BRANDYWINE CONCIERGE

SENIOR SERVICES



Senior Care Planning Toolkit



A NOTE FROM US.

How to use this toolkit:

Hi there! I'm Allie, Owner of Brandywine Concierge Senior Services, LLC. If you've downloaded this toolkit, chances are you are beginning to consider (or let's be real, maybe you're already knee deep in considering) what is next for an aging loved one. Maybe you're a senior yourself, and are beginning to think about things for yourself. You may have already begun to dip your toe into some of these topics, or you might be so overwhelmed that you don't know where to begin. Either way, never fear, Allie is here!

I work a lot with families and individuals in PA and DE, so if that's you, I would love to work with you in person, especially since my services are free. If you or your loved one is a resident of PA or DE, feel free to stop here, shoot me an email or give me a call and I can walk you through these things. If you're not a DE or PA resident though, I've put this toolkit together as a way to help guide your conversations, decisions, and plans. Keep in mind there may be some things in this toolkit that do not apply where you live, or may be slightly different. My best advice is to use this toolkit as a springboard, then ask for help from someone like me if you need more guidance.

Last but not least, I truly understand that not only is your scenario unique and special to you, but I'm sure you're also feeling a lot of things. It can be challenging to even think about this stuff, so kudos to you for taking this first step. Remember that whoever you are, wherever you are, you are always welcome to give me a call to talk, free of charge, anytime. My details are below!
Take care,

Allie

For questions, call 610-466-5687 or send us an email to allie@brandywineconcierge.com.
www.brandywineconcierge.com

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SECTION 1: DISCOVERY

What is "Discovery"?

In the Senior Care industry, "discovery" is what we call the conversations and learning that happens when we first talk with a family. It involves identifying what's important to them, developing a needs assessments, and then matching the services and amenities that will solve their problems. In this section, you'll be able to begin this process yourself so that you cut down on the unnecessary work you need to do later.

After years of having this "discovery" conversation with hundreds of families, I've boiled down the typical trigger points and areas that we focus on, and have put together the following worksheet for you to use to create your own "Discovery Worksheet". You can download an editable copy of this worksheet on brandywineconcierge.com. I recommend you do that, typing your answers and information into the form, and then use it when you get to the following sections where you're reaching out to services or communities. Some of the details (name, age, birthdate, etc) may seem unnecessary to fill out, but trust me and just complete the whole thing the best you can.

Having a completed copy of the "Discovery Worksheet" will minimize you having to say the same thing over and over again, and that's actually more important than you can imagine. Why? Because not only will it save you time, but also save you some of the emotional work of sharing details that may bring up a lot of feelings, fears, and pain. Your time, and your energy, are valuable. This worksheet will help conserve both.

You'll also find in this section a flowchart for identifying which resources may be beneficial for you, and what acronyms and terminology you might begin to hear from those of us in this industry as you begin exploring the options.



IDENTIFYING WHAT'S IMPORTANT

What is the MOST important thing?

This is a really, really big question, and there is no right answer. It's going to be different for every person/ family, and it should be. When I'm working with my clients, I usually try to narrow it down to the top 3 most important things, and then prioritize. The reason this is important, is because it is going to be really hard, and maybe even impossible, to find the perfect solution. When you get it narrowed down to two or three good solutions, having this most important thing already established will help you make a better decision.

Here's what I mean. I was once working with a family who had identified three priorities for a senior living community for their father. The priorities were vibrancy of the community, cost, and proximity to family, in that order. We found two lovely communities that were about the same cost. One was notably more vibrant than the other, but the less vibrant community was only 5 minutes from where the daughter lived. The other community was 10 minutes from her home.

In deciding, they first leaned towards the closer community for convenience. However, since we had discussed the MOST important thing before we even looked at communities, I asked them if an extra 5 minutes was now the new MOST important thing. Well, you guessed it. It wasn't. Instead, they decided an extra 5 minutes was worth the quality of the experience their dad would have, and he moved into a community he loves.

So do this now. Decide on your top three priorities, and identify which is the MOST important thing.



CONDUCTING A NEEDS ASSESSMENT

In what areas could you/ your loved one use support?

Whether you're thinking of hiring in-home support or beginning to consider a senior living community, chances are that part of their "discovery process" will be an assessment. Part of this may be with the PCP, and part of it may be with their DON (Director of Nursing).

You can save yourself and the organization some time and headache by conducting your own Needs Assessment prior to the assessment they do. This will give their team an idea of what to look for, pay attention to, and ask during their assessment. It will also give you a clear checklist to make sure your concerns are being addressed when a Care Plan is created.

A Needs Assessment can be done in several ways. There are tools you can find online that will help guide you if you wish. Two that I recommend are the Lawton Instrumental Activities of Daily Living Scale and the Katz Index of Independence in Activities of Daily Living.

If you'd like to do a less-formal version of a Needs Assessment, I recommend observing a day in the life of your loved one (if you're doing the assessment for someone else). If you're completing it for yourself, you may just note your typical routine. During the day, make note of any tasks, routine, and challenges that you think would be more easily done with the assistance of a caregiver, an adaptation to the environment, or physical conditioning like PT or OT. Jot these things down in a noteboook and include your notes as part of the Discovery Worksheet.

DISCOVERY WORKSHEET
PAGE ONE: BASICS

My Information

- Name:
- Relationship: (daughter, son, neighbor, POA, etc)
- Email address:
- Phone Number:

My Loved One's Basic Information

- Name:
- Age
- Birthdate:
- Marital Status:
- Email address:
- Phone Number:
- Current Living Situation (at home alone, at home with services, condo, 55+ community, etc):

- Veteran/ Widow of a Veteran? Y / N
- Long Term Care Insurance? Y / N
  - if yes, name of carrier:

- Describe current care needs:

DISCOVERY WORKSHEET
PAGE TWO: FINANCES

Budget Planning Information

- Veteran/ Widow of a Veteran? Y / N
  - If yes, did the veteran serve during a time of war?
  - If yes, are you/they already receiving the Aid & Attendance Benefit? Y/ N / Not Sure

- Long Term Care Insurance? Y / N
  - If yes, name of carrier:
  - If yes, do you know terms of the policy (elimination period, daily reimbursement, length of policy):

- Monthly income (Social Sercurity, pensions, etc):

- Other available assets/ funds (home to sell, savings, etc):

- Is family willing to contribute to cost of care? Y / N
  - If yes, how much?

- Estimated Monthly Budget:

For more information on budget planning, you can download out expenses worksheet on www.brandywineconcierge.com .

DISCOVERY WORKSHEET
PAGE THREE: CARE

Current & Expected Care Planning

- Any current medical conditions or diagnosis?
  - If yes, please list.

- Do you/ your loved one have a PCP (Primary Care Physician)?
  - If yes, name of PCP:
  - If yes, date of last visit:

- List any specialists you/ your loved one sees regularly (podiatrist, psychiatrist, audiologist, etc):

- How many medications (including over the counter supplements) do you/ your loved one take? Please list:

- Describe the care or assistance you/ your loved one currently needs (dressing, bathing, driving, meal preparation, etc):

DISCOVERY WORKSHEET
PAGE FOUR: INTERESTS

Sharing Interests & Personality

- Describe a normal day for you/ your loved one:

- What hobbies or interests do you/ your loved one have and/or used to have?

