



Community of
Vermont Elders

Aging in Vermont

2022/2023
RESOURCE GUIDE
AND DIRECTORY

Introduction

Welcome to the second edition of Aging in Vermont. We hope this guide will help you and your loved ones navigate life's later stages.

This book is designed to help older Vermonters and their families identify local (and sometimes national) resources and explain when and how to access them. It can be challenging to know where to begin and where to find the help that you may need along the way. Vermont has a passionate and dedicated support community that can help provide options and answers.

While it is impossible to plan for every eventuality, anticipating future challenges can prevent you from being overwhelmed in the midst of a crisis. At times, you will have too many choices; at others, your options may be limited or seem inadequate. **Help is just a phone call or website away – it's critically important to ask for help when you need it.**

Our list is not exhaustive. You will almost certainly stumble upon other sources of help, whether from a fellow traveler, agency referral, or a Google search. As the U.S. population ages, our society is paying increasing attention and asking how we can support older adults to meet their caregiving, housing, medical, financial, and emotional needs.

We hope this guide eases your journey.

Community of Vermont Elders (COVE) maintains the online and printed Aging in Vermont Resource Guide to enhance public access to information about services and resources available to Vermont residents. The inclusion of any organization, agency, business, or service in this Resource Guide does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval. This guide is the result of collaboration among providers and stakeholders. To the best of our knowledge, the information contained in this guide was correct at the time of publication. The Resource Guide is not exhaustive, and consumers are encouraged to contact COVE or other providers for clarification or additional guidance.

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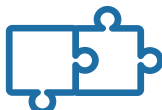
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Get Help

9-1-1

24/7 emergency: call if you can/text if you can't.

Vermont 2-1-1

Dial 2-1-1, vermont211.org

24/7 information and referral service to programs, services, shelters, food, etc.

HelpLine

1-800-642-5119

vermont4a.org

Information and assistance for Vermonters 60 and older. Connect to services including health insurance (SHIP) and Meals on Wheels (MOW).

Vermont Legal Aid

1-800-889-2047

vtlawhelp.org/triage/vt_triage.

Mental health

Prevention Lifeline: 1-800-273-8255 or
Crisis Text Line: Text "VT" to 741741 from
anywhere in the US

24/7 support and information in any type
of crisis

Domestic Violence Hotline

1-800-228-7395

Sexual Violence Hotline

1-800-489-7273

Veterans Crisis Line

Dial 988, then press 1

Vermont Senior Medicare Patrol (SMP)

1-888-865-2683 or vermontelders.org Report Medicare error, fraud, and abuse. SMP provides case-management services.

Adult Protective Services

1-800-564-1612

fw1.harmonyis.net/VTDAILLiveIntake/
Report abuse, neglect, or exploitation of
a vulnerable adult.

Attorney General's Office

Consumer assistance: 1-800-649-2424
ago.vermont.gov

File a complaint or report a scam.

Civil Rights Unit: 1-888-745-9195

Assists victims of hate crimes.

Go! Vermont

1-800-685-7433

connectingcommuters.org

Carpool matching, vanpool, statewide
bus routes, and other travel options.

Vermont Foodbank

1-800-585-2265

vtfoodbank.org

The Foodbank serves Vermonters
through more than 300 community
partners.

Department of Disabilities, Aging and Independent Living (DAIL)

802-241-2401,

Telecomm Relay Service: dial 711

dail.vermont.gov/services/programs

Programs and services for older
Vermonters and their caregivers.

3SquaresVT

1-800-479-6151

dcf.vermont.gov/benefits

Supplemental Nutrition Assistance
Program (SNAP, formerly food stamps)

802Quits

1-800-QUIT-NOW 800-784-8669)

802quits.org

Free help to quit smoking.

Vermont HelpLink

1-802-565-LINK

vthelplink.org

Confidential referrals to treatment and
services for alcohol/drug abuse.



Planning early for how to manage your financial and legal affairs, or those of a loved one can save time, money, and stress later in life and after death and keep you from having to make rushed decisions in a crisis.



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Financial planning & management

Managing your money can be tricky, whether you have plenty or not nearly enough. Planning how to finance your later years is further complicated by not knowing how long you'll live or how much you'll need. This section looks at issues involving Social Security and planning for management and disposal of property.

Applying for Social Security retirement benefits

Social Security benefits are paid from the pool of tax dollars you paid into during your working years. The higher your lifetime earnings, the higher your benefits. The amount you will receive is also affected by the age at which you start taking them.

Deciding when to retire

You can get Social Security retirement benefits as early as age 62, but your benefit will be lower than if you wait until full retirement age. If you turn 62 in 2020, your benefit would be about 28.3 percent lower than at age 66 and 8 months (full retirement age is determined by the year you were born).

The chart at ssa.gov/OACT/quickcalc/earlyretire.html can help you determine which option is best. When you delay collecting benefits beyond your full retirement age, the amount of your retirement benefit will continue to increase up until age 70. There is no incentive to delay claiming your benefit after age 70.

Benefits for spouses

Spouses who never worked or have low earnings can get up to half of a retired worker's full benefit. If you're eligible for both your own retirement benefits and spousal benefits, your own benefits are paid first. If your spousal benefits are higher than your own, your total benefit will be equal to the higher spouse benefit.

Work and receive benefits

You can continue to work and still receive retirement benefits without reduction, unless your earnings exceed certain limits in the months before you reach full retirement age.

See how this might affect you at ssa.gov/OACT/COLA

Sign up for benefits

Apply for retirement benefits approximately four months before you want them to start. You can do this online at socialsecurity.gov. Call: 1-800-772-1213 (TTY 1-800-325-0778) or make an appointment at any Social Security office to apply in person. The original or copied documents you may need are listed at ssa.gov/ssi/text-documents-ussi.htm. You can mail them or take them to the closest Social Security office to be photocopied.

Adapted from SSA Publication No. 05-10035 (ssa.gov/pubs/EN-05-10035.pdf)

The Social Security Administration has three offices in Vermont. Call before you visit to confirm business hours.

128 Lakeside Ave., Suite 107,
Burlington, VT 05401
1-877-840-5776

33 School St., Montpelier, VT 05602
1-877-505-4542

88 Merchants Row, 330 Asa Bloomer
Bldg., Rutland, VT 05701
1-866-690-1944

The right to appeal

You can appeal a decision made on your claim on your own, with free help from Social Security, or choose a representative to help you. For information on appeals and selecting a representative, read "Your Right to Question the Decision Made on Your Claim" (Publication No. 05-10058) at ssa.gov (search for "publications" and then find "the appeals process" under the topics pull-down menu).

Paying tax on benefits

About 40 percent of benefit recipients must pay income taxes on their benefits. At the end of each year, you'll receive a Social Security Benefit Statement (Form SSA-1099). You may find it easier to have Social Security withhold federal taxes than pay quarterly estimated tax. Visit irs.gov or call the IRS toll-free at 1-800-829-1040. Note: Vermont is one of the few states that taxes social security benefits.

Adapted from SSA Publication No. 05-10035
(ssa.gov/pubs/EN-05-10035.pdf)

Estate plan essentials

Estate planning is important and does not have to be overwhelming. The basic elements of an estate plan depend on your individual circumstances and goals. A well-thought-out plan has meaningful implications for your quality of life now and, after you die, for the individuals and organizations you care about.

An estate plan should include a will or a trust, Transfer on Death designation, a Durable Power of Attorney and an Advance Directive on health care (the latter can be created separately from your estate documents—[see page 11](#)).

Will:

Creating a will is one of the most important things you can do for your loved ones. This legal document states who will manage your estate after you die (the executor), who will receive your remaining assets, and who can name guardians for minor children. Most assets distributed through a will must be processed through a probate court, which can take some time. You can write your own will (forms are available online), but laws governing wills vary from state to state and it's advisable to consult an estate attorney before beginning, especially if your finances are complex.

Trust:

A trust, which is set up by an estate attorney, allows a third party, or trustee, to hold assets on behalf of a beneficiary or beneficiaries. Trusts take different forms, each with their own rules about when assets pass to beneficiaries. Trusts usually avoid probate, allowing assets to be transferred more quickly and avoid the costs of probate. Trusts are disbursed privately (probate is public), and may be drafted to include estate tax advantages. A revocable (living) trust allows you to maintain control of assets during your lifetime. It becomes irrevocable (unchangeable) upon your death. Trusts are sometimes set up as irrevocable to protect assets – from, for example, the pay-down requirements needed to qualify for Medicaid, but they are not effective unless done at least five years before the Medicaid application is filed.

Transfer on death (TOD):

This designation applies to certain assets that have a named beneficiary, who receives assets at the time of the person's death without going through probate. It lets the account holder or security owner specify the percentage of assets each beneficiary receives. Beneficiaries have no access to or control over a person's assets while the person is alive. Beneficiaries can be named in several ways, such as "in trust for," transfer on death (usually for securities accounts), Totten trust (for bank accounts), or just as "beneficiary." TOD designations are usually set up by banks or securities firms, not lawyers.

Vermont law now allows for Enhanced Life Estate Deeds, which provide a method for transferring a residence to the grantees at the death of the grantor without probate. These allow the grantor to stay in control and sell, mortgage, or rent the house without the permission of the grantees – and the grantor gets to keep the proceeds if the house is sold before he/she dies. Enhanced Life Estate Deeds also may be useful in Medicaid planning.

Other considerations

A good estate plan should confirm that life insurance, retirement, bank, and other accounts have up-to-date beneficiary designations to ensure a smooth transfer of these assets outside of the probate court process. It should also consider your wishes for the disposition of real property – land, everything permanently attached to the land, and all of the rights of ownership, including the right to possess, sell, lease, and enjoy the land – upon your death.

Don't put this off

Estate planning is something many of us consider but few rush to do. Whether you are 28 or 88, you need to arrange your affairs to ensure peace of mind and control over the disposition of your hard-earned assets.

For more information on the responsibilities of an executor, [see page 87](#).

Power of Attorney (POA)

A Power of Attorney is a legal document that allows an individual to give another person the authority to make their financial, medical, and personal decisions or handle business matters. They can be temporary or life-long (see Durable POA entry below). They can be created by a lawyer or by anyone using a long or short form (available at vtlawhelp.org).

Principals and agents:

The person who creates a POA is called the "principal." The person given the power to act for someone else is called the "agent."

Durable Power of Attorney:

Making a POA durable ensures that it remains valid even if the principal becomes incapacitated. If a Power of Attorney is not durable, the authority of the agent automatically ends when a principal is no longer capable of handling his or her own affairs. All POAs expire upon the death of the principal.

It is critical to assign POA and Advance Directive (see page 32) agents and complete documentation while the principal is still able to understand and make decisions. These documents are often included in estate plans and can be drawn up by a lawyer or completed by the principal (forms available at vtlawhelp.org).

POA agents can handle financial and business transactions, buy life insurance, settle claims, operate business interests, make gifts, sign documents, and employ professional help, among other duties. Separate POA documents are required for some investment accounts, such as IRAs, through the holding/managing company (e.g., Fidelity).

Legally, an agent must act in the best interest of the principal. Different POAs can be held by different individuals on behalf of the same person. It is important to choose these individuals carefully. Does a general POA holder have a head for business and money matters? Do they live close by or would they have to travel to manage the principal's affairs? Principals should clearly communicate their wishes to their POA holders beyond the documentation.

Find more information at vtbar.org or vtlawhelp.org or vtethicsnetwork.org

Legal issues

Qualified attorneys can help you untangle complicated legal issues, complete documents, or simply provide advice when you need to talk to an expert. You might see a lawyer to assist with estate planning and settlement, long-term care/Medicaid, guardianship, drafting wills and trusts, tax strategies, rights violations, and more. An experienced elder law attorney can save you emotional and financial hardship down the road.

Do you need a lawyer?

Depending on your situation, you may be able to tackle tasks such as estate and end-of-life planning yourself. If you don't know where to start, many lawyers will provide an initial free consultation. You can also visit Vermont's Legal Help website (Vtlawhelp.org) and search for what you need.

You can also find helpful information and legal document forms at other online sites. Different states may have different laws, forms, and language for the same processes, so make sure you search for state-specific information.



How do I find a lawyer?

Just as you would use the services of a real estate lawyer in buying or selling a house, attorneys who specialize in elder law are appropriate for issues we face in life's later stages. You can find elder law attorneys in Vermont online or through groups that help older Vermonters.

The Vermont Bar Association's Lawyer Referral Service provides referrals at no cost. Their attorneys provide an initial 30-minute office consultation for no charge or for a reduced fee of \$25 before matching you with a qualified attorney. (1-800-639-7036 Monday-Friday 8am – 4pm, or vtbar.org/find-a-lawyer 24/7)

The Vermont Attorney General's Office (ago.vermont.gov/) offers help and guidance around consumer issues. Other groups, such as Area Agencies on Aging, (vermont4a.org) can point you to appropriate resources for your specific need.

How to find free and reduced-cost legal assistance

If you can't afford the services of a private law firm, Legal Services Vermont (legalservicesvt.org) and Vermont Legal Aid (vtlegalaids.org) provide free consultation, advice, and representation for those in poverty, with a disability, or over age 60. They also address discrimination in housing decisions and health care insurance or services.

These two groups work together to screen requests for legal help (visit Vtlawhelp.org or call 1-800-889-2047), and provide referrals to a paralegal or lawyer at Legal Services Vermont or Vermont Legal Aid.

These groups may also refer you to The Vermont Bar Association (VBA) which offers a variety of programs to help low-income Vermonters find legal assistance. VBA's focus includes landlord/tenant disputes, collections, and child-support contempt defense, but it also handles other types of cases.

OTHER SOURCES OF LEGAL HELP:

South Royalton Legal Clinic

(Vermont Law School)

1-802-831-1500 or

vermontlaw.edu

Helps residents from several Vermont counties with issues such as children's rights, family law, housing, and welfare.

Vermont Bar Association's Online Lawyer Referral

1-800-639-7036 or vtbar.org/LRS

Lawyers provide initial 30-minute consultations for no more than \$25. Visit online or call during regular business hours.

Legal Services Vermont

1-800-889-2047 or legalservicesvt.org

If this group can help, you will be referred.

Disability Rights Vermont

1-800-834-7890 or

disabilityrightsvt.org

Offers free legal clinics for Vermont veterans with traumatic brain injury, advocacy and legal representation (within guidelines).

End-of-life planning

Advance Directives: Stating your care preferences

If a patient is unable to speak for themselves, an Advance Directive communicates how medical care choices should be made and who should make them. The Advance Directive requires that you select a health care agent. This should be someone who understands your wishes and who can be a strong advocate.

Create and register an Advance Directive

1. The Vermont Ethics Network (vtethicsnetwork.org, 802-828-2909) offers information and the necessary forms to complete an Advance Directive for Health Care. Your doctor may also have forms available. This document allows an individual to provide instructions regarding:
 - Appointment of a health care agent (known in other states as Power of Attorney for Health Care or health care proxy).
 - Health care goals and spiritual wishes.
 - Preferences for end-of-life treatment.
 - Organ/tissue donation and burial/disposition of remains.
 - Signature and witnessing.
2. Register your advance directive with the Vermont Department of Health's Advance Care Directives Directory. Optional but recommended, registering allows for immediate access by any medical provider, even in other states.

- Currently, COLST (Clinician Orders for Life Sustaining Treatment) and DNR (Do Not Resuscitate) orders cannot be submitted to the registry. (See more information below).

3. Communicate your health care decisions and end-of-life guidance to your family and primary care provider. Talk with them about your preferences regarding:
 - End-of-life treatment wishes, which may include comfort care orders, ventilation, nutrition/hydration-tube feeding, dialysis.
 - Do Not Resuscitate orders.
 - Hospice care.

Find tools to help guide these discussions at vtethicsnetowrk.org/medical-decision-making/howtobegin.

Review your Advance Directive every year or so – your wishes may change as you age, or your agent may no longer be available.

IMPORTANT: In Vermont, Advance Directives have taken the place of Living Wills and other similar tools. If you are moving from another place, be sure your current documents are legal and registered in Vermont.

DNR/COLST:

A Do Not Resuscitate (DNR) order stipulates that a patient does not want to be resuscitated in a health emergency. A Clinician Orders for Life-Sustaining Treatment (COLST) form directs treatment of the patient, including limitations on medical interventions. A COLST can include a DNR order. Both directives are completed and signed by your clinician based on your medical condition, your values, and your wishes.

Making medical decisions

When you make medical decisions for someone else, you act as a surrogate, used here as a general term.

There are three kinds of medical decision-makers:

1. An Advance Directive authorizes a health care agent to make health care decisions for someone if they can't make decisions for themselves.
2. Courts can appoint a guardian to make health care decisions for someone else. A guardian answers directly to the appointing court.
3. Family members, close friends, or people with a close relationship can be asked to serve as a surrogate without legal appointment.

The authority of each role is slightly different, but all share the same responsibilities and challenges.

Being a surrogate allows you to act in the patient's place to:

- Get necessary medical information
- Talk with and ask questions of the medical team about treatment options
- Ask for consultations and second opinions
- Consent to or refuse medical tests or treatments
- Decide whether to transfer care to another doctor or health care facility
- Get the medical team to communicate with the patient if the patient can understand the information

A surrogate should first learn what would matter most to the person if they were seriously ill. Having these conversations before a crisis arises is key.

Adapted from the Vermont Ethics Network (vtethicsnetwork.org)

Palliative & hospice care

Palliative care is a holistic approach designed for patients with serious or chronic illness, and their families, to optimize quality of life and alleviate pain. Although it is frequently employed as part of hospice care – near the end of life – it is not solely end-of-life care.

Hospice care promotes dignity and quality of life during the last months, weeks, or days of life. This specially coordinated, comprehensive program provides quality medical care and support to children and adults with terminal illness, whether at home or in a care facility.

The hospice team, which may include nurses, social workers, licensed nursing assistants, trained volunteers, chaplains, support staff, a bereavement coordinator, and a medical director, delivers the hospice care. Team members work to manage symptoms, with a special focus on pain control and comfort.

Hospice encourages individuals to keep as much control as possible over their circumstances, care decisions, and environment, while also supporting the family. Care is tailored to the needs of each patient and family.

Hospice care is available in private homes, nursing homes, assisted living facilities, hospitals, or at the McClure Miller Respite House (a dedicated residence in Colchester for hospice patients). Several private home health organizations and members of the VNAs of Vermont can provide hospice and palliative care.

vnavt.org/hospice-care.

Speak with your doctor about hospice as part of your care plan. You can include your wishes for hospice care in your Advance Directive.

End-of-life doulas

End-of-life doulas – sometimes called “death doulas” – work in homes, hospitals, and care facilities to support family members, friends, or medical professionals accompanying a person through their end-of-life journey. While doulas are traditionally present to help mothers during births, end-of-life doulas are becoming more prevalent to help meet a growing demand for support in an individual’s final days.

End-of-life doulas provide individualized support for clients’ emotional, spiritual, informational, and physical needs. That assistance can help lower stress levels, provide comfort, and help guide clients and their loved ones through the often mysterious process of dying.

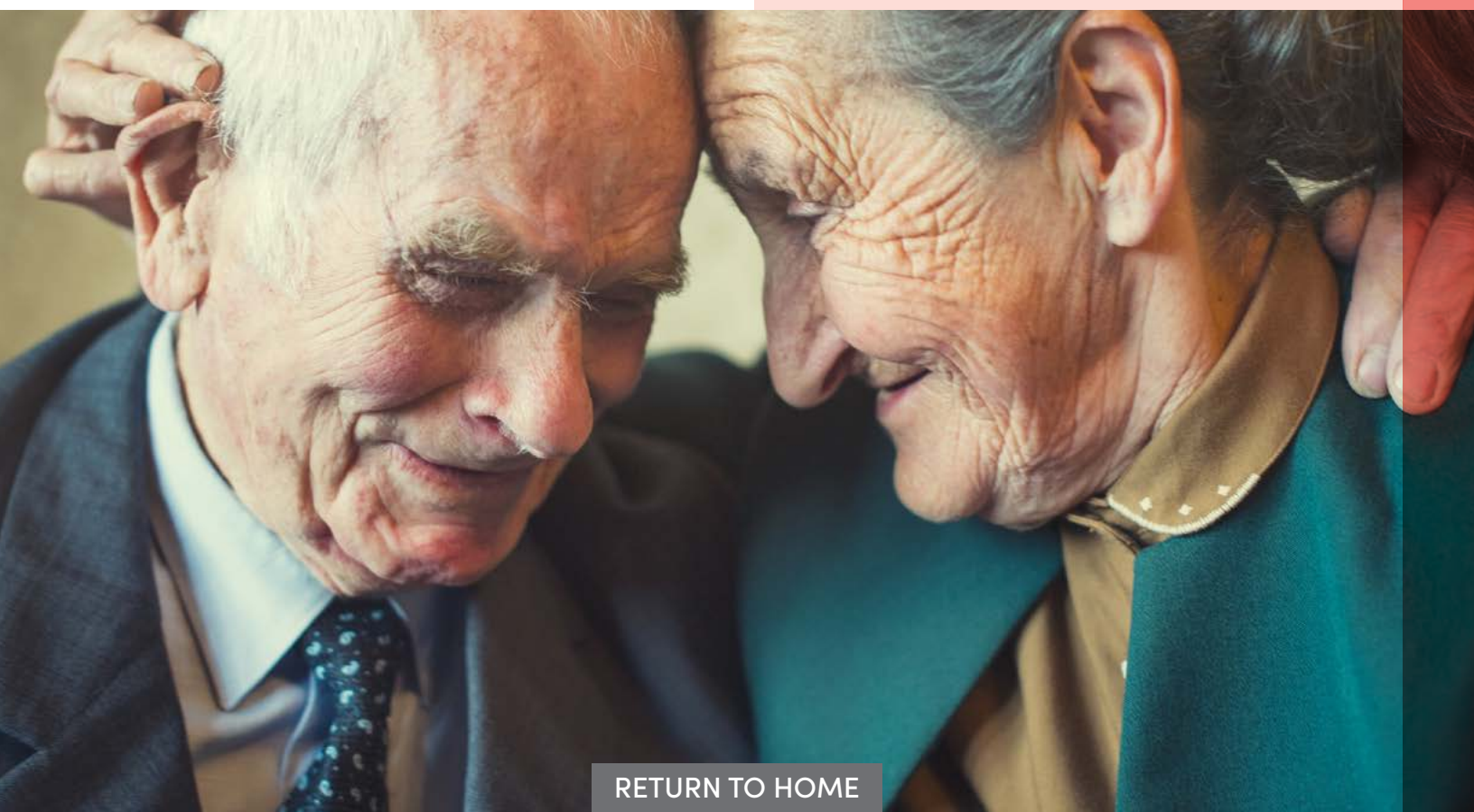
Doulas can also help support friends and family members after a death as they grieve.

The UVM Larner College of Medicine – through UVM’s Continuing and Distance Education program – offers an end-of-life doula certificate. For information, visit <https://learn.uvm.edu/program/end-of-life-doula-at-uvm>.

If you are interested in learning more or finding an end-of-life doula near you, The National End-of-Life Doula Alliance, a professional organization of end-of-life practitioners and trainers, lists several Vermont doulas in its directory.

Having difficult conversations

Don’t wait until there’s a crisis to talk about how you want to live the end of your life and who you want to help you through it. These aren’t easy conversations – read more about how to start these discussions on page 81 in the Family Caregivers chapter.





Mission:

Make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

Programs and Services for Vermonters:

- 60 Years of Age and Older
- With Developmental Disabilities
- With Physical Disabilities
- Who are Blind and Visually Impaired
- With Brain Injuries
- With Disabilities Seeking Employment





Maintaining health often becomes a priority as we age. Making sense of the health care system and overcoming barriers to accessing it can be overwhelming. Understanding the supports available, knowing what to ask, and making decisions now can help you get the appropriate care when you need it.



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Health insurance

What is Medicare?

Medicare is a U.S. government program providing health insurance to people 65 and older, certain younger people with disabilities, and people with end-stage renal disease. Some parts of Medicare are free to everyone; others you must choose and pay for.

Part A (hospital) covers inpatient hospital stays, hospice care, some home health care, and three months of care in a skilled nursing facility (SNF) for nursing care or rehabilitation after an adverse event.

Part B (medical) covers certain doctors and services, outpatient care, medical supplies, preventive services, and some home health care.

Part C (Medicare Advantage Plan) is a private insurance plan that combines parts A and B and may include part D. *Note: Medicare Advantage is a private insurance product that replaces Medicare parts A and B (original Medicare)*

Part D (prescription) adds prescription drug coverage to:

- Original Medicare
- Some Medicare cost plans
- Some Medicare private fee-for-service plans
- Medicare Medical Savings Account plans

For details, visit cms.gov/Medicare/Medicare.

Adapted from Center for Medicare and Medicaid Services (cms.gov)

How to enroll in Medicare

If you're not already getting Social Security benefits, you should contact the Social Security Administration (SSA) about three months before your 65th birthday to sign up for Medicare, even **if you don't plan to retire at age 65**. If you receive Social Security or Railroad Retirement Board benefits, SSA will send you Medicare enrollment information a few months before you become eligible.

If you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, Puerto Rico, or the U.S. Virgin Islands, SSA will automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down.

SSA will not automatically enroll you in a Medicare prescription drug plan (Part D). Part D is optional, and you must elect this coverage. For the latest information about Medicare, visit medicare.gov or call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY).

From Social Security Administration Publication No. 05-10035 (ssa.gov/pubs/EN-05-10035.pdf)

Vermont Senior Medicare Patrol (SMP)

1-888-865-2683 and smpresource.org or 802-229-4731 vermontelders.org.

SMP helps older adults protect, detect, and report instances of Medicare error, fraud, and abuse. Call or email for help in navigating this.

Getting help with enrollment

The State Health Insurance Assistance Programs (SHIPs) provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers. Areas covered include:

- One-on-one assistance with reviewing health or prescription drug plan options
- Screening Medicare recipients for assistance program eligibility
- Explaining how Medicare works with supplemental policies, retiree coverage, Medicaid, and other insurers
- Offering new-to-Medicare boot camps

SHIP is run by Vermont's regional Area Agencies on Aging.

