood.

Work History

- Susan was a homemaker and a church/school volunteer.
- Donald worked in the Federal Government and retired as a GS-15 after 38 years.

Social History

- They moved to Riderwood to be closer to the local children. Unfortunately, the relationship with them deteriorated rather quickly with the closer proximity.
- Donald and Susan enjoy the Circle Fellowship Church at Riderwood and have found several good friends at services over the years.
- Their son Lewis, is bipolar and has been unable to hold down jobs. Susan and Donald supplement the small Social Security Disability Insurance (SSDI) that he receives, and they worry about his future when they can no longer support him as their dependent.

Legal Matters

- They have an attorney who drew up their wills, Financial and Health Care Powers of Attorney, and Advance Medical Directive 11 year ago.
- They both have MOLSTs and Files of Life taped to their refrigerator.
- Currently all of their financial estate goes equally to each of their children.
- Current documents name friends from their old neighborhood (who are about the same age) as Primary Financial Power of Attorney and Primary Health Care Power of Attorney.

Financial Matters

Income

- Donald earns Social Security.
- Donald has a Federal pension with Survivor Benefits for Susan
- Their income also includes returns from a self-managed combination of mutual funds, stocks, and the Federal Government Thrift Share Plan (TSP) in both of their names.
- Susan receives monthly rental income that she splits with her sister from a rental property she and her sister inherited jointly when their mother died 15 years ago. It is mortgage-free.
- Their joint income is sufficient to cover their expenses at this time, but the increasing cost of staying at Riderwood is starting to worry them.

Investments

- They have \$600K invested in self-managed conservative stocks, mutual funds, and TSP.
- Donald does all the tax and financial work.

General Health

- Susan has just been diagnosed with ALS; Donald is in good health but is hard of hearing and has major dental issues that need to be addressed
- They have a joint federally sponsored Blue Cross/Blue Shield policy and Medicare Part A.
- They do not have Long Term Care Insurance.
- They are considering transferring to Erickson's insurance coverage next year.

Advocates/Navigators

Professional Advocates/Organizations

- They have been talking with Riderwood Social Workers and Community Resources and have a sense of what resources are available at Riderwood.

Scenario #3: Married couple, blended family, husband with Alzheimers

Introduction

Personal Information: Ida (79) and Ralph (78) Barrenson – married Riderwood residents. Moved into two-bedroom/two bath apartment 3 years ago. Each has two children from previous marriages and a total of 8 grandchildren (5 on Ralph’s side with another one to be born soon, and two on Ida’s side); they have no children together.

Family Dynamics

- Four siblings: Ida has a brother, local; and Ralph has two sisters, one brother, all local
- Their combined families consisting of their four children, eight grandchildren, their siblings, and fourteen nieces and nephews are quite close. They occasionally try to gather to celebrate holidays together, and several of them belong to same synagogue.

Work History

- Ida was a career radio/TV executive (stopped working when they moved into Riderwood).
- Ralph owned a taxi company; he started as a driver and grew the company into a self-owned fleet of 80 cabs. The company was sold when they moved into Riderwood.
- They considered their careers as motivating and exciting and missed the activity involved when they moved to Riderwood.

Financial Matters

Income

- Both have Social Security
- Returns on a good-sized combination of broker-managed mutual funds, stocks and bonds (mostly from sale of taxi company) and Ida’s 401K funds that they mostly use for travel.
- More than sufficient to cover expenses at this time

Legal Matters

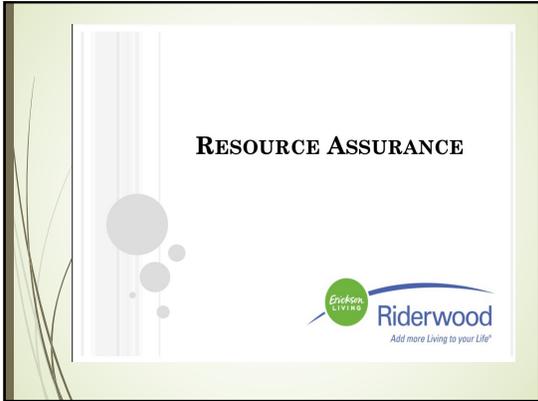
- They have an excellent long-term attorney
- Each of them has a Revocable Living Trust and wills that designate specific portions of their estate going to their assorted children and grandchildren.

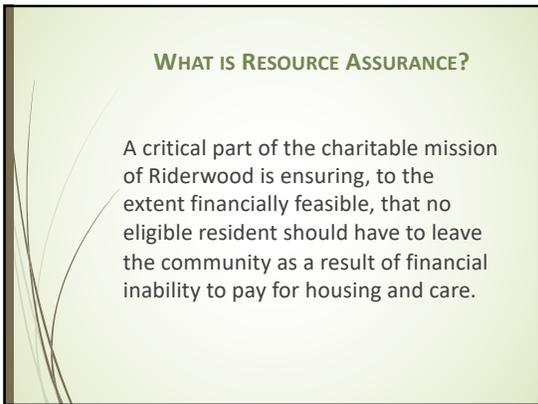
General Health

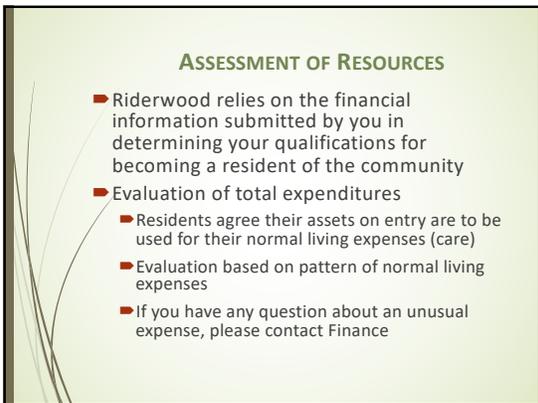
- Ralph has developed Alzheimers and Ida has been caring for him in their apartment for the last year. He is getting worse. On good days, he knows what is happening to him and has apologized to Ida repeatedly. She woke up one night to find he was not in bed. She called Security and they found Ralph wandering the campus in an agitated condition because he didn't know how to get home. Because Ralph has asked her to, Ida has been successful in hiding his condition by only getting together with relatives when he is having a good day. She is feeling overwhelmed and hopeless because of his needs for care and guilt-ridden because she is trying to honor his wishes.
- They have Long Term Care Insurance.
- Health insurance is with Blue Cross Blue Shield and Medicare A (hospital coverage); they felt Medicare B was unnecessary and expensive.

LANDEN HUFF, DIRECTOR OF FINANCE

GREG HALLEN, FINANCIAL ANALYST



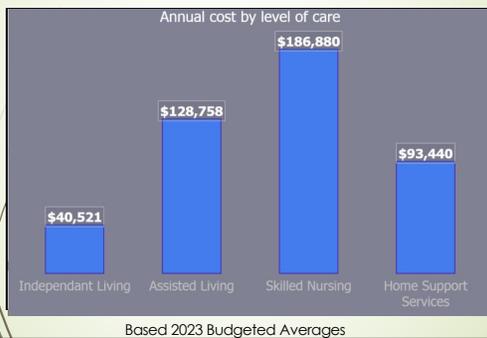




LONG TERM CARE INSURANCE

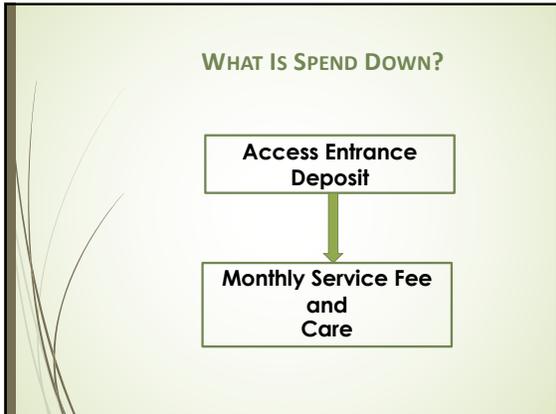
- If your LTC policy was used as a qualification for your RWV approval then you cannot change or materially alter the terms (10%).
- Benefits and costs of a policy
 - Allows for more independence
 - Increases your care options
 - Costs have been increasing significantly

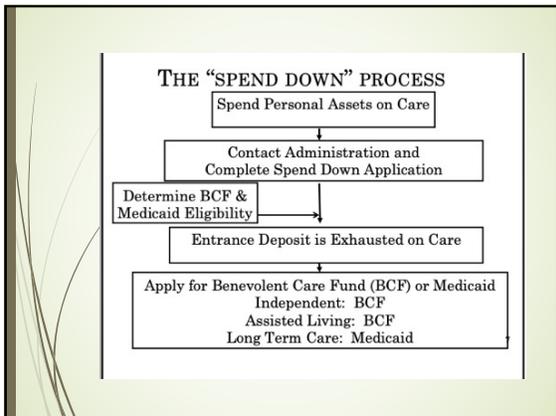
ESTIMATED COST OF CARE

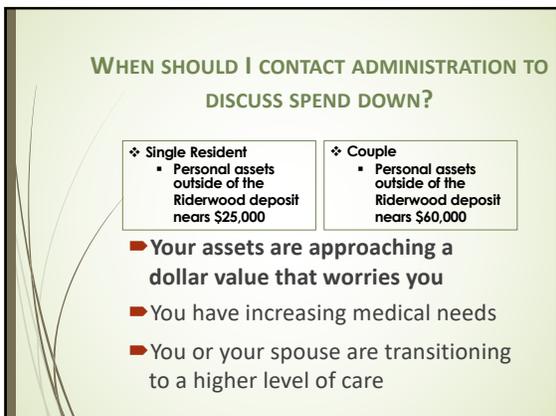


WHAT ARE YOUR RESOURCES?

- External assets + monthly income
- Included, but not limited to
 - Social Security
 - Pension
 - IRA/401K
 - Annuities
 - Long Term Care Insurance, Etc.
 - Real Estate
 - Savings
 - Investments
 - Life Insurance







WHAT IS REQUIRED TO APPLY FOR SPEND DOWN OF ENTRANCE DEPOSIT?

<p>Application from Finance</p> <ul style="list-style-type: none"> ▪ State Financial Inability to Pay ▪ State Financial Condition ▪ Analysis of Monthly Contribution 	<p>What will I need?</p> <ul style="list-style-type: none"> <input type="checkbox"/> All financial statements last 24 months <input type="checkbox"/> Two latest federal & state tax returns <input type="checkbox"/> Other documents to show asset depletion related to total expenditures
--	--

Eligibility for continuation of Spend Down will be reviewed annually

WHAT IS TRANSITIONS?

Residence & Care Agreement: should the Resident's level of care change, the resident may be transferred to an alternate Living Unit at the Community if and when available.

- If a resident resides in Independent Living and is receiving 8 or more hours per day of Home Support, their total cost is consistent with a Package C in Assisted Living.
- If the resident resides in Assisted Living and is at a Package D or higher, their level of care is consistent with Long Term Care.
- The clinical team will continue to assess your care needs and work with Administration to determine where your care level is best met.

RESIDENCE & CARE AGREEMENT

All residents must abide by the Residence and Care Agreement in order to qualify for help of Benevolent Care Fund

- Section 10 of the R&C Agreement describes how a resident might disqualify themselves financially by unauthorized transfer of property/assets.
- A non-comprehensive list of what might disqualify someone from receiving funds is:
 - Gifting or divesting assets
 - Falsifying assets in the financial statements of the application
 - Gambling away assets

THE BENEVOLENT CARE FUND (BCF)

Available to residents in Independent Living or Assisted Living

- Benevolent Care Fund provides confidential financial support to residents who have exhausted financial resources (*including entrance deposit*) & can no longer support cost of care and living expenses
- To qualify for this fund, establish that resources have been exhausted appropriately and that they meet established eligibility criteria
 - < \$2,500 of assets (including Riderwood deposit)
 - Resident required to pay no less than 80% of their monthly income towards the monthly fee

WHAT IS REQUIRED TO TRANSITION TO THE BENEVOLENT CARE FUND?

<p>Application from Finance</p> <ul style="list-style-type: none"> ■ Updated Statement of Financial Inability to Pay ■ Updated Statement Financial Condition ■ Updated Analysis of Monthly Contribution 	<p>What will I need?</p> <ul style="list-style-type: none"> <input type="checkbox"/> All financial statements, last 5 years <input type="checkbox"/> Past 5 years of federal & state tax returns <input type="checkbox"/> Other documents necessary to demonstrate asset depletion related to total expenditures
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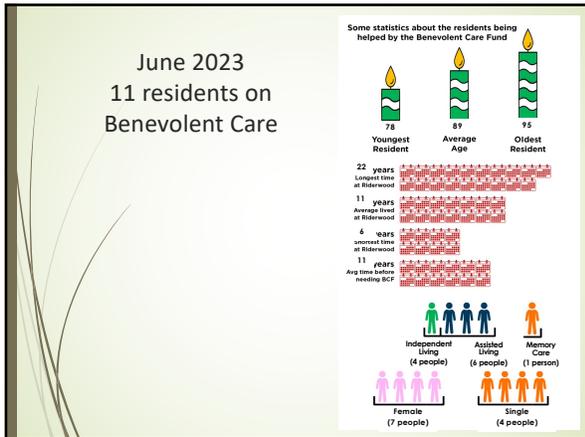
WHAT IS MEDICAID?

State program administered by the Department of Health and Mental Hygiene to assist in covering the cost of room & board to residents in Long Term Care

- Resident's assets must be below \$2,500 (including the Riderwood deposit) to be eligible
 - Additional provision for married couples (spousal retention)
- Full financial disclosure for the past 5 years
 - Tax returns, bank/investment statements, copies of checks
- Resident is responsible for applying for Medicaid
- Questions about Medicaid covered services or other Medicaid issues, call: (800) 492-5231

SOME STATISTICS (END OF 2ND QUARTER 2023)

Current Number of Residents	2,388
Residents currently on entrance deposit spend down	38
Residents currently receiving financial assistance from BCF	11
Avg. Benevolent Care Support per month per resident on BCF	\$7,840



A COMPASSIONATE COMMUNITY

- The Benevolent Care Fund & its care are only possible through donations from residents, staff, resident groups, community business partners, and family.
- It is truly neighbors helping neighbors – ensuring that your neighbors & friends facing financial hardship and other troubles receive essential care and live amongst their friends and neighbors.
- Contact Philanthropy to discuss your contributions.
Maria.Aghguiguan@Erickson.com or 301-572-8394

What about Veterans' Benefits for Surviving Spouses in Spend-Down?

- ▶ The Veterans' Administration has funding available for those who qualify financially and medically. The criteria are complex, so ASK about Veteran Service Officers in the local VA office who can answer your questions and guide your application.
- ▶ **National Capital Region VA Regional Benefits Office**
- ▶ 1722 I St NW
Washington, DC 20006
- ▶ **Main number: 800-827-1000**

KEY CONTACTS

Spend Down

- ▶ Landen Huff, Finance director
 - Landen.Huff@Erickson.com or (301) 572-8370
- ▶ Greg Hallen, Financial Analyst
 - Greg.Hallen@Erickson.com or (301) 572-8322
- ▶ Tanya Dyer Jenkins, Business Office Manager
 - Tanya.DyerJenkins@erickson.com or (301) 572-8435
- ▶ Alicia Thomas, Financial Analyst
 - Alecia.Thomas@Erickson.com or (301) 572-8306

Care Needs

- ▶ **Contact your Resident Services Coordinator/ Social Worker**

© Riderwood Caring Connections Committee, 2023



ILU Ancillary Fee Schedule

Effective 1/1/2024

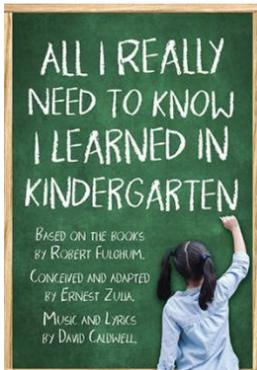
	Price
Administration	
Non-Occupancy Credit	
Credit for Absences per day (starts on the 11th night)	
Single Occupancy	\$16.00
Double Occupancy	\$25.00
Flex 20 Meal Plan Credit per Month	\$71.00
Information Services	
First half hour (minimum charge)	\$47.00
Charge for each additional increment of 1 to 15 minutes	\$16.00
Dining Services	
Dinner (Mon - Sat) & Sunday Dinner (Seasons)	\$25.00
Sunday Brunch Buffet & any Buffet style meals	\$25.00
Holiday Meal (All Restaurants Buffet style)	\$25.00
Children age 5 to 11	\$12.00
Registered Dietician Consultation	\$75.00
Delivery Fee	\$7.00
General Services	
Front Desk	
Faxes (outgoing) per page (U.S.)	\$2.15
Photocopy per page - B&W / Color	\$0.20 / \$0.35
Grounds	
Grounds Service per hour, plus materials (1/2 hour minimum)	\$46.50
Guest Room	
Guest Room per night	\$114 / \$125
Housekeeping	
Housekeeping per hour (1/2 hour minimum)	\$50.00
Laundry per load	\$17.00
Roll Away Bed per night (In resident apartment)	\$15.00
Jump Start	
Car Battery Jump Start	\$5.00
Keys	
Additional Apartment Key	\$17.00
Additional Patio Door Key	\$30.00
Additional Mailbox Key	\$8.00
Lock Change	\$15.00
Registered Visitor Badge and Sticker	\$27.50
Registered Visitor Sticker (no badge)	\$7.50
Replacement Resident Badge	\$27.50
Maintenance	
Maintenance Service per hour plus materials (1/2 hour minimum)	\$46.00
Security	
Security Service per hour (1/2 hour minimum)	\$46.00
Wheelchair Escort (one way)	\$25.00
Parking	
Car Transponder Replacement	\$40.00
Reserved Parking per month	\$28.00
Press Alert	
Install Device	\$180.00
Pendant monthly charge	\$25.00
Snow Removal	
Snow Removal from Car after Normal Snowfall (3" or less)	\$25.00
Storage Bin	
Storage Bin per month (Independent Living only)	\$13.00
Transportation	
Special Trips	Destination Dependent
Sedan Service	\$5.00 + \$6.00/mile
Resident Life	
Fitness Center	
Tier I Fitness Center Membership per month	FREE
Group Aerobics Membership per month (unlimited classes)	\$20
Specialty Exercise Class Fee	Course Dependent
Personal Training Fees-Single Sessions	
Single 45-minute session in Fitness Center / in-home	\$30 / \$35
Single 25-minute session in Fitness Center / in-home	\$20 / \$25
Personal Training Fees-Monthly Charges	
45-minute session in Fitness Center, 1x / 2x / 3x per week	\$100 / \$150 / \$200
25-minute session in Fitness Center, 1x / 2x / 3x per week	\$60 / \$90 / \$120
45-minute session in-home, 1x / 2x / 3x per week	\$120 / \$190 / \$260
25-minute session in-home, 1x / 2x / 3x per week	\$80 / \$130 / \$180
Balance Class (for 8 sessions)	\$50.00
Memory Fitness	\$49.95
Intermissions	
Intermissions per session	\$73.00

FURTHER RESOURCES

- ⌘ “Financial Power of Attorney: How It Works”:
<https://www.legalzoom.com/articles/financial-power-of-attorney-how-it-works>
- ⌘ “Power of Attorney and Your Investments—10 Tips” from FINRA:
<https://www.finra.org/media-center/news-releases/2016/power-attorney-and-your-investments-10-tips-finra>
- ⌘ “A 6-step guide to choosing the right financial professional for you” by CNBC:
<https://www.cnbc.com/2019/10/23/guide-to-choosing-the-right-financial-professional-for-you.html>
- ⌘ “How to Choose a Financial Advisor” by Coryanne Hicks of *U.S. News*:
<https://money.usnews.com/financial-advisors/articles/how-to-choose-a-financial-advisor>
- ⌘ “How to Choose a Financial Advisor” by John Schmidt at *Forbes*:
<https://www.forbes.com/advisor/investing/how-to-choose-a-financial-advisor/>
- ⌘ “Need Help Managing Day-to-Day Finances? A daily money manager might fit the bill” by AARP: <https://www.aarp.org/money/budgeting-saving/info-2016/money-management-on-a-budget.html>
- ⌘ “Daily Money Management and You”: <https://secure.aadmm.com/dmms-and-you/>
(American Association of Daily Money Managers)
- ⌘ “2023 and 2024 Tax Brackets and Federal Income Tax Rates” [single filers and married filers filing jointly or separately] <https://www.kiplinger.com/taxes/tax-brackets/602222/income-tax-brackets>
- ⌘ “Long Term Care Insurance Presentation and Q&A” given by Ellen Davis on Tuesday, Nov. 10, 2020: <https://vimeo.com/477756925> (excellent presentation, but the video doesn’t start until 2 ½ minutes into the posted recording so fast-forward until then; about 1 hr 15 min. long)
- ⌘ Mark Embley’s presentation on Resource Assurance (recorded 15 Jul 2019):
<https://vimeo.com/384522990/44f2212fc8> (you can share this with your family)

HOMWORK

1. Check that your password list of all of your online subscriptions, memberships, and institutions is complete. Every time you begin a new subscription or membership, add it to your Life Ledger, along with any login and payment information.
2. Complete “Section IV, Part A: Financial Assets and Liabilities” in your Life Ledger (pages 21-26) even if you don’t ordinarily handle the finances for your household. **Especially enter how and when things are paid (automatic bank transfer; check; your manual transfer from banking institution, deduction from a pension, etc.) in case someone needs to take this over temporarily or permanently.**
3. For next week’s session on maintaining health, watch James Corden and Paul McCartney on Carpool Karaoke at <https://www.youtube.com/watch?v=QjvzCTqkBDQ> (23 minutes, 42 seconds—fast forward through the ads). Is there anything about this video that lifts your spirits? What aspects might relate to our physical, intellectual, social, emotional, or spiritual health? In what way?
4. For next week’s session, read the following short article below, “Yes, I Can!” by Robert Fulghum, author of *All I Really Need to Know I Learned in Kindergarten* (below).
 - What does he say are really in the “possible bag”?
 - What happens between kindergarten and college? Does it happen before that or after that?



“Yes, I Can!” by Robert Fulghum from *Uh-Oh* (New York: Villard Brooks, 1991, pp. 228-229)

Do you like to act in plays? Yes! Do you play musical instruments? Yes! Do you write poetry? Yes! Can you read and write and count? Yes! We're learning that stuff now.

Their answer is Yes! Over and over again, Yes! The children are confident in spirit, infinite in resources, and eager to learn. Everything is still possible.

Try those same questions on a college audience. A small percentage of the students will raise their hands when asked if they draw or dance or sing or paint or act or play an instrument. Not infrequently, those who do raise their hands will want to qualify their response with their limitations: “I only play piano, I only draw horses, I only dance to rock and roll, I only sing in the shower.”

When asked why the limitations, college students answer they do not have talent, are not majoring in the subject, or have not done any of these things since about third grade, or worse, that they are embarrassed for others to see them sing or dance or act. You can imagine the

response to the same questions asked of an older audience. The answer: No, none of the above.

What went wrong between kindergarten and college?

What happened to YES! of course I can?

On the occasion of his graduation from engineering college last June, I gave my number-two son a gift of a “possibles bag.”

The frontiersmen who first entered the American West were a long way from the resources of civilization for long periods of time. No matter what gear and supplies they started out with, they knew that sooner or later these would run out and they would have to rely on essentials. These essentials they called their “possibles”—with these items they could survive, even prevail, against all odds. In a small leather bag strung around their neck they carried a brass case containing flint and steel and tinder to make fire. A knife on their belt, powder and shot, and a gun completed their possibles.

Many survived even when all these items were lost or stolen.

Because their real possibles were contained in a skin bag carried just behind their eyeballs. The lore of the wilderness won by experience, imagination, courage, dreams, and self-confidence. These were the essentials that armed them when all else failed.

I gave my son a replica of the frontiersmen's possibles bag to remind him of this attitude. In a sheepskin sack I placed flint and steel and tinder, that he might make his own fire when necessary; a Swiss Army knife—the biggest one with the most tools; a small lacquer box that contained a wishbone I saved from a Thanksgiving turkey—for luck. Invisible in the possibles bag were his father's hopes and his father's blessing. The idea of the possibles bag was the real gift. He will add his own possibles to what I've given him.

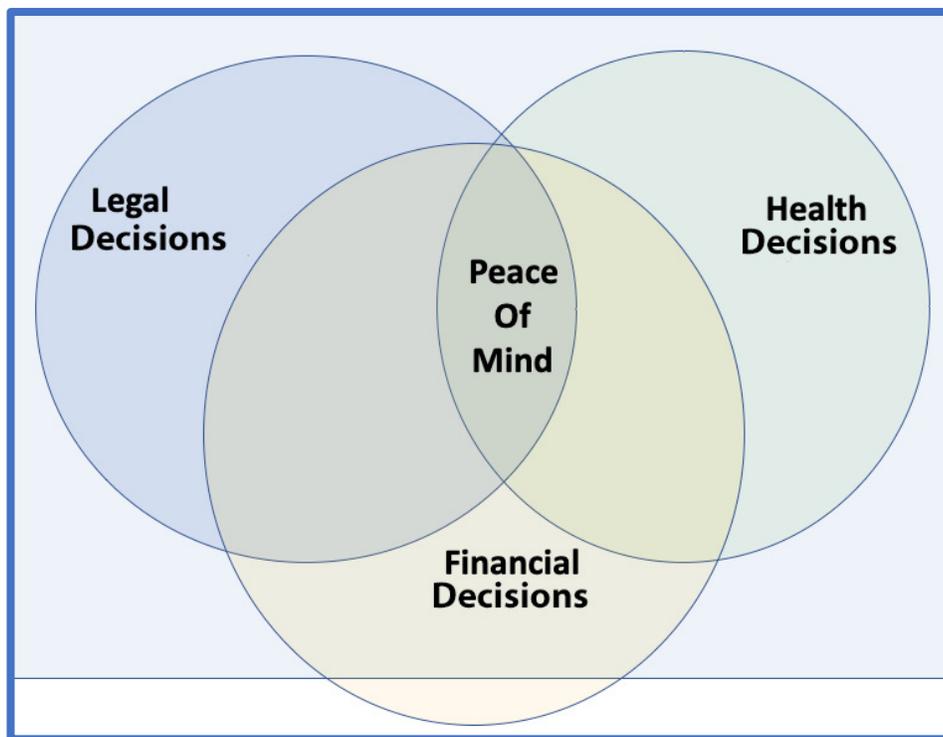
His engineering degree simply attests that he has come back home from an adventure in the great wilderness of science. He has claimed a clearing in the woods as his own.

The sheepskin sack is to remind him that the possibles bag inside his head is what took him there, brought him back, and will send him forth with confidence again and again and yet again, in that spirit of “Yes, I can!”



Section III: Health Decisions

Since you're living here, you obviously made a proactive decision to live your life in an amenity-rich lifestyle with access to higher-level care as your medical needs progress. As you attend the second half of this course, you'll learn what Riderwood offers for you to stay as healthy as possible (physically, mentally, socially, emotionally, and spiritually), and what resources are offered both outside and inside the Riderwood campus when you need extra help.





Class 6: Maintaining Your Health (Physical, Intellectual, Emotional, Social, & Spiritual)

<p>what are other words for maintain?</p>  <p>Thesaurus.plus</p>	<p>keep, sustain, preserve, defend, hold, uphold, assert, support, keep up, retain</p>  <p>Thesaurus.plus</p>	<p>what's the opposite of maintain?</p>  <p>Thesaurus.plus</p>	<p>abandon, deny, ignore, neglect, destroy, discontinue, desert, hurt, give up, finish</p>  <p>Thesaurus.plus</p>
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Objectives of Class 6

1. Attendees will understand that five specific aspects of maintaining health comprise, in effect, holistic medicine that heals the whole person
2. Through videos, students will gain an appreciation of the role each aspect plays in improving Peace of Mind for them and their loved ones.
3. Through a TED Talk, students will grasp that maintaining holistic health means that they may have to step out of their comfort zone
4. Through guest speakers, students will explore specific resources provided by Riderwood for possible experiences for interacting in all spheres of health and will commit to participating in five of them
5. Class members will understand that maintaining or enhancing all aspects of health, potentially leading to a longer and happier life, requires each of us to make active choices

What You Will Find in this Chapter

The Role of CCRCs

Physical Health

[AARP article on Heart Health](#)

[Walking Prescriptions](#)

[Working on Balance](#)

[Falls Prevention Resource Guide](#)

Intellectual Health

[SAGE, Libraries, Trivia, and other Resources](#)

[Clubs](#)

[Community Resources Handbook](#)

[AARP's Brain Health Program, "Staying Sharp"](#)

Social Health

[NIH Article on Social and Other Activities](#)

Emotional Health

[Kaiser Health News: "Soul Purpose"](#)

Spiritual Health

[Staff-led and Resident-led Programs](#)

[Worship Opportunities](#)

Article on Comfort Zone

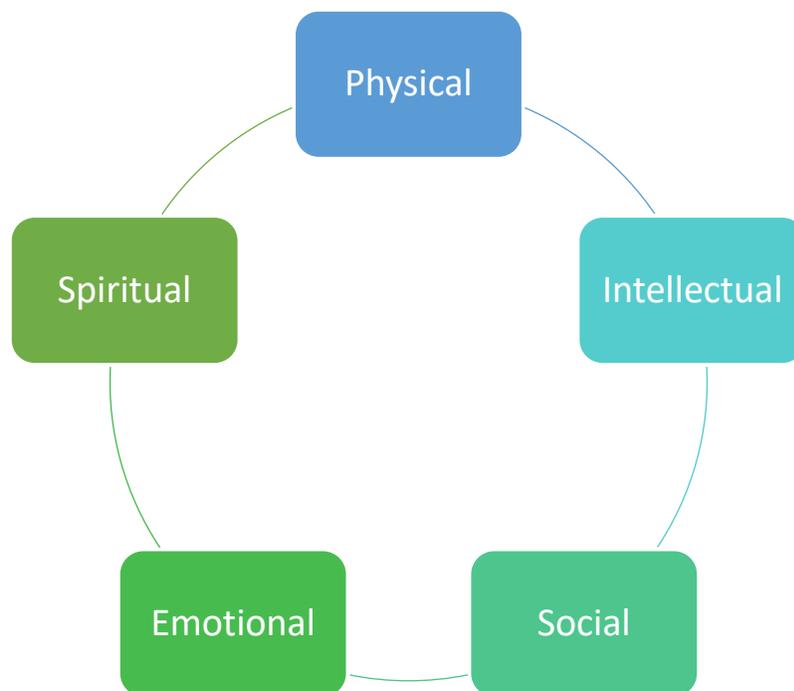
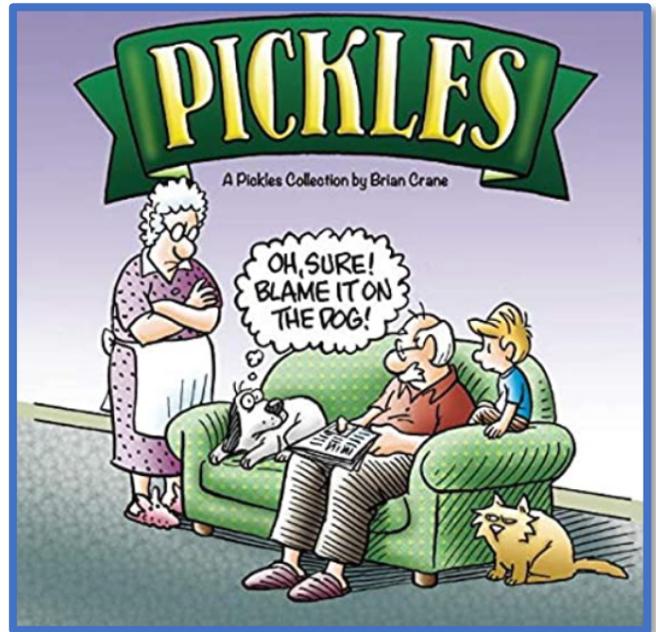
Where's the Info?

Homework

We have some control over some of the main causes of downward spiraling of our physical health (which impacts our emotional, social, and financial health as well). They are:

- Heart disease
- Osteoporosis
- Falls
- Chronic illnesses like diabetes and COPD
- Substance abuse
- Obesity
- Depression
- Oral health

Several articles addressing these issues follow.



The Role of CCRCs

According to <https://thedoctorweighsin.com/can-retirement-increase-life-expectancy/>, CCRCs like Riderwood fill a hugely important role for retirees:

“A challenge facing retirees is a lack of community. They no longer have the built-in companionship of co-workers and other acquaintances related to their jobs. Family members and still-working friends may be busy with their own lives and not have much time to spend with them. Their children and grandchildren may have moved too far to visit regularly. And, sadly, some of their friends may have died. This leaves the senior feeling lonely and isolated.... Many retirement communities are specifically designed to provide this type of socialization by providing **educational** programs, **social** activities, and **exercise** facilities that may not have been as easily accessible at home. Trying something new opens doors to friendships and increases the quality of life while boosting **mental, physical, and emotional well-being** and diminishing feelings of isolation.... ”

How does Riderwood stack up?

- ~ Are there resources at Riderwood meant to address your mental, physical, emotional well-being?
- ~ Do you know what they are?
- ~ Do you take advantage of them?
- ~ If not, how can you find out about them?

Physical Health

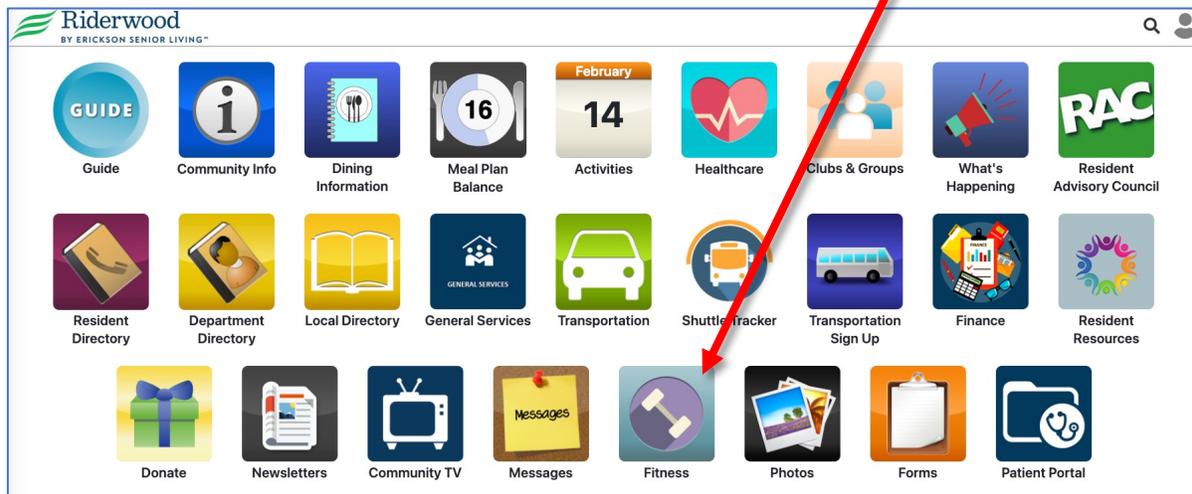
Physical Health provided by Riderwood:

- Wellness Center (open 24/7)
- 3 Satellite Gyms 24/7
- Pool
- Group exercise (\$20/month for unlimited classes, includes free socializing!)
 - Yoga, Tai Chi, BootCamp, Silver Sneakers, Total Body Fitness, Zumba, Parkinsons, water aerobics, etc.
- Special groups (\$) (such as Balance Class)
- At-home videos (free): “Home Aerobics with Tracy,” “Riderwood Seated Aerobics,” “Tai Chi – Beginner” and “Tai Chi – Advanced,” “Smat & Fit” (8 minute video), “Joint Mobility,” “Silver Sneakers,” etc.
- Personal trainers for every age and physical level (\$)
- Walking trails



How to access them:

- Log into <https://myerickson.erickson.com/> and then click on “Fitness”



RIDERWOOD VILLAGE FITNESS CENTER
BY ERICKSON SENIOR LIVING™

GROUP EXERCISE SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BOOTCAMP 8 - 8:45 AM Remi ***		BOOTCAMP 8 - 8:45 AM Eric ***		BOOTCAMP 9 - 9:45 AM Brown ***
TOTAL BODY FIT 10 - 10:45 AM Meagan **	TONE & SCULPT 10 - 10:45 AM Brown **	TOTAL BODY FIT 10 - 10:45 AM Brown **	DANCE & MOVEMENT 10 - 10:45 AM Meagan **	FUNCTIONAL FITNESS 10 - 10:45 AM Meagan **
	TOTAL BODY FIT 11 - 11:45 AM Remi **		TOTAL BODY FIT 11 - 11:45 AM Remi **	TOTAL BODY FIT 11 - 11:45 AM Eric **
HIT 1 - 1:30 PM Brown ***		CORE & STRETCH 1 - 1:30 PM Meagan *	CORE & MORE 1 - 1:45 PM Eric **	

Maximum of 30 participants per class

\$20/MONTH FOR UNLIMITED CLASSES

For more details call 301-628-3653

See other site for class descriptions

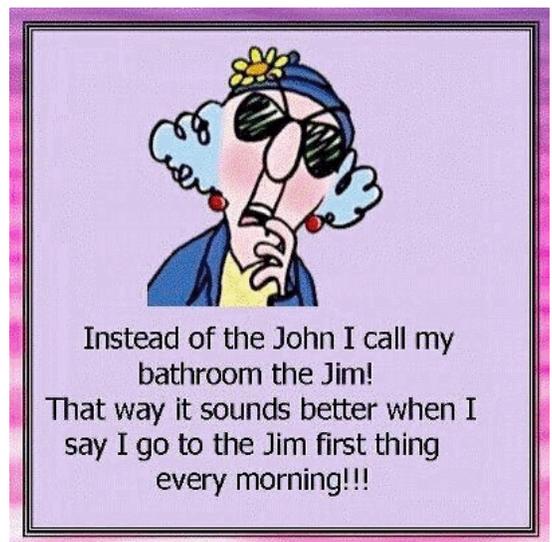
DIFFICULTY

- EASY - All levels of fitness are welcome
- MODERATE - Some standing modifications offered
- DIFFICULT - Some standing independently or floor work required
- VARIES - Depends on the class being offered

Classes with less than 5 participants will be cancelled.

For the “Group Exercise Schedule,” click on “Group Exercise.” The “Classes on Demand” tab is where you will find those at-home exercise videos (you have to click on the down arrow) and so much more, including meditation. Be sure to register for Wellbeats, an on-demand video streaming “channel” with excellent fitness, nutrition, and mindfulness classes.

I feel like my body has gotten totally out of shape, so I got my doctor's permission to join a fitness club and start exercising. I decided to take an aerobics class for seniors. I bent, twisted, gyrated, jumped up and down, and perspired for an hour. But, by the time I got my leotards on, the class was over.



Resident-run fitness clubs:

- Pickleball, ping pong, square dance, bocce, bicycling, softball, Wii bowling, so much more!

Don't want to leave your apartment? There are countless online programs that will help you exercise at home.

- Check out Montgomery County's "Rec Room" (<https://www.montgomerycountymd.gov/rec/activitiesandprograms/recroom/pulled-index.html>) for many online free classes from arts & crafts to Zumba and everything in between: bird watching cams, brain teasers, dance, music theory, painting, virtual tours (use the search box in the upper right of the webpage to find these programs).
- Search for exercise and other classes on Google or even Zoom if you have an account.

The screenshot shows a Zoom website page with the following content:

- Header:** zoom logo, Support, English
- Main Title:** Take a health and wellness break OnZoom
- Subtext:** Explore our schedule of virtual fitness classes.
- Button:** Explore Classes
- Image:** A woman performing a yoga pose in a living room.
- Class List:**
 - Yoga for Knee Pain:** Mon, Jun 21, 2021 8:00PM (EDT). By MixPose. 4.9 (77). Exercises for knee pain focused on stability, strength, and flexibility – designed alleviate chronic knee pain. Selling Out Soon. Price: \$0.00-\$12.00.
 - Pillows & Restorative Yoga:** Tue, Jul 6, 2021 9:00PM (EDT). By Kayla Winters (she/her/hers). 4.6 (12). 1 hour beginner-friendly restorative yoga class. Make sure you have 2 fluffy pillows with you to support the body and relax the mind. Selling Out Soon. Price: Free.
 - Gentle Flow Yoga:** Mon, Jun 21, 2021 9:00PM (EDT). By Kayla Winters (she/her/hers). 4.6 (12). 1 hour beginner-friendly gentle flow yoga class. Find and restore your sense of balance within the body, mind, and soul. Price: Free.
 - Affirmations & Yin Yoga:** Tue, Jun 22, 2021 12:00PM (EDT). By Kayla Winters (she/her/hers). 4.6 (12). 1 hour beginner-friendly Affirmations & Yin yoga class. Slow down and affirm your body and mind. Price: Free.

The following summary of this AARP article about heart health was written by Edward Halper of [Mountain Fitness](#) on February 24, 2021:



The Corona Virus, as terrible as it is, has killed over 500,000 Americans over the past year. Heart disease, in a typical 12-month period, takes 800,000 lives. Furthermore, an unhealthy heart increases your chances of dying from COVID, a true double-whammy.

This month's AARP Magazine [Feb/March 2021] has an article entitled "12 Worst Ways You Can Hurt Your Heart Today," by noted health and lifestyle author Nicole Pajer. I'll bullet point the 12 sins, and add my two cents, as well.

1. LACK OF SLEEP: Your body should wake up at approximately the same time each day. If you really need the alarm clock to rouse you (or worse, you almost sleep through it), you're not getting enough

sleep. And a seven-year study showed that those who averaged less than six hours of sleep a night had a 20% greater risk of a heart attack.

2. FOOD ADDITIVES: Non-dairy coffee creamers were used as an example. They have trans fat (even if, by a quirky labeling law, it may say "Zero Trans Fat.") Up to three cups of coffee is generally considered okay, but watch what you put in it.

3. LACK OF EXERCISE: Tracking steps on your Fit Bit is great (and does spur people to move around), but exercise has to be sustained and somewhat strenuous to benefit the heart. Aim for 150 minutes a week.

4. NOT VACCINATING: The flu, and obviously, CV19, put stress on the heart. People with the flu are six times more likely to have a heart attack within the first week of catching it.

5. DRINKING DIET SODA: Increased chance of cancer, Alzheimer's, and heart disease; minimal, if any effect on weight loss. 'Nuff said.

6. DRIVING IN TRAFFIC: Huh? Think about it, road-related stress and rage greatly increases blood pressure and chance of a cardiac event. Also, air pollution also spikes blood pressure, lowers oxygen levels, and causes internal inflammation. In the early days of the pandemic (I remember how clean the air felt!), there was a significant drop in heart attacks. Scientists feel the reduction in road and air travel was a factor.

7. CHRONIC ANGER: Not letting go of issues or wrongs (either recent or from back in high school days) is extremely toxic to your body. Whether it's exercise, prayer, meditation, therapy or just a needed "meeting of the minds" with someone - for the good of your heart, brain and other internal organs, you've gotta do it!

8. LONELINESS: See above, and make an effort to connect with people who make you smile, laugh, or generally make you forget about your problems.

9. UNHEALTHY SNACKS: If you're too full for an apple after dinner, how can you fit in cookies or chips?

10. PROCESSED MEATS: Everyone who grew up in New Jersey has had plenty of Prosciutto or Pastrami. Both are ridiculously delicious, but also are proven artery-cloggers. Two servings of red meat per week raise heart disease risk by 3-7%. That may be worth it, but try to keep it at two, and go for the lean cuts.

11. FRIES: I know, I love them, too. Here's the stats on any fried food: a 7% increase in heart disease with 1-3 servings per week, 14% if you eat fried foods every day.

12. POOR DENTAL HYGIENE: I see my old Springfield friend, Dr. Bill Bohrod, four times a year for a cleaning from his super-efficient hygienist, Ilyana. Lack of flossing, brushing and gum decay has a direct link to heart disease.

Genetics play 50% of your chances of having a heart attack. Nothing anyone can do about that. Top marathoners and triathletes die from heart-related issues every year. We just have to try our best with the "12 Deadly Sins" and hope for the best!

The Many Benefits of Walking

WALKING PRESCRIPTIONS

A walk is a proven way to treat a host of ailments. But not everyone should take the same path.

HIGH BLOOD PRESSURE

25-35 MIN. ●●●○ MODERATE PACE

How walking helps: A 2016 report by the National Heart, Lung and blood institute found that walking can lower your blood pressure and reduces your risk for artery disease.

Walking Rx: Shoot for at least 1.75 miles at 3 to 4.5 mph most days of the week to lower blood pressure and cholesterol.

ARTHRITIS

5-30 MIN. ●○○○ LEISURELY PACE

How walking helps: It strengthens the muscles that support joints, helps shed pounds and reduces stiffness. Researchers concluded that walking like other exercises, was as effective as nonsteroidal anti-inflammatory drugs for pain relief.

Walking Rx: Start by walking 5 minutes of walking and building up to 30 total minutes a day. Do separate walks or all at once – five days a week. If the pain is worse two hours after the walk than it was before the walk started, take a less intense walk the next time

OSTEOPOROSIS

30 MIN. ●○○○ LEISURELY PACE

How walking helps: Walking helps preserve bone.

Walking Rx: Try to walk 30 minutes a day, 5 days a week. Three 10 minute walks a days are just as bone strengthening as one 30 minute walk.

DEPRESSION

20-30 MIN. ●●●○ VARIED PACE

How walking fast helps: It increases the production of serotonin, dopamine, endorphins and other brain chemicals that lift our mood and makes us feel happy.

Walking Rx: Start with 10 minutes of strolling, then walk briskly to 75% of your maximum effort – a pace that makes talking difficult. Keep that up for 2 to 3 minutes, then resume a strolling pace. Repeat these intervals for 20- 30 minutes.

INSOMNIA

15+ MIN. ●●○○ RELAXED PACE

How walking helps: Morning walks expose the body to essential early daylight. Bright light inhibits the body's secretion of melatonin, our natural sleep agent. When you block melatonin in the morning by walking outside, it then bounces back later n the day, helping to promote sleep.

Walking Rx: In the morning or late afternoon aim for a 15-30 minute walk. It's best if you can walk daily. Walk at a comfortable pace and finish your walk at least 2-3 hours before bedtime.

TYPE 2 DIABETES

45 MIN. ●●○○ RELAXED PACE

How walking helps: It provides better blood sugar control, especially as we get older and become more resistant to insulin. Walking after eating sweets can prevent A blood sugar spike.

Walking Rx: Walk for 15 minutes at an easy pace (about 3 mph or so) about a half hour after breakfast, lunch and dinner. Because people with diabetes can develop foot infections due to the reduced blood flow to the feet, it's important to get properly fitted for walking shoes. A podiatrist can help.

INSIDE • Worst daily habits for your heart P.20 / Taking the shame out of Alzheimer's disease P.56

Healthy You

Balancing Act

Three moves to help restore your balance and keep you on your feet By JEFF CSATARI

IF YOU'VE BEEN rendered less active by the pandemic, you can probably see and feel the changes in your body: 36 percent of Americans report they've put on weight during the COVID-19 crisis, an average of 12.5 pounds, according to a survey by WW (formerly Weight Watchers). You may also notice you're not quite as strong as you were; sedentary living can accelerate age-related muscle loss. And with more weight and weaker muscles comes another bodily change: a loss of balance.

Balance is an often-neglected aspect of health. Falls are the second-biggest cause of accidental death after traffic accidents, the World Health Organization reports. So, as life (hopefully) begins to return to normal over the coming months, be extra careful as you reengage with your regular routine. These simple moves will improve your overall coordination and strength, and keep you on your feet.



Single-Leg Stand

STEP 1: Stand behind a chair or facing a kitchen counter, keeping both feet on the floor, hip-width apart. Hold on to the chair for stability.

STEP 2: Raise one leg behind you. Next, let go of the chair and stay balanced in this position for between 10 and 15 seconds.

STEP 3: Lower your leg, then grab the chair again and repeat the exercise using the opposite leg. As your balance improves, make the drill more challenging by closing your eyes while you balance.

Heel-Toe Walk

STEP 1: Stand beside a wall or kitchen counter, close enough so you can touch it to help you with balance. Lift the foot that's farther from the wall or counter and place it directly in front of your other foot, so your forward foot's heel barely touches your back foot's toes. Balance this way without moving.



STEP 2: When you feel comfortable, try walking forward slowly, heel to toe, heel to toe. When you reach the end of the wall or counter, turn around and walk back in the same way. Once this becomes easy, try walking backward in a reverse toe-to-heel pattern.

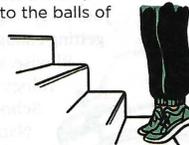
Fitness and health writer Jeff Csatari is the author of Your Best Body at 40+.

Toe Stand

STEP 1: Stand on the lowest step of a set of stairs and hold on to the railing.



STEP 2: Place your weight on the balls of your feet and let your heels hang off the step. Slowly push up as far as you can onto the balls of your feet while counting to four. Pause, then count to four as you lower your heels until they're slightly below the step. Pause. Repeat the entire sequence 20 times.