- What career or work did you/ your loved one do?

- What family do you/ your loved one have? Do they live close by?

- What social groups, networks, or organizations are you/ your loved one a part of?

- Would you describe yourself/ your loved one as outgoing? Private? Social? Quiet?

- What role do you think you/ your loved one might play should they move into a senior living community?

- What is important to you/ your loved one?

DISCOVERY WORKSHEET
PAGE FIVE: PREFERENCES

Designing the Care You Want

- Based on you/ your loved one's budget, needs, and preferences, are you interested in considering...
  - Home Care Services
  - Home modifications for aging in place
  - Adult Day Programs
  - Senior Living Communities (please specify which you will consider).
    - 55+ / 62+Communities
      - Specify if you are interested in communities where you own your home or communities where you will rent.
    - CCRC (Continuing Care Retirement)/ Life Plan Communities
    - Independent Living Rental Communities
    - Rental Senior Living Communities with Independent Living, Personal Care/ Assisted Living, and Memory Care (or some combination of these)
    - Stand- alone Memory Care Communities
  - I'm not sure yet.

- If you are considering Home Care or Adult Day Programs, what hours are you hoping to get support?

- If you are considering a Senior Living Community, what size apartment, cottage, or condo are you hoping for? (Studio, 1BR, 2BR, Cottage, other, etc):

DISCOVERY WORKSHEET
PAGE SIX: NARRATIVE

This is the page where you can add in anything else that might be important. Below are a list of examples, but use this space to customize this worksheet for you, so that when you send it to the organizations or communities you're interested in, they have a great snapshot of your needs and preferences.

Possible other notes to include:

- Native languages
- Religious preferences
- Caregiver Preference (M/F)
- Special diet accommodations
- Favorites (foods, music, movies, books, etc)
- ADA Accessibility needs
- Deaf/ Hearing Impaired accommodations
- Pets
- Allergies
- Driving concerns
- Hometown and Education
- Goals
- Needs Assessment Notes



IDENTIFYING PERTINENT RESOURCES

Where can you find everything you need?

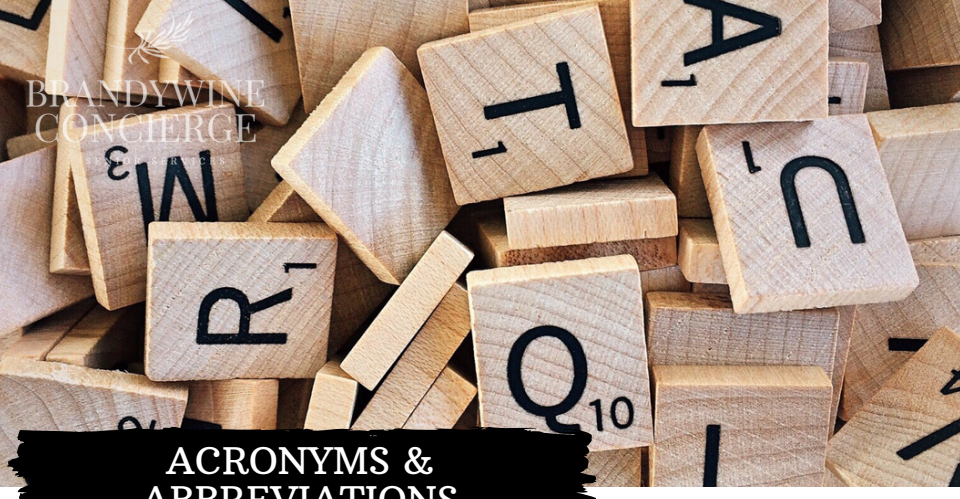
There are several different resources that can help you, depending on what you're looking for. The way my business model works, I contract with Senior Living Communities so that when I help a family find the right place, they pay me a finders fee of sorts. Since I own my business, I've decided that rather than spend a bunch of money in advertising, I'd rather build a slow reputation for giving back and caring, so I will help anyone, regardless of what they need, and regardless of whether they are looking for a community, homecare, or just some guidance. I don't charge for any of it, but some referral services do.

Below is a breakdown of some resources who can help get you started.

- Local Department/ Office on Aging
  - These offices are just a Google search away. You'll definitely be able to find some helpful lists of local services here, but it might be a bit harder to get one-on-one assistance.

- Aging Life Care Experts
  - Most ALCEs (previously called Geriatric Care Managers or GCMs) have a background in Nursing or Social Work. They offer care management services as well as placement and referral services, depending on their practice. They typically charge for their services, so make sure you ask. You can find a local ALCE at www.aginglifecare.org.

- Referral/ Placement Services
  - These are similar to my business model. There are several franchises (Oasis Senior Advisors, CarePatrol, etc.) that will help you find the right community. They may or may not be able to help with in-home services. If you decide to work with a service like this, make sure that they do not have territory restrictions that will prevent you from seeing communities within a comfortable distance, and that they don't only tour communities where they are contracted. You want them to find you the best option, not just the best option within their portfolio.



ACRONYMS & ABBREVIATIONS

It's Alphabet Soup.

All I can say is, I apologize on behalf of the industry for the ever-growing list of abbreviations and acronyms we use to describe everything from the professionals to the medical conditions we deal with most often. The best I can offer is this list of those you're most likely to see. Hopefully the professionals you deal with are sensitive to it, and don't use these, but just in case.

- AD- Advanced Directive
- ADA- Americans with Disability Act
- ADL- Activity of Daily Living
- AL- Assisted Living
- ALF- Assisted Living Facility
- ALZ- Alzheimer's/ Alzheimer's Care
- CCRC- Continuing Care Retirement Community
- CNA- Certified Nursing Assistant
- DME- Durable Medical Equipment
- DNR- Do Not Resuscitate
- DON- Director of Nursing
- ED- Executive Director
- HIPAA-Health Insurance Portability and Accountability Act
- IADL- Instrumental Activity of Daily Living
- IL- Independent Living
- LPN- Licensed Practical Nurse
- LTC- Long Term Care Insurance
- MC- Memory Care
- MCI- Mild Cognitive Impairment
- OT- Occupational Therapy/ Therapist
- PC- Personal Care (PA only)
- POA- Power of Attorney
- PCP- Primary Care Physicial
- PT- Physical Therapy/ Therapist
- RN- Registered Nurse
- SNF- Skilled Nursing Facility
- TIA- Transient Ischemic Attack(mini-stroke)



SECTION 2: SEEKING & MATCHING

Weighing the options is the next step.

So far I've given you the tools to do the Discovery yourself. I know I've already told you, but that step is going to be crucial. Especially with identifying the MOST important thing. because as Stephen Covey says, "The main thing is to keep the main thing the main thing."