Contacting SHIP:

Callers can access SHIP at the Area Agency on Aging (AAA) HelpLine (1-800-642-5119), or at their regional Area Agency on Aging. A SHIP coordinator will call back for a one-on-one consultation.

Social Security Administration (SSA) and Green Mountain Care refer many people to SHIP via the AAA HelpLine number (1-800-642-5119). This number appears on the "Medicare and You" book mailed to all Medicare recipients each September.

Information provided by Pati Kimball, SHIP Coordinator at Senior Solutions

Office of the Health Care Advocate

1-800-917-7787

A project of the nonprofit law firm Vermont Legal Aid, HCA can help guide you through any health care issue, including insurance.

Medicaid

Medicaid is a joint federal and state program that helps people with limited income and few assets cover health care costs. It provides health and dental insurance to eligible low-income adults, children, pregnant women, older adults, and people with disabilities. Medicaid is often used to pay for eligible Vermonters' long-term nursing home care, whether in a nursing home, residential care home, or in their own home/community.

Other Vermonters may be eligible for one of several different Medicaid long-term care programs. Eligibility criteria vary with marital status, and Vermont offers multiple pathways toward eligibility.

- Institutional/Nursing Home Medicaid is an entitlement (anyone who is eligible will receive assistance) and provided only in nursing homes.
- Medicaid Waivers/Home and Community-Based Services is provided at home, adult day care, or assisted living.
- Regular Medicaid/Aged Blind and Disabled (MABD) is an entitlement (anyone eligible will be covered) and is provided at home or adult day care.

To stay within the income and asset limits required to qualify for Medicaid benefits, some people try to spend down or transfer their assets. However, if you do this within five years of applying for Medicaid, your assets may be subject to penalties and you may have to wait longer to receive Medicaid benefits. This is called the five-year look-back period or the five-year look-back rule. It allows the government to examine your financial transactions for the 60 months before your Medicaid application. If major transfers are found – to family members or an irrevocable trust, for example – a penalty will be imposed.

Find a quick reference for determining eligibility, and more information, at medicaidplanningassistance.org/medicaid-eligibility-vermont. (Medicaid eligibility requirements vary by state.)

Long-term care insurance

Long-term care (LTC) insurance covers long-term services and supports, including personal and custodial care in your home, a community organization, or other facility if you are unable to care for yourself because of a chronic condition or disability.

Some 70 percent of those turning age 65 in 2019 will need some type of long-term care during their lifetime, according to the U.S. Department of Health and Human Services.

Long-term care policies

While LTC policies became known for premium payment spikes, LTC insurers have made significant changes in how they issue and price their plans. With decades of claims data on which to base underwriting, premiums should become less volatile.

If you want insurance, start looking early. Initial premiums at age 65, for example, are 8 percent to 10 percent higher than those for new customers who are 64. Policies for couples typically cost 30 percent less than separate policies.

Independent agents sell policies from multiple companies rather than a single insurer.

For extra expertise and a wider choice of policies, look for an agent able to sell long-term care partnership policies – part of a national program that has continuing education requirements for insurance professionals.

Without insurance, you need a plan

Medicaid will cover long-term care costs if you're impoverished, and those with adequate resources can likely pay for future care out of pocket. Weigh other factors: Do you have home equity? Nearby children who will pitch in? Do you have a family history of dementia that puts you at higher risk of needing care?

If you spend less than four percent of your savings each year on living expenses, you might not find it necessary to purchase a LTC insurance policy. But keep in mind that circumstances can change, and you may need long-term care down the line. For peace of mind, you might want to increase your savings and keep a LTC expense fund separate from your living expenses portfolio.

If you find yourself priced out of the market or ineligible for health reasons, there are other options to pay for LTC, ranging from reverse mortgages to Medicaid.

longtermcare.acl.gov/index.html

From the U.S. Department of Human Services and U.S. News & World Report

Choices for Care

Choices for Care provides a package of long-term services and supports to Vermonters 18 and older who need a nursing-home level of care. Typically, participants require extensive or total assistance with personal care on a daily basis. Eligible people choose where to receive their services: In their home, their family's home, an Adult Family Care home, Enhanced Residential Care, or a nursing facility. Participants must meet a clinical and financial eligibility for long-term care Medicaid in Vermont.

asd.vermont.gov/services/choices-for-care-program



How can your local Area Agency on Aging help?

Information & assistance

Call the AAA HelpLine at 1-800-642-5119 to be connected with a knowledgeable professional to help you with questions you may have around caregiver support, Medicare, transportation, housing, long-term care options, transitioning after a hospital stay, wellness, nutrition counseling, preventing falls, supporting veterans in their homes, Meals on Wheels, and any of the services listed below.

Health insurance & Medicare counseling

AAA offices have certified State Health Insurance Assistance Program (SHIP) staff who provide counseling to Medicare beneficiaries and those about to become eligible for Medicare. ([See page 15](#)).

Care management

Qualified staff at AAAs can provide you and your loved one with options to consider regarding:

- In-home care
- Transitioning home from a stay at the hospital or nursing facility
- Developing a personal care plan
- Coordinating with local community partners to provide needed services.

Adapted from Vermont Association of Area Agencies on Aging (vermont4a.org)

Nutrition & meals

Area Agencies on Aging (AAAs) partner with local agencies to provide meals at community sites and Meals On Wheels to individuals who live at home and need a nutritious meal delivered. Nutrition counseling may also be available to individuals.

Caregiver supports

Each of Vermont's five Area Agencies on Aging can help to identify local resources, training, and services for caregivers.

Health care

How to prepare for your primary care visit

Why prepare?

Your last visit was probably 3 to 6 months ago. A lot may have happened in that time.

- Visit time is precious: approximately 15 minutes.
- Your health is too important to not be prepared.
- Your primary care provider is the key person on your health care team.

How to prepare

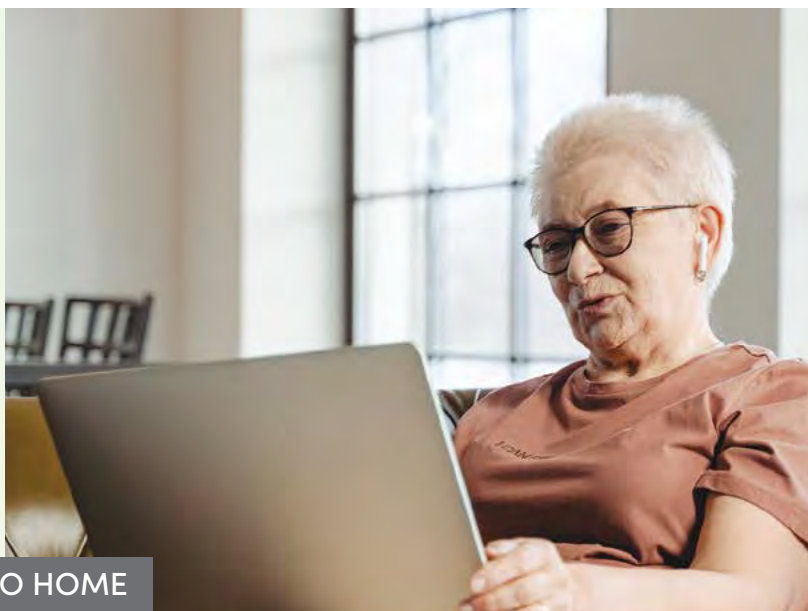
- If you can, bring someone with you to take notes and help you remember what was said.
- Bring your medication bottles – prescription, over-the-counter, and herbal/vitamin supplements.
- Bring a list of questions with you – including those concerning tests, medications, and screenings – and note any new problems/symptoms.
- If you have pain, rate it on a scale of 1-10.
- Bring any logs you keep, such as for blood pressure or blood sugar.

At your visit

- Take notes.
- Request a copy of medical tests and results.
- Ask why and how to make any change in nutrition or diet.
- If your medication is changed, ask why, what possible side effects are, and food interactions.
- If you don't understand something, ask!
- If tests are done (like blood work) and you don't get results within a week, call.
- Make sure you understand why treatments or tests are being prescribed.
- Schedule a time for further discussion, if needed.
- If you brought questions, ask your provider to write down answers.
- Ask for clarification if needed, and repeat back to the provider.

Patient portals

Most health care providers now offer online patient portals. These personal web pages, which are password-protected, may allow you to review test results, contact your care providers, read your after-visit summaries, renew prescriptions, check on upcoming appointments, or pay your bill. Your provider's office can provide you with details or help you set up an account.



Organize your health information

Start a binder for your health information, including:

- Advanced Directive/COLST form
- Medication list
- Allergies
- Health problem list
- After-visit summaries
- Test results
- Notes and questions

Feeling overwhelmed?

If you need help navigating your health care, you can contact:

- Community Health Teams through your primary care office
- If you participate in Support and Services at Home (SASH) programming, make an appointment with your SASH wellness nurse or coordinator
([See page 64](#))
- Office of the Health Care Advocate (1-800-917-7787)

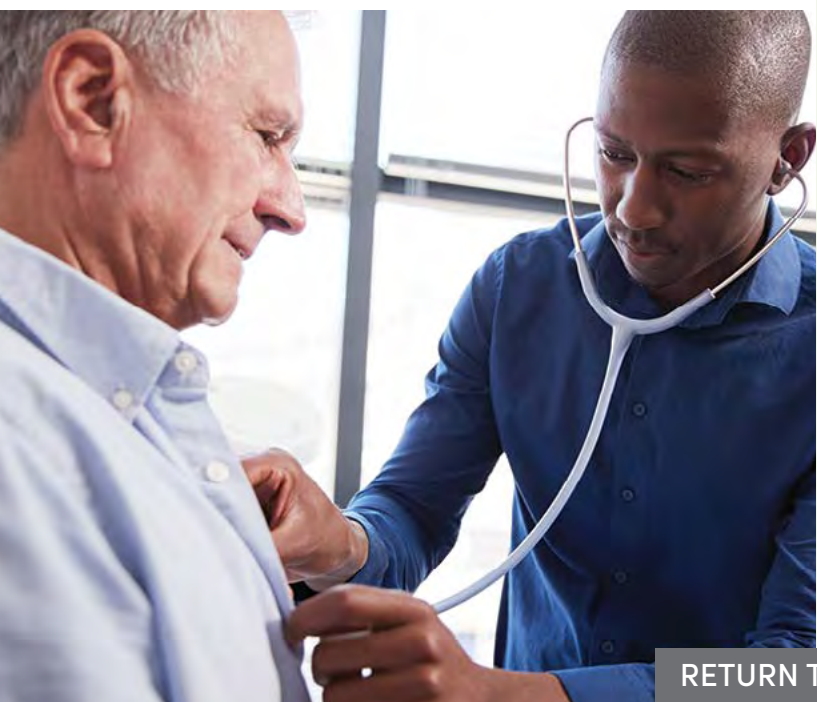
Urinary tract infections (UTIs)

When an older adult (particularly one with dementia) suddenly displays more severe behavioral symptoms, a urinary tract infection (UTI) may be to blame.

This common phenomenon in older adults can be marked by increased confusion, agitation, restlessness, trouble concentrating, hallucinations, extreme fatigue, withdrawal, or sudden urinary incontinence or leaking. It is thought that age-related immune system changes can cause the body to respond differently to such infections. Older adults in long-term care facilities are more likely to have significant functional and cognitive impairments, which have been shown to increase the risk of developing UTI in this age group.

Older women are more likely than older men to develop UTIs, but age-associated changes in immunity may also increase susceptibility to infections. Most UTIs can be diagnosed with a simple urine test, performed by a nurse. Once someone has had a UTI, they are likely to get more. Completing treatment is vital to reduce re-infections.

Adapted from pathwayshealth.org



What is a Federally Qualified Health Center (FQHC)?

The federal government supports FQHCs as the nation's primary safety-net system for health care. FQHCs provide comprehensive services in medically underserved regions. They accept patients regardless of ability to pay, and they work with their communities to address barriers to health, such as how to access care without transportation.

FQHCs:

- May offer medical, dental, oral, vision, mental health, and support services.
- Have 68 Vermont locations, across every county in Vermont.
- Accept all patients, regardless of insurance or ability to pay, and offer sliding-fee payment scales.
- Have a patient-majority governing board and are rooted in their own communities' needs.
- Provide a full range of prescription services, with home delivery at no charge and cost savings for patients in the form of reduced price prescriptions.

For a full directory of FQHCs licensed in Vermont, visit: dlp.vermont.gov/federally-qualified-health-directory.

Information adapted from Green Mountain Care Board (gmcboard.vermont.gov)

Veterans Home Based Primary Care program

The Veterans Association in Vermont offers Home Based Primary Care (HBPC) to veterans. Services are provided by a team supervised by a VA physician and include a primary care provider, nurses, rehabilitation staff, a social worker, and a dietitian.

This program may be right for veterans with complex health care needs who have a hard time getting to a clinic. HBPC may also be right for patients who are isolated or whose caregiver needs support and assistance. HBPC is part of the VHA Standard Medical Benefits Package. All enrolled veterans are eligible if they meet the clinical need for the service and it is available.

If you qualify for HBPC, your care plan will include:

- Home primary care visits
- Regular home nurse visits
- Case management through the nurse
- Help with coordination of services
- Evaluation by a physical or occupational therapist, with ongoing home visits if needed
- Nutrition evaluation and counseling by a dietitian
- Help with managing medications

Your primary care provider can answer questions about your medical needs and whether you are eligible for HBPC, or you can call the program at White River Junction VAMC at 800-698-2411.

Adapted from White River VA Medical Center (whiteriver.va.gov)

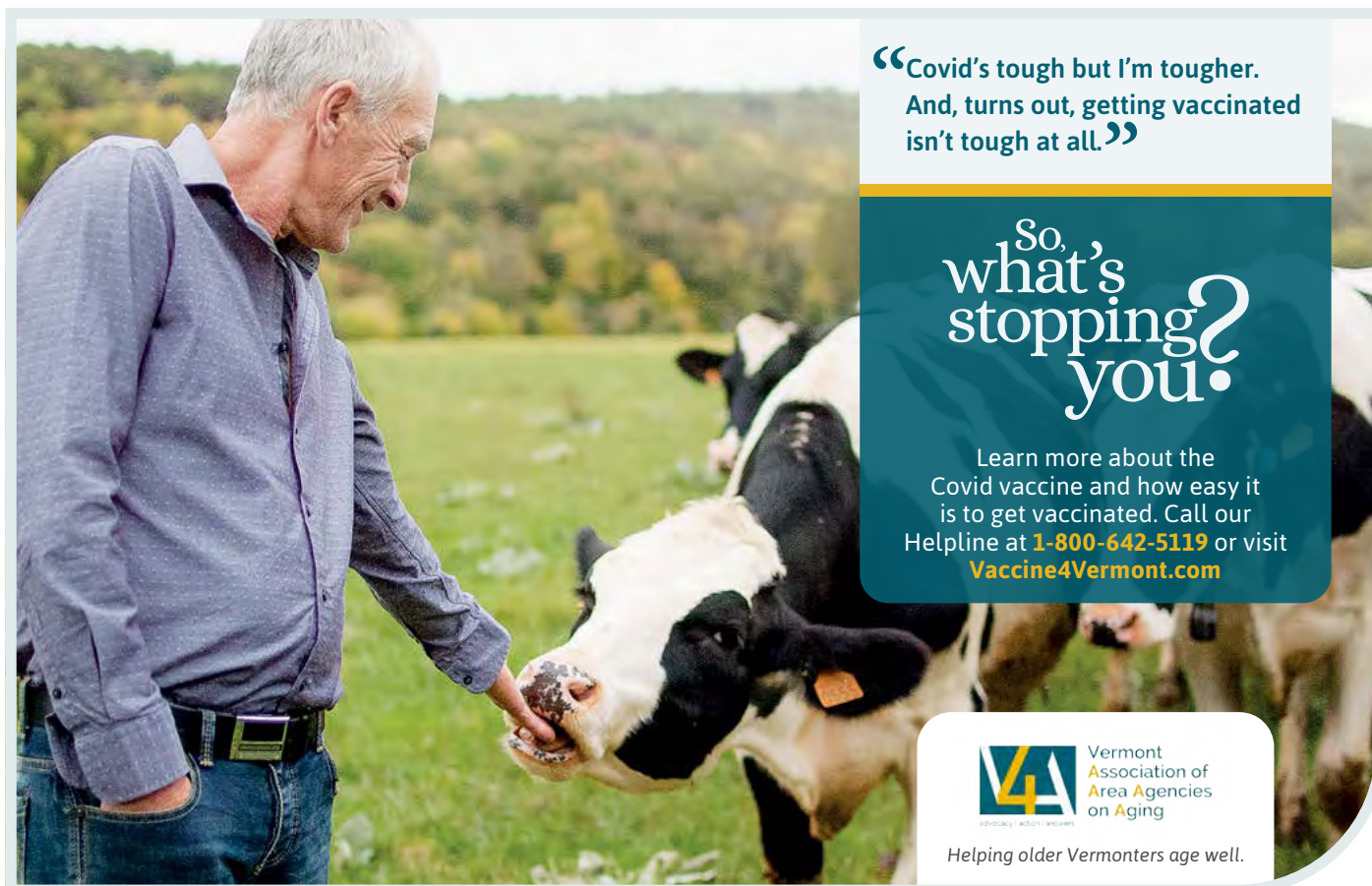
Geriatric care coordinators/managers:

Usually RNs or social workers, these managers can assess the needs of an older person and create and implement care plans, assist older adults and their families with access to medical care, mental health, financial resources, and guide resolution of family conflicts around care planning. Learn more at nia.nih.gov/health/what-geriatric-care-manager.

Geriatric care providers:

Geriatric-care providers address the complex and multifaceted health issues faced by people as they age and promote health, stressing prevention and treatment of disability and disease. Geriatricians – physicians who do this work – monitor care among diverse specialists to ensure safety and optimal outcomes.

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**“Covid’s tough but I’m tougher.
And, turns out, getting vaccinated
isn’t tough at all.”**

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what’s
stopping?
you.**

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Covid vaccine and how easy it
is to get vaccinated. Call our
Helpline at **1-800-642-5119** or visit
Vaccine4Vermont.com

 Vermont
Association of
Area Agencies
on Aging

Helping older Vermonters age well.

Alzheimer's disease & related dementias

The increasing rates of Alzheimer's disease and related dementias – both in Vermont and across the U.S. – is notable. Dementia is not a disease, but a general term for loss of memory and other mental abilities caused by physical changes in the brain. Symptoms differ from person to person, but may eventually become severe enough to interfere with daily life.

Early symptoms can be nonspecific and are easy to confuse with the general forgetfulness that many experience. While there is currently no cure for Alzheimer's, treatment of symptoms is available and more effective if started early. It's important to know what symptoms to look for (see next page).

Dementia care

Dementia can be diagnosed and managed by a primary care provider or a specialist. All three academic medical centers in our region offer comprehensive specialty care for Alzheimer's and related dementias, using a multidisciplinary team approach. The multidisciplinary team evaluates, diagnoses, and treats memory disorders and manages the conditions that can produce them.

UVM Medical Center Memory Program

802-847-1111, uvmhealth.org/medcenter/Pages/Departments-and-Programs/Memory-Program.aspx

Albany Medical Center – The Alzheimer's Center

518-262-0800 or 518-262-5226, amc.edu/patient/services/neurosciences/alzheimers_disease/index.cfm

Dartmouth-Hitchcock Medical Center Neurology Memory Clinic

603-650-5104, dartmouth-hitchcock.org/neurology-memory-clinic.html

Alzheimer's/dementia-specific resources

Alzheimer's Association HelpLine

1-800-272-3900, alz.org

Alzheimer's Association

Vermont Chapter

802-316-3839, alz.org/vermont

The Alzheimer's Association has extensive resources:

- 24/7 HelpLine
- Links to online education programs
- Local support group search
- National and local phone support groups—both remote and in-person, dealing with bereavement, caregivers, and younger-onset dementias
- Local resource search
- A virtual library of resources, books, and articles
- Registration for virtual online programs across New England
- COVID-specific resources

Adult day centers can be an important source of social connection for people with physical or cognitive impairments. For more information, [see page 53](#).

10 early signs of Alzheimer's or other dementias

Having one or more of the signs below is a significant health concern that should be evaluated by a doctor. Get checked – early detection matters.

Memory loss that disrupts daily life

Forgetting recently learned information, important dates or events; asking the same questions repeatedly; increasingly relying on reminder notes, electronic devices, or family members for things they previously handled

Challenges in planning or solving problems

Difficulty following a familiar recipe, keeping track of monthly bills, concentrating; taking much longer to do things than before

Difficulty completing familiar tasks

Trouble driving to a familiar place, organizing a grocery list, or remembering the rules of a favorite game

Confusion with time or place

Losing track of dates, seasons, and the passage of time; having trouble understanding something if it is not happening immediately; forgetting where they are or how they got there

Decreased or poor judgment

Changes in judgment or decision-making

Trouble understanding visual images and spatial relationships

Having problems with vision, balance, reading, judging distance, determining color or contrast; often most noticeable when assessing driving

New problems with words in speaking or writing

Having trouble following or joining a conversation; stopping in the middle of a conversation with no idea how to continue; repeating things; struggling with vocabulary; having trouble naming a familiar object or using the wrong name for something (e.g., calling a “watch” a “hand-clock”)

Misplacing things and losing the ability to retrace steps

Putting things in unusual places or losing things and being unable to go back over their steps to find them again; accusing others of stealing

Withdrawal from work or social activities

Changes in the ability to hold or follow a conversation leading to withdrawal from hobbies, social activities, or other engagements; having trouble keeping up with a favorite team or activity

Changes in mood and personality

Mood and personality changes; becoming confused, suspicious, depressed, fearful, or anxious; being easily upset at home, with friends, or outside of their comfort zone

Adapted from alz.org

While Alzheimer's is the most prevalent dementia, others – including Creutzfeldt-Jakob disease (CJD), Lewy Body dementia, frontotemporal dementias (FTD), and dementia associated with Parkinson's disease – are just as devastating, if not more so. Learn more about different dementias and their symptoms. alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia.

Telemedicine

What is telemedicine?

The COVID-19 pandemic led many health care and mental health providers to adopt or increase the use of telemedicine (sometimes called telehealth) to provide safe care from a distance. Remote visits are arranged using teleconferencing platforms such as Zoom through your smartphone, landline or computer, using a secure connection that complies with HIPAA. During these visits, your health care provider will evaluate your condition, consult with you, make diagnoses, and arrange for appropriate treatment.

Visits provided via telemedicine are billed to your insurance the same way in-person visits are billed.

Telemonitoring

Telemonitoring gives people the tools to improve their safety and wellness at home. Easy-to-use touchscreen tablets prompt you to measure and record your vital signs daily and transmit them wirelessly to a nurse, who reviews your data.

Daily monitoring allows providers to respond more quickly to biological changes and can prevent an emergency visit or hospitalization.

When telemonitoring is indicated

Telemonitoring may be a good option if you:

- Have had frequent hospitalizations or emergency room visits
- Have a chronic disease such as heart disease or a respiratory disorder
- Have been diagnosed with congestive heart failure
- Are struggling to control diabetes

- Your physician or home health nurse thinks a telemonitor could be helpful
- Have had heart surgery
- Are juggling multiple medications and medication changes

Telemonitoring provides you with:

- Needed care from your home.
- A sense of security
- Greater connection to your nurse and active care partnership
- The tools to better manage your disease
- Immediate identification of and action on problems
- A daily health routine

Find a Vermont telemonitoring provider

Use the agency finder map on vnavt.org or call 1-855-484-3862 to find your local home health agency. Ask your health care provider if they offer it.

Adapted in part from vnavt.org



Free or discounted eye care

EyeCare America provides free eye exams for eligible older Americans.

The Seniors Program

connects older adults with local volunteer ophthalmologists who provide a medical eye exam (often at no out-of-pocket cost) and up to one year of follow-up physician services for any condition diagnosed during the initial exam. To be eligible, you must:

- Be a legal U.S. resident 65 or older
- Not belong to an HMO or have eye care benefits through the VA
- Have last had an eye exam three or more years ago

The Glaucoma Program

provides a baseline glaucoma exam to those who may not be aware they are at increased risk for glaucoma:

- If you are eligible and uninsured, there is no cost to you
- If you are eligible and insured, you will be billed for a normal office procedure, and responsible for any co-payments

To find out if you are eligible, call 1-877-887-6327 (Pacific time), email eyecareamerica@aao.org, or visit aao.org/eyecare-america/read-more.

Foot care supports your health and mobility

As we age, foot problems can limit our mobility and lead to more serious health conditions. Routine foot care is important for:

- Maintaining muscle and bone strength by supporting mobility and physical activity
- Proper foot and body mechanics, which helps prevent falls
- Identifying early signs of more serious health issues, such as diabetes

Foot care is best provided by registered nurses trained in foot care assessments. This includes:

- Visual inspection of foot and lower leg for skin changes and breakdown
- Toenail clipping
- Massage
- Prevention of common foot problems through education
- Referrals to a medical specialist when necessary

Available foot care:

- The VNAs of Vermont provide regular foot clinics for a nominal fee. Visit vnavt.org or call 1-855-484-3862.
- Local senior centers or meal sites often host local foot clinics.
- Podiatrists and other foot-care providers offer this service.

Adapted from the VNAs of VT (vnavt.org)

Durable medical equipment (DME)

DME is equipment that helps people complete daily activities. It includes wheelchairs, walkers, lifts, and oxygen tanks.

Medicare usually covers DME if:

- It can be used multiple times
- It is designed to help a medical condition or injury
- It is primarily meant for use in the home
- It is likely to last three years or more

To be covered by Medicare:

- DME must be prescribed by a primary care provider, among other conditions.
- For those who are in a skilled nursing facility or are hospital inpatients, DME is covered under Medicare Part A. Otherwise, it is covered by Medicare Part B.