Top: Getty Images. Illustrations by Agata Nowicka

FEBRUARY / MARCH 2021 19

Preventing Falls – Riderwood Resources

		
SAFETY AT HOME	FITNESS SERVICES	REHABILITATION SERVICES
<p><u>HOME ASSESSMENT</u> <u>301-572-8375</u></p> <p>Occupational Therapists recommend in-home modifications that are both practical and customized to fit your specific needs. The therapist will first meet with you to assess your physical abilities and make a plan before coming to your home. In the home, the therapist will assess the physical environment and will test your abilities in targeted areas of the home.</p> <p>If you are receiving Certified Home Health services, you can have a home safety assessment added to your case. Otherwise, contact your physician for a referral.</p> <p><u>PRESS ALERTS</u> <u>301-572-8391</u></p> <p>When activated, the press alert sends a signal to Riderwood’s Security Dispatch, which is monitored 24 hours a day. Security will call before sending an officer to the location of the alert.</p> <p>Press alerts work anywhere on campus that is <u>covered by a roof</u>. They are not guaranteed to work outside of the buildings on the Riderwood grounds, and will not work off campus. They are battery-operated and water resistant.</p> <p>Residents may choose between a bracelet or a necklace style press alert. Press alerts cost \$125 for installation, then \$22/month for service.</p>	<p><u>BALANCE CLASS</u> <u>301-572-8333</u></p> <p>This 4-week class helps residents improve balance and posture, reduce their risk of falls, and exercise more. Admittance is determined by the results of a pre-assessment. The cost for the class, which meets twice per week, is \$50. Some Erickson Advantage members may take the Balance Class once per year at no cost.</p> <p><u>PERSONAL TRAINING</u> <u>301-572-8333</u></p> <p>Residents may work 1-1 with a Certified Personal Trainer 1-3 times per week in one of the 3 Fitness Centers on campus, the pool or in the resident’s home.</p> <p>During 25- or 45- minute sessions, the trainer will focus on exercises specifically designed to improve balance. The monthly charge for this service varies from \$60-\$260, depending on the location, length and frequency of sessions.</p> 	<p><u>OUTPATIENT REHABILITATION</u> <u>301-572-8372</u></p> <p>Requires a prescription from your doctor and may be covered by health insurance.</p> <p>Based on medical history and a thorough exam, physical therapists (PT) design an individualized program of exercises and functional activities, focusing on strength, flexibility, balance, coordination and walking. PTs can also determine if an assistive device is needed and which one is most appropriate. Occupational therapy practitioners review the home for hazards and evaluate you for limitations that contribute to falls. Recommendations often target improving physical abilities to safely perform daily tasks, modifying the home, and changing activity patterns and behaviors. Speech Language Pathologists (SLP) can identify cognitive impairment and teach safety strategies and task sequences. SLPs can utilize learning tools to improve cognitive function and help prevent falls.</p> <p><u>CERTIFIED HOME HEALTH</u> <u>301-572-8375</u></p> <p>We come to you to provide care in your home! With your physician’s order, home health can include physical therapy, occupational therapy, speech therapy and intermittent skilled nursing.</p> <p>Home health services are usually covered by insurance (many times 100%), and recovering at home is more affordable than inpatient hospitalization and other forms of care.</p>
Riderwood’s Falls Intervention Team is a multi-disciplinary team dedicated to promoting awareness of risks and educating about falls prevention.		

Some balance exercises:

- “Balance Exercises – Top 5 Balance Exercises for Fall Prevention”:
<https://www.youtube.com/watch?v=MxFEVSoHSS0> (8:10)
- “Improve Your Balance in 5 Minutes”:
https://www.youtube.com/watch?v=Fsp_9fRsYns
- “Improve Your Balance in 5 Minutes!”
<https://www.youtube.com/watch?v=ujoD1l4fnP4>
- More challenging: “3 Simple Balance Exercises for Beginners”:
<https://www.youtube.com/watch?v=kK9MQ0x5IDs> (6:06)

Intellectual Health

Riderwood and its residents host many joint opportunities to maintain and enlarge your intellectual health such as:

- Prince Georges Community College's SAGE Program (3 trimesters) run by the resident Continuing Education Committee with staff help.

Continuing Education at Riderwood
Prince George's Community College
SAGE Program
Seasoned Adults Growing Educationally

SAGE offers classes that are enriching and varied in content. Instructional methods vary—lecture, participatory and/or audiovisual.

About sixty courses are offered in classrooms located throughout the Riderwood campus. A balanced array of classes include academic offerings as well as those focused on studio arts, exercise, and dance. Courses have covered: art, computers, history, Spanish, music, literature, current events, writing, and science.

SAGE offers three trimesters of classes
Summer, Fall and Spring.

Watch for notices of registration dates and other continuing education information in the *Riderwood Reporter* and online on MyErickson.

I look forward every trimester to a variety of stimulating subjects and teachers and classroom camaraderie with my fellow residents.
— Jean



Find instructions for signing up as a new student and for registering for classes on **MyErickson.com** under Resident Resources. Registration is through the **pgcc.edu** website.

The Continuing Education Committee offers help with registration. Watch for notices about times and places for registration assistance.

Residents can take multiple classes each trimester for a single fee of \$85.

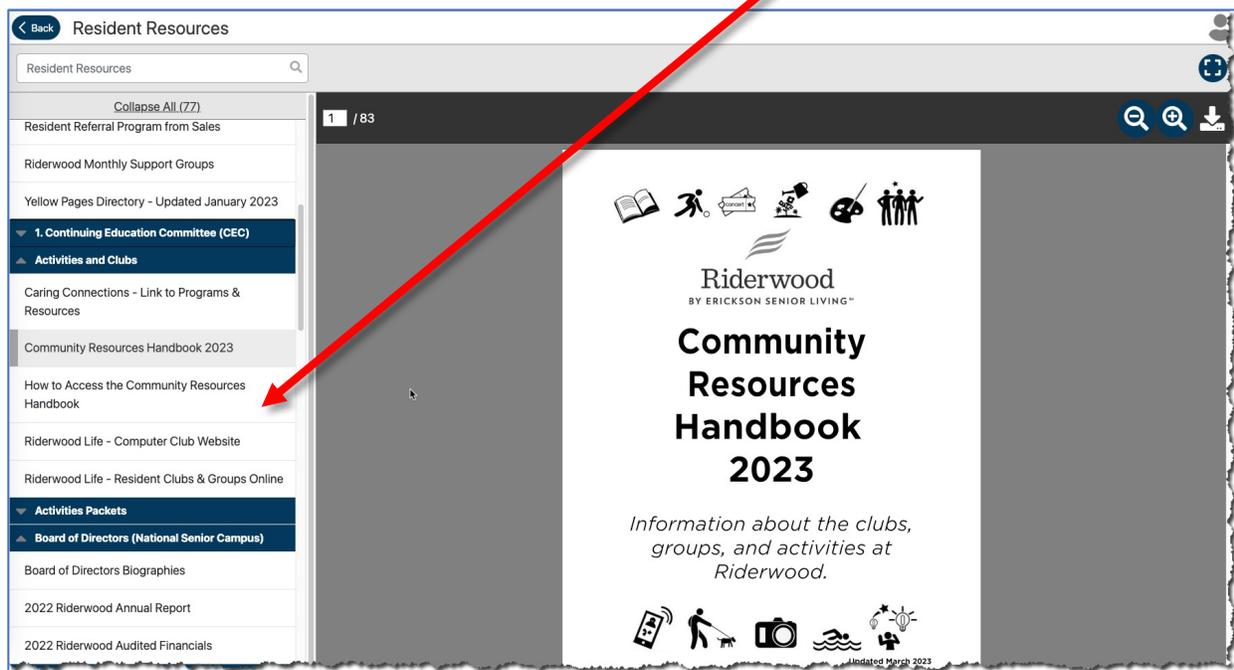
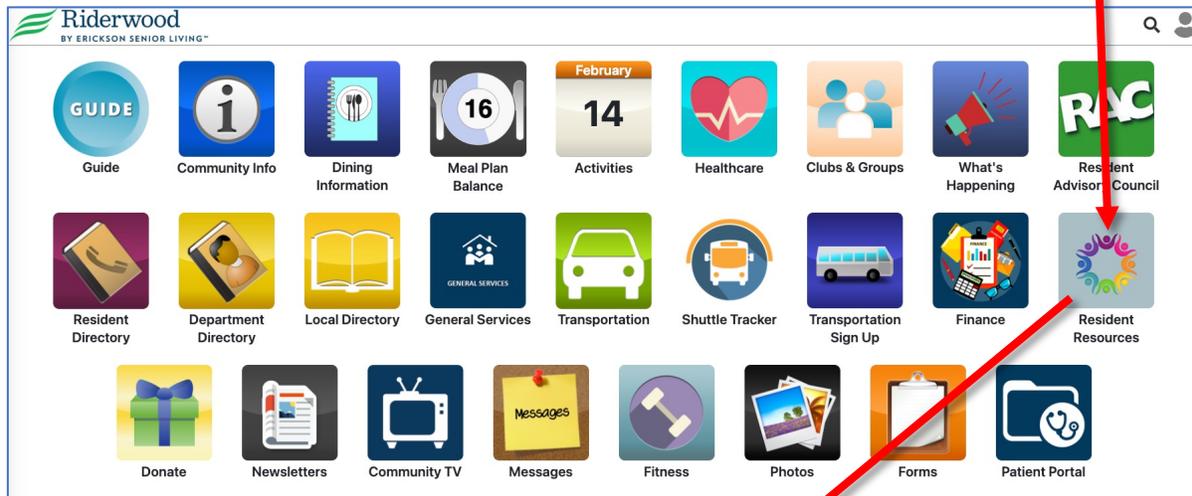
SAGE means I can engage my brain,
meet new people with shared interests and have fun.
This program is a vital part of Riderwood.
— Mina

The Riderwood Continuing Education Committee helps to facilitate the SAGE program at Riderwood.

- **Short Courses** run by the Continuing Education committee: these courses consist of 2-4 sessions taught by Riderwood residents who are experts in their fields.
- **Libraries and media centers in the clubhouses** where you can check out books for free
- **Fun Brain Activities: Activity packets** in Resident Resources on MyErickson.com and **Trivia** on TV
- **Lectures** are often sponsored in the Encore Theater through the Continuing Education Committee, Science and Technology Committee, African American History Club, Riderwood Computer Club, etc.
- **The Foreign Film Committee** hosts discussions after the airing of films they sponsor; information available on www.RiderwoodLife.com.

Mid-Week Trivia with Riderwood TV
Wednesdays at 2:00 PM on Channel 972
Grab your computer, tablet, or smartphone and join the Riderwood TV team as they bring you a weekly live trivia game to test your knowledge in a variety of categories and topics.

Clubs of every conceivable variety: The Community Resources lead coordinator is the point person for clubs of every variety, and you can find the listing of 2024 clubs on the Resident Resources tab of MyErickson.com or directly through <https://riderwoodlife.com/>. **Resident-run fitness clubs are famous, including:** Pickleball, ping pong, square dance, bocce, bicycling, softball, Wii bowling, etc. . **If something hasn't been reconstituted yet, you may want to restart it.**



Maintain Your Mental Health! AARP's Brain Health Program, "Staying Sharp" (included with basic membership, \$16/year)

Brain exercises:

- AARP is a low-cost resource for much more than trips and car insurance. For \$16/year, AARP has a number of assets for just about anyone. They lump physical, mental, emotional, social, and spiritual health together in a special program called "Staying Sharp." As AARP writes on <https://stayingsharp.aarp.org/activities/spiritual-bucket-list/>, "When people engage in activities that they're passionate about, they may feel a greater sense of purpose. Studies have linked stronger purpose with good physical and mental health — even lower risk of death. After you log in, try the games at AARP "Staying Sharp" (<https://stayingsharp.aarp.org/games-play/>)

The screenshot shows the AARP Staying Sharp website. At the top, there is a red navigation bar with the AARP logo and the text "Staying Sharp®". To the right of the logo are four links: "What is Staying Sharp?", "What Do I Get?", "The Science", and "Get Started". Below the navigation bar is a large graphic featuring a stylized brain composed of colorful geometric shapes, surrounded by a network of interconnected nodes and lines. The main heading reads "Discover AARP's brain health program Staying Sharp, included with AARP membership." Below this heading is a sub-heading: "Click the activate button for Brain Health Challenges, a daily interactive puzzle, recipes and articles and videos on sleep, stress, memory, nutrition, focus and more." A prominent red "ACTIVATE" button is centered below the sub-heading. At the bottom of the page, there is a video player on the left with a play button icon and the text "What is Staying Sharp?". To the right of the video player is a section titled "What Is Staying Sharp?" with a short paragraph of text: "Staying Sharp is a program that shows you how to incorporate the six pillars of brain health into your daily life. The pillars follow guidance from the Global Council on Brain Health whose goal is to provide simple steps people can take every day to learn about their brains and live life to the fullest."

AARP Staying Sharp®

Assessment	Challenges	Articles	Activities
<p>Your Brain on ...</p> <p>In the Your Brain On video series, learn how practicing the six pillars of brain health in your everyday life can positively impact you.</p>	<p>The Wonder of Your Brain</p> <p>Learn about the extraordinary powers of the human brain in this series of award-winning videos about your senses and more from Staying Sharp.</p>	<p>Essential Nutrients for a Healthy Brain</p> <p>Are you familiar with the nutrients your brain needs? Explore this complete guide to learn about foods that help your mood and memory.</p>	<p>Guide to Brain Health Supplements</p> <p>Four out of five older adults take a dietary supplement, but do they support your brain health? Find out what the Global Council on Brain Health says.</p>
<p>Exercise May Support Memory and Mood</p> <p>Want to boost your energy and lift your spirits? Exercise might be the answer. Research has found that exercise is great for brain health.</p>	<p>The Brain-Heart Connection</p> <p>Many of the things you do to make your heart stronger may also help protect your brain. Here's what you need to know to help protect them both.</p>	<p>Superfoods to Support the Brain</p> <p>Your brain needs healthy foods to help function at its best. Check out these foods, recipes, videos and more to help create your own "super-diet."</p>	<p>Find Your Calm</p> <p>Find your calm by learning and practicing ways to manage stress and deal with life's setbacks, such as through meditation and yoga.</p>

- Commercial programs like Elevate, Peak, or Lumosity also offer brain exercises. While we don't know what the future holds, it can't be a bad thing to use everything we can to exercise our brains as well as our bodies.

This app is available only on the App Store for iPhone and iPad.

Lumosity: Brain Training (4+)

Play. Learn. Improve.
Lumos Labs, Inc.
#153 In Education
★★★★★ 4.7 - 913k Ratings
Free · Offers In-App Purchases

Screenshots iPhone iPad

lumosity
Discover what your mind can do
(Over 100 million users)

Improve memory, attention, and more

40+ games that adapt as you improve

Social Health Is Also Important



Dining: meet new friends by joining people you don't know or volunteering to host a new resident

Movies: choose to go to Encore for a lecture or movie and sit next to someone who is alone

Arts and Crafts: Join like-minded people in clubs like: photography, woodworking, sculpting, quilting, singing, etc.

Games: Join games of all kinds: Poker, Mah Jong, billiards, Hand and Foot, bridge of all levels, scrabble, bocce, pickleball, film clubs, railroaders, chess

NIH Article on Social and Other Activities



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES



National Institute
on Aging

Participating in Activities You Enjoy— More Than Just Fun and Games *Tips from the National Institute on Aging*

There are many things you can do to help yourself age well: exercise and be physically active, make healthy food choices, and don't smoke. But did you know that participating in activities you enjoy may also help support healthy aging?

As people get older, they often find themselves spending more and more time at home alone. The isolation can lead to depression and is not good for your health. If you find yourself spending a lot of time alone, try adding a volunteer or social activity to your routine.

June feels great. She enjoys gardening, playing cards with friends at the senior center, and taking a water aerobics class at the county indoor pool. She turns 78 this year, but feels like she's still in her 50s. Research shows that staying active can help older adults like June stay healthy.

Benefits of an Active Lifestyle

Engaging in social and productive activities you enjoy, like taking an art class or becoming a volunteer in your community or at your place of worship, may help to maintain your well-being.

Research tells us that older people with an active lifestyle:

- *Are less likely to develop certain diseases.* Participating in hobbies and other social and leisure pursuits may lower risk for developing some health problems, including dementia.
- *Have a longer lifespan.* One study showed that older adults who reported taking part in social activities (such as playing games, belonging to social groups, or traveling) or meaningful, productive activities (such as having a paid or unpaid job, or gardening) lived longer than people who did not. Researchers are further exploring this connection.
- *Are happier and less depressed.* Studies suggest that older adults who participate in what they believe are meaningful activities, like volunteering in their communities, say they feel happier and healthier. One study placed older adults from an urban community in their neighborhood public elementary schools to tutor children 15 hours a week. Volunteers reported personal satisfaction from the experience. The researchers found it improved the volunteers' cognitive and physical health, as well as the children's school success.

Researchers think it might also have long-term benefits, lowering the older adults' risk of developing disability, dependency, and dementia in later life.

- *Are better prepared to cope with loss.* Studies suggest that volunteering can help with stress and depression from the death of a spouse or other loved one. Among people who experienced a loss, those who took part in volunteer activities felt more positive about their own abilities (reported greater self-efficacy).
- *May be able to improve their thinking abilities.* Another line of research is exploring how participating in creative arts might help people age well. For example, studies have shown that older adults' memory, comprehension, creativity, and problem-solving abilities improved after an intensive, 4-week (8-session) acting course. Other studies are providing new information about ways that creative activities like music or dance can help older adults.

Melvin has not quite felt like himself since his retirement. He misses his customers and teaching new employees the trade. Linn used to care for her grand-children while her daughter was at work. Now that her grandchildren are in school, she has a lot of extra time on her hands. Melvin and Linn miss waking up with a feeling of purpose. They think joining a volunteer group might help. Research shows that people who are sociable, generous, and goal-oriented may feel happier and less depressed than other people.

Activities to Consider

Would you like to get more involved in your community or be more socially active? There are plenty of places to look for opportunities, depending on your interests. Here are some ideas:

Get out and about

- Visit a senior center and take part in its events and activities
- Play cards or other games with friends
- Go to the theater, a movie, or a sporting event
- Travel with a group of older adults, such as a retiree group
- Visit friends and family
- Try different restaurants
- Join a group interested in a hobby like knitting, hiking, birdwatching, painting, or wood carving
- Reconnect with old friends through your high school or college alumni association
- Visit local museums. Many offer free group tours.

Learn something new

- Take a cooking, art, dance, language, or computer class. Get in touch with your local community college. Many offer free or discounted courses for older adults.
- Form or join a book or film club
- Try yoga, tai chi, or another new physical activity
- Learn (or relearn) how to play a musical instrument

When Maria was younger, she took part in rallies for local issues and even went to Washington, D.C., to hear Martin Luther King, Jr.'s "I Have a Dream" speech. Recently, she has been learning about problems with the environment and wants to get involved in finding a solution. She thinks it will be a good way to volunteer her time.

Become more active in your community

- Serve meals or organize clothing donations for people in need
- Help an organization send care packages to soldiers stationed overseas
- Care for dogs and cats at an animal shelter
- Volunteer to run errands for people with disabilities
- Join a committee or volunteer for an activity at your place of worship
- Volunteer at a school, library, museum, or hospital
- Help with gardening at a community garden or park
- Organize a park clean-up through your local recreation center or community association
- Sing in a community choral group, or play in a local band or orchestra
- Take part in a local theater troupe
- Get a part-time job
- Rediscover a favorite childhood pastime or teach it to a new generation—embroidery, photography, building models, chess, baking, woodworking, calligraphy, or quilting

Be physically active

- Garden or do yard work
- Take an exercise class or do exercises at home
- Go dancing
- Join a sports group for older adults, like a bowling club or bocce league
- Walk or bicycle with a friend or neighbor
- Take a swimming class
- Join a local hiking or mountain biking group. Try rowing, canoeing, or kayaking at a nearby lake or river.
- Start a weekly basketball or tennis game with friends
- Join a mall-walking group
- Play with your grandchildren. Teach them a game or dance you remember from childhood.

For more information about physical activity, check out **Go4Life**[®]. This exercise and physical activity campaign from the National Institute on Aging has exercises and free videos and print materials at www.nia.nih.gov/Go4Life.

Two years ago, Ted began volunteering at his senior center, then he started some clubs at the center. Now he volunteers 3 days a week, leads the center's theater group, and plays in a weekly dominoes game. He also recently joined a committee for his apartment building that meets twice a month. Ted is rushing all the time and thinks he might need to cut back.

PARTICIPATING IN ACTIVITIES YOU ENJOY

Find the Right Balance

Everyone has different limits to the amount of time they can spend on social or other activities. What is perfect for one person might be too much for another. Be careful not to take on too much at once.

You might start by adding one or two activities to your routine and see how you feel. You can always add more.

Remember—participating in activities you enjoy should be fun, not stressful.

For More Information About Participating in Activities

America's Natural and Cultural Resources
Volunteer Portal
www.volunteer.gov

Corporation for National and Community Service

1-800-942-2677 (toll-free)
1-800-833-3722 (TTY/toll-free)
info@cns.gov
www.nationalservice.gov
www.serve.gov

**Experience Corps
AARP Foundation**

1-202-434-6400
experiencecorps@aarp.org
www.experiencecorps.org

VolunteerMatch

1-415-241-6868
www.volunteermatch.org

For more information about health and aging, contact:

National Institute on Aging Information Center
1-800-222-2225 (toll-free) • 1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov
www.nia.nih.gov

Visit www.nia.nih.gov/health to find more health and aging information from NIA and subscribe to email alerts. Visit <https://order.nia.nih.gov> to order free print publications.



OCTOBER 2017
NIH PUBLICATION NO. 17-AG-7411

Emotional Health

Maybe you are an introvert and just don't like joining clubs but you still want to participate in activities. Check www.RiderwoodLife.com for active clubs and organizations and each club's contact information. Some are online while others are in person.

- **Bridge** using bridgebase.com
- **Scrabble** using "Words with Friends" App
- **Ruzzle**, a word game where you try to make as many words as possible from a selection of letters
- **Wordle**
- **RummiKub**
- **Mah Jong** online



Kaiser Health News: "Soul Purpose"

Soul Purpose: Seniors With Strong Reasons To Live Often Live Stronger

By **Judith Graham**
AUGUST 31, 2017

REPUBLIC THIS STORY

Love Notes Committee writing to Arbor Ridge residents (L-R): Marlene Teigen, Barbara Kline, Edna Steeg, Sharon Porter, Melissa Pumphrey

Riderwood Wood Shop workers (L-R): Herb Blumenthal, Mike Maslak, Tom Mertz, George Maher

Photos taken at Riderwood and added to KHN article by Sharon MacInnes

After making it through the maelstrom of middle age, many adults find themselves approaching older age wondering “what will give purpose to my life?” now that the kids have flown the nest and retirement is in the cards.

How they answer the question can have significant implications for their health.

Over the past two decades, dozens of studies have shown that seniors with a sense of purpose in life are less likely to develop Alzheimer’s disease, mild cognitive impairment, disabilities, heart attacks or strokes, and more likely to live longer than people without this kind of underlying motivation.

Now, a new report in *JAMA Psychiatry* adds to this body of evidence by showing that older adults with a solid sense of purpose tend to retain strong hand grips and walking speeds — key indicators of how rapidly people are aging.

Why would a psychological construct (“I feel that I have goals and something to live for”) have this kind of impact? Seniors with a sense of purpose may be more physically active and take better care of their health, some research suggests. Also, they may be less susceptible to stress, which can fuel dangerous inflammation.

"Purposeful individuals tend to be less reactive to stressors and more engaged, generally, in their daily lives, which can promote cognitive and physical health," said Patrick Hill, an assistant professor of psychological and brain sciences at Washington University in St. Louis who wasn't associated with the study.

But what is purpose, really? And how can it be cultivated?

Anne Newman, a 69-year-old who splits her time between Hartsdale, north of New York City, and Delray Beach, Fla., said she’s been asking herself this “on a minute-by-minute basis” since closing her psychotherapy practice late last year.

Building and maintaining a career became a primary driver in her life after Newman raised two daughters and went back to work at age 48. As a therapist, “I really loved helping people make changes in their lives that put them in a different, better position,” she said.

Things became difficult when Newman’s husband, Joseph, moved to Florida and she started commuting back and forth from New York. Over time, the travel took a toll, and Newman decided she didn’t want a long-distance marriage. So, she began winding down her practice and thinking about her next chapter.

Experts advise that people seeking a sense of purpose consider spending more time on activities they enjoy or using work skills in a new way. Newman loves drawing and photography. She has investigated work and volunteer opportunities in Florida, but nothing has grabbed her just yet.

“Not knowing what’s going to take the place of work in my life — it feels horrible, like I’m floundering,” she admitted, in a phone interview.

Many people go through a period of trial and error after retirement and don’t find what they’re looking for right away, said Dr. Dilip Jeste, senior associate dean for healthy aging and senior care at the University of California-San Diego. “This doesn’t happen overnight.”

“People don’t like to talk about their discomfort because they think it’s unusual. And yet, everybody thinks about this existential question at this time of life: ‘What are we here for?’” he noted.

Newman’s focus has been on getting “involved in something other than personal satisfaction — something larger than myself.” But that may be overreaching.

“I think people can get a sense of purpose from very simple things: from taking care of a pet, working in the garden or being kind to a neighbor,” said Patricia Boyle, a leading researcher in this field and professor of behavioral sciences at the Rush Alzheimer’s Disease Center at Rush University Medical Center in Chicago.

“Even small goals can help motivate someone to keep going,” she continued. “Purpose can involve a larger goal, but it’s not a requirement.”

Older adults often discover a sense of purpose from taking care of grandchildren, volunteering, becoming involved in community service work or religion, she said. “A purpose in life can arise from learning a new thing, accomplishing a new goal, working together with other people or making new social connections when others are lost,” she said.

Tara Gruenewald’s research highlights how important it is for older adults to feel they play a valuable role in the life of others.

“I think what we often lose as we age into older adulthood is not a desire to contribute meaningfully to others but the opportunity to do so,” said Gruenewald, chair of the department of psychology at California’s Crean College of Health and Behavioral Sciences at Chapman University. Her research has found that people who perceive themselves as being useful had a stronger feeling of well-being and were less likely to become disabled and die than those who didn’t see themselves this way.

“In midlife, we contribute to others partly because it’s demanded of us in work and in our social relationships,” Gruenewald said. “As we grow older, we have to seek out opportunities to contribute and give to others.”

Some researchers try to tease out distinctions between having a sense of purpose and finding meaning in life; others don’t. “Practically, I think there’s a lot of overlap,” Boyle said.

After Barry Dym, 75, retired a year ago from a long career as an organizational consultant and a marriage and family therapist, he said, “I didn’t ask myself did I have a larger purpose in life — I asked myself what gives meaning to my life.”

Answering that question wasn’t difficult; certain themes had defined choices he’d made throughout his life. “What gives meaning to me is helping people. Trying to have an impact. Working with people very closely and helping them become much better at what they do,” Dym said in a phone conversation from his home in Lexington, Mass.

In retirement, he’s carrying that forward by mentoring several people with whom he has a professional and personal relationship, bringing together groups of people to talk about aging, and starting a blog. Recently, he said, he wrote about discovering that he feels freer now to “explore who I am, where I came from and what meaning things have to me than at any other point of my life.”

And therein lies a dilemma. “I feel of two minds about purpose in older age,” Dym said. “In some ways, I’d like to just shuck off that sense of having to do something to be a good person, and just relax. And in other ways, I feel deeply fulfilled by the things I do.”



Spiritual Health

Many people only think of organized religion when we refer to spiritual health, but it’s much more encompassing than that. *Psychology Today* defines it this way on their website:

“Spirituality means different things to different people. For some, it’s primarily about a belief in God and active participation in organized religion. For others, it’s about non-religious experiences that help them get in touch with their spiritual selves through quiet reflection, time in nature, private prayer, yoga, or meditation.”

Others define spirituality as composed of three aspects: relationships, values, and life purpose. Regardless of your definition, you can find a plethora of resources at Riderwood that relate to spiritual health—from staff positions to resident-led groups.

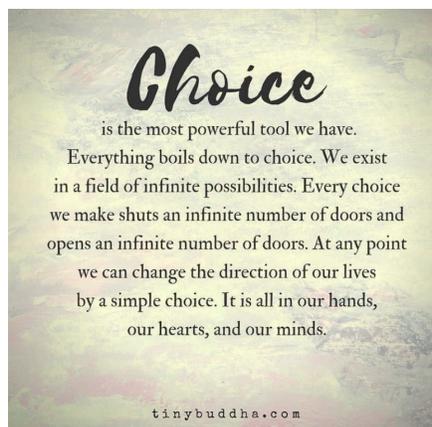
Programs at Riderwood

Some examples of staff-led programs:

- Pastoral Ministries Coordinator Rev. James Bell (call from your landline (301) 572-1300 X 606-8302).
- Five Social Workers in Resident Services (for more information, see Class 2 for contacts)
- Resident Life and Philanthropy Manager Chris Taydus (x8396)
- Support groups under the auspices of Resident Services, including Grief and Loss and Caregiver Support Groups (see list at end of Class 2)
- Mindfulness Meditation on Channel 972: every day at 2:30am, 8am, 12:30pm, 3:30pm, 6:30 pm
- Yoga in the Wellness Center
- Walking trails on Riderwood campus
- The Riderwood shuttle allows access to it all

Some examples of resident-led programs:

- People who volunteer to become “Neighbors in Deed” report receiving spiritual satisfaction by helping others (see the “Neighbors in Deed” directory under “Resident Resources” in MyErickson.com): these are residents who volunteer to help other residents with tasks in independent living such as dog walking; computer help; sewing; help with TV/VCR/DVD; pick up meals and mail and medications; be a walking buddy; read to or for someone; shop outside Riderwood; etc.
- Riderwood Jewish Community and its RJC Bulletin
- Resident-run meditation groups
 - Mindfulness Meditation: Tues/Thurs/Sat @ 10am
 - Christian Centering Meditation: Thurs, 11-noon in Chapel
 - Silent Meditation and Group Reflection: Friday 10-11am, Village Square Music Room



Worship Opportunities (as of August 2024)

Opportunities for Worship



Catholic Services

Mass

Sundays 9 AM & 2 PM
Wednesdays 3 PM

The Rosary

Following Wednesday Mass

Sacrament of Reconciliation

Before Major Feast Days (by appointment)

Adoration

First Thursday of the Month
6:30 PM-7:30 PM

*For additional information, go to:
www.resurrectionadw.org*

Episcopal Worship Services

Wednesdays 10:30 AM

Jewish Services

2nd & 4th Fridays 7:30 PM
Rabbi's Bible Study Thursdays 10 AM

Unitarian - Universalist

3rd Thursday 1:00 PM

Inter Faith Services

Circle Fellowship Church

Multi-denominational
Fridays 3 PM

The Village Protestant Church

Sundays 11 AM

Arbor Ridge

Mondays 10:00AM Garden Room

Mondays 10:30 AM OG-3

Tuesdays 10:30 MC4
11:00 AM MC-5

Thursdays 11:00 AM RC1

Fridays 10:30 AM EV-2

11:15 AM OP-1

***All services are held
in the Chapel
unless otherwise noted***

Maintaining all aspects of your health requires creativity: “Don’t Be Constrained by Your Comfort Zone”

The following blogpost by Royston Guest (Wed., Sept. 27, 2017; <https://www.roystonguest.com/>) summarizes how stepping outside your comfort zone can be liberating:

“Stepping outside your comfort zone is a MUST and here are my 7 reasons why:

1 – Personal Growth

A mind once stretched never returns to its original dimension.

2 – Create Momentum

When you start to challenge yourself to step out from your comfort zone a natural momentum occurs. What can seem like small marginal gains start to stack together and the multiplying effect of the small gains in a number of areas creates a force and rhythm which becomes self-perpetuating. It just cannot be stopped.

3 – Productivity Ninja

With increased levels of focus, self-confidence and belief you make stuff happen. You become a productivity ninja, doing things you never thought possible.

4 – Eliminate Fear

Your mind can work for you or against you. You have absolutely 100% control over how you think. However, you cannot leave it to chance. If you don’t pro-actively programme your mind to work for you then by default it will subconsciously start to work against you. The little voice in the back of your head will come up with a thousand reasons why your new endeavour will fail, is dangerous, shouldn’t be repeated, should be avoided.... the record plays on and on and YOU need to pause it.

5 – The Performance Zone

Through stretching and pushing the boundaries, testing new ideas, failing fast and recovering quickly, discovering what works and bottling it so you can replicate it again, you will naturally step outside your comfort zone and operate in the space I call the performance zone...The zone where you become more conscious and deliberate in your thinking, feelings and actions.

6 – Self fulfilled

So many people wake up every day with that aching feeling of underachievement...the realisation that they're not quite living their life to the full. We have zero control over the length of our lives but we have 100% control over the breadth and depth of it.

7 – Profound impact on others

We all like to hang round with people we admire, who challenge us to be the best version of ourselves. People who we can learn from and perhaps most importantly...who inspire us to step out of our own comfort zone. When you spend time stepping outside your comfort zone two amazing things happen.

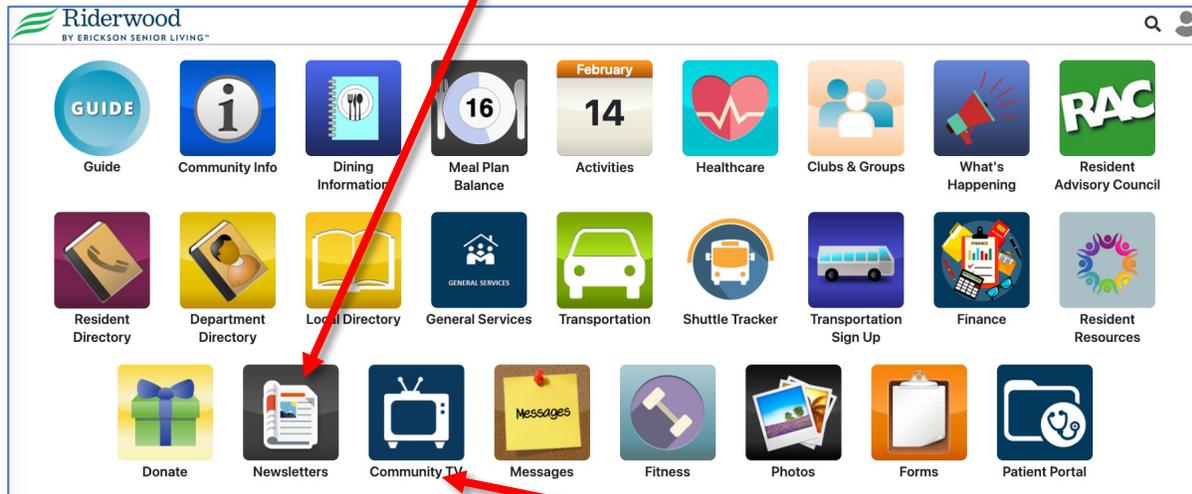
First, you become like a magnet – attracting people into your life who can help you fast track and accelerate the journey towards attaining your goals both personally and professionally.

Second, you help others to grow, whether conscious or unconsciously you become a role model, a mentor, a coach. You become a flashing beacon for others to follow and aspire to and making a positive impact on the lives of others is an incredibly fulfilling and worthy goal.

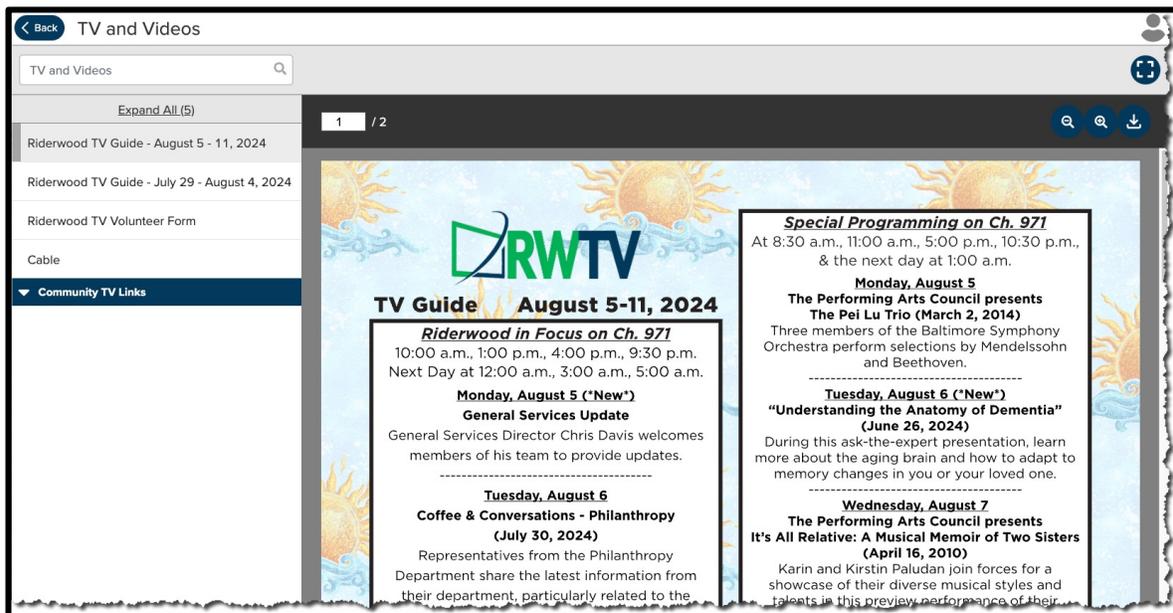
Remember you are capable of so much more than you ever believed.

Where's the Info?

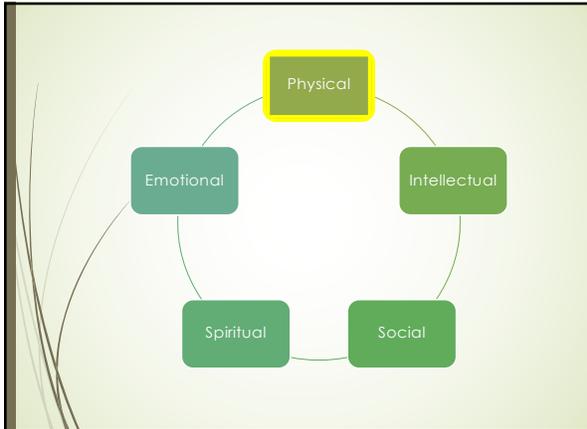
How do you find out what's going on? The easiest way is through *The Riderwood Reporter* on the "Newsletters" tab of MyErickson.com. The Reporter is a collaborative publication by residents and staff. You receive it in your cubbie as well (but the online can be enlarged and is in color!). It contains articles about residents, upcoming events, and much more.



Where Can I Find Out What's on TV?



Speaker Slides



Physical Wellness

Regular Exercise
Adequate Sleep
Good Nutrition
Regular Physicians Visits

Wellness: "A state of complete physical, mental, and social wellbeing, not merely the absence of disease or infirmity."
The World Health Organization

What are my fitness options?

Paula Butler

- Use Riderwood's Fitness Centers
 - Wellness Center (staffed) & 3 satellite gyms
 - Free equipment orientation by appointment at any center
 - Aquatics Center (lifeguard on duty)
 - Online & TV classes
 - Group exercise program (\$20/month, unlimited)
 - Specialty Classes (\$)
 - Personal training (\$)
- Join a resident fitness group
 - Activities (bocce, bicycling, pickleball, ping pong, softball, putting, billiards, Wii bowling, etc.)
 - Dance (square, Latin, ballroom)
 - Start your own
- Work out at home
 - Wellbeats
 - RWV Fitness Channel
 - On Demand

Where can I go to work out?

- Wellness Center
 - Open 24/7
 - Staffed Mon-Fri, 7am - 4pm
- Aquatics Center
 - Open 7 days/week
 - 7am - noon / 12:30-6:30pm MWF
 - 7am-1:30pm / 2:30-5:30pm TTh
 - 7am-noon / 12:30-5:30pm Weekends

3 satellite gyms

- Open 24/7; unstaffed
- Village Square
- Lakeside commons
- Montgomery Station

All Fitness Centers have treadmills, ellipticals, recumbent and upright bicycles, upper body ergometers (hand bikes), NuSteps, free weights/dumbbells and Strength machines

Resident-Run Fitness Activities

Indoor Activities

- Pickleball
- Table Tennis
- Square Dancing
- Restorative Yoga
- Water Exercise Class
- Shuffleboard
- Wii Bowling
- Ballroom Dancing

Outdoor Activities

- Bocce
- Pickleball
- Tennis
- Softball
- Putting/Golf
- Trails and paths
- Outdoor Strength Equipment

How do I find information on fitness At Riderwood?

Is there an "all-in-one" way to learn about fitness at Riderwood?

Can I take classes in person?

- ❑ Basic Membership:
 - ❑ \$20/month for unlimited classes
 - ❑ 13 classes per week
 - ❑ Mindful Movement
 - ❑ BootCamp
 - ❑ Silver Sneakers
 - ❑ Core & More
 - ❑ Core & Stretch
 - ❑ Total Body Fitness
- ❑ Specialty Classes (registration required and separate fee)
 - ❑ Parkinson's class (2x/week for 6-week session); \$
 - ❑ Erickson Balance Class (2x/week for 4-week session); \$
 - ❑ Memory Fitness (2x/week for 6-week session); \$

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BOOTCAMP 9 - 9:45 AM Aptgag		BOOTCAMP 9 - 9:45 AM Aptgag		BOOTCAMP 9 - 9:45 AM Aptgag
TOTAL BODY FIT 10 - 10:45 AM Aptgag	TOTAL BODY FIT 9 - 9:45 AM Aptgag		TOTAL BODY FIT 10 - 10:45 AM Aptgag	SILVER SNEAKERS 10 - 10:45 AM Aptgag
	CORE & STRETCH 11 - 11:30 AM Aptgag		Specialty Class	TOTAL BODY FIT 11 - 11:45 AM Aptgag
Specialty Class			CORE & MORE 1 - 1:45 PM Aptgag	Specialty Class
MINORAL MGMT. 1 - 1:30 PM Aptgag		Specialty Class		

Does Riderwood offer free classes?

Use **MyErickson.com** or app

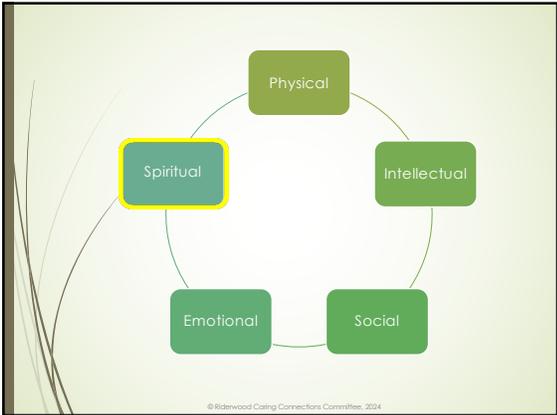
- ❑ Home Aerobics
- ❑ Tai Chi
- ❑ Smart & Fit with Paula
- ❑ Meditation

Riderwood TV

- ❑ Fitness/Wellness Channel 976
- ❑ Moving to the Latin Beat
- ❑ Stretching with Yaya
- ❑ Parkinson's Disease Exercise
- ❑ Limited Mobility Exercise
- ❑ Home Aerobics
- ❑ Seated Tai Chi
- ❑ Chair Pilates
- ❑ Much more!

Where else can I go for fitness options?

More fitness videos under "Resident Resources"



Spirituality at Riderwood

Mindfulness Meditation
 ♦ Tues/Thurs/Sat @ 10am
 (Zoom)

Christian Centering Meditation
 ♦ Every Thurs, 11-12am in Chapel

Silent Meditation and Group Reflection
 ♦ Fridays 10-11 am, Village Square Music Room

Mindfulness Meditation on RWTV

Take a Minute...in the Pacific Northwest
 Every day at 2:30 a.m., 8:00 a.m., 12:30 p.m., 3:30 p.m., & 6:30 p.m.
 Enjoy a mindfulness meditation exercise followed by beautiful location imagery & calming music.

Opportunities for Worship

Catholic Services		Other Faith Services	
Mass	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
Confession	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
Adoration	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
Prayer Services	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
Prayer Services	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
Prayer Services	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
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Prayer Services	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM	Worship Service	10:00 AM, 11:00 AM, 12:00 PM, 5:00 PM
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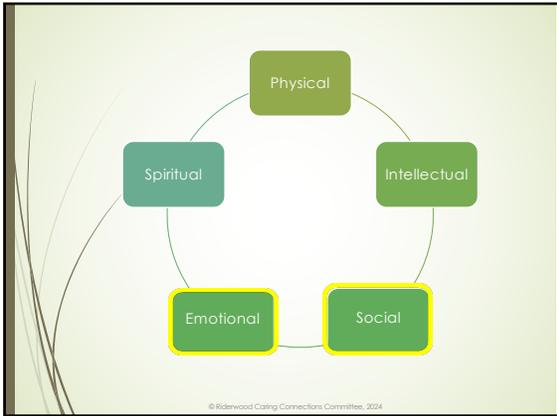
All services are held in the Chapel unless otherwise noted.

© Riderwood Caring Connections Committee, 2024

Resident Organizations at Riderwood

Chris Taydus, Resident Life Manager

© Riderwood Caring Connections Committee, 2024



Resident-driven, Resident-run Groups

Every group is the brainchild of a resident.

They start it and involving others

What's your idea? Who helps?

© Riderwood Caring Connections Committee, 2024

Community Resources at Riderwood

Your skills, knowledge, imagination

CR is your facilitator (behind the scenes):

- Book a space, help plan and publicize.
- CR pivots when you do!

Ciba Sam Veronica Leiva Sydney Siegel Lauren Mala

© Riderwood Caring Connections Committee, 2024

Groups & Activities at Riderwood

- Entertainment – Movies, concerts, performances, etc.
- Educational Programming
- Community involvement through special committees
- Hobby Groups
- Special Events – for residents (and some for staff, family and friends)
- Special Lectures
- Volunteer Opportunities – on and off campus

©Riderwood Caring Connections Committee, 2024

Special Events

There are many special events put on throughout the year. These are usually planned by a resident and/or staff committee

Riderwood Media

- Riderwood TV – Channels 971, 977, and 978
- MyErickson – Activities Section and Resident Resources Section
- Riderwoodlife.com

©Riderwood Caring Connections Committee, 2024

Riderwood Publications

- Community Resources Handbook
- Monthly Activities Calendar
- Riderwood Reporter – weekly newspaper
- TV Guide

©Riderwood Caring Connections Committee, 2024

Other Information Sources

- Bulletin Boards
- Daily Happening Screens in Community Lobbies
- Department Memos to Residents

©Riderwood Caring Connections Committee, 2024

Activity and Hobby Facilities

- Classrooms
- Arts & Craft Studios
- Music Room
- Ceramics Studio
- Computer Stations
- Theater
- Billiards and Poker Tables

©Riderwood Caring Connections Committee, 2024

Fitness & Sports Facilities

- Pickleball Courts – indoor & outdoors
- Bocce Courts
- Table tennis
- Basketball Hoop
- Bicycle Storage
- Putting Green
- Wii bowling
- Driving Range Net

© Riderwood Caring Connections Committee, 2024

We have garden plots

Hue Phan in her plot

Mary Char's cactus garden

© Riderwood Caring Connections Committee, 2024

Special Facilities

We encourage you to enjoy the **WHOLE** campus!

© Riderwood Caring Connections Committee, 2024

Dog Run

© Riderwood Caring Connections Committee, 2024

Playground / Barbeque

© Riderwood Caring Connections Committee, 2024

Art Galleries on Campus

© Riderwood Caring Connections Committee, 2024

We help others



HOMEMADE MASKS

Submitted by Mrs. Plachnick
 One to be 88
 Other was 89 years from her health
 Consider how we stand —
 Respect the aged, please —
 3,000 masks made and shared
 Riderwood Strong!



©Riderwood Caring Connections Committee, 2024

We share our time & talent

- Volunteering
 - Independent Living residents volunteer in Arbor Ridge
 - One-day service project as a group
 - Service groups on campus
 - Lion's Club
 - Neighbors in Deed
 - Call to Community
 - Programs with local schools and charities.



©Riderwood Caring Connections Committee, 2024

Giving Treasure

- Join a committee
- Participate in fundraisers like the gala
- Help in the Treasure Chest



©Riderwood Caring Connections Committee, 2024

Riderwood TV / Channel 971 Resident Hosts and Content Creators



©Riderwood Caring Connections Committee, 2024

Riderwood TV / Channel 971 Live Shows and Special Programming



©Riderwood Caring Connections Committee, 2024

THANK YOU!

You make this community all that it is
and all that you want it to be!



©Riderwood Caring Connections Committee, 2024

Homework



1. Fill in “Section IV, Part B: Insurance” in your Life Ledger (pp. 27-29)
2. Start filling in “Section IV, Part C: Cash Flow” in your Life Ledger
3. Log in to your MyErickson account and click on “Fitness.” How much does a balance class cost? _____ What is “Wellbeats”?

