

DEMENTIA NAVIGATORS

SERVING INDIVIDUALS, FAMILIES AND THE COMMUNITY



SUPPORT FOR INDIVIDUALS WITH DEMENTIA

COGNITIVE SCREENING

Worried about your memory? Screening to detect cognitive changes is available through the Dementia Navigator Program.

INDEPENDENCE

Dementia Navigators can help connect you with many opportunities available in your community to keep you active and involved.

RESEARCH OPPORTUNITIES

You can be connected to research studies that attempt to further understand the causes and possible treatments for Alzheimer's and other dementias.

SUPPORT FOR FAMILY CAREGIVERS

ASSISTANCE WITH CARE PLANNING

Dementia Navigators can help to address your current situation and plan for the future, including advance care plans and resources for legal and financial planning.

CONNECTIONS TO SUPPORT GROUPS AND OTHER PROGRAMS

Dementia Navigators are knowledgeable about all of the opportunities and resources available in your community and can help you find information and make connections.

STAR-C

This evidence-based family caregiver support program will teach family caregivers to use behavioral strategies to reduce disturbances in persons with dementia.

COMMUNITY SUPPORT

DEMENTIA FRIENDLY COMMUNITIES

Dementia Navigators assist in the connection to dementia-friendly communities. These communities typically include:

- Dementia Training and Education Memory
- Cafes Dementia Friendly Businesses Increased
- Awareness of Dementia Related Issues
- Dementia Capable Emergency Response

WANT TO LEARN MORE?

- Keita Cole, Dementia Coordinator
keita.cole@tn.gov or (615) 347-6890
- Jackie Moment, Dementia Program Manager
jackie.moment@tn.gov or (615) 854-9610



DEMENTIA CARE PLAN

GET TO KNOW ME



Department of
Disability & Aging

DEMENTIA CARE PLAN

GET TO KNOW ME

HEALTH INSURANCES

PRIMARY:

SECONDARY:

CODE STATUS

- FULL CODE
- DO NOT RESUSCITATE/OKAY TO INTIUBATE
- DO NOT RESUSCITATE/DO NOT INTIUBATE

OTHER:

SERVICES BEING RECEIVED

- CAREGIVER RESPITE
- HOME DELIVERED MEALS/MEALS ON WHEELS
- HOME HEALTH
- HOMEMAKEING SERVICES
- ADULT DAY SERVICES
- LEGAL SUPPORT
- PALLIATIVE CARE
- HOSPICE CARE
- SUPPORT GROUP
- ALZHEIMER'S ASSOCIATION SUPPORT
- ALZHEIMER'S TENNESSEE SUPPORT
- SHIP PROGRAM SUPPORT (INSURANCE)
- VA SUPPORTS
- ENABLING TECHNOLOGY SUPPORT

OTHER:

ADVANCED CARE PLANNING

ADVANCE DIRECTIVE:
An advance directive is a written document that sets out an individual's preferences about treatment should the person become incompetent or unable to communicate these preferences to medical personnel. (must be notarized or witnessed)

POWER OF ATTORNEY (MEDICAL):
A legal instrument that allows you to select the person that you want to make healthcare decisions for you if and when you become unable to make them for yourself. The person you pick is representative for purposes of healthcare decision-making.

POWER OF ATTORNEY (FINANCIAL):
A legal document that grants another person the authority to manage your financial affairs on your behalf. This can include handling tasks such as paying bills, managing investments, filing taxes, and making financial decisions.

PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST):
A medical order signed by a medical professional and used for treatment. It is generally used when a person is nearing the end of life, such as with a terminal or serious illness. This does not name a "surrogate" or "medical proxy." Should be used with an Advance Directive. (varies by state)

HEALTHCARE PROVIDERS

NAME	SPECIALTY	PHONE #	EMAIL

DEMENTIA CARE PLAN

GET TO KNOW ME

DAILY ACTIVITIES & DETAILS

DO YOU NEED ASSISTANCE WITH PREPARING OR EATING MEALS?

YES NO

NOTES

DO YOU NEED ASSISTANCE WITH TOILETING?

YES NO

NOTES

ARE YOU STILL ABLE TO DRIVE SAFELY?

YES NO

NOTES

DO YOU HAVE INCREASED CONFUSION AT NIGHT OR ISSUES WITH WANDERING?

YES NO

NOTES

PROVIDE ANY ADDITIONAL DETAILS ABOUT DAILY ROUTINES, HABITS, OR ACTIVITIES.