Look for durable medical equipment at:

- Medical supply stores (Medicare may cover some of the cost – supply store staff will know)
- DAIL Assistive Technology Exchange vt.at4all.com
- Craigslist vermont.craigslist.org/search
- Front Porch Forum frontporchforum.com

Check with the local senior center, home health agency, physical/occupational therapists, or Area Agency on Aging to find free loaner programs for some equipment.



Wheelchair assessments

Before buying or renting a wheelchair, consider getting one that meets your individual physical and social needs. An occupational therapist completes comprehensive wheelchair assessments by evaluating functional seating and positioning to recommend wheelchair and seating options. The therapist can place equipment orders and follow up with proper fitting.

Wheelchair and equipment reimbursement depends on individual insurance and requires an appropriate medical diagnosis and doctor's order. Most Vermont hospitals have occupational therapy services. Ask your doctor to recommend a therapist.

What you can do to stop DME fraud:

- Make sure your doctor has assessed your condition and orders the durable medical equipment (DME) or supplies.
- Never sign a blank form from your doctor or equipment supplier.
- Always read your Medicare summary notice (MSN) or explanation of benefits (EOB).
- Look for charges for items you do not need or did not receive.
- Refuse and report any equipment or supplies you are offered that weren't ordered by your doctor.
- If it seems too good to be true, it probably is.

If you have questions about DME fraud, call VT-SMP at 802-229-4731.

Assistive technology can make aging in place safer

There are a variety of affordable tools for people who want to increase safety while aging in place.

Medical alert systems

These monitor at-risk people and alert preset contacts and emergency services if the user falls or pushes the alarm button. Medical alert systems are available as easy-to-use smartphone apps and as wearable devices, such as a necklace or bracelet.

Smart home devices

Voice-controlled home devices such as Amazon Echo and Google Home are for the casual user who wants assistance with automated lighting, reminders for medication and appointments, calling friends, and easy ordering of groceries.

Automatic smart lighting can prevent stumbling around in the dark. Easily mounted, inexpensive cordless wall lights will turn on when you walk by, and many systems can provide scheduled lighting.

Assistive seating

For help getting out of a comfortable chair, consider an electric or self-powered lifting seat, which slowly tilts you forward to help you into a standing position. These seats increase independence, prevent overworking sore muscles, and can lessen anxiety about getting hurt while trying to get up.

Adapted from Assisted Living Today: (assistedlivingtoday.com/blog/home-modifications-for-seniors-aging-in-place)

Vermont Assistive Technology Program

The Vermont Assistive Technology Program (VATP) helps people find accessible solutions to overcome barriers relating to disability and aging at home, work, and in the community. Non-Vermont residents can find information on their state's version of this federal program at at3center.net/stateprogram.

VATP partners with the Center on Disability and Community Inclusion (CDCI) at the University of Vermont. CDCI operates three regional AT Tryout Centers and provides services across Vermont.

atp.vermont.gov | 1-800-750-6355
dail.atinfo@vermont.gov



Help for Hearing Loss

Hearing loss often goes unrecognized, and hearing-assistive technologies are often underused. Age-related hearing loss usually occurs in both ears to an equal degree. Because the loss is gradual, those who have it may not notice their hearing has gotten worse.

According to AARP, use of hearing aids by those with hearing loss can help prevent falls; improve mood, brain function, and working memory; decrease dementia risk; prevent income loss and hospitalization; and strengthen relationships and prevent isolation. Hearing loss studies found links between hearing loss and mental health conditions including neurocognitive disorders, dementia, depression, atrophy in frontal brain regions, and paranoid psychosis.

Where to start

First, have your hearing tested by a medical professional – either an audiologist, an otolaryngologist, or an otologist. They can recommend one or more approaches.

Sometimes the solution is as simple as removing impacted earwax, a higher risk among older adults and those who wear hearing aids. Ear canals should be checked periodically for excess or impacted earwax, which is best removed in a clinical setting.

NOTE: Vermont Medicaid covers the cost for medically necessary hearing aids. Talk to your provider for more information. If you are having trouble accessing this benefit, contact the Office of the Healthcare Advocate: 1-800-917-7787 or vtlawhelp.org/health.

If hearing implements are indicated

Finding the right hearing aids can take some effort. They vary greatly in price, size, features, and how they're placed in the ear. Options include:

- Traditional hearing aids, which can be molded to fit completely or partially in the ear canal, rest in the bowl-shaped area of your outer ear, fit behind the ear, and other choices
- Surgically implanted cochlear implants, designed for those with profound hearing loss
- Over-the-counter listening and amplifying devices
- Apps to which a user can upload their personal hearing profile so that sounds filtered through their headphones are customized to their specific needs



Before you buy

Hearing aid costs vary widely, but most are expensive – starting at about \$1,500 – and not always covered by insurance. Professional fees and style options may cost extra. The Vermont Legislature passed H.266 during the 2022 session requiring Medicaid, the State Employees Health Plan, and large group health insurance plans to provide coverage for hearing aids beginning in plan year 2022. To keep costs down, you can:

- **Ask about a trial period.** Get the cost in writing. Ask if it's credited toward purchase, and how much is refundable if you return the hearing aid during the trial.
- **Think about future needs.** Is the hearing aid you've chosen capable of increased power if your hearing loss gets worse? Hearing aids should last about five years.
- **Check for a warranty.** This should cover parts and labor for a specified period. Ask about any coverage exclusions. Some dispensers may include office visits or professional services.
- **Beware of misleading claims.** Hearing aids can't restore normal hearing or eliminate all background noise. Beware of advertisements or dispensers who claim otherwise.
- **Plan for the expense.** Medicare doesn't cover the cost of hearing aids for adults, and few private policies cover hearing aids. Veterans may be able to get a hearing aid at no cost through the VA.

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We are here for you. Get the support you need.

You are not alone. More than **13,000** Vermonters are living with Alzheimer's, and more than **25,000** friends and family help provide care for them.

The Vermont Chapter of the Alzheimer's Association offers online services, educational programs, dementia care resources, a 24/7 Helpline, advocacy opportunities, and so much more!

alz.org/VT | 802.316.3839

alzheimer's  association®

Mental health assistance

The World Health Organization estimates that 15 percent of adults 60 and older have a mental health disorder. Treatment can significantly improve quality of life for an older person with mental health issues such as depression, anxiety, or adjustment disorder.

Abundant research has found that depression is associated with worse health in people with conditions such as heart disease, diabetes, and stroke. Depression can make it harder for people to care for themselves and to seek treatment when needed. Mental disorders can also increase the risk of self-harm or suicide, sleep disorders, and substance-use disorders.

In older adults, depression may be dismissed as frailty or viewed as an inevitable result of life changes, chronic illness, and disability. Mental health disorders can be treated. Recognizing the signs and seeing a health practitioner are the first steps to getting treatment.

Warning signs of depression:

- Noticeable changes in mood, energy level, or appetite
- Feeling flat or having trouble feeling positive emotions
- Difficulty sleeping or sleeping too much
- Difficulty concentrating, feeling restless, or on edge
- Increased worry or stress
- Anger, irritability, or aggressiveness
- Ongoing headaches, digestive issues, or pain
- A need for alcohol or drugs
- Sadness or hopelessness
- Suicidal thoughts
- Engaging in high-risk activities
- Obsessive thinking or compulsive behavior
- Thoughts or behaviors that interfere with work, family, or social life
- Unusual thinking or behaviors that concern others

Adapted from the National Association of Mental Health and World Health Organization websites

Geriatric psychiatry

A geriatric psychiatrist is a medical doctor with special training in the diagnosis and treatment of mental disorders in older adults.

Because older adults have special physical, emotional, and social needs, the geriatric psychiatrist approaches diagnosis and treatment by listening and responding to their concerns, helping families, and (when needed) working with other health care professionals to develop effective approaches to treatment.

Coexisting medical illnesses, medications, family issues, social concerns, and environmental issues are integrated into a comprehensive program of care.

In Vermont, geriatric psychiatrists are on staff at UVM Medical Center, Rutland Regional Medical Center, and the VA Medical Center. Contact your primary care provider for other local recommendations.

Adapted from [healthyplace.com](https://www.healthypace.com/healthyplace.com/anxiety-panic/articles/what-is-a-geriatric-psychiatrist) (healthyplace.com/anxiety-panic/articles/what-is-a-geriatric-psychiatrist)

Crisis Text Line:

Text "VT" to 741741

Talk to a trained crisis counselor about any kind of crisis 24/7. Vermont Suicide Prevention Center

Suicide Prevention Lifeline

988

24/7 national network of local prevention centers

Pathways Vermont Support Line

1-833-888-2557 (833-VT-TALKS)

24/7 peer support for similar life experiences for Vermonters 18 and older

Veterans Crisis Line

988 press 1

24/7 resource line. Vermont Veterans and Family Outreach Program

LGBTQ Support Hotline

1-888-843-4564 or 1-866-869-7341

For LGBTQ survivors of violence
Monday-Thursday 10am-6pm &
Friday 10am-2pm. Pride Center of
Vermont Safespace Program

Vermont HelpLink

802-565-LINK (5465) or

1-833-565-LINK (5465)

Public resource for finding substance use treatment and recovery centers in Vermont. Monday-Friday 8am-10pm
Monday through Friday; weekends and holidays 8am-6pm. Vermont HelpLink Alcohol & Drug Support Center

Vermont Eldercare Clinician Program

1-800-642-5119

Certified mental health counselors provide clinical assessment, treatment, and referrals for older Vermonters with barriers to traveling to a mental health office. State program through Vermont Area Agencies on Aging



Your Story Continues Here

Caring for the whole person as a unique individual, is at the very heart of our belief system.



At Living Well Group we believe that there are endless possibilities, potential and vitality for our residents. Each life has a story that adds to the richness of the communities we create together.

Living Well Group 

To learn more visit: livingwellgroup.org



**Ethan Allen
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**Heaton Woods
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10 Heaton St., Montpelier



Staying healthy involves more than a doctor and prescription medication. Arming ourselves with strategies to maintain and improve our health can help keep our bodies functioning more smoothly for a longer time. Giving our bodies what they need can help us age comfortably.



wellness

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Wellness

Preventing falls

Falls are a major cause of injury and loss of independence in people over 65. As we age, our sense of balance declines, and illness, injury, and medication side effects can leave us unsteady on our feet or with balance issues. You can take steps to prevent falls:

Maintain health

- Keep your bones strong. Get enough vitamin D and calcium, and do weight-bearing exercise.
- Have your vision and hearing checked each year or if you notice a change.
- Have foot problems checked early, and make sure your shoes fit properly.
- Get up slowly from a sitting position.
- If you are weak or dizzy, don't walk around. Call your doctor right away if you lose your balance.
- Drink plenty of water.

If you live alone

- Consider wearing an alert device or carrying a portable phone.
- With another person, learn how to get up from a fall. If you can get up alone, practice doing so. If you can't get up by yourself, see a physical therapist.

Learn how to keep your balance

- Learn a few exercises for strength and balance and practice these daily.
- Wear low-heeled, supportive, nonskid shoes that are in good shape.
- Make sure your walker or cane is fitted to you and the rubber feet are not worn.

Most hospitals, physical therapy clinics, and senior centers offer balance training and fall-prevention programs. Ask your doctor if one is advisable.

For information on how to assess and improve the safety of your home, [see page 60](#).

Adapted from the University of Vermont Medical Center website (uvmhealth.org/medcenter)

Falls Free Vermont

This coalition of organizations and individuals works to reduce preventable falls and fall-related injuries and deaths in older adults. Its website includes resources for individuals, families, and caregivers, including a searchable statewide list of evidence-based exercise programs that help prevent falls.

802-863-7596 or info@fallsfreevt.com
Fallsfreevt.com

Getting up after a fall

If you are injured, stay where you are and call for help. If you are not injured, use your judgement and try to get up.



Look around for a sturdy piece of furniture such as a chair.



Roll onto your side.



Crawl or drag yourself over to the chair. If you can, pull your walking aid with you.



From a kneeling position, put your arms up onto the seat of the chair.



Place your strongest foot flat on the floor.



Push up with your arms and legs. Move your bottom around.



Sit down. Rest before trying to move.

If you can't get up:

- Don't panic
- Try to stay warm
- Gently move around to try to stop one part of the body getting too much pressure

Adapted from Vancouver Coastal Health (www.vch.ca/seniors/fall.htm)



Keeping safe in extreme temperatures

Living in a home that's too warm or too cold can increase the risk for heart and respiratory diseases, make arthritis worse, increase stress and depression, and be life-threatening. Older adults and infants tend to suffer most in extreme temperatures, which have implications both inside and outside your home.

Heat

When temperatures rise, so do heat-related illnesses. Watch for:

- Hot, red, dry, or damp skin
- Fast pulse
- Headache
- Dizziness and/or nausea
- Confusion
- Passing out
- Cold, clammy skin
- Muscle pain or spasms

If your body temperature reaches 103 degrees F or higher, you are vomiting, or your symptoms worsen or last more than an hour, **call 911 immediately**. Move to a cool place, loosen your clothes, take a cool shower or bath, or apply cool cloths to the body. If your pulse is weak, sip water.

A bad sunburn, which may include blisters, can be treated with cool water and moisturizing lotion. Stay out of the sun and do not break blisters.

If you develop heat rash – small red blisters that look like pimples – stay cool and dry and use body powder to soothe the rash.

Adapted from the Vermont Department of Health (healthvermont.gov)



Beat the heat

- Take a cool bath or shower.
- Check on people most likely to become ill from heat: older adults, people who live alone, and people who are physically or mentally ill or have a disability.
- If you don't have air conditioning, go someplace that does – a senior center, library, mall, or cooling shelter.
- Stay hydrated

Cold

In winter weather, older adults are particularly vulnerable to influenza, falls, and hypothermia.

- Stretching before going outside reduces your risk of falling by increasing circulation and limbering stiff muscles.
- If you must go outside in inclement weather, wear non-skid sole shoes with a low heel and adequate support. A simple handrail outside can help keep you from falling.
- To prevent hypothermia, keep your home's thermostat at 68 F degrees or above, wear layers of loose clothing and keep your head covered outside. Hypothermia causes slurred speech, confusion, dizziness, slow or irregular heartbeat, and shallow breathing.
- Protect your skin by using a daily moisturizing lotion and use a humidifier in your house to decrease the risk of nose bleeds. Drink plenty of water and eat foods high in water content like soups and vegetables to keep hydrated.

Take care when shoveling!

Although it may not seem like a typical workout, shoveling snow can be strenuous. The cold weather combined with the physical exertion of shoveling can stress your heart and cause a heart attack. About 100 people die in the U.S. each year while shoveling snow. Older adults, individuals with pre-existing heart conditions, and people who are usually sedentary are all at higher risk for a heart attack while shoveling snow. For help clearing snow, ask a neighbor or contact Vermont 2-1-1 (vermont211.org or call 211) or your local Area Agency on Aging (info at vermont4a.org or call 1-800-642-5119).



Stay strong & active

Being physically active can help you stay strong and independent as you age. If you are overweight or obese, weight loss can improve your quality of life and reduce the risk of disease and disability.

- Adults at any age need at least 2½ hours (150 minutes) of moderate-intensity physical activity weekly. You can break this into smaller segments — aim for at least 10 minutes at a time — and try to exercise at least three days a week.
- Find an activity that is appropriate for your fitness level. If you are not active, start by walking or riding a stationary bike.
- Being active will make it easier to enjoy other activities such as shopping, playing a sport, or gardening.
- If you are not sure about your level of fitness, check with your doctor before starting any exercise program or vigorous physical activity.
- Be sure to drink water when doing any activity that makes you sweat. If your doctor has told you to limit your fluids, check before increasing the amount of fluid you drink while exercising.

Adapted from the US Department of Agriculture (choosemyplate.gov/browse-by-audience/view-all-audiences/adults/older-adults)

Senior center exercise programs

Senior centers in Vermont offer a wide range of evidence-based and promising exercise programs, including:

- Tai chi for fall prevention
- Chair yoga and other types of yoga
- Arthritis Foundation exercise programs
- Bone builders
- Pilates
- Zumba
- Qigong
- Walking groups and other outdoor activities, dance classes, and more

Most programs are free or low-cost and can provide social engagement and opportunities to improve balance, strength, bone mass, and cardiovascular fitness.

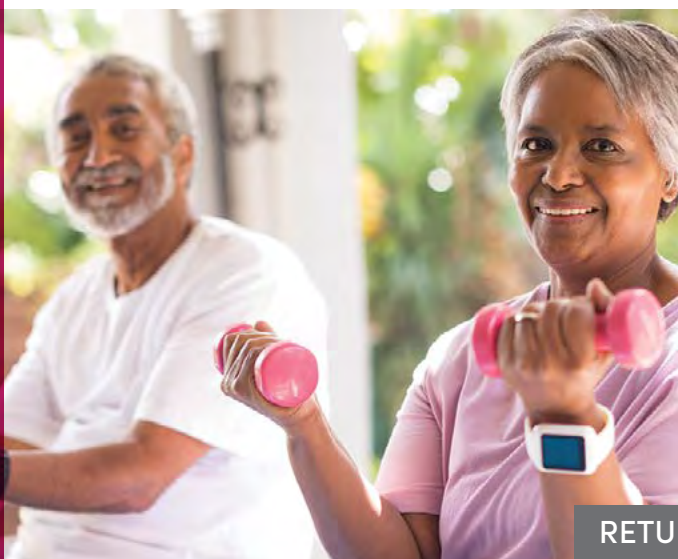
Range of exercise can improve health & physical ability

Research has shown it's important for us to get different types of exercise: endurance, strength, balance, and flexibility. No matter your age, you can find activities that meet your fitness level and needs.

Endurance

Endurance, or aerobic, activities increase your breathing and heart rates, improving the health of your heart, lungs, and circulatory system. They can delay or prevent diseases such as diabetes, colon and breast cancers, and heart disease.

Endurance activities include brisk walking/jogging, yard work, dancing, swimming, biking and climbing stairs.



Safety tips:

- Do a little light activity, such as easy walking, to warm up and cool down.
- Endurance activities should not cause dizziness, chest pain or pressure, or a feeling like heartburn.
- Use safety equipment, such as a helmet when bicycling, walking stick, traction cleats in winter, or compression clothing.

Strength

Strength exercises help you stay independent, make everyday activities easier, and help your balance – preventing falls and fall-related injuries. These exercises include lifting weights, even your own body weight, or using a resistance band. Add strength-building activity at least two days a week.

Safety tips:

- Don't hold your breath – breathe regularly.
- Breathe out as you lift or push, and breathe in as you relax.

Balance

These exercises help prevent falls, a risk associated with aging that can have serious consequences. Balance exercises include tai chi, yoga/chair yoga, and weight shifting.

Safety tip:

Have a sturdy chair or a person nearby to hold on to if you feel unsteady.

Flexibility

Stretching can improve flexibility, making it easier to tie shoes or look over your shoulder when you back out of the driveway.

Safety tips:

- Stretch when muscles are warmed up.
- Stretch after endurance or strength exercises.
- Don't stretch so far that it hurts.
- Breathe normally while holding a stretch.

Talk with your doctor if you are unsure about doing a particular exercise.

Adapted from the National Institute on Aging ([nia.nih.gov/health/four-types-exercise-can-improve-your-health-and-physical-ability](https://www.nia.nih.gov/health/four-types-exercise-can-improve-your-health-and-physical-ability))

**Everyone can play adaptive sports**

Vermont Adaptive Ski and Sports helps people connect and use adaptive

equipment so they can continue to enjoy winter and summer sports. The group provides access and instruction to sports and recreational activities with the belief that they provide a physical, mental, and social experience that promotes self-confidence and independence.

Opportunities exist in: alpine skiing, snowboarding, and other winter sports; kayaking, canoeing, stand-up paddle boarding, sailing, cycling, hiking, rock climbing, tennis, horseback riding, wellness retreats and more.

Vermont Adaptive Ski and Sports also offers programs designed for injured service members, veterans with disabilities, and their families. Programs and events are designed to include those with both physical and invisible disabilities such as post-traumatic stress disorder (PTSD) and brain injuries.

Adapted from Vermont Adaptive Ski and Sports (vermontadaptive.org)

Food access & nutrition

Vermont has many avenues for older adults to access healthy meals and food for free or reduced-cost.

Vermont Food Bank

The state's largest hunger-relief organization, the food bank coordinates distribution of food through more than 300 organizations statewide. Call the Vermont Foodbank to find a distribution site near you. 1-800-585-2265, Vermontfoodbank.org

3SquaresVT

3SquaresVT, called SNAP in other states and previously known as food stamps, provides extra money each month to help buy food at stores and participating farmers' markets.

- Households that include a Vermonter 60 and older qualify for benefits if they have a gross household income equal to or less than 185 percent of the federal poverty level.
- The value of some "owned" resources – for example, bank accounts – are included in the income calculation, but the value of a home and certain retirement accounts are not.

The best way to determine eligibility is to apply:

- Online: dcf.vermont.gov/mybenefits
- By mail: call 1-800-479-6151 or visit a DCF Economic Services Division district office for a paper application
- In person at the closest DCF district office. A list of district offices can be found at dcf.vermont.gov/esd/contact-us/districts

Once you've applied:

- A phone or in-person interview is required. You'll be informed about the interview process after you apply.
- You may be asked to provide more documentation (driver's license, ID card, immigration documents, pay stubs, bills, forms, etc.) to verify certain information. Send copies of personal documents as originals may not be returned. Your local library can help you make copies or scan documents.

If you have questions or need help applying:

- Call Vermont Economic Services Division at 1-800-479-6151
- Call Vermont's Senior Helpline at 1-800-642-5119
- Text VFBSNAP
- Email 3SVT@vtfoodbank.org or call 1-800-479-6151

The amount of support depends on household size, income, and expenses. You may get a higher benefit if you receive fuel assistance or spend more than \$35/month on medical costs not covered by insurance (ie: co-pays or medication). The average monthly benefit for an older adult living alone is \$163.

- If everyone in your household is 65+, your benefits will be deposited as cash directly into your bank account.
- If anyone in your household is under 65, your benefit will be added to an EBT card (Vermont Express). It can be used to buy eligible food items, much like you'd use a debit or credit card.

1-800-479-6151,
dcf.vermont.gov/benefits/3SquaresVT
or vtfoodbank.org/nurture-people/3squaresvt

Meals on Wheels

Meals on Wheels provides home-delivered nutritious meals for eligible Vermonters. Days, meal types, and times may vary.

To qualify:

- You must be 60 or older and unable to leave the home without considerable difficulty and/or assistance (due to COVID-19, this requirement may be waived) and experience a physical or mental condition making you unable to obtain food or prepare meals on a temporary or permanent basis or,
- You must be the spouse of an eligible participant (regardless of age) or be younger than 60, have a disability and live with or be cared for by someone who qualifies, if you don't qualify on your own.

Preference will be given to people who are low-income, minority, have limited-English proficiency, and/or are at risk for institutional placement.

For more information call: AAA Helpline (1-800-642-5119) or 2-1-1

Commodity Supplemental Food Program (CSFP)

1-800-214-4648

vtfoodbank.org/share-food/csfp

This U.S. Department of Agriculture program provides a free monthly box of nutritious food (approximately \$50 value) to Vermonters 60 and older who (as of September 27, 2021) have incomes under:

1 person \$1,396/month

2 people \$1,888/month

3 people \$2,379/month

Each eligible person receives their food box at a single designated site.

You can sign up for CSFP and other food programs, such as 3SquaresVT, at the same time:

- Fill out a brief application to get certified for a year. At the end of that year, complete a recertification form.
- You can assign someone else to pick up your box at the drive-thru distribution site.

Your box may include nonfat dry or fluid milk, juice, farina, oats, ready-to-eat cereal, rice, pasta, peanut butter, dry beans, canned fruits and veggies, and canned meat, poultry, or fish. When possible, extras such as fresh fruits and veggies are added.



Other options

Community meals

Many senior centers, community centers, and faith groups offer community meals. Inquire with local organizations, 2-1-1 or on the AAA Helpline.

Food shelves and food pantries

These local organizations offer regular access to free groceries. Food items and frequency will vary by site.

1-800-585-2265, vtfoodbank.org

Farmers' markets

Each region has many regular farmers' markets that offer produce and other edible goods available for purchase. Many accept SNAP/3SquaresVT or Crop Cash. Spend \$10 in 3Squares benefits at a farmers market and get \$10 more in Crop Cash to buy produce, edible plants, and seeds.

nofavt.org

VeggieVanGo

This traveling truck provides thousands of pounds of fresh food and produce to families and individuals in need each month. Call to find out when it will be in your area.

1-800-585-2265

HelpLine

1-800-642-5119 | vermont4a.org

The AAA HelpLine is an information and assistance resource for people 60 and older. Knowledgeable professionals at Vermont's Area Agencies on Aging's HelpLine can answer questions and help identify resources to assist people in aging successfully, including health insurance (SHIP) and Meals on Wheels (MOW).

The DASH eating plan

DASH is a flexible and balanced eating plan, based on a 2,000-calorie-a-day diet, that helps create a heart-healthy eating style for life. It requires no special foods and provides daily and weekly nutritional goals. The DASH plan recommends:

- Eating vegetables, fruits, and whole grains
- Including fat-free or low-fat dairy products, fish, poultry, beans, nuts, and vegetable oils
- Limiting foods that are high in saturated fat, such as fatty meats, full-fat dairy products, and tropical oils such as coconut, palm kernel, and palm oils
- Limiting sugar-sweetened beverages and sweets.

Talk to your doctor about how many calories you should be consuming each day.

The results of several federal studies showed the DASH diet lowers blood pressure and unhealthy (LDL) cholesterol in the blood.

You can find details of the DASH diet at nhlbi.nih.gov/health-topics/dash-eating-plan.