4. Read the articles in the binder about [“12 Worst Ways You Can Hurt Your Heart Today”](#) and [“Don’t be Constrained by Your Comfort Zone.”](#)
5. Explore ways to engage your brain. Some people complete Sudoku puzzles or work on the New York Times crossword puzzles. Others swear by activities such as playing bridge or scrabble, any kind of dance, sports, or tai chi. Still others enjoy “brain training apps” such as at AAA, Elevate, Peak, or Lumosity (see pp. 157-158 in the binder and <https://www.techlicious.com/guide/brain-training-apps-that-really-work/>). While there is some question about whether they statistically help “train the brain,” they are fun for most and certainly can’t hurt. **Try any three new brain activities this week and record your reactions to them:**

	Type of Activity	Date	Enjoyment (1 = least 5 = most)	Will continue? (Y/N)
#1				
#2				
#3				

6. **Try out one new activity or experience** in all of the other areas of well-being (for ideas, see [“Some Balance Exercises”](#); [“Intellectual Health”](#); [“Community Resources Handbook”](#); [“Participating in Activities You Enjoy”](#); [“Soul Purpose”](#); and [spiritual programs](#)).

Health Aspect	Date Tried	Type of Activity/Experience	Comments to Self
Physical			
Intellectual			
Social			
Emotional			
Spiritual			

Extra Credit (optional): Read the excellent, practical “Get Fit for Life” booklet by NIH’s National Institute on Aging at <https://order.nia.nih.gov/publication/get-fit-for-life-exercise-physical-activity-for-healthy-aging> (123 pages in large type with lots of pictures).

If you have time...

Videos we probably watched in class

7. If you’d like to watch “The Power of Vulnerability” by Brené Brown again:
<https://www.youtube.com/watch?v=iCvmsMzIF7o>
8. If we didn’t have time to show the following videos, these are purely for enjoyment— but ask yourself why they are included in this lesson:
 - Flash mob of “Do Re Mi” (https://www.youtube.com/watch?v=0UE3CNU_rtY (3:57)
 - Susan Boyle’s appearance on “Britain’s Got Talent”: <https://www.youtube.com/watch?v=RxPZh4AnWyk> (5:49)
 - Sweet flash mob opera in elementary school cafeteria:
<https://www.youtube.com/watch?v=JNgCM7zp30M> (3:31)
 - “Hello” parody on exercising and eating by a married pair of excellent amateur singers: <https://www.youtube.com/watch?v=ix3TbfwLv-w> (3:49)



CLASS 7: MANAGING THE CHALLENGES OF AGING

what are other words for confident?

positive, sure, assured, certain, convinced, secure, self-assured, self-confident, sanguine, hopeful



Thesaurus.plus

what's the opposite of confident?

unsure, uncertain, shy, doubtful, timid, afraid, meek, pessimistic, dubious, insecure



Thesaurus.plus

OBJECTIVES OF CLASS 7

1. Students will assess the course at mid-point:
 - What challenges of aging prompted you to take this course?
 - Which course topics have addressed any of these challenges?
 - What other challenges of aging are still on your mind?
2. Students will understand the difference between Mild Cognitive Impairment and Alzheimer's
3. Participants will learn about driving as seniors (and NOT driving)
4. Participants will understand the possible role of Life Care Managers as our capabilities decline

What you will find in this chapter

Memory loss and Dementia

[To Drive, or Not to Drive, that is the Question](#)

Speaker: Mike DeSarno, RN, BSN, Aging Well Eldercare

Homework

Memory Loss and Dementia

Is It Mild Cognitive Impairment or Something Else?

From www.healthline.com/health

Mild forgetfulness is often a normal part of aging. But for some people, memory and thinking issues can become more serious as they get older. These memory problems can make it difficult to complete daily tasks, such as grocery shopping or keeping up with doctor's appointments. As you get older, it's important to understand the differences between typical age-related memory issues and conditions like mild cognitive impairment (MCI) and dementia.

What is mild cognitive impairment?

MCI is when a person experiences a small but noticeable decline in memory or thinking skills. People with MCI can usually still take care of themselves and complete daily tasks on their own. MCI is fairly common in older individuals. The Alzheimer's Association estimates that roughly **15 to 20 percent** of people over age 65 may have MCI. The symptoms of MCI are often broken into two main categories:

Amnesic symptoms. These include memory-related problems, such as forgetting names, places, or conversations, or misplacing items and forgetting where they are.

Non-amnesic symptoms. These include problems with thinking skills that aren't memory-related, like losing your train of thought — or your sense of time or direction — or having trouble focusing.

MCI v. dementia v. healthy aging

MCI isn't considered dementia, but roughly **10 to 15 percent** of people with MCI may develop dementia each year, including a specific type of dementia known as Alzheimer's disease. Alzheimer's disease accounts for between **60 and 80 percent** of dementia cases.

MCI is sometimes defined as a transitional stage between the expected cognitive decline of getting older and the more serious cognitive decline of dementia. The differences between MCI, Alzheimer's disease and other types of dementia, and healthy aging relate to the severity of your symptoms.

Alzheimer's Disease vs. Normal Aging

10 Early Signs and Symptoms	Normal Aging
1. Memory loss that disrupts daily life	Sometimes forgetting names or appointments but remembering them later
2. Challenges in planning or solving problems	Making occasional errors when balancing a checkbook
3. Difficulty completing familiar tasks at home, at work or at leisure	Needing occasional help to use the settings on a microwave or to record a TV show
4. Confusion with time or place	Confused about the day of the week but recalling it later
5. Trouble understanding visual images and spatial relationships	Vision changes related to cataracts
6. New problems with words in speaking or writing	Sometimes having trouble finding the right word
7. Misplacing things and losing the ability to retrace steps	Misplacing things from time to time and retracing steps to find them
8. Decreased or poor judgment	Making a bad decision once in awhile
9. Withdrawal from work or social activities	Sometimes feeling weary of work, family and social obligations
10. Changes in mood and personality	Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

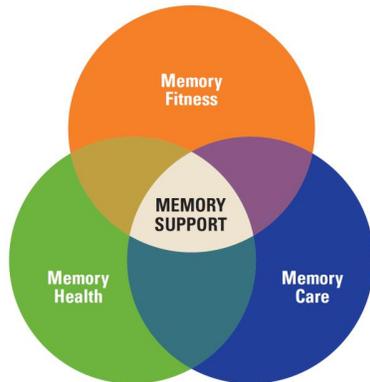
Source: www.alz.org/10-signs-symptoms-alzheimers-dementia.asp

RIDERWOOD'S MEMORY SUPPORT FOR INDEPENDENT LIVING RESIDENTS

Riderwood provides support groups and optional classes for people struggling with memory loss:

- Support groups (free) connected to memory care, grief and loss, low vision, low hearing, Parkinson's, etc., are available. Ask your Resident Services Coordinator/Social Worker about them.
- Memory Fitness Class (one hour, twice a week over six weeks) "offers practical techniques to enhance and maintain brain fitness for anyone who wants to keep their memory sharp. Just as your body needs exercise to be healthy, your brain requires daily activity to stay strong, clear and fit. Memory Fitness helps you flex the mental muscles you already have, while developing powerful new ones." focuses on maintaining brain health, stress reduction, nutrition, and physical conditioning. (\$); contact Paula Butler (301/572-8333) or go to the Wellness Center for more information.
- Memory Café is a free 8-session program offered twice a year and is geared for more significant memory changes. Contact your Resident Services Coordinator/Social Worker for more information.
- Speech therapy is offered at Riderwood (\$) by licensed Speech Pathologists to improve memory function.
- *Intermissions* is a social day-care program for both residents living with memory loss in Independent Living and their caregivers (see the brochure below). The capacity is 10-11 residents a day, Monday-Friday, 10am-3pm including art, music, Wii bowling, exercise, lunch, etc. It gives a sense of purpose to the attendees and a respite from 24/7 attention for their caregivers. The cost as of August 2024 is \$72/day including lunch (not charged against the meal of the day. Half-days are also available, two hours for \$40 without lunch. Contact your Resident Services Coordinator/Social Worker for more information.
- The *Respite Program* is available to give a break for caregivers of residents with dementia living in Independent Living apartments. It provides a 2-4 week stay for a loved one at Arbor Ridge, depending on availability. Contact your Resident Services Coordinator/Social Worker or Sharon Flowers-Williams at Arbor Ridge.
- If you have no family support and find it difficult to navigate the decisions that will best meet your needs, consider employing an eldercare manager.

Memory Support Services at Riderwood



A community-wide program designed to help anyone– from those who want to prevent memory concerns to people who need more support because of cognitive deficits and memory loss related illnesses.

The Memory Support Program has three components: Memory Fitness, Memory Health and Memory Care.

TRUE OR FALSE?

#1 My memory is fine, I don't need a memory class.

False – Memory Fitness is designed for those who have **no memory deficits**. The class provides you with techniques to preserve and enhance your memory.

#2 What I choose to eat doesn't affect my memory

False – antioxidants, foods rich in omega-3 fats and healthy proteins help to protect the heart as well as your brain. Your input impacts your output!

#3 I don't like to exercise, but that has nothing to do with my memory.

False – Cardiovascular conditioning gets the heart pumping oxygen and nutrients to our brain cells so those cells remain healthy. Muscle-building exercise increases heart efficiency, which in turn keeps your brain healthy.

#4 I have a lot on my mind, but I just deal with it. Stress doesn't impair my memory.

False – Chronic stress **shrinks** the brain's memory center, and stress hormones impair learning and recall.

#5 Learning something new helps me exercise my brain.

True – Taking a class, doing crossword puzzles, playing a musical instrument and other mentally stimulating activities help to strengthen your brain. Your brain needs exercise too.

Memory Health Supportive Services at Riderwood

Medical Center: the management of medical needs

Medication Cassettes: a program either through the on-campus pharmacy or Riderwood's Home Support Department to help residents manage their medications

Medication Reminders: a private pay service offered through Home Support in addition to the cassette program to help manage medication

Intermissions Program: a functional activity-based program for residents with memory loss. This program also offers respite for caregivers

Dementia Caregivers' Support Group: a monthly meeting for caregivers to discuss the challenges faced when caring for a spouse with memory loss.

Memory Café: residents with mild cognitive impairment meet regularly to share challenges, suggestions, and strategies for dealing with memory loss

Speech Therapy: therapeutic exercises and activities administered by licensed Speech Pathologists to improve memory function

MEMORY SUPPORT

MEMORY FITNESS

MEMORY HEALTH

MEMORY CARE

Just like your body needs exercise to be healthy, your brain needs daily activity to stay strong, sharp and fit.

Riderwood's **Memory Fitness** program is designed to help residents who have **not** been diagnosed with memory loss strengthen the memory skills they already have while developing powerful new ones.

This 6-week classroom-based course focuses on Dr. Gary Small's book, *The Alzheimer's Prevention Program, Keep Your Brain Healthy for the Rest of Your Life*, to offer a "crash course" in how changes in diet, exercise, mental activity and stress can support a healthy brain. Participants can learn new strategies and techniques to improve memory and possibly reduce their risk of developing permanent memory loss.

The \$49.95 fee for this 12-session course includes the book, all class materials, and an initial individual consultation to determine eligibility.



Memory Health is a comprehensive planned approach for residents living independently who show signs of cognitive impairment or have a diagnosis of early memory loss. The program is an intentional coordination and delivery of support services to independent living residents. The main focus is to connect residents to resources that will allow them to remain in their Independent Living apartments as long as possible.

Resident services coordinators are available to help identify how cognitive challenges impact daily function and safety, provide education on the available resources, and assist with developing a plan that is customized to meet the resident's individual goals.

Please see the back of this brochure for a list of some examples of the Memory Support Services that Riderwood offers.



The Erickson Living **Memory Care** program provides supportive memory care services to those residents living in the extended care areas of the community (Arbor Ridge).

The program encompasses three levels of engagement from individual achievement to group involvement, while incorporating daily activities that provide personal meaning, optimal independence, individual achievement, group involvement, satisfaction, and overall enjoyment of life.

For more information on how Riderwood's Memory Support Program can help you achieve your overall goals, please contact one of the Memory Support Team members listed below, or your community Resident Services Coordinator.

Memory Fitness	Paula Butler, Fitness Manager	301-572-8333
Memory Health	Ellen Lebedow, Resident Services Manager	301-572-8330
Memory Care	Mary Baradel, Lead ABR Social Worker	301-572-8491
	Bobbee Kolb, ABR Programming Manager	Ext. 606-2235

MORE RESOURCES ON COGNITIVE ISSUES

- ⌘ The Alzheimer’s Association has useful forms to keep track of symptoms you might experience: <https://www.alz.org/media/Documents/alzheimers-dementia-10-warning-signs-worksheet.pdf>
- ⌘ *The Conversation Project*: “For Caregivers of People with Alzheimer’s or Other Forms of Dementia”: <https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-StarterKit-Alzheimers-English.pdf>
- ⌘ A Guide to Quality Care from the Perspectives of People Living with Dementia” by Alzheimer’s Association: <https://www.alz.org/getmedia/a6b80947-18cb-4daf-91e4-7f4c52d598fd/quality-care-person-living-with-dementia>
- ⌘ Look at the infographic in this link to compare the symptoms of MCI with dementia and normal aging. <https://www.alzheimers.gov/alzheimers-dementias/mild-cognitive-impairment#what-can-you-do>



alzheimers association

ON PAIN MANAGEMENT

- ⌘ “Process to Legally Obtain Medical Cannabis”:
https://mmcc.maryland.gov/Pages/process_to_obtain.aspx (Qualifying medical conditions include cachexia, anorexia, wasting syndrome, severe or chronic pain, severe nausea, seizures, severe or persistent muscle spasms, glaucoma, post-traumatic stress disorder [PTSD], or another chronic medical condition which is severe and for which other treatments have been ineffective.)
- ⌘ *Cannabis for Seniors* by Beverly Potter, Village Square Library

ON ELDERCARE

- ⌘ Eldercare Locator (public service of U.S. Administration on Aging):
<https://eldercare.acl.gov/Public/Index.aspx>
- ⌘ Aging Life Care Association (to find Life Care Managers):
<https://www.aginglifecare.org>
- ⌘ Articles on Geriatric Care Managers:
 - <https://www.aarp.org/caregiving/basics/info-2020/geriatric-care-manager.html>
 - <https://www.nia.nih.gov/health/what-geriatric-care-manager>
 - <https://www.aginglifecare.org/>
 - <https://dailycaring.com/when-hiring-a-geriatric-care-manager-makes-sense/>
 - <https://arosacare.com/hiring-a-geriatric-care-manager/>

TO DRIVE, OR NOT TO DRIVE, THAT IS THE QUESTION

How to Stay Safe Behind the Wheel

RESOURCES

Offered twice a year at Riderwood: AARP’s safe driving course for people over 50 (<https://www.aarp.org/auto/driver-safety/locations/>) and new technologies to make driving safer (<https://www.aarp.org/auto/driver-safety/locations/>).

Many insurance companies offer discounts to those who’ve taken a defensive driving course.

AAA “Evaluating Your Driving Ability Self-Rating Tool” at <https://exchange.aaa.com/safety/senior-driver-safety-mobility/evaluate-your%20driving-ability/>

AARP free phone app to monitor your driving skills
<https://www.aarp.org/lp/safetrip-app/>

Finding a driving rehab provider (https://myaota.aota.org/driver_search/)

Expense of Owning a Car

Cost Summary for a used 2024 Toyota Camry XKE 4-door (per AAA)

	Total Driving Cost	
Per Year	\$8,432.80	
Per Mile	\$0.84	
5-year Total	\$42,164.00	
	Costs Breakdown	
	Cost per year	5-year Total
Fuel	\$1,210.80	\$6,054.00
Maintenance & Repair	\$1,200.40	\$6,002.00
Depreciation	\$3,199.40	\$15,997.00
Insurance	\$1,342.40	\$6,712.00
Fees & Taxes	\$492.20	\$2,461.00
Finance Charges	\$987.60	\$4,938.00

Check out your own car at <https://www.aaa.com/autorepair/drivingcosts>

Advance Directives for Driving

In a study of 600 adults with cognitive impairment, 61.4 percent were still driving. One third of their caregivers had concerns about whether their patients could drive safely.

<https://medicalxpress.com/news/2023-07-majority-older-adults-cognitive-impairment.html>



One of the authors of that study told the *Washington Post* (January 23, 2024) that, when he turns 65, he will sign an advance directive for driving.

<https://www.washingtonpost.com/wellness/2024/01/21/aging-drivers-accidents-dementia/#>

TYPES OF ADVANCE DIRECTIVES

- Name someone to talk to the person about whether it's safe to continue driving.
- Ask family members to agree to help the person keep driving; when it's no longer safe, they agree to help with rides, public transportation, carpooling, or volunteer programs.
- Name someone to raise concerns, but also state, "I understand that I may forget that I cannot drive anymore and may try to continue driving. If this happens, please know that I support all actions taken, including removing or disabling my car, to help ensure my safety and the safety of others."

ADDITIONAL RESOURCES

Safe Driving for Older Adults, <https://www.nia.nih.gov/health/safety/safe-driving-older-adults#time>; see "Is It Time to Give up Driving."

The Hartford Center for Mature Market Excellence, "At the Crossroads: Family Conversations about Alzheimer's Disease, Dementia and Driving"
(https://s0.hfdstatic.com/sites/the_hartford/files/cmme-crossroads.pdf)

DID YOU KNOW?

- Riderwood will help you donate your car to help the Benevolent Care Fund.

Alternatives at Riderwood if you need to give up driving

- On-campus shuttle, trips to grocery stores and malls (free)
- Uber and Lyft service (\$)
- Riderwood's Transportation Services (special trips, doctor visits; handicap accessible; \$): (301) 572-8358
- MetroAccess Door-to-Door Transportation (shared ride) for people with disabilities (https://www.wmata.com/service/accessibility/metro-access/upload/MetroAccessApplication_Accessible.pdf).

Shopping Shuttle

For your convenience, we provide a shopping shuttle which runs on a continuous loop from 9:00 AM to 1:00 PM.

Last pick up on campus is 12:00 p.m.

The schedule is as follows:

Tuesday: Giant/Aldi/Target/Kohls

Wednesday: CVS/Liquor store

Thursday: Giant/Aldi/Target/Kohls

Friday: Giant/Aldi/Target/Kohls

Residents may bring up to 4 bags of groceries on the bus. Shopping carts are not allowed on the bus.



Sedan Services

We provide safe and reliable transportation to accommodate your transportation needs. Hours 8:30 AM To 4:30 PM Monday–Friday

Advanced reservations are highly suggested. We also offer same day service (based to availability)

Same day cancellations are processed based on individual circumstances.

For rates and fees, and other services, please call or stop by the Transportation office.

Local Trips

We organize a variety of special trips off campus to concerts, plays, museums, etc. These are featured on the Special Trips calendar that is distributed to your cubbies on the third Friday of each month. To register for a trip, complete the registration form found in the calendar packet and drop it in the Special Trips box located at all community building Front Desk. There is no need for advance payments as your trip is billed to your account monthly.

Local & Express Shuttle

Local Shuttle starts at 7:30am till 10:00 pm. The Local Shuttle's route of stopping at each clubhouse from Village Square to Arbor Ridge. The Local shuttle will continue until 10:00 pm. The Local Shuttle is equipped with a chair lift for scooters and manual wheelchairs. The Local Shuttle will also stop at the links between buildings on request; to better help pickups and drop-offs.

*Park View / Walden Court
Canterbury Court / Victoria Place
Charles Terrace / Kings Court
Berkshire Gardens / Hampton Sq.
Madison Green / Garden View
Fox Run / Calvert Landing
Forest Crossing / Orchard Point
Meadowbrook Square / Hunter Glen*

To request a special pick up, use the courtesy phones located at each request stop.

2) The EXPRESS SHUTTLE runs from 7:30 AM to 10:00 PM Monday-Friday and 7:30 AM to 10:00 PM Saturday & Sunday continuously throughout the day making stops at Arbor Ridge, Lakeside Commons, Town Center, Montgomery Station, and Village Square.

Speaker Slides

Managing the Challenges of Aging Well

Presented by:
Michael DeSarno, RN, Nurse Care Manager



 301-593-5285
info@care-manager.com
www.care-manager.com

Family Caregiver Support:
www.agingwellmetrodc.com

1



Aging Well Eldercare Team

2

TODAY'S TOPICS:

- 1) WHAT ARE AGING LIFE CARE MANAGERS?
- 2) HOW DO CARE MANAGERS HELP?
- 3) WHY USE A CARE MANAGER?
- 4) PREPARING FOR A MEDICAL APPOINTMENT

3

What is an Aging Life Care Manager?

- Nurse or social worker who specializes in geriatrics.
- "Professional relative" who can **identify needs and coordinate care.**
- Work with you and your family to form a long-term care plan and find services you need to make your daily life easier.

4

What needs can a Care Manager meet?

A Geriatric or Aging Life Care Manager brings **knowledge, skills and experience** to help you navigate the journey, no matter the challenges you may face.

5

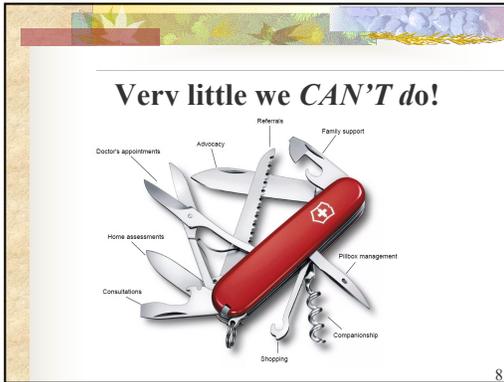
How do Care Managers help?

- Conduct comprehensive in-home needs assessments to identify problems, address safety and health care concerns
- Make recommendations to assure highest quality of life
- Make regular home visits
- Coordinate short- and long-term plans
- Address emotional concerns, mental health issues
- Coordinate medical services, facilitate communication with physicians and other medical professionals

6

- Accompany clients to medical appointments and provide patient advocacy
- Arrange and coordinate services such as caregivers and transportation
- Provide guidance on referrals to legal and financial advisers
- Assist with medication management
- Review LTC insurance policies with families, help them understand how and when to use them
- Provide emotional support and guidance to clients and family members regarding end-of-life care

7



8

- ### Why use a Care Manager?
- Managing chronic diseases is an enormous amount of work.
 - You're aging on your own.
 - Feeling prepared.
 - Improve/Restore relationships where the family/caregiver roles have lost balance

9

Chronic Diseases Affecting the Aging Population

- Arthritis
- COPD, CHF
- Certain Cancers
- Macular Degeneration & Glaucoma
- Diabetes
- Diminished Kidney Function
- Gastrointestinal Issues

10

Chronic Diseases Affecting the Aging Population, cont'd.

- Neuropathy
- Movement Disorders
(<https://www.youtube.com/watch?v=ovw3DrbWTWE> for demo of rock climbing and Parkinson's Disease)
- Chronic Inflammation

11

Loneliness & Isolation

- According to the CDC, older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as:
 - living alone
 - the loss of family or friends
 - chronic illness
 - sensory loss

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▪ Loneliness is the feeling being alone, regardless of the amount of social contact. Social isolation is a lack of social connections and can lead to loneliness in some people, while others can feel lonely without being socially isolated.

▪ Social isolation is associated with a 50% increase in risk for dementia and other serious medical conditions. ([CDC article](#))

▪ <https://www.montgomerycountymd.gov/HHS-Program/Thrive/Thrive.html> for County resources

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Companionship



- Professional Friend
- Personal Assistant
- Surrogate family member
- Volunteer
- Concierge

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HOW AN AGING LIFE CARE MANAGER CAN HELP WITH DOCTOR'S VISITS

Sometimes when dealing with the medical system, you feel overwhelmed. It can be daunting for anyone. We help you clarify questions, and make sure you get the answers. We work with various healthcare providers to ensure that you receive the care you desire. Because we understand the system, we can advocate for you as knowledgeable, effective professionals.

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Preparing for a Doctor's Visit

- Telehealth vs. physical in-person appointments.
- Be prepared - questions, documents, med lists.
- Bring someone - an advocate, a recorder, someone to help you remember your questions.
- Reflect on your goals of care.
- Stay on topic.
- Speak up. A trend worth reversing: Average length of time a patient gets to speak at their own consultation = 20 seconds!

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Preparing for a Doctor's Visit

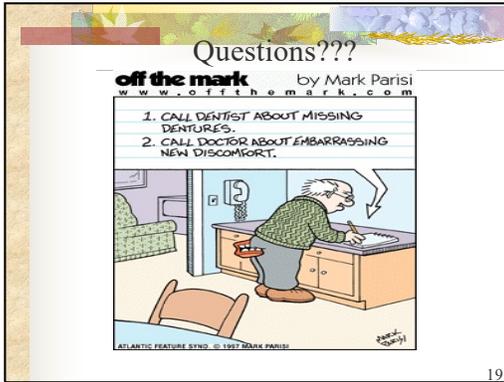
- Make sure your PCP is getting reports from specialists.
- Get answers to your questions and leave with a follow up plan. Discuss relative usefulness of diagnostic testing.
- Sign up for your doctor's online portal. Accessibility is best there.
- Get a summary of the visit in writing. It's required by the Affordable Care Act!
- Get your referrals and prescriptions.
- You ARE allowed to change providers if you are unhappy!

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Anticipatory Support

- Aging Well's own [Well Senior](#) program
- insurance policy (of sorts)
- Get to know a Care Manager now
- ChapStick – "Better to have and not need than to need and not have."

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Seeking Additional Help

Local Resources:

- JCA Senior Help Line – 301-255-4200
www.accessjca.org, www.cfad.org
- Holy Cross Hospital Caregiver Resource Center – 754-7152 - www.holycrosshealth.org
- Montgomery County Office on Aging – 240-777-3000
- Prince George’s County Office on Aging – 301-265-8450

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Seeking Additional Help

- State Health Insurance Assistance Program – 301-590-2819
<http://dhmh.maryland.gov/getthehealthcare/>
- Alzheimer’s Association – 800-272-3900
www.alz.org/nca
- Parkinson’s Foundation of the National Capital Area,
<https://parkinsonfoundation.org/>
- Eldercare Locator 1-800-677-1116 -www.eldercare.gov
- Aging Well Eldercare – 301-593-5285 www.care-manager.com
www.agingwellmetrodc.com
–Family Caregiver Support Website

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General Resources

- www.medicare.gov/nhcompare Medicare Nursing Home Compare
- www.nacla.org National Academy of Elder Law Attorneys
- www.aarp.org American Association of Retired People
- www.aginglifecare.org Aging Life Care Assoc. 520-881-8008



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Michael DeSarno, RN
 301-593-5285 – info@care-manager.com –
www.care-manager.com

23

Homework



1. Fill in “Section IV, Part C: Cash Flow” (pages 30-34 of your *Life Ledger*). The “Cash Flow” charts are meant to be used or modified as you see fit. Especially enter how and when things are paid (automatic bank transfer; check; your manual transfer from banking institution, deduction from a pension, etc.) in case someone needs to take this over temporarily or permanently.
2. Complete “Section V: My Health Information” in your *Life Ledger* (pages 35-38)

If you have time....

1. Read “Breaking the Silence” about Tony Bennett’s battle with Alzheimer’s and watch the embedded video at <https://www.aarp.org/entertainment/celebrities/info-2021/tony-bennett-alzheimers.html>.
2. Watch the excellent three-part “Living Well with an Assist” on adaptive technology at <https://riderwoodlife.com/caring-connections/caring-connections-online-resources-for-research/technology/>:
 - Part 1: Consultant Mark Surabian gives a broad view of what is available in the assistive technology field. What tools are available that can empower seniors to stay independent. Discussion ranges from computers to cell phones to simple kitchen tools.
 - Part 2: The Riderwood staff from outpatient rehabilitation, home health, occupational therapy, and resident services/social work, all of whom will provide an idea of the professional assistive technology help that is available to residents here at Riderwood.
 - Part 3: Riderwood residents demonstrate accessibility devices that they use every day in their homes. Devices range from assists for visually impaired, hard of hearing, to everyday chores such as putting on socks.
3. Check out these 10 symptoms to assess whether you or a loved one are beginning to show any signs of cognitive decline. <https://www.alz.org/10-signs-symptoms-alzheimers-dementia.asp>
4. Ask yourself the questions on the National Institute of Aging, “Is it Time to Give up Driving?” Begin thinking about when you might give up your keys. <https://www.nia.nih.gov/health/safety/safe-driving-older-adults#time>
5. Explore <https://riderwoodlife.com/>. Find a new group you might like to join.



Class 8: Emergencies Happen

what are other words for emergency?

exigency, crisis, extremity, pinch, accident, predicament, difficulty, scrape, juncture, contingency

Thesaurus.plus

what's the opposite of emergency?

calm, peace, calmness, ease, happiness, advantage, success, benefit, blessing, good fortune

Thesaurus.plus

OBJECTIVES OF CLASS 8

1. Students will appreciate how technology, including cell phones, can help prevent emergencies or report them if they happen
2. Attendees will understand the sequence of events that occurs (mostly behind the scenes) if they have an emergency
3. Class members will gain an appreciation of the role the Security EMTs play in improving peace of mind for them and their loved ones
4. Residents will understand their role in decision-making regarding their care and choice of hospital

WHAT YOU WILL FIND IN THIS CHAPTER

Technology as An Assistant

Instructions for setting up your phone's emergency functions

Speaker: Trudy Downs, RW resident



[Life Alert Systems](#)

[Advance Planning for Unexpected and Expected Changes](#)

Hospital Patient Advocates

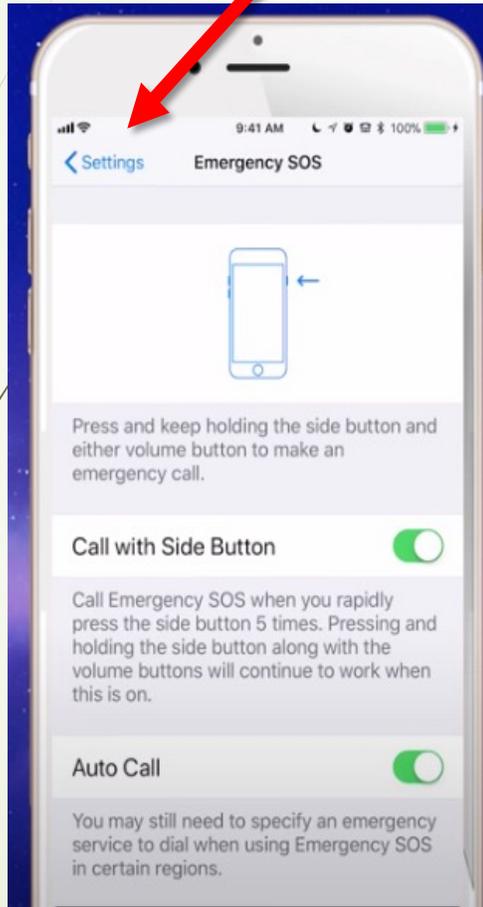
[Maryland Health Education and Advocacy Unit](#)

Speaker: Amanda Hidalgo, Security and Emergency Services Manager

What happens when a medical emergency occurs at Riderwood?

[Homework](#)

Iphone Emergency Settings



What might happen if you are unable to communicate with responders?

- Set up an ICE (In Case of Emergency) contact in your phone — just in case.
- Password-protect your phone ... But the person with your phone or police officer would have to know how to unlock it to find that information.
- Most current smartphones come with a feature that allows you to enter ICE data that's accessible from your phone's lock screen.

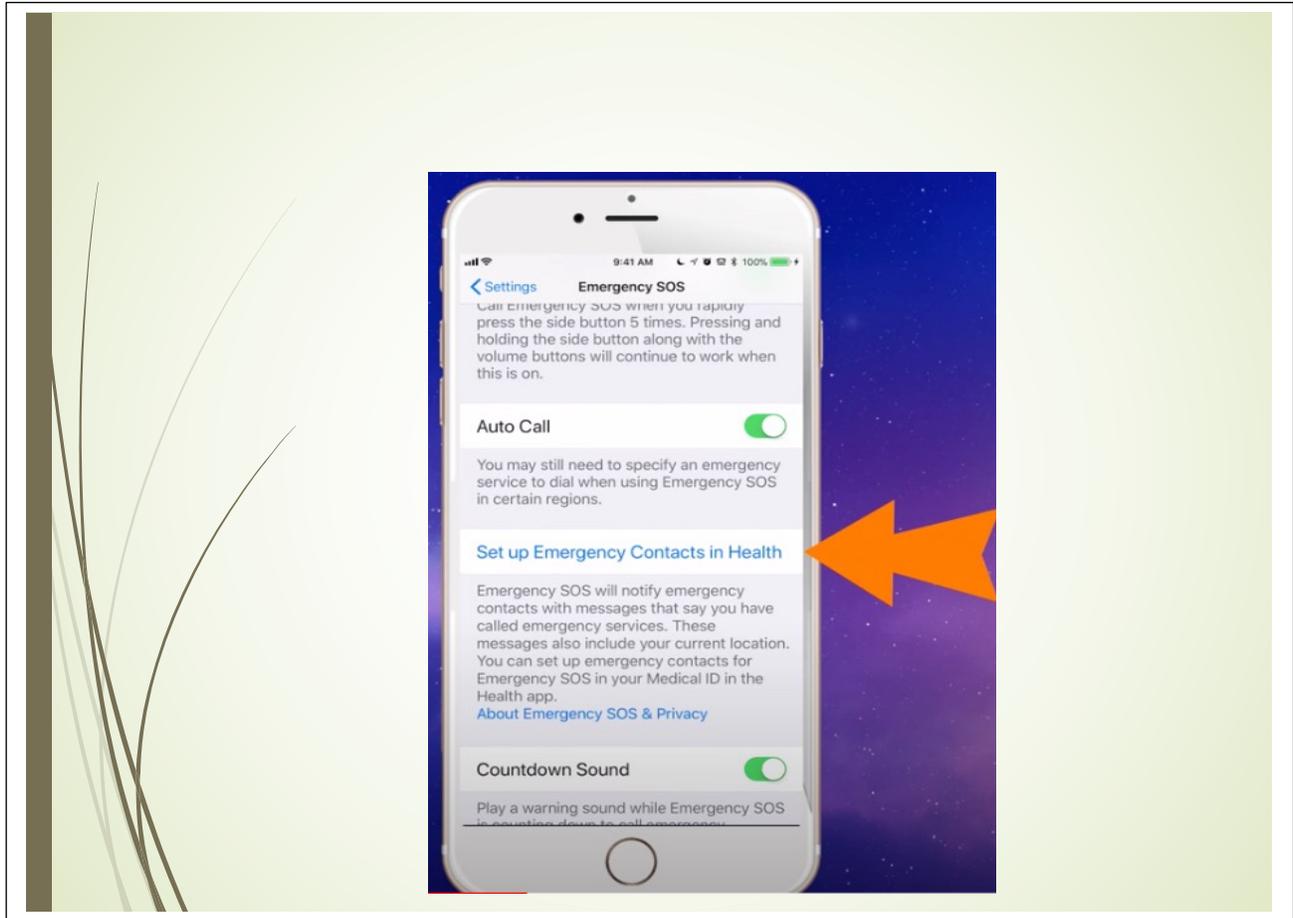
© Riderwood Caring Connections Committee, 2023

iPhones: emergency contacts will be automatically contacted and updated on your current location if you make a call using the Emergency SOS feature which you reach from “Settings.” Turn on “Call with Side Button” and “Auto Call”



© Riderwood Caring Connections Committee, 2023

Set up Emergency Contacts Under “Settings”

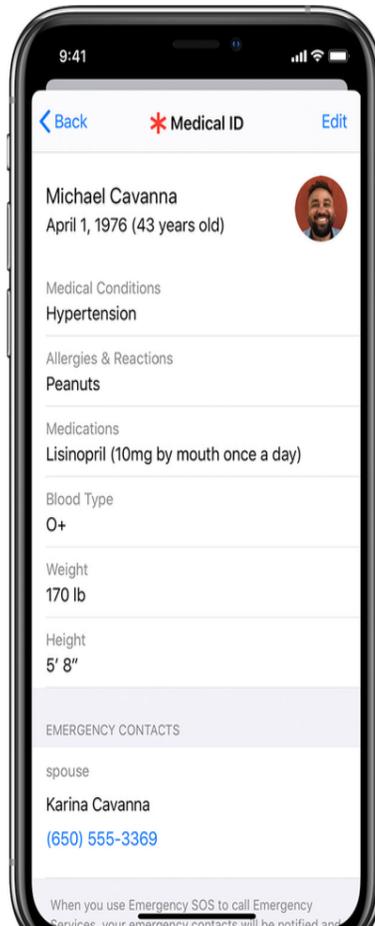


How to edit emergency contacts

1. Open the Health app and tap the Summary tab.
2. Tap your profile picture  in the upper-right corner.
3. Under Medical Details, tap Medical ID.
4. Tap Edit, then scroll to Emergency Contacts.
5. Tap the Plus button  next to "add emergency contact." Tap a contact, then add their relationship.
6. To remove an emergency contact, tap the Delete button  next to the contact, then tap Delete.
7. Tap Done.

Set up your Medical ID in the Health app on your iPhone

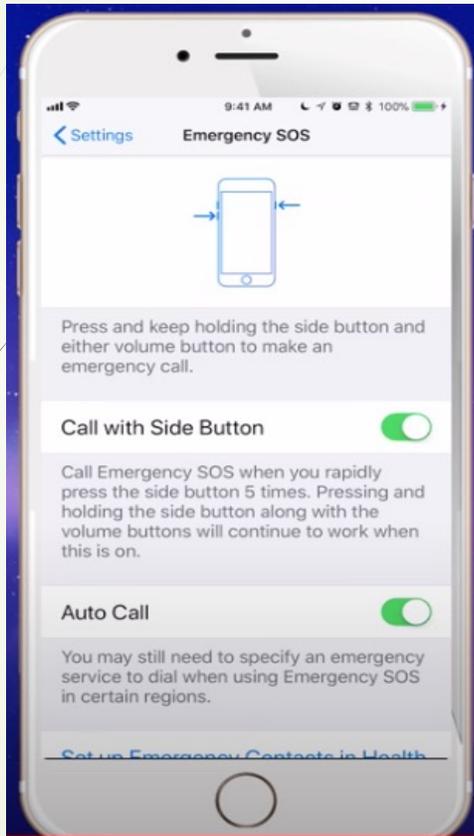
Medical ID helps first responders access your critical medical information from the Lock screen, without needing your passcode. They can see information like allergies and medical conditions as well as who to contact in case of an emergency.



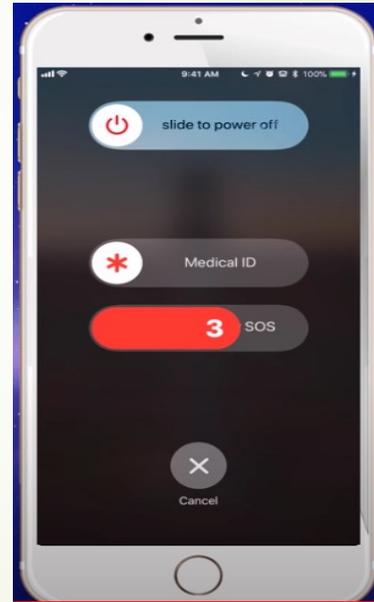
How to set up your Medical ID

1. Open the Health app and tap the Summary tab.
2. Tap your profile picture  in the upper-right corner.
3. Under Medical Details, tap Medical ID.
4. Tap Edit in the upper-right corner.
5. To make your Medical ID available from the Lock screen on your iPhone, turn on Show When Locked. In an emergency, this gives information to people who want to help. To share your Medical ID with emergency responders, turn on Share During Emergency Call. When you make a call or send a text to emergency services on your iPhone or Apple Watch, your Medical ID will automatically be shared with emergency services.*
6. Enter health information like your date of birth, allergies, and blood type.
7. Tap Done.

Automatically call 911



Press a **volume button** and the **side button** and hold.
Emergency screen opens.



Use Siri's "on speaker" command

1. Add Riderwood Security to your contacts
2. If you need help any time, say "Hey Siri, call Riderwood Security **on Speaker**" If you just ask Siri to call Security and you don't have the speaker on, they will not be able to hear you.
3. Go to Settings/Accessibility/Siri/Always Listen for "Hey Siri" (near the bottom of the menu) Turn this feature ON.

Locate a Family Member or Friend



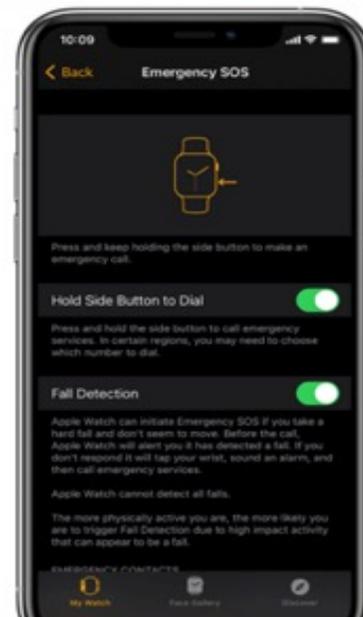
Apple Watches work with iPhone for fall detection

Turn fall detection on or off

1. Open the Apple Watch app on your iPhone, then tap the My Watch tab.
2. Tap Emergency SOS.
3. Turn Fall Detection on or off.

If you entered your age when you set up your Apple Watch, or in the Health app, and you're age 55 and over, this feature turns on automatically. Make sure that your correct age appears in your [Medical ID](#) and your [Health Profile](#). Fall Detection is available only for those 18 or older.

Apple Watch cannot detect all falls. The more physically active you are, the more likely you are to trigger fall detection due to high-impact activity that can appear to be a fall.



Using Your iPhone as a Safety & Security Device When Charging at Night

1. Set up “Hey Siri” on your iPhone. (Go to **Settings** > **Accessibility** and scroll down to **Siri**. Choose which of the Siri indicators you want to activate:
 - a. Turn on “Type to Siri”
 - b. Choose “with Silent Mode off” or “Only with ‘Hey Siri’ or “Always Speak Responses” even when Silent Mode is on
 - c. Choose “Always Listen for ‘Hey Siri’.” This is recommended so she will hear you even when the iPhone is facing down or covered
2. Add Riderwood Security to your Contacts list (301/572-8391)
3. Charge your phone overnight by plugging your charger into an outlet in your bedroom.
4. If you fall during the night but are not able to get to a pull chord, just say “Hey Siri call Riderwood Security **on Speaker.**”

Security will be called and will be able to hear you because you engaged the speaker phone option. You can then tell them that you have an emergency and your apartment number and any other information that is appropriate. The **important thing is that you need to include the “on Speaker” phrase** when you call. If you just ask Siri to call Security and you don’t have speaker on they will not be able to hear you.

*Get used to using this feature by making your regular phone calls to friends and family by asking Siri to call and put the call on speaker (**“Call Pat on mobile on speaker”**). You must have the phone number in your contacts list for Siri to make the call. The side benefit is that you can use Siri for lots of things you do manually. The key is enunciating “Siri” clearly-- she is not as smart as a 6-year-old and you will sometimes get strange results if you use words she doesn’t understand.*

Wearables: A new category of technology is emerging known as “wearables.” These are electronic devices that can be worn as watches and jewelry or embedded in clothing or shoes that touch the skin and then send data to your smart phone or computer. You’re probably familiar with one of the earliest wearable, the Fitbit, that tracks how far you walk. Today’s wearables have amazing technology built into them in addition to step counters and 911 alerts: EKGs, continuous glucose monitors, calorie counters, etc. they can send data directly to your doctor. If you’re lost, they can guide you home through built-in GPS sensors.



Courtesy miro.medium.com

Life Alert Systems: These are devices such as a bracelet, necklace, or pendant connected to a speaker that allows the user to connect with a trained operator by simply pressing a button. The operator determines whether to send emergency help.

- **Cost:** There is usually a cost for the device and a separate monthly monitoring charge. Some plans offer automatic fall detection for an additional monthly fee. Charges are not covered by Original Medicare Parts A and B. AARP may offer discounts on some plans.
- For more information:
 - <https://www.medicalnewstoday.com/articles/life-alert-cost-covered-by-medicare#buying-pers>
 - October 2020 review “How to Choose a Medical Alert System”:
<https://www.consumerreports.org/medical-alert-systems/how-to-choose-a-medical-alert-system/>
 - June 2021 “Best Medical Alert Systems of 2021”:
<https://www.seniorliving.org/medical-alert-systems/best/>
 - April 2021 “The Best Medical Alert Systems for 2021”:
<https://www.pcmag.com/picks/the-best-medical-alert-systems>

Automatic Fall Detection Devices

- “What is Fall Detection?”: <https://www.lively.com/health-and-aging/what-is-fall-detection/>
- “How fall detection is moving beyond the pendant” April 2019:
<https://www.mobihealthnews.com/content/how-fall-detection-moving-beyond-pendant>
- “Best Medical Alert Systems with Fall Detection in 2021”:
<https://www.theseniorlist.com/medical-alert-systems/best/fall-detection/>
- “Find the best medical alert with fall detection”
<https://www.consumeraffairs.com/medical-alert-systems/fall-detection.html>

Riderwood offers a *Campus-Only* “Press Alert” System

Frequently Asked Questions

Q: Will the press alert work in every room in my apartment?

A: Yes, once installed the press alert can be activated from any room in the apartment.

Q: Will the press alert work outside my apartment?

A: No, at this time the press alert will work anywhere indoors on campus. When activated it sends a signal to the dispatch board signaling Security to respond to your location. The press alert is NOT working outdoors or off campus.

Q: How long will it take for a security officer to respond?

A: Once activated, the security team will respond as quickly as possible. Our goal is less than 2 minutes.

Q: Do I have to sign into a long term contract?

A: No, the press alert is done on a month to month contract and can be cancelled at any time.

Q: How will I learn to use the press alert system?

A: Upon installation the Security Officer will demonstrate how to use the press alert and verify activation.



Emergency Press Alert System



The Emergency Press Alert System provides peace of mind allowing residents to activate their pull cord from anywhere in the apartment!

Please call Riderwood Security Dispatch to schedule an appointment to have your press alert installed!

301-572-8391

“We share our gifts
to create a
community that
celebrates life.”

Last revised: 01/18/2024

(monitored 24/7, replaced free of charge if there are any problems with it, but only works within RW buildings)

Prices and Installation

Please call Riderwood Security Dispatch at **301-572-8391** to schedule a press alert installation.

Fees and Prices:

**Installation Fee (one time):
\$180.00**
**Monthly Monitoring Fee:
\$25.00**

In comparison to other emergency systems, Riderwood's fees are much more affordable with the convenience of on-campus response.

How Does the Press Alert Work?

The press alert is equipped with a small wireless transmitter. When the button is pressed, a signal is sent to the Security Dispatch station at Riderwood. A Security Officer is immediately dispatched to the apartment. Security Dispatch also calls the resident's apartment in an attempt to connect with the resident before the Security Officer arrives.



Press Alert Information

1. The press alert can be worn two ways: on a pendant chain, or on a wrist band.
2. The Press Alert button is water-resistant. It is not recommended that you completely submerge it in water but it can be worn in the shower.
3. The press alert utilizes a Lithium battery that lasts 2-3 years, depending on usage.
4. It weighs approximately 1.5 ounces and the button is about the size of a postage stamp.
5. The press alert transmitter is installed by Security in the apartment and communicates wirelessly with the pull cord system.

ADVANCED PLANNING FOR UNEXPECTED AND EXPECTED CHANGES

1. Before a hospital emergency

a. Have the following numbers handy:

- Riderwood Security, 301-572-8391 - Contact for medical or welfare emergencies.
- **Resident Services Coordinator (RSC)/Social Worker** in your Neighborhood/Clubhouse –contact for guidance (see 4.e. below for phone numbers).
- Yvette Ross, Acute Care Coordinator (Liaison between Riderwood and the Hospital), yvette.ross@Erickson.com, 301-572-8308 (phone), 301-512-8449 (cell).
- Riderwood Transportation, 301-572-8358 (main) or 301-572-8354 (manager).
- List of phone numbers for other Transportation Services (Attachment 1).
- Riderwood Home Support (301-572-8344).
- List of Private Pay Home Support Agencies (Attachment 2).
- Eldercare Concierge Services (Attachment 3).
- What to Pack in Your Hospital Bag (Attachment 4)

b. Have on your refrigerator:

- A filled-out **File of Life Holder** with information on your medications and your contacts. (*Copy this File and carry it with you in your wallet and even your badge when you leave your apartment. You can also scan it into your Smart Phone.*) If you need a new file of life, contact your Social Worker.
- A **MOLST** form that you have filled out along with your physician. (Keep this form on your refrigerator separate from the File of Life Holder.) Scan the MOLST form into your Smart Phone also.

c. Pack a hospital bag and leave it near your front door:

- Include: Copies of important documents (Advance Directive, MOLST form, File of Life, list of medications, list of items a person(s) having access to your apartment may need to bring to hospital for you).
- See Attachment 4 for a list of other suggested items to take to hospital.
- **LABEL** the *hospital bag* so its purpose is clear; keep bag near front door.

d. Know what your insurance covers:

- Residents should have an understanding how **their** insurance works in reference to hospitalizations. Most residents taken by emergency to the hospital will go to Adventist Hospital (very close to Riderwood). The law requires that hospitals accept incoming emergency patients regardless of insurance. Residents with Kaiser Insurance (and some HMOs) should be aware that Adventist is not a preferred hospital and different rates may apply. Kaiser patients that are initially sent to a non-participating hospital are transferred to Holy Cross Hospital when appropriate and depending on bed availability there.
- Residents with Kaiser plans should know the following: Kaiser has case managers who cover the various hospitals and who will help a Riderwood resident navigate within the hospital. A Kaiser patient's post-hospital needs are managed by Kaiser and the patient should contact them regarding questions and follow-up post discharge from the hospital. Generally, Kaiser does not use Riderwood's rehab facilities at Arbor Ridge, preferring to use those in its own network. However, Kaiser now has an agreement with Erickson about paying for medical charges at Arbor Ridge if a Kaiser physician signs off on the placement.