BATHING

MORNING

MID-DAY

EVENING

NOTES:

ASSISTIVE DEVICES

CANE

WALKER

WHEELCHAIR

GAIT BELT

GLASSES

DENTURES

HEARING AIDS

OTHER:

ALLERGIES

NO ALLERGIES

FOODS:

MEDICATIONS:

OTHER:



MEMORY LANE

INTRODUCTION

MEMORY LANE

INTRODUCTION

This guide is for those providing care for family or friends needing assistance with daily living. It focuses on the needs of older adults who may have a diagnosis of mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD) and could apply to other situations in which caregiving is needed.

Included in this guide are "quick tips" on things to remember when providing care, a checklist to make organizing documents easier, and a list of some of the many resources available; there are also many resources provided throughout the guide. Work with your dementia navigator to ensure you have the resources you need.

NEW TO CAREGIVING

Caregiving can be overwhelming, especially at the beginning. Try to tackle one task at a time. Here are a few tips to get started:

1. Find out as much as you can about the person's medical situation. Knowing the details of their situation can help you understand what is going on, anticipate how an illness might change or worsen over time, and manage the person's health care.
2. Determine where to get help. Consider asking family members and friends to share in caregiving tasks. If you know a caregiver, ask them for tips and recommendations for resources near you.
3. Get training if needed. Many don't have caregiving experience when they are first needed. Caregiver training may be available at local hospitals, state and local governments, and nonprofit organizations. Trainings can often be free or low-cost.

LONG-DISTANCE CAREGIVING

Many people live far away from their family or friends who need help. Even if they do not live close by, they can still provide support and assistance as a long-distance caregiver. From a distance, they may be able to:

- Assist with finances, money management, insurance claims, or paying bills.
- Arrange for care management or in-home care by hiring formal caregivers.
- Order medical equipment, medicines, and other supplies that may be needed.
- Research long-term care options including assisted living facilities or nursing homes.
- Serve as an information coordinator by researching information about relevant health conditions and medicines, navigating changing needs, and overseeing insurance benefits.
- Keep family and friends informed and updated.
- Plan occasional in-person visits to see how things are going and to help the primary caregiver.

CARING FOR YOURSELF AS A CAREGIVER

Caregiving is not easy – not for the caregiver nor for the person receiving care. Taking care of an older adult can be demanding, difficult, and stressful. Often, caregivers must juggle work and family life to make time for these new responsibilities.

Caring for an older adult can also be rewarding. Many people find that caregiving provides a sense of fulfillment and that they like feeling useful and needed. Caregivers who reach out to others for support often make new friends and deepen their existing relationships. Some caregivers learn more about themselves and find more meaning in life through the experience.

Despite these benefits, the emotional and physical stress of caregiving can take its toll. The ongoing demands of taking care of someone else can strain even the most resilient person. Too much stress, especially over a long time, can harm your health and relationships. That's why it's so important for you to take care of yourself.

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HOW DO I KNOW I NEED HELP?

It is not always obvious when a person needs help. It may seem like certain problems are unavoidable or a normal part of caregiving, but there are ways to make things better. Watch out for these signs of caregiver stress:

- Feeling exhausted, overwhelmed, or anxious
- Becoming easily angered or impatient
- Feeling lonely or disconnected from others
- Having trouble sleeping or not getting enough sleep
- Feeling sad or hopeless, or losing interest in activities you used to enjoy
- Having frequent headaches, pain, or other physical problems
- Not having enough time to exercise or prepare healthy food for yourself
- Skipping showers or other personal care tasks such as brushing your teeth
- Misusing alcohol or drugs, including prescription medications

Identify your own sources of stress. Ask yourself, “What part of this is hardest for me?” It might initially feel like it's all too difficult, but you may be able to pinpoint certain tasks that are causing you the most stress. Don't wait until you are completely overwhelmed, learn what your warning signs are and think about changes you could make.

Accepting help from others isn't always easy. You may worry about being a burden, or you may feel uncomfortable admitting that you can't do it all yourself. Many caregivers later say they did too much on their own, and they wished they had asked for more support from family and friends.

Understand that people want to help, and it makes them feel good to contribute. Here are some tips on how you can ask for help if you are hesitant:

- Ask for small things at first.
- If you aren't comfortable asking face-to-face, send a text or email with your request
- Consider a person's skills and interests when thinking about how they can help
- Be prepared with a list of things that need to be done and let the person choose what they'd like to do.
- If someone offers help, practice saying, “Thanks for asking. Here's what you can do.”
- Be honest about what you need and what you don't need. Not every offer is going to be helpful
- Be prepared for some people to say “no” and don't take it personally



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WHAT CAN I DO IF I'M FEELING OVERWHELMED?

Tending to your own needs may be the last thing on your mind, but taking time for yourself can actually make you a better caregiver. If you can find small ways to lower your stress and boost your mood, you will have more strength and stamina to take care of someone else. Remember – Self Care Is Not Selfish!