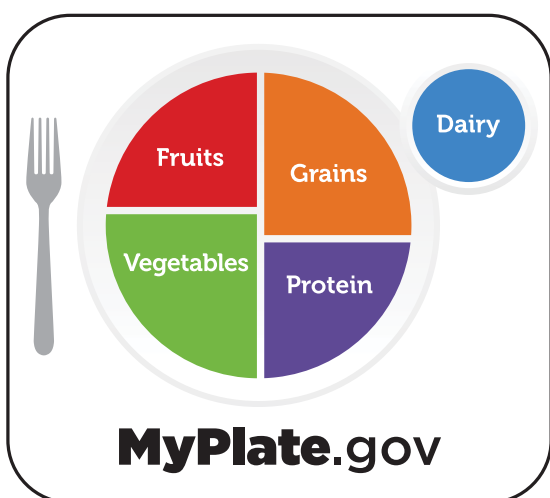


Other Nutritional Issues

Special nutrition concerns for older adults

Our dietary needs change as our bodies get older.

- Instead of salt, add flavor to foods with spices and herbs and look for low-sodium packaged foods.
- Add sliced fruits and vegetables to your meals and snacks. Look for presliced fruits and vegetables on sale if slicing and chopping is a challenge.
- Ask your doctor to suggest other options if the medications you take affect your appetite or change your desire to eat.
- Drink water or milk instead of sugary drinks.
- Consume foods fortified with vitamin B12 such as fortified cereals.



Getting enough fluids

Your body needs plenty of fluids each day. Water helps you digest food, absorb nutrients, and get rid of unused waste. Drinking water lets you add fluids without adding calories.

As we age, it can become harder to drink enough water: you might lose some of your sense of thirst, and some medicines might require you to drink more fluids.

Try these tips:

- Don't wait until you feel thirsty to drink water or other fluids.
- Take sips of water, milk, or juice between bites during meals.
- Add liquids throughout the day.
- Drink a full glass of water when you take a pill.
- Have a glass of water before you exercise.

If you drink alcoholic beverages, do so sensibly and in moderation: up to one drink per day for women and up to two drinks for men.

Don't stop drinking liquids if you have a urinary control problem. Talk with your doctor about treatment.



advocacy | action | answers

Vermont Association of Area Agencies on Aging



Mission

Providing advocacy, leadership and a voice
for the aging network in Vermont

Vision

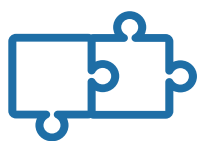
A Vermont that values and supports us as we age

We are the association of five non-profit Area Agencies on Aging located throughout Vermont to respond to the needs and directions of older Vermonters and their families by offering information and assistance in many areas. We can share available options for caregiver support, health insurance counseling, transportation, senior nutrition programs including meals on wheels, adult day programs, home health services, housing alternatives, exercise and wellness programs and supports for Veterans to live independently in their own homes.

***Call our Helpline at 1-800-642-5119
to connect with your local Area Agency on Aging***



As you grow older, you can stay active and productive or fill your days with leisure and relaxation. Many choose to find a balance between these as they approach their later years. Staying connected and engaged is important. These resources can help.



social connection & engagement

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Technology

Connecting to the world through technology can take you beyond your everyday environment and expand your world. You can connect with COVE for one-on-one help with tech programs such as Zoom or email (802-229-4731 or cove@vermontelders.org).

Financial support and assistive technology can help you overcome any barriers to online access. But while technology can be a tremendous boon, you should always be aware of the benefits and risks in the technosphere.

Financial Assistance

Internet Essentials Through Comcast

|1-855-846-8376 or

internetessentials.com

You may qualify for affordable internet service and an affordable laptop or desktop computer if:

- You live in an area with Comcast internet service and
- Someone in your household is eligible for at least one of the following public programs: 3SquaresVT (SNAP), Fuel Assistance (LIHEAP), Head Start, Medicaid, National School Lunch Program, Federal Public Housing Assistance (FPHA), Reach Up (TANF), Supplemental Security Income (SSI), Tribal Assistance, VA Pension, or Women, Infants and Children (WIC)

Lifeline

1-800-234-9473 or

LifelineSupport.org

Lifeline is a federal program that, in Vermont, lowers the monthly cost of phone service through several participating local service providers. Check with your local service provider to see if you qualify.

Tips for Internet Safety

1. Make passwords strong to keep them safe

Use a variety of keyboard characters, avoid birthdays and names, use unique passwords for each account, and update them regularly.

2. Make sure sites are secure before entering personal information

Enter such information only on sites that start with <https://>. Smaller stores can have less online security than big ones. Make sure any contact numbers on the site lead you to an actual person. Credit card information should be processed through a merchant account.

3. Always use a secure internet connection

Using a reputable service like Geek Squad or a technician to set up your computer helps you avoid technical details. If you set it up yourself:

- Make sure the router is using WPA2 connection and is set up with a password
- Activate the firewall that comes with your operating system
- Set the settings of your browser(s) to optimal security

4. Install antivirus, malware programs

Add antivirus and malware software programs like Norton or Malwarebytes to your computer. You can purchase these together or separately. Most have yearly fees, but can be well worth the cost.

5. Don't click on email links from unknown senders

- Never open a forwarded email. Those that have FW: in the subject line.
- Never click on a link unless you know it is legitimate. To be safe, go to the company's home page through your browser, then find the page referred to.
- If you do not recognize the name in the "from" line, don't open it. Delete it.
- Use your email filter to delete certain email immediately or create filters that send it to your spam folder.

6. Be careful what you download and from where

Unless you are absolutely sure that the link you have received is legitimate – don't download anything. Instead, independently locate the website and download the item from there.

7. Avoid buying through social media

There are very few security checks to protect you.

8. Be careful what you say online

Especially on social media, comments can draw the ire of other users and provide clues about your passwords or personal information.

9. Be extra cautious about "meeting" people online

Loneliness is common and can lead to risky online decisions. You can check other users out through an online search or hire a company that runs background checks.

10. Trust one reliable person with the "key" to your data

Designate a back-up as the "executor" of your vital information in case you become incapacitated. This person should be able to find

- the keys to your safe deposit box and home
- all your passwords
- your legal documents

Adapted from SeniorSafetyAdvice.com

Technology for Tomorrow (T4T)

T4T provides affordable training in technology and supporting skills. Access virtual one-time short workshops and multiday courses from local, state, and national virtual sources. Courses and workshops range from basic and introductory learning to more advanced levels.

tech4tomorrow.org

802-448-0595

info@tech4tomorrow.org



Work

If you're 55 or older and interested in working, you can refresh your job skills and find support to re-enter the workforce at local organizations that serve as training sites for the **Senior Community Service Employment Program (SCSEP)**. This state-funded program is run by **Associates for Training & Development (A4TD)** and supports training and employment services for mature workers.

A4TD oversees local host training sites, which provide trainees with meaningful job skills and encourage and help them in their job searches. In return, these workers provide volunteer services, giving host organizations talented and mature workers for their teams.

Eligible job seekers are placed in part-time community service training assignments in local nonprofits – including libraries, hospitals and senior centers – while expanding skills and earning income. Participants undergo an assessment, testing, and training in areas that allow them to acquire industry-recognized skills, including retail sales, health care, customer service, general office, and food preparation.

For more information: A4TD
1-800-439-3307 or info@a4td.org
a4td.org

Will working affect Social Security

benefits? If you are interested in returning to work but concerned how working might affect your benefits and health care, the state's benefits counseling program Vocational Rehabilitation (VR) can help. In most cases, people on Social Security Disability benefits are financially better off if they work as long as they understand the work incentives.

For more information:
vocrehab.vermont.gov/programs-and-services/benefits-counseling
1-866-879-6757



Volunteering

After leaving a career, many retirees take up volunteering to make a difference in the lives of others. Volunteer opportunities for older adults are plentiful, but finding the right role is not always straightforward. Volunteering helps the organization you're serving, but also provides several benefits to the volunteer, including keeping physically and mentally active, reducing social isolation, and creating a stronger sense of community.

There are many ways to volunteer. Try connecting with local nonprofits to see what their needs are. Become a volunteer driver, foster animals at home, or help at a senior center. Call 2-1-1 to connect with other opportunities for volunteering in Vermont.

Consider these tips:

- Identify why you want to volunteer and what you want to get out of it.
- Focus on your passions and talents.
- Start locally.
- Use a volunteer agency.
- Understand the volunteer process and requirements.
- Don't overcommit.
- Bring a friend or spouse.
- Don't be afraid to say no.

Adapted from US News & World Report (money.usnews.com/money/retirement/baby-boomers/articles/9-tips-for-volunteering-in-retirement)



Social connection

Your local library is a valuable resource

Today's library is far more than a place to borrow books. Vermont's libraries offer a wide range of programming and services that help people explore, discover, and connect with a vast world of library programs, activities, public library services, and information. Libraries promote civil discourse and information about today's pressing topics.

Your local librarian can help by:

- Teaching you how to navigate an increasingly technological world
- Helping you find and search for information
- Connecting you to virtual book lending through Listen Up Vermont, a free service that allows you to download audio or e-books
- Linking you to a broad range of free online educational resources
- Providing you with activities – and often the tools you need, from snowshoes to museum passes – that interest you
- Bringing you informative programming, both in person and through online meetings and discussions
- Giving you a place to connect with your neighbors or new people



Green Mountain Passport Program

802-241-2401

dail.vermont.gov

The Green Mountain Passport Program offers free day-use passes to Vermont State Parks and historic sites.

Who is eligible?

Vermont residents at least 62 years of age and Vermont veterans of the uniformed services.

How do you get a passport card?

- Complete an application at your town office
- Submit a one-time \$2 fee
- Receive a Green Mountain Passport card – good for life! (non-transferrable)

Adapted from Department of Disabilities, Aging and Independent Living (dail.vermont.gov)

Senior activity centers

Vermont's senior centers are a vital part of the state's Aging Services Network. They offer a wide variety of opportunities for socialization, engagement, lifelong learning, and healthy aging. Local centers vary in size, offerings, and structure, but all serve as gateways to other important resources and services. Programs you may find at your local center include:

- Wellness activities (exercise classes, balance screenings, foot clinics, and health-related talks, all designed for adults age 50+)
- Home-delivered Meals on Wheels with wellness checks
- Lifelong learning opportunities (book discussions, language classes, art classes, technology guidance, etc.)
- Social and holiday events, community and special meals, and entertainment
- Volunteer opportunities for people of all ages
- Transportation coordination to/from the center and within the community
- Medical equipment lending or exchange
- Group travel
- Drop-in activities (games, support groups, and outings)
- Intergenerational programs
- Partnerships with local schools, nonprofits, and businesses

Find a senior center near you:

- AAA Helpline: 1-800-642-5119
- Map at asd.vermont.gov/services/vermont-senior-centers (click the link for the map under "Find your nearest senior center!")

Information provided by Deanna Jones of the Thompson Senior Center and Janna Clar of the Montpelier Senior Activity Center

Adult Day Centers

Adult day centers offer community-based, non-residential support to help adults who have physical and/or cognitive impairments remain as active in their communities as possible. All adult day centers in Vermont are medical, and provide a safe, supportive environment where people can come during the day to receive a range of professional health, social, and therapeutic services, as well as a nutritious meal and valuable social interaction. Adult day centers also provide respite, support, and education for family members and caregivers. For a full listing of licensed providers, visit: asd.vermont.gov/services/adult-day-services. Contact individual centers to see how COVID-19 is affecting programs.



Lifelong Learning in Vermont

Older Vermonters have numerous in-person and remote opportunities to sate their curiosity and thirst for knowledge. And learning may help your brain! Keeping your mind active may build the brain's ability to cope with disease and reduce your risk of dementia.

It's important to find something you like doing, and will do regularly, that challenges your brain.

The programs below offer a variety of options to learn, grow, and engage. Courses may be free or discounted for Vermonters 65 and older, and all listed groups are non-profit.

Community College of Vermont - Reduced Tuition for Vermonters 65+

Students 65+ may audit one course tuition-free each semester. Additional classes are available at a reduced rate. <https://ccv.edu/apply/senior-citizens>

Education and Enrichment for Everyone (EEE)

EEE presents a series of diverse lectures each fall and spring. Many past lectures are available at cctv.org, and a small membership fee provides access to programs. eeevermont.org/EEETwitter or Carol Hinkel (802-343-5177), or info@eeevermont.org

ESI College

ESI offers four sessions each year (fall, winter, spring, summer) in Middlebury. Programs range from one hour to six weeks and cover a full spectrum. There is a small fee per class. "COVID-era" distance services include entertainment, activities, counseling, social workers, caregiver support, and more. elderlyservices.org, 802-388-3983, or mail@elderlyservices.org

Green Mountain Academy for Lifelong Learning

GMALL provides lectures, workshops, moderated discussions, and other educational experiences. In-person (Dorset, VT) and online offerings span a wide variety of programs for adults. Participants pay a small fee per class. greenmtnacademy.org or 802-867-0111



Osher Lifelong Learning Institute (OLLI)

OLLI, part of Distance and Continuing Education at the University of Vermont, seeks to engage minds, stimulate the senses, and foster learning through a wide range of courses, distinguished lecture series, programs, travel, and social activities. Current membership fees are under \$15 per semester (discounted for AARP members), and OLLI members get a up to 50 percent off OLLI courses, plus other benefits. Registration for non-degree and degree programs is once per semester.

For more information: learn.uvm.edu/program/osher-lifelong-learning, 800-639-3210, or 802-656-5817
UVM Distance and Continuing Education: learn.uvm.edu/

Vermont State Colleges System

Students 65 and older may audit one course per semester tuition-free, then take any undergraduate course after that for 50 percent off the tuition rate (full-rate students take preference in some courses). Financial aid is available for 65+ students. VTC offers reduced tuition for Vermonters 65+ (vtc.edu/tuition-fees/discounted-tuition – scroll to bottom of the page).

Other learning opportunities

In addition, many areas of Vermont offer courses on gardening, cooking, photography, painting, etc. through "communiversities," libraries, senior or community centers, and other non-profits. Check your local area for additional learning opportunities.

paid content



“I really don’t know where I’d be without Cathedral Square and SASH.® It’s great knowing there’s someone here I can call on if I need support. The staff are extraordinary. They’re just really super people.”

— Hope Lindsay
Cathedral Square resident since 2009; SASH participant since 2011


Cathedral Square
cathedralsquare.org


SASH
 SUPPORT AND SERVICES
 AT HOME
sashvt.org



Watching for healthcare fraud

Join our team...

And make a difference.



Vermont Senior Medicare Patrol (SMP) is looking for qualified volunteers to join forces to help Medicare beneficiaries understand their healthcare rights, to identify billing errors, and to combat Medicare fraud and abuse.

A sampling of roles and ways you can help:

- Be a presenter
- Provide data entry & office assistance
- Act as a community liaison
- Conduct research & writing for program publications
- And much, much more!

SMP Volunteers are awarded certification after completion of the SMP Foundations and Job specific training programs. Work alone or within a team. You can even create a role that better utilizes your skills to further develop the Vermont SMP program mission!
(SMP provides mileage and some expense reimbursements.)



**To become a vital part of our project,
contact Community of Vermont Elders**

802-229-4731

COVE@vermontelders.org

PROJECT IS SPONSORED BY COMMUNITY OF VERMONT ELDERS (COVE)

*Vermont SMP is sponsored by the Community of Vermont Elders and funded by the Administration for
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Vermont is committed to providing a broad array of services that allow older adults to age in the setting they choose. Choosing a long-term residential setting that fits your lifestyle and budget can feel impossible. Whether you opt for in-home care, a small group setting, or a larger residential facility, numerous supports exist to help older Vermonters wherever they live.



housing & transportation

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Housing

When is it time to make a change?

While some older adults strongly resist suggestions to bring help into the home or move to assisted living, there are clear signs that such a step is indicated:

- A decrease in mobility, indicated by an increase in fragility and the number of falls
- Trouble managing home or other finances
- Difficulty keeping the house clean
- A decline in capability for self-care, such as bathing or cooking meals
- Signs of depression or social isolation ([see page 32](#))
- Developing multiple or worsening medical problems

A surviving spouse, in particular, may struggle to keep up with the tasks of daily living, especially if they are lonely or depressed. Any pending loss of independence can take time for everyone to get used to.

Broaching a transition:

Introducing people to unfamiliar environments can be disorienting for older adults, particularly those with dementia. An environmental transition that uproots a person's life is particularly difficult, but even stepping-stone moves from independent living to higher levels of care often involve a decline in cognitive function with each change in environment.

Much angst and resentment can be abated – if not eliminated – by starting this conversation early and having it, over the course of a few weeks or months. It's important for family members to listen and show empathy to a reluctant parent or spouse, making sure that decisions take into account what that person wants.

Talk about what is currently working and what is challenging, and what type of living arrangement would address concerns while maintaining what's important. Is quality of life – attending church, seeing friends, eating good food, having access to live entertainment – more important than safety? Would having someone help with or take over daily tasks of living relieve stress?

Sometimes speaking with a family member's doctor, financial advisor, lawyer, or counselor who specializes in older adults can help you know when and how to make a move. Potential full-time family caregivers should be realistic about their ability, willingness, and time to take on this responsibility. Unfortunately for many families, financial limitations can limit options. But the conversations are still important. As long as someone is able to make decisions, make sure to give them a voice in their own future.

Adapted from a U.S. News report.

Downsizing

If you have too much wasted space or clutter, your mobility is declining, or home expenses are growing, it may be time to move to a smaller home. It can be hard to consider leaving a home where you may have watched your family grow and created precious memories.

Downsizing your living space, however, has several benefits:

- A smaller home can cut living expenses.
- The less you have, the less you have to maintain and keep track of.
- Living in a smaller, single-floor home can reduce navigation challenges and reduce the risk of falling.
- If you have family members you can rely on, moving closer to them can strengthen your support system as you age, and may reduce or delay nursing home placement.
- If you need frequent medical care, consider moving closer to your physicians' office or medical center to save money and time. You might also have medical equipment that requires specific space requirements not available in your current home.
- Tired of shoveling snow or mowing the lawn? For many older adults, a warmer climate or an apartment with maintenance support eases aches and pains as well as maintenance tasks.

Downsizing tips

Ask for help. Details like reviewing contracts steal time and focus from clearing out. You can ask a friend, or find a nearby professional Senior Move Manager at nasmm.org.

Plan ahead. Whether you're moving or staying, find new activities you can look forward to.

Allow extra time: Movers often require several weeks' notice. Taking your time to sort and clear out can reduce stress and support thoughtful decisions. You can also take this time to share stories about each item and connect with loved ones.

"Gift" early: Don't assume that family members will want treasured items. Ask them. If they do, give them the items now (donate them if not).

Know your space: Know the layout and size of each new room to help decide what you can fit and where it all goes.

Label: Label boxes by room and contents, then write down the number of boxes per room and mark each (e.g., #1 of 10) so you know if something's missing.

If you need professional help: Members of The National Association of Specialty and Senior Move Managers (NASMM) specialize in managing the stress of moving older adults. The group does have members in Vermont. nasmm.org

Declutter

Even if you're not moving, getting rid of clutter can make your home safer, reducing trip hazards and giving you plenty of room to maneuver. We often attach meaning to many of our possessions, making it emotionally challenging to let go of the symbols of people or events we have loved.

Here are some tips to help you reduce your possessions:

Start small: Work up to emotional decisions by tackling practical must-haves first.

Go one room at a time: Keep just the essentials for each space.

Prioritize problem areas. Don't put off all the tough, practical decisions – like what to do with the stuff in the attic. Ask for help if you need it.

Sort, toss, donate: Use labeled containers for what you want to keep, give away, and throw away. Resist making a “maybe” pile. Decide now.

Prioritize: Identify what you truly value and, when in doubt, quiz yourself. Do you love it? Have you used/worn it in the last year? Does it add value to your life?

Digitize: To preserve cherished photos, letters, and children's artwork while reducing clutter, take digital photos of the items with a smart phone or camera or hire a company to digitize pictures and videos onto a small device.

Take time: Allow time to be thoughtful and enjoy memories associated with special items.

Stay positive: Change is hard. Try to focus on how your life will improve with extra time for treasured activities instead of searching through closets.

Adapted from SeniorLiving.org

Home safety & accessibility

Older Vermonters who want to age in their homes should consider asking an occupational therapist to perform a home safety and accessibility assessment. Geared toward individuals with limited abilities and mobility, these home reviews look for possible fall risks and make sure the building is accessible and convenient for anyone who has impaired vision, uses a wheelchair, or may be at greater risk of falls or injuring themselves.

Such home evaluations can also be done by a licensed physical therapist, and may be done automatically upon discharge from a hospital or rehabilitation facility.

While it's possible to inspect the home yourself or have a family member do it, bringing in a professional makes sure all the bases are covered.

Home modifications to help you age in place

Taking a proactive approach to modifying your home helps you age in place independently and more safely.

Widen doorways

If you rely on a walker or wheelchair at home, widening doorways is critical. Depending on the insulation and placement of electrical switches and outlets, costs for widening doorways can vary greatly.

Lighting

Adding or using lighting in hallways and stairwells can help prevent falls at night.

Install ramps

- Exterior ramps can make navigating entrances easier and safer. Licensed contractors are trained in building and installing ramps of the correct height and rise.
- Indoor threshold ramps may be necessary for older adults who use wheelchairs. These provide smooth transitions from one surface to another and are often made of rubber, so they adjust easily to accommodate thresholds of different heights.
- Mobile ramps are easy for a single person to install. Consider adding traction tape to stairs and elevated walking surfaces.

Kitchen modifications

Aging adults may find that their kitchens are harder to navigate, especially from a wheelchair. Professional contractors can adjust the counter height and lower the sink. Microwaves placed on a stand can be easier to reach.

Shower and bathtub modifications

A bathtub can be replaced with a walk-in shower or walk-in tub. Less expensive changes can also help prevent slips and falls, such as adding a safety bar or safety strips on the tub surface.

A bathtub transfer bench straddles the side of the tub, enabling bathers to sit while getting into the tub one leg at a time and reducing the risk of a fall. A bathtub chair, which sits inside the bathtub, is also an option.

Flooring modifications

Shag carpeting and area rugs can be navigational hazards. Consider replacing carpeting with low pile rugs, and remove or securely tape down small rugs on slippery floors.

Adapted from Assisted Living Today: assistedlivingtoday.com/blog/home-modifications-for-seniors-aging-in-place

Financial help for home modification

There are four kinds of assistance for home modification: grants, financial loans, labor loans, and equipment loans.

Entities providing assistance for home modifications include Medicaid, Medicare, U.S. Housing and Urban Development (HUD Improvement Loans), the Veterans Administration (grants), and the U.S. Department of Agriculture, which offers Rural Repair and Rehabilitation Grants. Several nonprofits and foundations also offer help.

payingforseniorcare.com/home-modifications/how-to-pay-for-home-mods

The Vermont Department for Children and Families offers financial help with fuel costs (dcf.vermont.gov/benefits/fuel-assistance) and weatherization (dcf.vermont.gov/benefits/weatherization). Efficiency Vermont may offer assistance or rebates for upgrading appliances to reduce energy costs or improve efficiency.



Housing options for older Vermonters

Independent living: If you can't or don't want to stay in your home but don't need increased care, there is a wide range of independent senior living communities – generally apartment complexes that cater to Vermonters 55 and older who can live without assistance. Vouchers specifically designated for older adults can cover the cost of rent for low-income Vermonters older than 60. Learn more about vouchers through the Vermont State Housing Authority. (vsha.org)

Homesharing: In homesharing, people of any age, ability, or income share a home for mutual benefit. HomeShare Vermont helps Vermonters safely remain in their homes by matching those who have extra living space to share with a compatible housemate looking for a place to live. A housemate can provide rent, help around the house (an average of 7 hours), or both. Homesharing differs from a typical roommate situation because it's about two people helping each other.

HomeShare Vermont provides a comprehensive screening and matching service which includes an in-depth interview and reference and background checks. After a match is made, a two-week trial run gives a good sense of compatibility before a final decision is made. HomeShare staff supports you at every step. Homesharers do not provide personal care, but offer help in a way that the two housemates agree to.

HomeShare Vermont serves Chittenden, Addison, Franklin, Grand Isle, Lamoille, Washington, and Orange counties.
802-863-5625
info@homesharevermont.org
homesharevermont.org

Home-based health care: The help of home health aides can allow you to continue living in your home. These professionals assist with meal preparation, shopping, light grooming, and housekeeping. While aides do not provide medical care, they can help with in-home monitoring of vital signs and your condition. Before selecting a home health aide, always check the reputation of the organization and carefully screen private providers. Visit the VNA's of Vermont's website to learn more about this care option and search for a home health agency in your community. vnavt.org.

The Village Model: "Villages" are grassroots, community-based organizations created by neighbors who organize to help community members age safely and productively at home. Each local Village connects members to a full range of support services that help with non-medical household tasks, programs, transportation, and other services. Villages encourage people to stay active and engaged with their communities through social, recreational, educational, and cultural programs.

Volunteers and paid staff run these incorporated grassroots nonprofits, which are defined geographically. Any community members can start their own Village, with help and support from the national Village to Village Network (www.vtvnetwork.org).

Current Vermont Villages:

Lamoille Neighbors, Inc., Hyde Park
(lamoilleneighbors.org, 802-585-1233)

Mt. Mansfield Villages, Inc., Underhill
(802-858-5381)

The Montpelier Senior Activity Center at Home is in development
(802 233-2518).

Adult family care homes: Adult Family Care (AFC) homes, for individuals in Vermont's Choices of Care Medicaid program, offer 24-hour, home-based shared living. Authorized agencies contract with private, unlicensed family homes that serve one to two people unrelated to the family home provider, who receives a stipend to cover services to residents. (vtlawhelp.org/long-term-care; 1-800-917-7787)

Residential care homes and assisted living residences: Vermont offers two licensed residential care home options: Level III Residential Care and Level II Assisted Living Residences. These homes provide help with personal care, nursing oversight and 24-hour oversight. Approved homes may accept Medicaid through the Choices for Care program and/or private pay for services.

Residential care homes provide care to people unable to live wholly independently but not in need of the level of care and services provided in a nursing home.

