



WA CARES CONVERSATIONS

Talking With Loved Ones About Long-Term Care

November 16, 2023



What we'll cover

Host

Kristen Maki

Community Relations & Outreach
Program Manager, WA Cares Fund

Agenda

- Introductions & opening
- Personal experience with long-term care conversations
- Advance planning conversation tips
- Warning signs a loved one may need help now
- WA Cares Fund overview
- Audience Q&A

Panel

KD Hall

Family Caregiver

Christina Marneris

Community Services Manager, Area
Agency on Aging & Disabilities of
Southwest Washington

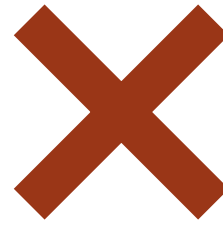
Lynne Korte

Dementia Care Program - Policy
Manager, Department of Social
and Health Services

Defining long-term care and caregiving



help with activities
of daily living
like bathing, eating & dressing



not medical care

like doctor visits & treatment for
medical conditions



paid care from a
professional



help from a
family member
or friend, often unpaid



services & supports provided
in your own home



care provided
in a residential setting
like a nursing home or assisted living

Family caregiver KD Hall

Personal experience with
long-term care conversations







A R E A A G E N C Y O N
Aging & Disabilities
O F S O U T H W E S T W A S H I N G T O N



CHRISTINA MARNERIS, COMMUNITY SERVICES MANAGER



WHAT TO CONSIDER WHEN HAVING CONVERSATIONS ABOUT PLANS FOR FUTURE LONG- TERM CARE NEEDS:

- Assess your personal situation and possible need for long-term services and supports. What support might you need to maintain your health and independence?
- Consider your financial circumstances and how they might change.
- Do you have family or other informal support that are available to provide care?
- What other local resources are available?



TIPS FOR STARTING THE CONVERSATION IN YOUR FAMILY AND MANAGING DISCOMFORT WITH THE TOPIC:


- Appreciate why it's so hard.
- Remember that the consequences of not speaking up are usually worse than the talk itself.
- Consider that the person you're caring for might be having similar concerns.
- Think gains, not losses.
- Think choices, not ultimatums.
- Choose the right moment and place.
- Be candid and empathetic.
- It's helpful to use I statements.


Data sources: Prepare to Care-A Planning Guide for Families (AARP), The Do's and Don'ts of Communicating with Aging Parents (Mark Edinberg, Ph.D) and Holding a Family Meeting (Family Caregiver Alliance)

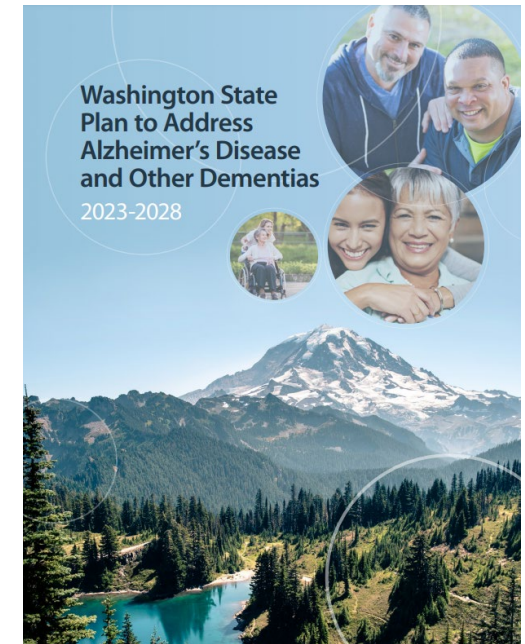


RESOURCES

- Find your [local Washington AAA](#)
- [Aging & Long-Term Support Administration Family Caregiver Resources](#)
- [Eldercare Locator](#)
- [AARP](#)
- [Family Caregiver Alliance](#)



 **Dementia
Action**
Collaborative
Washington State



DEMENTIA SUPPORT AND RESOURCES



ARE YOU NOTICING MEMORY LOSS, WARNING SIGNS OF DEMENTIA?

- Memory loss that disrupts daily life.
- Challenges in planning or solving problems.
- Difficulty completing tasks at home, at work or at leisure.
- Confusion with time or place.
- Trouble understanding visual images and spatial relationships.
- New problems with words in speaking or in writing.
- Misplacing things and losing the ability to retrace steps.
- Decreased or poor judgment.
- Withdrawal from work or social activities.
- Changes in mood or personality.