2. Going to the hospital—from your apartment or from someplace else

- a. **From your Riderwood apartment.** If you have an emergency in your apartment and call Security, they will come and assess the situation and if needed call an ambulance. They will use the File of Life to call your emergency contacts and send the File of Life and MOLST form with you in the ambulance. If you are conscious, tell them to grab your prepacked Hospital bag. ***Note: If you call 911, Riderwood gate, staff will notify Security when the ambulance arrives for you.**
- b. **From someplace else in Riderwood (such as the pool, a classroom, the dining room, or outside walking).**
- If you have an emergency in Riderwood, you could be sent to the hospital without getting to go back to your apartment.
 - Copy your File of Life twice—one copy for your wallet and a second copy to fold up and insert into the back of your Riderwood badge. The badge

will still open the doors even with the paper addition. Then make a habit of wearing your badge when you leave the apartment.

- Take your smart phone whenever you leave your apartment. You can scan your MOLST and File of Life into the NOTES function on smart phones. Pin it so it remains on top. All Smart Phones can also be programmed with emergency information. It is then available for all EMTs to access even when the phones are locked. See the step-by-step directions to set up your emergency data on smart phones at the beginning of this chapter.

NOTE: if you go to the emergency room from someplace on the Riderwood campus, Security will attempt to notify your emergency contacts (if the resident doesn't decline). They will also notify the following (and other necessary departments):

- Your Neighborhood RSC/Social Worker
- Yvette Ross: (Hospital Liaison). She will let hospital know you are from Riderwood and will get basic information about you to the hospital. If you are going to Arbor Ridge from the hospital, she will coordinate.
- Riderwood Medical Center
- Finance
- Dining

c. From outside Riderwood

- If you go to the emergency room from outside Riderwood, let Security know that you are in the hospital as soon as possible.
- If your physician is outside the Riderwood Medical Center, it is your (the patient's) responsibility to notify your primary care physician about your hospitalization.

3. While in the hospital

- a. What if I don't have my "hospital bag" with me and/or if I need things from my apartment.** Only people on your authorized entry list can be given access (through security) to your apartment. Residents without local family

may wish to give a friend(s) an apartment key **and** a mailbox key (since Riderwood cannot give others access to your mailbox). In an emergency, Riderwood Security, with your permission, may be willing to accompany a friend not on your entry list into your apartment to get items you need.

- b. Liaison: Can you expect the Riderwood/Hospital Liaison to contact you while in the hospital?** Not necessarily, but she will know you are there, **if Riderwood Security is aware of your hospitalization.** Riderwood has limited involvement when residents are in the hospital.

The role of the Riderwood/Hospital Liaison is to follow residents who are in the hospital or another rehab facility **no matter what their insurance is.** The Liaison will reach out to the hospital Case Manager/Social Worker or Kaiser Case Manager to make sure they know that this resident is from Riderwood and what level s/he is (such as Independent Living or Assisted Living) and if there are any concerns. The Liaison will also discuss what services Riderwood already has in place for the patient, if this is known. When the Liaison can visit, she/he gives patients contact information, explains the role of the Liaison, and helps to facilitate the resident's discharge return to Riderwood at the appropriate level of care which they need at time of discharge.

- c. Hospital contacts.** It is important for you, as the patient, to be in touch with your assigned hospital social worker and the Riderwood Liaison. If you have outpatient surgery planned that will require an overnight stay, please let the Riderwood Liaison know in advance. Also, each hospital has a patient representative in which the residents/family can reach out to inquire any concerns that they have with the hospital.

4. Getting home

a. If you have been hospitalized

- The Hospital Social Worker/Case Manager is responsible for discharge planning, and this should include planning for getting you back to your apartment (including transportation).
- Possibilities for transportation home:
 - Call a family member/friend.

- Call Riderwood Transportation (301-572-8358). Riderwood may not be able to provide transportation at the last minute or at night. If you know you need transportation, call them as soon as possible. There may be a fee for this. RWV Transportation stays within a 15-mile radius of campus.
- Call a cab, (see attachment 1). Some cabs may not want to pick you up for the short drive between the hospital and Riderwood.
- Lyft or Uber (if you have them on your smartphone). If you don't use a smart phone, you can register with Go Go Grandparent (1-855-464-6872), and they will arrange with a Lyft or Uber for you.
- Other options (see attachment 1).

NOTE: When you go to the hospital on an emergency basis, insurance will probably pay for your transportation, but coming home is no longer an emergency and you will be billed. If you take an ambulance home, it will be expensive.

- If you think you will need help after you get home (or if the hospital is recommending additional support), consider:
 - Riderwood Home Support Services (301-572-8344). Riderwood aides may accompany you off campus, **but they may not drive you anyplace.**
 - Private Pay Home Care Agencies or Eldercare Concierge Services (attachments 2 and 3).

b. If you have had an outpatient procedure (planned in advance)

- Residents may wish to plan to have someone accompany them to the hospital/facility and see that they get home safely. Family or a friend may serve this purpose, but residents without local family may wish to hire someone to accompany them.
 - Riderwood Home Support (301-572-8344). Aides may accompany you, but they may not drive. So, you will have to find transportation separately.
 - Private Pay Home Care Agencies or Eldercare Concierge Services (Attachments 2 and 3). These agencies/services will be able to provide drivers in addition to accompanying you.

c. If you have been taken to the emergency room but not admitted to the hospital.

- Check with the ER to see if someone in ER is responsible for discharge planning.
- See Transportation options under 4a above.

d. What papers should come home with me from the hospital?

- **IMPORTANT:** Be sure to get **discharge paperwork** for your primary care doctor.
- Any prescriptions that will need to be filled.

e. What if I get home and realize I need help?

- Reach out to your neighborhood **Resident Services Coordinator (RSC)/Social Worker**. As of June 1, 2023, the following social workers are assigned to each community. These names may change in the future.

- Village Square (Amy Stewart) 301-572-8338
- Montgomery Station (Emily Preston) 301-572-8451
- Town Center (Michelle Ferguson) 301-572-8393
- Lakeside (Brian Coen) 301-572-8341

Ellen Lebedow is the Manager of Resident Services (Social Work)
She can be reached at 301-572-8330

f. Food and prescriptions after coming home.

- Bring prescriptions/medications from hospital home.
- Always have an emergency supply of food at home, just in case. If you return home after dining order hours (10 am to 2 pm for delivery, \$7 charge) you may need it. You will need to contact dining (301-572-8366) during business hours, and every day that you need food delivered, to request temporary meal delivery during your recovery.
 - The following CVS Pharmacy is open 24 hours: CVS Pharmacy at 7939 New Hampshire Avenue, Langley Park Plaza Shopping Center Langley Park, MD 20783, 301-434-3121.

ATTACHMENT 1. List of Transportation Services
Correct as of February 2024

Riderwood Transportation Services

Riderwood Transportation: 301-572-8358

Rides available 6am-5:30pm M-F (limited radius). Must call in advance to reserve the ride. There will be a fee. Most medical insurance pays only if medically necessary, i.e., stretcher or ambulance.

Erickson Advantage Insurance (301-628-3600) provides 12 rides a year to medical appointments.

Non-Riderwood Services: (Riderwood does not endorse outside agencies)

Taxi Cabs

- | | |
|--|-------------------------------------|
| 1. Barwood/Regency Taxi Service | 301-984-1900 or 301 990-9000 |
| 2. Action Taxicab Company | 301-840-1000 |
| 3. Sun Cab Company | 301-252-0575 |

Wheelchair/Power Chair lift accessible transport

- | | |
|------------------------------------|-----------------------|
| 1. Ashton Care | 301-762-9098 |
| 2. AAA Transport | 301-933-4357 |
| 3. Butler Medical Transport | 1-888-602-4007 |
| 4. Capital Area | 301-530-5566 |
| 5. Falcon Transport | 240-595-0960 |
| 6. Solomon Palmer | 301-592-7037 |
| 7. Transportation INC (MTS) | 703-652-0816 |

ATTACHMENT 2. Home Care Agencies (Private Pay)

RIDERWOOD HOME SUPPORT

301-572-8344

NON-RIDERWOOD

A-1 Action Nursing Care	301-358-3160
Adventist Homecare	301-592-4400
At Home Care, Inc.	301-421-0200
Capital City Nurses	301-685-7391
Corewood Care	301-909-8117
Family and Nursing Care, Inc.	301-588-8200
Georgetown Homecare	301-968-2457
Griswold Homecare	301-234-6440
Home Instead Senior Care	301-588-9710
Premier Homecare	301-984-1742
Right at Home	301-255-0066
Synergy Homecare	301-200-9292
Unity Homecare	301-272-7335
Visiting Angels	301-450-5900

***Riderwood is providing this list for your information and convenience.
Riderwood is neither endorsing nor recommending any particular resource on
this list. We encourage you to explore your options and, ideally, to research and
interview more than one resource.***

ATTACHMENT 3. List of Eldercare Concierge Services

Carol Barr
Caring from the Heart, LLC
Thankg2@gmail.com
240-691-3120

Jackie Dancy
301-537-4981
Dancy210@gmail.com

Blanche Mang & Joy Hewheart
likeyourdaughter@gmail.com
301-500-5064
240-205-1146

These services can fulfill a variety of needs including:

- Light housekeeping
- Laundry
- Making bed, changing linens
- Transportation- running errands
- Preparing meals
- Dressing
- Bathing, shower assistance
- Organizing paperwork, mail, bills
- Accompanying to medical or personal appointments
- Companionship & socialization
- ...and much more

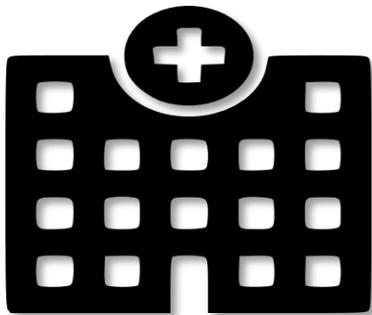
***Riderwood is providing this list for your information and convenience.
Riderwood is neither endorsing nor recommending any particular resource on
this list. We encourage you to explore your options and, ideally, to research and
interview more than one resource.***

ATTACHMENT 4. What to Pack in Your Hospital Bag

TEN THINGS TO KNOW ABOUT GOING TO THE HOSPITAL FROM RIDERWOOD



1. PREPACKED BAG
2. LEGAL DOCUMENTS
3. LIST OF MEDICATIONS
4. CELL PHONE AND CHARGER
5. EMERGENCY PLAN/CONTACT FOR PET OR SPOUSE
6. GLASSES/HEARING AID
7. WRITING PAPER AND PEN
8. SMALL AMOUNT OF CASH
9. RIDERWOOD'S POLICY WHEN THE RESIDENT GOES TO HOSPITAL
10. NOTIFY SECURITY AND/OR INDEPENDENT LIVING SOCIAL WORKER



Hospital Patient Advocates

Most hospitals have one or more patient advocates on staff. The following is posted at <https://howard.md.networkofcare.org/veterans/library/article.aspx?hwid=abo4385>:

“Most hospitals have one or more patient advocates on staff. They are people you and your family can turn to for help in dealing with various problems you may have during your hospital stay.”

HOW CAN A PATIENT ADVOCATE HELP? An advocate may:

- Make sure that you and your family know all the facts about your condition and your care.
 - Give you and your family emotional support.
 - Help you get copies of your medical records.
 - Help with delays in getting tests, treatment, or information.
 - Work with the hospital when you have complaints.
 - Work with your employer if you're facing possible job discrimination because of medical issues
-
-

Maryland Health Education and Advocacy Unit

<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>

The Health Education and Advocacy Unit (HEAU) of the Consumer Protection Division offers free mediation services to consumers who:

- Need help resolving a billing dispute with a healthcare provider
- Need help obtaining copies of their medical records
- Have medical equipment disputes
- Have been denied coverage of all or part of their care by their private health plan
- Need help navigating a hospital's financial assistance program
- Were denied financial assistance or a reasonable payment plan by a Maryland hospital
- Were denied enrollment in a Qualified Health Plan or denied Advanced Premium Tax Credits or Cost-Sharing Reductions by Maryland Health Connection
- Were terminated by their private health plan
- Receive a surprise medical bill from an out-of-network emergency care facility or from an out-of-network provider at an in-network hospital or ambulatory surgical center
- Receive bills that are higher than the good faith estimate given to them before their planned medical treatment
- Are billed an outpatient facility fee by a Maryland hospital but didn't receive a facility fee disclosure notice prior to their medical appointment.

Speaker Slides

What happens when a medical emergency occurs at Riderwood?



Amanda Hidalgo
Manager of Security and Emergency Services

Amanda.hidalgo@Erickson.com
Office 301-628-3666
Cell 240-304-7600

Where it all started...



Emergency Medical Services



Meet Security



- 50 staff members.
- 40 are medically trained Emergency Medical Responders (EMRs).
- 24-hour Dispatcher Center.
- 24-hour manned Gatehouses.

Meet Security

- In-house training.
- EMRs are “refreshed” every 2 years.
- Many members of Security also volunteer at local fire houses or work for local jurisdictions.



Meet Mr. Johnson



It's one of the first really warm summer days, and Mr. Johnson has gone for a walk around Riderwood's beautiful campus. Mr. Johnson has been outside walking at a brisk pace for a decent while when he begins to feel poorly. Mr. Johnson walks into Town Center to have a seat and cool down. He sits down in the vestibule, but still feels very shaky. Another resident sees him and says "You don't look so good. Do you need help?" Mr. Johnson says, "Yes...."

Quick like a bunny...

- Mr. Johnson's fellow resident presses his press alert, giving their location as Town Center lobby.
- Dispatch receives the signal, dispatches an officer via radio.
- Dispatch also calls Town Center front desk to gather information. The front desk reports that there are two gentlemen in the vestibule, and one of them looks like he's sick.
- The Security dispatcher sends a second officer to the location if it's a medical emergency



Is there a best way to call Security?

SPEED   INFORMATION

Pull cords and press alerts notify the dispatcher fastest, but provide the least amount of information.

Phone calls provide the most information, but may take longer to initiate a response.

 **Best solution** – activate a pullcord or press alert if one is available.



Depending on the information obtained by the dispatcher during the initial call, the dispatcher initiates a 911 call before Security arrives on scene.

- Examples: chest pain, trouble breathing, stroke symptoms, reported loss of consciousness, significant bleeding, unresponsive, fractures or broken bones, psychiatric emergencies, and other critical illnesses.

It doesn't look like Mr. Johnson needs an ambulance



20 questions and then some...

EMR Smith arrives and starts talking to Mr. Johnson. He begins by asking him some basic question to better understand the situation.

- Mr. Johnson knows who he is, that he's in Town Center, that it is June of 2022, and he shares that he was outside for a while but he's unsure of how long. At that point, EMR Smith begins to take Mr. Johnson's vital signs

20 questions and then some...

- Assessment
 - Treat life threatening injuries first
- Identifies patient
 - What if you are unconscious?
- Vital Signs
- Physical Exam



SAMPLE and OPQRST

- SAMPLE
 - Signs and symptoms
 - Allergies*
 - Medications*
 - Past medical history*
 - Last known input/output
 - Events leading up to
- OPQRST (for pain and other sensations)
 - Onset – sudden or gradual?
 - Palliation/provocation
 - Quality
 - Radiation
 - Severity
 - Time – how long?

* = if you are a patient of The Medical Center or part of CarePath, Security can access this through The Medical Center.

Tools of the trade

- Diagnostics
- Vitals signs
 - Blood pressure (orthostatic option)
 - Heart rate
 - Respiratory rate and lung sounds
 - Pulse oximeter
 - Temperature
 - Blood glucometer
 - Stroke test (FAST)
 - Rapid trauma assessment




Cognition

A and O_{x3}, or x4. This means you are **alert and oriented to**:

1. **Person** (who they are)
2. **Place** (where they are)
3. **Time** (when they are)
4. **Events** (recent events, or what led up to the problem)



Heart to heart talk...

EMR Smith takes Mr. Johnson's vital signs and notes that while his heart rate is high, his blood pressure is low. Mr. Johnson says that he had his normal morning coffee before his walk, but skipped his usual oatmeal and juice because he doesn't like to walk with a full stomach, and he wanted to walk before it got too hot. Mr. Johnson reports feeling slightly better after sitting for a while. When EMR Smith asks if he wants to go to the hospital, Mr. Johnson asks if there are any other options.



Just a phone call away...

Mr. Johnson is not feeling great, but is also not critically ill, so EMR Smith pages the doctor on call. Mr. Johnson is a member of the medical center, so after the doctor on call hears EMR Smith's report and looks at Mr. Johnson's records, the doctor states that if Security can get Mr. Johnson back to his apartment and get him some fluids, Security can perform a welfare check in an hour. Mr. Johnson agrees to this plan. EMR Jones gets a wheelchair from the front desk, assists Mr. Johnson to his apartment, and gets him some water and some crackers. Before leaving, EMR Smith reassesses vital signs, and finds them to be slightly improved. The officers make sure Mr. Johnson has Security's phone number, and that he is near a pull cord. EMR Smith says they will be back in an hour.



We're not done yet...

- Security on-call by using press alert / pull cord.
- Assessment done. A&Ox3, vitals checked.
- History and details leading up to event.
- No ambulance at this time, Doctor called, Doctor RX welfare check in 1 hour.
- Your job, call us back if anything changes!

Welfare Checks

- Welfare checks are a powerful tool in Riderwood's goal to avoid unnecessary hospital visits.
- Security acts as the doctor's eyes and ears, providing live vital signs and medical assessment.
- Security typically provides welfare checks one or two hours after an incident.
- If a resident is not feeling significantly better after two welfare checks, Security will typically recommend transport for further evaluation.

Next Steps?

- Hospital?
- Refusal?
- Doctor?
- Self Care?
- IT'S YOUR CHOICE





Next steps?

- Average of 543 resident calls/month, including falls.
- 10% result in an ambulance transport.
- Common outcomes of medical calls:
 - Minor treatment only
 - Page the doctor on call
 - Call 911
 - Transport? Yes/No
 - For serious medical calls, either call the doctor or contact 911 for transport.
- If there is a refusal, Security will check to see if the medical center has a same day appointment available, or schedule a welfare check



Care Path

- On-Call Physician is a resource, but only if they have updated information.
- Residents, do your part, even if you're not a Medical Center patient! Pick up and fill out a Care Path packet (free). Optional: visit with one of the Riderwood doctors to discuss the Care Path packet (outside patients' insurance *may or may not* pay for this)



Same day appointments & Care Path

- The medical center holds **8** same day appointment slots every weekday they are open.
- These appointments are useful in helping residents avoid unnecessary hospital visits by giving them a chance to be seen by a Riderwood doctor for minor illnesses.
- More critical symptoms, like chest pain or trouble breathing, are not appropriate for a same day appointment and require an ER visit.

Informed choices

- What happens is **your choice**, so long as you are _____?

Alert and oriented

- Security treats, but ultimately you can refuse any treatment or plan recommended by the Doctor, Security, and 911, so long as you are _____?
- Whenever we terminate care, we remind you that you can call us back if you change your mind.
- You are NEVER bothering us – it's our job!

Change of plans...

Less than 10 minutes after Security leaves, Mr. Johnson feels like he's going to be sick. He goes to the bathroom, and pulls the cord. Security arrives shortly thereafter and reassesses Mr. Johnson, only to find his vital signs are much worse. Security Dispatch activates 911, and Security on scene provides care until 911 arrives a short time later. Mr. Johnson agrees to go to the hospital. One of the Security officers asks over the radio, "Dispatch, can you give me a hospital status?"

Which hospital?

- Hospital status goes by colors.
- Colors tell us what is going on at the hospital as far as occupancy.
- **Yellow** - hospital is overwhelmed and not accepting any ambulances.
- **Red** - no cardiac monitored beds available, but can still accept lower priority patients.

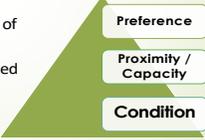
Hospital Status



Which hospital?



- Closest hospital might not be best choice.
- The primary factor is the type of illness or injury.
- Some hospitals are better suited than others for treating particular illnesses.



Preference

Proximity / Capacity

Condition

Local hospitals, size, specialties and APPROXIMATE transport times

- **White Oak Medical Center**, 180 beds (cardiac / stroke) – **4 minutes**
- **UM Laurel Medical Center**, 30 beds – **14 minutes**
- **Holy Cross Hospital**, 449 beds (cardiac / stroke) – **15 minutes**
- **UM Prince George's Hospital Center**, 382 beds (cardiac, stroke, trauma) – **19 minutes**
- **Doctor's Community Hospital**, 212 beds (stroke) – **19 min.**
- **Suburban Hospital** (cardiac, stroke, trauma), 233 beds – **21 minutes**
- **Montgomery General**, 117 beds (stroke) – **22 minutes**
- **Howard County General**, 225 beds (cardiac / stroke) – **25 minutes**

Which hospital?

- **State protocol!** Patient goes to the closest hospital that can provide the care needed for that situation.
- Distance is a factor.
 - longer it takes to get a patient to definitive medical care.
 - Ambulance out of service longer.

Which hospital?

- Patient choice is a factor.
- Depending on situation, the ambulance crew can sometimes accommodate patient choice.
 - Lowest priority. ↓
- **Please know that the final choice is up to the ambulance crew.** ↑
- You can always request a transfer once you are stabilized, or may always refuse transport (so long as they are alert and oriented).

At the ER

- **6-hour** waiting average from walking into ER to discharge.
- May go from stretcher to waiting room if non-critical patient.
- Be prepared. Ambulances need to go back in service.

Serious Car Accident
 Cardiac Event
 Suspected Stroke
 Severe Burns

Mental Health Crisis
 Severe Trouble Breathing
 Large Broken Bones
 Allergic Reaction
 Seizure
 Falls

Sprained Ankle
 Cough or Congestion
 Weakness
 Tooth or Ear Ache
 Stitches

Who you gonna call?

- Late night or early transports - allow Security to call someone. Your safety is top priority over sleep.
- At Riderwood, family members are **always very upset that we did not call, and have never been upset that we woke them up.**
- Keep Emergency Contact list up to date!

Any port in a storm...

The ambulance crew hears that Holy Cross Hospital is on red, but that both White Oak Medical Center and Laurel Medical Center are clear. Mr. Johnson would prefer Holy Cross since his cardiologist is based there, but after the ambulance crew explains the options and the hospital status, Mr. Johnson agrees to be transported to White Oak. Mr. Johnson is given IV fluids on the short ride to the hospital, is placed in a ER bed quickly, and after a few hours of fluids and monitoring, his vital signs return to their baseline levels. The hospitalist recommends that Mr. Johnson follow up with his primary care physician and he is discharged home with a diagnosis of dehydration brought on by exertion and warm weather.

Behind The Scenes

- PCPs work with the ER doctor during your visit to the ER.
- **Yvette Ross**, our wonderful Acute Care Coordinator works with the Hospitals, the Riderwood Medical Center and Arbor Ridge.
- Security checks hospitals daily, and updates the hospital list.

Yvette Ross
Acute Care Coordinator



Behind The Scenes

- **The Morning Huddle** and discuss residents in the hospital, and what the plan is during their stay and discharge plans. *Only for residents who need follow up*.
- ***Note*** if you have a planned surgery, or go to the hospital on your own, let Security know. No matter where!

What to do during a Fire Alarm?

- **Do NOT call Security or pull your pull cord.**
- **Shelter in place if in apartment.** Security and Fire Department will assist in evacuation if necessary.
- Place a wet towel in front of the door to block smoke.
- If you are in a public area, evacuate to a non-affected area.
- If you are in the elevator, remain in the elevator and ride it down to the ground floor, then evacuate to a safe area.

When and Why should you call Security?



- Medical Emergencies
- Fire Emergencies
- Criminal Activity
- Missing Residents
- Welfare Checks (you and others you're worried about)
- Jump Starts, Traffic and Parking Enforcement

HOMEWORK

1. Finalize the organization of your financial records, verifying that you have entered the location of each in your Life Ledger.
2. Set up an “In case of Emergency” (ICE) or Medical ID on your smartphone, smart watch, or Medic Alert Jewelry.
3. If you’re not a member of the Medical Center, fill out and submit a Care Path packet (you can pick up a hard copy at the Medical Center if you didn’t take one during class).
4. In preparation for next week, watch “Reassessing the value of care for chronic health conditions,” an interview of surgeon Atul Gawande that focuses on tracking illnesses over time to prevent further problems.
(<https://www.pbs.org/newshour/show/reassessing-value-care-chronic-health-conditions>; 6:35)



If you have time...

1. Read the articles on falling at <https://www.agingcare.com/articles/falls-in-elderly-people-133953.htm> and <https://dailycaring.com/why-do-seniors-fall-down/>. Do you need to push with your hands to stand up from a chair? If so, it’s a sign of weak leg muscles, a major reason for falling. Throw rugs and poor lighting are common reasons people fall.
2. Do a reconnaissance of your apartment and yourself to see what might cause you to fall:
 - a. Do you have enough lighting, including night lights that shine automatically when you turn other lights off?
 - b. Are cords and wires away from your walking paths?
 - c. Is your furniture arranged well to prevent falls?

Ask yourself if you’re:

- a. hydrating enough
- b. staying physically active,
- c. need new glasses or cataract surgery
- d. need your hearing tested
- e. wearing well-fitted non-skid shoes
- f. standing up or turning around too quickly
- g. limiting your use of alcohol

- h. using prescription medications with side effects that make you sleepy or dizzy
- i. using over-the-counter sleep meds
- j. smoking
- k. exercising regularly

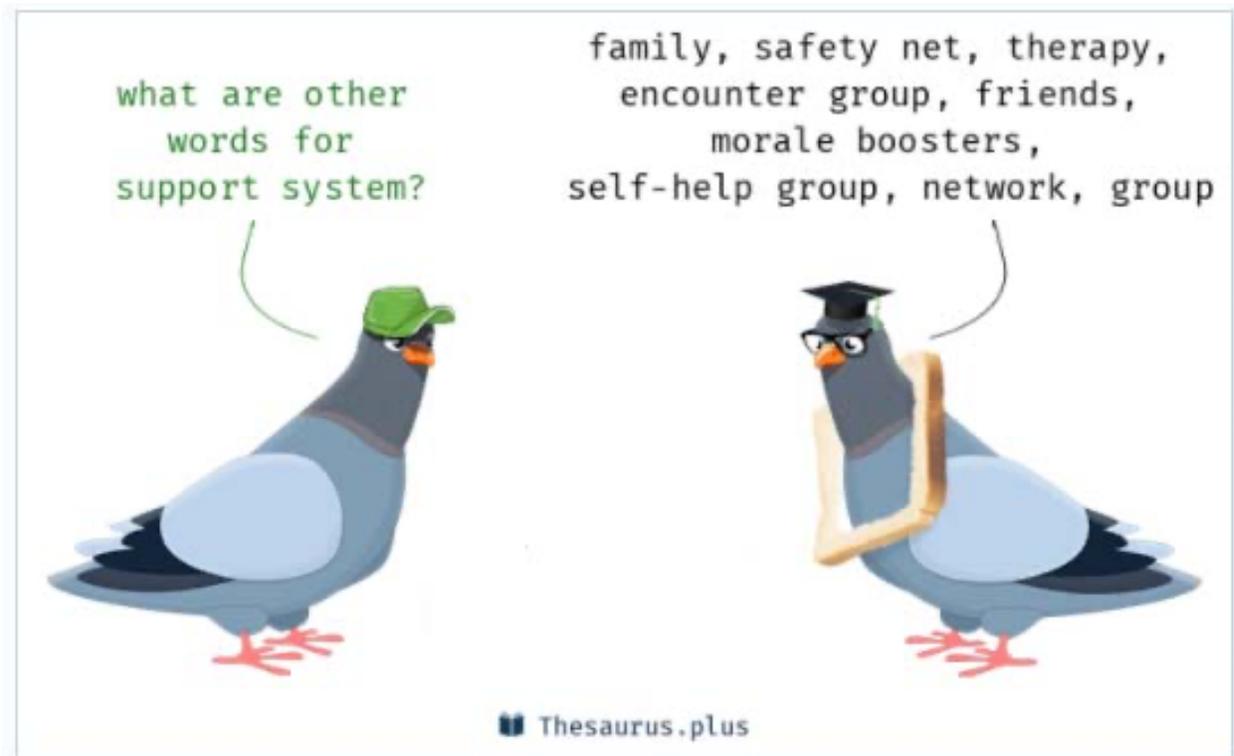
I have inventoried my apartment	Date	Corrections I have made
All rugs are secured		
Lighting is good		
Cords are tucked away		
Furniture is well placed		

I have inventoried myself	Date	Corrections I have made
I am hydrating well		
I'm staying active		
My eyeglass prescription is up to date and always I wear them when needed		
My hearing is being monitored and I use what I need		
I always wear proper shoes		
I don't overuse alcohol or drugs (including sleeping aids)		
I've checked my prescriptions for side effects		
I limit my use of alcohol		
I don't smoke		
I exercise regularly		

5. Proactively create an emergency bag in case you need to go to the hospital using the checklist in this session. If you use a cell phone, hearing aid, or anything else that is battery-operated, purchase an extra charger and keep it charged. Make a list of items you want to grab at the last minute.



CLASS 9: CONTINUUM OF CARE



OBJECTIVES OF CLASS 9

1. Class members will appreciate the different levels of health options offered by Riderwood and others as our needs change
2. Participants will understand the role of Care Path
3. Students will know about the role and value of Riderwood's Care Coordinator for them and their families

WHAT YOU WILL FIND IN THIS CHAPTER

[Riderwood's Coordinated Resources for Aging in Place](#)

[On-site Medical Center](#)

[Our Speakers on Riderwood's Continuum of Care](#)

Keith Ballenger, Home Care Administrator
Maureen Amuso, Home Support Manager
Yvette Ross, Acute Care Coordinator
Rachelle Deramos, Assistant Rehab Manager

[Introducing "Swifty Owens"](#)

[Knowing the Difference](#)

Certified Home Health vs. Home Support

[Outpatient Rehabilitation](#)

[Interview: Acute Care Coordination:](#)

Yvette Ross, Acute Care Coordinator/Hospital Liaison

[Further Resources](#)

[Homework](#)

RIDERWOOD'S COORDINATED RESOURCES FOR AGING IN PLACE

- Wellness Center, personal trainers, resident clubs, classes, activities, wordworking & craft rooms, performances, movies, TV, walking paths
- Onsite banking
- Salons (hair, nails, massage)
- USPS visits
- Basic cable
- Wi-fi
- Campus shuttle, shopping shuttle
- Access to Uber, Lyft
- Resident Services Coordinators/Social Workers
- Support Groups
- Pastoral Care
- Security EMTs 24/7
- Falls Intervention Team (FIT)
- CVS pharmacy on campus (PV lobby)
- Outpatient & inpatient rehab (Montgomery Square & Arbor Ridge)
- On-site Medical Center (PV Level T)
- On-site Dental & Vision Center (PV Level T)
- Transportation for off-site doctor visits (\$)
- Home Support Services in independent living: private aides (not paid by Medicare; may be paid by Long Term Care Insurance)
- Certified Home Health (Medicare covers 100%)
- Memory Care (Intermissions, Memory Café, Arbor Ridge skilled nursing)
- Acute Care Coordinator
- Resource Assurance
- Custom Interiors for apartment modifications
- Convenience stores
- Multiple dining rooms, fast food to fine din

ON-SITE MEDICAL CENTER

The on-site Medical Center is located on Level T of Village Square. Generally speaking, you have several options when it comes to your medical care.

1. Remain with your own doctor, but use the Medical Center for things like flu shots, lab work, same-day appointments if necessary (using your insurance). *OR*
2. Make Riderwood Medical Center your nexus of care using your insurance. There are full-time Riderwood physicians, nurse practitioners, visiting specialists, and mental health personnel. *OR*
3. If you belong to an HMO (Kaiser, Johns Hopkins, GWU), it *may* cover limited services from Riderwood health care providers such as rehab *if* your primary care provider authorizes it. Be sure to check with your HMO to be sure.

CARE PATH

So that Riderwood EMTs have a copy of your medications, wishes, and care, pick up a Care Path packet, fill it out, and hand it in at the Medical Center. No matter where you receive your medical treatment or what your insurance is, Riderwood's emergency personnel will be able to access it (HIPAA rules apply). There's no charge (unless you want to discuss it with a Riderwood doctor, in which case your insurance may or may not pay for it).



Riderwood
BY ERICKSON SENIOR LIVING™

Riderwood Medical Center

Terrace Level - Village Square Clubhouse
301-572-8340

_____ has been scheduled to see

on _____ at _____ for a

New Patient Visit to Establish Care
 New Care Path Visit

Please complete the attached questionnaire to the best of your ability and **return to the medical center at least one week prior to your appointment.**

YOUR **Riderwood** MEDICAL PROVIDERS



Lynne Diggs, M.D.

MEDICAL DIRECTOR

Dr. Diggs received her bachelor's degree from the University of Pennsylvania in Philadelphia, Pennsylvania, and her medical degree from the University of Maryland School of Medicine in Baltimore,

Maryland. She is board-certified in internal medicine. Dr. Diggs is a seven-time recipient of *Washingtonian* magazine's D.C. Top Doctors recognition. She joined Riderwood in August 2019.



Loveen Puthumana, M.D.

Dr. Puthumana received her medical degree and completed her residency at the Government Medical College in Thrissur, India. She completed a three-year residency at Union Memorial Hospital in Baltimore, Maryland. She is

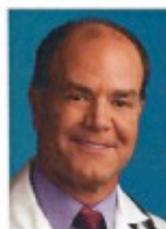
board-certified in internal medicine and has a fellowship in geriatrics. Dr. Puthumana joined Riderwood in November 2003.



Padmaja Bandi, M.D.

Dr. Bandi received her bachelor of medicine and bachelor of surgery (M.B.B.S.) from District Civil Hospital in Karnataka, India. She completed an internship in internal medicine at Wyckoff Heights Medical Center in

Brooklyn, New York, followed by an internal medicine residency at Lehigh Valley Hospital in Allentown, Pennsylvania. Dr. Bandi is board-certified in internal medicine and advanced cardiac life support. She joined Riderwood in May 2017.



Andrew Kundrat, M.D.

Dr. Kundrat received his bachelor's degree in chemistry from King's College in Wilkes-Barre, Pennsylvania, and his medical degree from Hahnemann Medical College and Hospital/Drexel University College of Medicine

in Philadelphia, Pennsylvania. He completed his internship at the Medical College of Virginia in Richmond, Virginia, and his residency at Eastern Virginia School of Medicine in Norfolk, Virginia. Dr. Kundrat is board-certified in internal medicine and geriatric medicine. He joined Riderwood in September 2008.



Mark Parkhurst, M.D.

Dr. Parkhurst received his bachelor's degree in zoology and his medical degree from the University of Maryland School of Medicine in Baltimore, Maryland. He completed his residency at Prince George's Hospital in Cheverly, Maryland.

Dr. Parkhurst is board-certified in internal medicine. He joined Riderwood in January 2007.



Rachelle Alexion, M.D.

Dr. Alexion received her bachelor's degree in biology and her medical degree from Johns Hopkins University School of Medicine in Baltimore, Maryland. She completed her residency in family practice at Franklin

Square Hospital in Baltimore, Maryland. Dr. Alexion is board-certified in family practice and joined Riderwood in September 2007.

(over)



Roberto Araujo, D.P.M.

Dr. Araujo received his bachelor's degree from the University of Maryland in College Park, Maryland, and his medical degree from Temple University School of Podiatric Medicine in Philadelphia, Pennsylvania.

He completed his residency in podiatric medicine at Kensington Hospital in Philadelphia, Pennsylvania. Dr. Araujo joined Riderwood in December 2005.



Julaine Beth Harding, C.R.N.P.

Ms. Harding received her bachelor's degree in nursing from Capital University in Columbus, Ohio. She received her master's degree in nursing from the University of Maryland in Baltimore,

Maryland. She is certified as both an adult nurse practitioner and a gerontological nurse practitioner. She joined Riderwood in March 2010.



Nicole R. Christenson, M.S., C.R.N.P.-F.

Ms. Christenson received her bachelor's degree in nursing from Michigan State University and her master's degree in family practice from the University of Maryland. She is a certified dementia

care specialist. Ms. Christenson joined the Riderwood team in May 2020.



Roberta Feldhausen, A.P.R.N.-M.H.

Ms. Feldhausen received one bachelor's degree in psychobiology from Hood College in Frederick, Maryland, and another in nursing from Johns Hopkins University in Baltimore,

Maryland. She graduated with a master's degree in adult and geriatric psychiatric nursing from the University of Maryland School of Nursing in Baltimore, Maryland. Ms. Feldhausen is certified in adult psychiatric mental health nursing. She joined Riderwood in October 2004.



Barbara Harrison, A.P.R.N.-M.H.

Ms. Harrison received her bachelor's degree in nursing from McMaster University in Hamilton, Ontario, Canada, and her master's degree in psychiatric and behavioral health nursing from the

University of Maryland in Baltimore, Maryland. She joined Riderwood in May 2006.



Erica Greenspan, L.C.S.W.-C, L.I.C.S.W.

Ms. Greenspan received her bachelor's degree in English language and literature from the University of Maryland, College Park, and her master's degree in social work with a concentration on

mental health from the University of Maryland School of Social Work in Baltimore, Maryland. She joined the Riderwood team in June 2020.





Specialty Care at Riderwood

As of August 2024

<u>Audiology</u>	Melissa Yunes, Au.D.	Wednesdays
703.748.3300		
<u>Cardiovascular</u>	James Lee, M.D.	Thursday
301.681.5700	Michael Lincoln, M.D. Kaitlin Baron, M.D.	
<u>Dermatology</u>	OnSite Dermatology	Mondays
877.345.5300	Celia Reznitsky, CRNP	
<u>Dental</u>	Steven S. Oh, D.M.D.	Monday - Thursday
301.986.9480	Hilary Chung, D.M.D.,L.L.C	
<u>Gastroenterology</u>	Rahul Gilorta, M.D.	2 nd Thursday
301.942.2105		
<u>Hematology & Oncology</u>	Ram S. Trehan, M.D.	Wednesdays
301.593.9035		
<u>Ophthalmology</u>	Thomas Yau, M.D	Monday and Tuesday
301.587.1220		
<u>Optician</u>	Albert A Amar, A.B.O.C	Mon, Tues, Thurs
240.643.1417		

OUR SPEAKERS ON RIDERWOOD'S CONTINUUM OF CARE

- **Keith Ballenger, Home Health Administrator**
Montgomery Station, Level T, 301-572-2510 (office), 301-351-2620 (cell)
Keith has a master's degree in Home Health Administration, and more than 30 years of experience in the industry. Since 2000, he has had oversight of Riderwood's Home Health Agency and Home Support Services.
- **Maureen Amuso, Manager, Riderwood Home Support**
Montgomery Station Level T, 301-572-8344
Maureen is a certified assisted living manager, with almost 30 years of experience in her field. She has been at Riderwood since 2016.
- **Rachelle Deramos, Assistant Rehab Manager**
Montgomery Station Level T, 310- 572-1300 ext. 606-2384
Rachelle has a master's degree in physical therapy, and has worked in Riderwood's outpatient rehab program for about 17 years.
- **Yvette Ross, Acute Care Coordinator**
301-512-8449
Yvette is a nurse with a wide variety of experiences. Since 2007, she has been Riderwood's professional who interacts with residents, their families, and hospital staff to facilitate a patient's transition from hospital to whatever level of care they need back at Riderwood.

Introducing “SWIFTY OWENS”

I’m Swifty Owens, a resident here at Riderwood since I turned 70.

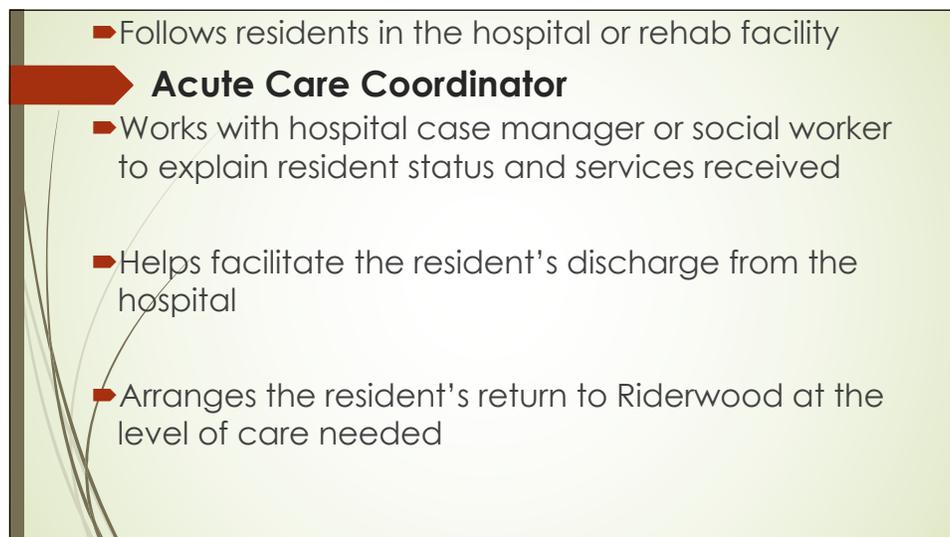
I was delighted with the convenience of picking up my prescriptions at the local CVS.

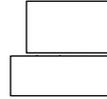
Although I kept my own doctor and insurance, I filled out my Care Path packet and dropped it off at the Medical Center because I wanted to be sure that Riderwood EMTs would be able to assist me in case of a medical emergency.

But eight years later I went to the hospital for a hip replacement and unfortunately suffered some complications from the surgery.

Riderwood’s Acute Care Coordinator helped me greatly during my hospital stay and getting me back to Arbor Ridge for inpatient rehab.

And here’s Yvette!





Resident's Responsibility

- ▶ *Inform me or Security in advance of a planned hospitalization*
- ▶ *Let me know that you are in the hospital with a sudden illness or injury*

▶ Yvette Ross
Acute Care Coordinator

Hospital's Responsibilities at Discharge

- ▶ Hospital patient representative is available to the patient and family to discuss any concerns about hospital stay
- ▶ Provide a safe discharge plan
- ▶ Assist with transportation if needed



Swifty: When I was able to leave Arbor Ridge following inpatient rehab, I wasn't yet able to take care of all my needs.

Bathing and getting dressed weren't easy!

I was puzzled about whether I needed home support or certified health care.

I turned to Keith Ballenger and Maureen Amuso for guidance.

The following material helped them explain the difference to me. And here they are!

KNOWING THE DIFFERENCE: Home Health Versus Home Support Services

	Visiting Nurse Services	Home Support Services
What is it?	A Medicare benefit covering short-term nursing, therapy, and home health aide care for eligible residents.	A desirable solution for residents who wish to live independently but are in need of in-home care.
When would I need it?	After surgery, hospitalization, a fall with injury, significant illness, an exacerbation of a chronic condition, or doctor-ordered wound care.	Anytime you need help maintaining your independence!
Does Medicare pay for these services?	YES	NO
Does long-term care insurance pay for these services?	NO	Possibly. Talk to your long-term care representative.
Do I need to have a skilled need to qualify?	YES	NO
Are escort services available?	NO	YES
Does the care have to be ordered by a physician?	YES	NO
Is medication management available?	YES	YES
Are personal care services available? (i.e. bathing assistance)	YES	YES
Are meal preparation and light housework available?	NO	YES
Are medication reminders available?	NO	YES
How long are visits?	Visits are usually under an hour to perform the skill.	We offer up to 24-hour care in increments.
How long does my care last?	Care is covered as long as the services remain medically necessary and you maintain eligibility requirements.	As long as you need.
Can I get outpatient therapy services at the same time?	No, this would be "duplication of services." Therapy services under home health are covered at 100% when you have a skilled need and maintain eligible criteria.	YES
How do I learn more?	Call 301-572-8375 for more information.	Call 301-572-8344 for more information.

Riderwood Home Health is Medicare Certified and licensed in the State of Maryland. Admission to Riderwood Home Health is not based upon age; race; religious creed; ancestry; color; national origin; personal, cultural, or ethnic preference; disabilities; sexual orientation; veteran status; or any other category protected by law. Riderwood, Inc., is an equal opportunity employer.



HOME HEALTH
HOME SUPPORT SERVICES

13073042-RWV

HOME SUPPORT SERVICES AND FEES

PARK VIEW LEVEL T



HOME SUPPORT SERVICES
at Riderwood

Support to live the lifestyle you want.




Home Support AT RIDERWOOD

Riderwood® home support services are a desirable solution for individuals who wish to live independently but are in need of in-home support. Services are individualized to each person's specific needs with the goal of remaining independent. The home support team coordinates and communicates between residents, the care team, and families.

All home support staff have a complete background check, criminal investigation, and drug screening. Plus, the services provided by home support are bonded. The mission of Riderwood home support is to provide the highest-quality compassionate care for residents and families, and it's conveniently located on-site at Riderwood.

AIDE SERVICES (PER HOUR)	2024
Greater than or equal to 4 hours (per hour)	\$34.00
Per hour (two-hour minimum)	\$44.00
Per hour—Premium time (two-hour minimum)	\$47.00
Couple visit—Add'l charge for second person (per hour)	\$10.00
Medication reminder (per visit)	\$30.00
SPECIALIZED SERVICES	
Assessment	\$150.00
Nurse visit (per visit)	\$128.00
Nurse service (per hour)	\$128.00

Holiday rates are 1.5 times the regular rate for the following: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Call **301-572-8344** for more information or to schedule a free consultation and discover how Riderwood home support services can help you enjoy a more independent life.



Riderwood's Home Support, a private-pay service, is licensed as a Residential Service Agency by the Maryland Department of Health and Mental Hygiene, Office of Health Care Quality. Riderwood Home Support will not condition the provision of care or otherwise discriminate based upon age; race; religious creed; ancestry; color; national origin; personal, cultural, or ethnic preference; disabilities; sexual orientation; veteran status; or any other category protected by law. Riderwood, Inc., is an equal opportunity employer. License No. RT140





Welcome to Riderwood Home Support Services

Home support serves as a critical link within Riderwood's continuum of health care. It allows you to pick and choose from a menu of in-home support services to create your own personalized plan.

At Riderwood, the home support team coordinates and communicates between you and your care team.

Should you need these services, it's nice to know you don't have to go far. Riderwood home support provides them all—and more.

What Home Support Offers

Provide companionship and general household help, including:

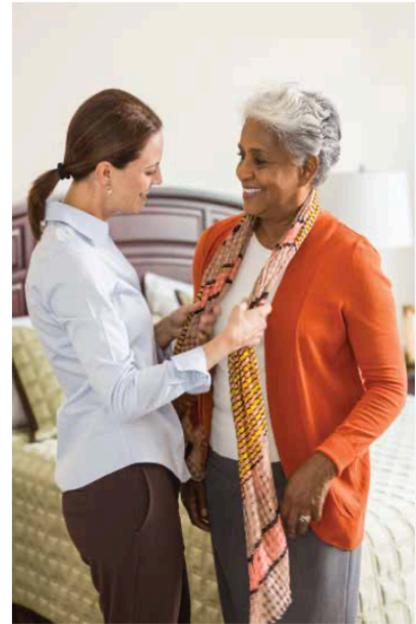
- Laundry/ironing
- Light housekeeping chores/organizing closets
- Menu planning/shopping
- Playing cards and other games/crafting and correspondence help
- Packing/unpacking
- Walking around campus
- Wheelchair escorts to:
 - Doctor
 - Beauty shop/barber
 - Dining
 - Therapy
 - Banking
 - Classes/plays/concerts

Assist with personal daily living activities, ranging from one-hour increments to 24-hour in-home care, including:

- Bathing
- Dressing
- Meal preparation
- Medication reminders
- Respite care
- Accompaniment to off-campus shopping, appointments, and airports

Provide in-home nursing care, including:

- Medication management
- Comprehensive health assessments
- Safety monitoring
- Development of customized care plan



Swiftly: I recovered sufficiently not to need health care at home, but I still had trouble walking with my new hip. I went over to Montgomery Station and consulted with Rachelle about out-patient therapy.