Home directory: (dlp.vermont.gov/sites/dlp/files/documents/Residential-Care-Home-Directory-Alpha_0.pdf)

Regulations: dail.vermont.gov/sites/dail/files/documents/Res_Care_Hom_Licensing_Regulations_2000.pdf

Assisted living residences combine housing, health care, and services to support resident independence and aging in place. They offer communal meals, laundry services, and access to a limited range of nursing and therapy services. Assisted living is an appropriate choice if your care needs can be handled by the facility. Some facilities have skilled nursing or memory care wings. Only a Medicare-certified hospice agency can provide hospice care; that agency can do so inside the facility.

Facility directory: dlp.vermont.gov/sites/dlp/files/documents/Assisted-Living-Residence-Directory_1.pdf

Regulations: dail.vermont.gov/assisted-lvg-residence-licensing-regs

Someone in assisted living who develops a need for a higher level of equipment, treatment, or care – or a terminal illness – may be able to remain in the residence through a waiver. Not all facilities can accommodate higher care needs, and a resident may have to move to a facility that does, such as a nursing home.

Citations of assisted living and residential care

Seven Days newspaper has an online database of citations and complaints about Vermont residential care homes and assisted living residences reported between 2014 and 2019: eldercare.sevendaysvt.com

The results of many inspections are also posted on the Division of Licensing and Protection website: dlp.vermont.gov/survey-cert/survey-statements

Memory care: In Vermont, memory care facilities are units or specialized care homes that have some or all staff members trained to care for people with dementia or other cognitive disorders. Regardless of where it's offered, memory care has a significantly higher monthly cost. Most sites offer a tiered-level care structure, with prices that increase with increasing care needs.

In Vermont, memory care facilities are licensed and regulated as high-level assisted living facilities. They may offer nursing care between assisted living and nursing home levels, and more hours of personal care.

Facility directory: dlp.vermont.gov/sites/dlp/files/documents/Assisted-Living-Residence-Directory_1.pdf

Regulations: dail.vermont.gov/assisted-lvg-residence-licensing-regs

Skilled nursing facilities: If you require full-time medical care and monitoring, you may want to consider a skilled nursing facility or nursing home. In addition to helping with daily living activities, meals and the range of care offered by other options, nursing homes provide round-the-clock supervision and a greater degree of medical attention. Level I Vermont Licensed Nursing Facilities must follow all federal and state regulations for providing care. Most accept Medicare and Medicaid coverage, in addition to private-pay. Because of the higher degree of care provided, the cost of a nursing home is roughly twice that of assisted living.

Facility directory: dlp.vermont.gov/sites/dlp/files/documents/Nursing-Home-Directory_1.pdf

Regulations: dail.vermont.gov/sites/dail/files/documents/Nursing_Home_Regulations_2018.pdf

Continuing care communities: These campuses provide multiple levels of care that may encompass independent living all the way through skilled nursing care (not all include all care levels). This set-up supports residents to age in the same place. These communities also provide activities to keep your mind and body engaged. Because of the level of services, cost structure, and changing levels of care, this option may have significant interview processes, entry fees, and monthly charges even when care needs are lower. The benefit is that the costs do not change with changing needs.

dail.vermont.gov/sites/dail/files/documents/1-2-20_Consumer_Guide_Comparing_NHs_ALRs_RCHs.pdf



Financial help for assisted living in Vermont

While financial help for assisted living or residential care is limited, there are some options.

Vermont Assistive Community Care Services

The Assistive Community Care Services (ACCS) program is a division of Vermont's Medicaid that serves elderly and disabled applicants who live in, or plan to live in, an assisted living facility. ACCS covers the cost of services, and some care, in assisted living facilities. It doesn't cover room and board.

Applicants must:

- Be Vermont residents 65 or older
- Need a nursing-home level of care
- Live in or plan to move to a licensed Level 3 assisted living facility (dlp.vermont.gov/sites/dlp/files/documents/alr_list_by_county.pdf)
- If single, monthly income cannot exceed \$2,250 and assets must not be over \$2,000

How to apply

- If not already enrolled, apply for Medicaid online or by phone at 855-899-9600.
- Find a participating facility
- Complete a Verification of Eligibility for ACCS form with the facility

Other possible finance options include:

- Veterans benefits: Several pension program options can help cover assisted living costs. (va.gov/pension/aid-attendance-housebound)

- Life insurance: Even if a spouse or loved one hasn't died, certain types of life insurance can help pay for assisted living. (longtermcare.acl.gov)
- Long-term care insurance: LTC policies pay for long-term care when it becomes necessary, including the cost of assisted living, but have positives and negatives. (longtermcare.acl.gov) (see also page 18)
- Reverse mortgages: Older adults can access equity from a home they own to pay for assisted living. The U.S. Department of Housing and Urban Development offers a federally insured reverse mortgage program. (hud.gov/program_offices/housing/sfh/hecm/hecmhome)



Care options: Do your homework

Visiting before you are in crisis can help clarify your wishes and options. You may never need these services, but considering your own wishes, care needs, and support resources may in itself be helpful. If you find a place you love, consider putting down a deposit to ensure your place in line.

If at all possible, schedule an in-person visit to experience, first-hand, an average day at any facility you're considering. If you can't be there, ask to speak with the executive director or medical/nursing director.

- Review a copy of the lease or service agreement. Read it carefully and ask about anything that is unclear to you.
- Does the care option include overnight coverage? Not all living options are equipped for the specialized care that may be necessary for your condition.
- What types of staff do they have? Is a social worker available to family members? Is there a doctor on staff? How do they ensure that adequate numbers of staff are available?
- Are staff required to complete continuing education?
- What personal care services are provided and what are the parameters and costs?
- If your condition becomes more acute, requiring round-the-clock supervision and a higher level of medical care, can this be done within the facility, or will you need to move to a facility that offers that care? If you would have to move, what circumstances trigger this, how and when will you be notified, and how long do you have to move to another place? (These should be detailed in the lease/agreement.)
- What options do you have if your financial condition changes? Will the facility accept Medicaid reimbursement? Do they accept your long-term care insurance? Many homes will not seamlessly transition to Medicaid to pay for care and may require proof of adequate income for at least two years of care.
- Does the facility offer hospice as an end-of-life option or will you have to move to another facility for hospice care? (Medicare does not cover palliative care in residential care facilities.)

If you visit in person, spend time observing staff working with residents.

- Partake of a typical meal. Chat with residents or family members to get a feel for the culture and if they think it's a good place to live. Food and services often differ in separate parts of the facility (for example, assisted living vs. memory care).
- Is the facility clean? Does it feel homey? Do residents seem engaged and happy?
- Check for weekly or monthly activity calendars to see if they offer a wide range of things to do. Are appropriate activities that interest you available across a range cognitive function?
- Are outside excursions offered? What do they involve? Will the facility transport residents to medical and personal appointments? Are transportation schedules limited?

Finally, always check out the reputation of any facility, which can be done online through Medicare's Home Health Compare website, [medicare.gov/care-compare](https://www.medicare.gov/care-compare) and, in Vermont, at dlp.vermont.gov/survey-cert/survey-statements. The state also has a guide to long-term-care facilities at dail.vermont.gov/long-term-care-facilities-guide.

Residential facility search checklists

Before you go to visit residential facilities – either independent senior communities or long-term care facilities – you should compile a list of questions and elements that are important to you. But you don't have to start from scratch – below is a sampling of residential checklists available online:

Senior living communities:

[ncala.org/guide-choosing-senior-living-community.pdf](https://www.ncala.org/guide-choosing-senior-living-community.pdf)

Independent senior housing:

[seniorhousingnet.com/advice-and-planning/independent-living-community-checklist](https://www.seniorhousingnet.com/advice-and-planning/independent-living-community-checklist)

Memory care checklist:

aplaceformom.com/caregiver-resources/articles/memory-care-checklist

Assisted living checklist:

[dailycaring.com/this-checklist-helps-you-choose-the-right-senior-living-facility/](https://www.dailycaring.com/this-checklist-helps-you-choose-the-right-senior-living-facility/)

Nursing home checklist:

[medicare.gov/care-compare/en/assets/resources/nursing-home/NursingHomeChecklist_Oct_2019.pdf?redirect=true](https://www.medicare.gov/care-compare/en/assets/resources/nursing-home/NursingHomeChecklist_Oct_2019.pdf?redirect=true)

Facilities Evaluation Checklist:

dlp.vermont.gov/sites/dlp/files/documents/facility-evaluation-checklist.pdf

SASH (Support and Services at Home)

SASH coordinates the resources of social-service agencies, community health providers, and nonprofit housing groups to support approximately 5,000 older and special-needs Vermonters living at home. Individualized, on-site support is provided by a wellness nurse and a SASH care coordinator working with community partners to provide regular, comprehensive assistance. These efforts can include family members, friends, and health providers.

SASH teams can help coordinate diabetes management, foot care, transportation, activities, technical assistance, transitions from inpatient care, and much more.

SASH is a leading national housing-and-health model shown to improve community health, reduce costs, and enable Vermonters to age in place safely and healthfully.

SASH helps clients avoid the distress and expense of unnecessary hospitalization or nursing care. Research shows that SASH participants have better health, well-being, and confidence in making health decisions than their non-SASH peers.

SASH primarily serves Medicare recipients in congregate housing and surrounding communities in every Vermont county, and provides service in both rental and privately owned homes.

sashvt.org/connect, 802-863-2224

Transportation

Go! Vermont

Go! Vermont, part of the State Agency on Transportation, is a central resource for getting around in the state. Whether you're planning to travel near or far, by car, bus, train, ferry, bike, or more, Go! Vermont can help you find a ride. connectingcommuters.org
1-800-RIDE (7433)

Regional transportation guides

For information on all transportation options in your region, visit connectingcommuters.org/general-program-materials-information/.

Bus service

Get on the bus

Taking the bus reduces the cost and environmental impact of getting from place to place. Vermont's 10 regional bus companies make up a network designed to help you get around locally and statewide. All Vermont bus companies also provide special services for older and disabled Vermonters who may need assistance.

Riding the bus for first-timers

Don't know? Just ask! Drivers can help newbies navigate the first few rides and confirm that riders are on the right bus, explain how to request a stop, or show how to place a bicycle in the rack.

Go! Vermont can help riders find route maps, fare information, schedules, bus stop locations and more. You can locate a bus in real time with the Transit App ([see page 74](#)).

Regional bus service

Find your bus line below, or call 1-800-685-RIDE

Addison Region

Tri-Valley Transit | 802-388-2287

Bennington County

Green Mountain Community Network Inc
802-447-0477

Franklin, Chittenden, Lamoille & Washington counties

Green Mountain Transit | 802-864-2282

Northeast Kingdom

Rural Community Transportation
802-748-8487 or 1-855-811-6360

Northern Windsor & Orange counties

Tri-Valley Transit | (802) 728-3773

Rutland County & Manchester (Bennington County)

Marble Valley Regional Transit District |
802-773-3244

Upper Valley (including Hanover & Lebanon, NH)

Advance Transit | 802-295-1824

Wardsboro, Wilmington, Whitingham, Halifax, Dover & Readsboro

Southeast Vermont Transit-The
Rockingham MOOver 802-464-8487

Windham & Southern Windsor counties

Rockingham MooVer, 1-888-869-6287
Wilmington MooVer, 802-464-8487

Elders and Persons with Disabilities (E&D) Transportation Program

The E&D program fills gaps in existing services for adults 60 and older and people with disabilities, as defined by the Americans with Disabilities Act (ADA). Vermont's public transit providers work with agency partners to coordinate trips.

E&D provides rides from home to:

- Medical appointments
- Adult day facilities
- Senior meal sites
- Essential shopping

This door-to-door service supplements regular area transit service. Drivers can be paid or volunteer and use vehicles ranging from a transit bus with wheelchair access to a standard car. Regional providers have multiple funding sources and fill capacity in vehicles to the maximum extent.

To arrange a ride, call
1-800-685-RIDE (7433)

VET lift VT

VET lift VT is a state-supported resource that helps veterans get to where they need to go: medical appointments, grocery, work, or personal errands. Transportation includes vet-specific and public options in each city or town.

For more information:
connectingcommuters.org/programs/vetliftvt

Become a volunteer driver

A network of transportation providers coordinates volunteer driver programs throughout the state. Volunteers provide cost-effective transport to community members going to appointments and other services. Anyone with a reliable vehicle who enjoys driving and meeting people can volunteer to drive older adults and people with disabilities.

Volunteers decide how often they can provide rides and how far they will drive. Most destinations are medical appointments but also include senior centers, shopping, counseling, treatment, or human services programs. Some drivers will go as far as Boston, and are reimbursed at the standard IRS mileage rate.

Each local provider has more information on becoming a volunteer driver, and on Dial-A-Ride services. Would-be volunteers can connect with the nearest transportation agency via the map at the link below. To be considered:

- Submit an application and complete the process
- Provide a valid driver's license and auto insurance (with a good driving record)
- Complete a full background check

For more information or to apply:
connectingcommuters.org/programs/community-rides-info
1-800-685-7433

Volunteer drivers are also recruited for programs such as Meals-on-Wheels. Contact your local Area Agency on Aging to volunteer for this.
1-800-642-5119

Biking

Biking gets you around town, provides exercise, and saves a lot of carbon pollution. Most towns and larger companies have bike racks, and you can even take your bike on the bus! Vermont is home to many bike shops and organizations that make it easy to:

- Choose the right bike
- Learn safety tips and rules for riding
- Sign up for a workshop (connectingcommuters.org/bike-motivation-safety)
- Find maps and route suggestions
- Earn perks

And when biking home isn't an option, Go! Vermont offers a Guaranteed Ride Home (connectingcommuters.org/programs/guaranteed-ride-home-benefit). You can learn about types of commuter bikes at connectingcommuters.org/bike-options.

Bike safely

To ride safely in traffic, follow the same rules as you would when driving a vehicle:

- Ride in the same direction as traffic.
- Maintain visibility with lights and signals.
- Use the full lane when appropriate.
- Follow all applicable bicycle laws.
- Be predictable – signal your turns, ride in a straight line, and stop at all stop signs and lights.
- For safety, riding with a helmet is recommended.

Local Motion has bike maps and route options in Vermont. Call 802-861-2700 or visit localmotion.org/maps_routes.

If traditional biking is too difficult, but you still want to be able to enjoy the sport, consider an e-bike or recumbent bike to address your changing abilities.



Trains

Amtrak

Amtrak provides commuter travel within Vermont and long-distance travel to New York and beyond with a nationwide rail system. Some trains offer special services, including bike carry-on, wifi, a cafe car, pet travel, and more.

Choose your route

Amtrak operates two rail lines out of Vermont: the Vermonter and the Ethan Allen Express. Visit the Amtrak website to see all stops on each route, up-to-date schedules, and to purchase tickets.

1-800-872-7245, amtrak.com

AARP driver safety course

The AARP Smart Driver course is the nation's largest refresher course for drivers 50 and older. Courses are offered in English and Spanish in a classroom or interactively online.

More than 9 in 10 participants reported improving at least one key driving behavior after the course and more than 8 in 10 said information from the course prevented them from being in a crash. Some insurance companies offer discounts to older drivers who complete the course – a certificate can confirm that you've completed the course.

AARP membership is not required to participate. You can find course information at aarp.org/findacourse or by calling 1-877-846-3299. To register, visit aarpdriversafety.org. Or check with your local senior centers – many host driver safety courses.

Is it time for you or your loved one to retire from driving? Learn more about this difficult decision on page 81.

Learning to drive again

If you have lost the ability to drive due to a disability or medical condition, the UVM Driver Rehabilitation Program may be able to help you regain your driver's license.

Driver Rehabilitation provides a thorough evaluation of your physical and cognitive abilities and recommends appropriate treatment for people with conditions that may affect their ability to drive safely such as stroke, a traumatic injury, amputation, visual impairment or other condition.

Clinicians assess your ability to drive and train you in the use of adaptive equipment, such as hand controls, as necessary. All of the clinicians are licensed occupational therapists. The on-road evaluation and training is performed by certified driving rehabilitation specialists who are also Vermont Driving School Instructors.

Their specialty programs include: Adaptive Equipment Program; Low Vision Program; New Driver Program; and Senior Driver Program. For more information, visit www.uvmhealth.org/medcenter/departments-and-programs/driver-rehabilitation



Winter road safety

Winter road conditions can be hazardous. Make sure your vehicle is ready for winter (nhtsa.gov) by having snow tires and carrying an ice scraper and an emergency kit. Pay attention to news and weather reports before heading out, and check road conditions at 511vt.com. When you have to be on the road during wintry weather, slow down and give other vehicles plenty of space.

Go! Vermont Trip Planner

The Go! Vermont Trip Planner is an online planning tool that brings together Vermont-specific options and modes of transportation, including mass transit, walking, carpool matching, bikeshare and carshare locations, hitching posts and electric vehicle charging stations. The Trip Planner is a quick and efficient way to see all available transportation modes.

govermont.agilemile.com

The Trip Planner uses your trip origin (starting point) and your destination (ending point) plus the time you want to travel to calculate your transportation options. If you are struggling to get results, try broadening your search parameters or call for assistance.

Go! Vermont Transit App

The Transit App for mobile devices helps you plan trips and ride public transportation. The bus providers in Vermont work with Go! Vermont to display bus routes and real-time bus locations. Go! Vermont provides information on how to use the app, where to download it and the benefits of using it.

Travel safely by taxi

To book a cab and confirm prices in advance, call the dispatch number of a licensed taxi company. You should also do this if you're flying to an unfamiliar city. Booking ahead can also take some of the anxiety out of getting where you need to go on time.

Call from a private spot. If you're overheard, you might end up in a car from an illegitimate taxi service.

Check the cab's badge or ID number. If there is no ID or a badge looks like it's been tampered with, get out of the car.

There may also be a photo of the driver that you can check to confirm that the driver is legitimate.

Sharing cabs: Sharing a cab with one or two strangers may risk your safety. You're safer with a shuttle bus to and from an airport, if one is available.

Keep your personal belongings close. Secure and keep an eye on your belongings and stay alert. Hide electronics and expensive items.

Share your plans. Let someone know you are traveling, and stay alert.

Know the local emergency number. You can enter it into your phone before you travel, and keep your phone on you.

Choose your cab with care. Don't be afraid to end the ride. If you are feeling uncomfortable or unsafe for any reason ask to be let off before your destination.. If you are disabled or are vulnerable, be extremely cautious.

paid content

Transportation Questions?

Call VPTA for Mobility Support

833.387.7200

www.vpta.net



**Vermont
Public
Transportation
Association**



“Caregiver” is not a one-size-fits-all term. No matter the setting or circumstance, caregiving can be both immensely stressful and rewarding. Addressing caregiver needs can reduce burnout; learning about their loved ones’ needs can help caregivers push through.



family caregivers

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What's your Plan B?

You are there to make sure that your loved one is safe and well-cared for. But what happens to someone in your care if something happens to you? "Something" could be as mundane as being delayed from returning home from an appointment or as serious as being hospitalized. It is important to plan for both short- and long-term emergencies.

Certain information, for yourself and the person your care for, should be written down and easily accessible to designated contacts in the case of emergency:

Financial and legal:

- Emergency contacts
- Power of Attorney, contact for estate executor, any guardianship information
- Other prime contacts (back-up/ professional caregivers, lawyer, financial advisor)
- Account information (life insurance, financial and online accounts, passwords, subscriptions and memberships - include any payment/ renewal dates)

Health care information:

- Health care proxy(ies)
- Advance directives
- Contact numbers for providers
- Health insurance policies
- Updated list of drugs/when taken
- Pharmacy name and phone number, and extra medication on hand, if possible
- Do Not Resuscitate order (DNR), if applicable
- Clinical Order for Life-Sustaining Treatment (COLST)
- Will you be an organ donor?

Personal information:

- Contact information for family and closest friends
- Sleep habits and schedule
- Food likes/dislikes
- Help needed with activities of daily life (eating, toileting, shower, and dressing)
- Habits, favorite and/or regular activities, daily schedule
- Ability to recognize friends and family
- Note if wandering is a risk
- Wishes for final arrangements, and details if any of these are prepaid (such as for funeral, burial, or cremation)

General information

- Designate one or more emergency contact.
- Always have at least two people "on call."
- Keep a spare key to your house and car and where they're kept.
- Carry contact information with you (home and/or cell phone numbers for friends/neighbors).

For an older adult you live with, make a plan for their care if you...

Are delayed from returning home:

Ask a friend or neighbor to check in/sit with them until you get home.

Are away from home and can't reach them on the phone:

Perhaps a friend or neighbor could go to the house, or call first responders (911) for a wellness check.

Are injured or fall ill at home:

Consider getting a medical alert button. Call a neighbor or 911. If you need to go to the hospital or urgent care, have them contact your health care proxy.

Are in the hospital for up to 5 days:

Identify at least two people who can stay in the house 24/7 in your absence, providing meals and care, and find someone to make the arrangements.

Can you call on friends? Family? Hire a home health care agency? Move them to a care facility?

Are in the hospital or rehab long-term:

Can they stay home with support? At a care home? With friends? Who will make the arrangements? Can a backup caregiver move in?

Are at home but unable to provide care long-term:

Can you have live-in help? Can they move to an assisted living/residential care home? Who will make arrangements?

Are terminally ill or deceased:

Will they move in with family members, or can a family member move to your home short term? Will they move into a care facility? Who will make arrangements?

Take care of yourself, too

Supporting your own mental and physical health will help you support your loved one, too. It is not uncommon for those being cared for to outlive the family member who cares for them. It's important to ask for help when you need it, know your limits, educate yourself, find regular support, and take advantage of available respite care on a regular basis. Caregiving is stressful, and often involves an extended period of grieving.

Approach caregiving with respect

Care recipients may have reduced capacity in some ways, but they still value:

- Being listened to without argument
- Having regular, suitable companionship
- Having quality medical care they are comfortable with
- Knowing they are loved
- Feeling safe in environments and relationships
- Being regarded as a whole person, not a condition
- Having choices and making decisions about their lives
- Feeling valued and having opportunities to contribute
- Having appropriate privacy
- Continuing to do things they love to do
- Being accepted for who they are
- Being physically comfortable and not in pain
- Feeling happy and sharing good feelings
- Having changing thoughts and emotions respected
- Having wishes honored
- Being treated with dignity
- Having things to look forward to

Can I get paid for being a family caregiver?

Many older adults who stay in their homes do so because they want to, but others simply cannot afford the cost of a residential care facility.

While family caregivers can receive hands-on and logistical support from local social service agencies, such as SASH, financial support is harder to come by. To receive payment for being a family caregiver, you need to be caring for a U.S. military veteran or long-term-care Medicaid recipient.

Military veterans:

- **Veteran Directed Care** allows qualified ex-service members to manage their long-term services and support. Your regional Area Agency on Aging or the VA can help determine eligibility for a flexible monthly subsidy to choose useful goods and services, including a caregiver – who can be a child, grandchild, sibling, or spouse – to help with activities of daily living such as bathing, cooking, and dressing.
- **Aid and Attendance benefits** supplement a military pension to help cover the cost of a caregiver. Veterans or their surviving spouse must require help with activities of daily living, be confined to bed, be in a nursing home, or have very limited eyesight.
- **Housebound Benefits** are for substantially homebound veterans who receive a military pension and can apply for a monthly pension.

- The Program of **Comprehensive Assistance for Family Caregivers** provides a stipend to family members caring for veterans who were injured in the line of duty before May 7, 1975 or on or after Sept. 11, 2001 (benefits between those dates are expected in October 2022). Other caregiver benefits include access to health insurance and mental health services, comprehensive training, lodging and travel expenses when accompanying a vet receiving care, and up to 30 days' respite care yearly.

Contact your nearest Veterans Affairs office or visit [caregiver.va.gov/Care_Caregivers.asp](https://www.caregiver.va.gov/Care_Caregivers.asp)

Medicaid services for long-term care

Vermont's Medicaid long-term care, also called Choices for Care, allows family members to provide care at home. Benefits, coverage, eligibility, and rules differ from state to state. In Vermont, eligibility and coverage details are negotiated through the Department of Disabilities, Aging and Independent Living (DAIL).

Some programs pay family caregivers but exclude spouses and legal guardians. Others will pay care providers only if they do not live in the same house as the care recipient.

Program names also vary. What is called Consumer Directed Care in one state might be called Participant-Directed Services, In-Home Supportive Services or Cash and Counseling in another. Contact your state Medicaid program to ask about options or to start the application process. [medicaid.gov/medicaid/long-term-services-supports/self-directed-services/index.html](https://www.medicaid.gov/medicaid/long-term-services-supports/self-directed-services/index.html)

Enrolling in self-directed care involves several steps:

- **Assessment.** Eligible Medicaid recipients are assessed for capacities, need, preferences, risks, and strength as required by the Centers for Medicare & Medicaid Services (CMS).
- **Planning.** Your family member and any chosen representatives create a written service plan detailing the daily living assistance required. Areas may include bathing, dressing, feeding, help with light housekeeping and laundry, managing medications, moving from bed to wheelchair, preparing meals, shopping, supervising activities, and transporting to appointments. Contingency plans should be available for coverage when the care provider is off, and instructions for fill-in caregivers should address risks. (see Plan B on [page 74](#))
- **Budgeting.** If the assessment shows need, a budget for goods and services will be determined.
- **Selection.** When the care plan is set, the care recipient or a surrogate chooses a caregiver.

NOTE: Long-term-care insurance policies may cover some costs for home health and personal care services, but not necessarily family caregivers. Check with your insurance agent for specifics.

Tips for caregivers

Taking care of yourself

Family members who are actively caring for an older adult often don't think of themselves as "caregivers" — anyone who provides help to another person in need. If you don't provide care directly, with a loved one in a residential care facility or living far away, you can have even more trouble with this. Recognizing this role can help caregivers seek and get the support they need.

Caregiving can be both rewarding and stressful. It's natural to feel angry, frustrated, exhausted, alone, sad, or to have trouble keeping track of information. Stress can make caregivers vulnerable to and unaware of changes in their own health. Yet if you don't take care of yourself, you won't be able to care for someone else.

Adult Day Centers

Adult day centers may provide respite, support, and education to family caregivers. For more information, see [page 53](#).