For more information on “Other Dementias”, go to: www.nia.nih.gov/health/what-are-signs-alzheimers-disease



ACTION STEPS

The following are important at this point:

- Obtain a medical assessment to find out what may be causing the problems.
- Complete health care planning documents. Your loved one should have:
 - A Health Care Directive (also called a “living will” or “advance directive” regarding treatment preferences); and
 - A Durable Power of Attorney for Health Care, appointing a health care “agent.”
- Complete a General Durable Power of Attorney document. In this document, your loved one appoints an “agent” to assist with financial and related matters.
- Complete an estate plan. Your loved one’s estate plan may include legal documents such as a will or a trust that direct the disposition of their estate upon death.
- Have a family meeting to discuss what’s happening, and necessary next steps.

DEMENTIA ROAD MAP: A GUIDE FOR FAMILY AND CARE PARTNERS

- Comprehensive
- Easy-to-digest
- Action oriented
- Empowers family and care partners



Available in English and Spanish - online or in print: <https://www.dshs.wa.gov/altsa/dementia-action-collaborative>

Helpful at any stage of the dementia journey....helps to prepare for the road ahead

Dementia Road Map: A Guide for Family and Care Partners

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DEMENTIA ROAD MAP OVERVIEW

Wondering & Worried



- Is everything OK?
- Should my loved one be checked by a health care professional?
- What if my loved one won't go to a health care professional?

Mild Cognitive Impairment (MCI)



- Where do we go to get memory loss checked out?
- How can I help my loved one with their memory and thinking?
- What can we do to promote our loved one's well-being?

Early-Stage Dementia



- Are there any medication, treatments or lifestyle changes that could help my loved one's memory and thinking?
- How can we help our loved one stay active and connected?
- Should my loved one still be driving?
- Is our legal paperwork in order?

Mid-Stage Dementia



- What can I do to make the home safer?
- What do we do if our loved one won't stop driving?
- Where do we get help in coping with behaviors?
- What services might help and where do I find them?

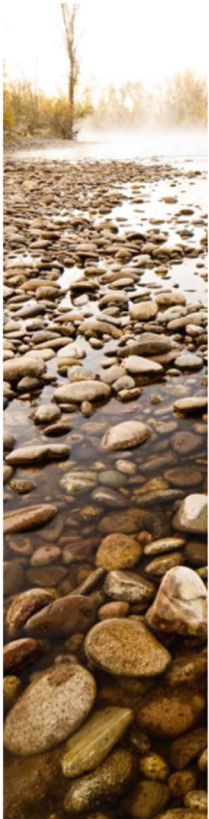
Late-Stage Dementia



- What can we do to promote quality of life?
- What kind of care is best for my loved one?
- What do we want in terms of medical care at the end of our loved one's life?



Focuses on empowerment – what to expect and what you CAN do!



Wondering & Worried

“My husband has always been a forgetful kind of guy—it was when he started making up details about his own past because he could no longer remember them, that’s when I started worrying. That’s when we went to see the doctor.”

– Debbie H., family caregiver from Yakima

You may be wondering

- Is everything OK?
- Should my loved one be checked by a health care professional?
- What if my loved one won’t go to a health care professional?

What should you expect in this stage?

You notice changes in your loved one’s memory, and thinking, but they may or may not affect daily life activities. For example, you may notice that they:

- Have difficulty performing more than one task at a time.
- Have difficulty solving complex problems or making decisions.
- Forget recent events or conversations.
- Take longer to perform more difficult mental activities such as using the computer.

Your loved one is likely concerned but may not discuss it. Other friends and family may or may not see or notice any changes.