Once you've taken the time to do the Discovery, the next step is to weigh your options. If you're reading this, there is probably already something you've identified as a need, but you could be planning for the future. Either way, to weigh the options, you need to know what the options are. So here's an honest breakdown to what the options are as we get older, assuming we may eventually need some sort of assistance or care (90% of older adults will).

I've also given you some really important follow up questions for each option. The goal here isn't for me to convince you one way or the other, but instead to make sure you make a smart decision and have a plan. Admittedly, I do have an opinion on what I think is the best option, but I've put this section together as objectively as possible, so that you can decide for yourself. I'll share my thoughts later. Right now it's important that you focus on your plan.

Also, as a disclaimer, you may come up with other options too. These are the most common I hear, but that doesn't mean that your situation doesn't allow for other creative solutions. You might also find a combination of these, especially with different phases of the aging process. As I've said before, use this as a starting point to organize your thoughts and plans.



CONSIDER YOUR OPTIONS AT HOME

Stay in your home with care.

- Will you use an agency to find caregivers, a registry, or will you find them independently? (More on the differences in Section 3.
- What is the average hourly rate for a caregiver in your area? Here in PA, it is about $20-25/hour, depending on whether you find them independently or not.
- Do the agencies around you have a minimum number of hours per shift that they will accommodate? (Most do, and it's usually 4).
- Do the agencies around you work with the Medicaid Waiver Program (if applicable)?
- If you require round the clock support (dementia diagnosis, advanced care needs, etc) now or in the future, will you be able to afford a live-in caregiver (about $300/day here in PA and an 8-hour hourly caregiver?
- What services will you need to automate or get support with (other than care)? (Grocery shopping, driving, laundry, housekeeping, yard care, etc)
- What modifications will you need to make to the home to allow it to accommodate your care needs?

Downsize to a smaller space and bring in home care.

- See questions above.

Move in with family.

- See above and,
- Is there a family member available that will be able to care for you/ your loved one up to 24/7? Are you both comfortable with this?
- How will it be handled if the care becomes too much for the family member?
- Are the spouse and children comfortable with having the loved one in the home? Are other siblings also available to support?



CONSIDER YOUR OPTIONS AT A COMMUNITY

Move to a 55+/ 62+ Community

- Will you buy or rent?
  - If buy, what are the comps and average time on the market? Is there expansion planned?
- What amenities and utilities are included in the contract?
- What options are on site (if any) for care?
- What is the benefit of this community compared to the other options?

Move to a CCRC/ Lifeplan Community

- Do you have $50,000- $500,000 for the buy-in?
- What type of contracts do they offer?
  - The best explanation I've seen of the types is here: www.whereyoulivematters.org/senior-living-contracts-explained
- Are you concerned about a benevolent fund if you run out of money?
- What utilities, amenities, and benefits do they offer?

Move to a Senior Living Rental Community

- Do you have $3,000-$10,000 for the "Community Fee"?
- What size community are you interested in?
- What levels of care are important to you? (Independent Living, Assisted Living/ Personal Care, Memory Care, Skilled Nursing)
- What utilities, amenities, and benefits do they offer?
- Do you have enough money to sustain the rent (plus care charges) through end of life?
- Do communities in your area offer the Medicaid Waiver Program?
- What Skilled Nursing options are nearby in case of a terporary or long-term need?



COMPREHENSIVE CARE PLANNING- HOME HEALTH

There are other services that can add value.

If you're feeling overwhelmed, maybe take a break here and come back. If you still have some steam, here is a list of other services that may or may not come into play at some point in time during your/ your loved one's journey. Make a note of them now so that you know about them when your need them.

Home Health

The easiest way to think of Home Health in comparison to Home Care is that Home Health provides clinical services, and Home Care does not. Some Home Health will be covered by Medicare, private insurance, and depending on the state, Medicaid/ Medicaid Waiver. Home Care, on the other hand, is covered by LTC insurance, private pay, and depending on the state, Medicaid/ Medicaid Waiver. To the right, you'll see a breakdown on the services available with each.

Home Care Services

Meal Preparation & Delivery
Light Housekeeping
ADL Assistance
Medication Reminders
Transportation
Incontinence Care
Toileting Help
Companion Care

Home Health Services

Administer Medications
Medical Tests
Therapy
Medication Reminders
Skilled Nursing
Pain Management
Wound Care
Prescription Management
IV Therapy/ Injections



COMPREHENSIVE CARE PLANNING- PT & OT

Physical & Occupational Therapy make a big difference.

These services can be provided in the home or in a clinic, so they are more accessible than you might think. The best way to think of the difference between PT & OT is that PT has the goal of improving the movement of the human body, while OT has the goal of improving the ability to perform ADLs.

Most PT/OT companies will come to the home, and most Senior Living Communities have one or more companies with space that they rent on site. In the community setting, there is more freedom for in and out-patient therapy, as well as fitness classes that these PT/OT agencies often run for the residents.

Even if you/ your loved one think you may not qualify for the service, it's a good idea to get a free evaluation when you start service with home care or move into a community. Especially with OT, sometimes the assistance they provide will surprise you. Folks with dementia, aphasia, depression, and more, can benefit from OT services. Also, those who are at risk for falls or may benefit from home modifications should consider utilizing the services of an OT.

Medicare Coverage

As I write this (2020), Medicare covers up to: $2,080 for PT and Speech Therapy, and $2,080 for OT, before requiring your provider to indicate that your care is medically necessary. If you're reading this after 2020, make sure you do some research to see if these numbers have changed.



COMPREHENSIVE CARE PLANNING- HOSPICE & PALLIATIVE CARE

People get spooked by the "H" word.

In the industry, bringing up hospice/ palliative care is a conversation that many of us professionals dread, not because it necessarily means end of life, but because so many people associate it with the end. The truth behind palliative and hospice care is that it is a vastly under-utilized service that many folks are entitled to but never receive because their loved ones misunderstand or neglect to consider it for it's true value.

What's the difference between palliative & hospice care?

The easiest way to understand the difference is that palliative care can begin immediately after a diagnosis, once treatments start. Hospice care, on the other hand, begins when it is deemed that treatment ceases because it is not expected that a recovery will be made. That being said, I, and many healthcare professionals have seen countless hospice patients "graduate" services and no longer require them. Medicare has a hospice benefit, and since eighty percent of those who need hospice are over 65, in most cases hospice care will not cost anything out of pocket. There are also VA and Medicaid programs for Hospice, depending on where you live.

Is hospice a place?

It can be. However, more often than not, hospice services come to the home, regardless of where that may be. Senior Living Communities partner with local hospice companies to be able to provide seamless care within the community, and many home care companies do the same. If you think that you or your loved one could benefit from palliative or hospice care, it will never hurt to reach out and have an assessment completed.



COMPREHENSIVE CARE PLANNING- HOLISITIC HEALTH

Holistic Health is the goal.

In addition to the services already mentioned, as much as possible, it's important to consider the holistic health of the person, whether it's you or a loved one. Below is a list of other services or professionals that may come in handy as you plan for the future.