Outpatient Rehabilitation

<h3>Outpatient Rehabilitation AT RIDERWOOD</h3>		
 <p>Coordinated care is the key!</p> <p>When you choose Riderwood for your outpatient rehabilitation, you'll have an entire team of on-site professionals working together to restore you to maximum health and mobility.</p> <p>Our therapists partner with the on-site medical center and fitness center professionals to create a holistic plan for your recovery. Best of all, once you complete your outpatient rehabilitation, you'll be equipped with techniques and recommended fitness routines to help you stay stronger, more independent, and able to do the things you love.</p>	<p>What makes Riderwood outpatient therapy stand out from the rest?</p> <p>Convenience Outpatient rehabilitation services are available right on the Riderwood campus. You can get the therapy you need right here on-site.</p> <p>Community Our therapists are employees of Riderwood. They share our values and our care for the residents they serve. Your therapist will get to know you as a person, not a patient, to ensure you receive the best possible support and outcomes.</p> <p>Commitment Riderwood therapists work exclusively with older adults in an outpatient rehabilitation gym equipped with state-of-the-art tools designed especially for older adults. They are dedicated to meeting the rehabilitation needs of residents like you!</p>	<p>Turn to us for a range of conditions, including:</p> <ul style="list-style-type: none"> Osteoporosis Balance/fall prevention Vestibular Movement disorders (Parkinson's disease and others) Aquatic therapy Contenance training Low vision Memory therapy Home safety assessment Pain management Increased range of motion Increased mobility
	<p>Ready to learn more?</p> <p>For more information or to schedule an appointment, call 301-572-8372. It will be our pleasure and privilege to support your outpatient rehabilitation needs!</p>	

Swifty: As I entered my 80s, I needed a rollator to walk safely. I got one fitted to my size at Outpatient Rehab. At one point I employed an aide through Home Support for three hours a day. As my health further deteriorated, my new doctor here prescribed physical and occupational therapy provided in my apartment; this service was arranged through Certified Home Health and covered by Medicare.

I'll be returning to your last session on December 10 to tell you what's happened to me recently, as I'm turning 90.



An Interview with Yvette Ross Riderwood's Acute Care Coordinator

“My role as ACC (acute care coordinator) is to follow our residents who are in the hospital or another rehab facility **no matter what their insurance is**. I reach out to the Hospital Case Manager, Social Worker, or the Kaiser Case Manager to make sure they know that this resident is from Riderwood and at what level (such as Independent Living or Assisted Living), and if there are any concerns. I discuss what services they already have in place, if I am aware of this. I give them my contact information and explain my role. I help to facilitate the resident's discharge from the hospital along with hospital staff, family, and the resident for their return to Riderwood at the level of care they need at time of discharge.

“The bottom line is the hospital is responsible for a safe discharge plan from hospital; they will assess needs and assist with transportation, if needed, from hospital back to Riderwood. Each hospital has a patient representative to whom the resident or family can reach out to inquire about any concerns that they have with the hospital. I am a Riderwood employee and have limited access as to what I can and cannot do, especially with White Oak Medical Center.

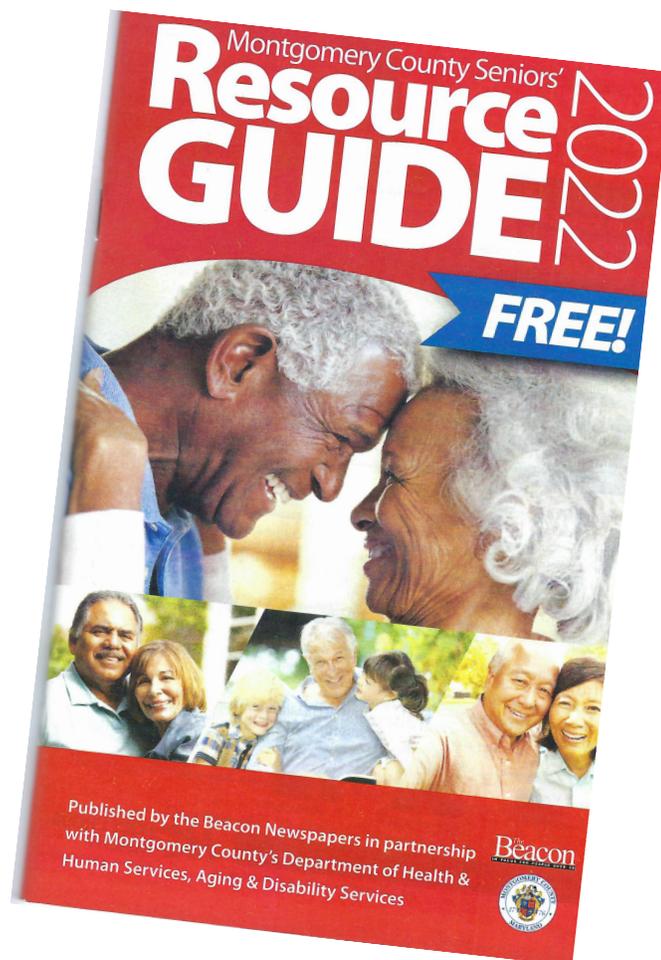
“I am not an expert in HMOs. Residents should have an understanding how **their** insurance works in reference to hospitalizations. Kaiser has case managers who cover the various hospitals and will help residents navigate within the hospital. Kaiser does not use Riderwood Certified Home Health. On occasion we have been able to get approval for rehab at Arbor Ridge; however, Kaiser prefers to use its network rehab facilities and Arbor Ridge is not in network.

“One of the main issues I have is residents not letting us know that they are in the hospital and also when they can be proactive with planned hospitalization to decrease crisis discharge planning, if possible.”

FURTHER RESOURCES

Alternatives to Riderwood's Home Support aides:

- See your Resident Services Coordinator/Social Worker for referrals to outside service providers, especially if you want an aide who will transport you to the store or your hairdresser. **Riderwood's Home Support aides do not offer transportation services** and their charge is more expensive than outside aides, but they must be certified; and they are trained and vetted by Erickson. They may also have a better ability to coordinate with Riderwood professionals. Many Long-Term Care insurance plans require aides to be certified, so check for certification before hiring any aide.
- Montgomery County Seniors' Resource Guide lists numerous caregiving options—pick up a copy in every clubhouse lobby or access it at www.TheBeaconNewspapers.com.



HOMEWORK



1. Fill out “Section VI: My Final Wishes” (pages 39-40 of your Life Ledger).

Review your Life Ledger and fill in any missing items	Date of Update or Completion	Comments to Self
Passwords		
Section IV, Part A		
Section IV, Part B		
Section IV, Part C		
Section V: “Health Info”		
Previous sections		

2. If you’re not a patient at the Medical Center and you haven’t already done so, fill out the packet to register with Care Path by picking up a packet, filling it out, and dropping it off at the Medical Center (Village Square T level). (If you missed this session, you can pick up a packet at the Medical Center.) It’s free to drop it off—it will be scanned and available for EMTs to access in case of emergency. HIPAA rules apply. You may meet with a doctor to discuss the information in the packet if you desire, but if you receive your care elsewhere your insurance may not cover it.
3. In preparation for next week’s discussion, read “Top Ten Myths and Facts About Health Care Advance Directives” and “If There Is No Advance Directive or Guardian, Who Makes Medical Treatment Choices?” (pp. ___ - ___ of your binder).

If You Have Time....

Watch the video of the adaptations made by Custom Interiors for Dick and Nancy Pawliger’s apartment, and services which are available for you if you need to adapt your own apartment (<https://vimeo.com/350186330> , 25 minutes)



Class 10: Planning a Graceful Exit



OBJECTIVES OF CLASS 10

1. Students will be able to identify, discuss, and complete the essential documents needed to plan a graceful exit.
2. Class members will glean through a wrenching video why specific legal documents regarding end-of-life decisions are necessary for your Peace of Mind and that of your family.
3. Attendees will understand the differences between Advance Directives and the Maryland Medical Orders for Life Sustaining Treatment (MOLST).
4. Students will know why completing the Life Ledger as an organizational tool and sharing it with loved ones and/or representatives will bring Peace of Mind and will therefore endeavor to complete all but the optional sections.

WHAT YOU WILL FIND IN THIS CHAPTER

Overview of Forms: What Decisions Will Allow You to Plan a Graceful Exit?

1. Maryland Financial Power of Attorney [see Class 3 & Appendix II under Tab 14]
2. Maryland Medical Advance Directive [see Class 3 & Appendix II under Tab 14]
3. [Resources for Understanding Health Care Choices](#)
4. [MOLST](#) (also see comparison of MOLST vs. Advance Directives)
5. [Authorization to access your Medicare records](#)
6. [Advance directives in case of dementia](#)

Article: [“Top Ten Myths and Facts on Advance Directives”](#) by American Society on Aging (includes [“If there’s no Advance Directive, who makes the choice?”](#))

Article: [“Legal and Financial Planning for People Living with Dementia”](#) by National Institute on Aging

[Have you considered planning for your digital records?](#)

Speaker: Medical and legal professional guest speakers on Advance Directives vs. MOLST forms

[Homework](#)

1. Resources for Understanding Health Care Choices:

- 5-minute video by American College of Trust and Estate Counsel fellows Daniel Fish and Tara Pleat explaining differences between purposes of Health Care Proxy, Advance Directives, and MOLSTs: <https://www.actec.org/estate-planning/advance-medical-directives/>
- “Advanced Directives” booklet published by New York Attorney General answers many questions relating to the different terms and choices for care available to you, giving specific questions for you to consider (<https://ag.ny.gov/sites/default/files/advancedirectives.pdf>) . A similar (but far less user-friendly) booklet “How Do I Plan for My Health Care?” published by



Advance Care Plan vs. Maryland MOLST

Advance care planning is valuable for everyone, and ensures that individuals, regardless of age or current health status, receive medical care that is consistent with their preferences and values. Advance care planning gives individuals the opportunity to reflect on, and express, their health care preferences in advance of a health care emergency. It can be confusing to know which document to use to record health care preferences. Voice Your Choice has provided the following information to help better understand the difference between an advance care plan and a Maryland MOLST:

Advance Care Plan (living will, advance directive, etc.): is a legal document that provides general information about what types of treatments an individual would want if they cannot speak for themselves during a medical emergency or due to a serious illness. This is also where a health care agent (the person who makes decisions when a person cannot speak for themselves) is documented. All adults should have an advance care plan.

MOLST: MOLST is a medical order for specific health care treatments an individual would want during a medical emergency. MOLST forms are appropriate for individuals with a serious illness or advanced frailty near the end-of-life.

	Advance Care Plan	Maryland MOLST
Who needs one	All adults 18+	Individuals at risk for a life-threatening event due to a serious medical condition-this can include dementia or advanced frailty. MOLST is also required for any patient admitted to a nursing home, assisted living facility, hospice, kidney dialysis center, some hospitalized patients and those receiving home health services
What is communicated	General wishes	Specific medical orders regarding cardiopulmonary resuscitation (CPR) and other life support treatments, like artificial nutrition and dialysis
Type of document	Legal document	Medical orders that must be followed in all settings
Appoints a health care agent(s)	Yes	No
Who fills it out	Individuals	Health care providers (doctors, nurse practitioners, physician assistants)
Health agent can change or void	No	Yes
Emergency personnel/EMS must follow	No	Yes
Accessibility	Individual keeps a paper plan; online plans created through VYC can be accessed through CRISP	Individual gets a copy and a copy is put into their medical chart. A physical copy travels with patients at discharge or in a transfer between care facilities (such as a nursing home)

Advance care plans and MOLST are compatible. A MOLST does not replace an advance care plan. All adults should have an advance care plan, but individuals with a serious illness or frailty should consider a MOLST. Voice Your Choice can help individuals complete their advance care plan in order to prepare for a MOLST discussion with their health care provider.

This information is based on materials gathered from the [National POLST](#)

VoiceYourChoice.org

Maryland is posted at

<https://marylandmolst.org/docs/How%20Do%20I%20Plan%20for%20My%20Health%20Care%20August%202013.pdf> See the difference between Advance Directives and MOLST (called a POLST in other states) at <https://polst.org/advance-directives/>.

Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

Patient's Last Name, First, Middle Initial	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<p>This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician, nurse practitioner (NP), or physician assistant (PA) must accurately and legibly complete the form and then sign and date it. The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.</p>		
<p>CERTIFICATION FOR THE BASIS OF THESE ORDERS: Mark any and all that apply.</p> <p>I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:</p> <p>_____ the patient; or</p> <p>_____ the patient's health care agent as named in the patient's advance directive; or</p> <p>_____ the patient's guardian of the person as per the authority granted by a court order; or</p> <p>_____ the patient's surrogate as per the authority granted by the Health Care Decisions Act; or</p> <p>_____ if the patient is a minor, the patient's legal guardian or another legally authorized adult.</p> <p>Or, I hereby certify that these orders are based on:</p> <p>_____ instructions in the patient's advance directive; or</p> <p>_____ other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.</p> <p>_____ Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary. If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.</p>		
<p>CPR (RESUSCITATION) STATUS: EMS providers must follow the <i>Maryland Medical Protocols for EMS Providers</i>.</p> <p>_____ Attempt CPR: If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.</p> <p>[If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]</p>		
<p>1 No CPR, Option A, Comprehensive Efforts to Prevent Arrest: Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.</p> <p>_____ Option A-1, Intubate: Comprehensive efforts may include intubation and artificial ventilation.</p> <p>_____ Option A-2, Do Not Intubate (DNI): Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.</p>		
<p>_____ No CPR, Option B, Palliative and Supportive Care: Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.</p>		
<p>SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)</p>		
Practitioner's Signature	Print Practitioner's Name	
Maryland License #	Phone Number	Date

Patient's Last Name, First, Middle Initial		Date of Birth	Page 2 of 2
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest. Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.			
2	ARTIFICIAL VENTILATION		
	2a. _____ May use intubation and artificial ventilation indefinitely, if medically indicated.		
	2b. _____ May use intubation and artificial ventilation as a limited therapeutic trial. Time limit _____		
	2c. _____ May use only CPAP or BiPAP for artificial ventilation, as medically indicated. Time limit _____		
	2d. _____ Do not use any artificial ventilation (no intubation, CPAP or BiPAP).		
3	BLOOD TRANSFUSION		
	3a. _____ May give any blood product (whole blood, packed red blood cells, plasma or platelets) that is medically indicated.	3b. _____ Do not give any blood products.	
4	HOSPITAL TRANSFER		
	4a. _____ Transfer to hospital for any situation requiring hospital-level care.	4b. _____ Transfer to hospital for severe pain or severe symptoms that cannot be controlled otherwise.	
		4c. _____ Do not transfer to hospital, but treat with options available outside the hospital.	
5	MEDICAL WORKUP		
	5a. _____ May perform any medical tests indicated to diagnose and/or treat a medical condition.	5b. _____ Only perform limited medical tests necessary for symptomatic treatment or comfort.	
		5c. _____ Do not perform any medical tests for diagnosis or treatment.	
6	ANTIBIOTICS		
	6a. _____ May use antibiotics (oral, intravenous or intramuscular) as medically indicated.	6c. _____ May use oral antibiotics only when indicated for symptom relief or comfort.	
	6b. _____ May use oral antibiotics when medically indicated, but do not give intravenous or intramuscular antibiotics.	6d. _____ Do not treat with antibiotics.	
7	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION		
	7a. _____ May give artificially administered fluids and nutrition, even indefinitely, if medically indicated.	7c. _____ May give fluids for artificial hydration as a therapeutic trial, but do not give artificially administered nutrition. Time limit _____	
	7b. _____ May give artificially administered fluids and nutrition, if medically indicated, as a trial. Time limit _____	7d. _____ Do not provide artificially administered fluids or nutrition.	
8	DIALYSIS		
	8a. _____ May give chronic dialysis for end-stage kidney disease if medically indicated.	8b. _____ May give dialysis for a limited period. Time limit _____	
		8c. _____ Do not provide acute or chronic dialysis.	
9	OTHER ORDERS		

SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)			
Practitioner's Signature		Print Practitioner's Name	
Maryland License #		Phone Number	Date

2. **Authorization to access your Medicare records**¹: Fill out the form at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10106.pdf> **OR** create an account at <https://www.Medicare.gov> and authorize access to someone you trust.

The screenshot shows the Medicare.gov website's account creation process. The browser address bar shows 'medicare.gov/account/create-account/'. The page title is 'Create an account' and it is 'STEP 1 OF 3: Your Medicare information'. A note states 'All fields required.' The form includes a 'MEDICARE NUMBER' field with a link 'Where can I find my Medicare Number?'. Below that is a 'PART A COVERAGE START DATE' section with a link 'Where can I find my Part A start date?' and the instruction 'Use the format MM/DD/YYYY'. The date is entered in three boxes: 'Month', 'Day', and 'Year', separated by slashes. At the bottom, there is a 'Don't have Part A?' section with a link 'Switch to Part B' and two buttons: 'Cancel' and 'Next'.

¹ If you set up an account, you can view your Medicare claims as soon as they're processed, see a calendar of current and upcoming preventive services, keep track of your prescription drugs all in one place and view and print your Medicare card. Your own online Medicare account will also let you designate another person to review your Medicare information by filling in an online form, without the hassle of sending for the form, filling it out and mailing it. That is a good step to take if you think you may become incapacitated in the future. Arrange for access by your Medical Proxy and your Executor.

An official website of the United States government [Here's how you know](#)

Medicare.gov

Basics ▾ Health & Drug Plans ▾ Providers & Services ▾

Sharon Messages Chat Log out

My representatives

You can authorize someone you trust to talk to us about your Medicare, if you aren't able to yourself.

[Add/Change Representatives](#)

This list shows both current and past people you authorized to talk to us about your Medicare. It doesn't show any people you (or your legal representative) said may not have access to your personal health information. If you need help with adding or editing people you authorize, you can [chat with us](#) or call us at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

No records were found.

About Medicare | Medicare Glossary

Nondiscrimination/Accessibility | Privacy Policy | Privacy Setting | Linking Policy | Using this Site | Plain Writing

Medicare.gov

A federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services.

3. **Advance directives in case of dementia:** Terry Dowd, a resident of Riderwood, is a lawyer who wrote two directives that Riderwood will honor: “My End-of-Life Care if Dementia Robs Me of Decision-Making” (see Appendix II: Forms or download from the links given below).
 - “Directions to my health care agent about ending my life in the event that I cannot make decisions”: <https://riderwoodlife.com/wp-content/uploads/2021/08/Dementia-provision-life-ending-Dowd.pdf>
 - “Directions to my health care agent about decisions for my care if I cannot make decisions and my condition is unlikely to change”: <https://riderwoodlife.com/wp-content/uploads/2021/08/Dementia-Directive-for-care-Dowd.pdf>

Top Ten Myths and Facts About Health Care Advance Directives

by Charles P. Sabatino

Last refreshed in 2011, this resource from our Director was in need of an update. You'll find below a current version of this informative article.

Terms to Know

- **Advance Care Planning** – A process for setting goals and plans with respect to medical care and treatments. It requires conversations between the individual and his or her family, key health care providers, and anyone else who may be involved in decision-making. It can begin at any point in a person's life, regardless of his or her current health state and, ideally, is documented in an advance directive or recorded in your medical record, revisited periodically, and becomes more specific as your health status changes.
- **Health Care Advance Directive** – The general term for any document in which you provide instructions about your health care wishes or appoint someone to make medical treatment decisions for you when you are no longer able to make them for yourself. Living wills and durable powers of attorney for health care are both types of health care advance directives.

in which you state your wishes about care and treatment you want or don't want if you are no longer able to speak for yourself. Normally, living wills address one's preferences about end-of-life medical treatments, but they can also communicate your wishes, values, or goals about any other aspect of your care and treatment.

- **Durable Power of Attorney for Health Care (or Health Care Proxy)** – A type of advance



directive in which you appoint someone else to make all medical treatment decisions for you if you cannot make them for yourself. The person you name is called your agent, proxy, representative, or surrogate. You can also include instructions or guidelines for decision-making.

- **POLST/MOLST/POST** – “Physician Orders for Life-Sustaining Treatment” (also referred to by other terms, such as “Medical Orders for Life-Sustaining Treatment” or “Provider Orders for Scope of Treatment”). A set of medical orders in standardized format that addresses key critical care decisions consistent with the patient's goals of care and results from a clinical process, designed to facilitate shared, informed medical decision making and communication between health care professionals and patients with advanced, progressive illness or frailty.

Myth 1**You must have a living will to stop treatment near the end of life.**

False. Treatment that is no longer helping can be stopped without a living will. Physicians will generally consult with your health care agent or close family when you cannot speak for yourself. The goal is to make the decision you would make if you had the capacity to speak for yourself. However, having an advance directive can make the right decision easier and help avoid family disputes.

- The durable power of attorney for health care is the more useful and versatile advance directive, because it applies to all health care decisions and empowers the person you name to make decisions for you in the way you want them made.
- Two-thirds of all adults have no living will or other advance directive.

Myth 2**You have to use your state's statutory form for your advance directive to be valid.**

False. Most states do not require a particular form, but they do have witnessing requirements or other special signing formalities that should be followed.

- Even if your state requires a specific form, doctors have a legal obligation to respect your clearly communicated treatment wishes in any manner or form expressed, as long as the wishes are medically appropriate.
- Most official state forms are either worded too generally or include multiple choice options that may not adequately address the complex clinical circumstances you face in the future.
- The critical task in advance care planning is to clarify your values, goals, and wishes that you want others to follow if they must make decisions for you, rather than trying to address every possible medical treatment. Workbooks such as The Tool Kit for Health Care Advance Planning can help you: www.ambar.org/agingtoolkit.

Myth 3**Advance directives are legally binding, so doctors have to follow them.**

False. Advance directives are legally recognized documents and doctors must respect your known wishes, but doctors can always refuse to comply with your wishes if they have an objection of conscience or consider your wishes medically inappropriate. Then, they have an obligation to help transfer you to another health care provider who will comply.

- Advance directive laws give doctors and others immunity if they follow your valid advance directive. This is the "carrot" the law provides to them.
- The only reliable strategy is to discuss your values and wishes with your health care providers ahead of time, to make sure they are clear about what you want, are willing to support your wishes, and they document your wishes.

Myth 4	An advance directive means “Do not treat.”
	<p>False. No one should ever presume it simply means “Do not treat.” An advance directive can express both what you want and what you don’t want.</p> <ul style="list-style-type: none"> • Even if you do not want further curative treatment, you should always be given “palliative care” which is care and treatment to keep you pain free and comfortable by addressing your medical, emotional, social, and spiritual needs.
Myth 5	If I name a health care proxy, I give up the right to make my own decisions.
	<p>False. Naming a health care agent proxy does not take away any of your authority. You always have the right, while you are still competent, to override the decision of your proxy or revoke the directive.</p> <ul style="list-style-type: none"> • If you do not name a proxy or agent, the likelihood of needing a court-appointed guardian grows greater, especially if there is disagreement regarding your treatment among your family or between family and doctors. • Choosing a health care proxy is the most important decision you will make. It should be someone who knows you very well, with whom you have discussed your values, goals, and preferences, and who is capable of handling the decision-making responsibility as your spokesperson and advocate.
Myth 6	I should wait until I am sure about what I want before signing an advance directive.
	<p>False. Most of us have some uncertainty or ambivalence about what we would want, and our goals of care change over time. A young adult may not be ready to contemplate end of life but that individual can think about and appoint a health care agent in case of serious accident or illness.</p> <ul style="list-style-type: none"> • As one matures and faces new health conditions and family experiences, values, goals and priorities change and need to be communicated to your agent and family, and they may lead to a decision to name a new agent. • When one enters a stage of advanced illness, goals of care change again and as end of life approaches, greater specificity about what one wants or doesn’t want becomes a greater focus of advance planning.
Myth 7	Just talking to my doctor and family about what I want is not legally effective.
	<p>False. Meaningful discussion with your doctor and family is actually the most important step.</p> <ul style="list-style-type: none"> • The question of what is “legally effective” is misleading, because even a legally effective document does not automatically carry out your wishes. • The best strategy is to combine talking and documenting. Use a good health decisions workbook or guide to help you clarify your wishes; talk with your physician, health care agent, and family about your wishes; put those wishes in writing in an advance directive; and make sure everyone has a copy.

Myth 8 **Once I give my doctor a signed copy of my directive, my task is done!**

False. You have just started.

- First, make sure your doctor understands and supports your wishes, and you understand your health state, likely futures, and options.
- Second, there is no guarantee that your directive will follow you in your medical record, especially if you are transferred from one facility to another. You or your proxy should always double-check to be sure your providers are aware of your directive and have a copy.
- Advance planning is an ongoing, evolving process. Review your wishes whenever any of the Five D's occur: (1) you reach a new **decade** in age; (2) you experience the **death** of a loved one; (3) you **divorce**; (4) you are given a **diagnosis** of a significant medical condition; (5) you suffer a **decline** in your medical condition or functioning.

Myth 9 **If I am living at home and my advance directive says I don't want to be resuscitated, EMS will not resuscitate me if I go into cardiac arrest.**

Usually False. Your advance directive will usually not help in this situation. If someone dials 911, EMS must attempt to resuscitate you and transport you to a hospital, **UNLESS** you have an out-of-hospital Do-Not-Resuscitate (DNR) Order.

- A majority of states have now incorporated instructions about whether or not to attempt resuscitation in a special set of portable medical orders called POLST, MOLST, or similar name. See the definition at the beginning.
- In states with POLST programs, health care providers should initiate discussions of goals of care and care options with patients facing advanced, progressive illness or frailty.
 - They should then offer to translate those wishes into a set of medical orders (i.e., POLST) addressing key critical care decisions the patient is most likely to face, such as resuscitation, hospitalization, and artificial nutrition and hydration.
 - Your health care providers are then obligated to make sure these portable orders travel with you across care setting and are regularly reviewed to ensure they conform to your wishes.

Myth 10 **Advance directives are only for old people.**

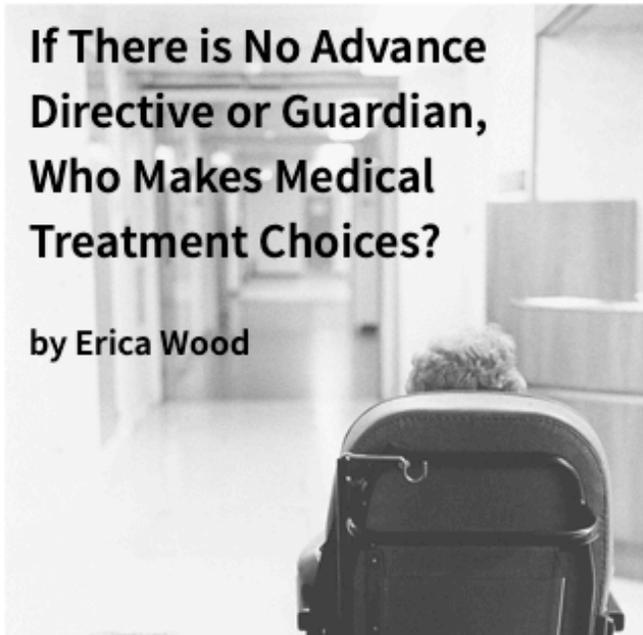
False. It is true that more older, rather than younger, people use advance directives, but every adult needs one.

- Younger adults actually have more at stake, because, if stricken by serious disease or accident, medical technology may keep them alive in a vegetative state for decades. Young adults should at least appoint a proxy decision-maker.

Charles P. Sabatino is the Director of the ABA Commission on Law and Aging in Washington, DC. ■

If There is No Advance Directive or Guardian, Who Makes Medical Treatment Choices?

by Erica Wood



You are a physician in a busy urban hospital when a 95-year-old man arrives in the emergency room, non-responsive, after collapsing at home. You need to make a decision about his code status. While no medical records have accompanied him, soon his two daughters arrive. You determine from talking with them that there is no guardian and no advance directive—and also that one daughter favors a do not resuscitate order and the other daughter opposes it.

Rising Role of Surrogates in Medical Decisions

Scenarios like this are increasing in frequency. Converging demographic trends increasingly make the question of who decides if the patient cannot central to medical practice. The boomers are aging; the “old old” population is swelling; the number of Americans with Alzheimer’s disease is markedly escalating; the number of people with intellectual disabilities living into old age is rising; and a significant number of individuals each year suffer a traumatic brain injury. A recent landmark study by the Institute of Medicine found that:

Most people nearing the end of life are not physically, mentally, or cognitively able to make their own decisions about care. Approximately 40 percent of adult medical inpatients, 44-69 percent of nursing home residents, and 70 percent of older adults facing treatment decisions

are incapable of making those decisions themselves.¹

Moreover, increasingly older patients in need of decisions about end of life care will be seen by physicians who do not know them. Hospital medicine is an emergent medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients. Hospitalists are on the front line every day. They work under pressure—sometimes with incomplete records or delayed records, and little or no knowledge of a patient’s background. They frequently encounter incapacitated patients with no advance directive or guardian, sometimes with discord among relatives or no apparent relatives, and must determine quickly how a decision is to be made. Hospitalists have no pre-existing relationship with the patient or family—thus increasing the challenge of identifying a surrogate who knows about the patient’s wishes.

In situations in which the patient is not able to give informed consent for treatment, and there is no guardian and no advance directive, some 44 states² have “default surrogate consent laws”—formerly commonly known as “family consent laws.” These laws generally provide a hierarchy of authorized family decision-makers who in descending order starting with the spouse can make medical treatment decisions on someone’s behalf. Over 20 of these statutes now specify that a “close friend” familiar with the person’s values can make the decision if none of the listed family members exist or are available—and approximately 11 states have developed a mechanism for “unbefriended” patients, usually involving choices by designated physicians often in conjunction with other physicians or ethics committees.

¹ Institute of Medicine, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, Washington DC, The National Academies Press, 2014.

² American Bar Association Commission on Law and Aging, http://www.americanbar.org/content/dam/aba/migrated/aging/PublicDocuments/famecon_2009_authcheckdam.pdf.

Because less than 30% of Americans have an advance directive in place,³ these *surrogate consent laws cover the vast majority of decisions for patients unable to give informed consent*. Indeed, “default surrogates are the most numerous type of surrogate. Therefore, the sequence and manner in which they are designated . . . has great significance.”⁴ Yet there has been no research on their use and implementation. For example, it would be important to know how often the need for surrogate decision-making in the medical context occurs; whether physicians look to the state law in determining who is to make choices; and whether hospitals have policies aligned with the surrogate laws.

ABA Commission Focus Group

Because questions about surrogate decisions are so grave and the existing knowledge so scant, in the Spring of 2015, the ABA Commission on Law and Aging conducted a focus group of physicians at the March meeting of the Society of Hospital Medicine. The group included 22 hospitalists from 13 states, with a medical experience range of from five to 32 years. While small and not conclusive for research purposes, the focus group began to shed light on how the laws are perceived and used on the ground in hospital settings (although other clinicians may have different perspectives).

We asked the physicians how frequently they face situations in which there is no guardian and no advance directive, and there is a need for a decision by family members. They reported a range of frequency from “four or five times a year” to “several times a week.” Of those who gave specific numbers, the average was 40 times in the past year. For cases in which there was no family, but a close friend, the average was 28 times per year. For cases in which surrogates are in conflict over treatment, the average was 21 times in the past year. For “unbefriended” cases, the average was 12 times in the past year.

³ Pew Research Center for the People and the Press, “Strong Public Support for Right to Die: More Americans Discussing and Planning End-of-Life Treatment,” 2006, <http://www.people-press.org/2006/01/05/strong-public-support-for-right-to-die> (accessed April 2014); AARP, “AARP Bulletin Poll: Getting Ready to Go,” Jan 2008, http://assets.aarp.org/rgcenter/il/getting_ready.pdf.

⁴ Thaddeus Mason Pope, “Legal Fundamentals of Surrogate Decision-Making,” CHEST Journal, Medical Ethics, American College of Chest Physicians, April 2012, 1074-1081.

Concerning unbefriended patients, some of the focus group attendees pointed out that performing a due diligence search for contacts often results in finding someone who knows the person, however attenuated.

A majority of physicians, but not all, said they were aware of a state law on surrogate decision-makers. Interestingly, the responses did not always correlate with the actual state statute. Less than half the physicians in the group were fully knowledgeable about their state provisions. Additionally, 12 participants said they were aware of a hospital policy that would affect their identification of a surrogate decision-maker.

We asked the physicians to name the two top medical treatment decisions in which issues of surrogacy come up. By far, the top issue was life sustaining treatment decisions, followed by code status decisions, surgery and discharge.

Perhaps most interesting was the perspective of the hospitalists on the decision-making process. During the focus group, many stated that the process to identify the patient’s values and preferences was more important than the legal identification of the proper decision-maker. Participants talked about initiating family meetings, bringing all parties together to make a decision, and being guided by what people who know the patient best think he or she would want. Many indicated they wanted to find the decision that most closely approximates what the person would choose (i.e., “substituted judgment”⁵). In other words, *getting the decision right (i.e., what the patient would have wanted) was more important than identifying the right*

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⁵ “Substituted judgment” is a decision-making standard in which surrogated make decisions “as they believe the incapacitated person would have made them.” See Kohn, Nina & Blumenthal, Jeremy, “Designating Health Care Decision-Makers for Patients Without Advance Directives: A Psychological Critique,” *Georgia Law Review*, Vol.42, p. 979, 2008. Also see Torke, Alexia et al., “Substituted Judgment: The Limitations of Autonomy in Surrogate Decision-Making,” *Journal of General Internal Medicine*, 23(9), pp. 1514-1517 (2008).

surrogate under state surrogacy laws. Here is what they said about how surrogate decisions are made on the hospital floor:

- “You find out who [the patient is] closest to, even outside the borders of law, and ask that person what do you think their wishes would be.”
- “We ask who she would want to speak on her behalf, and then we accept that, if they are willing to perform that role.”
- “In conflict, you’re in a tough spot, but almost always you try to get the family to agree.”
- “If there is a conflict, you bring as many people in so when the people leave they are not upset. People are emotionally invested. You can’t throw laws at someone and say ‘the law says you are the decision-maker.’”
- “Get all the siblings in a room and focus on what would be his or her decision. Often it takes multiple family meetings. When they’re together, it’s easier.”

The focus group results thus call into question whether the 44 state surrogate consent laws on the books have any substantial association with real life hospital practices—and also suggest that the surrogate issue will continue to arise with compelling frequency.

Moreover, the group’s discussion alluded to but did not directly explore related issues of surrogacy: To what extent do the surrogates named by law or selected by the physicians accurately reflect the values of the patient? What hospital practices encourage and support involvement of the surrogates? To what extent do the physicians and hospital staff take action to support the patient so perhaps the patient could make his or her own decisions rather than or in conjunction with the surrogates.

Finally, what guidance is available to surrogates to perform their often anguishing role? As to guidance for surrogates, see the ABA Commission’s booklet on *Making Medical Decisions for Someone Else: A How-To Guide* (available on the Commission’s Health Care Decision-Making website at <http://ambar.org/healthdecisions>), and consider adapting this guide for your state.



Erica Wood is the Assistant Director of the ABA Commission on Law and Aging in Washington, DC. ■

ABA Urges HHS to Strengthen Resident Protections in Proposed Nursing Home Rule

On September 30, the ABA submitted comments to the Department of Health and Human Services’ Centers for Medicare & Medicaid Services (HHS CMS) urging it to modify its proposed rule establishing new requirements for long-term care facilities.

The ABA identified several areas in which the proposed nursing home rule should be strengthened or clarified, including new language supporting residents’ right to vote, encouraging advance care planning, and expressly prohibiting pre-dispute agreements to arbitrate disputes between nursing homes and residents.

Read the comment letter here: <http://bit.ly/1OThN76>. ■

Attorneys Currently Testing New Guardianship Practice Tool

The Commission is happy to report that it has over 100 volunteer attorneys signed up to help test a new lawyer practice tool. It is called the PRACTICAL tool, and includes a checklist and background resource guide to lead lawyers through practical and legal options less restrictive than guardianship. PRACTICAL is an acronym for nine steps to examine options and explore resources for supported decision-making.

The ABA Commission on Law and Aging is a partner collaborating on this project, along with three other ABA groups – the Section on Real Property, Trust and Estate Law, Commission on Disability Rights, and the Section on Civil Rights and Social Justice.

Learn more at <http://ambar.org/guardianship>. ■

Legal and Financial Planning for People Living With Dementia



FACT SHEET

Learn About

- Why It's Important To Plan Ahead
- How To Plan Ahead
- Where To Get Help
- Advice and Things To Consider
- Finding More Resources



Many people are unprepared to deal with the legal and financial consequences of a serious illness such as Alzheimer's disease or a related dementia. Legal and medical experts encourage people recently diagnosed with a serious illness — particularly one that is expected to cause declining mental and physical health — to examine and update their financial and health care arrangements as soon as possible. Basic legal and financial documents, such as a will, a living trust, and advance directives, are available to ensure that the person's late-stage or end-of-life health care and financial decisions are carried out.

A complication of diseases such as Alzheimer's and related dementias is that the person may lack or gradually lose the

ability to think clearly. This change affects his or her ability to make decisions and participate in legal and financial planning.

People with early-stage Alzheimer's or a related dementia can often understand many aspects and consequences of legal decision-making. However, legal and medical experts say that many forms of planning can help the person and his or her family address current issues and plan for next steps, even if the person is diagnosed with later-stage dementia.

There are good reasons to retain a lawyer when preparing advance planning documents. For example, a lawyer can help interpret different state laws and suggest ways to ensure that the person's and family's wishes are carried out.

It's important to understand that laws vary by state, and changes in a person's situation — for example, a divorce, relocation, or death in the family — can influence how documents are prepared and maintained. **Life changes may also mean a document needs to be revised to remain valid.**

Legal, Financial, and Health Care Planning Documents

Families beginning the legal planning process should discuss their approach, what they want to happen, and which legal documents they'll need. Depending on the family situation and the applicable state laws, a lawyer may introduce a variety of documents to assist in this process, including documents that communicate:

- Health care wishes of someone who can no longer make health care decisions.
- Financial management and estate plan wishes of someone who can no longer make financial decisions.

Advance Health Care Directives for People With Dementia

Advance directives for health care are documents that communicate a person's health care wishes.

Advance directives go into effect after the person no longer can make decisions on their own. In most cases, these documents must be prepared while the person is legally able to execute them. Health care directives may include the following:

A **durable power of attorney for health care** designates a person, sometimes called an agent or proxy, to make health care decisions when the person with dementia can no longer do so.

A **living will** records a person's wishes for medical treatment near the end of life or if the person is permanently unconscious and cannot make decisions about emergency treatment.

A **do not resuscitate order**, or DNR, instructs health care professionals not to perform cardiopulmonary resuscitation (CPR) if a person's heart stops or if he or she stops breathing. A DNR order is signed by a doctor and put in a person's medical chart.

In addition to these, there may be other documents for specific health care procedures including organ and tissue donation, dialysis, brain donation, and blood transfusions.

Tip: Get Permission for Caregiver Communication in Advance

Get permission in advance from the person with dementia to have his or her doctor and lawyer talk with a caregiver as needed. Advance permission can also be provided to others, such as Medicare or a credit card company, bank, or financial advisor. This can help with questions about care, a bill, or a health insurance claim. Without consent, the caregiver may not be able to get needed information.

HAVE YOU CONSIDERED PLANNING FOR YOUR DIGITAL RECORDS?

A couple of years before his death, Leonard Bernstein began working on an autobiography of



The Bernstein archives fill a warehouse on West 20th Street.

"The Bernstein Bonanza," Phoebe Hoban, New York Magazine, Aug. 30, 1993, pg. 130

his 50-year-long career as an internationally-renowned composer and conductor. To protect the manuscript that he cryptically named "Blue Ink," he worked on his computer—and he password-protected it. When he died in 1990, he left a warehouse in New York City filled with his original scores, correspondence, thousands of photos of him from every age and exotic place, audio and video recordings, mementos from his world travels, collections for future projects, and even his schoolwork and clothing. He had a fierce desire to "share his continuous rediscovery of the joy of music with people." Even the notebook in which he scribbled his thoughts while on his

deathbed is in the warehouse.

He had told his friends he had finished a draft of "Blue Ink," but...he never told anyone the password. He left no paper copies and no one has been able to break his password yet!

What does this mean for you?

While you may not be Leonard Bernstein, you probably have more digital records than you think. Here are two actual cases from Lindsay Moss's firm (Elville Associates), and a third from a Riderwood resident:

- Bill kept a binder listing his stock holdings, the date he bought them and the quantity. He listed his brokerage firm, his user ID and password. He didn't list his bank accounts, however. Two years after he died, a letter was sent to his address from a bank about a CD that was about to roll over that nobody knew anything about. Another letter included a Form 1099-Div from another unknown account. His heirs are still not sure if he had other accounts.
- Eva was the Financial Power of Attorney for her husband who had dementia. She managed his Bank of America credit card account but the password expired. Eva answered the security questions but she had destroyed his credit card and didn't know its number. She contacted the *Chicago Tribune* for help. The

reporter contacted the bank and was told the “Power of Attorney does not grant access to online banking. You must be an account holder or user.”

- Tom was the treasurer for his small church. He set up automatic payment options for members of the congregation through PayPal. He diligently kept the books on Quick Books and could work on them at home or in the office since the data was stored online. He gave the login information to the pastor and the church secretary. However, he was prompted by Quick Books to change to a stronger password which he did, but he forgot to give the new password to the pastor and secretary. He died unexpectedly, leaving the church to reconstruct every financial transaction since the last audit.



Plan for your digital assets! Your computer, phone, and tablet are probably password protected—can someone access them if you’re incapacitated? Have you set up what to do with your accounts (online storage accounts), PayPal, Amazon, Facebook (<https://www.facebook.com/help/1568013990080948>), Google (<https://myaccount.google.com/inactive>), etc. Read “How to Create Your Own Digital Estate Plan” at <https://trustandwill.com/learn/digital-estate-planning>. Also read “How to find forgotten assets” at <https://www.consumerreports.org/cro/2010/08/how-to-find-forgotten-assets/index.htm>.

Use your Life Ledger! Record everything here! Even if we haven’t thought of a category that you need, or didn’t include a space for a digital asset you have, enter it in your Life Ledger. If you don’t know how to add a table or chart, see “Explanation of the Life Ledger (Please Read First)” at <https://riderwoodlife.com/caring-connections/key-documents/>

HOMEWORK



1. While this is optional, your loved ones will really appreciate it if you fill in Section VII, Part A: “My Genealogy” (pp. 41-44) and Part B: “My Legacies (pp. 45-48)
2. For next week, watch Atul Gawande (**important**): A conversation with Atul Gawande on End of Life, a PBS Special at <https://www.youtube.com/watch?v=l43-84hWG64> (56 minutes). This interview is a sensitive, calm examination of the end of life from the perspectives of medical professionals trying to understand their patients’ and families’ wishes. Dr. Atul Gawande is the author of *Being Mortal* which is in the Caring Connections area of Village Square Library. **Please look for the answers to these questions as you watch:**
 - What are Palliative Care Providers?
 - What is the role of Hospice care vs. curative Medical Care?
 - What difference has Hospice made on life quality and life expectancy rates for patients?
 - What issues should conversations among patients, doctors and family members include?
 - Why are conversations about death so difficult? When a patient faces and talks about these issues with family and doctors, what legacy do the conversations leave for the next generation?
 - What does “Having a Good Day” mean for you? What defines quality in your life?
3. Read “Legal and Financial Planning for People Living with Dementia” (pp. 279-280 in your binder)
4. Read “Stories about Picking a Proxy” on pp. 15-16 “Who Will Speak for You? How to choose and be a health care proxy” at <https://theconversationproject.org/wp-content/uploads/2020/12/ChooseAProxyGuide.pdf>. If you have not already officially designated a health care proxy, begin the process.
5. If you do not have an Advance Directive yet (which Riderwood probably required before you moved in), fill out the “Maryland Advance Directive: Planning for Future Health Care Decisions” at <https://www.marylandattorneygeneral.gov/health%20policy%20documents/adirective.pdf> and give a copy to the Medical Center or your social worker who will transmit it to the Medical Center. If you filled out an Advance Directive, be sure it is up to date and that your medical proxy is still the person you would choose.
6. If you do not have a MOLST and wish to make one, make an appointment with your doctor to fill it out together with you. Review the pamphlet at <https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-TalkToYourDr-English.pdf> before you meet. Complete your MOLST and enter it in your Life Ledger.
7. Review the short article (and save if you like it) <https://theconversationproject.org/tcp-blog/with-dementia-more-is-needed-than-a-boilerplate-advance-directive/> (This is a follow-

up to Terry Dowd’s presentation; if you wish to review or share Terry’s presentation with others, it was recorded at <https://vimeo.com/385346803> (9 minutes 40 seconds).

Extra Credit #1: Watch “Don’t Panic – It’s Okay: A Letter to Loved Ones Making Difficult Choices” at <https://www.youtube.com/watch?v=78LvYE3vMOA> (1 ½ minutes)

Extra Credit #2: “Watch How End-of-Life Planning Can Help Families” at <https://www.youtube.com/watch?v=iPtaRxZNMzU> (2:09 minutes)

Extra Credit #3: If having a conversation about your end-of-life wishes is too difficult for any reason, personal letters can offer an alternative. The Stanford Letter Project (<http://med.stanford.edu/lett>) offers guidance in letter format to facilitate talking about death and its impact on loved ones and key people like physicians. **See these brief videos for examples:**

- a. <https://www.youtube.com/watch?v=vApg3qAn55s>: Link to video on writing a Letter to your Doctor about your wishes **4:14**.
- b. <https://www.youtube.com/watch?v=pUdf6AB4-I0> “Friends and Family Letter Project” (**6:27**). Review your life; express forgiveness, love, gratitude, forgive debts, ask forgiveness, and express regrets.
- c. These links will take you to worksheets to craft your own letters; if you are currently healthy or if you are terminally ill: <http://dearfamily.dear-doc.appspot.com/html/healthyletter.html>; <http://dearfamily.dear-doc.appspot.com/html/sickletter.html>

Presenter:
Dr. John "Whit" Dunkle, MD, ABFM, HPM
Medical Director Palliative Care, Chair of Ethics
Adventist HealthCare
White Oak Medical Center

Making Sense of Living Wills and Other Advance Directives
Advanced Directives
Vs
MOLST
Vs
Medical Proxies

Topic Presentations:
Living Wills & Advanced Directives
Understanding the Maryland MOLST Form

Living Wills and Advance Directives

- ❖ **Benefits:**
- ❖ Speaks for you when you are not able to share your wishes due to advanced medical conditions.
- ❖ Reflects your values, faith, life experiences, and approach to severe illness.
- ❖ Lessens guilt for decision makers, allowing families to honor the wishes of the patient.
- ❖ Supports the patient in family discord.

Living Wills and Advance Directives

- ❖ **Benefits:**
- ❖ It starts the conversation with your spouse, family, friends, and relatives.
- ❖ Provides a reference for speaking with family and others about why you made the decisions and why you want your wishes followed.
- ❖ Increases the likelihood that in a battle between your document and your decision maker(s) that the medical team can advocate for your wishes.

Living Wills and Advance Directives

- ❖ **Benefits:**
- ❖ Easily sharable with friends, relatives, doctors, and attorneys.
- ❖ Completed using attorney assistance or downloaded and witnessed.
- ❖ An "insurance policy" for your wishes.
- ❖ Decreases likelihood that you will be subjected to care against your wishes

Living Wills and Advance Directives

- ❖ **Disadvantages**
 - ❖ People do not take the time to provide a narrative about how they want to be cared for at end of life.
 - ❖ If you give your decision maker the right to *not follow your preferences* this can place a great burden for decision making on that person in a time of great stress.
 - ❖ This is why you need a narrative that covers the quality of life you would want and guidance in uncertain medical outcomes.

Living Wills and Advance Directives

- ❖ **Reality**
 - ❖ Fewer than 10% of patients admitted to WOMC have an Advance Directive, Power of Attorney or Living Will.
 - ❖ Many people erroneously think a MOLST form is a Living Will or Advance Directive.
 - ❖ 40% of families DO NOT honor the wishes of the person who completes a Living Will or Advance Directive.
 - ❖ Select the person most likely to follow your wishes. This may not be your spouse, or children.

Case 1, Day 1

- ❖ In the morning Olivia, 83 years old, awakens but Noah, 87 years old, does not.
- ❖ Olivia calls 911.
- ❖ Olivia tells the ambulance crew to do everything to save Noah.
- ❖ En route to the hospital Noah is intubated and admitted to the ICU.

Case 1, Day 2

- ❖ The ICU asks for his Advance Directive and Power of Attorney.
- ❖ She does not know where it is, and Noah always took care of those things.
- ❖ Olivia tells the doctors she thinks Noah has an Advance Directive.
- ❖ She does not know what it says, it was so long ago.

Case 1, Day 3

- ❖ Noah is found to have a large brain hemorrhage, pneumonia, and his wife wants everything done.
- ❖ Neurosurgery advises surgery not indicated. Pneumonia is worsening, and infection is overwhelming his body.
- ❖ Olivia agrees to starting more life support for his failing blood pressure and kidneys.