When caregivers work outside the home

If you begin to feel overwhelmed and can afford it, think about taking a leave from your job. Employees covered under the federal Family and Medical Leave Act may be able to take up to 12 weeks of unpaid leave a year to care for relatives. Ask your human resources office about your company's options.

Adapted from: [mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress](https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress)

Stressors and strategies in caregiving

Common caregiver stressors

- Exhaustion
- Feeling like you have to do it all
- Lack of help and respite
- Family conflict over caregiving
- Trying to push your life or that of the care receiver back to "normal"
- Lack of confidence, knowledge, or resources to provide the care you wish to give
- Balancing the care receiver's choices with your desire to ensure their safety
- Making difficult decisions
- Your sense of self gets subsumed by your role as caregiver
- Financial stress
- Difficult emotions such as anger, guilt, and depression
- Untended grief

Helpful strategies

- Accept that you can't do everything, be kind to yourself, and appreciate that you are doing the best you can.
- Let go of what's beyond your control or what you can't get to.

- Seek help; understand and ask for what you need.
- Access community supports and resources.
- Recognize that family members have different temperaments, strengths, limitations, and ways to give.
- Work on your own communication skills.
- Learn more about the condition; understand the diagnosis and likely progression.
- Focus on the goals and desires of the care receiver, even if they differ from what you would wish for them or yourself.
- Be guided by advance care planning, done with the care receiver when possible.
- Recognize that circumstances can change and try not to promise absolutes (I will never... I will always...).
- Pay attention to your all-around well-being; access care and counseling when needed.

Getting past guilt

Family caregivers often get mired in guilt – that they're not doing enough, or that other people and things in their lives are not getting enough attention. Full-time caregivers often feel guilty when they realize that they can no longer carry the burden of supporting an aging loved one.

Some caregivers struggle with unresolved emotional issues from dysfunctional family histories. This, too, can induce guilt, even though caregivers make enormous personal sacrifices that sometimes endanger their own health – a very common occurrence that can have dire outcomes.

Ways to cope

Knowing that some degree of guilt comes with the territory can help caregivers better deal with it. Remember that the situation you're in now is not permanent. Sometimes you will make decisions that don't work out as you hoped. We all make the best decisions we can at the time, but changes in circumstances can make it impossible to keep a promise you made when things were different.

If you're feeling guilt, reach out for support from family, friends, a counselor or social worker, or from peers via a support group. Just knowing you're not alone and doing the best you can can help alleviate the stress that guilt causes.

Having conversations with friends and family throughout the process can help prevent feelings of guilt that you are making decisions without input from other family members.

Planning ahead and knowing your family's wishes can help alleviate guilt by taking some of the most challenging and stressful decisions off the caregiver's hands. Building a caregiving team (POA, executor, trusted family, neighbors, etc.) can also help reduce the burden.

Feeling guilty because you resent the caregiving situation you are in can be the most toxic form of guilt. Remember to ask for help, take breaks, and forgive yourself. It can feel like you have to do everything or that only you know how to do it, but you might be surprised how many people are willing and able to help out.

Local caregiver support programs

UVMHC Memory Program training – TEACH and CARERS

The Memory Program at the UVM Medical Center has two evidence-based educational groups for caregivers:

- **TEACH** (Training, Education, and Assistance for Caregiving at Home) for new caregivers is a therapeutic group meeting 90 minutes for four consecutive weeks. It focuses on education and skills training for self-care, communication, resources, systems navigation, and planning.
- **CARERS** (Coaching, Advocacy, Respite, Education, Relationship, and Simulation) is a more intensive group focused on developing skill and caregiver self-efficacy, increasing understanding of the psychological symptoms of dementia, and addressing caregiver burden. This group is for active long-term caregivers, who are likely caring for someone with advanced disease. Trained simulated patients attend all sessions.

Organizers have been training other facilitators in Vermont in 2021 to offer additional groups throughout Vermont. For more information, contact the social work team at the Memory Program, (802) 847-1111.

DAIL caregiver resources

Vermont's Department of Disabilities, Aging and Independent Living (DAIL) offers a host of helpful information, resources, and services through its Adult Services Division (ASD) (asd.vermont.gov/services).

ASD's caregiver programs include dementia respite and services for all older Vermonters. Dementia respite grants and the National Family Caregivers Support Program (NFCP) provide grants and education to family and informal caregivers to support caring for older adults in their homes for as long as possible. (dail.vermont.gov/services/caregiver-programs, acl.gov/programs/support-caregivers/national-family-caregiver-support-program)

DAIL is also responsible for regulating and overseeing all Vermont long-term care facilities, including nursing homes, assisted living facilities, and residential care homes. Last year they published a consumer guide to help you compare nursing homes, assisted living residences, and residential care homes in Vermont. dail.vermont.gov/sites/dail/files/documents/1-2-20_Consumer_Guide_Comparing_NHs_ALRs_RCHs.pdf

Consider joining a support group

Many caregivers say they don't have time to attend a support group. Besides, they'll figure it out, right?

But one look at the volume of material in this guide might convince you that navigating the latter years of life – whether your own or someone else's – can be an intensive, complex, stressful, and confusing undertaking.

In a support group, you can find camaraderie, understanding, and relief that you're not alone. Talking and listening to others who have been in your shoes can be enormously helpful in trying to make decisions and solve problems that seem impossible. The same is true for those who have been diagnosed with a progressive disease such as Parkinson's or Alzheimer's. It can be a relief to find people who know exactly what you're going through and can offer practical tips for getting through the rough patches.

Disease-related associations such as the Alzheimer's Association have state or regional chapters and usually offer some type of support group. Sometimes long-term care facilities or respite programs offer groups, either for residents or family caregivers. And COVID-19 resulted in additional opportunities for online video meetings.

You can also find online groups on social media that may be helpful if a local option isn't available. Just be sure to double check your sources and never give out personal information to a support group. AARP offers an online forum for general caregiving support, as well as a Facebook group. You can find disease-oriented support groups on social media as well.



AAA Caregiver Support Team

Southwest Vermont Council on Aging
(SVCOA)

Aaron Brush

abrush@svcoa.net

802-786-5990 Rutland

802-442-5436 Bennington

Age Well

Caregiver Support Team

caregiversupport@agewellvt.org

802-865-0360

Senior Solutions

Moira Ennen

mennen@seniorsolutionsvt.org

802-885-2669

Northeast Kingdom Council on Aging
(NEKCOA)

Karen Desrochers

kdesrochers@nekouncil.org

802-748-5182

Central Vermont Council on Aging
(CVCOA)

Barb Asen

basen@cvcoa.org

802-802-479-0531

Having difficult conversations

Fear can stop challenging discussions

– about illness, disability, loss of independence, finances, and death

– before they even begin. Taking that first shaky step toward a better understanding can decrease conflict later on and allow an older adult to clarify for family and friends how they want to live out their lives.

The worst time to have these conversations is in the middle of a crisis. Some specific issues that benefit from planning and early discussions include:

- Estate planning
- Advance directives
- Driving cessation
- Safety vs. independence
- Drug and alcohol use/abuse
- Serious or terminal illness
- End-of-life wishes and planning

Resources exist to help start and guide these discussions, including lawyers, individual and family counselors, health care providers, medical ethicists, and advocacy/non-profit organizations. Information on estate planning ([page 83](#)) and advance directives ([page 11](#)) are included earlier in this publication. Other guides are listed on the next page.



Health care/end-of-life decisions

- **The Vermont Ethics Network** (vtethicsnetwork.org) offers forms, links to resources, and thoughts on advance planning, medical decision-making, medical ethics, and palliative and end-of-life care. Its low-cost booklet "Taking Steps: Planning for Critical Health Care Decisions" (vtethicsnetwork.org/order-publications) has more information and forms regarding advance planning.
- **SpeakSooner.org** has a guide in paper and PDF formats to help patients identify their questions and concerns around a diagnosis so they can communicate clearly and openly with their health care team and loved ones. The guide is also helpful for family and friends.
- **The Conversation Project** (theconversationproject.org) provides resources for starting discussions about "what matters to you, not what's the matter with you." The site has information about health care proxies, for caregivers of people with dementia, and how to be prepared in the time of COVID-19.
- **Consumer Reports** (web.consumerreports.org/endoflife.htm) offers "Going Your Way: An End-of-Life Guide" via the story of one cancer patient and his family. It offers resources to help you know what to do when things go wrong and legal or medical planning has been incomplete.

- **State of Vermont** (healthvermont.gov/systems) has information on advance directives, and end-of-life decisions, including information about Vermont's **Patient Choice and Control at End of Life** law. Vermont residents with terminal disease have the option to be prescribed a dose of medication to hasten the end of their life. This requires the participation of a Vermont physician. Physicians and patients must follow a process that provides immunity for both parties. (healthvermont.gov/systems/end-of-life-decisions/patient-choice-and-control-end-life)
- **The American Bar Association** (americanbar.org/groups/law_aging/resources/health_care_decision_making) has an online guide to making health care decisions.

Driving cessation

- **Senior Advisor blog** (senioradvisor.com/blog/2015/07/how-to-tell-your-aging-parent-to-stop-driving) offers tips to address a parent or older spouse's declining driving skills. AARP (aarp.org/caregiving/basics/info-2019/is-it-time-to-stop-driving.html) also addresses this issue, and offers driving remediation programs (see page 71).

Safety vs. independence

- **Jubilentage.com/How-to-balance-independence-and-safety-as-you-age** discusses how caregivers can address safety concerns about older adults while helping them preserve as much personal independence as possible.

Addiction

- **The Society for Senior Addiction** (societysenioraddiction.com/guides) has several downloadable guides and tips if you suspect that an older adult in your care as a substance-abuse problem.

Dealing with grief

Each person's grief process is different and may look different on different days or at different times. Patience for grief – and the grieving – is necessary. Surrendering just a bit more to the loss may be better than resisting it. But do what works for you.

What to do

- Acknowledge that you are grieving.
- Feel ALL the feelings. That includes feeling “nothing” or emotions that seem incompatible with grief: contentment, joy, relief, or happiness.
- Process your feelings. Help your emotions move physically through your body by writing them down, dancing, or speaking them aloud. Sit with them. Breathe them out.
- Indulge in self-soothing. Using “unhealthy” coping mechanisms is fine, as long as you don't let them get out of control. Healthy coping mechanisms, like laughing, are encouraged.
- Be diligent about the basics. Get enough sleep, water, fresh air, and nourishing food. Move your body.
- Lean on as many people as you can for support. Humans need other humans. Reach out to people you trust and who can hold space for you.
- Create ritual or ceremony, if that feels right. A simple ritual can support closure.
- Allow grief to be messy. It just is.
- Take breaks. Time away from grief helps replenish your energy.
- Notice and appreciate simple moments in your day. Allow life to be hard and beautiful at the same time.

What not to do

- Deny your experience.
- Expect your grief to stick to a schedule. Honor your grief and don't get lost in comparison. Grief related to progressive disease often begins at diagnosis and ends shortly after its end point.
- Assign your grief an end date. Some losses may never be “done.” Allow the process to unfold as it needs to.
- Expect yourself to be operating at full capacity. Loss can be exhausting and draining, even when we aren't aware of it. It may be harder to focus.
- Try to have it “all figured out.” No one has it all figured out.
- Shove your feelings down. They'll come out anyway, sometimes sideways.
- Force yourself to feel a certain way. If you genuinely feel good, don't let guilt force you into sadness.
- Keep your process neat and tidy. That isn't how grief works.
- Share your feelings with someone who can't hold them well. Choose your support system wisely. Consider seeking out books or podcasts about grief, or find a therapist.
- Be hard on yourself. Grieving is hard at times. Cut yourself some slack and give yourself love and compassion instead.

Adapted from “Normalizing loss and what may help: The do's and don'ts of grief,” by University of Vermont Health Network - Home Health & Hospice nurse Marty Machia.

If you are an executor

Settling an estate can take weeks or even years, depending on its complexity and how it has been set up. If someone appoints you as their executor, it's important to understand your duties and responsibilities:

- Establish the contents of the estate.
- Pay off all valid debts.
- Distribute the rest of the estate to the beneficiaries.
- If any part of the estate is probated, you must file required paperwork with the court at specified intervals until the estate is closed.

The Vermont Judiciary provides a free, downloadable PDF guide to probating a Vermont estate (vermontjudiciary.org/probate/wills-and-estates).

There are also online tools and books that will guide you through the process and track tasks, but they do not provide legal or tax advice. Be aware that different states may have different guidelines. Resources include:

- [Estateexec.com](https://estateexec.com) – automated guidance and accounting (\$79 for any size estate)
- The Executor's Guide, available in either hard copy or ebook (store.nolo.com/products/the-executors-guide-exec.html or Amazon.com)
- [Executor.org](https://executor.org) – free online resource for executors

Other guides and checklists are available online.

It can be helpful to consult an estate lawyer to steer you in the right direction. If the estate is complicated or, for example, the will is contested, hiring a lawyer will almost certainly save you time and frustration, if not money. Consulting with the lawyer or firm that drafted the estate documents also can be helpful. Estates that do not have to be probated can be simpler to settle, but will still take some time.



Kinship care

“Kinship care” is the permanent or temporary care of a child by an adult with significant ties to the child or the child's family. Kinship care arrangements, which come about when the parent is unable to provide stable care, can be formal or informal. The majority of kinship caregivers are grandparents and other older adults. State and federal programs can help with income, food, health care, home energy, telephone, and other needs. Benefits can be for a family, or for individual children or older adults. Children may be eligible for public benefits even if caregivers do not have guardianship or legal custody. Relative caregivers may become eligible for benefits programs when their household size increases.

There are six types of kinship arrangements in Vermont. Eligibility will depend on the situation.

When there's no state child abuse or neglect case:

- Informal arrangement
- Minor guardianship (Probate Court)

When the state has filed a juvenile petition in Family Court:

- Conditional custody (Family Court)
- Foster care (Family Court)
- Permanent guardianship (Family Court)
- Adoption (Family Court and Probate Court)

How providing kinship care might affect you legally:

- Learning your rights as a caregiver
- Accessing records and acting on behalf of a child
- Changing your estate plan, Advance Directive, and other end-of-life plans

Financially:

- Supporting a child while on a fixed income
- Cost of daycare, summer camp, and other expenses
- Difficulty finding and qualifying for housing and subsidies

Emotionally:

- Reestablishing your relationship to all involved parties
- Grieving loss of lifestyle
- Facing retirement and aging while caring for a child

Socially:

- Lack of peers who can relate and share the experience
- Inability to engage socially due to caregiving needs
- Being judged
- Disagreements within and among involved families

Physically:

- Lacking the stamina to keep up with an active toddler or young child
- Dealing with health issues that compromise mobility and energy levels (arthritis, diabetes, hypothyroidism, etc.)

Supports & services for Kinship Families

Vermont Kin as Parents

VKAP, a resource for kinship families, has a 24/7 phone line: 802-871-5104. Staff can help families navigate available supports and systems. Vermontkinasparents.org
facebook.com/VTKinAsParents

AARP Foundation

aarp.org/quicklink

Determine if relatives and/or children qualify for programs that pay for food, increase income, and cover home and health care costs.

Childcare Financial Assistance Program

Kinship children are eligible for subsidized child-care grants.

Generations United Grand Resources

Access support through Temporary Assistance for Needy Families (TANF)
gu.org/resources.aspx.

Grandfacts State Fact Sheets
grandfamilies.org

Guardian Information Booklet
vermontjudiciary.org/probate/minorguardianships

Medicaid

Kinship children in Vermont are eligible for Medicaid unless they are on their parents' insurance.

Reach Up Child Only Grants

Available for all children living outside their parents' home and not receiving SSI, or in foster care, these include eligibility for free and reduced-price school lunches. Economic Services, Department for Children and Families, 1-800-479-6151, dcf.vermont.gov/benefits/reachup. Apply online at dcf.vermont.gov/mybenefits/apply.

Vermont Kinship Caregivers Guide
dcf.vermont.gov/pubs





Keeping yourself or a loved one safe is a priority. Physical, emotional, and financial threats lurk in the home, online, on the phone, and in the community. Education is an important first step toward protecting you and your family. Know where to turn if you or your loved one is a victim of abuse, neglect, or exploitation.



safety & protection



Do you have an emergency?

Are you hurt or fearing for the safety of yourself or someone else? Do not delay in contacting emergency services (9-1-1) if you have a health or safety emergency.

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Do you want to report concerns of elder abuse, neglect, or exploitation or deceptive business tactics or scams?

What do you want to do?	Who should you call?
Report elder abuse, neglect, or exploitation (physical or financial)	Do BOTH of these, in this order: 1. Call your local or state police, so that they can begin investigating and responding to the potential crime. 2. Call Adult Protective Services at 1-800-564-1612. (APS has different powers and responsibilities than the police and can only take action if the victim legally qualifies as a "vulnerable adult.")
Report Medicare fraud	Call 1-802-229-4731 (Vermont Senior Medicare Patrol) or go to smpresource.org.
Report Medicaid fraud	Call 802-828-5511 (Attorney General's Office Medicaid Fraud and Residential Abuse Unit).
Report deceptive business tactics or scams	Call 1-800-649-2424 (Attorney General's Office Consumer Assistance Program).

Protecting your personal & medical information

Preventing and dealing with Identity theft

What is identity theft?

Vermont law defines identity theft as the unauthorized use of another person's personal identifying information to obtain credit, goods, services, money, or property. For many victims, this involves illegal use of their bank or credit card information, although fraud can extend to unauthorized use of Social Security numbers to obtain a driver's license, loans, or consumer accounts.

Protect your personal information

You can take several steps to help safeguard your personal information.

- Regularly review your credit reports: Through AnnualCreditReports.com, consumers can view information from the three U.S. credit bureaus (Experian, Equifax, and TransUnion).
- Protect your Medicare and prescription drug plan numbers. Don't give personal information to plan marketing representatives. Don't accept an offer to buy your Medicare or Social Security number.
- Don't keep mail in your mailbox for more than one day. Rip up or shred all mail with financial or health care information before throwing it away. AARP and some shredding companies offer free "shred events" around the state through community organizations. Some will also destroy old computer hard drives.

- Put a fraud alert or credit freeze on your account with each credit bureau (you should do this directly with each bureau).
- Close accounts that have been opened fraudulently or tampered with.
- For each online account, use a unique password that cannot be easily guessed.
- File an "identity theft" police report and ask for a copy for your records.
- File a complaint with the Federal Trade Commission.
- Take careful notes of any officials you talk to and keep related records.
- Don't participate in online/social media quizzes about random "firsts" (the street you grew up on, your first dog's name, etc.). Those are commonly scammers phishing for password clues.

Learn more at ago.vermont.gov/identity-theft or identitytheft.com.

Check your Medicare statements

- Always read your Medicare Summary Notice, Explanation of Benefits, prescription drug benefit statements, and other health care billing statements. Your Medicare Summary Notice is stamped “This Is Not A Bill” and comes in the mail every quarter in which you receive medical care. Compare it with your provider billing notices. Look for the following on your billing statement:
 - Charges for an item or service you didn’t receive
 - Billing for the same thing twice
 - Services or prescriptions that were not ordered by your doctor
- Before buying equipment, health care services, or “miracle” products through the internet or commercials, talk to your health care provider and research a product and the company selling it.

Tips for enrolling

- Be cautious when talking to people you don’t know about picking a drug plan. Only talk with people you know and trust. SHIP coordinators at your Area Agency on Aging can help.
- Medicare prescription drug plans will have the “Medicare-approved” seal on their materials. Watch out for look-alike envelopes or materials made to look like they are from Social Security, Medicare, or approved Medicare and prescription drug card plans.
- Door-to-door marketing is prohibited. Prescription drug plan representatives only come to your home if you make an appointment over the phone or send in a postcard requesting additional information.

- Telemarketing of Medicare prescription drug plans is allowed with limitations. Plan representatives can only call between the hours of 8 a.m. and 9 p.m. You cannot be enrolled in a plan or be asked to pay for a drug plan over the phone.
- Plans can request that you call them back to enroll, offer to send information, or arrange an appointment for a representative to visit your home. Any telemarketing of Medicare prescription drug plans must comply with the National Do-Not-Call Registry. To avoid all telemarketing calls, register with the federal “do not call” list at 1-888-382-1222 or go to [donotcall.gov](https://www.donotcall.gov).



Vermont Senior Medicare Patrol (VT SMP)

VT SMP is part of a national program funded by the Administration for Community Living (ACL) to reduce, detect, and report Medicare error, fraud, and abuse. Medicare fraud costs \$90 billion annually in the form of higher taxes, premiums and co-pays, and reduced services.

Community of Vermont Elders (COVE) has hosted VT SMP since 2002, and since 2003 has reached an average of 5,000 older Vermonters annually. It focuses on educating and empowering Medicare beneficiaries to be active partners in their health care decisions. Vermont SMP staff, partners, and trained volunteers increase awareness of these problems, including how they occur and what to do if a problem is identified. Live education includes training lectures, games, theatrical performances, and podcasts. The project offers monthly and quarterly updates upon request.

VT SMP staff and volunteers often bring programs to communities but can also reach Vermonters in their homes via conferencing platforms. Technology allows programs to reach most Vermonters.

VT SMP staff can:

- Assist with or refer for investigation complaints of error, fraud, and abuse.
- Often resolve issues directly through contact with Medicare, Vermont state agencies, or ACL, though some issues require involvement of a higher level of authority. Using either pathway is easier than navigating the Medicare system independently.

To learn more or to become a VTSMPP volunteer, contact COVE at 802-229-4731 or cove@vermontelders.org

Scams & fraud

Medicaid fraud

Medicaid fraud affects everyone. Although most providers are honest and dedicated to providing quality care to their patients, dishonest medical providers steal millions of dollars each year through fraudulent or abusive practices. Reporting fraud helps the Vermont Medicaid Fraud and Residential Abuse Unit return this money to the system so it can provide a health care safety net to those most in need. If you suspect fraud, make a report.

Examples of fraud in health care:

- Billing for services not rendered or for more services than were delivered
- Providing and billing for unnecessary services
- Billing for a higher level of services than were delivered
- Charging higher rates for services to Medicaid patients than other providers
- Misrepresenting an unallowable service on a bill as another allowable service
- Falsely diagnosing so Medicaid will pay more for services

Call 802-828-5511 or email [ago](mailto:mfraureport@vermont.gov). mfraureport@vermont.gov to report Medicaid provider fraud.

Elder Protection Initiative

The Elder Protection Initiative (EPI) promotes the safety and security of older Vermonters through enforcement actions, legislative advocacy, public education, and collaboration with stakeholder agencies and organizations. The EPI staff comes from the Attorney General's Office Criminal, Public Protection, and Human Services divisions. Connecting with EPI is appropriate in some circumstances that involve crimes against an older adult.

In late 2020, EPI and the Department of Disabilities, Aging and Independent Living (DAIL) released a guide for older Vermonters. "Finding Help: Abuse, Exploitation and Neglect in Later Life," explains different kinds of elder abuse and the nonprofit programs and services that support older Vermonters. It also lists, in-depth, how to report abuse or exploitation for government investigation and response. You can find the guide at <https://ago.vermont.gov/wp-content/uploads/2020/11/HelpGuide.pdf>.

More information: ago.vermont.gov/epi

To report Medicare fraud:

Important contacts

If you have questions or concerns about your health care billing and suspect errors or abuse, contact Vermont Senior Medicare Patrol (SMP): **802-229-4731** or toll-free at **1-888-865-2683** or visit vermontelders.org.

If you have questions about your Medicare plan, contact your regional State Health Insurance Assistance Program (SHIP)

Vermont Consumer Protection Unit

Vermont's Consumer Protection Unit (CPU), part of the Attorney General's Office, investigates and prosecutes violations of Vermont's consumer laws, which prohibit businesses from engaging in unfair or deceptive acts or practices. The Consumer Assistance Program (CAP), a joint effort of the Attorney General's Office and The University of Vermont:

- Uses a "letter-mediation" process to resolve individual consumer complaints.
- Investigates serious or widespread allegations of consumer fraud.
- Files suit, where appropriate, against those who have violated the Vermont Consumer Protection Act or related laws or regulations.
- Resolves serious or widespread consumer fraud abuses in a way that restores consumer losses and deters future violations of law.
- Issues consumer fraud regulations to define in detail what conduct is unfair or deceptive.
- Comments on federal laws and regulations of interest to Vermont consumers.
- Enforces Vermont's charities laws and oversees paid fundraiser registrations.
- Conducts consumer education and works to encourage fair business practices.

CPU staff appear before the Vermont Legislature to discuss consumer protection issues.

Scams

In 2020, Vermonters filed 5,021 scam reports with the Attorney General's Consumer Assistance Program (CAP), with 249 Vermonters losing approximately \$1.5 million to scammers.

The Attorney General's Office urges Vermonters to "take it slow": scammers will pressure you to act fast, demanding personal information and payment, while threatening extreme consequences if you do not comply. Don't let them pressure you!

To protect against becoming a victim of a scam, follow these tips:

- Be wary of responding to unsolicited contacts and never provide personal information to unknown individuals, especially over the phone.
- Before responding to an official-looking email, carefully check the sender's email address to make sure it's not from a third party.
- Never click on links in an email from an unknown sender.
- Never provide remote access to your computer or accounts. Use reputable tech support companies.
- Never wire or otherwise send funds unless you can verify the emergency and the caller's identity.
- If you are concerned about charges to your card or account balances, call the company or financial institution directly through a trusted contact.

Report a scam or sign up for the Scam Alert system at ago.vermont.gov/cap or 1-800-649-2424.