- Primary Care Doctor and Specialists who do home visits / Concierge Docs
- Psych Services specializing in older adults
- Music Therapist
- Personal Trainers who specialize in the 55+ population
- Professional Organizers (NAPO.net)
- Wealth Managers or Financial Planners (smartasset.com/financial-advisor/wealth-manager-vs-financial-advisor)
- Daily Money Managers (secure.aadmm.com/find-a-dmm)
- Elder-law Attorneys (naela.org)
- Estate Attorneys (aaepa.com)
- Adult Day Services
- Local Senior Centers
- Concierge Services (transportation, errands, house-sitting, etc)
- Pet Care and Pet Therapy
- DME/ Assistive Device & Home Modification companies
- Local Support Groups and Memory Cafes (memorycafedirectory.com)
- Care Managers (aginglifecare.org)
- Local VA office
- Office on Aging
- University Lifelong Learning Programs



SECTION 3: IN HOME CARE & SUPPORT

There are different kinds of in home support.

So far, you've read about home care and home health, as well as hospice, PT/OT, and holistic services that can come in the home. However, when you're considering bringing in care, it's important to know whether you or your loved one require non-skilled/ non-medical home care, medical home care/ home health, live - in care, or companion care. This will determine the type and certification of the caregiver you or the agency you choose hires for your care. It will also determine your rates and payer source.

In addition to this, there are what's called "agencies" and "registries" when it comes to home care. These two models add a whole other level of confusion to the mix. Basically, an agency hires their caregivers, schedules them, and pays them themselves. When you use an agency, you will probably pay a bit more, but you won't be responsible for screening the caregivers, finding substitutes to fill in, scheduling, or paying them directly.

Registries, on the other hand, do not typically employ the caregivers. They do tend to do some screening in most cases, but either you or the caregiver (or both) will pay a fee for access to a database of caregivers and those needing care. You will still be responsible (in most cases) for finding caregivers to fill in, scheduling, and paying the caregivers yourself.

A note about "under the table":

Please don't do this. I hear often of families hiring caregivers under the table to save money, but I've seen this go wrong in so many ways. Without the back-up of an agency or registry, you are opening yourself up to a lot of risk. Not to scare you, (okay, maybe to scare you a bit...) but, I've also seen caregivers that are fired from agencies because of abuse or fraud, who have a permanent note of this on their license, go rogue and work under the table because they can't work elsewhere. In addition to all this risk, the other concern with going under the table is that if something happens with the caregiver you're using (accident, sickness, etc), you'll be left scrambling to find coverage. Like I said, please, if you can, don't do this.



TYPES OF HOME SUPPORT

Companions, Non-Medical, Live-Ins and More...

As a general rule, companion care includes exactly what it sounds like- companionship. A caregiver that is in this role does not (check your state regs) typically need to be a CNA/GNA, because they're not performing true hands on care. They can handle the IADLS. They may provide assistance with household and social things, as well as transportation and meal preparation, but they will not be providing assistance with ADLs.

Once a person requires assistance with ADLs, they will need at least non-medical home care. These caregivers can typically (again, check your state's regs) assist with ADLs, all of the IADLs that companion caregivers cover, and are usually a CNA or higher certification. They are supervised usually by a nurse who creates a care plan for the residents. Because they are not Medication Technicians or LPNs/RNs, they cannot administer medications, but can do medication reminders.

When do you need a live-in caregiver?

There are some companies that will offer a live-in caregiver, but some will not, depending on their team. Typically, a live-in caregiver may become necessary when you or your loved one needs care at any or all hours. This includes folks that have dementia and may wake in the night disoriented, or anyone who needs assistance using the bathroom over night, as well as anyone who needs care more than 12.5 hours a day or so.

Usually the rate for a live in caregiver is equivalent to the rate of about 12.5 hours of an hourly caregiver, so once this need is reached, it makes sense to switch to a live-in. It's important to note that in most states, it's a regulation that this person must have their own dedicated space to sleep, and a block of at least eight hours each day uninterrupted to rest. So, if you or your loved one consistently needs attention overnight, you will likely need to bring in an additional eight hour hourly caregiver.



FIGURING OUT THE COST

What does it cost?

This depends completely on where you live, the type of care you need, and the amount of hours. Usually, with longer shifts comes a slight rate decrease since the caregiver won't need to travel to get those hours elsewhere.

You can look up what the average is in your area, but I'm going to share the averages where I am (Chester County, PA) today (2020). Today, you can expect to spend about $19- $32/hour for hourly home care, again, depending on many factors. You are also probably looking at between $250-$300/ day for a live-in caregiver. I share these with a huge caveat, again, to check on the averages where you are.

Most agencies will require a 4 hour minimum (or 2 hour minimum at a higher rate). Typically, with the exception of maybe family members filling in for certain days, the average person will require at least this 4 hours each day, regardless of what they may think they need. The reason is, at the bare minimum someone who needs ADL assistance typically needs it in the morning and at night. For most agencies, that would mean 8 hours, but let's imagine you or your loved one only needs 4 hours total to begin with.

Eventually, someone who plans to age in their home will likely need at least 8-12 hours of care (waking hours). So, below, I've broken down what you might expect to spend on this care now, and in the future. Keep in mind, I've used conservative numbers for where I live, and that there are a lot of scenarios in between what's represented here.

Light Care Needs

(4 hours/ day)
Hourly Rate: $26/hr
Daily Rate: $104
Monthly Rate: $3,120

Moderate Care Needs

(8 hours/ day)
Hourly Rate: $26/hr
Daily Rate: $208
Monthly Rate: $6,240

High Care Needs

(Live-In + Night Coverage)
Live-In Rate: $275/day
Hourly Rate: $26/hr
Overnight Rate: $208
Daily Rate: $483
Monthly Rate: $14,490



AGENCY & CAREGIVER INTERVIEWING

Here's where your Discovery Worksheet is handy!

When you begin interviewing caregivers or agencies, pull out your Discovery Worksheet and craft five to eight personalized, scenario based questions around that info. If you're working with an agency, share the worksheet with the Intake Coordinator (or Client Care Manager, whatever title the first person you speak to has) so that they can share it with their Staffing Managers and Nursing Director.

Staffing Managers and the Nursing Director are crucial in an agency, because they are the matchmakers that know the caregivers and decide who might be a good fit for your case. You'll want to make sure you feel that you can trust the Staffing Manager and Nursing Director that will be in charge of your case as well, because you'll be communicating with them often, not just in the beginning, but from this point on. Once you've shared the Discovery Worksheet, ask to conduct interviews with at least three candidates that are available for your shifts.

When it comes time to interview your caregivers, you may even want to use some of the questions from the Discovery Worksheet to get to know the caregiver better. Don't forget that this is a great opportunity to communicate what you MOST important things are with the person or people that will be providing care. I recommend doing this interview someplace public, not in the home of your loved one (or your home).

Once you're able to narrow it down to a couple caregivers that can cover your case, schedule a separate time to introduce them to your loved one. This can be done at the home, and can be a good way to break the ice while also showing them around, where things are kept, and the "best practices" that might be specific to your loved one. It's recommended that someone from the agency (Staffing Manager or Nursing Director) is there for this as well, so that should this caregiver no longer be able to work your case, they are familiar with your needs.