What you can do:

- Learn about normal changes with aging and those that indicate a need to get a check up. See the **“10 Warning Signs”** on page 21.
- Keep track of changes you notice. If your loved one doesn’t bring it up, find the right time and a sensitive way to discuss these changes with them—get it out in the open.
- Ask your loved one to have a complete medical check-up. It’s important to know if memory and thinking changes may be caused by something that could be treated or reversed. Even if not, it’s best to know what you’re dealing with.
- If your loved one is resistant to a medical check-up, enlist the help of trusted family or friends who may be able to encourage this.
- Call and ask your loved one’s health care professional for the Medicare Annual Wellness exam (if they are on Medicare) that includes detection of cognitive impairment along with other screenings. Feel free to share with the professional what you’ve noticed either in person or in a letter.
- If you don’t feel comfortable with your loved one’s current health care professional, try to find a new one. Most primary care professionals can diagnose dementia. But if you’re looking for a specialist, contact the Alzheimer’s Association to help identify providers in your area.
- If you know or suspect your loved one has hearing loss, get it checked and addressed—hearing loss makes it harder for a person with memory loss or confusion to communicate. This can lead to misunderstandings and social isolation.
- Make sure both you and your loved one are making healthy lifestyle choices:
 - Stay active and engaged in social groups, arts, and other activities of interest.
 - Eat fresh fruits and vegetables.
 - Be physically active.
- Make it a priority to begin and/or complete legal, financial and advance care planning, including essential planning documents. While all adults should have a plan in place in the event of one’s disability or death, such planning is even more important for anyone beginning to experience changes in memory or thinking abilities. While such changes may or may not end up being dementia, it is critical to complete this planning while your loved one has the ability to do so.

Action Steps

The following steps are important at this point:

- **Obtain a medical assessment** to find out what may be causing the problems.
- **Complete health care planning documents. Your loved one should have:**
 - A Health Care Directive (also called a “living will” or “advance directive” regarding treatment preferences); and
 - A Durable Power of Attorney for Health Care, appointing a health care “agent.”
- **Complete a General Durable Power of Attorney document.** In this document, your loved one appoints an “agent” to assist with financial and related matters.
- **Complete an estate plan.** Your loved one’s estate plan may include legal documents such as a will or a trust that direct the disposition of their estate upon death.
- **Have a family meeting** to discuss what’s happening, and necessary next steps.



Mild Cognitive Impairment (MCI)

Mild Cognitive Impairment (MCI) is a slight but measurable decline in cognitive abilities that includes memory and thinking. MCI is not dementia. While a person with MCI is more likely to develop dementia, this may or may not occur.

"We were concerned about Mom's memory long before we were able to get a diagnosis. The Alzheimer's Association was a great source of information and support. Even when there were no 'answers,' there was always understanding and encouragement from that community."

- Cindy B., family caregiver from Bellevue

You may be wondering

- Where do we go to get memory loss checked out?
- How can I help my loved one with their memory and thinking?
- What can we do to promote our loved one's well-being?

What should you expect in this stage?

Your loved one is still independent but may have difficulty paying bills, preparing meals, shopping, driving.

They may forget details, display less ambition; may have emotions that go up and down, and be more reliant on you.

Your loved one may find particular success in completing familiar routines and habits.

You may:

- Feel irritation with loved one's differing abilities.
- Also feel compassion for loved one's changes.
- Find that other friends and family don't notice changes in your loved one or understand your concerns.

Suggests helpful approaches or services and Action Steps at each stage

To help your loved one:

- Support them in managing any heart conditions, high blood pressure or diabetes as needed. This may include helping them to manage medications. See tips on this webpage: www.nia.nih.gov/health/managing-medicines-person-alzheimers
- Encourage a healthy lifestyle including regular exercise, a healthy diet, and social activities.
- Encourage the use of long-time skills, like playing the piano, singing, typing, crafts, or speaking a second language.
- Share (and read) the booklet—"Living Well with MCI or Early Dementia" from the Alzheimer's Association. See a link to this booklet in the **Resource List** on pg. 25 - 26.

Action Steps

The following steps are important at this point:

Remember! If your loved one has not yet had a medical assessment, contact their health care professional, a Geriatrician, a Neurologist, and/or a Neuropsychologist.

- Discuss with loved one** the issue of when to discontinue driving.
- Review the Dementia Legal Planning Toolkit** (see **Legal Resources** on page 26)
- Complete health care planning documents. Your loved one should have:**
 - A Health Care Directive (also called a "living will" or "advance directive" regarding treatment preferences); and
 - A Durable Power of Attorney for Health Care, appointing a health care "agent."
- Complete a General Durable Power of Attorney document.** In this document, your loved one appoints an "agent" to assist with financial and related matters.
- Contact the Dementia Legal Planning program** if you have questions about completing power of attorney or health care/advance directive forms. (see **Legal Resources** on page 26)
- Complete an estate plan.** Your loved one's estate plan may include legal documents such as a will or a trust that direct the disposition of their estate upon death.
- Encourage other family and friends** to visit regularly.