Case 1, Days 4-6

- ❖ Noah's lungs are worsening, needing more ventilator support, requiring 2 very strong medicines to give him circulation, and is sedated on ventilator due to agitation.
- ❖ Olivia keeps forgetting to look for the advance directive and thinks we must have a copy somewhere.
- ❖ She just can't remember when or where it might have been completed. She knows they talked about doing it.

Case 1, Day 7-8

- ❖ Noah continues to require intensive support. He has been started on kidney dialysis as a result of sepsis.
- ❖ All 3 of their children have wanted information, but have not come to visit, and do not want to be involved in decision making.
- ❖ His wife wants him to come home.

Case 1, Day 9

- ❖ The medical team, critical care, neurology, and palliative care meet with the patient's wife.
- ❖ Due to severe neurologic damage to the brain, the poor baseline condition of his lungs, the weakness of his older heart, and need for 24/7 support he will need long term life support in a ventilator hospital, hemodialysis and artificial nutrition.

Case 1, Day 9

- ❖ Life prolonging vs moving to comfort measures discussed.
- ❖ Olivia will think about it as she does not know what he would want.

Case 1, Day 10-11

- ❖ Olivia does not think he would want to be in a nursing home. They never talked about what he would want. She needs him to get better and wants everything done.
- ❖ She consents to moving the ventilator tube from his mouth to his neck and for a feeding tube to be placed in his stomach for long term nutrition and hydration.
- ❖ She understands he is going to a nursing home.

Living Wills and Advance Directives

- ❖ Questions?
- ❖ Comments?
- ❖ Recommendations for action?

Understanding the Maryland MOLST Form

What is Maryland MOLST? Medical Orders for Life-Sustaining Treatment

- It is a standardized medical order form covering options for CPR and other life-sustaining treatments
- It is portable and enduring
- It is valid in all health care settings and in the community
- It helps to increase the likelihood that a patient's wishes regarding life-sustaining treatments are honored

Why Have both a MOLST Form and Advance Directive?

- A MOLST form's medical order(s) are needed when a treatment is relevant to your current medical condition
- Unlike a MOLST form, an advance directive contains treatment preferences regarding future hypothetical situations
- If you do not want CPR, you will need to have a MOLST form

What is the certification for the basis of these orders?

- The practitioner is certifying that the order is entered as a result of a discussion with, and the informed consent of, the:
 - Patient, or
 - Patient's health care agent as named in the patient's advance directive, or
 - Patient's guardian of the person, or
 - Patient's surrogate, or
 - Minor's legal guardian or another legally authorized adult

What is the certification for the basis of these orders?

- "I hereby certify that these orders are based on":
 - Instructions in the patient's advance directive
 - Other legal authority in accordance with the Health Care Decisions Act

What if the patient declines or is unable to make a selection?

- An individual or ADM has the right to decline to discuss life-sustaining treatments and the right to not make a decision
- "Mark this line if the patient or ADM declines to discuss or is unable to make a decision about these treatments. If the patient or ADM has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given."

What orders do EMS providers follow?

- Follow *Maryland Medical Protocols for EMS Providers*
- Follow orders in Section 1
- Do not follow orders in Section 2 through Section 9
- Do not follow advance directives and thus you need the MOLST form's DNR order completed if you do not want CPR
- If you have an existing EMS/DNR order form, it never expires

Section 1: CPR Status

- Attempt CPR: If cardiac or pulmonary arrest occurs, CPR will be attempted
- No CPR, Option A-1, Intubate: Comprehensive efforts to prevent arrest, including intubation
- No CPR, Option A-2, Do Not Intubate: Comprehensive efforts to prevent arrest; do not intubate, but use CPAP or BiPAP
- No CPR, Option B: Palliative and supportive care

Section 2: Artificial Ventilation

- Accept artificial ventilation indefinitely, including intubation, CPAP, and BiPAP
- Time limited trial of intubation
- Time limited trial of CPAP and BiPAP, but no intubation
- No artificial ventilation: No intubation, CPAP, or BiPAP

Section 3: Blood Transfusion

- Accept transfusion of blood products, including whole blood, packed red blood cells, plasma, or platelets
- No blood transfusions



Section 4: Hospital Transfers

- Accept hospital transfer
- Hospital transfer only for limited situations, including severe pain or severe symptoms that cannot be controlled otherwise
- No hospital transfer, but treat with options available outside of the hospital

Section 5: Medical Workup

- Accept any medical tests
- Limited medical tests are acceptable when necessary for symptomatic treatment or comfort
- No medical testing for diagnosis or treatment

Section 6: Antibiotics

- Accept antibiotics
- Oral antibiotics only (not IV or IM)
- Oral antibiotics for relief of symptoms only
- No antibiotics



Section 7: Artificially Administered Fluids and Nutrition

- Accept artificial fluids and nutrition, even indefinitely
- Accept time-limited trial of artificial fluids and nutrition
- Accept a time-limited trial of artificial hydration only
- No artificial fluids or nutrition

Section 8: Dialysis

- Accept dialysis, including hemodialysis and peritoneal dialysis
- Accept time-limited trial of dialysis
- No dialysis

Section 9: Other Orders

- This section may be used to indicate preferences for other life-sustaining treatments, such as chemotherapy and radiation
- It should not be used for ambiguous phrases such as “comfort care”

Does a choice have to be made in each section?

- Section 1, CPR status, must be completed for everyone
- Sections 2 - 9 are only completed if the patient or authorized decision maker makes a selection regarding that specific life-sustaining treatment and/or if specific treatments are determined to be medically ineffective

What if a patient changes his or her mind?

- ❖ Patients who have the capacity to make health care decisions may change their advance directive and ask their physician, nurse practitioner, or physician assistant to revise their Maryland MOLST order form at any time



Is a copy of MOLST a valid order?

- The original, a copy, and a faxed MOLST form are all valid orders
- You should make a copy of the MOLST form in case you lose the form you are given by the health care provider



What are the legal requirements for completing Maryland MOLST?

- The Maryland MOLST form must be completed or an existing form reviewed when a patient is admitted to:
 1. Nursing home
 2. Assisted living facility
 3. Home health agency
 4. Hospice
 5. Kidney dialysis center
 6. Hospitals (for certain patients)

Does the patient get a copy of a completed MOLST order form?

- Yes, within 48 hours of its completion, the patient or authorized decision maker shall receive a copy or the original of a completed Maryland MOLST form
- If the patient leaves a facility or program in less than 48 hours, the patient shall have a copy or the original of MOLST when they are discharged or transferred

Is there a MOLST DNR Bracelet?

- Yes, you may wear an EMS DNR bracelet or necklace or pin it to your clothes
- Contact Medic Alert at 1-800-432-5378
- They will need a copy of your MOLST form and a completed application
- Plastic bracelets may be ordered through MIEMSS at 410-706-4367.

Case 2, Day 1

- Ava is sent from a facility for fever and vomiting. Her son Oliver, is not answering. She was initially admitted to her SNF for rehab 3 years ago. She had a series of strokes. Her memory and function have dramatically declined. She now has advanced dementia, contractures, a feeding tube, skin wounds, and is unresponsive at baseline.

Case 2, Day 2-4

- Ava receives emergency surgery due to a spontaneous perforation of intestines and bleeding in her abdomen.
- In the ICU she aspirates and requires CPR in alignment with MOLST document from the facility, completed prior to her series of strokes.

Case 2, Day 5-7

- The medical team advises her son based upon her quality of life and frailty to not do CPR again as it will not restore her to a better level of health.
- Oliver declines to make decisions until he can return to the USA and see her.

Case 2, Day 8

- Her lungs improve and she is off the ventilator. She is tolerating her artificial nutrition.
- She is on dialysis with continued low blood pressure.
- Her lifelong friends advise that she did not want to be on dialysis, live in a nursing home, and would not want this type of life prolonging.

Case 2, Day 9

- Her son advises that he will not limit care as she told him she did not want to die.
- He wants to honor his mother.

MOLST form

- Questions?
- Comments?
- Recommendations for action?

**More Information: Maryland
Attorney General's office**

- > **Forms: 410-576-7000**
- > **Internet:**
 - www.marylandattorneygeneral.gov
 - **Under "Quick Links" click on
Advance Directive/Living Wills**



Class 11: Hospice



OBJECTIVES OF CLASS 11

1. CLASS MEMBERS WILL EXAMINE WHAT MATTERS MOST TO THEM WHEN IT COMES TO CARE AT THE END OF LIFE
2. STUDENTS WILL FORM PLANS TO PROACTIVELY SHARE ALL OR SPECIFIC PORTIONS OF THEIR LIFE LEDGER WITH LOVED ONES AND/OR REPRESENTATIVES
3. STUDENTS WILL LEARN THE MYTHS AND FACTS OF HOSPICE CARE

WHAT YOU WILL FIND IN THIS CHAPTER

Two Questionnaires: “**WHAT MATTERS MOST TO ME**” AND “**WHAT ARE MY GOALS OF CARE?**”

What’s the point of the Life Ledger? **WHAT, TO WHOM, HOW, AND WHEN SHOULD I SHARE?**

SPEAKERS: CRYSTAL SMITH AND KAREN STURTZ,

MONTGOMERY HOSPICE & PRINCE GEORGE’S HOSPICES

Homework

TWO QUESTIONNAIRES

The following two questionnaires are from *The Last Things We Talk About: Your Guide to End of Life Transitions* by Rev. Dr. Elizabeth T. Boatwright, a highly recommended, practical book filled with case studies. *Reproduced with permission.*

Questionnaire: What Matters Most to Me?

1. What matters most to me? (*What comes to mind first when I read this question? For example, is it my spouse or partner, family such as my children and grandchildren, my faith, my profession, my friends, a cause? When I read this list, which response resonates most for me?*)
2. What brings me joy? (*What wakes me up in the morning? What inspires me to keep going each day? What are the tasks, programs, activities I love? What restores me? What brings me hope?*)
3. What do I hate/I avoid?
4. What has helped me in the past to get through difficult times? (*What are my best coping mechanisms? Is it sleep/rest, avoidance, prayer, checking in with family, asking loved ones for help, calling a friend, trying something new such as a new hobby or skill, exercising, cooking, walking, or what?*)
5. Are there upcoming milestones (*anniversaries, birthdays, graduations, vacations, births, celebrations*) or dates that are important important for me to be present for or important events I want to attend?
6. Who depends on me? What kind of things do I provide for those people? Are there other people who can take on these responsibilities if I am no longer here?
7. What scares me right now? (*What keeps me up at night?*)
8. What are the things I want people to know about me? (*Or in the words of Anne Lamott, what makes me “truly, entirely, wildly, messily, marvelously” who I was “born to be”?*)
9. What am I on earth? What is my purpose?
10. If I get through this time, what would I like to change about me, my life, my community, my world?

Questionnaire: What Are My Goals of Care?

1. What is my current understanding of where I am with my illness? (*What have you heard already from your health care team? What have you learned from the internet or friends and family? What is your current understanding of what is happening to your body?*)
2. What has the doctor communicated with me so far? (*Has the doctor actually shared a prognosis or what is likely to happen? Have they communicated the kind of therapeutic options that are part of their plan of care?*)
3. How much more information about my current condition and future prognosis would I like to have? What do I want to know? What do I need to know? (*In some cultures, a patient is never told what is happening; information is only shared with a point person, such as the eldest child in the family, who then decides what the patient needs to know. What are your cultural beliefs about knowing and sharing difficult information?*)
4. What are my biggest fears and worries? (*Are you scared that you won't be able to care for others [children or a spouse] physically or financially? Are you scared to lose control? Are you frightened of being in pain or suffering physically? Are you worried about being a burden or lingering too long?*)
5. What gives me strength as I think about the future and my health concerns or illness? (*Is it your family or friends, faith or religion, a support group, or specific activities, like travel, reading, writing, gardening, or socializing with family and friends?*)
6. Which abilities are so critical to my life that I cannot imagine living without them? (*Is it being able to communicate with others? Are they walking, driving, and living at home alone? Is it taking care of your activities of daily living [ADLs] such as feeding, toileting, and dressing yourself?*)
7. If my health situation worsens, what's most important to me? (*Do you want to achieve an important life goal that you have not yet accomplished? Is it important for you to have mental awareness above all else? Do you want to do all you can to protect and support your family? Is it most important for you to be at home as long as possible, be physically comfortable as long as possible, or to be independent?*)
8. If I become sicker, how much am I willing to go through for the possibility of gaining more time? (*Do you want to avoid some procedures or treatments if their benefit is not substantial? Are you willing to be on a ventilator, live in a nursing home, endure physical discomfort or severe pain, spend time in the ICU, undergo invasive tests or procedures, or have a feeding tube?*)
9. How much does my health care proxy/durable power of attorney agent or family know about my wishes and priorities?

WHAT'S THE POINT OF THE LIFE LEDGER?

For the last 3 months, you have attended classes and engaged in activities that are designed to provide “a variety of tools to Riderwood residents and their families and representatives that allow them to make informed choices regarding their legal, financial, and health decisions so that both can have peace of mind and enjoy their lives to the fullest extent.” (Slide from Class 1). Every course assumes there is a commitment by the participants to accomplish certain objectives. In Class 1 we set those expectations: “Your task as a participant is to complete the Life Ledger, collect the essential documents mentioned in the Life Ledger in one place, and share this information with loved ones and/or trusted representatives.”



If you value the time and commitment of the authors of this course, you have conscientiously entered your personal information in each relevant field to your satisfaction. If life has thrown you curve balls and you have been unable to keep up, use the next week to complete any unfinished charts or other information.

But all of the work you have done is for naught if you don't share it, just as Leonard Bernstein's book languishes someplace in space and will probably never be read. The second part of your task is imperative: **you must share your Life Ledger or people will never know how they can help.** Now is the time to consider whether you want to share the entire Life Ledger or only portions of it while simply explaining where the rest of the document is.

How much of your Life Ledger should you share?

This is purely a personal decision. The Life Ledger contains a great deal of personal information such as login information to your bank accounts, credit cards, and other assets. You may not want anyone else to know these details until you are incapacitated, either temporarily or permanently. On the other hand, you may already have a family member or Daily Money Manager handling your finances so the entire Life Ledger would be useful to them. Here are some possible approaches to help you decide how and what to share:

- If you have not done so, immediately share your will and trust, your attorney's and doctor's contact information, as well as your wishes for health care and MOLST; then share the *location* of your Life Ledger but not the document itself. Here is what your representative will need to know in order to access the document:
 - If you are entering information on a paper copy, where is it? (In a specific folder named ___ in a specific file drawer? In plain sight on your desk? In your sock drawer?)
 - If it is on your computer, how would your representative find it?
 - What computer folder or location is it in?

- If the ledger is password protected, have you given your representative the password?
- If your computer requires a password, have you told your representative what the password is?
- Share portions of your Life Ledger, omitting sections such as passwords (Section III) and cash flow (Section IV). Explain where the entire document is as above.
- Send your entire Life Ledger to trusted individuals. Some examples:
 - siblings and/or children
 - attorney
 - health care proxy

With whom will you share your Life Ledger?

Again, this is a personal decision with no right or wrong answers. You have entered a lot of sensitive information that could make you vulnerable if it falls into the wrong hands. You might want to share the entire Life Ledger with all of the immediate members of your family and your attorney, or just 1-3 people on a “Need to Know” basis.

How should you share your Life Ledger?

Once again, this is a personal decision.

- Gather your heirs together and pass out copies of the entire Life Ledger, portions of it, or only your will/trust and the location of the Ledger (it’s best to put the location in writing). Then discuss your wishes with everyone.
- Conduct a Zoom meeting with your heirs and/or trusted advisors and discuss your wishes and the location of your Life Ledger.
- Email the specific location of the completed ledger; give one print or digital copy to your attorney.
- Write a letter (à la the Stanford Letter Project—see Class 10 Homework, Extra Credit #3) to your heirs containing all relevant information; decide whether or not to include a copy of the Life Ledger.

Speaker Slides

Montgomery & Prince George's Hospice

HOSPICE 101

Crystal L Smith | Director of Admissions and Client Relations
Karen Sturtz, MSW, LCSW-C | Professional Liaison

Objectives

- Define and identify how hospice and palliative care can differ
- Recognize how the hospice benefit can help patients and families facing life-limiting disease
- Describe what services are included in the hospice benefit
- Determine when a patient is eligible for hospice care, and the levels of care associated
- Review how hospice care is paid for

What's the Same; What's Different?

Palliative Care

- Specialized care for serious illness
- Can be concurrent with curative treatment
- Not limited to the end of life

Hospice Care

- Specialized care for the end of life
- Most hospice clinicians are experts in palliative care



Palliative Care

True or False

Palliative Care and Hospice are used interchangeably



Palliative Care

FALSE

- Palliative Care and Hospice are used interchangeably
- Palliative Care is to ease the burden of life limited diseases... whereas Hospice is to provide comfort



Palliative Care

True or False

You can proceed with curative and aggressive treatment with Palliative Care



Palliative Care

TRUE

You can proceed with curative and aggressive treatment with Palliative Care

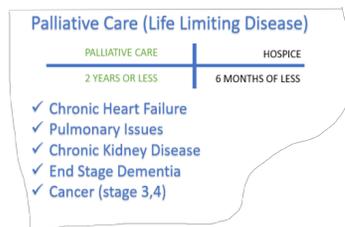
You can continue to receive aggressive treatment, scans, labs, etc. with Palliative Care



Understanding Palliative Care



Understanding Palliative Care

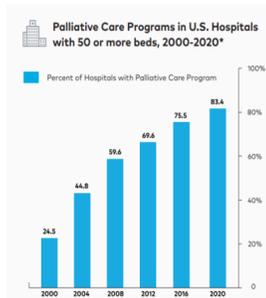


Understanding Palliative Care

- ✓ Pain Management
- ✓ Goals of Care
- ✓ Advance Directive Conversations
- ✓ Opioid Management
- ✓ Advise and Consult



Palliative Care



Where can you receive Palliative Care?

- hospital
- Clinic or physician's office
- Home
- Assisted Living
- Some skilled nursing facilities



Palliative Care

IMPROVES QUALITY OF LIFE AND SYMPTOM BURDEN

Quality of Life ↑

Symptom Burden ↓

Reduces symptom distress by **66%** with improvements lasting months after initial consultation!

DRIVES HIGH SATISFACTION AND POSITIVE PATIENT EXPERIENCES

93% of people who received palliative care are likely to recommend it to others!

Palliative Care

- Consultative service
- Does not replace Primary Care physician
- Partners with Primary Care physician and/or specialists
- Usually operate the same as physician office hours
 - No nights or weekends

Palliative Care

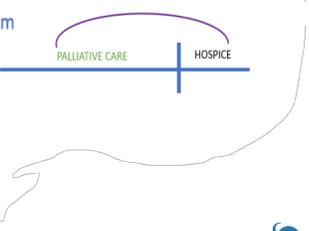
You are allowed curative treatment (unlike Hospice)

- ✓ Aggressive treatments
- ✓ Scans
- ✓ Labs
- ✓ Hospitalizations



Interdisciplinary Team

- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Social Worker
- ✓ Spiritual Care






We accept insurance:

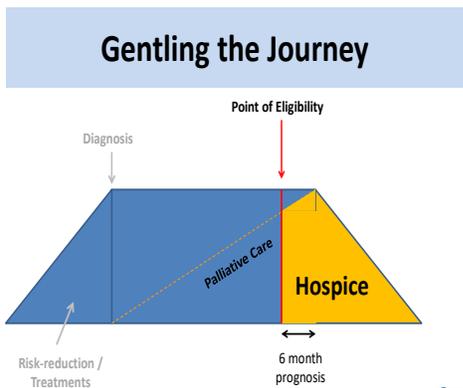
- Private Pay
- Medicare
- Commercial Insurance

Locations of service:

- Maryland Oncology Hematology – Silver Spring
 - White Oak Cancer Center
- Maryland Oncology Hematology – Rockville
 - Aquilino Cancer Center
- Maryland Oncology Hematology – Laurel
- At home visits
- Assisted Livings
- Skilled Nursing Facilities (LTC)
- Online – Video Visits



Gentling the Journey

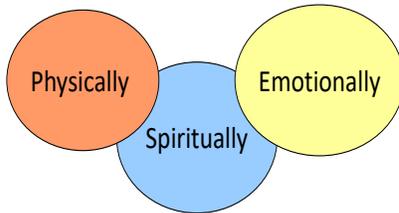


Adapted from National Consensus Project for Quality Palliative Care, Clinical Practice Guidelines for Quality Palliative Care, 2nd ed. Pittsburgh, PA, 2009.



What is Hospice?

Care and services to help people live **comfortably** and die peacefully with **dignity**:



Hospice at it's core:

- Patients with a life-limiting disease are eligible for hospice if their provider thinks they have a **life expectancy of 6 months or less if the underlying disease takes its natural course**



Hospice at it's core:

- Prioritizes **comfort and quality of life** through compassionate care
- Focuses on relief of a terminally ill individual's **physical, emotional, and spiritual distress and symptoms** during final stages of life and the months preceding death
- Provides an **alternative** to life-prolonging interventions that could cause more distress, does not add to quality of life, require hospitalizations, or are not aligned with an individual's goals



Hospice at it's core:

- Sometimes, patients in hospice do live longer than 6 months
 - Can continue with hospice if physician certifies that patient remains eligible
- As a patient, one can **choose** to leave hospice at any time and return at any time (as long as they are still considered to be hospice-eligible)



When Should I Consider Hospice?

- Goal of care is **comfort measures** v. **curative interventions**
 - or-
- **Burdens** of treatment outweigh **benefits**
 - or-
- Terminal illness with **prognosis** < 6 months



Question:

What are some common fears and myths about the end of life or hospice care?



Common Myths

- Hospice hastens death
 - Hospice patients may live longer and have better quality of life
- Individuals must have less than 2 weeks to live
 - No. The benefit stipulates a 6 month prognosis, but there is no limit to the benefit once eligible.
- You must have a Do Not Resuscitate (DNR) order
 - No. Your code status is your choice, not your providers
- Once you enroll in hospice, you can't change your mind
 - You can: revoke, move, or be discharged (for ineligibility)
- You must be "home-bound" to enroll in hospice
 - We promote and support activities that improve quality of life
- Hospice is a place
 - Hospice is a philosophy of care, and if elected, a program of benefits. We meet you where you are.



Am I Eligible for the Medicare Hospice Benefit?

Hospice physicians **and** Primary Care Physician (PCP) certify that the patient has a prognosis of **6 months** or less to live.

- Patients must be **re-assessed for eligibility** at regular intervals (90-90-60...)
- **No limit** on the amount of time a patient can use their hospice benefit.

Hospice Open Access

- Use of interventions typically viewed as curative (chemo, radiation) for palliative, **NOT curative**, intent
- Example: short-term goal (i.e. wedding, graduation)
- Medical Director discretion



How much does hospice cost the patient?



❖ Part B is not affected; patients can continue to see their PCP

2023 Coverage

- | Service | Coverage |
|-----------------|--|
| Hospital | - Deductible: \$1,600
- Days 61-90: \$400/day |
| Skilled Nursing | - Days 21-100: \$200/day |

Medicare is the standard for Medicaid and Private Insurance*



4 Levels of Care

- Routine
 - Patient home (private residence, group home, assisted living facility, independent living facility)
- Respite
 - Up to 5 days; unlimited iterations
- Continuous Care
 - Strict regulation and documentation;
 - Minimum 8 hrs in 24hrs (*12a-12a)
 - Half of time must be with a nurse (LPN or RN); remainder of time can be with SW/SC/HHA; RN daily assessment
- General In-patient (GIP)
 - Acute management of symptoms unmanaged in the home setting



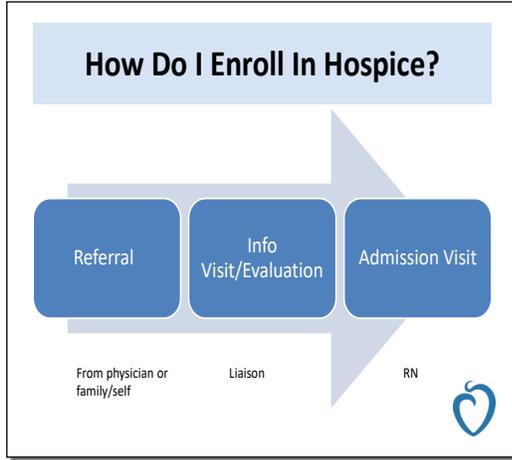
How is Hospice paid for?

- Medicare
- Commercial Insurance
 - No Election of Benefits (EOB); "authorization" granted- usually renewed every 3 months (routine)
 - Medicaid
- Active Military and NIH trial participants can also use their hospice benefit as they do not draw from Medicare Part A
- Veterans Administration- contractual on case-by-case basis
- Charity Care
 - Montgomery Hospice and Prince Georges Hospice will provide care regardless of ability to pay or legal status
- Self Pay



"I wish we had called hospice sooner."









Hospice Interdisciplinary Care Team

- Medical Director
- Registered Nurse
- Hospice Aide (Certified Nursing Assistant)
- Spiritual Care (chaplain)
- Social Worker
- Volunteers
- Bereavement Services



What does a hospice nurse do?



What does a hospice social worker do?



What does a hospice chaplain do?





Our Bereavement Program

- Support for loved ones of patients who have died with hospice care is offered for 13 months after the death
- It includes periodic mailings, phone call counseling, in person counseling, groups and workshops
- Montgomery County & Prince George's County community referrals are welcome
- All services are provided by professional grief counselors and licensed MSWs



Volunteer Services

- Large program with comprehensive training
- We Honor Veterans
- And so much more...

Complementary Therapies

Music Therapy Aromatherapy
Animal Companionship Reiki
Comfort Touch Therapy



Conclusion

- Hospice is a philosophy of care for patients with life limiting illness focused on reducing suffering and promoting [Quality of Life](#)
- The Medicare Hospice Benefit is [elected](#) from Part A; includes a program of benefits at [no cost to the patient*](#)
- Access and usage of the benefit is increasing, but median LOS is stagnated or decreasing- [early referral is essential](#)
- Hospice care does not change the course of an illness; our aim is to [Gentle the Journey](#)



Our Mission



To Gentle The Journey...



Any Questions?



For more information, visit:
www.montgomeryhospice.org or www.princegeorghospice.org
www.montgomeryhospice.org/resources/the-center-for-learning

THANK YOU!

Call Us Any Time, Any Day.
301-921-4400



Hospice 101 References

- CMS: Medicare Costs
<https://www.medicare.gov/basics/costs/medicare-costs>
- CMS: Medicare Hospice Benefit
<https://www.medicare.gov/Pubs/pdf/02154.pdf>
- CMS: Medicaid Hospice Benefit
<https://www.medicare.gov/medicaid/benefits/hospice-benefits/index.html>
- NHPCO Website: <https://www.nhpc.org/hospice-facts-figures/>
- Medicare Payment Advisory Commission. Chapter 11, Report to Congress: Medicare Payment Policy. March 2016.
<http://www.medpac.gov/docs/default-source/reports/chapter-11-hospice-services-march-2016-report-.pdf?sfvrsn=0>
- New England Journal of Medicine: *Understanding Hospice — An Underutilized Option for Life's Final Chapter*
<http://www.nejm.org/doi/full/10.1056/NEJMp078067>



Homework

Review all pages of your Life Ledger to be sure they are complete to your satisfaction.

Choose how much you want to share and with whom. Then schedule when and how you will accomplish this.

Optional: Fill in “Section VII, Part B My Legacies I’d Like to Pass Down” pp 45-48 of your Life Ledger



How much will I share?	I will share with these people	Method I will use to share	Date I will share
Will/trust, attorney & doctor info, health wishes, location of LL			
Portions of LL, location of complete document			
Entire LL			



CLASS 12: WHEN WE CAN'T DO IT ALONE

<p>what are other words for alone?</p>  <p>only, solitary, solely, lone, lonely, solo, exclusively, single, unique, unaccompanied</p>  <p>Thesaurus.plus</p>	<p>what's the opposite of alone?</p>  <p>together, accompanied, cooperatively, among others, escorted, with help, with assistance, in company</p>  <p>Thesaurus.plus</p>
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You will lose someone you can't live without, and your heart will be badly broken, and the bad news is that you never completely get over the loss of your beloved. But this is also the good news. They live forever in your broken heart that doesn't seal back up. And you come through. It's like having a broken leg that never heals perfectly—that still hurts when the weather gets cold, but you learn to dance with the limp. —Anne Lamott

OBJECTIVES OF CLASS 12

1. Class members will understand the different levels of care available at Arbor Ridge and Orchard Point
2. Participants will appreciate the fees associated with ascending levels of care
3. Through an interactive final activity, students will internalize the information provided throughout the course
4. Through a “graduation” ceremony, students will celebrate their hard work.

WHAT YOU WILL FIND IN THIS CHAPTER

Speaker: Sharon Flowers-Williams, Assisted Living Admissions, Healthcare Counselor, Arbor Ridge

Is Assisted Living Right for You or Your Loved One? Checklist

Closing Homework

Continuing Care Virtual Tour of Arbor Ridge

CLOSING ACTIVITY: WE’LL PLAY A VERSION OF “JEOPARDY” (“NAVIGATING THROUGH THE SHOALS OF AGING.”)

SPEAKER SLIDES

Riderwood
BY ERICKSON SENIOR LIVING

Class 12: "When We Can't Do It Alone"



what are other words for alone?	only, solitary, solely, lone, lonely, solo, exclusively, single, unique, unaccompanied	what's the opposite of alone?	together, accompanied, cooperatively, among others, escorted, with help, with assistance, in company
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theaaron.plus

Riderwood
BY ERICKSON SENIOR LIVING

Arbor Ridge and Its Services



Sharon Flowers-Williams
Health Care Counselor
sharon.flowers-Williams@Erickson.com

Riderwood
BY ERICKSON SENIOR LIVING

Arbor Ridge Riderwood's 5th Neighborhood:



Transitioning within Riderwood...

- Typically means a move to a higher level of care
- Short term rehab back to Independent Living
- Independent living to Assisted Living
- Independent or Assisted Living to Skilled Nursing or Memory Care

Let's talk about Continuing Care

**CONTINUING CARE
HEALTH SERVICES AT A GLANCE**

Our services allow a continuum of care to meet your changing health needs.

1 **Rehabilitation**

For individuals who require physical, medical, or occupational therapy for an injury, illness, or surgery.

2 **Assisted Living**

For individuals in need of personal care, medication management, and other services that would benefit from living with other residents. They have the most independence, freedom, and flexibility.

3 **Memory Care**

For individuals with Alzheimer's or other cognitive challenges who have difficulty remembering things, making decisions, and managing their daily lives. They receive specialized care and support in a secure, safe environment.

4 **Nursing Care**

For individuals who need medical care and support with all daily tasks, including medication management, personal care, and other needs.

Inpatient Rehab

**CONTINUING CARE
HEALTH SERVICES AT A GLANCE**

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For individuals who need medical care and support with all daily tasks, including medication management, personal care, and other needs.

 **Riderwood**
BY ERICKSON SENIOR LIVING

“Continuing Care Virtual Tour at Arbor Ridge”
video – <https://vimeo.com/545062643>

 **Riderwood**
BY ERICKSON SENIOR LIVING

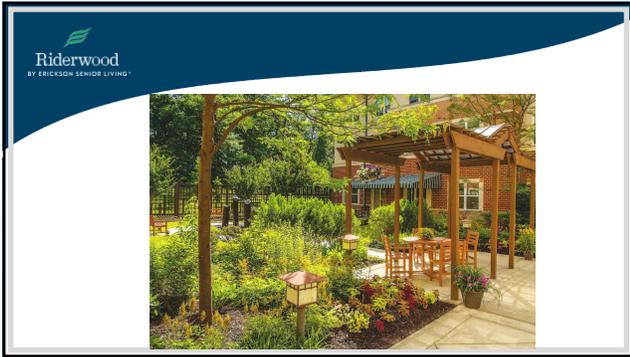
Short-term Inpatient Rehab & Short-term Skilled Nursing

- Must be a skilled need and the physician would write an order
- Evaluated by a therapist within 24 hours (except Sundays)
- Plan for care, reviewed by the doctor
- Physical therapy (5X/week, 1-3 hrs/day)
- Occupational therapy (5X/week, 1-3 hrs/day)
- Speech-Language therapy
- In your room or in the rehab gym
- Plan for returning to your home, including ordering necessary equipment (doctor, nurse, social worker, therapists)

 **Riderwood**
BY ERICKSON SENIOR LIVING

Expense: Short-term Residential Rehab & Skilled Nursing

- Retain your apartment + Short-Term Rehab is normally covered by insurance (except for daily coinsurance) if not you would be private pay for room charge (less non-occupancy credit for Ind. Living on day 11)
- Following qualifying inpatient hospital stay (3 or more nights):
 - Medicare Part A: 100% coverage for up to 20 days
 - Medicare Part A covers if you are showing improvement and need therapy (the daily copay starts on day 21 for 2024, it is \$204 for Medicare A)
- Erickson Advantage: no 3-day hospital stay required
- Without a 3-day inpatient hospital stay, you pay \$536/day
- Medicare Part B covers equipment “medically necessary”



Assisted Living

CONTINUING CARE HEALTH SERVICES AT A GLANCE
 Our community offers a full continuum of care to meet your changing health needs.

1
Rehabilitation
 For individuals who require physical, speech, or occupational therapy for an injury, illness, or surgery.

2
Assisted Living
 For individuals in need of minimal or moderate care who value their independence but need benefits that come with a secure care setting. We meet preparation, medication, and managing medications.

3
Memory Care
 For individuals with Alzheimer's, dementia, or other cognitive challenges who have difficulty participating in social activities and have safety concerns and require 24-hour supervision. They need assistance to complete care and assistance with daily tasks of living, including medication management and distribution, meal preparation, bathing, grooming, and dressing.

4
Nursing Care
 For individuals who need constant care and support with all daily tasks, including meal preparation, medication management and distribution, bathing, dressing, and using the bathroom.

is assisted living right for you or your loved one?

Use this checklist to determine if you or your loved one could benefit from the additional support of assisted living.

- Requires support with everyday tasks such as grooming, dressing, bathing, and meal preparation.
- Has had some recent falls, or other emergency, and needed to call community security for assistance.
- Experiences some level of incontinence.
- Depends upon a caregiver or aide for support in their home every day.
- Cannot prepare meals independently.
- Is rarely visiting community restaurants but would like a family-style dining experience.
- Requires assistance with or reminder to take their medications throughout the day.
- Receives assistance scheduling medical appointments.
- No longer takes part in activities, programs, or events in their local community, or is becoming socially isolated.
- Would benefit from social opportunities and programs in a smaller, more accessible environment.
- Would benefit from a personalized service plan designed by a care team.
- Would benefit from access to pull cord and emergency two-way communication with on-site care team.
- Would benefit from psychosocial support.

If you checked any of these boxes, assisted living may be a good option for you or your loved one. **Contact sharon.flowers-williams@erickson.com or call us at 301-572-8463 to learn more and discuss your specific needs.**

Riderwood
 BY ERICKSON SENIOR LIVING™

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 **Assisted Living Medical Care**

- Riderwood Providers visit residents when needed and are available 24/7 for emergencies
- Each neighborhood has an assigned provider
- Residents can keep their own Primary Care Provider, in order for them to be a treating provider they would have to go through a credentialing process. We do ask residents to see Riderwood providers once a year

 **Move from Independent Living to Assisted Living**

- You could have a 100% or 90% Resident and Care Agreement. You may have a refurbishing cost for the IL apartment or a \$2,500 transfer fee, with no refurbishing fee. All depending on your R&C Agreement.
- Break-even cost Independent > Assisted: paying Home Support aides over 6 hours/day

 **Day in the Life of Arbor Ridge Residents**

- Residents can start their day at whatever time they like, this is their home.
- Staff assist/support residents with activities of daily living tasks in the morning.
- Staff ensure the residents take their medications
- Staff remind/assist and support residents during meals and activities
- Staff assist with personal laundry
- Staff available when needed at a push of a button

Riderwood
BY ERICKSON SENIOR LIVING

Socializing...

- Common dining room
- Common living room
- Common activity room
- Sun Porch
- 5-6 scheduled activities in each neighborhood you can choose which to attend



Riderwood
BY ERICKSON SENIOR LIVING

Rose Court 1 Weekly Schedule

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00	Creetings & Mail Delivery (RC1)	Greetings, Mail Delivery, & Morning Gathering (RC1)	Creetings & Mail Delivery (RC1)	Creetings, Mail Delivery, & Morning Gathering (RC1)	Creetings & Mail Delivery (RC1)	Creetings & Mail Delivery (RC1)	Creetings & Mail Delivery (RC1)
10:00	Morning Gathering (RC1)	Protestant Service (GR)	Morning Gathering (RC1)	Catholic Mass (9:45 AM (GR))	Morning Communion (RC1)	Morning Gathering (RC1)	Morning Gathering (RC1)
10:30	Exercise (GR)	Exercise (RC1)	Exercise (RC1)	Exercise (RC1)	Exercise (RC1)	Exercise (RC1)	Exercise (GR)
11:00	Trivia (GR)	Chadler Lyons Speaks (RC1)	Group Games (RC1)	Travelogue (RC1)	Trivia (RC1)	Word Games (RC1)	Trivia (GR)
1:00	Let's Chat! Discussion Club 2/4, 2/11, 2/18 (GR)	Arbor Ridge Singers 2/5, 2/12, 2/19 (GR)	Room Craft Nail Salon 2/4, 2/20, 2/27 (RC1)	Garden Room Comics 2/7 (GR) Rose Court Veterans Day Social 2/14 (RC1) Armchair Travel to Argentina 2/21 (GR) Arbor Ridge Artists Paint A Pollock 2/28 (RC1)	Bingo (RC1)	Happy Hour with Musical Guest (GR)	Double Violin Concert 2/5 (GR) City Singers Performance 2/10 (GR) Bingo 2/17 & 2/24 (GR)
3:00		Piano Recital & Singalong with Todd Kaplan 2/26 (GR)					
5:00		Clubs, Small Groups, & Room Visits*	Clubs, Small Groups, & Room Visits*	Clubs, Small Groups, & Room Visits*	Clubs, Small Groups, & Room Visits*	Clubs, Small Groups, & Room Visits*	
6:30			Bingo (GR)				

Location Key: GR = Garden Room | RC = Rose Court
*Please see your program assistant for details. Please be advised that all activities are subject to change based on the needs and desires of the residents. Tune into channels 975 and 976 for Riderwood updates, religious services, and special programs.

Riderwood
BY ERICKSON SENIOR LIVING

Assisted Living in Arbor Ridge

- Traditional suites, no kitchens
- Range of needs (Levels A-E) determined by the health care team
- Most enter at Level C (\$9,524/mo. for a studio - \$11,801/mo. for 2 BR). Second occupant = \$5,395/mo.
 - \$105,000-\$205,000 entrance fee (only external to Riderwood) (90% refundable for direct admits to Assisted Living)
 - 3 meals per day
- Assisted Living Manager and Wellness Nurse Manager, Housekeeping, laundry, mail delivery
- Doctor "house calls," nursing/care staff available everyday
 - Activities: exercise, movies, arts/crafts, music
 - Salon (nominal fee)
- 1 nurse on each Neighborhood & 3 nursing assistants make rounds during the day

Riderwood
BY ERICSSON SENIOR LIVING

**Assisted Living in Orchard Point
(floors 2-3, "The Glen")**

- Orchard Point: same floor plan as Independent Living units, with kitchen. \$175,000-\$205,000 entrance fee (90% refundable, for direct moves from outside of Riderwood)
- Level C: 1 BR = \$12,368/mo
- Deluxe 2 BR = \$14,310/mo
- Second occupant = \$5,395

Riderwood
BY ERICSSON SENIOR LIVING

Memory Care

CONTINUING CARE HEALTH SERVICES AT A GLANCE
Our community offers a full continuum of care to meet your changing needs over time.

- Rehabilitation**
For individuals who require physical therapy or occupational therapy for an injury, illness, or surgery.
- Assisted Living**
For individuals who need assistance with activities of daily living but do not require 24-hour nursing care. Services include help with meal preparation, dressing, and personal care.
- Memory Care**
For individuals with Alzheimer's, dementia, or other cognitive challenges who need 24-hour supervision, specialized programming, and secure environments to ensure safety and well-being.
- Nursing Care**
For individuals who need 24-hour nursing care, medical management and skilled nursing, including intravenous therapy.

Riderwood
BY ERICSSON SENIOR LIVING

Memory Care

- Assisted Living for residents with Alzheimer's Dementia
- Secured neighborhood
- Daily Nursing oversight
- Specialized daily programs (group activities, games, activity cart to spark interest)
- Geriatric Nurse Assistants
- Support groups for adult children & caregivers
- 34 apartments (17 on each neighborhood) – will increase to 74 once the renovations are completed

Riderwood BY ELECTION SENIOR LIVING™		Memory Care Weekly Schedule					
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:05	Morning Drawings & Mail Delivery (MC485)		Morning Drawings & Mail Delivery (MC485)	Morning Drawings & Mail Delivery (MC485)	Morning Drawings & Mail Delivery (MC485)	Morning Drawings & Mail Delivery (MC485)	Morning Drawings & Mail Delivery (MC485)
8:30		Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)
10:00	Other Together (MC485)	Prayer and Service (G) AM (G) Music & Movement 10:00-10:30 AM (MC485)	Jewish Songs & Prayers 10:00 AM (G) Music & Movement 10:30-11:00 AM (MC485)	Catholic Mass 8:00-8:30 AM (G) Music & Movement 11:00-11:30 AM (MC485)	Music & Movement 10:00-10:30 AM (MC485)	Music & Movement 10:00-10:30 AM (MC485)	Gather Together (MC485)
10:30	Music & Movement (MC485)	Prayer 11:00-11:30 AM (MC485) Music & Movement 11:30-12:00 AM (MC485)	Prayer 11:00-11:30 AM (MC485) Music & Movement 11:30-12:00 AM (MC485)	Prayer 11:00-11:30 AM (MC485) Music & Movement 11:30-12:00 AM (MC485)	Prayer 11:00-11:30 AM (MC485) Music & Movement 11:30-12:00 AM (MC485)	Prayer 11:00-11:30 AM (MC485) Music & Movement 11:30-12:00 AM (MC485)	Prayer 11:00-11:30 AM (MC485) Music & Movement 11:30-12:00 AM (MC485)
11:00							
1:00	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)	Gather Together (MC485)
2:00		Games, Crafts, & Conversation (MC4)	Games, Crafts, & Conversation (MC4)	Games, Crafts, & Conversation (MC4)	Games, Crafts, & Conversation (MC4)	Games, Crafts, & Conversation (MC4)	Games, Crafts, & Conversation (MC4)
3:00	Music Moments (MC485)	Music Moments (MC485)	Music Moments (MC485)	Music Moments (MC485)	Music Moments (MC485)	Music Moments (MC485)	Music Moments (MC485)
4:00	Afternoon Wind Down (MC485)	Afternoon Wind Down (MC485)	Afternoon Wind Down (MC485)	Afternoon Wind Down (MC485)	Afternoon Wind Down (MC485)	Afternoon Wind Down (MC485)	Afternoon Wind Down (MC485)
6:30							

Location Key: (G) - Garden Room (MC) - Memory Care

Please be advised that all activities are subject to change based on the needs and desires of the residents. Contact the Director of Activities for more information.

Riderwood BY ELECTION SENIOR LIVING™			
February Special Events			
Date	Time	Event	Location
2nd	10:00 AM	Lydia Gruber Music	MC4
3rd	2 PM	Happy Hour with Billy Lynch	GR
5th	10:30 AM	Steve Little Music Hour	MC4
7th	2 PM	Arthur Bridge Singers	GR
7th	2 PM	Family Council	GR
9th	10:30 AM	Lydia Gruber Music	MC4
9th	2 PM	Jazz Ensemble	GR
10th	2 PM	City Singers Performance	GR
11th	10:30 AM	Steve Little Music Hour	MC4
11th	2 PM	Arthur Bridge Singers	GR
14th	2 PM	Valentine's Day Social	MC4&5
16th	2 PM	Happy Hour with Steve Little	GR
17th	10:30 AM	Steve Little Music Hour	MC4
19th	2 PM	Jesse Feldorsky Concert	MC4
21st	2 PM	Armchair Travel to Mardi Gras	GR
23rd	2 PM	Happy Hour with Frank B. Trish	GR
23rd	2 PM	Arthur Bridge Singers	GR
26th	10:30 AM	Steve Little Music Hour	MC4

Location Key:
GR - Garden Room | MC - Memory Care

3140 Gracefold Road | Silver Spring, MD 20904 | Riderwood.com

Skilled Nursing

CONTINUING CARE HEALTH SERVICES AT A GLANCE

Our services are designed to meet the needs of our residents.

- Rehabilitation**
We provide comprehensive rehabilitation services for all types of injuries or surgery.
- Assisted Living**
We provide assisted living services for residents who need help with daily tasks but do not require nursing care.
- Memory Care**
We provide memory care services for residents with Alzheimer's disease and other forms of dementia.
- Nursing Care**
We provide nursing care for residents who need help with daily tasks and require medical attention.

Long-Term Skilled Nursing

- Licensed for 117 private suites (88 are in use at this time) will decrease to 73 after renovation
- More complex for medical oversight and/or physical needs than Assisted Living (oxygen therapy, IV, tube feeding, comfort)
 - Private rooms
- At least 4 nursing assistants on each floor and 2 nurses make rounds
 - There is a dining room on each neighborhood
 - 2 showers/baths a week (more if requested)
- You may hire private duty aide as a companion only
- Break-even cost: paying Home Support aides 16+ hours/day

Who makes the decision to move?

You do!

With consultation from your...

- Doctor
- Social Worker
- Family
- Important people in your life

Meet with your RSC/Social Worker

You and loved ones: explore your care needs and options

- Home Support vs. Arbor Ridge
- Compare
 - Social opportunities
 - Medical services
 - Costs



Learn the Facts...

Contact Arbor Ridge Sales Office

- Learn more about services provided in Arbor Ridge
- Tour Riderwood's 5th community building
- View available apartment
- Meet the staff



After you decide to move...

- You choose an apartment, schedule a tentative move date
- You meet with the Arbor Ridge Care Team to be assessed for assisted living
- Once you have been assessed you will have 14 days to move.
- Your doctor completes the necessary paperwork
- Solidify the move date with movers



Respite Program
(Caregiver Support)

- When the caregiver needs a break/vacation, your loved one can stay 2-4 weeks at Arbor Ridge, providing respite. (fee determined by assessment for assisted living, would be private pay for nursing care)
- Dependent on availability; reserve well in advance (patient will be assessed for the right level of care in assisted living or nursing care; daily fee/monthly fees apply)

Continuing Care Health Services AT RIDERWOOD



The Riderwood Difference

We treat you as a person, not a patient. Our interdisciplinary team creates a personal profile for each resident that covers everything from favorite foods to hobbies to preferred sleep schedule. This helps us develop a customized plan that reflects the whole person—mind, body, and spirit.

Experience You Can Trust

We're managed by Erickson Senior Living® a network of communities with over 35 years of health care experience and a national leader in senior health and well-being.

Exceptional Care for Every Stage of Life

Assisted Living

Assisted living is ideal for individuals who could benefit from extra help with daily tasks like medication management, meal preparation, dressing, and mobility. An impressive staff-to-resident ratio allows us to provide highly personalized care and attention.

Memory Care

Adults with Alzheimer's, dementia, and other cognitive difficulties will thrive at our memory care neighborhood. This neighborhood is thoughtfully designed to promote independence and socialization while making safety a top priority.

Rehabilitation Services

Our physical, speech, and occupational therapists work in concert with an integrated team of physicians, nurses, and other professionals who specialize in senior care. We use state-of-the-art technology to help you regain maximum strength and independence.

Nursing Care

Nursing care provides total assistance with daily tasks, plus medication administration and companionship. Residents receive individual attention from a team of doctors, nurses, therapists, and specialists—all of whom work exclusively at the community.



Questions to Consider...

- If I have a non-Riderwood physician, will they see me at Arbor Ridge?
- Do I have to release my Independent Living apartment when I move to Arbor Ridge?
- What if my spouse needs Arbor Ridge and I do not?
- Does Medicare cover any Assisted Living?
- Does my Long-Term Care cover permanent placement?
- What happens to my entrance deposit?



Questions

CONTINUING CARE HEALTH SERVICES AT A GLANCE

Our community offers a full continuum of care to meet your changing health needs:

PAGE

5

Rehabilitation

for individuals who require physical, speech, or occupational therapy for an injury, illness, or surgery.

PAGE

9

Assisted Living

for individuals in need of minimal or moderate care who value their independence but would benefit from extra help with select daily tasks like meal preparation, mobility, and managing medications.

PAGE

13

Memory Care

for individuals with Alzheimer's, dementia, or other cognitive challenges who have difficulty communicating; experience confusion with times, dates, and places; and struggle to make appropriate decisions. They need moderate to complete care and assistance with daily tasks of living, including medication management and distribution, meal preparation, bathing, grooming, and dressing.