SECTION 4: SENIOR LIVING COMMUNITIES

A disclaimer from your's truly may be necessary here.

My goal in crafting this Toolkit for you is that I can present you with information with as little bias as possible, but I also want to give you some of the wisdom and guidance I try to share with my clients from my time in the industry.

I've worked in both Home Care and Senior Living Communities, and without going into too much detail about my hero's journey to what I'm doing now, suffice it to say that it is nearly impossible for me to not have some bias towards and in favor of Senior Living Communities.

So, as someone who wants you to get your facts and information without a side of "this is what I recommend, nudge, nudge", I'm telling you now, right here, that it's likely the next section on communities will make them seem like the better option, and you should probably see if you can find something like this Toolkit written by a Home Care advocate to temper my excitement.

You may decide differently, and I will share that there have been families I've worked with that I believed Home Care was the right route, but those times have been outweighed by the times I've felt a community would allow an individual to thrive.

It's also worth noting, that regardless of what may be best for the individual, they may still prefer to stay at home and refute even the mention of "one of those places". That's to say that to them, the MOST important thing may be to stay in their home, despite the benefits that they may see in a community. Again, it all comes back to what is most important.

How did I do? Did I give you a fair enough warning of how excited I am to start sharing the Senior Living Community stuff with you? I hope so.



VISIT PLANNING

I write a lot about this on the blog.

So, if you're interested in reading in depth about the questions to ask, things to look for, and ways to start approaching the task of planning visits, hop on the site and subscribe (www.brandywineconcierge.com). If you're local, I hope we can do this part of the process together. If not, below are the steps I suggest you follow.

Types of Visits

The best way to truly get a feel for a community is to visit. I recommend you visit multiple times if possible, once planned as a tour, once for a meal and community and experience, and once without warning. Here's the why behind each.

- Planned Tour
  - This is your chance to meet with their team member (Sales Director) who will likely spend some time getting to know you, your family, and what is important before taking you on a tour of the community. Can you say Discovery Worksheet? During this tour, make sure you take note of how clean, lively, and welcoming the space feels. Pay attention to odors, sounds, and most importantly, smiles. This might sound silly, but it's not a bad idea to keep a tally of how many smiles you see during this visit. It's a metric that will tell you how pleasant the associates are and how happy the residents and families are.

- Meal Visit
  - This visit is important for several reasons. Of course, you want to make sure the food tastes good, but you also want to watch the responsiveness of the staff, listen to the noise level of the dining room, watch to see how conversational the tables are, and observe what happens after the meal is over. Do residents linger over coffee or are they rushed out to clear a table? Are they heading from dinner to a concert or are they all going back to their apartments to get ready for bed?



VISIT PLANNING, CONTINUED

Last but not least, the pop-in.

- Unannounced Visit
  - My colleagues in the industry might hate me for this one, but I recommend if you've done both the planned tour and the meal visit and have narrowed it down to a couple places, do an unannounced visit. You want to know what the community feels like when they don't know you're coming, because this is what it will feel like most of the time. So one day, stop in and say you were in the area and wanted to stop by again, and see what happens. Hopefully the red carpet is always unrolled, but if it's not, this is a great way to tell.

Ask to speak with a resident or family member.

If you have done all of the above and are still not sure, this might be a good next step. Ask for a family or a resident who has been with the community for a while, and ask for their honest feedback on the things they like and don't like about life at that community.

People you want to make sure you meet:

During your visits, you'll want to make sure that you meet the following people, in addition to the Sales Director. I'll break down how you'll likely work with each of these folks in a minute, but for now, here's the list.

- Activities/ Engagement Director
- Executive Director
- Dining Services Director
- Resident Care/ Nursing Director
- Memory Care Director (if applicable)
- Business Office Manager
- Delegating Nurse
- Maintenance Director
- Resident Ambassador



RATES AND PRICING

I used to think there was one way to make an omelet.

You crack eggs, mix them, pour them in the pan, throw in your fillings, and then fold it over, right? Maybe some of you are thinking "absolutely wrong, the filling should be mixed in with the egg." Maybe some of you microwave your omelet (yes, that is a thing...), and maybe some of you buy frozen pre-made omelets (not sure that's a thing) and never worry about cooking them. All of this to say, when you start looking at senior living communities and their pricing structures, there is more than one way to figuratively make an omelet.

I wish there weren't. It would make my job a lot easier, and would certainly make it less confusing for the families I work with. In fact, all of these "ways to make an omelet" (and I swear I'll get off of this analogy eventually) are part of the reason why I opened my business. Because it isn't easy, it's complicated, and navigating it can get tricky.

So here's what I mean.When you tour a senior living community and finally get the pricing (this is a whole other topic I'll cover eventually- the whole 'waiting until the end of the tour for pricing thing' **insert eye-roll here**), what you might not realize is that there are other elements that go into the final price that may not be evident just by looking at the pricing sheet.

But lucky you, you found me, your personal omelet deconstructing guide to those elements that make up what you'll actually be paying for a senior living community. Here we go...



MONTHLY & ENTRANCE FEES

Rent Rates/ Monthly Fees

Keep in mind while I get into these explanations that there is also a large difference between the models of a CCRC/ Life Plan Community and a stand-alone senior living community that offers Independent Living, Personal Care/ Assisted Living, and/or Memory Care.

That being said, rent rates (for rental communities obviously) or monthly fees are usually the first number (or maybe the only number) you'll be shown. This number should correspond to the size of the apartment or living space, the amenities and services provided, and sometimes the desirability of the location. For example, many communities offer "premium" apartments that have upgraded appliances or finishes, or are close to the elevators or other community spaces that make that particular unit highly desirable.

Community Fee/ Entrance Fee

Here is where the CCRC/ Life Plan Community model and the rental model really differ. When you are considering a CCRC/LPC, most will require a buy-in of anywhere from $10k-$500K or more. Depending on the community, a portion of this may be partially or fully refundable. Often the community will offer a depreciation option at several different rates.

If, on the flip side, you consider a rental community, you will probably be looking at a "Community Fee" of somewhere between $1,000 and $10,000. These numbers can certainly be higher or lower depending on your area and the community, but in general these are the ballparks we see in my area. This fee typically covers the administrative expenses of moving a new resident into a community. Most community fees are non-refundable, but I have seen some that are.



LEVEL OF CARE (LOC)

Level of Care is a puzzle.

This is super important to understand, predominantly if you or your loved one needs (or will be needing) care in the future, which is almost all of us. Most communities will charge separately in Personal Care/ Assisted Living, and some in Memory Care, for the level of care that is required. This level of care is, more often than not, determined by a Nurse performing an assessment and scoring that person on a scale. The scale is decided on by the community or the parent organization. This assessment is usually performed prior to when a resident is admitted, and in most states, has to be done within 30 days prior to admission.