What you can do:

- If not yet evaluated, ask your loved one's health care professional for the Medicare Annual Wellness visit—it includes detection of cognitive impairment along with other screenings.
- Ask your loved one if you can attend and participate in their medical appointments.
- Inquire about lifestyle changes that may be helpful to overall wellness and functioning.
- Learn more about Mild Cognitive Impairment (MCI).
- Consider keeping a notebook about your loved one's changes and needs (such as new or different behaviors, medication changes or effects, abilities to take care of finances or appointments)
- Tell your own health care provider that you are caring for a loved one with cognitive impairment so they can be aware of potential health-related risks.
- Instead of thinking that your loved one should just "try harder"—remind yourself that they are doing the best they can.
- Be generous with your patience.
- Consider paying bills and shopping together so your loved one can have successes.

Want to learn more about residential care options?

In addition to services that can help a person with dementia to stay at home, there are many different types of homes or facilities that provide long-term care. Residential care options in Washington state include adult family homes, assisted living facilities and nursing homes.

- Find out more, and what's available in your area: www.dshs.wa.gov/altsa

You may be thinking, "I need assistance, I can't do this anymore"

Find out more about the services above, and what may be available at no cost or low cost in your area. Start here:

- **Community Living Connections** (Area Agency on Aging) for your area may be found at 855-567-0252 or www.waclc.org/connect
- **Alzheimer's Association** at 800-272-3900 or www.alzwa.org
- **Dementia Support Northwest**, serving Whatcom County 800-493-3959 or www.alzsociety.org

Explains WHERE to call for help

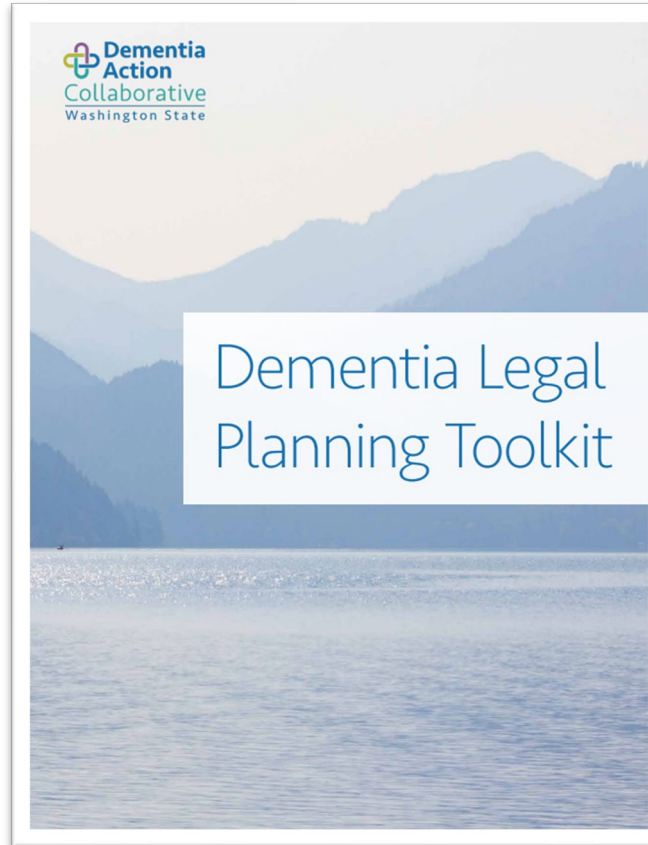


COMMUNICATION TIPS

- Be present
- Show respect
- Get hearing checked
- Keep it simple
- Allow time and be patient
- Focus on feelings
- Offer comfort
- Use visual cues
- Watch your tone and manner
- Avoid quizzing and arguing

DEMENTIA LEGAL AND ADVANCE CARE PLANNING

- TOOLKIT FOLDER OFFERS INFORMATION, GUIDANCE RESOURCES AND FORMS
- DEMENTIA LEGAL PLANNING PROJECT OFFERS PRO BONO ASSISTANCE IN COMPLETING FORMS



- View online at
- Washingtonlawhelp.org

DEMENTIA LEGAL PLANNING PROJECT

Unsure about how to navigate legal planning if you or someone you love has dementia?