Here is a list of activities you can try if you have a few minutes each day. Start with one or two. You don't have to do everything at one time.

1. Be active – even short periods of exercise can be beneficial.
2. Eat well – work on having a well-balanced diet.
3. Prioritize sleep – try to get 7 to 9 hours of sleep each night.
4. Reduce stress – try relaxation techniques like meditation or yoga.
5. Make time to relax – carve out time each week to do something YOU enjoy that has nothing to do with caregiving.
6. Keep up with your own health – make and keep your own doctor's appointments. Tell your doctor you are a caregiver; they may suggest resources online or in your community.
7. Reach out for support – talk to trusted family or friends, seek counseling, join a support group either online or in person.
8. Take a break if you need it – ask another family member or friend to step in and help with caregiving.
9. Be kind to yourself – you don't have to pretend to be cheerful all the time. Feelings of sadness, frustration, and guilt are normal and understandable. Express your feeling by writing in a journal or talking with a friend.

Remember, you are doing the best you can and that you are not alone. Many caregivers have trouble tending to their own health and well-being. Give yourself credit for everything you are doing. Your caregiving makes a big difference in someone else's life.





MEMORY LANE

CHECKLIST

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DEMENTIA FIRST STEPS

Understanding mild cognitive impairment (MCI), Alzheimer's disease and related Dementias (ADRD), and caregiving requirements can be difficult when first obtaining a diagnosis. Below is a checklist of initial steps in understanding the disease, disease progression, behaviors, and how it impacts families.

DEMENTIA BASICS

- Ask the doctor what type of dementia you or your loved one has been diagnosed with, if not already known.
- Understand the changes that occur in the brain with MCI/ADRD and the common warning signs.
- Review the stages of dementia and what to expect during each stage.
- Learn about the different types of dementia: Alzheimer's disease, vascular dementia, frontotemporal dementia, Lewy body dementia, mixed dementia, etc.
- Explore clinical trials and research participation options, if interested.
- Review the dementia websites available through Alzheimer's Tennessee, Alzheimer's Association, Tennessee Department of Health, and Tennessee Department of Disability and Aging.
- Register for the Tennessee Silver Alert program through Alzheimer's Tennessee.

DEMENTIA CAREGIVERS

- Begin exploring what it means to be a dementia caregiver and the types of activities that will be required as the disease progresses.
- Review Alzheimer's Tennessee's Caregiver Academy videos that can be found on their website.
- Consider support groups in the area available through the Tennessee Dementia Navigator program, Alzheimer's Association Tennessee Chapter, Alzheimer's Tennessee, or other organizations.
- Learn about risks for caregiver mental and physical health decline and plan to maintain one's health.
- Review the Caregiver Tip Sheets available through the Department of Disability and Aging (DDA).



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DEMENTIA RISK FACTORS

Understanding modifiable risk factors associated with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD), is helpful in ensuring the caregiver and other loved ones can take action related to their own brain health. The below checklist offers some considerations when supporting brain health.

ADRD RISK FACTOR REVIEW

- Review websites such as, Tennessee Department of Health (TDH) ADRD or Centers for Disease Control and Prevention (CDC) to understand modifiable risk factors.
- Discuss modifiable risk factors with a primary care provider and ways to address modifiable risk factors early.
- Consider attending a chronic disease management class through a local health department, local senior center, or local Area Agency on Aging and Disability (AAAD).
- Discuss any barriers to exercise, nutrition, or medication adherence with a Dementia Navigator to assist with accessing resources.



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CARE PLANNING

Care planning for those with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) can help ease burden in times of crisis and ensures some continuity of care across the healthcare continuum. Below is a checklist for individuals with MCI/ADRD that highlights key components of care planning that might be considered.

CARE PLANNING **DISCUSSIONS**

- Consult with a healthcare provider during yearly Medicare wellness exams about care planning for both the caregiver and the individuals with MCI/ADRD.
- Involve members of the care community in conversations about care planning and the importance of a care plan.
- Ensure all members of the care team, including physical therapy (PT), occupational therapy (OT), specialists, and primary care providers (if applicable) have a copy of the care plan.
- Update the care plan as changes are made to services, medications, and needs.

CARE PLAN **COMPONENTS**

- Ensure the care plan includes the following:
 - o Current medications
 - o Existing disease(s) or co-morbidities
 - o Physician orders for scope of treatment (POST) or advanced directive
 - o Conservatorship details (if applicable)
 - o Activities of daily living (ADL) requirements
 - o Caregiver's contact information
 - o Cognitive status
 - o Communication deficits
 - o Current support and services
- Discuss unique qualities about the caregiver and the individual with MCI/ADRD with the dementia navigator, primary care provider, or individual assisting with the care plan that needs to be included.