2020 top 10 scams in Vermont:

1. **Social Security number phishing:** An attempt to obtain your Social Security number by telling you it has been compromised, stolen or expired. Official agencies would never call to ask for your personal information or threaten you.
2. **Free money:** You are notified that to claim a prize you must pay taxes or fees up front. Prize companies pay you, not the other way around. An unsolicited check mailed by an unknown sender is usually a scam.
3. **Amazon and package deliveries phishing:** An automated call, text, or email says your credit card has been charged by Amazon or you have an unpaid balance. Or, it claims you have a package, but you must verify your information. Do not respond, and delete.
4. **Computer tech support:** A phone call or pop-up message asks to access your computer remotely to remove a virus or fix a "problem." Customer service does not use pop-ups, and major companies don't call about malware on your computer.
5. **Phony relationships (not grandchild):** Someone contacts you by phone or email, pretending to be a relative or a friend of a relative claiming to need money and asking you to send it immediately. Call a reliable contact to verify.
6. **Debt collection:** A caller says you will be arrested or sued if you don't repay a debt. Actual debt collectors are not allowed to threaten you. Hang up and don't answer if they call back.

7. **Online classified listings:** A scammer may respond to a seller post, overpay with a check, and ask for the remainder to be wired back. If you are suspicious, stop the purchase.
8. **Extortion emails:** You receive an email that threatens exposure of compromising home video and photos unless you pay, often in Bitcoin. They claim to have access to your computer and webcam and may use one of your user names or passwords. Ignore the email and change the password on every account for which you use it.
9. **Grandchild imposter:** Callers claim to be a grandchild (or grandchild's friend) in prison or the hospital and asks you to wire money or send gift cards immediately. Call the grandchild or family members at a known number to ensure the grandchild is safe.
10. **Bank/financial institution phishing:** An email/call claiming to be from your bank says that your account or card is in danger or suspended and demands personal information. Delete the email or hang up.

Personal safety: abuse, neglect, & exploitation

The U.S. Department of Justice estimates that 10 percent of U.S. residents 65 and older experience some kind of abuse in a given year. It defines elder abuse as "an intentional or negligent act by any person that causes harm or a serious risk of harm to an older adult," including: physical, psychological, and sexual abuse; financial exploitation; and neglect and abandonment.

Several Vermont state government offices are charged with protecting older and disabled Vermonters:

- Law enforcement (VT state police and local police)
- Attorney General's Office Elder Protection Initiative ([see page 92](#))
- The Division of Licensing and Protection (DLP), part of the Department of Aging and Independent Living (DAIL). DLP includes Adult Protective Services (APS) and Survey and Certification (S&C)
- Long-Term Care Ombudsman's Office

Their goal is to ensure that older and disabled Vermonters are able to live with respect, dignity, and independence. They help vulnerable adults in cases of alleged abuse, neglect, and exploitation regardless of whether they live at home or in a long-term care facility.



Vermont Adult Protective Services

APS is the primary state office responsible for investigating allegations of abuse, neglect, and exploitation of vulnerable adults under Title 33 of Vermont Statutes. Its staff:

- Investigates reported allegations of abuse, neglect, and exploitation
- Implements protective services, as necessary, to limit future maltreatment

If you feel that a vulnerable adult has been harmed because of actions (or inaction) taken by one or more specific persons (other than themselves), **make a report to APS.**

APS does not provide emergency services. If a vulnerable adult is in a life-threatening situation or needs immediate intervention to protect someone from harm, call 911. Make a report to APS after emergency services have been provided.

How to make a report to APS

Online (preferred):

<https://hssvtprod.wellsky.com/intake/>
If your browser has a pop-up blocker, turn it off before trying to file a report

Email: APS@vermont.gov

Phone: 1-800-564-1612

Mail: Adult Protective Services Intake, HC
2 South, 280 State Dr.,
Waterbury, VT 05671-2020

What to include in an APS report

Provide as much helpful, relevant information as possible, even if it's not exact. The more information you provide, the easier it will be for APS to make an accurate decision on whether to investigate, avoiding any delay in helping the vulnerable adult. In your report, include:

- Who the alleged victim is, how to contact them, how they are vulnerable, and whether reaching out to them could put them in danger.
- Why you suspect abuse, neglect, or exploitation. If you can, describe any incidents, including locations, dates, and how you learned of this issue.
- If this abuse, neglect, or exploitation is ongoing or currently poses additional risk.
- Who you are, how to contact you, how you know the vulnerable adult, and how you know about this situation.
- The identity of the alleged perpetrator(s), how they are related to the alleged victim, and how to contact them.
- If there are any risks to a state investigator, such as potentially violent investigation participants or aggressive dogs at an investigation participant's home.

Vulnerable adult:

The term vulnerable adult has a very specific meaning, defined by Vermont law as a person who:

- is age 18 or older and
- is a resident of a licensed facility such as a nursing or community care home or
- is a patient in a psychiatric unit or hospital or
- has received personal care services for longer than one month or

- regardless of residence or whether any type of service is received, is impaired as a result of brain damage, infirmities of aging, mental condition or a physical, mental, or developmental disability who cannot care for themselves without assistance or protect themselves from abuse, neglect, or exploitation.

More information:

legislature.vermont.gov/statutes/section/33/069/06902

When to make a report to Survey & Certification (S&C)

You can make a report to S&C if you think that patients or residents have been harmed or may be harmed by the inappropriate practices of a health care organization. S&C registered nurses visit hospitals, home health agencies, long-term care facilities, and many other health care providers statewide to assess whether care and services given to residents and patients meet federal and state regulations. Organizations may be out of compliance with regulations even if no staff members are intentionally or recklessly harming patients or residents.

Online (preferred):

<https://dlp.vermont.gov/survey-cert-reporting-form>

FAX: 802-241-0383

Phone: 1-888-700-5330

When filing a complaint via phone, please:

- Provide your name, phone number, and address. (Anonymous complaints are also accepted.)
- Identify the name of the facility/provider being reported.
- Provide a detailed summary of concerns.
- Provide additional details as asked by the S&C staff.

Mail: Survey & Certification Complaint Intake, Division of Licensing and Protection,
HC 2 SOUTH
280 State Dr.
Waterbury, VT 05671-2060

Long-Term Care Ombudsman

The state contracts with Vermont Legal Aid to operate the Office of the State Long-Term Care Ombudsman Program (SLTCOP). The office is charged with protecting the safety, welfare and rights of Vermonters in nursing homes, residential care homes, and people using Choices for Care homes and community-based services. Five regional ombudsmen:

- Investigate and resolve complaints on behalf of individuals
- Provide information and consultations to individuals, family members, providers, the public, and other community partners.

A volunteer coordinator works with 12 certified volunteers assigned to specific long-term care facilities throughout the state.

Who does what

The web of agencies that protect older adults in cases of fraud, abuse, and crime is complex and overlapping. If you want to contact the authorities in these cases, here's a quick overview of who handles what:

- Adult Protective Services is the primary investigative entity.
- The Attorney General's Office prosecutes cases.
- The Long-Term Care Ombudsman advocates on behalf of elders in negotiations with a facility's management or care team.
- Community of Vermont Elders (COVE) deals with cases of active fraud, especially Medicare fraud, and can help victims obtain other supportive services.
- Law enforcement deals with active concerns related to safety or crimes that endanger people.

At some point, everyone who cares for an older adult is called upon to be an advocate, whether in a private setting or in the public arena. Understanding older Vermonters' rights can help caregivers and seniors advocate more effectively in any situation.



policy & advocacy

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Personal advocacy

A personal advocate can help an older adult achieve and maintain an optimal quality of life and ensure that their basic needs are met and their rights honored. Advocates are often translators – helping to explain an individual's needs or issues– to clarify options so their loved one can make value-based choices, to communicate those choices, and do what's needed to implement them. They can also help their loved one understand information being shared with them. Advocates can help obtain access to services and resources.

An advocate supports or promotes the interests of another but has no legal authority and is not authorized to make decisions on another person's behalf. If you are acting as an advocate for someone with cognitive decline, find out who has been appointed as an agent under power of attorney and obtain copies of the document to be clear on the specifics of the agreement.

When an advocate is helpful

Difficulty perceiving, communicating, or traveling

Understanding the world around them, communicating their wishes, and taking steps to make their intentions happen can be difficult for people who have trouble hearing, seeing, writing, speaking, remembering, analyzing, or getting around.

Navigating unfamiliar situations

Many older adults encounter circumstances where they have little experience or control: undergoing medical treatment, managing chronic health conditions, moving to a new home, or coping with tasks that a spouse used to provide.

Managing emergencies

In an emergency, many things need to happen quickly. In a medical emergency, for example, the health care team needs to know the patient's medical history, current medications and allergies, wishes for care, who can make decisions on their behalf, and how to contact loved ones. An advocate can efficiently provide and track information being shared on both sides, and ask questions in the moment.

How to be an effective advocate

1. Be present physically, mentally, and emotionally

Family caregivers have other responsibilities and may have a lifetime of emotional baggage to grapple with. Especially for caregivers who live at a distance, it can be easier for all parties to divide responsibilities among family members or, if feasible, to hire a local professional advocate. A professional can be there physically, is familiar with resources, can give the client all their attention, has professional boundaries, and comes with an unbiased approach to the older adult and their situation. To find a professional geriatric care manager, contact your local Area Agency on Aging or visit aginglifecare.org.

2. Ask for your loved one's informed decision

An advocate's role is to help their loved one make their own choices. But an advocate can help that person understand and accept the potential risks and outcomes associated with those choices. If you feel that the person you are advocating for is putting themselves in danger, you can get help from Adult Protective Services (see [page 95](#)).

3. Communicate choices to others

An effective advocate can make vast improvements in someone's life simply by preventing or resolving breakdowns in communication.

Many service providers – especially health care and financial professionals – require permission to speak with an advocate. If you are required to advocate in a health care setting, you will need a HIPAA (Health Insurance Portability and Accountability Act) release. Each health care provider will have their own form, or an elder law attorney can provide you with a blanket form. Find details at hhs.gov/hipaa/for-individuals/faq/index.html.

4. Handle the logistics

For many older adults, life becomes unmanageable when they can no longer drive to the places they need to go, organize medications effectively, interface with the technology necessary to make things work, or remember all the small steps necessary to do things like get bills paid on time or arrange home repairs. To make someone's preferences come to fruition, follow every detail until everything is in place and operating.

5. Create empowering solutions

Because advocates are most valuable when things aren't working, they are often solving problems. Older adults may feel powerless and vulnerable and may not want to risk angering people who could make their lives difficult. This is especially true for residents of medical or long-term-care facilities.

Advocates should be sensitive to this fear and earn an older adult's trust by looking for win-win solutions. It is easy to lay blame for problems on the people, organizations, or systems in charge. Effective advocates find collaborative long-term solutions that work for everyone. Positive and constructive discussions go a long way toward making needed changes.

If outside help is needed in working with long-term-care facilities, the Long-Term Care ombudsman (vtlegalaid.org, 802-863-5260 or 1-800-899-2047) or an elder law attorney can help.

6. Watch for gaps

Be alert for new issues or opportunities. This is especially important during transitions of any kind – a trip to the emergency room, discharge from the hospital, moving to a new home, or adjusting to the loss of a spouse. Even smaller changes, such as an outing to an unfamiliar place, can be disorienting. Visit your loved one as often as is feasible, be visible in their life and their community, and make yourself a resource to their entire care team.

Protecting the rights of vulnerable adults

When an individual needs ongoing assistance with activities of daily living, an advocate can help ensure that the individual is receiving and accessing services and supports that help them to live in the setting of their choice. Sometimes this requires professional help:

- The state Long-Term Care Ombudsman program helps resolve complaints and ensure that the rights of residents of long-term care facilities or those receiving services in any setting through Choices for Care are respected.
- Long-term care facilities must meet standards of care that are enforced through the Survey & Certification system, which conducts periodic inspections of facilities and investigates reported concerns.
- Vermont's Adult Protective Services (APS) program investigates allegations of abuse, neglect, and exploitation of vulnerable adults. With the consent of the victim or their representative, APS may assist with arranging for the protection of vulnerable adults whose health and welfare may be adversely affected by maltreatment. Quality assurance, fraud prevention, and grievance procedures exist for many other types of facilities and professionals.
- COVE's victim advocate can advocate and assist any older adult to navigate services, supports, and protections when they have been the victim of any crime.
- You can read more about these and other programs, and how to contact them, elsewhere in this chapter. In some instances, more than one agency will need to be involved.

Adapted from careisthere.com

Long-Term Care Ombudsman

vtlegalaid.org or

1-800-889-2047; Legal Help Tool

The Long-Term Care Ombudsman Project (VOP) provides free help for Vermonters receiving long-term care in nursing homes, residential care homes, assisted living residences, adult family care homes, and in the community through Choices for Care.

A project of Vermont Legal Aid, VOP staff works to protect the health, welfare, and rights of people who live in long-term-care facilities.

Complaint investigation

VOP staff and volunteers identify, investigate, and help resolve complaints made by, or for, individuals receiving long-term-care services.

Self-advocacy

VOP helps individuals speak in their own voices about their care.

Community-based care and services

VOP helps people on Choices for Care receive long-term-care services in the community.

Program activities

VOP staff visit long-term-care facilities to talk with residents and monitor conditions, educate providers about residents' rights, and provide information to the public about long-term-care services and options.

Systems advocacy

VOP helps identify problem areas in the long-term-care system and advocates for improvements.

Policy advocacy

VOP advocates for laws and policies to improve the care and quality of life of Vermonters receiving long-term care in facility settings and in the community through Choices for Care.

Legislative advocacy

How do I know what bills are being considered?

- Legislative committee agendas are posted online during the session (legislature.vermont.gov/committee/list/2021). Click on a committee, then on the week's schedule.
- House and Senate sessions are live-streamed at vpr.org – click on YouTube. Find the link on the committee home page.
- Statewide media regularly run legislative reports. Vermont Public's "Vermont This Week" has a heavy focus on the Legislature when it's in session.
- Join an advocacy group to receive updates on issues of interest to you.

How can I get a bill introduced?

Only legislators can introduce bills, but ideas often come from constituents. Ask your legislator if a bill would be a good way to address your issue. If so, ask if they would introduce the bill for you. If you don't agree on the issue, ask for a referral to another legislator who shares your view.

Sometimes just introducing a bill will lead to a resolution, and the bill won't need to be acted on.

You can follow the progress of your bill as described above. Your legislator may be willing to keep you informed.

How can I testify on a bill?

Many committees are only doing remote testimony. For assistance, call COVE at 802-229-4731 or email the committee's staff assistant. Their email is listed on the committee home page.

Send a letter or an email: Contact the committee chair and ask to have written testimony distributed to committee members.

At a public hearing: These are usually held at the State House, but some may be held in other parts of the state. You may only get 1-2 minutes to speak if many people wish to testify. People are usually called to testify in the order in which they sign up.

What do I say? Tell your story briefly and simply. Personal stories are very important and facts are helpful. If you write your testimony but don't finish reading it, you can submit it as written testimony. Committees post testimony on the legislative website, and typically ask for it ahead of time.

Advocating for change

When advocating for systems change, narrow your focus. Here are some tips:

Identify the issue

Focus on one or related issues. Defining an attainable solution points decision-makers to a specific problem. Timing is important. For example, a costly solution will be a tough sell during an economic downturn. Envision solutions but be open to other options.

Research

You need a basic understanding of the system you want to change. Identify the government body where the change needs to occur. Is this a law that needs to be changed or an agency policy?

Collaborate

Advocacy can be more effective when working with others who have a similar interest, bringing new energy, connections, and talent. Understand core members' strengths, and encourage them to go beyond their comfort zone. The group's skill sets will help determine strategy. Respect the views of others who may be affected by a change. Forums, surveys, and in-person meetings forge connection and help share concerns.

Develop a strategy

Who should meet with stakeholder groups and decision-makers? Should you go to the public or work directly with decision-makers? All members should carry the same core message and commit to thoroughly understanding the issues. In a coalition, give members opportunities to have equal input.

Communication

Keep others interested in the proposal informed and engaged to create excitement. An email distribution list can simplify information sharing and calls to action. For legislative advocacy, consider keeping a list of senators and representatives.

Stakeholders and decision-makers

Identify stakeholders and their stance on the issue. If their support is not obvious, they may be working behind the scenes. Some participants may not agree with proposed changes because they misunderstand the goal or think the change will negatively affect them. Be proactive. Identify decision-makers and work with your core members to decide how best to approach them.

In-person meetings

Face-to-face or meetings through online platforms such as Zoom with other advocates, stakeholders, or decision-makers are critically important. Try to attend related committee meetings and consider having at least one of the core group at each. An educated legislator makes a better advocate.

Prepare to negotiate

You may not achieve everything you want, but any change is a foundation for more change. Before agreeing to any decision, be sure to seek consensus within your core group.

Be persistent

It may take months or years for the change you seek to happen – if it happens at all. Don't give up: Change takes persistence. Involving others is key to moving forward. Maintain focus and don't lose patience with others.

How to contact your legislators

To find out who your legislators are and to access their contact information, go to legislature.vermont.gov/people and search by town. You can also search a specific legislator to find out more about them.



2022 legislative priorities

On a daily basis, COVE works to advocate and plan for a sustainable, robust future for Vermonters as we age. The following priorities are ones that COVE identified as essential issues in the 2022 legislative session:

Hear! Hear!

Pass H.266 - legislation to mandate hearing aid insurance coverage*

- Between 62,000 and 125,000 Vermonters of all ages experience some degree of hearing loss. The incidence of hearing loss increases dramatically with age. For people aged 65 and older the incidence of hearing loss can be as high as 33 percent - 50 percent. Based on Vermont Census Data, as many as 59,000 older Vermonters are likely experiencing hearing loss.¹
- Even mild hearing loss doubles the risk of dementia.²
- Untreated hearing loss increases risk of falls by 50%.³ Vermont has one of the highest rates of death due to falls in the country.
- 1 in 10 people with untreated hearing loss suffer from depression.⁴

*Vermonters who receive Medicare only, or other insurance products that are not regulated by the state would not be eligible for these benefits. These benefits would extend to Essential Health Benefit, State Employees, Teachers, Medicaid, and Private insurance as regulated by the state.

Age in Place

Increase funding for Home- and Community-Based Services (HCBS)/ACCS and Pass H.153 - Study and recommend sustainable annual statutory increases for HCBS

- To avoid additional closures, HCBS providers must receive funding increases this year.
- Nationally, critical workforce shortages along the continuum of Long Term Care (LTC) settings create a disproportionate burden on families and especially women. Thirty-nine percent of unpaid caregivers leave the workforce to provide care.⁵
- Without an established rate schedule, Vermont HCBS/ACCS providers have fallen further behind as increases have been denied in the budgeting process.
- Maintaining independence in our homes contributes to more positive health and wellness outcomes and overall savings to the health care system.⁶

1 The Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council 2020 Report

2 www.hopkinsmedicine.org/health/wellness-and-prevention/the-hidden-risks-of-hearing-loss

3 Hear Well, Stay Vital <https://www.hearwellstayvital.org>

4 National Institute of Health www.ncbi.nlm.nih.gov/pmc/articles/PMC4102382/

5 <https://www.caregiver.org/resource/caregiver-statistics-work-and-caregiving/>

6 www.researchgate.net/publication/7843318_Clinical_Outcomes_of_Aging_in_Place

Volunteer with grow bOLD

grow bOLD is a grassroots corps of volunteers who spend one half day, every week of the legislative session, at the Vermont State House. They receive training in policy observation, monitoring, and advocacy. Volunteers commit to at least two weeks out of the session.

Each week, volunteers choose where they want to spend time, with support of COVE advocacy staff, to know what is current and might be of interest. COVE staff support volunteers who want to testify and provide input.

When a person is represented in a room, the way officials talk about them changes. The more times those officials subconsciously change how they speak about a demographic, the more likely they are to internalize that mode of speaking and thinking. The grow bOLD corps uses this truth to change the language and conversations happening on their behalf. Changing language leads to changing policies, then to changing services, and, finally changing society. By forcing this shift, grow bOLD volunteers use passive listening (and sometimes active advocacy) to change the culture of Vermont.

To join the grow bOLD corps, contact marichel@vermontelders.org or rubyb@vermontelders.org.

paid content



**We're in
Your Corner**

People today can spend nearly half their lives over the age of 50. That's a lot of living. So, it helps to have a wise friend and fierce defender like AARP in your community.

Find us at aarp.org/vt.

 /AARPVermont  @AARPVt



How a bill becomes a law

Bill introduction/First reading: Any legislator can sponsor a bill to amend Vermont law. The bill is assigned a number and introduced on the floor of the sponsor's chamber. All votes in this process, except veto overrides, are majority votes.

Bill referral: Upon first reading, the bill is referred to a standing committee of the chamber based on its subject matter, which may also lead it to be referred to other committees.

Committee consideration: If the committee pursues the bill, it may take testimony on it and recommend amendments.

Second reading: If voted out of committee, the bill goes to the chamber floor. A member of the considering committee reports its recommendations. Legislators may propose further amendments and debate the bill and any amendments. The chamber votes on amendments and a third reading.

Third reading: A third reading, on the legislative day after the second reading, allows for further amendments and debate. The chamber then votes on the bill's passage.

Other chamber consideration: A passed bill remains in that chamber for one legislative day and then repeats the process in the other chamber. If new amendments are proposed, the bill and amendments go back for consideration by the first chamber, which may agree or propose additional amendments.

Committee of conference: If the chambers cannot agree on the bill or amendments, a committee of three members of each chamber may be

appointed to try to agree on a final version, which is submitted to both chambers for approval. They cannot amend it, voting only to adopt or reject it.

Governor's consideration: If both chambers pass the bill, it is sent to the governor, who will sign it into law, allow it to become law without his or her signature, or veto it. The House and Senate may override a veto by a two-thirds vote in each chamber.

Bill enactment: Once the governor signs the bill, allows it to become law without a signature, or the chambers override a veto, the bill becomes law and is assigned an act number.

The Vermont State House

Sergeant-at-Arms Office
115 State Street
Montpelier, VT 05633-5501
Phone: 802-828-2228
Email: sgtatarms@leg.state.vt.us

Vermont State Curator's Office

2 Governor Aiken Avenue
Montpelier, VT 05633-5501
Phone: 802-828-0749
Email: jack.zeilenga@vermont.gov
Website: curator.vermont.gov

Visitors are welcome:

Monday - Friday: 8 AM - 4 PM
(throughout the year)
Saturday: 11 AM - 3 PM
(July 1 - October 30 only)
Closed on Sundays and state holidays

Please direct questions to the Office of the Sergeant at Arms via email sgtatarms@leg.state.vt.us. In case of emergency call Capitol Police at 802-828-2273. Let it ring until you receive an answer.

Vermont voting FAQs

How can I register to vote?

- Online (olvr.vermont.gov)
- Submit a voter registration form to your town or city clerk (sos.vermont.gov/media/nesb43yw/2017-voter-app.pdf). You can also get a form (called the Application for Addition to the Checklist) from your town or city clerk or by calling 1-800-439-VOTE.
- You can also register to vote when you register your car, get a driver's license, or renew your registration or license with the Department of Motor Vehicle (DMV), or when you apply for benefits from a designated state government agency.

For more information and to download a voter registration form, visit Vermont's registration page (sos.vermont.gov/elections/voters/registration). Include your Vermont driver's license number or last four digits of your Social Security number. Take the Voter's Oath if you have never voted in Vermont (it can be self-administered). Submit the completed form to your town or city clerk.

Why must I describe the location of my principal residence on the registration form? Isn't my mailing address enough?

The town clerk must determine whether you live where you are registering and, in some communities, what voting district or ward you live in. This requires your full physical address, including your building name and room number if you live in an institutional residence, such as an assisted living facility. Only your mailing address will be disclosed on any public checklist.

How do I verify if I am registered to vote in Vermont? Check your registration status online at mvp.vermont.gov/ or contact your town or city clerk.

What is the registration deadline?

Eligible residents can register to vote up to and including the day of the election:

- At your town/city clerk's office during normal business hours before the election
- At your polling place during voting hours on Election Day
- You do not need to reregister unless you move to a new town

How do I contact my town or city clerk?

Check the Guide to Vermont's Town Clerks, Treasurers & County Clerks (sos.vermont.gov/media/vh1jv3oj/2019townclerkguide.pdf) or call directory assistance.

Who is eligible to vote in Vermont?

You may register to vote in your town of residence if you are, on Election Day:

- A U.S. citizen
- A resident of Vermont and of the town in which you are registering
- Have taken the Voter's Oath, and
- Are 18 or older

Anyone who meets these requirements and will be 18 on or before the date of a general election may register and vote in the primary election immediately preceding that general election.

Can I register or vote in more than one town? No. When you register in a new town, you must note your prior town of registration.

Do I have to declare a party affiliation when I register? No. There is no party registration in Vermont. You can only vote on one party's ballot in the primary election.



Who is a resident for voting purposes?

Vermont law defines a resident as “a person who is domiciled in the town as evidenced by an intent to maintain a principal dwelling place in the town indefinitely and to return there if temporarily absent, coupled with an act or acts consistent with that intent.” (legislature.vermont.gov/statutes/section/17/043/02122)

The voter’s intent and actions, not how many nights a year the voter sleeps in town, determine residency. A voter who has more than one home must designate their principal town of residence.

Special cases: Vermont law allows a person to remain registered in the last town in which they resided if they are in the military, living overseas, in a nursing home or other health care facility, in a veterans home, attending school, or in a correctional institution. (legislature.vermont.gov/statutes/section/17/043/02122)

Early and absentee voting

Vermonters who prefer to vote early or by mail can do so as soon as ballots are available – up to 45 days before the primary or general election and 20 days before a municipal election that uses the Australian (secret) ballot.

Request a ballot online (mvp.vermont.gov), download a copy (sos.vermont.gov/media/30pimqn2/vtabsteerequestgeneric.pdf), or pick up a ballot at your town or city clerk’s office.

Town and city clerks can answer any questions by phone or in person about early or absentee voting. If you need more help, email the state Elections Division at sos.elections@vermont.gov, or call 1-800-439-VOTE.

Deadlines

All early voter absentee ballot requests must be submitted by 5 PM – or the close of the town clerk’s office – on the day before the election.