Get free legal help with the following:

- Powers of Attorney for Finances and Health Care
- Health Care Directives
- Dementia Directives

Who is Eligible?

- People 60 years and older
- People with dementia of any age

FOR MORE INFORMATION:

425-780-5589

www.dementialegalplanning.org

- View online at
- Dementialegalplanning.org

OTHER RESOURCES

- HOW TO PARTNER WITH YOUR HEALTH CARE PROVIDER FOR BETTER CARE
- DEMENTIA SAFETY INFO-KIT

PARTNERING WITH YOUR HEALTHCARE PROVIDER

A Resource for People Living with Memory Problems and Their Care Partners

WHO WE ARE

The [Dementia Action Collaborative \(DAC\)](#), the [Dementia and Palliative Education Network \(DPEN\)](#), in partnership with the [Alzheimer's Association](#) and the [University of Washington School of Nursing](#)

WHAT'S THE PURPOSE?

- Understand how to form a working partnership with healthcare providers
- Organize, streamline tasks, and communicate about the care needs of the person living with dementia
- Reduce chances of avoidable care transitions

WHAT'S INCLUDED

- Easy-to-navigate narrated presentation
- Video scenario demonstrations
- Care, medication, and appointment log sheets



LEARN MORE



SHARE

with family care partners!

[DPEN.NURSING.UW.EDU/RESOURCES/PARTNERING-WITH-YOUR-HEALTHCARE-PROVIDER/](https://dpn.nursing.uw.edu/resources/partnering-with-your-healthcare-provider/)



Info Kit

Safety Concerns for People with Dementia

Not all memory loss is due to dementia. Memory loss and/or confusion may be a result of many conditions, some of which are reversible. If you or someone you know has memory loss or confusion that's getting worse, it's important to talk with a health care professional about it. If it does turn out to be dementia, there are steps you can take to live well, and plan for a future with it.

Dementia affects each person differently, but symptoms typically include increasing memory loss, confusion, and disorientation. Changes in the brain can also impact how individuals interpret what they see, hear, feel, taste or smell, and their sense of time, place and judgment – each of which can impact safety.

The best environment for a person with memory loss or dementia is one that helps them feel as independent and supported as possible. For people with dementia wanting to stay at home, it's key to find the right balance between independence and safety - and to anticipate changes. With creativity and flexibility, it's possible to make adaptations that make the home safer and less stressful for all.

This "info kit" is a resource for family members and caregivers to assist in evaluating the home and taking steps to promote safety over the course of dementia. Materials highlight information and tips related to the following:

1. Home Safety
2. Falls Prevention
3. Driving
4. Wandering
5. Emergency Preparedness
6. Elder Abuse & Financial Exploitation



You may click on the links provided below each resource to view or print the information yourself. When a computer icon appears, the information is intended to be viewed online, and not in a printable format.

IT'S HELPFUL TO PLAN AHEAD, AND PUT SAFETY MEASURES IN PLACE BEFORE THEY'RE REALLY NEEDED

ALZHEIMER'S ASSOCIATION & AREA AGENCIES ON AGING

ALZHEIMER'S ASSOCIATION

- Latest Alzheimer's/Dementia-specific information....
 - Brain health
 - Available medications
 - Support groups/trainings
 - Care consultation
- Online education opportunities
 - Webinars and e-learning
- 24/7 Helpline – translation service available
 - Visit www.alzwa.org
 - Call 800-272-3900

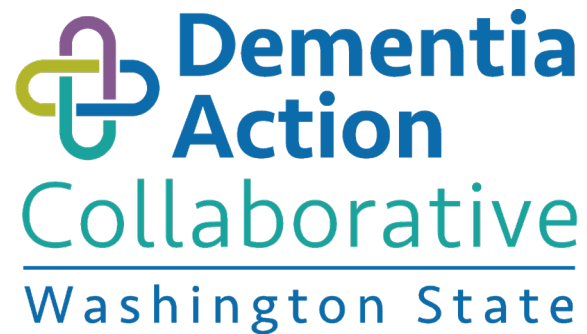
AREA AGENCIES ON AGING/COMMUNITY LIVING CONNECTIONS