Understanding Levels

It is very important to understand that since every community scores level of care differently, you can not compare a level two at one community to a level two at another. For one thing, some communities have three levels and some have five or six, but can provide the same extent of service. Additionally, some scoring systems are based on the amount of time a caregiver will need to spend with the person each day performing care, and others are based on the actual ADLs that the person requires assistance with. What's more, things like cueing, prompting, and reminders will sometimes be taken into consideration for the score. Other times they will be considered part of the "basic service level".

Ultimately, residents that require more assistance will mean that the community requires more staff. In order to staff appropriately, and budget salaries appropriately, the level of care scoring tool is a way to make sure families are being charged fairly while allowing the resident to receive all the services they require. Also, because of the nature of care, it is likely that a resident may enter at one level of care but eventually require a different level. Not only is it common that as residents age in place they might require more assistance, it is also common to see a resident require a higher level when they first transition into a community, and then once they get into a routine and adjust to the new environment, their level of care may decrease.



MEDICATION MANAGEMENT

Medication Management & Administration

If you're not confused yet, good for you. If you are, stay with me and grab a paper bag if you need to take a few deep breaths. Because not only do most communities charge one fee for the level of care, many will also separate medication management and administration into a separate charge. The reason for this is similar to the reason for the levels of care.

Medication Management vs. Administration

Think of Medication Management as the back-work. The nursing team at the community will work with the primary care physician for orders and with the pharmacy to make sure scripts are filled and maintained. Most communities have a pharmacy (or two) they partner with. These pharmacies are accustomed to working with senior living communities, and will usually deliver medications in "blister packs" or bubble-packaging to minimize errors.

Medication Administration, on the other hand, is the actual medication passes. The community Medication Technicians or LPNs who do these medication passes, so the more passes, the more hours those professionals are working. Both of these services are usually rolled into one charge of "medication management".

Typically, when you see that medication management is it's own charge, the levels will be based on the number of medications, or the number of medication passes, that the individual requires. If an individual is able to manage their own medications, in most cases (Assisted Living, Personal Care, Memory Care) they will need to pass a test given by a nurse or doctor where they identify each medication, what it's purpose is, and the dosage and frequency at which they take it from memory. With medication errors being so prevalent, I am usually an advocate for allowing the nursing department to take over medication management. When you do this, not only can the nurses be in charge of the medication administration, but also the reorders and scripts from the doctor.



OTHER FEES TO CONSIDER

Second Person Fee

For couples or folks moving in together, most communities will charge a second person tenant fee. This fee ranges quite a bit depending on the community, but the average is probably somewhere between $800/month- $2000/month.

Parking Fee

If reserved parking is available at the community you choose, make sure you ask about the cost to reserve a spot.

Incontinence Packages

Many communities (AL/PC and Memory Care) will offer packages for incontinence care that include adult briefs or pull-ups, wipes, gloves, barrier cream, and any other supplies. This way the resident or family don't need to worry about reordering from Amazon or keeping these things stocked. Make sure you ask about this program when you visit.

Pet Fee

Some communities will allow pets. Most will have a weight restriction, and in general the resident must be able to care for the animal or bring in a service to do so. This fee can range from $100-$800. Some communities have a one time fee and others may charge each month.

Utilities

More and more commonly, communities are providing utilities in an “all inclusive” style. Still some will charge more for cable and internet, as well as landline service. Depending on whether the community has a bulk contract, this will range based on the service that you want.

Ancillary Charges

These are fees that come up that are outside of what is usually offered at the community. Think tickets when a resident group goes to the opera, beauty shop services, and guest meals. There is no limit to the different structures you might find when looking at and comparing communities. As I said, and as I’m sure you hoped I wouldn’t say again, these communities are as complicated as omelets.



MAKING THE MOVE GO SMOOTHLY

Here is where you pick up your baggage.

This is going to be the hard part. Assuming you are assisting a loved one in finding a community and not looking for yourself, the past few weeks or months (or years) have been really tough on you. You've had to shift into a new role of caring for a loved one and guiding them, when maybe it used to be the other way around.

Add on to this role-reversal a sense of guilt, because even the most willing older adult still has apprehensions and fears around this type of move, and some fear, because things are changing so quickly, and jeeze. You are probably still worried, even though you know that you just added a whole new layer of safety and security to your loved one's life. Well, we'll get to self-care later, but right now, if you can, it's important to consider a few things that will make the move go smoothly while you still have a bit of steam left.

This part of your toolkit is going to have a lot of suggestions, but I think it's important to note here that you know your person. You will know better than anyone how they may react, what they will be able to handle, and what will work best. With that being said, if you're able to let go of that a bit, and trust the professionals you're working with at the community, you may be surprised.

Don't be surprised or hurt if the team at the community is able to perform what might seem like miracles. Remember that they have never been your mother's child, and so her response and reaction to them is not laced with the past or the relationship you have. If they are able to get your dad to take a shower on the first try, it might be hard to deal with if it took you weeks of nagging. But remember here that your loved one is dealing with a lot right now- not just in needing physical care, but also in maintaining dignity, pride, and agency, and those things are often easier to give up to strangers than people we love.



CREATING A PLAN

Minimize stress, but maximize involvement.

I'll say this over and over, but know your person. It's key to have a plan in place to make sure that by "smoothly" you mean minimal stress (to you and your loved one), but you also want to make sure they are involved as much as possible. The key here is as much as possible. If your loved one has dementia, this move will look completely different, but for folks who are still oriented and aware, allowing them to be as involved as they can will help maintain their dignity. Easy ways to do this are by doing some research, but allowing them to decide between two or three options. For example, you may find two communities, two moving companies, two new love seats, or two days that would work for the move, and allow them to choose. If they are capable of handling much more, encourage it.

If your loved one is completely dependent on you for the details of this transition, see if you can't give them small decisions to make, such as for the artwork they'd like to hang in their new apartment. The idea is that, as much as you can, you are giving your loved one the power to make decisions and have a say in this move.

Watch your words.

You are setting the tone of this move, whether you know it or not. Try as much as you can to speak about the transition as though it is something your loved one is "so lucky to do" rather than something they have to do. When you are out with your loved one, brag about how great their new digs are. Say things like "I've never seen anyplace like this!" or "You wouldn't believe all the things they have to do!"

The truth of the matter is, the way you frame this new chapter is going to determine how your loved one sees it as well, so use words like "community" instead of "facility", "residents" instead of "patients" and "apartment" instead of "room". It's really important.



MOVING DAY

Plan this day with help.

Moving day is going to be hectic, regardless, but call in any reinforcements you can for this day. You'll be working with the community team to arrange the logistics, but ask if their maintenance team will be there to install the TV, the phone, and hang pictures or assemble things that need assembly.

If you're working with a moving company, make sure that they have the floor plan from the community (access points and elevators) ahead of time. Also ask (if they are going to be assisting with unpacking) if they will be responsible for getting rid of all packing materials like boxes and newspaper. This will save you a lot of headaches and trips to the community dumpster.

Have a designated companion.

If your loved one is not physically or cognitively able to assist with moving day, have someone (family member or caregiver) serve as a designated companion. I recommend having this person take your loved one out to a favorite restaurant for lunch, then having them bring them to the community to participate in programs for the rest of the afternoon. This person will keep the day normal and comfortable. Once you and the unpacking crew have finished, ask the community if you can all stay for dinner before saying goodnight.