PAGE

17

Nursing Care

for individuals who need complete care and support with all daily tasks, specifically meal preparation and/or eating, medication management and distribution, bathing, dressing, and using the bathroom.

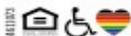
Is Assisted Living Right for You or Your Loved One?

Is **assisted living** right for you or your loved one?

Use this checklist to determine if you or your loved one could benefit from the additional support of assisted living.

- Requires support with everyday tasks such as grooming, dressing, bathing, and meal preparation.
- Has had some recent falls, or other emergency, and needed to call community security for assistance.
- Experiences some level of incontinence.
- Depends upon a caregiver or aide for support in their home every day.
- Cannot prepare meals independently.
- Is rarely visiting community restaurants but would like a family-style dining experience.
- Requires assistance with or reminder to take their medications throughout the day.
- Receives assistance scheduling medical appointments.
- No longer takes part in activities, programs, or events in their local community, or is becoming socially isolated.
- Would benefit from social opportunities and programs in a smaller, more accessible environment.
- Would benefit from a personalized service plan designed by a care team.
- Would benefit from access to pull cord and emergency two-way communication with on-site care team.
- Would benefit from psychosocial support.

If you checked any of these boxes, assisted living may be a good option for you or your loved one. **Contact sharon.flowers-williams@erickson.com or call us at 301-572-8463 to learn more and discuss your specific needs.**



CLOSING HOMEWORK

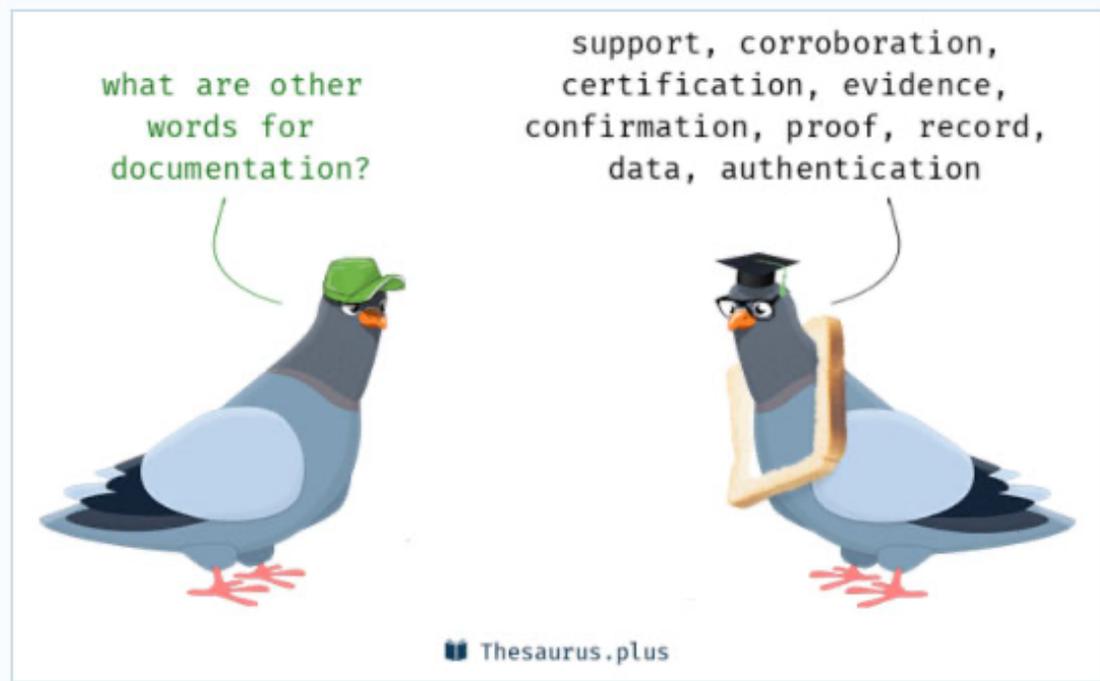
1. Be sure the location of all the documents you refer to in the Life Ledger is clear.
2. Review your Life Ledger to be sure it is completed to your satisfaction.
3. Share your Life Ledger according to the decisions you made last week. Follow your plan! You've worked hard on it...so let it give you and others Peace of Mind!



Closing Activity & Celebration: "NAVIGATING THROUGH THE SHOALS OF AGING"



Appendices



[Appendix I: Speaker Bios](#)

[Appendix II: Forms & Accessibility](#)

- ⌘ [Financial Forms \(Financial POA, Application for Spend-Down\)](#)
- ⌘ [Medical Forms \(Advance Directive, MOLST, Dementia Directive for Care, Dementia Life-Ending Provision\)](#)
- ⌘ [Pet Registration](#)
- ⌘ [Accommodations for Accessibility](#)

[Appendix III](#) (for spouse and family):

[If your loved one left a Life Ledger](#), [Surviving Spouse Financial Checklist](#), [AARP Checklist](#), [Pastoral Ministries](#), [Body/Organ Donation](#), [Funeral Homes and Cremations](#), [Jewish Funeral & Cemetery Arrangements](#) [Riderwood's Checklist](#), [Authorization to Enter Apartment](#), [Move-Out Summary for 90% Contract](#), [Move-Out Summary for 100% Contract](#), [Moving Out Guide](#), [Treasure Chest Donations](#)

[Appendix IV: Glossary](#)

APPENDIX I: SPEAKER BIOS

Maureen Amuso, Manager, Riderwood Home Support

Maureen.amuso@erickson.com Office: 301-572-8344



Education:

A.A., Montgomery College

Certification: Certified Assisted Living Manager

Career: 25th year in the private duty arena

- 2016 - present: Operations Manager, Riderwood Home Support
- 1995-2016: Director of Operations, Capital City Nurses, private home care agency that provides services in 4 states

Volunteer Work: Multiple Committees for the *Grass Roots Organization for the Well Being of Seniors* (GROWS), Association of Independent Health Care Organizations (AIHCO)

Personal: Maureen believes the focus for supporting seniors' independence is by providing a variety of services that can be tailored to meet specific needs. She spends her time away from work in Olney with her husband and teenage daughter and has 2 grown sons who live in the area. And she is an AVID Caps fan!!

Keith Ballenger, Director, Riderwood Home Care

Keith.ballenger@erickson.com; Office: 301-572-2510 Cell:301-351-2620

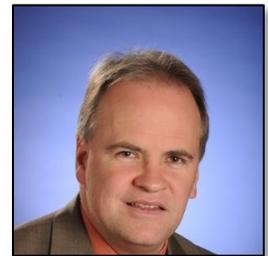
Education:

B.S., Accounting, University of Maryland

M.A., Home Health Administration, University of Maryland

Career: Over 30 years of experience in the Home Care Industry

- 2020-present: Oversight of Riderwood's Medicare-certified Home Health Agency providing skilled nursing, therapy, social work and aide services; oversight of Riderwood's private duty agency, Home Support Services providing nursing and aide services to assist the residents with activities of daily living in their homes.
- 1988-2019: VP and President of Adventist Home Care Services



Volunteer Work: Board member of Maryland's Home Care Association; several Advisory Boards for the Maryland Department of Health & Mental Hygiene for the Aging and Chronic Care patients and their healthcare needs for the future.

Paula Butler, Fitness Manager, Riderwood

Paula.Butler@erickson.com; (301) 572-8333

Education

M.S, Exercise Science, McDaniel College

Post Master’s Certification: Nutrition and Integrative Health, Maryland University of Integrative Health

Career:

Fitness Manager, Riderwood (2016-present)

- Fitness Specialist, Riderwood (2013-2016)
- Assistant Program Director, Elevation Corporate Health (2007-2013)
- Senior Fitness Center Director, Bykota Senior Center, Towson University (2006-2007)
- Clinical Exercise Physiologist, Union Memorial Hospital (2004-2007)

Volunteer Work: Habitat for Humanity, Children’s Yoga

Personal: Paula lives in Carroll County with her husband of nearly 20 years, two daughters (12 and 16) and dog. One of her favorite pastimes is powerlifting- she took first place in her division in the 2014 Charm City Strongwoman Competition.



Rachelle Deramos, Assistant Rehab Manager, Riderwood

Rachelle.deramos@erickson.com 301-572-1300 ext 606-2384

Education

DPT (Doctor of Physical Therapy), University of Maryland – Baltimore

M.A., Physical Therapy, University of Maryland - Baltimore

Career

- Riderwood Outpatient Rehab, Physical Therapist (14 years) and Assistant Rehab Manager (4 years)
- Concentra, Physical Therapist

Personal: Rachelle’s passion for seniors started at a young age with her first job as a server at a retirement community and volunteering with activities at a nursing home in Bethesda. Rachelle spends her time away from work with her husband and three children who are 10, 8, and 6 years old. Most weeknights and weekends are spent at the childrens’ various sporting events.



Michael DeSarno, RN, BSN, Aging Life Care Manager, Aging Well Eldercare
mdesarno@care-manager.com (301) 593-5285

Education and Credentials

B.S. Nursing, University of Scranton, Scranton, PA
State of Maryland Registered Nurse License#

R231990

Career

- Nurse Care Manager, Aging Well Eldercare (July 2017 – present)
- Nurse Manager, VillageCare Rehabilitation and Nursing Center, New York, NY (Sep 2015 - July 2017)
- Nurse Manager, ArchCare Rehabilitation and Nursing Center, New York, NY (Sep 2014 - Sep 2015)
- Acute Care Nurse, Geisinger Wyoming Valley Hospital, Wilkes-Barre, PA (Sep 2013 – Aug 2014)



Personal

Michael believes that each person possesses inherent dignity and that choices concerning their health and wellbeing should center around this principle. When he is not working, he likes spending time with his wife and two children, reading, knitting.

Terry Bancroft Dowd

dowdstd@hotmail.com (240) 560-7910 (H), (240) 338-2700 (cell)

Education:

B.A., University of Wisconsin at Madison
J.D., University of Connecticut Law School

Career:

- Securities and Exchange Commission (SEC), Enforcement Division
- Department of Transportation, General Counsel's Office
- Department of Health and Human Services, Deputy General Counsel for Regulation
- Miller & Chevalier, LLC



Volunteer Work:

- Association of Contemplative Women, Treasurer, Spiritual Director
- Montgomery County Election Commission, Chief Election Judge
- Riderwood Continuing Education Committee, Co-Chair
- Riderwood Friday Meditation Group, Convener

John Dunkle, MD, ABFM, HPM

jdunkle@adventisthealthcare.com

Education:

- Medstar Washington Hospital Center Fellowship Hospice & Palliative Care
- The York Hospital Family Medicine Residency Completed
- University of Maryland School of Medicine, Doctor of Medicine
- The George Washington University, Bachelor's Degree Psychology

Career:

- Palliative Care Physician
Associate Medical Director OPTUM/Compassus Hospice and Palliative Care, UnitedHealth Group
- Fellowship in Palliative Care and Hospice at Medstar Washington Hospital Center
- Hospice Medical Director VITAS Healthcare
- Nursing Home Medical Director, Littleton Care and Rehabilitation, Colorado
- Geriatric and Rehabilitation Physician. Medical Director Occupational Medicine and Rehabilitation, Denver, Colorado



Trudy Downs, IT Guru, Riderwood

trudydowns@gmail.com (301) 960-9640 (H) (240) 205-1194 (cell)

Education:

Master of Philosophy, Rutgers University
M.S., Information Science, University of Pittsburgh
M.B.A., University of Pittsburgh
B.A., University of Pennsylvania

Career:

- Merck & Co.: Electronic Document Management & Corporate Records Management
- Rutgers & Pratt Institute: Assistant Professor
- Lederle Labs: Human Resource Information Systems

Volunteer Work:

- Performing Arts Council - Treasurer & Manager Ticket Sales
- Continuing Education Committee (Emeritus)
- Caring Connections - Committee Member (Emeritus)
- RWV Democratic Club - Treasurer & Membership Management
- Parkinson's Disease Support Group - Resident Coordinator
- Computer Club - Vice President & Program Chair, Tutoring, WiFi Committee
- www.RiderwoodLife.org website manager
- Arbor Ridge Family Council - Co-chair



Merrill Fisher, Ed.D. Instructor, *Navigating as We Age*
Merrillfisher.mf@gmail.com (301) 928-8783 (cell)



Education

Ed.D., Administration & Supervision, GWU
M.Ed., Administration & Supervision, University of Maryland
B.S., Mathematics/Sciences, Lock Haven University

Career

- Associate Professor & Coordinator of Secondary Education Program, Hood College, Frederick, MD (2005-2011)
- Coordinator, Master of Arts in Teaching Cohorts (1996-2005): Montgomery Co. Public Schools, Johns Hopkins University, GWU
- Montgomery Co. Public Schools (1963-1996)
 - Director for Educational Services, Montgomery County
 - Principal, Montgomery Public Schools, junior and senior high
 - Math teacher, supervisor of secondary instruction

Volunteer Work

- Director, Montgomery Co. Credit Union
 - President, Montgomery Co. Association of Administrative Personnel
-

Sandra Flank, Ph.D. “Navigating as We Age” Subcommittee
Sflank1@gmail.com (301) 273-9860 (home)



Education

Ph.D., Curriculum & Instruction/Science Education, Fordham University
M.A., Science Education, Temple University
B. A., Chemistry, Temple University

Career

- Pace University, Professor and Department Chair
- Scarsdale Group, Principal
- Media Friends School, Science Coordinator

Volunteer Work

- Chair, Chappaqua Library Board
- Board member, Temple Beth El

Personal: I believe that all people are capable of learning if the teaching is structured correctly and that learning should never end, regardless of age and situation. I enjoy helping people learn.

Sharon Flowers-Williams, Assisted Living Admissions, Health Care Counselor
sharon.flowers-williams@erickson.com; (301) 572-8315

Education

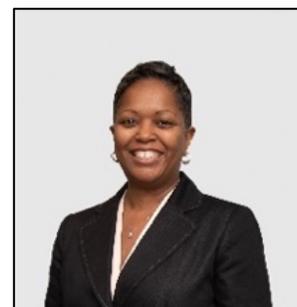
B. A., Business Administration, Sullivan University, Louisville, KY
Certification: Certified Alzheimer’s Disease Dementia Care Trainer (2018)
Certification: Dementia Practitioner (2013)

Career

- Riderwood Village, Health Care Counselor
- The Village at Rockville, Admissions Manager

Volunteer Work:

- 2009-2017: SiS (Sister’s in Serenity) Women’s Ministry
- 2015 – present: Flowers-Williams Foundation



Personal: There are a couple of reasons **WHY** I wanted to work in healthcare in the senior living community. One is because I grew up with my father in a nursing home and secondly my grandmother helped my mother raise my brother and me, so working here at Riderwood is truly a blessing to me.

Jessica M. Gorsky, Attorney, Whiteford Taylor Preston
Jgorsky@wtplaw.com; (410)884-2454

Education:

B.A., Syracuse University
L.L.M. (Master of Laws) in Taxation and Certification
in Estate Planning, University of Baltimore School
of Law.



Career:

- Whiteford, Taylor & Preston, Associate, Trusts, Wills and Estate Planning
- Carney, Kelehan, Bresler, Bennett & Scherr, Associate Attorney
- Walsh & Company, Associate Attorney
- Silverman/Thompson/Slutkin/White, law clerk

Volunteer Work:

- Chair, Maryland State Bar Association Young Lawyers Section
- Member of the Estates and Trusts Law, Elder and Disability Law, Business Law and Taxation Law Sections.

Personal: For fun, Jessica likes to spend quality time with her husband and two dogs. She loves to paint, swim and hike. She is also an avid world traveler, an amateur home chef and active volunteer for The Associated: Jewish Federation of Baltimore.

Greg Hallen, Community Financial Analyst, Riderwood
Greg.Hallen@Erickson.com (301) 572-8322 ext. 606-8322



Education

B.S., Business Administration, Finance, Frostburg State University

Career

- Community Financial Analyst, Riderwood Village (October 2020-present)
- Accounting Office Coordinator, Riderwood Village (September 2017-October 2020)
- Supply & Distribution Coordinator, Riderwood Village (April 2016-September 2017)

Riderwood Committees

- Erickson Living Values Team (2017–2020)
- Riderwood Leadership Development Team Planning Committee (2021–Present)

Volunteer work

- Toys for Tots
 - Elkton, MD VFW
-

Margaret F. (Maggie) Hayes, J.D. Instructor, Navigating as We Age
hayesmf@gmail.com 301-785-8399



Education:

- J.D., Northwestern University School of Law
- B.A., University of Kansas, Political Science

Career:

- Editor, *Report to Congress Pursuant to the MSRA*, 2011, 2013, 2015, 2017, 2019, 2021
- Chair, U.S. Extended Continental Shelf Task Force, 2007-2011
- Director, Office of Ocean and Polar Affairs, Department of State, 2001-2009
- Assistant General Counsel for Fisheries, National Oceanic and Atmospheric Administration, 1989-2001
- Asst General Counsel for Enforcement and Litigation, NOAA, 1983-1989
- Attorney-Adviser for National Marine Fisheries Service, NOAA, 1976-1983
- Law clerk, U.S. Court of Appeals, Seventh Circuit, 1970-1971, 1973-1974

Volunteer Work:

- Promotions Team Leader, Riderwood Caring Connections Committee
- Chair, Readers Theatre, 2022-present
- Co-chair, Capital Campaign, Board president, Board member, Ministerial Search Committee member, Unitarian Universalist Church of Silver Spring
- Volunteer, Montgomery Hospice, 2009-present

**Amanda Hidalgo, Security and Emergency Services Manager,
Riderwood**

amanda.hidalgo@erickson.com

301-628-3666



Education

A.A., Criminal Justice, Prince Georges Community
College

Certification: Emergency Medical Technician since 2002

Career

Riderwood Village Security since 2004

Volunteer Work

Volunteer Fire Fighter and EMT since 2000 (currently volunteering at
Beltsville Volunteer Fire Department No. 31

Personal: I met my husband here at Riderwood in 2009 while we were both
working in Security. We have been together for 12 years, and we have 3
wonderful children.

Tanya Dyer Jenkins, Business Office Manager

Tanya.dyerjenkins@erickson.com (301) 572-8435 (ext: 606-8435)

Education

Washburn University (Topeka, KS), major in Human Services



Career

- Riderwood Village Special Projects (Sept – present)
- Regional Medicaid Manager, Genesis Health Care (2010-
Sept 2021)
- Medicaid Liaison, Adventist health Care (Jan 2008-Dec 2010)

Volunteer Work:

- Safe Place Ministry: advocate for children and families with special needs
- Girls of Character: Mentoring program for girls
- Boy Scouts of America: Committee Chair, Advancement Coordinator
- District of Columbia, Mt. Vernon Square-Mt. Carmel Extension: prepare homeless
care packages



**Ellen G. Lebedow, Manager, Resident Services Dept., Riderwood
Co-Chair, Caring Connections Committee**
Ellen.Lebedow@erickson.com (301) 572-8330



Education

M.S.W., Loyola University, School of Social Work, Chicago
B.A., University of Michigan

Career

- Senior Social Work Manager, Riderwood Village (2017-present)
- Jewish Social Service Agency (JSSA), Community Clinical Liaison, Bereavement Program Coordinator, Suicide Grief Support Program; hospice social worker
- Northern Virginia Family Services, Falls Church, VA; caseworker

Volunteer Work:

- Maryland Coalition for Refugees and Immigrants
 - National Committee on Prevention of Child Abuse
-

Sharon MacInnes, Ph.D. Curriculum Developer & Instructor, *Navigating as We Age*
sharoncookmac@gmail.com <https://ancestortracks.com> (703) 618-1183

Education

Ph.D., American University, Educational Administration
M.Ed., American University
Certification, Teacher of Deaf and Hearing Impaired,
Cambridge University, England
B.A., University of Maryland



Career

- Professional genealogist, author of 9 books, CEO of Ancestor Tracks (<https://AncestorTracks.com>), nationally-recognized speaker
- Fairfax County Public Schools: Curriculum Specialist, Alternative Education Specialist, Teacher (28 years)
- Teaching, overseas schools: Sifundzani School (Mbabane, Swaziland, Africa); Seoul Foreign School (Seoul, Korea); American Community School (Amman, Jordan); St. Louis High School Extension G.E.D. program (Okinawa, Japan); Sapporo School of Languages (Sapporo, Hokkaido, Japan)

Volunteer Work:

- National Genealogical Society Board of Directors (Curriculum Developer, 2017-2021)
 - Riderwood committees (NextGen, Welcome Council, Caring Connections)
 - Established first library for Sifundzani Elementary School, Mbabane, Swaziland, Africa
-

Stephanie McConachie, Ed.D. Instructor, *Navigating as We Age*
smccona@gmail.com (412) 401-4667

Education:

ED.D., Educational Administration, College of William and Mary
M.A., English Education, College of William and Mary
B.A. Theatre Arts, University of Minnesota
B.S. English, University of Minnesota



Career:

- University of Pittsburgh, Professor, English Education, Language, Literacy & Culture & National Fellow, Institute for Learning, Learning Research & Development Center (18 years)
- Director, Western Pennsylvania Writing Project, Univ of Pittsburgh
- Principal, Curriculum Director, and Teacher of English & Composition, Williamsburg-James City County Schools (17 years)
- President, Virginia Association of Teachers of English
- Editor & Co-Author: *Content Matters: Improving Instruction through Disciplinary Literacy*

Volunteer Work:

- Co-founder of Riderwood Readers Theatre
- Co-Project Manager, *Navigating as We Age*
- Resident Co-chair, Caring Connections Committee
- Co-chair, Capital Campaign, Board Member, Unitarian Universalist Church of Silver Spring

Cappie Morgan,
“Navigating As We Age” Subcommittee Member
cappiemorgan1@gmail.com (240) 867-3853

Education

B.A., Wellesley College, History

Career

- President, Counterparts, Inc. (consulting company, HHS Maternal and Child Health Bureau international conferences. Representatives from up to 50 countries attended meetings *Counterparts* organized in the U.S., Canada, Argentina, and Norway)
- Project Developer, D.C. Model Cities Program (HUD-funded national experiment in urban renewal)
- Country Desk Officer, Peace Corps, Latin America Region (Dominican Republic, Guatemala, Panama)
- Teacher of Economics, Instituto Pan Americano, Panama City, Panama



Volunteer Work: Community Integration Committee Chair, responsible for easing the merger of two Montgomery County Elementary Schools, one poor and racially diverse and the other primarily White and affluent.

Kathleen Morris, RN, Aging Life Care Manager, Aging Well Eldercare

kmorris@care-manager.com (301) 593-5285

Education and Credentials

B.S., Family Sciences, University of Maryland
A.S., Nursing, Montgomery College
MD Registered Nurse License# R204256;
DC Registered Nurse License #RN1029375
CPR BLS Certification



Career

- Nurse Care Manager, Aging Well Eldercare (Dec 2021-present)
- Clinical Nursing Care Manager, Lifematters, Inc. (Nov 2020-Dec 2021)
- Nursing Supervisor, Lifematters, Inc. (Feb 2013-Nov 2020)
- Bankruptcy Coordinator, BSI Financial Services, Inc. (2010-2013)

Volunteer Work:

- CYO Basketball Coach at St. Mary's School in Rockville, MD
- 3rd Grade Room Parent, St. Mary's School in Rockville, MD
- Parks and People, cleaning up parks and public land

Personal: Kathleen enjoys spending time with her husband and their three young daughters, who keep her laughing and on her toes. She loves learning about new ways to enhance physical and mental health and promote wellness for the whole person.

Leah Nichaman, Professional Daily Money Manager (PDMM)

leah@everydaymm.com (301) 325-2680 (direct cell)
<https://www.everydaymoneymanagement.com/>

Education

B.A., Cognitive Science
Certification: PDMM from American Association of Daily Money Managers

Career:

- Founder and President, Everyday Money Management (2006-present)



Volunteer Work:

- President, Board of Directors, American Association of Daily Money Managers (AADMM) (2017-2020)
- Member, Advisory Committee for the Representative Payee Program of Montgomery County and bill paying volunteer (<https://www.infomontgomery.org/search-results/?id=39817529>)

Yvette Ross, Acute Care Coordinator, Riderwood

Yvette.ross@erickson.com (301) 512-8449

Education

B.S., Nursing, Notre Dame, Baltimore, MD

Career: 43 years in nursing

- Riderwood’s Acute Care Coordinator since 2007. This role involves interacting with Riderwood residents, residents’ families, and hospital staff to facilitate the transition from hospital back to Riderwood to the level of care which they need. Case Manager for Riderwood Home Support Services
- Community Health Care, Baltimore; Head Nurse, bedside nursing on Medical Surgical Unit
- Potomac Home Health Care, Liaison Nurse



Personal: Loves being a nurse because “it’s in my blood.” Also loves spending time with her dog, reading, shopping, when not dining out- cooking and traveling with her sister who also is also a nurse. Loves to see the humor in life and the best in people. And the color RED.

Jackie Silber Consultant, *Navigating as We Age*

Jes626@gmail.com (301) 526-8127 (cell)

Education

M.P.A., Public Administration, American University

B.S., Business/Finance, Columbia Union College

Career

- Nuclear Regulatory Commission (1984-2007)
 - Chief of Budget, NRC
 - Special Assistant to the NRC Chairman for Budget and IT
 - Deputy Executive Director for Corporate Programs
 - Chief Information Officer, U.S. NRC
 - Chief Information Officer, NRC
 - Director, Program Management
 - Budget Analyst
- OPM Statistical Analyst (1977-1984)



Volunteer Work

- Montgomery Co. Housing Opportunities Commission, Training residents in household budgeting
- Caring Connections
- Riderwood Jewish Community

Crystal Smith, Director of Client Relations, Montgomery Hospice Inc.

csmith2@montgomeryhospice.org (301) 921-4400



Education

B.S., Psychology/Sociology, Towson University

Career

- Director of Client Relations, Montgomery Hospice Inc (2022-present)
- Patient Experience Manager, Montgomery Hospice Inc (2019-2022)
- Strategic Account Manager/Liaison, Holy Cross Home Care and Hospice (2015-2019)
- Director of Admissions, Sanctuary at Holy Cross, (2010-2015)
- Senior Director of Admissions, Genesis Healthcare (2006-2010)

Volunteer work

- Church ministries – kids ministry, lead small group for parents, choir, special needs ministry events
- PTA for children’s elementary school

Personal:

- Mom (and cheerleader) of 2 young children, ages 7 and 9, and a hyper Goldendoodle
 - Official aging “spokesperson/guru” for my aging family and aging in-laws
 - Believes in the power of music and dancing to put you in a good mood
-

Karen Sturtz, MSW, LCSW-C, Professional Liaison, Montgomery Hospice Inc.

ksturtz@montgomeryhospice.org (240) 614-3652



Education

B.S. Kinesiology, University of Maryland

M.S.W., Social Work University of Maryland Baltimore

Career

- Professional Liaison, Montgomery Hospice and Prince George’s Hospice (April 2017-present)
- Clinical Social Worker, Montgomery & Prince George’s Hospice
- Home care and Hospice Coordinator, Medical Social Worker, Holy Cross Home Care and Hospice (2009-2012)
- myPotential Director/Coach – Rehab Dept, The Village at Rockville (2012-2014)
- Resident Services Coordinator (Sub-acute rehab and IL), Riderwood (2005-2008)

Volunteer Work: The Village at Kentland and Lakelands; Stephen Minister

Christopher Taydus, Resident Life Manager, Riderwood
Christopher.taydus@erickson.com 301-572-8328



Education

B.S., Electronic Media & Film, Towson University

Career

Resident Life Manager (Community TV & Community Resources), Riderwood Village (September 2022 – present)
Senior A/V Event Technician for Event & Conference Services, Towson University (May 2007 – present)
Community TV & A/V Manager, Riderwood Village (December 2016 – September 2022)
Community TV Production Coordinator, Oak Crest Village (December 2007 – December 2016)

Mina Bancroft Wuchenich, “Navigating as We Age” Subcommittee Member
mina@minabancroft.com, (650) 380-2633

Education

M. Ed., Duquesne University
BA, Wilson College
Fulbright Fellowship, American Academy at Rome



Career:

- SAGE program Instructor, Prince George’s Community College
- Mina Bancroft Associates serving business professionals; Principal, speaker,
- The Ellis School, Pittsburgh, PA; Latin Teacher

Volunteer Work at Riderwood:

- Continuing Education Committee member
- Caring Connections member
- GraceNotes
- Early Music Ensemble

Other Volunteer Work:

- Pennsylvania Speakers Association, Past President, Chapter Member of Year
- Founder of Cancer Service Project, *Moving Forward, Looking Great*
- Certified trainer for Southwest PA Area Labor Management Council
- Pittsburgh Regional Champion, Chair, Champions Speak with PRIDE
- Board Member, mentor for JustREAD, teen literacy program, Palo Alto, CA

APPENDIX II: FORMS & ACCESSIBILITY
FINANCIAL FORMS

Maryland Financial Power of Attorney

<https://www.marylandattorneygeneral.gov/Courts%20Documents/17-202.pdf>

Article - Estates and Trusts

[\[Previous\]](#)[\[Next\]](#)

§17-202.

“MARYLAND STATUTORY FORM

PERSONAL FINANCIAL POWER OF ATTORNEY

IMPORTANT INFORMATION AND WARNING

You should be very careful in deciding whether or not to sign this document. The powers granted by you (the principal) in this document are broad and sweeping. This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

You need not grant all of the powers listed below. If you choose to grant less than all of the listed powers, you may instead use a Maryland Statutory Form Limited Power of Attorney and mark on that Maryland Statutory Form Limited Power of Attorney which powers you intend to delegate to your attorney-in-fact (the Agent) and which you do not want the Agent to exercise.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

You should obtain competent legal advice before you sign this power of attorney if you have any questions about the document or the authority you are granting to your agent.

DESIGNATION OF AGENT

APPLICATION FOR SPEND-DOWN

STATEMENT OF FINANCIAL INABILITY TO PAY

Resident name(s): _____ Living Unit: _____

Location: Independent Assisted Living Memory Care Skilled Nursing

Entrance Deposit/ Fee Amount: _____

Assets:

Account	Account Title	Balance as of (date)	Balance (\$)
Checking Account			
Checking Account			
Annuity Accounts			
Certificates of Deposit			
Investment Accounts			
IRA Account			
Money Market Accounts			
Real Estate (owned) *			
Savings Account (s)			
Trust Funds			
Long Term Care Policy			
Life Insurance Policy			
Prepaid Funeral			
Other			
* Real Estate, address:			
Total Assets:			

Liabilities:

Account	Account Title	Balance as of (date)	Balance (\$)
Credit Card			
Loan			
Mortgage			
Total Liabilities:			

Total Net Worth	Assets minus Liabilities	
------------------------	---------------------------------	--

STATEMENT OF FINANCIAL INABILITY TO PAY (CONTINUED)

Resident Name: _____ Date: _____

Funeral Expenses pre-paid? Yes No

SOURCES OF MONTHLY INCOME:

Income Source:	Amount (monthly)
Social Security, 1 st person	
Social Security, 2 nd person	
Pension, 1 st person	
Pension, 2 nd person	
LTC insurance	
Investment Income	
Other Income	
Total	

MONTHLY EXPENSES: (review for reasonableness)

Description	Amount (monthly)	Description	Amount (monthly)
Non-Medical		Medical:	
Clothing		Dental	
Contributions		Hearing	
Dry Cleaners		Vision	
Food		Prescriptions	
Gifts		Health Insurance	
Insurance, Car		Out-of-pocket costs	
Insurance, Life			
Insurance, Renters			
Insurance, LTC		Monthly Community Fees:	
Telephone		Monthly Service Pkg	
Miscellaneous*		Ancillary Fees**	
*Miscellaneous Expenses Description:			
**Ancillary Fees Description:			
Total Monthly Expenses			\$

**ENTRANCE DEPOSIT/ ENTRANCE FEE
FINANCIAL ASSISTANCE & SPEND DOWN APPROVAL**

At this time, my sources of funds, including expenditures of principal, are inadequate to make the payments required under the Residence and Care Agreement executed with Riderwood Village, Inc. (RWV) on _____. I have made every reasonable effort to obtain assistance from family and other available means. However, I remain unable to pay the full amount of covered and ancillary fees due to RWV both now and in the future.

I, _____, have applied to have Community reduce the amount of the Entrance Deposit/ Entrance Fee to which I am entitled to a refund, pursuant to the Residence & Care Agreement, as necessary to meet my financial obligations to Community. I understand that these reductions** will occur on a monthly basis as fees are incurred for services rendered by Community.

In support of this application, I have provided a Statement of Financial Condition along with copies of the required paperwork, as well as a statement of additional facts, if any, that would justify the need to spend down my entrance deposit/ entrance fee. I understand that I may be asked to update these documents annually. I understand that it is my responsibility to notify you if my financial status changes. I am aware of Medicaid regulations on gifting that would result in non-payment for care if/when Medicaid is applicable and I am aware that gifting is a violation of the Residence & Care Agreement.

Upon application approval, Community will spend down a fixed amount of the Entrance Deposit/ Entrance Fee per month. The remainder of the balance will be my responsibility to pay. Community may but is not required to adjust the fixed spend down amount for a change in level of care or for cost of living adjustments. I understand that I will be notified of the remaining entrance deposit balance each month. Once the balance of the entrance deposit/ fee reaches 6 months of my living expenses, I will make application to the Resident/Benevolent Care Fund, if available, or to Medicaid, if applicable, so that funds will be available to cover the costs of services provided by Community.

Resident

Date

Power of Attorney

Date

Address: _____

Approved by Executive Director _____ Date _____

Date spend down to begin: _____ Monthly fixed spend down amount \$ _____

MEDICAL FORMS
ADVANCE DIRECTIVE

<https://www.marylandattorneygeneral.gov/health%20policy%20documents/adirective.pdf>

**MARYLAND ADVANCE DIRECTIVE:
PLANNING FOR FUTURE HEALTH CARE DECISIONS**



**A Guide to
Maryland Law on
Health Care Decisions
(Forms Included)**

**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL**

Brian E. Frosh
Attorney General



August 2015

MARYLAND MOLST

MM 3 2013	Page 1 of 2	
Maryland Medical Orders for Life-Sustaining Treatment (MOLST)		
Patient's Last Name, First, Middle Initial	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<p>This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician, nurse practitioner (NP), or physician assistant (PA) must accurately and legibly complete the form and then sign and date it. The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.</p>		
<p>CERTIFICATION FOR THE BASIS OF THESE ORDERS: Mark any and all that apply.</p> <p>I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:</p> <p>_____ the patient; or</p> <p>_____ the patient's health care agent as named in the patient's advance directive; or</p> <p>_____ the patient's guardian of the person as per the authority granted by a court order; or</p> <p>_____ the patient's surrogate as per the authority granted by the Health Care Decisions Act; or</p> <p>_____ if the patient is a minor, the patient's legal guardian or another legally authorized adult.</p> <p>Or, I hereby certify that these orders are based on:</p> <p>_____ instructions in the patient's advance directive; or</p> <p>_____ other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.</p> <p>_____ Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary. If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.</p>		
<p>CPR (RESUSCITATION) STATUS: EMS providers must follow the <i>Maryland Medical Protocols for EMS Providers</i>.</p> <p>_____ Attempt CPR: If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.</p> <p style="padding-left: 40px;">[If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]</p>		
<p>1 No CPR, Option A, Comprehensive Efforts to Prevent Arrest: Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.</p> <p>_____ Option A-1, Intubate: Comprehensive efforts may include intubation and artificial ventilation.</p> <p>_____ Option A-2, Do Not Intubate (DNI): Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.</p>		
<p>_____ No CPR, Option B, Palliative and Supportive Care: Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.</p>		
SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)		
Practitioner's Signature	Print Practitioner's Name	
Maryland License #	Phone Number	Date

Maryland MOLST
Medical Orders for Life-Sustaining Treatment
marylandmolst.org 410-767-6918 maryland.molst@maryland.gov

**Ten Things Everyone Should Know About
Making Health Care Decisions**

You have the right to:

1. Know about your illness.
2. Know the benefits and risks of your treatment options.
3. Say yes or no to treatment options.
4. Consider future treatment options that you want or do not want to receive.
5. Make your own health care decisions unless doctors certify that you can no longer do so.
6. Make an advance directive. You can write down your wishes for future medical treatments. You may pick someone, called a health care agent, to make decisions for you if you cannot make your own decisions in the future. You can change your advance directive at any time.
7. Have your doctor, nurse practitioner, or physician assistant complete a Maryland MOLST (Medical Orders for Life-Sustaining Treatment) order form. MOLST is a form for orders about cardiopulmonary resuscitation and other life-sustaining treatments.
8. Receive a copy of your Maryland MOLST order form within 48 hours after it is completed or sooner if you are discharged or transferred. Access the MOLST order in your medical record.
9. Review your Maryland MOLST order form with your physician, nurse practitioner, or physician assistant.
10. Ask your physician, nurse practitioner, or physician assistant about your illness, treatment options, advance directives, and Maryland MOLST.

Always take your advance directive and Maryland MOLST form with you when you see a new doctor or go to a hospital or other health care facility.

Maryland Advance Directive: Planning for Future Health Care Decisions

By: [NAME OF PRINCIPAL] Date of Birth: [DATE OF BIRTH]

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. Make sure you talk to your health care agent (and any back-up agents) about this important role. Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes, then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive. Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

PART I: SELECTION OF HEALTH CARE AGENT

A. Selection of Primary Agent I select the following individual as my agent to make health care decisions for me:

Name: [AGENT'S NAME] Address: [AGENT'S ADDRESS]
Telephone Numbers: [AGENT'S HOME PHONE NUMBER], [AGENT'S MOBILE PHONE NUMBER]

B. Selection of Back-up Agents (Optional; form valid if left blank)

1. If my primary agent cannot be contacted in time or for any reason is unavailable or unable or unwilling to act as my agent, then I select the following person to act in this capacity:

Name: [NAME OF SUCCESSOR AGENT] Address: [ADDRESS]
Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

2. If my primary agent and my first back-up agent cannot be contacted in time or for any reason are unavailable or unable or unwilling to act as my agent, then I select the following person to act in this capacity:

Name: [NAME OF 2ND SUCCESSOR AGENT] Address: [ADDRESS]
Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

C. Powers and Rights of Health Care Agent

I want my agent to have full power to make health care decisions for me, including the power to:

1. Consent or not consent to medical procedures and treatments which my doctors offer, including things that are intended to keep me alive, like ventilators and feeding tubes;
2. Decide who my doctor and other health care providers should be; and
3. Decide where I should be treated, including whether I should be in a hospital, nursing home, other medical care facility, or hospice program.

I also want my agent to:

1. Ride with me in an ambulance if ever I need to be rushed to the hospital; and
2. Be able to visit me if I am in a hospital or any other health care facility.

This advance directive does not make my agent responsible for any of the costs of my care. This power is subject to the following conditions or limitations: (Optional; form valid if left blank)

[LIST CONDITIONS/LIMITATIONS]

D. How My Agent Is to Decide Specific Issues I trust my agent's judgment.

My agent should look first to see if there is anything in Part II of this advance directive that helps decide the issue. Then, my agent should think about the conversations we have had, my religious or other beliefs and values, my personality, and how I handled medical and other important issues in the past. If what I would decide is still unclear, then my agent is to make decisions for me that my agent believes are in my best interest. In doing so, my agent should consider the benefits, burdens, and risks of the choices presented by my doctors. E. People My Agent Should Consult (Optional; form valid if left blank) In making important decisions on my behalf, I encourage my agent to consult with the following people. By filling this in, I do not intend to limit the number of people with whom my agent might want to consult or my agent's power to make these decisions.

Name(s) Telephone Number(s)
[LIST NAMES AND PHONE NUMBERS]

F. In Case of Pregnancy (Optional, for women of child-bearing years only; form valid if left blank) If I am pregnant, my agent shall follow these specific instructions:

[PROVIDE INSTRUCTIONS]

G. Access to My Health Information – Federal Privacy Law (HIPAA) Authorization

1. If, prior to the time the person selected as my agent has power to act under this document, my doctor wants to discuss with that person my capacity to make my own health care decisions, I authorize my doctor to disclose protected health information which relates to that issue.
2. Once my agent has full power to act under this document, my agent may request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records and other protected health information, and consent to disclosure of this information.
3. For all purposes related to this document, my agent is my personal representative under the Health Insurance Portability and Accountability Act (HIPAA).

My agent may sign, as my personal representative, any release forms or other HIPAA–related materials.

H. Effectiveness of This Part (Read both of these statements carefully. Then, initial one only.)

My agent’s power is in effect:

1. Immediately after I sign this document, subject to my right to make any decision about my health care if I want and am able to.

[INITIAL]

((or))

2. Whenever I am not able to make informed decisions about my health care, either because the doctor in charge of my care (attending physician) decides that I have lost this ability temporarily, or my attending physician and a consulting doctor agree that I have lost this ability permanently.

[INITIAL]

If the only thing you want to do is select a health care agent, skip Part II. Go to Part III to sign and have the advance directive witnessed. If you also want to write your treatment preferences, use Part II. Also consider becoming an organ donor, using the separate form for that.

PART II: TREATMENT PREFERENCES (“LIVING WILL”)

A. Statement of Goals and Values
(Optional; form valid if left blank)

I want to say something about my goals and values, and especially what’s most important to me during the last part of my life: [PROVIDE STATEMENT]

B. Preference in Case of Terminal Condition

(If you want to state your preference, initial one only. If you do not want to state a preference here, cross through the whole section.)

If my doctors certify that my death from a terminal condition is imminent, even if life-sustaining procedures are used:

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

((or))

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

((or))

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

C. Preference in Case of Persistent Vegetative State

(If you want to state your preference, initial one only. If you do not want to state a preference here, cross through the whole section.)

If my doctors certify that I am in a persistent vegetative state, that is, if I am not conscious and am not aware of myself or my environment or able to interact with others, and there is no reasonable expectation that I will ever regain consciousness:

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

((or))

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

((or))

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

D. Preference in Case of End–Stage Condition

(If you want to state your preference, initial one only. If you do not want to state a preference here, cross through the whole section.)

If my doctors certify that I am in an end–stage condition, that is, an incurable condition that will continue in its course until death and that has already resulted in loss of capacity and complete physical dependency:

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

((or))

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

((or))

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

[INITIAL]

E. Pain Relief

No matter what my condition, give me the medicine or other treatment I need to relieve pain.

[INITIAL]

F. In Case of Pregnancy

(Optional, for women of child-bearing years only; form valid if left blank)

If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows: [PROVIDE INSTRUCTIONS]

G. Effect of Stated Preferences

(Read both of these statements carefully. Then, initial one only.)

1. I realize I cannot foresee everything that might happen after I can no longer decide for myself. My stated preferences are meant to guide whoever is making decisions on my behalf and my health care providers, but I authorize them to be flexible in applying these statements if they feel that doing so would be in my best interest.

[INITIAL]

((or))

2. I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and my health care providers to follow my stated preferences exactly as written, even if they think that some alternative is better.

[INITIAL]

PART III: SIGNATURE AND WITNESSES

By signing below as the Declarant, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand its purpose and effect. I also understand that this document replaces any similar advance directive I may have completed before this date.

Signature of Declarant: _____ Date: [DATE]

Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

The Declarant signed or acknowledged signing this document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to make this advance directive.

Signature of Witness: _____ Date: [DATE]

Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

Signature of Witness: _____ Date: [DATE]

Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

(Note: Anyone selected as a health care agent in Part I may not be a witness. Also, at least one of the witnesses must be someone who will not knowingly inherit anything from the Declarant or otherwise knowingly gain a financial benefit from the Declarant's death. Maryland law does not require this document to be notarized.)

AFTER MY DEATH

(This form is optional. Fill out only what reflects your wishes.)

Print Name: [NAME OF PRINCIPAL] Date of Birth: [BIRTH DATE]

PART I: ORGAN DONATION

(Initial the ones that you want.)

Upon my death I wish to donate:

Any needed organs, tissues, or eyes. [INITIAL]

Only the following organs, tissues, or eyes: [INITIAL]
[LIST SPECIFICS]

I authorize the use of my organs, tissues, or eyes:

For transplantation [INITIAL]

For therapy [INITIAL]

For research [INITIAL]

For medical education [INITIAL]

For any purpose authorized by law [INITIAL]

I understand that no vital organ, tissue, or eye may be removed for transplantation until after I have been pronounced dead under legal standards. This document is not intended to change anything about my health care while I am still alive. After death, I authorize any appropriate support measures to maintain the viability for transplantation of my organs, tissues, and eyes until organ, tissue, and eye recovery has been completed. I understand that my estate will not be charged for any costs related to this donation.

PART II: DONATION OF BODY After any organ donation indicated in Part I, I wish my body to be donated for use in a medical study program.

[INITIAL]

PART III: DISPOSITION OF BODY AND FUNERAL ARRANGEMENTS I want the following person to make decisions about the disposition of my body and my funeral arrangements:

(Either initial the first or fill in the second.)

[INITIAL] The health care agent who I named in my advance directive.

((or))

[INITIAL] This person:

Name: [NAME] Address: [ADDRESS]

Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

If I have written my wishes below, they should be followed. If not, the person I have named should decide based on conversations we have had, my religious or other beliefs and values, my personality, and how I reacted to other peoples' funeral arrangements. My wishes about the disposition of my body and my funeral arrangements are:

[PROVIDE INSTRUCTIONS]

PART IV: SIGNATURE AND WITNESSES

By signing below, I indicate that I am emotionally and mentally competent to make this donation and that I understand the purpose and effect of this document.

Signature of Donor: _____ Date: [DATE]

The Donor signed or acknowledged signing this donation document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to make this donation.

Signature of Witness: _____ Date: [DATE]

Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

Signature of Witness: _____ Date: [DATE]

Telephone Numbers: [HOME PHONE NUMBER], [MOBILE PHONE NUMBER]

Dementia Directive for Care

Directions to my health care agent about decisions for my care if I cannot make decisions and my condition is unlikely to change.

Print Name: _____

My values and wishes:

If I contract dementia, Alzheimer's or other progressive brain disease, I do not wish to burden my family emotionally, physically or financially. To that end I set forth the following wishes:

Upon diagnosis ensure that appropriate instructions are noted in the MOLST document

Do not resuscitate or ventilate or administer artificial nutrition or hydration

Do not pursue any aggressive medical treatments

Do not pursue medical or diagnostic tests

Move me out of my home to (skilled nursing/memory care facility) if, in the opinion of (name one or more caregivers/family members) the following conditions make such a move appropriate

I am:

Unsafe

Unable to care for myself

Bedridden

Incontinent

I become violent or abusive or cause disturbances

Care becomes too difficult, demanding or expensive in my home

Allow natural death to occur once quality of life is significantly diminished in the view of -
(Print name of one or more caregivers/family members)

Directions to my health care agent about decisions for my care if I cannot make decisions and my condition is unlikely to change.

Quality of life measures:

Cannot communicate

Experience chronic confusion and disorientation

Measures to allow natural death to occur

Except as provided below, do not prolong my life with any medical treatment, do not call 911 or other emergency response

Discontinue all medications intended to prolong life except if necessary to ensure comfort
Do not treat any condition except pain or fracture unless needed for comfort
 Do not treat pneumonia or infection
 Do not administer antibiotics
Do not hospitalize except for a fracture
Do not feed me or give me nutritional drinks if I cannot or do not feed myself

When appropriate, follow my Directions to my healthcare agent about “Ending my life in the event that I cannot make decisions” dated _____

To those I am entrusting to carry out my wishes. I understand that taking these steps will be difficult for you. I hope that you will be able to do it, knowing that this is what I want for my sake and yours.

I love you.

Signature: _____

Date: _____

Witness Signature

_____ Date: _____

Witness name

printed _____

Witness address

Witness signature: _____

Date: _____

Witness name

printed _____

Witness

address _____

Dementia Life-Ending Provision

Directions to my health care agent about ending my life in the event that I cannot make decisions.

Print NAME: _____

My values and wishes:

If I contract dementia, Alzheimer's, or other progressive brain disease, I do not wish to prolong my life, once the conditions set below are met.

I do not want to burden my [wife/husband/partner] or other members of my family emotionally and physically during a prolonged period. I do not want my illness to become a financial burden and drain resources, either my own, my family's, the government's or any other provider's.

These are the conditions under which I do not want to prolong my life and wish to die:

I am unresponsive to my environment and this is unlikely to change.

I am unresponsive to my [wife/husband/partner] and other loved ones and this is unlikely to change.

Unresponsive means that most of the time I am unaware, do not communicate effectively, do not remember, and do not understand.

When my health care agent decides [optional: after consultation with my physician] that these conditions are met, I request that my health care agent make the following decisions on my behalf and ensure that they are carried out:

- All food should be discontinued by whatever means administered. I do not want to be served food or to be given assistance in taking in food.
- All fluids should be discontinued. I do not want fluids served to me or to be given assistance in drinking fluids. Appropriate means to reduce dry mouth are acceptable.
- All medications and therapies that I take or use should be discontinued, unless they are considered a matter of comfort.
- Any medications should be administered that will help my death be as peaceful as possible.

To those I am entrusting to carry out my wishes. I understand that taking these steps will be difficult for you. I hope that you will be able to do it, knowing that this is what I want for my sake and yours.