- Information and Assistance
- Family Caregiver Supports
- Links to financial assistance programs
- Referral to community-based services, residential long-term care services and more...
- Visit www.waclc.org/connect
- Call 855-567-0252

TO FIND RESOURCES OR FOR MORE INFORMATION ON THE DEMENTIA ACTION COLLABORATIVE

Find links to these resources at:

<https://www.dshs.wa.gov/altsa/dementia-action-collaborative>



See our newly updated:

[Washington State Plan to Address Alzheimer's Disease and Other Dementias](#)

For more information contact:

- Lynne Korte, MPH
 - Dementia Care Program/Policy Analyst & DAC Program Manager | Aging and Long-Term Support Administration
 - Lynne.Korte@dshs.wa.gov

How the WA Cares Fund can help

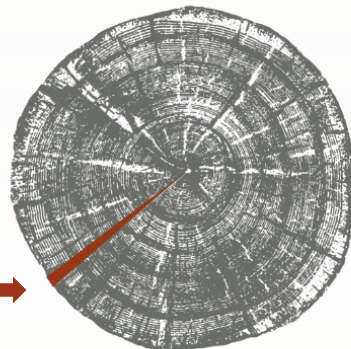
- Earned benefit
- Self-funded by worker contributions
- Works like an insurance program
- Only contribute while you're working
- Everyone covered at same rate regardless of pre-existing conditions
- No copays, no deductibles, and you never have to file a claim

Typical Income:

\$50,091

Typical Contribution:

\$291/year



0.58%

Contributions

0.58%

Amount workers
contribute from wages



Contributions begin

Benefits

\$36,500

Lifetime maximum benefit
(adjusted annually up to
inflation)



Benefits available

Affordable contributions across your career

\$35,000 annual salary	
Each year	\$203
Over 10 years	\$2,030
Over 20 years	\$4,060
Over 30 years	\$6,090

\$50,000 annual salary	
Each year	\$290
Over 10 years	\$2,900
Over 20 years	\$5,800
Over 30 years	\$8,700

\$75,000 annual salary	
Each year	\$435
Over 10 years	\$4,350
Over 20 years	\$8,700
Over 30 years	\$13,050

\$36,500 benefit amount will be adjusted annually up to inflation.

Who contributes to WA Cares

Automatically not included

- Workers whose work is not localized in WA **not included** (same definition as Paid Family and Medical Leave)
- Federal employees **not included**
- Employees of tribal businesses only included **if tribe opts in**
- Self-employed individuals only included **if they opt in**

Must apply to ESD for an exemption

Exemption type	Availability	Permanent?
Workers who live out of state	Ongoing	✗
Workers on non-immigrant visas	Ongoing	✗
Spouses & domestic partners of active-duty U.S. armed forces	Ongoing	✗
Veterans with 70%+ service-connected disability	Ongoing	✓
Workers who had private long-term care insurance by 11/1/21	**No longer available**	✓

Visit wacaresfund.wa.gov/exemptions for details

Self-employed elective coverage

Eligible for elective coverage:

- Sole proprietors
- Joint venturers or members of a partnership
- Members of a limited liability company (LLC)
- Independent contractors
- Otherwise in business for yourself

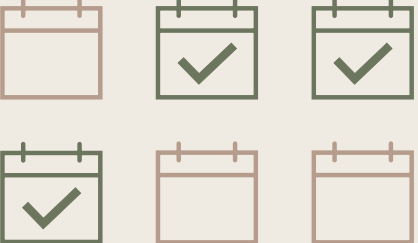
Opt into WA Cares and protect yourself!