To be counted, a ballot must be returned:

- To the clerk’s office before the close of the office on the day before the election (be sure to check your clerk’s hours), or
- To the polling place before 7 PM on the day of the election

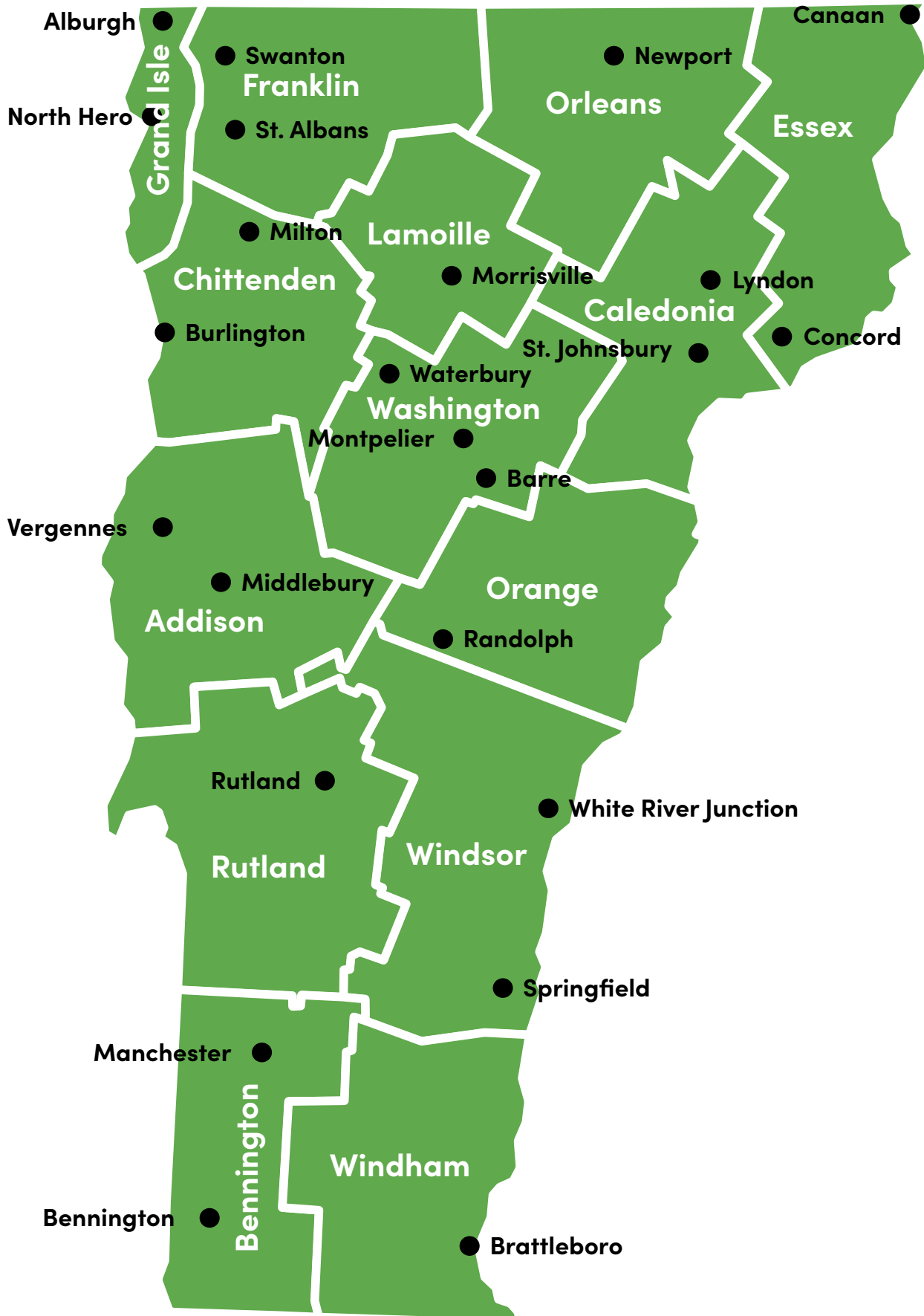
In-home ballot delivery

If you are sick or have a disability, a ballot can be delivered to your home on Election Day. You may request an absentee ballot up until 5 PM. on the day before the election. Two justices of the peace will deliver a ballot to you, and will bring it back to the polling place to be counted.

Requests for an early voter absentee ballot can be made at any time until 5 PM – or by the time the town clerk’s office closes – on the last day that the clerk has regular hours before the election. The request also can be made when the person registers to vote.

A single request may be made for absentee ballots for town meeting, and primary and general elections, if the “mail to” address is the same for all three elections. A request must be made every election year.

Adapted from Vermont Secretary of State: sos.vermont.gov/elections/voters/early-absentee-voting



directory



health &
wellness



financial & legal issues

Legal Services Vermont

service area: Statewide

1-800-889-2047 | legalservicesvt.org

free referral services that connect caller with a paralegal or lawyer at Legal Services Vermont or Vermont Legal Aid

South Royalton Legal Clinic-Vermont Law School

service area: Statewide

802-831-1500 | vermontlaw.edu

helps Vermont residents who can't afford lawyers, covering issues such as children's rights, family law, housing, welfare

Vermont Bar Association-Online Lawyer Referral and/or free legal help

service area: Statewide

1-800-639-7036 | vtbar.org/lrs or vtlawhelp.org

free legal assistance to low income Vermonters on issues of housing, collections, and child support among others; for other clients lawyers may provide initial 30-minute consultation for no more than \$25

Vermont Legal Aid

service area: Statewide

1-800-889-2047 | vtlegalaid.org

civil legal assistance: family, health, housing, money/debt, public benefits, seniors, victims of crime, disability, other legal issues

VT Ethics Network

service area: Statewide

802-828-2909 | ven@vtethicsnetwork.org
vtethicsnetwork.org

education, information, and support for Vermonters regarding advance care planning, health care decision-making, Advance Directives; advocacy on legislation related to health care ethics

Area Agencies on Aging

case management, care transitions, family caregiver support, health insurance assistance, Meals on Wheels

Age Well

service area: Chittenden, Addison, Franklin, and Grand Isle counties

802-865-0360 | agewellvt.org

Central Vermont Council on Aging (CVCOA)

service area: Washington, Lamoille, Orange, and part of Chittenden counties

802-479-0531 | info@cvcoa.org | cvcoa.org

Northeast Kingdom Council on Aging

service area: Caledonia, Essex, and Orleans counties

1-800-642-5119 | info@nekcouncil.org
nekcouncil.org

Senior Solutions

service area: Windham and Windsor counties

802-885-2665

information@seniorsolutionsvt.org
seniorsolutionsvt.org

Southwestern Vermont Council on Aging

service area: Bennington and Rutland counties

Crisis: 802-786-5990

infoandassistance@svcoa.net | svcoa.org

Adult Day Programs

for older adults with cognitive impairments: health monitoring, assistance with personal care needs, activities, meals, exercise program, referrals/education for caregivers

Care Partners Adult Day Center

service area: St Albans area (Franklin County)

802-527-0548 | info@carepartnersvt.org
carepartnersvt.org

Elderly Services Adult Day

service area: Middlebury area (Addison County)

802-388-3983

Gifford Adult Day

service area: Bethel area (Windsor County)
802-234-2165

Lamoille Day Health Services Adult Day

service area: Morrisville area
(Lamoille County)
802-888-7045 x224

Project Independence Adult Day

service area: Bennington area
(Bennington County)
802-442-8136

Riverside Life Enrichment Center Adult Day

service area: Lyndonville area (Caledonia County)
802-626-3900

Scotland House Adult Day

service area: Quechee area
(Windsor County)
802-280-6080

Springfield Area Adult Day Services

service area: Springfield area (Windsor County)
802-885-9881

The Gathering Place: Adult Day Center & Home Care

service area: Brattleboro area (Windham County)
802-254-6559 | gatheringplacevt.org

The Meeting Place Adult Day

service area: Newport area
(Orleans County)
802-334-7604

UVMHN Home Health & Hospice Adult Days

service area: Chittenden and Grand Isle Counties
Colchester: 802-860-4458; S. Burlington: 802-862-6610; Essex: 802-878-7885

Community hospitals

inpatient and outpatient services, including primary, specialty, and surgical care

Brattleboro Memorial Hospital

service area: southeastern Vermont including Windham and Windsor counties
802-257-0341 | bmhvt.org

Central Vermont Medical Center

service area: central Vermont including Lamoille, Washington, and Orange counties
802-371-4100 | cvmc.org

Copley Hospital

service area: north central Vermont including Lamoille, Orleans, and Caledonia counties
802-888-8888 | copleyvt.org

Gifford Medical Center

service area: south central Vermont including Washington, Orange, Windsor, and Rutland counties
802-728-7000 | giffordhealthcare.org

Grace Cottage Hospital

service area: southeastern Vermont including Windham and Windsor counties
802-365-7357 | info@gracecottage.org
gracecottage.org

Mt. Ascutney Hospital and Health Center

service area: Windsor County
802-674-6711
mtascutneyhospital.org

North Country Hospital

service area: northern Vermont including Orleans, Essex, and Franklin counties
802-334-7331 | nchsi.org

Northwestern Medical Center

service area: northwestern Vermont including Franklin and Grand Isle counties
802-524-5911
northwesternmedicalcenter.org

Northeastern VT Regional Hospital

service area: northeastern Vermont including Caledonia, Essex, and Orleans counties
802-748-8141 | nvrh.org

Porter Medical Center

service area: Addison County
802-388-4701 | portermedical.org

Rutland Regional Medical Center

service area: Rutland County
802-775-7111 | rrmc.org

Southwestern VT Medical Center

service area: southern Vermont including Bennington and Windham counties
802-442-6361 | svhealthcare.org

Springfield Hospital

service area: Windsor County
802-885-2151 | springfieldhospital.org

Major medical centers

Albany (NY) Medical Center

service area: Statewide New York
518-262-3125 | amc.edu
Academic medical center (connected to the Albany Medical College) with a Level 1 trauma center. Provides inpatient and outpatient services, including primary, specialty, subspecialty, and surgical care at a tertiary (highly complex) level. Part of Albany Med, which is affiliated with Columbia Memorial Health and Saratoga Hospital.

Dartmouth-Hitchcock Medical Center

service area: Statewide New Hampshire
603-650-5000 | dartmouth-hitchcock.org
Academic medical center (connected to Dartmouth's Geisel School of Medicine) with a Level 1 trauma center. Provides inpatient and outpatient services, including primary, specialty, subspecialty, and surgical care at a tertiary (highly complex) level.

University of Vermont Medical Center

service area: western Vermont including Chittenden, Grand Isle, Franklin, and Addison counties
802-847-0000 | uvmhealth.org/MedCenter
Academic medical center (connected to UVM College of Medicine) with a Level 1 trauma center. Provides inpatient and outpatient services, including primary, specialty, subspecialty, and surgical care at a tertiary (highly complex) level. Part of the UVM Health Network.

Designated mental health agencies

outpatient mental health, counseling, psychiatry, substance abuse, youth and family services

Counseling Service of Addison County

service area: Addison County
802-388-6751;
Crisis Support: 802-388-7641 | csac-vt.org

Health Care and Rehabilitation Services of Southeastern Vermont

service area: Windham and Windsor counties
Crisis: 800-622-4235; Intake: 855-220-9429
hcrs.org

Howard Center

service area: Chittenden County
802-488-6000; Crisis: 802-488-7777
howardcenter.org

Lamoille County Mental Health

service area: Lamoille County
Crisis: 802-888-5026 (M-F) or
802-888-8888 (nights and weekends)
lamoille.org

Northeast Kingdom Human Services

service area: Caledonia, Essex, and Orleans counties
Urgent: 802-334-6744; Derby:
802-334-6744; St. Johnsbury: 802-748-3181
nkhs.org

Northwestern Counseling and Support Services

service area: Franklin and Grand Isle counties
802-524-6554; Crisis: 1-800-834-7793
(toll free in Vermont) ncssinc.org

Rutland Mental Health Services

service area: Rutland County
802-775-2381; Crisis: 802-775-1000
rmhscn.org

United Counseling Service

service area: Bennington County;
Immediate assistance: 802-442-5491
Bennington: 802-442-5491
Northshire: 802-362-3950 | ucsvt.org

Upper Valley Services

service area: Orange County
Moretown: 802-496-7830; Bradford: 802-222-9235; Randolph: 802-728-4476
moretown@uvs-vt.org; bradford@uvs-vt.org;
randolph@uvs-vt.org | uvs-vt.org

Washington County Mental Health Services

service area: Washington County
802-229-1399; Crisis: 802-229-0591
wcmhs.org

Other Health Organizations

ALS Association-Northern N. E. Chapter

service area: northern New England, including Vermont, New Hampshire & Maine
866-257-6663 | webnne.alsa.org
supports people living with ALS and their loved ones through services and education in Vermont, New Hampshire and Maine

Alzheimer's Association-VT Chapter

service area: Statewide
1-800-272-3900 | alz.org/vermont
support, education, training and other resources to increase knowledge and to support those facing Alzheimer's disease and other dementias

American Parkinson Disease Association-Vermont Chapter

service area: Statewide
1-800-651-8466
apdavermont@apdaparkinson.org
apdaparkinson.org/community/vermont
coordinates support groups, funds patient aid grants, supports exercise classes, offers a lending library of books and videos

Bayada

service area: southern Vermont (including Bennington, Rutland, Windham, and Windsor counties), Orange County, and Chittenden County
1-888-833-5706 | bayada.com
home health, hospice, rehabilitation, in home care, pediatrics, adult and private nursing, adult Medicare nursing

Brattleboro Retreat

service area: Statewide
802-258-3737 or 1-800-RETREAT
brattlebororetreat.org
specialty hospital offering outpatient and inpatient/residential mental health and addiction treatment services for children, adolescents, and adults

Division for the Blind and Visually Impaired

service area: Statewide
802-289-0333 | dbvi.vermont.gov
designated state unit to provide vocational rehabilitation and independent living services to eligible Vermonters who are blind and visually impaired

National Alliance on Mental Illness

service area: Statewide
1-800-639-6480; Helpline: 1-800-950-NAMI
Crisis text: text "NAMI" to 741741
info@namivt.org | namivt.org
education programs for individuals and families, advocacy on public policy, helpline to provide information and support, public awareness events and activities

National Multiple Sclerosis Society-Greater New England Chapter

service area: Statewide
1-800-344-4867 | nationalmssociety.org/Chapters/MAM/About-this-Chapter/Locations/Vermont-Regional-Office

Office of Veterans Affairs

service area: Statewide
802-828-3379 | veterans.vermont.gov
benefits and services assistance for veterans in Vermont

Support and Services at Home (SASH)

service area: Statewide
802-863-2224 | sash@cathedralsquare.org
sashvt.org
home based service coordination, care coordination, wellness support

TLC HomeCare

service area: Burlington area (Chittenden County) and Berlin area (Washington County)
S. Burlington: 802-735-1123
Berlin: 802-735-1290 | tlchomecare.com
providers of medical and nonmedical homecare, including respite, homemaker, nursing, and live-in care

Vermont Association for the Blind and Visually Impaired

service area: Statewide
S. Burlington: 1-800-639-5861
Berlin: 802-505-5006
Brattleboro: 802-254-8761
Rutland; 802-775-6452
general@vabvi.org | vabvi.org
assistance for people with visual impairments including orientation, transportation, adaptive equipment training, technology training, peer assisted learning, and vision services

Vermont Department of Health

service area: Statewide

802-863-7200 | healthvermont.gov

government department that oversees public health and prevention

Vermont Foodbank

service area: Statewide

1-800-585-2265 | info@vtfoodbank.org

vtfoodbank.org

distributes CSFP, supports food pantries and meal sites, 3Squares application assistance, food gleaning, volunteer opportunities

VNAs of Vermont

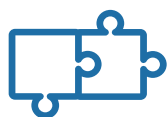
Nonprofit Home Health and Hospice Agencies

service area: Statewide

802-229-0579 | info@vnavt.org

vnavt.org

home health, hospice, rehabilitation, in home care, pediatrics, adult and private nursing, adult medicare nursing



social connection & engagement

AARP-Vermont Chapter

service area: Statewide

1-866-227-7451 | states.aarp.org/vermont

member organization that provides education about issues related to aging, as well as policy and legislative advocacy on member-defined issues

Associates for Training and Development

service area: Statewide

1-800-439-3307 | info@a4td.org | a4td.org

for job seekers 55+: work-based job training, career counseling, internship matching, computer and job skills training

Osher Lifelong Learning Institute (OLLI)

service area: Statewide

800-639-3210 or 802-656-2085

learn.uvm.edu/program/osher-lifelong-learning/

PRIDE Center

service area: Statewide

802-860-7812 | info@pridecentervt.org

pridecentervt.org

LGBTQ safespace, transgender supports, community education and advocacy, and network group for LGBTQ+ people who are over 40

Vermont Association of Senior Centers and Meal Providers

service area: Statewide

djones@thompsonseneiorcenter.org or

jclar@montpelier-vt.org

facebook.com/vermontseniorcenters

association representing senior centers across the state

Vocational Rehabilitation

service area: Statewide

1-866-879-6757 | vocrehab.vermont.gov/

programs-and-services/benefits-counseling

Vermont's benefits counseling program



safety & protection

Adult Protective Services-Division of Licensing and Protection (DLP)

service area: Statewide

DLP: 802-241-0344

APS Report line: 1-800-564-1612

dlp.vermont.gov/aps

investigates reports of abuse, neglect, or exploitation of a vulnerable adult

Department of Financial Regulation

service area: Statewide

802-828-3301 or 1-833-337-4685 (toll free)

dfr.vermont.gov

protects consumers against unfair and unlawful business practices in the areas of banking, securities (investments), insurance, and captive insurance; responds to reports of fraud or scams in these areas

Office of the Vermont Attorney General

service area: Statewide
802-828-3171 | ago.vermont.gov
protects Vermont citizens; enforces laws of the state of Vermont; defends Vermont laws, policies, and employees

Survey and Certification-Division of Licensing and Protection (DLP)

service area: Statewide
DLP: 802-241-0344
Healthcare Organization Complaint Report Line: 1-888-700-5330 | dlp.vermont.gov
licenses and certifies certain health care facilities and providers, investigates reports of inappropriate practices

Vermont 2-1-1

service area: Statewide
2-1-1 | vermont211.org
information and referral for supports and services including, but not limited to, homelessness, food access, safety, fuel assistance, benefits, legal services, scam reporting, health care providers

Vermont Network Against Domestic and Sexual Violence

service area: Statewide
802-223-1302 | vtnetwork@vtnetwork.org
vtnetwork.org
domestic and sexual violence advocacy

Victims Compensation Program

service area: Statewide
802-241-1250 | ccvs.vermont.gov
provides financial assistance to eligible victims of crime

Vermont Senior Medicare Patrol

service area: Statewide
802-229-4731 or 1-888-865-2683
vermontelders.org
identifies and addresses billing errors and Medicare fraud and abuse



housing & transportation

Community action organizations

assistance for community members, including emergency food help, fuel and utility assistance, Head Start, housing assistance, income tax assistance, information and referral, and training

BROC-Community Action in Southwestern Vermont

service area: southwestern VT including Rutland and Bennington counties
Rutland: 802-775-0878 or 1-800-717-2762
Bennington: 802-447-7515 | broc.org

Capstone Community Action

service area: central Vermont including Lamoille, Washington, and Orange counties
Barre: 802-479-1053; Bradford: 802-222-5419; Morrisville: 802-888-7993;
Randolph: 802-728-9506 | capstonevt.org

Champlain Valley Office of Economic Opportunity (CVOEO)

service area: western Vermont including Chittenden, Grand Isle, Franklin, and Addison counties
Burlington: 802-862-2771
Addison: 802-388-2285
Chittenden: 802-863-6248
Franklin/Grand Isle: 802-527-7392
cvoeo.org

Northeast Kingdom Community Action (NEKCA)

service area: northeastern Vermont including Caledonia, Essex, and Orleans counties
Newport: 802-334-7316
Canaan: 802-266-7134
Island Pond: 802-723-5276
St. Johnsbury: 802-748-6040 | nekcavt.org

Southeastern Vermont Community Action (SEVCA)

service area: southeastern Vermont including Windham and Windsor counties
Westminster: 802-722-4575
Brattleboro: 802-254-2795
Springfield: 802-885-6153
White River Junction: 802-295-5215
sevca.org

Transit Providers

local and regional bus and transit provider

Addison County Transit

service area: Addison County
802-388-2287 | actr-vt.org

Advance Transit

service area: Upper Valley (including Orange and Windsor counties and New Hampshire)
802-295-1824 | advancetransit.com

Green Mountain Transit

service area: Franklin, Chittenden, Lamoille, and Washington counties
1-866-864-0211 (toll free) | ridegmt.com

Green Mountain Community Network

service area: Bennington County
802-447-0477 | greenmtncn.org

Marble Valley Regional Transit District

service area: Rutland and northern Bennington counties
802-773-3244 | thebus.com

Rural Community Transportation

service area: Lamoille, Caledonia, Orleans, Essex, and part of Washington counties
802-748-8170 | riderct.org

Southeast Vermont Transit-The Rockingham MOOver

service area: southeastern Vermont including Windham and Windsor counties
1-888-869-6287 | crtransit.org

Southeast Vermont Transit-The Wilmington MOOver

service area: southeastern Vermont including Windham and Windsor counties
802-464-8487 | moover.com

Stagecoach Transportation Services

service area: northern Windsor and Orange counties
802-728-3773 | stagecoach-rides.org

Benefits Service Center-Economic Services Division

service area: Statewide

1-800-479-6151 | dcf.vermont.gov/esd
state administered benefits to help Vermonters meet basic needs, such as 3SquaresVT (SNAP or food stamps), Essential Person, fuel assistance, Reach Up

Cathedral Square Senior Living

service area: Chittenden County
802-863-3868 | [cathedralsquare.org/property/cathedral-square-senior-living/independent living, assisted living, memory care, enhanced residential care, low income and voucher eligibility, SASH services](http://cathedralsquare.org/property/cathedral-square-senior-living/independent-living,assisted-living,memory-care,enhanced-residential-care,low-income-and-voucher-eligibility,SASH-services)

Efficiency Vermont

service area: Statewide

1-888-921-5990
info@efficiencyvermont.com
efficiencyvermont.com
provides advice, technical services, and financial support to improve household efficiencies, including electrical, solar, appliance, water, weatherization, and fuel

HomeShare Vermont

service area: central and northwestern Vermont (including Chittenden, Grand Isle, Franklin, Addison, Washington, Lamoille, and Orange counties)
802-863-5625
info@homesharevermont.org
homesharevermont.org
facilitates homesharing by screening, matching, interviewing, mediating, and providing ongoing support to both parties; can help find caregiving services as well

Support and Services at Home (SASH)

service area: Statewide

802-863-2224
sashvt.org | sash@cathedralsquare.org
home-based service coordination, care coordination, wellness support

Vermont State Housing Authority

service area: Statewide

802-828-3295 | www.vsha.org
affordable and emergency housing assistance, Section 8 vouchers, rental assistance



family caregivers

Vermont Kin As Parents (VKAP)

service area: Statewide

802-871-5104

secretary@vermontkinasparents.org

vermontkinasparents.org

provides support to relatives raising children, including application assistance, service navigation, respite applications, support groups, and more

See also Area Agencies on Aging on page 76

University of Vermont Center on Aging

service area: Statewide

802-656-0292

med.uvm.edu/centeronaging/home

supports geriatric and gerontology education at University of Vermont, facilitates collaboration among investigators conducting aging-related research, engages academic institutions to address policy, and coordinates Memory Cafe support groups

Office of the Healthcare Advocate

service area: Statewide

1-800-917-7787 | vtlawhelp.org/health

free resource available to help all Vermonters solve problems related to health care including eligibility, access, billing, complaints, and affordability

Vermont Association of the Deaf

service area: Statewide

802-858-2323

admin@deafvermont.com

deafvermont.com

supports deaf individuals and their families through community outreach, advocacy for equal opportunities, and education

Vermont Center for Crime Victim Services

service area: Statewide

802-241-1250 | ccvs.vermont.gov

supports crime victims in Vermont with financial compensation, sexual assault assistance, victim assistance, and restitution



policy & advocacy

Community of Vermont Elders (COVE)

service area: Statewide

802-229-4731 | cove@vermontelders.org

vermontelders.org

education, advocacy on behalf of older Vermonters; policy advisors on elder issues; Medicare fraud; victim services

Disability Rights Vermont

service area: Statewide

802-229-1355 | info@disabilityrightsvt.org

disabilityrightsvt.org

information, support, and referrals for people with disabilities; Advance Directive assistance; advocacy and legal representation for individuals with a disability

other important information

[illegible]



Vermont Kin As Parents



VKAP provides **support and information** to Vermonters who are raising the children of relatives or friends. We can help with **Medicaid, education, and financial and legal information** for kinship families. We also offer a **statewide virtual support group** for kinship caregivers.

Call **VKAP** for more information:
(802) 871-5104

At the intersection of education, medicine, advocacy and government, The Center on Aging at the University of Vermont's Larner College of Medicine is employing its energy, vision and passion to improve the lives of aging Vermonters. It will take all of us in the field of aging to successfully create an evidence-based support structure that allows older Vermonters to remain safe, healthy and engaged in their chosen homes. We are engaged in a broad range of initiatives.



UVM's Vermont Older Adult Research Registry helps our researchers quickly find appropriate study subjects who are 50+. To sign up, fill out the questionnaire at <https://redcap.med.uvm.edu/surveys/?s=4T9MKCL9JR>.

UVM is now a member of the Age-Friendly University (AFU) Global Network! AFU's framework will guide UVM in innovative practices in teaching, research, community engagement and more, directed toward older Vermonters.

The Geriatric Consult Service at UVM Medical Center is using internal referrals and early intervention by an interdisciplinary team to improve the hospital experience for frail, older patients with complex health problems.

UVM researcher Katharine Cheung is exploring how clinicians and older kidney patients can begin conversations to determine when a patient's quality of life outweighs the benefits of continued treatment.

The Center's Grand Friends program brings together students and older adults to create connections between generations and help future health care providers understand better how to care for Vermont's aging population.



THE UNIVERSITY OF VERMONT
CENTER ON AGING

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Community of
Vermont Elders



www.vermontelders.org

RETURN TO HOME