[Optional: I am not afraid of dying and of dying in this manner. I love you.]

Signature: _____ **Date:** _____

Witness Signature

_____ Date: _____

Witness name printed

Witness address

Witness

Signature: _____ **Date:** _____

Witness name printed:

Witness address:

Should you wish to view the presentation on these documents on video at a future date, go to:
Terry Dowd, JD, presentation to Caring Connections Class on Advance Directives for Dementia,
June 2019. <https://vimeo.com/385346803>

Pet Registration Form



PET OWNER REGISTRATION FORM

Resident Name: _____ Apartment: _____

Telephone: _____ Date: _____

Type of Pet:	Name of Pet:	License:
1. _____	_____	_____
2. _____	_____	_____

Is your pet a Service Dog or an Assistance/Therapy Animal? _____

(if an Assistance/Therapy Animal, additional forms are required. No additional forms are required for a Service Dog.)

Emergency Contact (person to provide care for the pet in the event of a resident emergency; this cannot be an employee of the community):

Name: _____

Relationship to owner: _____

Daytime telephone: _____

Evening telephone: _____

Special instructions: _____

Veterinarian Name and Phone: _____



Resident Name: _____ Apartment: _____

Please check to indicate the completion:

- My pet(s) is (are) registered in the local jurisdiction and the rabies and vaccination shots are up-to-date.
- The person listed as my Emergency Contact is aware of the above information and of their responsibility to activate this emergency plan. I will give them a copy of this *Pet Registration Form* to help guarantee that they have this information.
- I will give a copy of this form to my Pet Caretaker and I will make sure this Caretaker is aware of who my Emergency Contact is and how to reach them.
- I will put a copy of this form on my refrigerator in case of an emergency and may give a copy to my close friends/neighbors.

ACCOMMODATIONS FOR ACCESSIBILITY

For a virtual tour of an apartment designed for a wheelchair-bound resident, watch the video “Accessibility Meets Décor: Adaptations for an apartment to meet needs of both disabilities and attractiveness” at (<https://vimeo.com/350186330>). This is a 25-minute interview with residents Nancy and Dick Pawliger and tour of their apartment that is ADA compliant.

Features and Customization of a Riderwood Apartment for Scooter or Wheelchair Accessibility

An apartment may be modified to include many features that are designed to meet the needs of a physically disabled resident and enable that resident to more fully enjoy apartment living at Riderwood. It is more expedient and economical if the resident has the opportunity to work with Riderwood’s architect and Custom Design staff *before* any plans are drawn up and *before* construction starts to ensure that the desired features are incorporated in the final design. The resident of this apartment was extremely pleased at the cooperation by the architect and Custom Design to achieve these goals. The cost of adapting some features to meet the needs of the disabled resident that incurred little or no incremental cost over the normal design were borne by Riderwood. The costs for providing other special features and equipment or appliance upgrades were borne by the resident.

Many residents who use a wheelchair or scooter use them mainly to cover long distances such as when going from building to building but *within* their own apartment they walk, perhaps with the aid of a cane or walker or rollator. If a resident uses a scooter both outside as well as within the apartment, that requires additional space for maneuvering.

To make this apartment more suitable for a wheelchair user, the following features were incorporated:

KITCHEN: For access while seated in a wheelchair or scooter:

- The counter tops are 2” lower than standard counter height (34” vs. 36”)
- The bottom of the above-counter cabinets are lower than normal (14” above counter top vs. 18”)
- To permit access, the sink is located in the middle of the counter rather than in the corner and the undersink cabinet is recessed to allow a wheelchair to pull up close to the counter.
- The kitchen faucet handle is located close to the front of the sink rather in the back. (The spigot from which the water flows is in its normal position in the back and has a pull-out spray.)
- The garbage disposal switch is located midway back rather than on the wall behind the sink.
- A counter top microwave oven was provided in place of one typically located above the stove

- The control knobs for the stove are in the front rather in the back. (A “drop-in” rather than a “slide-in” range was necessary to accommodate the lower counter top.)
- The refrigerator has a bottom freezer

Master Bathroom

- A roll-in shower equipped with:
 - a built-in wall-mounted seat
 - water controls within reach of a person sitting on the shower seat
 - a hand-held shower head in addition to a standard high shower head
 - two niches, one high and one low, for soap, shampoo, etc.

(The shower floor is pitched towards the drain so there is no water overflowing onto the rest of the bathroom floor. The use of 1” square tiles on the shower floor makes the floor less slippery, even when wet.)
- An ADA compliant toilet (17” high vs. standard 15”)
- A 4” toilet seat riser atop the toilet
- Toilet mounted (rather than wall mounted) grab bars
- For convenience, a “soft close” toilet seat lid
- An additional wall-mounted grab bar to facilitate transfer from a wheelchair to the bath seat

OTHER FEATURES FOR ACCESSIBILITY

- Doorways at least 27” wide to permit easy passage of a wheelchair (An option of offset hinges to allow a wider opening when the door is open proved to be not needed.) Two of the doors are “Pocket” doors, 36” wide.
- A second peep hole in the entrance door at the height of a person seated in a wheelchair
- Lower hanger rods in the walk-in closet
- Side-by-Side Washer/Dryer with front openings (A stacked Washer/Dryer is totally inaccessible from a wheelchair.)
- Hard floors (laminated or tile) throughout except in the two bedrooms, which are carpeted. The hard surfaces make it easier to use a manual wheelchair if necessary.

For convenience: electrically operated blinds and a light switch operated by voice command were installed in the Master Bedroom; all cabinet drawers and doors in the kitchen and bathrooms are “soft close”

Considered, but felt to be unnecessary, were lower light switches and higher wall outlets.



APPENDIX III (FOR SPOUSE & FAMILIES): WHAT TO DO WHEN YOUR LOVED ONE DIES AT RIDERWOOD

IF YOUR LOVED ONE LEFT A LIFE LEDGER:
Use this checklist to help you fulfill his/her wishes

- Life Ledger includes a list of people to alert
- Life Ledger includes a list of current passwords to computer, tablet, phone, accounts, and online sites
- Life Ledger includes the executor, next of kin, close friends, faith community contact, service personnel such as housekeepers, home health aides, etc.
- Life Ledger includes attorney, location of will, executor/s; estate plans, beneficiaries, etc.
- Life Ledger includes burial or cremation wishes, pre-paid arrangements
- Life Ledger includes wishes for memorial service/funeral plans or wishes (music, readings etc.)
- Life Ledger includes location of "Riderwood Authorization to Enter My Apartment" and terms for repayment of deposit
- Life Ledger includes Medicare.gov password, Authorization to Access My Medicare Records, location of my Medicare card
- Life Ledger includes space for Genealogy and Legacy for possible obituary

SURVIVING SPOUSE FINANCIAL CHECKLIST (from *Consumer Credit Counseling Service*)



Surviving Spouse Financial Checklist

Losing a spouse brings a flood of emotions that can make tasks like managing financial obligations seem almost impossible. This checklist is designed to help those dealing with this challenging time to keep the process organized and to make the next financial steps as easy to understand as possible.

- Safe deposit box information (and key)
- Storage locker contract
- Business ownership or interest
- Military service records
- Computer records related to assets

Preparation for dealing with finances

- If possible, get a family member or close friend to **help**. It can be very difficult to stay focused during this emotional time. A helping hand can make a huge difference in easing the burden. If no loved one is available to help, consider hiring a financial advisor to assist you.
- Gather all important **documents** in a central place where they are easy to access and work. A large accordion folder can help to stay organized.
- Documents to Gather:
 - Will/trust
 - Life insurance policy
 - Birth certificate
 - Marriage certificate
 - Death certificate (if you already have it)
 - Funeral arrangements or instructions
 - Social security cards for both of you
 - Tax returns
 - Divorce agreements
 - Bank statements
 - Investment account statements
 - Stock certificates
 - Pension/retirement plan statements
 - Loan statements
 - Mortgages
 - Leases
 - Deeds
 - Motor vehicle titles
 - Car insurance
 - Homeowner's insurance
 - Health insurance
 - Bills

First action items

- Contact a **funeral home** to make arrangements for funeral preparations and payment.
- Ask the **funeral director** to help you get 12 certified copies of the death certificate, or contact the County Clerk's office yourself to get them. There is usually a small charge for this. The funeral director will also help you get a copy of the death certificate, if you have not done so already.
- Arrange for someone to be at your house **during the funeral**, since burglars read obituaries and funeral notices to target empty homes.
- If applicable, contact your spouse's **employer** to let them know of the passing. Speak with the employer's Human Resources department directly so they can provide you with any paperwork that needs to be completed. Keep in mind that you may be due money because of your spouse's accrued vacation or sick time. Also, if you or your children were covered through your spouse's employer's medical insurance, ask about options for continuing the coverage if you are interested in doing so.
- Contact an **attorney** to begin a review of your spouse's will, or if there is no will, to discuss how the probate process will work. The attorney should also be able to help you understand whether or not your spouse's estate will cover any existing debts that were just in your spouse's name, or if not, what your liability will be for those debts going forward. The attorney will file the will with the probate court to have it approved.



- Make sure you have a plan in place for all your **bills**. If you were not the one responsible for bills, research which were on automatic payment and which need to be paid manually. Have all the bills put in your name. For the first few months, it can help to draw up or print out a bills checklist to put on the refrigerator or other prominent place. If you are not able to pay all the bills immediately, contact your creditors about the possibility of delaying payments due to the circumstances.

Next action items

- Contact all **credit unions or banks** your spouse had accounts with to change the accountholder information.
- Contact any **financial advisors** or administrators of investment or retirement accounts your spouse had to begin the process of assigning assets to beneficiaries. Confer with a financial advisor before cashing out any investments.
- If an active **life insurance policy** was in place, contact the provider. It can take several weeks to receive the funds, so try to get started as soon as possible. It is also a good time to evaluate what life or disability insurance coverage you will need going forward.
- Contact providers of all other **insurance policies** – auto, homeowner’s, credit card, accident, etc. - to let them know of the passing and to close or change the name on the policy.
- Check with all your spouse’s **former employers** to see if they have any life insurance policies or other benefits for your spouse, such as a pension.
- If your spouse was listed as **beneficiary** on your will, insurance policies, bank accounts or retirement plan, change these designations.
- Contact any **creditors** to remove your spouse’s name from any joint accounts and to close any accounts that were in your spouse’s name only. Destroy any cards that were issued in your spouse’s name. If you have long-term joint accounts that have remained in good standing, it is a good idea to keep them open since they can help you maintain a positive credit history. Let creditors know if the debts will be paid by your spouse’s estate, or if not, how they will be handled (your lawyer can help you with

preparing this information.) If you had been paying for credit card insurance, ask the creditor how that will assist you.

- Send a letter to each of the three major credit bureaus to get copies of your spouse’s **credit reports** to ensure you are aware of all existing debts. In your letter, include:
 - Date
 - Your name
 - Your address
 - Your relation to the deceased
 - Your signature
 - Deceased’s date of death
 - Deceased’s date of birth
 - Deceased’s place of birth
 - Deceased’s Social Security number
 - Deceased’s addresses for the past five years
 - A request that the deceased’s credit report be mailed to you
 - A request that the following notation be listed on the credit report: “Deceased – Do not issue credit.”
 - Copy of marriage certificate
 - Copy of death certificate

Mail separate letters to:

Equifax
 Equifax Information Services LLC
 Office of Consumer Affairs
 P.O. Box 105169,
 Atlanta, GA 30348

Experian
 P.O. Box 9701
 Allen, TX 75013

TransUnion (TU)
 P.O. Box 6790
 Fullerton, CA 92834

- Update the name listing on any **deeds or titles**, such as your home or your vehicles. Contact your state’s Department of Motor Vehicles for the title changes to vehicles.
- Contact the **Social Security Administration** to see if you are eligible to receive benefits. Be sure to let them know you are calling regarding spousal and survivor benefits.
- If your spouse was in the military, contact the **Veteran’s Administration** to learn what benefits you might be due.



- If your spouse belonged to a **labor union**, contact the union to see if they offer any assistance.
- If an illness or medical care preceded your spouse's passing, file a claim for the medical bills with your spouse's **health insurance provider**.
- Keep in mind that **taxes** for your spouse will still need to be filed for the year of death and any taxes due will need to be paid. Since there could be estate taxes or other complicated issues to deal with, it is best to contact a tax professional to assist you.
- If you have a child who is in college, contact the school's **financial aid** office since you may qualify for more assistance.
- Cancel any **clubs or memberships** for your spouse, such as gyms or professional organizations.
- If your spouse had any **business** ownerships or interests, contact the attorney who handled your spouse's business affairs to learn what steps need to be taken to handle any transitions. Also, contact any business clients your spouse may have been working with or for.

Final action items

- Complete a new **spending and savings plan** (budget) to reflect your new level of income and expenses.
- If your benefits represent a large amount of money, consult with a **financial advisor** to put that money to work to achieve your goals.
- It is also good to reassess what your **retirement** will look like going forward. Try to estimate how your expenses and income will change during retirement.

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Call CCCSF toll-free **800.777.7526** or visit www.cccsf.org



This checklist could help you cope with practical tasks during an emotional time
By Stacy Julien, AARP, June 4, 2012. Note that if your loved one filled out a Life Ledger, many of the tasks below will be laid out for you.

To Do IMMEDIATELY

Arrange for organ donation. It may be the last detail you want to think about, but arrangements need to be made "almost immediately at death so the organs can be harvested as promptly as possible," Hurme says. Not certain about the person's wishes? Two sources to check: the driver's license and an advance health care directive, such as a living will or health care proxy. If the answer is "yes," the hospital where the person died will have a coordinator to guide you through the process. If your loved one died outside of a hospital — that includes in hospice or a nursing home — contact the nearest hospital. Staff will answer questions. There is no cost.

Contact immediate family. Of course you want to update key family members. Bringing them together in person, by phone or electronically (via mass email, Skype or Facebook Family page), is an opportunity not only to comfort one another but also to share information about important decisions that must be made — some of them immediately. Do any of you, for example, know of an arrangement for the funeral or other source for burial wishes?

Follow body bequeathal instructions. If the person made arrangements to donate his or her body to a medical school, the family must respect those wishes. An advance directive, living will or health proxy may guide you to a particular institution. If the person hasn't made arrangements, the next of kin can donate the body, but the decision needs to be made as early as possible.

Consider funeral preparations. If possible, bring together key family members for an early conversation. This is especially helpful if the deceased left no advance instructions or possibly made an unreasonable request. Factors to consider:

- What did the deceased want?
- What's realistic? What can you afford?
- What will help the family most?

Choose a funeral home. Most people want a funeral home to transport the body from the morgue to its facility. The deceased may have identified which home to use — and even

prepaid for funeral services. If there's been no conversation about arrangements, the choice will be up to the family.

Notify close friends and extended family. Make a list of as many people as you can. Find contacts through email accounts and personal telephone books. Contact an employer and organizations the deceased belonged to, if necessary.

Secure property. Lock up the person's home and vehicle. Have someone care for pets until a permanent arrangement is made.

Notify the post office. Use the *forward mail* option. This will prevent accumulating mail from attracting attention. It can also inform you about subscriptions, creditors and other accounts that need to be canceled. "That mail that comes in will be very valuable in tracking down what you may not have thought of. It can be a treasure trove of information," Hurme says.

TO DO BEFORE THE FUNERAL

Meet with the director handling the funeral or memorial arrangements. Use instructions your loved one might have left and the earlier family discussion to guide the many decisions to be made.

- Will the body be embalmed or cremated?
- Will there be a casket, and if so, will it be open or closed?
- If body will be cremated, will the ashes be scattered? If the ashes are deposited in an urn, will it be placed in a mausoleum?
- Where is the burial site?
- Do religious traditions need to be respected?
- Will there be contributions to charities in lieu of flowers?

For a veteran, inquire about special arrangements. A range of benefits can help tailor a veteran's service. You may be able to get assistance with the funeral, burial plot or other benefits. You can find many details about options at the U.S. Department of Veterans affairs or call Veterans Affairs at 1-800-827-1000 or your local veterans agency. You can also inquire about veteran's survivor benefits.

Consider whether you need or want other financial assistance for the funeral and burial. Help might be available from a number of sources, including a church, a union or a fraternal organization that the deceased belonged to. Phone or send an email to the local group.

Enlist help for the funeral. Relatives and friends may be needed to serve as pallbearers, to create or design the funeral program, cook meals (for a repast gathering or simply for the

household of the deceased), take care of children or pets, or shop for any items needed for the funeral or household of the deceased.

Arrange for headstone. You can typically purchase a headstone through the cemetery or from an outside vendor of your choice. Consult the cemetery about rules, regulations and specifications such as color and size, particularly if you go with an outside vendor.

Organize a post-funeral gathering. Depending on your tradition, it's called a repast or a wake. It can be held at the church, a banquet hall or someone's house. Enlist the help of friends and relatives to plan.

Spread the word about the service. Once a date and time have been set for the service, share the details with those on your contact list. Include an address to send cards, flowers or donations.

Make a list of well-wishers. Keep track of who sends cards, flowers and donations so that you can acknowledge them later.

Prepare an obituary. The funeral home might offer the service or you might want to write an obituary yourself. If you want to publish it in a newspaper, check on rates, deadlines and submission guidelines. Don't include such details as exact date of birth that an identity thief could use.

Handle the ethical will, if there is one. An ethical will isn't a legal document, but rather a letter of sorts written to your family and friends that shares your values, life lessons and hopes for the future. If the deceased left one, arrange to share it, maybe even have it printed.

TO DO AFTER THE FUNERAL

Get duplicate death certificates. You may need a dozen certified death records to complete upcoming tasks, though some will require less expensive copies. Your funeral director may help you handle this or you can order them from the vital statistics office in the state where the death occurred or from the city hall or other local records office. Each certified record will cost in the neighborhood of \$10 or \$20.

Send thank-you notes. From the contact list that you acquired earlier, send thank-you notes and acknowledgements. Consider delegating this task to a family member.

Notify local Social Security office. Typically the funeral director will notify Social Security of your loved one's death. If not, call 1-800-772-1213 or contact your local office. If your loved one was receiving benefits, they must stop because overpayments will require complicated repayment. Even a payment received for the month of death may need to be returned. If the

deceased has a surviving spouse or dependents, ask about their eligibility for increased personal benefits and about a one-time payment of \$255 to the survivor.

Handle Medicare. If your loved one received Medicare, Social Security will inform the program of the death. If the deceased had been enrolled in Medicare Prescription Drug Coverage (Part D), Medicare Advantage plan or had a Medigap policy, contact these plans at the phone numbers provided on each plan membership card to cancel the insurance.

Look into employment benefits. If the deceased was working, contact the employer for information about pension plan, credit unions and union death benefits. You will need a death certificate for each claim.

Stop health insurance. Notify the health insurance company or the deceased's employer. End coverage for the deceased, but be sure coverage for any dependents continues if needed.

Notify life insurance companies. If your loved one had life insurance, appropriate claim forms will need to be filed. You will need to provide the policy numbers and a death certificate. If the deceased was listed as a beneficiary on a policy, arrange to have the name removed.

Terminate other insurance policies. Contact the providers. That could include homeowner's, automobile and so forth. Claim forms will require a copy of the death certificate.

Meet with a probate attorney. The executor should choose the attorney. Getting recommendations from family or friends might be the best approach, but an online search can also be an efficient way to find an attorney. "The advice of counsel can save a lot of frustration and running down dead ends," Hurme says. If there is a will, the executor named in it and the attorney will have the document admitted into probate court. If there isn't a will, the probate court judge will name an administrator in place of an executor. The probate process starts with an inventory of all assets (personal property, bank accounts, house, car, brokerage account, personal property, furniture, jewelry, etc.), which will need to be filed in the probate court.

Make a list of important bills (monthly payments). Share the list with the executor or estate administrator so that bills can be paid promptly.

Contact financial advisers, stockbrokers, etc. Determine the beneficiary listed on these accounts. Depending on the type of asset, the beneficiary may get access to the account or benefit by simply filling out appropriate forms and providing a copy of the death certificate. If that's the case, the executor wouldn't need to be involved. If there are complications, the executor could be called upon to help out.

Notify mortgage companies and banks. It helps if your loved one left a list of accounts, including online passwords (check for a Life Ledger). Otherwise, take a death certificate to the bank for assistance. Change ownership of joint bank accounts. Did the deceased have a safe

deposit box? If a password or key isn't available, the executor would likely need a court order to open and inventory the safe deposit box. Most probate courts have administrative rules about steps to access the box of any decedent.

Close credit card accounts. For each account, call the customer service phone number on the credit card, monthly statement or issuer's website. Let the agent know that you would like to close the account of a deceased relative. Upon request, submit a copy of the death certificate by fax or email. If that's not possible, send the document by registered mail with return receipt requested. Once the company receives the certificate, it will close the account as of the date of death. If an agent doesn't offer to waive interest or fees after that date, be sure to ask. Keep records of the accounts you close and notify the executor of the estate about outstanding debts.

Notify credit reporting agencies. To minimize the chance of identity theft, provide copies of the death certificate to the three major firms — Equifax, Experian and TransUnion — as soon as possible so the account is flagged. Four to six weeks later, check the deceased's credit history to ensure no fraudulent accounts have been opened.

Cancel driver's license. Clearing the driver's license record will remove the deceased's name from the records of the department of motor vehicles and help prevent identity theft. Contact the state department of motor vehicle for exact instructions. You may have to visit a customer-service center or mail documentation. Either way, you'll need a copy of the death certificate.

Cancel email and website accounts. It's a good idea to close social media and other online accounts to avoid fraud or identity theft. The procedures for each website will vary. For instance, Google Mail (Gmail) will ask you to provide a death certificate, a photocopy of your driver's license and other detailed information.

Cancel memberships in organizations. Reach out to sororities, fraternities, professional organizations, etc., the deceased belonged to and find out how to handle his/her membership status. Greek organizations may want to hold a special ceremony for your loved one.

Contact a tax preparer. A return will need to be filed for the individual, as well as for an estate return. Keep monthly bank statements on all individual and joint accounts that show the account balance on the day of death.

Notify the election board. According to a 2012 Pew Center report, almost 2 million people on voter registration rolls are dead.

PASTORAL MINISTRIES AT RIDERWOOD

When a Riderwood Resident Dies

2/8/2021

The Riderwood community extends our deepest sympathy to you upon the death of your loved one. We know you have many concerns as you make arrangements to honor your family and deal with your sorrow. We offer this pamphlet as a guide to the assistance available to you from Riderwood residents and Resident Life staff



*"As we number our days,
may we gain a heart of
wisdom."*

~ *The Order of Service* is developed with the presiding clergy, staff or family member. The length may range from fifteen minutes to two hours.

~ *Flowers and Photos* can be brought, but must be removed at the end of the service.

~ Visitation takes place at the funeral home or Riderwood Side Chapel and is not held in the Riderwood Main Chapel.

~ *Bulletins are not required.* If the family wants a bulletin, please discuss with the presiding clergy or staff.

Helpful Phone Numbers

Pastoral Ministries Coordinator
(301) 572-8302
(301) 572-8327

Catholic Pastoral Associate
(301) 572-8439

Protestant Pastoral Associate
(301) 572-8334
(301) 572-8331

Jewish Rabbi
(443) 824-3903
(215) 380-6068
(301) 529-9725

Chapel Reservations
(301) 572- 8302

Catering (301) 628-3620



Memorial Contributions

In addition to favorite charities, people may choose to make monetary contributions to Riderwood's Memorial Fund. You may give to the Benevolent Care Fund, "In Memory Of..." Please make all checks out to Riderwood, noting on the check the fund and to whom the money is in honor of. Send to Pastoral Ministries in Village Square 3110 Gracefield Rd. Silver Spring Md. 20904. For further information; please call the Pastoral Ministries office.

Funeral Homes

There are many funeral homes in the area. In the event that you have not chosen a funeral home at the time of death, you may contact the Pastoral Ministries Office for assistance.
(301)572-8302

Notifying the Riderwood Community

Death Notification

When a Riderwood resident dies, notification of the death is made available to the community by posting a notice in the framed cases in the lobbies of our clubhouses. The notice provides the name and date of death of the deceased. This information is available to the wider community for seven days following the death. An electronic notice is also sent to the Riderwood Leadership Group.

How RW Knows a Death Occurs

All deaths on campus are communicated through security to administration and an official death announcement is then released for notification. For deaths that occur off campus, perhaps at a local hospital, a family member will need to contact a front desk to inform security. Then an official notification can be released.

Funeral Notification

The Death notification/obituary is often found in *The Baltimore Sun* or *The Washington Post*. This funeral information may be posted on the **Pastoral Ministries** section of the Community Building bulletin boards (4 boards) by family or friends in legible type written format. The absence of such information on the bulletin boards usually means the information has not been released or made available.

Transportation to off Campus Services

If a service is being held in a funeral home or place of worship in the Riderwood area, Riderwood's **Transportation Services** are able to work with interested residents to arrange for a shuttle. The fee for this service depends upon the distance and amount of time involved. Based on the availability of drivers and vehicles, it may not always be possible to utilize the shuttle service. To arrange for transportation, please call **(301-572-8358)** or visit the Transportation office on the Terrace level of Village Square.

Services Held On Campus

The Chapel at Riderwood is available for funeral and memorial services. Booking the chapel is handled through the Pastoral Ministries office. There is no cost to Riderwood families for the use of the chapel. Additional arrangements such as reserved parking spaces, shuttle transportation for off-campus guests, and music for the service can be coordinated with the Pastoral Ministries Dept. and/or the participating faith community.

Catering

If a reception or repast is desired following the service, you may contact the **Catering Office (301-628-3620)** or **WWW.Riderwoodcatering.Com**

Reserving a Guest Room at Riderwood

Outside visitors attending a funeral or memorial service may request accommodations on our campus. To reserve a room, please call **General Services (301-572-8355)** or contact the front desks at any community building.

Grief Support

All of our Resident Services Coordinators and Pastoral Ministries staff are available for grief and bereavement support. Feel free to contact the RSC Worker assigned to your building or call the Pastoral Ministries office when the time feels right for you.

Making Plans for the Service

Many Riderwood residents have made plans with their clergy and with a funeral home of their choice. They have also shared these plans with family members. However if a family is in need of support or direction, the RSC and the Pastoral Ministries staff can also provide assistance. Below are a few things to consider:
~ *Please keep the Riderwood community informed of deaths, service arrangements and receptions*, by calling (301) 572-8302 in Pastoral Ministries as arrangements are finalized.

Riderwood is providing the following lists for your information and convenience for your information only. We encourage you to explore your options and, ideally, interview more than one resource.

Body/Organ Donations

Anatomy Gift Registry - 1-800/300-5433
Georgetown School of Medicine Anatomical Donor Program – 202/687-1219
Living Legacy Foundation of Maryland – 410/242-7000
Maryland Anatomy Board Body Donation Program - 410/547-1222
Washington Regional Transplant- 703/641-0100

Funeral Homes, Cremations

- Borgwardt Funeral Home (also does cremations): 301/937-1707 (Beltsville)
- Chambers Funeral Home (also does cremations): 301/565-3600 (Silver Spring)
- Collins Funeral Home (also does cremations): 301/593-9500 (Silver Spring)
- Cremation Society of Maryland: 410/788-1800 (Catonsville)
- Danzansky Funeral Home (Jewish): 301/340-1400 (Rockville)
- DeVol Funeral Home (also does cremations): 301/948-6800 (Gaithersburg)
- Gasch's Funeral Home (also does cremations): 301/927-6100 (Hyattsville)
- Going Home Cremation Services: 301-854-9038 (Clarksville)
- Harry Witzke Funeral Home: 410/465-2848 (Ellicott City)
- Hines Rinaldi Funeral Home (Jewish Funeral Practices): 301/622-2290 (White Oak)
- Kaufman Funeral Home at Meadowridge Memorial Park (also does cremations): 410/796-8024 (Elkridge)
- Lasting Tributes Cremation and Funeral Care (offers green burial): 410/897-4852 (Annapolis)
- Levinson's Baltimore Funeral Home (Jewish): 410/653-8900 (Baltimore)
- Pumphrey Funeral Home (also does cremations): 301/762-3939 or 301/652-2200 (Bethesda)
- Rapp Funeral & Cremation Services: 301/565-4100 (Silver Spring)
- Roy W. Barber Funeral Home & Cremations: 301/948-3500 (Gaithersburg)
- Torchinsky Hebrew Funeral Home (Jewish): 301/495-3395 (Takoma Park/D.C.)

JEWISH FUNERAL AND CEMETERY ARRANGEMENTS

An excellent guide researched and compiled by Leslie S. Montroll has been produced for the Riderwood Jewish Community (RJC). The RJC formally joined the Jewish Funeral Practices Committee of Greater Washington (JFPCGW) in the spring of 2015 with the goal of removing Jewish funerals “out of ordinary commerce to restore them to a sacred and meaningful *mitzvah*.” JFPCGW contracts with two funeral homes that provide “a quality traditional Jewish funeral at a fixed modest cost.” Print from <https://riderwoodlife.com/wp-content/uploads/2022/01/Being-Prepared-January-2022.pdf>

You may obtain a print copy of this guide from the Riderwood Pastoral Ministries Office. You can also download a copy from <https://riderwoodlife.com/jewish-community-of-riderwood/> (scroll down to the last item on the page).

**RIDERWOOD'S LIST OF THINGS TO CONSIDER
AFTER A RESIDENT'S DEATH**

This list is intended to assist our families in handling the affairs of our residents at the end of life. This information is neither all inclusive nor intended to answer all questions that may arise. Please be in contact with your Social Worker, who can assist and guide you through this process.

	If the resident is a hospice patient, contact the 24/7 line of the hospice agency involved to notify their staff of the death. The hospice team will be a good resource for bereaved families.
	Contact the Security Department (301-572-8391) at Riderwood Village to report the date, time, and location of the resident's death. It is important to know that our Security Staff change the lock when a resident dies and there is no other resident remaining in the apartment. The Security team will provide family with information about granting the resident's legally designated personal representative on-going access to the apartment, as well as answer questions about limited apartment access to handle time-sensitive affairs.
	Contact a funeral home to pick up the remains and to prepare them for burial; other options are the Cremation Society of Maryland (410-788-1800), Maryland State Anatomy Board (410-547-1222), etc.
	Look in the apartment or safe deposit box for any documents concerning funeral arrangements, wills, special wishes, etc.
	Make arrangements for any animals in the apartment, i.e., family, friends, kennel, etc.
	Clean out refrigerator in apartment and empty trash; remove perishable food, plants, etc.
	Locate the will in the apartment, in a safe deposit box, at a lawyer's office, or at the Register of Wills (for Prince George's county Register of Wills call 301-952-3250, for Montgomery County call 240-777-9600).
	When the Executor is ready to learn the steps to release an Independent Living Apartment, please contact Move Out Coordinator 301-572-8306, for more information on closing out the apartment, refund of the entrance deposit, turning in apartment keys, etc., and for additional assistance with the following checklist. The move out handbook (given by Move Out Coordinator) will provide additional details regarding parts of this check list (i.e. change of address, returning Comcast equipment, donations, etc.).
	Obtain copies of Death Certificate; many times the funeral home will assist with this process. For additional information, visit: https://health.maryland.gov/vsa/Pages/death.aspx .

	<p>Meet with the funeral home director to make funeral arrangements (viewings, burial, etc.) Recommended items to take with you:</p> <ul style="list-style-type: none"> - Clothing, eyeglasses, jewelry, etc. - One recent photograph for cosmetic purposes - Veteran’s discharge papers (DD214) - Social Security Number - Life Insurance Policies - List of 6 to 8 pallbearers if applicable - A collection of photos to illustrate your loved one’s life for video, scrapbook, etc. <p>Information for obituary such as: mother’s full name/maiden name, father’s full name, birthplace, education, work history, church affiliation, organizations, memberships, special achievements, surviving relatives, cities they live in (parents, spouses, siblings, children, grandchildren, etc.)</p>
	<p>The Executor of the Estate will need to obtain a Letter of Administration from Montgomery or PG County Courthouse – Register of Wills* (for numbers see above) to open the Estate and to show proof that they are in fact the Executor of the Estate. *We strongly encourage families to call the Register of Wills ahead of time to find out details, items to bring to obtain the letter, etc.</p>
	<p>If the family wishes to have a memorial service at the Chapel at Riderwood, contact Pastoral Ministries at 301-572-8302</p>
	<p>For information on how to make a donation to the Riderwood Benevolent Care Fund (BCF), contact the Philanthropy office at 301-572-8394.</p>
	<p>If necessary, meet with a lawyer concerning the Will, estate issues, etc.; Independent Living Social Worker can be contacted for a list of local lawyers.</p>
	<p>If the resident was a Veteran of the U.S. Military, locate their DD214 (discharge forms) showing proof of military service (for veteran benefits, U.S. Flag for funeral, burial in a veteran’s cemetery, etc.)</p>
	<p>If you wish to submit a death notice or obituary to local papers, information is as follows:</p> <ul style="list-style-type: none"> Washington Post Death Notices (202) 334-4122 Washington Post Obituaries (202) 334-6477 Baltimore Sun Death Notices (410) 539-7700 Baltimore Sun Obituaries (410) 332-6536 Washington Times Obituaries (202)-636-4728
	<p>Check the resident’s two mailboxes (U.S. Mailbox that requires a key and cubby mailbox for internal mail, Riderwood bill, fliers, etc.)</p>

	<p>Contact the U.S. Postal Service to have mail stopped/forwarded; the Executor of the Estate will need to provide a Letter of Administration to the Post Office (to obtain a Letter of Administration in Montgomery County go to Register of Wills – Judicial Center 50 Maryland Ave. North Tower 3220 Rockville, MD 20850 – for Prince George’s County go to Register of Wills at the Courthouse – 14735 Main Street, Room D4001, Upper Marlboro, MD 20773) ***call the Post Office and/or Register of Wills ahead of time for more information Local Post Office: 12010 Plum Orchard Dr. Silver Spring, MD 20904 Ph: 301-586-7614 Additional information online: https://www.usps.com/manage/mail-for-deceased.htm</p>
	<p>Contact offices concerning pensions, retirement accounts, Medicare (1-800-MEDICARE), Social Security (1-800-772-1213), etc. (do not cash any Social Security Checks received for the month in which the person died; the check needs to be returned to Social Security; if received via direct deposit you will need to notify the bank to return the funds to Social Security)</p>
	<p>Determine what assets, debts, etc. the resident has; also checkbooks, savings books, bank documents, etc.</p>
	<p>If necessary, meet with a lawyer or accountant concerning taxes (final tax return) and accounting matters; Independent Living Social Worker can be contacted for a list of lawyers/accountants.</p>
	<p>Contact banks for information on accounts, safe deposit boxes, etc.</p>
	<p>Contact credit card companies</p>
	<p>Contact life insurance companies, health insurance companies, homeowners/renters insurance companies, etc.</p>
	<p>If resident has an automobile contact MVA concerning registration, license, etc.; also contact automobile insurance company</p>
	<p>Contact newspaper circulation department to stop delivery; <i>Washington Post</i> 202-334-6100 <i>Washington Times</i> 202-636-3333 <i>Baltimore Sun</i> 443-692-9011</p>
	<p>If resident had any external phone (i.e. cell phone, pager) or cable (beyond Basic Cable, which is included in Riderwood Connect) service, contact carrier and inform them of death. Comcast contact number: 1-855-638-2855. **See Riderwood’s Move Out Handbook for additional details (log in https://myerickson.erickson.com, click on “Finance” tab and scroll down to “Move Out Services.”</p>
	<p>Contact Primary Care Physician as well as any specialists such as dentists, cardiologist, audiologist, ophthalmologist, etc. (if external). Riderwood will notify Riderwood providers.</p>

Revised Resident Life May 2019

RIDERWOOD VILLAGE RAC
Summary of Move-Out Procedures
90% Contract (purchased apartment after March 2017)

Moving Out Procedures: *A joint article by Linda Wanner, RAC Chair; Tess Morrison, RAC Finance Liaison; Remi Ackerman, Finance Director; Gladstone James Assistant Finance Director. Edited by Bob Phillips, GS RAC Liaison. August 2021*

This document summarizes the move out procedures for residents who reside in Independent Living units and have either decided to move out or have died, that in this latter case, their estate handles the move out procedure. It covers residents that have a 90% refund contact—residents who signed their R&C after March 2017. Residents should understand that this article is a general summary and it is the Residence and Care Agreement that was signed at the time of move-in that controls.

Documents: The resident/estate should have the Residence and Care Agreement signed at initial entry to Riderwood Village and a signed “Authorization for Entry to Living Unit form.” Since a Power of Attorney document is invalid after death, the resident/estate should have this authorization form readily available. A handy document is the Riderwood “Move out Handbook” available at the Finance office. Be aware, however, that the Residence and Care document is the official document. For your Estate Representative to gain access to your apartment, a signed “Authorization for Entry to Living Unit” form must be completed by you and on file in the Finance Office. A Power of Attorney form is invalid after death. Without an “Authorization for Entry” form on file (available in the Finance Office), your family may not be able to enter the apartment until without providing one of the following: the Trust, the Will, or a Letter of Administration.

Timing:

- 1. Establish an expected move-out date as a result of the first occurring event below:**
 - Resident dies or
 - Written notice is provided of your intention to vacate your apartment
- 2. Remove all possessions from the apartment as soon as reasonably possible**

During this process, you are responsible for paying your Monthly Service Package (MSP). If no one is living in the apartment, the non-occupancy credit (currently \$15 per day per person) is subtracted from the Monthly Service Package starting on the 11th evening.
- 3. Vacate the apartment , complete a “Unit Release” Form, and Turn in your keys**

This form establishes a “**Departure Date**” and releases your apartment back to Riderwood. If any possessions remain after the “**Departure Date**”, Riderwood has the right, but not the responsibility to remove and dispose of any remaining property and will charge for this removal on the Final Bill.

Until the day the unit has been completely vacated, as defined above, the “90-days MSP reduced by the non-occupancy credit” does not start. As an example, if a person moves out/dies at the beginning of month one, but does not vacate until month two, the resident/estate will pay the MSP reduced by the non-occupancy credit for the first month and then the following 90-days. On the other hand, if a new Resident has taken keys before the 90-days is up, then the “90-days MSP” is reduced to the prorated time between vacating the unit and the new resident has taken keys.

4. **Final Bill** will include:

- Refurbishing Costs – No cost will be charged unless work is needed to repair any extraordinary damage to your apartment.
- 90 day Monthly Service Package – Your Monthly Service Package less the Non-Occupancy Credit will be charged **for no more than 90 days following the “Departure Date”** (defined in #3 above).
- Miscellaneous Fees – These fees could be for storage units, removal of property, etc.

5. **Resident Refund will be refunded within 60 days after the following conditions have been met:**

- Final bill has been approved or paid
- Sufficient funds in the 90% contract pool from community unit resales

This article is a general summary. The Riderwood “Move Out Handbook” (log on to <https://myerickson.erickson.com>, click on “Finance” tab and scroll down to “Move Out Services”) contains more detailed information. More importantly, the Residence and Care Agreement that you signed when you moved in is the binding document. You should carefully review this document to fully understand the terms that apply to you.

Vacating a unit can be expensive. Please refer to the Riderwood Move-Out Handbook that has preferred resources and a move-out guide for your convenience as mentioned above.



Questions: Direct questions to Tess Morrison (tmorriso@illinois.edu) who will collate the questions and send them to Remi Ackerman, the Riderwood Finance Director. Remi has agreed to answer Resident questions in either an email, and article in The Reporter, or a Financial Town Hall presentation (date to be determined).

RIDERWOOD VILLAGE RAC
Summary of Move-Out Procedures
100% Contract (purchased apartment prior to March 2017)

Moving Out Procedures: *A joint article by Linda Wanner, RAC Chair; Tess Morrison, RAC Finance Liaison; Remi Ackerman, Finance Director; Gladstone James, Assistant Finance Director, . Edited by Bob Phillips, GS RAC Liaison. August 2021*

This document summarizes the move out procedures for residents who reside in Independent Living units and have either decided to move out or have died, that in this latter case, their estate handles the move out procedure. It covers residents that have a 100% refund contact --residents who have Residence and Care Agreement (R&C) prior to March 2017. Residents should understand that this article is a general summary: it is the Residence and Care Agreement that was signed at the time of move-in that controls.

Documents: The resident/estate should have the Residence and Care Agreement signed at initial entry to Riderwood Village and a signed “Authorization for Entry to Living Unit form.” Since a Power of Attorney document is invalid after death, the resident/estate should have this authorization form readily available. A handy document is the Riderwood “Move out Handbook” available at the Finance office. Be aware, however, that the Residence and Care document is the official document. For your Estate Representative to gain access to your apartment, a signed “Authorization for Entry to Living Unit” form must be completed by you and on file in the Finance Office. A Power of Attorney form is invalid after death. Without an “Authorization for Entry” form on file (available in the Finance Office), your family may not be able to enter the apartment without providing one of the following: The Trust, the Will, or a Letter of Administration.

Timing:

- 5. Establish an expected move-out date as a result of the first occurring event below:**
 - Resident dies
 - Written or verbal notice is provided of your intention to vacate the apartment
- 6. Remove all possessions from the apartment as soon as reasonably possible**

During this process, you are responsible for paying your Monthly Service Package (MSP). If no one is living in the apartment, the non-occupancy credit (currently \$15 per day per person) is subtracted from the Monthly Service Package starting on the 11th evening.
- 7. Vacate the apartment, complete a “Unit Release” Form, and Turn in your keys**

This form establishes a “**Departure Date**” and releases your apartment back to Riderwood. If any possessions remain after the “**Departure Date**”, Riderwood has the right, but not the responsibility to remove and dispose of any remaining property and will charge for this removal on the Final Bill.

Until the day the unit has been completely vacated, as defined above, the “90-days MSP reduced by the non-occupancy credit” does not start. As an example, if a person moves out/dies at the beginning of month one, but does not vacate until month two, the resident/estate will pay the MSP reduced by the non-occupancy credit for the first month and then the following 90-days. On the other hand, if a new Resident has taken keys before the 90-days is up, then the

“90-days MSP” is reduced to the prorated time between vacating the unit and the new resident has taken keys.

4. **Final Bill** will include:

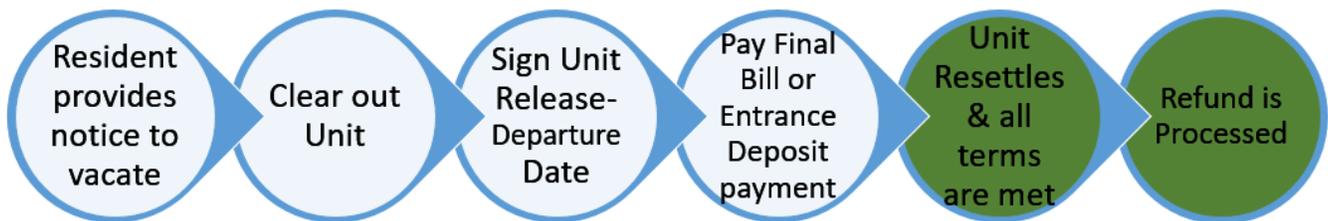
- Refurbishing Costs- fees to bring the unit back to its original condition.
- 90 day Monthly Service Package – Your Monthly Service Package less the Non-Occupancy Credit will be charged **for no more than 90 days following the “Departure Date”** (defined in #3 above).
- Miscellaneous Fees – These fees could be for storage units, removal of property, excess damage, etc.

5. **Resident Refund will be refunded within 60 days after the following conditions have been met:**

- Final bill has been approved or paid
- New resident has taken keys and
- New resident has paid Entrance Deposit in FULL

This article is a general summary. The Riderwood “Move Out Handbook” (log on to <https://myerickson.erickson.com>, click on “Finance” tab and scroll down to “Move Out Services”) contains more detailed information. More importantly, the Residence and Care Agreement that you signed when you moved in is the binding document. You should carefully review this document to fully understand the terms that apply to you.

Vacating a unit can be expensive. Please refer to the Riderwood Move-Out Handbook that has preferred resources and a move-out guide for your convenience as mentioned above.



Questions: Direct questions to Tess Morrison (tmorriso@illinois.edu) who will collate the questions and send them to Remi Ackerman, the Riderwood Finance Director. Remi has agreed to answer Resident questions in either an email, and article in The Reporter, or a Financial Town Hall presentation (date to be determined).

MOVING OUT GUIDE

To access the Moving Out Guide, go to myerickson.erickson.com and sign in to your account. Once the icons appear, go to the “Finance” tab and in the search box, type “Move Out IL Handbook” to view or print out the 28-page guide. This assures you have the most recent version of the guide.

Note: If you do not have an account on myerickson.erickson.com, please see the Community Services Coordinator in your loved one’s neighborhood to get one. Be sure to share your login information with your loved ones and/or representatives so that they can access all of this financial information.

DONATING TO THE TREASURE CHEST
(all proceeds go to Benevolent Care Fund)



The Treasure Chest
SHOP - DONATE - VOLUNTEER

Donating to the Treasure Chest

Small Items - If your donation fits in a shopping cart, please drop off at one of the following sites on the 2nd or 4th Tuesday of each month - 10AM-NOON:

VSQ: Treasure Chest Store - Victoria Place
MST: Hall outside of Game Room

TNC: at connection with Calvert Landing
LSC: Terrace Level outside Wellness Studio

Large Items - For donations too large or numerous to fit in a shopping cart, please call the Treasure Chest at 301-572-8434 to arrange for a volunteer to visit your apartment and identify acceptable items. General Services provides free pick-up.

ACCEPTABLE Donations (in good and clean condition)

- | | |
|--|--|
| • Bed linens (comforters-no fringe) | • Towels |
| • Knickknacks | • Dishes, glasses & stems in sets of 4 or more |
| • Furniture (sofas under 72") | • Silverware |
| • Two-piece china cabinets (2-piece – less than 50") | • Pictures & frames |
| • Lamps (not halogen) | • Cookware |
| • Small kitchen appliances | • Jewelry |
| • Flat screen TV's with remote | • Decorative accent pillows |
| • Radios | • Christmas trees/decorations |

UNACCEPTABLE Donations

- | | |
|---|--|
| • Clothing items - Riderwood Lions Club accepts clothing. Contact General Services for free pick-up. | • One-piece china cabinets |
| • Mobility devices – wheel chairs, walkers, etc. can be donated to Wheels for the World. Contact General Services for free pick-up. | • Entertainment cabinets |
| • Medical equipment | • Filing cabinets |
| • Dirty, broken or inoperable items | • Computer desks, desks over 42" |
| • Typewriters, record players, stereos, CD & VHS players, computers, printers, monitors | • Mattresses, bed pillows, dust ruffles |
| • Sofa beds | • Food items (opened or unopened) |
| • Sofas over 72" long | • Insecticides, cleaners, etc. |
| • Soft low chairs & sofas | • Curtain & drapery rods |
| • Queen/King size beds | • Halogen lamps |
| | • Reading machines |
| | • CDs, DVDs, VHS & cassette tapes |
| | • Exercise bikes |
| | • Phones |
| | • Books (Call TNC Library at 301-572-5614) |

All Proceeds Benefit the Benevolent Care Fund

April, 2019

APPENDIX IV: GLOSSARY

Advance Directives: Legal documents prepared for possible use at some later date when a person might become incapacitated or otherwise unable to make decisions for himself or herself. Advance Directives often are used to state specifically what kind of and what amount of medical care one wants—and does not want—at one’s end of life.

Durable Powers of Attorney: The authorization of one person to act as another’s attorney or agent. This authorization may be general in nature or may be limited to specific areas, such as to health-care issues or to financial matters.

Financial Power of Attorney (or Attorney in Fact): A title given to a designated individual who has been granted a durable power of attorney to handle all financial matters on behalf of another person should that other person become physically or mentally unable to act for him/herself. This power ends at death of grantor. The executor handles the estate.

Health Care Power of Attorney (HCPA): A legal instrument authorizing a designated individual to make all necessary medical decisions on behalf of another person who has been determined to be physically or mentally unable to do so for him or herself. This HCPA may also be called a “health-care agent,” health-care advocate, or medical proxy.

Living Will: A Living Will is one kind of advance directive that is actually not a will in any way. Rather it is a legal document that specifically expresses one’s preferences for (or opposition to) the use of medical treatment modalities merely in order to sustain life when it has already been medically determined that one is terminally ill or permanently unconscious and unable to profit from further medical supports. Another name for this directive is “Five Wishes.”

MOLST: Maryland’s “Medical Orders for Life-Sustaining Treatment” is a form filled out with your doctor or nurse practitioner. It details your decisions regarding emergency steps like CPR and other interventions and works in conjunction with your Advance Directives.

Revocable Trust Agreement: This is a legal document that grants title to property held by one party (known as the “trustee”) for the benefit of another (known as the “beneficiary”). It allows one to put one’s assets into a protective trust while still alive. Putting one’s assets into a trust can affect estate-related taxation issues at the time of death. The difference between a “will” and a “trust” needs to be seriously studied with the help of legal advice as one makes decisions about one’s estate, recognizing that laws related to wills and estates often change. This agreement may be changed or terminated whenever the grantor wishes to do so.