- Get the same affordable benefits available to other Washington workers
- Contribute 0.58% of:
 - Your net earnings
 - Gross wages, if any, paid to you from your business entity
- Must work 500 hours per year to earn benefits (to calculate, divide gross annual wages by current minimum wage)
- Applications became available July 1, 2023
- Learn more at wacaresfund.wa.gov/opt-in

Qualifying for benefits

Early access to full benefit

Contributed at least **3 of the last 6 years** at the time you apply for benefits



Lifetime access to full benefit

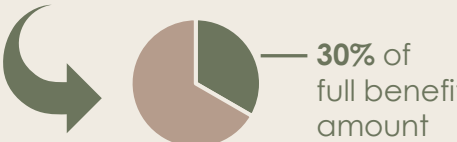
Contributed for a **total of 10 years** without a break of 5+ consecutive years



FOR NEAR-RETIRES

Lifetime access to partial benefit

People born before 1968 earn **10% of benefit amount** for each year worked



To earn benefits, must work at least 500 hours per year (about 10 hours per week)

The benefit is flexible

Up to **\$36,500** for any combination of services and supports, including:



Professional care at home or in a facility



Adaptive equipment & technology like hearing or medication reminder devices



Training & paying family member or friend to be your caregiver



Home-delivered meals



Home safety evaluations & environmental modifications like wheelchair ramps



Support & respite for family caregivers



Transportation

Must need help with **3 activities of daily living** like bathing, dressing, eating, medication management

How far will the benefit go?



Family caregiver

Paying a family caregiver	\$31,300
10 hours/week for 2 years	
Care supplies	\$2,200
2-year diaper supply	

Total **\$33,500**



Home accessibility

Home safety renovations	\$15,000
Electric wheelchair or scooter	\$2,600
Weekly meal delivery	\$9,200
7 meals/week for 3 years	

Total **\$26,800**



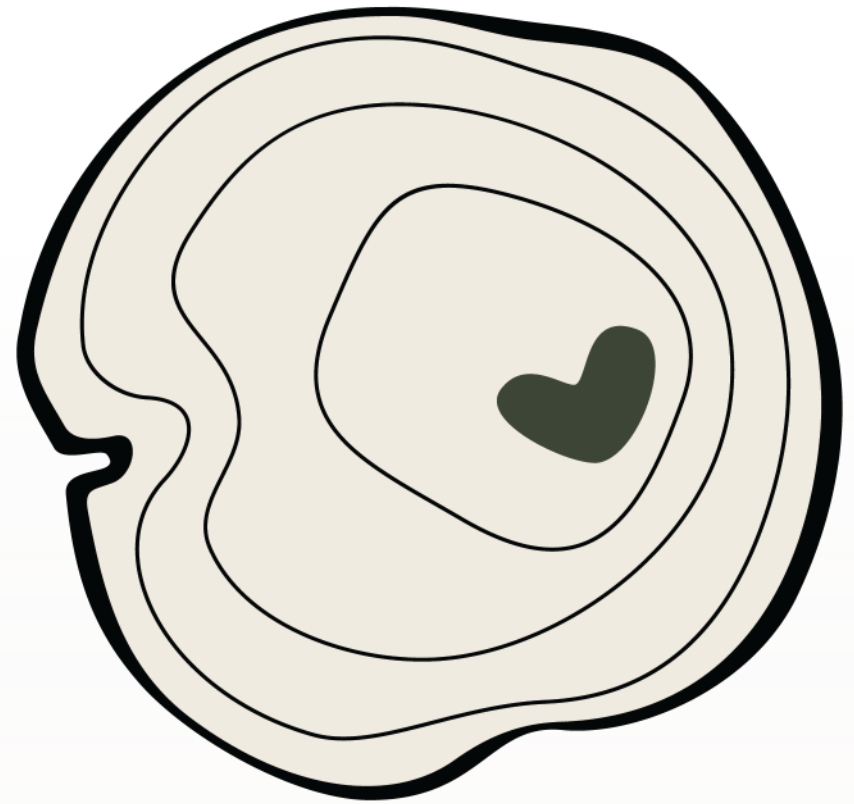
Temporary support & services

Part-time caregiver	\$31,300
20 hours/week for 1 year	
Transportation to appointments	\$3,200
for 1 year	
Crutches	\$50

Total **\$34,600**

Note: These are estimates and do not guarantee the cost of any services, which may vary based on your area and other factors.

Audience Q&A





Thank you

Find webinar materials at wacaresfund.wa.gov/webinars

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Contact us by email

[wacaresfund.wa.gov/
contact-us](https://wacaresfund.wa.gov/contact-us)

**Contact us by phone
(employers & exemptions)**

833-717- 2273

**Contact us by phone
(other questions)**

844-CARE4WA