Of course, this is an ideal scenario, but not always possible. The main idea is to keep it as low-stress as possible for your loved one, who will be waking up in a new place tomorrow.

After this day, we industry professionals are split into two camps on how you should proceed. Some of us feel slowly tapering off your presence is best, and some of us prefer the "stay away method". There are good reasons for both. On the next page, you'll see some links to resources that I recommend checking out before you decide which option is best for your family.



RESOURCES

Tips & Resources I Recommend:

Below are some of my favorites when it comes to dementia, senior care, and making a transition. There are many many more, but if you're going to just look up a couple, this is where I recommend you start. Then, of course, I would encourage you to follow Brandywine Concierge Senior Services on Facebook as well. I am constantly sharing resources there, and even if you're not local, you might enjoy some of the topics. (End of shameless plug).

Working Daughter

WorkingDaughter.com

- Created by Liz O'Donnell, a writer and author who tackles the concerns of the "Sandwich Generation"

Trovato LLC

TrovatoLLC.com

- Founder Mikki Firor is a Gerentologist who has an interesting and fresh approach to dementia care. Her blog is updated regularly and is full of great suggestions.

Jenerations Health

JenerationsHealth.com

- Jennifer L. FitzPatrick, MSW, LCSW-C, CSP, is the author of "Cruising Through Caregiving" and an acclaimed speaker. You can see clips and watch her talks on her website.

Positive Approach to Care

TeepaSnow.com

- Teepa is a social worker by background, but is a legend in Senior Living circles for her work in the dementia and caregiving spaces. You can read more about her work on her website.

I think this is important to share.

I wrote this open letter back when I was a Sales Director at a community. I think it's important to share here so that those of you reading this can give yourself some permission to start feeling the way I'm sure you do.



To The Daughter Who Just Moved Her Mom into My Community,

Take a deep breath. She is here. We made it. Before she moved in, we talked about how this might be a hard change for her. She was, after all, in that house for 50 years. We knew it would be an adjustment for her to bring only a fraction of her furniture and move into a one bedroom apartment. We knew she would be resistant to coming out at first, to meeting new people that all seem so "old" to her. We knew that. We knew she would need us to remind her multiple times daily which way to the dining room, and we knew she would need someone to stand next to her as she showered. We also anticipated how she would be embarrassed by both of those things. We knew that.

We didn't talk about you, and we should have. We should have talked about what it would feel like for you to see your mom leave the house that you grew up in. As you watched the movers take the dining room table that you did homework on years ago, and put it in the donation pile, how could you have known you would feel like this? We should have talked about that.

When your mom looks at you now, in her new apartment, with the same look you gave her 25 years ago when she dropped you off at college; who knew you would suddenly feel dizzy from the tables turning and unbearably glued in place out of fear of leaving her there and letting go of her as you knew her, all at the same time?

We talked about what it must feel like for her. We didn't talk about you. We didn't talk about the calls you would get, where your mom would insist this place wasn't right, even though we know it is. How could you be prepared for a commute home from work filled with guilt as you get the groceries to make your family dinner, when you know she wants you to come eat with her? How could you have known what making weekend plans would feel like as you tell her you will try to stop by next week? We didn't talk about that, and we should have.



Here's what I want to say to you, the daughter. Let go. Let go of the guilt and the worry, because that's the reason she is here. She is here so that we can take care of her, and you can be the daughter. Let go of the idea that you need to visit her as much as possible if you can't. Please, visit when you can, and make that time count, but in the off time, focus on you so that when you're here you can focus on her.

Trust that this is an adjustment for you and for mom, and that in a year you'll look back and wonder how that version of mom is the same one you visit now. In a year, when you call, she may tell you she needs to check her schedule before you visit. Imagine what that will feel like! When she calls you, re-frame her negativity to focus on the positive.

Don't spend time listening to her complain, change the subject so she knows that you aren't willing to dwell on those things. What you give attention to, you grow. Instead, ask her about the people she's met, the food she's eating, and the programs she's getting involved in, and when she finally admits that some things here are good, celebrate her for that.

I get that this is hard for you, but I have no idea how hard. She wasn't my mom, and I never knew her before the way she is now. In some ways, I have the advantage, because I don't have the struggle to reconcile two different images of a person like you do. So tell me what I can do for you, and let me do the things you can't. That's what we are here for and we should have talked about that.
But I'm only one call away now.
Sincerely,
Allie



HAVING A GOOD VISIT

There are 5 principles of a good visit.

I wrote about these principles several years ago, and thought it might be worth sharing here as well. This writing focuses mostly on those living in a community, but could be applied even for visiting in the home.

5 Principles of a Good Visit

There's a dirty little secret that none of us are talking about when it comes to visiting our loved ones. Visiting is hard. It is hard for so many reasons, both for us and for them. Be it our parent, grandparent, spouse, or dear friend, often the person we visit seems so different than the person we knew, and understanding the why and what of that is nearly impossible. Our pride, and theirs, can be a wall that prevents us from facing the fact that things have changed, and roles have changed.

Often, the person that we are visiting has been an authority figure, and even our caregiver, and now we are taking on some of these traits and neither of us has had time to think about what that looks like. Add on to that memory issues, forgetfulness, a new environment (if they have moved into senior housing), increasing physical limitations and the embarrassment around those limitations, our busy schedules and guilt, and you are in a whole new environment with a whole new set of rules.

Figuring out how to get along with this new person, and get to know them again is beyond tricky, but here are six principles to follow to make it a little bit easier and to have a good visit.



MAKE IT ABOUT THEM & GIVE NOTICE

1. Make the visit about them.

We want to share so badly. We have so much going on with family, work, and life that we want to tell our loved one about. We want to show them pictures of a new baby, talk about our son's graduation, and we want to remind them about Easter dinner next week. We want to share all the things that we think are going to make them proud and engaged in our story, but we forget that they have a story that they are building every day as well.

By focusing the visit on them- the little dramas, stories, and updates that they have, we are giving them the gift of importance and relevance. If your person is experiencing memory difficulties and has a caregiver in the home or lives in a senior living community with an Activities Director, use this person as a touch point to find some talking points. Don't try to jog their memory, but use the talking points as a way to connect and drive the conversation.

Additionally, don't use visits as administrative sessions. Certainly there are things that you will need to arrange as a caregiver, such as bills, appointments, etc. Set aside a separate time for these things so that they don't interfere with the quality of the visit.

2. Give appropriate notice.

To call ahead or not call ahead? This all depends on your person. For those with even mild memory impairment, it can do more harm than good to give advanced notice of visits. Knowing your person and whether they will worry about the schedule is what is important here. If it makes sense to plan visits ahead of time, ask yourself whether your loved one needs to know about these visits ahead of time or whether they might enjoy a surprise pop-in. If you're worried about them being out or busy when you pop by, this is another great time to coordinate with that caregiver or Activities Director. Be mindful of their schedule. Just because they aren't working doesn't mean that the things that they fill their day with aren't important.



NEVER COME EMPTY HANDED

3. Never come empty handed.

Bringing something for a visit probably falls under the basic manors that your mom taught you when you were growing up, but the importance of bringing something with you for each visit has more importance now than ever. If you've ever read The 5 Love Languages by Gary Chapman, you know that giving gifts is one way that some people show and receive love, but it is also a conversation starter and a meaningful gesture of caregiving. Make the things you bring something you know they love or need, or something you can do together, like a game, art set, or mother-daughter journal. Here are a few of my favorite suggestions.

- Old photos, newspaper clippings, or mementos that will allow you to reminisce.
- Games like Apples to Apples, Life Stories, DIY Minute to Win It Games, etc.
- Dollar tree items like tissues, air fresheners, snacks and candy, nightlights, crossword books, picture frames, stationery, seasonal decorations, etc.
- Books like The Book of Questions, If..., Like Mother, Like Daughter, or anything specific to their past career, their hobbies, passions, and interests.
- Joke Jar or Happiness Jar- This is something I created for my grandfather by asking the family to contribute either funny moments, stories, jokes, pictures, etc. and folding each one up and putting them in a jar. I typed up an explanation of what the jar was so that he could take out whenever he wanted.
- Something yummy- a treat from their favorite bakery or the meatloaf they used to make you growing up.
- Something comforting- Think cozy blanket or scarf, a pitcher of homemade lemonade in the Summer, or a CD of their favorite songs and a CD player.



DO WHAT YOU CAN.

4. Decide how often you can visit, then drop the guilt.

Mother Teresa said "It is not how much we do, but how much love we put in the doing. It is not how much we give, but how much love is put in the giving." This is exactly how you should think of the time you dedicate to visiting. Determine how much time you can realistically dedicate to visiting, given your other commitments, your other relationships, and your self care. Once you've determined this and dedicated this time to creating high quality meaningful visits, you have no reason to feel guilty.

5. The In-between Matters

Sometimes it is easy for us to forget that while we are eating lunch, those we love are someplace eating lunch. While we get ready for the day, so are those that aren't physically near us. Remember that your days are just as long as your loved ones, but that they may not seem that way to either of you. What you do between visits matters. Find some way to check in or let them know you are thinking of them when you are not there.

Calling is great, but requires some time on your part that may be hard to maintain. Call when you can, but find other ways to connect too. Pix-Star Digital Photo Frames allow you to set up an email account that you and anyone you know can email pictures to directly. The pictures are automatically loaded onto the frame, so the whole family can share the moments in their day with your loved one. Still, my favorite in-between trick is good old fashioned snail mail.

Decide that Sunday night will be a time where you fill out 7 little notes to your loved one. You can have the family help, and be creative about what you write. Fill the cards with drawings, jokes, poems, etc. Place the stack of notecards by the front door and each morning put one in the mailbox. This way, each day your loved one has something to look forward to.



SECTION 5: CARING FOR THE CAREGIVER (YOU!)

Of course I saved the most important thing for last.

Repeat after me:

You cannot pour from an empty bucket.

That's it. You are of no help to anyone, including your loved one, if you don't take care of yourself first. Please, please, please, take time for yourself, for your marriage, your kids, and your self. Caregiver burnout is a very real thing, and I haven't spent all this time giving you a toolkit to have you ignore my last and most important piece of advice.

The truth is, the main person that I care for with the work I do is not seniors. It's actually their families. You have a lot going on (even outside of this), and it will be really easy to lose it if you don't set aside time to focus on caring for yourself.

I might be the first one to tell you this, but this process, though necessary, full of hope and possibility and potential, and possibly even smooth, is still going to be painful. You have a lot to confront, including the shifting roles you now have, guilt, sadness, fear, and even mortality. The more you take time to breathe and get space, the better you'll be at focusing on the potential and hope. As Stephen Covey taught us, you must take time to first sharpen the saw.



SETTING & MANAGING EXPECTATIONS

Stop worrying if you're doing enough.

Please just stop. Like you read before in the principles of a good visit, you need to decide what a reasonable frequency of visiting, checking in, and running around for your loved one looks like, then delegate the rest and stop feeling as though you should be doing more.

Set the expectation.

It will be helpful once your loved one either begins home services or moves to a community, to let them know how often and to what degree you plan on being available and involved in their care and lifestyle. This might mean selecting designated days that you will visit, or it may mean allocating dedicated hours or times where you are not available at all. If there is a need for a higher level of involvement than you can provide, delegate it to another family member or a hired care manager. This is not shirking your responsibility, it is managing it.

Make sure the care team knows where you draw the line.

If you are utilizing a home care company or if your loved one is now living in a community, get the care team to have your back. Share with them your non-reachable hours and what your expectation of your involvement will be. This will allow them to support you and provide backup during the times where you are not available.

BRANDYWINE CONCIERGE
SENIOR SERVICES



GUILT, GREIVING, & ROLE REVERSAL

I could tell you not to feel guilty.

But I know you, and you're going to feel it anyway. You'll probably also feel sad, seeing the changes in your loved one's life, and maybe even nostalgic and sentimental realizing that in a way, your roles have reversed. I won't tell you not to feel these things, because they are the natural response to what's happening, and because feeling them is a part of the experience that you are lucky enough to be a part of.

Yeah, you heard me right. You're lucky. If you are going through these challenges with a loved one, that means you've had them for a long time, and that you still have them. Remember that, and try to savor every moment, every call, and every challenge as a gift of being able to have your person a little longer. Feel all of the parts of it, but keep smiling. Don't wish it to be over, but make each day a little more lighthearted than the last, because the alternative is that they are gone.

Maintaining dignity is the only true gift.

If you are caring for a parent or a loved one, maintaining their dignity is the one true gift you can give them that is more valuable than anything else. Spending your time with them, listening, sharing, and remembering to treat them as an adult that you respect and revere is a gift that has unspeakable value. Rather than becoming a "mother" to your loved one, try as much as possible to remember that they were yours. Ask for their advice. Run things by them. Be interested. Not only is this a gift you're giving them, but it's also a gift for you.



MY LAST THOUGHT FOR YOU

I hope this was helpful.

When I set out to start my business, I set a goal to help people, not make money. And sure, I bet you've read about entrepreneurs saying that before, maybe on a podcast about how they made it. I haven't made it yet. I am still building this thing. Each day, I am trying to find ways to add value and help, because that's the foundation I want to build my business on. I do not have a huge marketing budget, an SEO team, or even employees! Brandywine Concierge is just me, and the way I've decided to build my business is to put a lot of good out into the universe for free.

So, I hope at least a little piece of this toolkit helped you. I said it before, and I mean it. You can always reach out to me if you have additional questions or even if you just want to talk. If I can't directly help you, chances are I know someone who can. I would ask, if this has been helpful, that you share it with someone you know, or share it on social media. That stuff goes a long way for my business, so I would appreciate it more than you know.

I hope the journey that you are on brings you peace, moments of laughter, and memories that last forever. If you ever need me, I'm here.
All the best,

Allie

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