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CHRONIC DISEASES

Managing chronic conditions can often be difficult and confusing when there are multiple chronic conditions present. Below is a checklist that can be useful for caregivers and those living with mild cognitive impairment (MCI) or Alzheimer's disease, and related dementias (ADRD) that may have chronic diseases. This will assist with managing chronic diseases.

MEDICATIONS

- Discuss new or discontinued medications, and any potential side effects or interactions with a medical professional.
- Always keep a list of medications, including dosage and schedule, available.
- Establish a daily use, clear medication administration plan for the person with MCI/ADRD, caregiver, and others who may need to administer medications.
- Use a weekly or daily planner to keep medications organized and separate for the individual with MCI/ADRD and the caregiver.
- Donate any unused or discontinued medications to a medication donation organization or properly discard.

DAILY LIVING

- Try increasing physical activity by walking or doing weight bearing exercises (after consulting with a health care provider).
- Limit processed or fried foods. Try eating more fresh or frozen fruits and vegetables, and high protein meals. Access home delivered or congregate meals, if eligible.
- Take advantage of low or no cost programs through the Area Agency on Aging and Disability (AAAD) or local health departments, such as chronic disease management classes.
- Get at least 7 hours of sleep every night.
- Check blood pressure regularly.
- Stop smoking and limit alcohol intake.
- Engage in healthy and fun activities that challenge the brain such as word puzzles, jigsaw puzzles, or learning something new.
- Explore availability of services and programs through local agencies and organizations such as senior centers to promote overall wellbeing.

EMOTIONAL WELLBEING

- Take part in support groups, volunteer organizations, or formal therapy that can create meaningful relationships and opportunities to talk about stress and mental health.
- Participate in activities that are enjoyable and can be done with a loved one.
- Lean on social networks for respite and support.

PREPARING FOR EMERGENCIES

- Create an emergency kit and plan to be sure the caregiver and person with MCI/ADRD have enough medications for several days. Consider insulin needs, if appropriate.
- Have medical alert systems in place for the caregiver and person with MCI/ADRD such as a Silver Alert Kit or other medical identification systems.
- Ensure the caregiver and person with MCI/ADRD has appropriate medical alert bracelets and identification.
- Make safety adjustments to the home to prevent avoidable emergencies, such as falling or bumping against furniture.
- Ensure a back-up plan is in place in case the primary caregiver has a medical emergency and cannot provide care for the person with MCI/ADRD.

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COMMUNITY CARE TEAM

Building a community network can be helpful, as ADRD progresses, and caregiving responsibilities change. Involving multiple individuals in caregiving responsibilities can help ensure the primary caregiver maintains adequate mental and physical health, and the individual with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) is fully supported. Below is a checklist that can be useful when considering who might be a member of the community care team.

COMMUNITY CARE TEAM MEMBERS

- Make a list of daily, weekly, and monthly tasks that the caregiver is responsible for such as medication administration, pharmacy runs, medical transportation, bathing, meal preparation, house cleaning, etc.
- Create a list of friends, family members, church members, or other individuals who might be able to assist with daily or monthly tasks, such as medical appointments or meal preparation.
- Establish a schedule with members of the community care team, use a paper or electronic calendar to share with members of the care team.
- Share the care plan, medication details, and other key information with members of the care team or ensure it is in a place that is easy to find if needed.
- Continually reassess the needs of the primary caregiver and the person with MCI/ADRD and discuss any additional needs with the community care team.
- Ensure legal documentation is in place to ensure appropriate permissions to members of the care team, if appropriate.



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FINANCIAL ASSISTANCE

Mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) paired with other chronic diseases can be expensive to manage. Some families will need financial assistance to support care and basic needs. Below is a checklist that can be useful when considering what financial assistance may be available for those with MCI/ADRD and caregivers.

FINANCIAL ASSISTANCE CONSIDERATIONS

- Meet with the Social Security Administration to ensure the individual is accessing the maximum amount of social security benefits available.
- Contact the electric, water, property tax assessor, cable, phone, etc. providers to ask about discounts for seniors or programs for lower income individuals.
- Ask the Dementia Navigator to arrange meetings with the local Area Agency on Aging and Disability (AAAD) to explore accessing services such as home delivered meals, respite services, personal care, etc.

IMPORTANT DOCUMENTS & PAPERWORK

- Store official records, including financial and legal documents, for the individual with MCI/ADRD in one place so they can be accessed quickly when needed.
- Keep the materials in a safe and easy to find location such as a fireproof lock box, the freezer, off sight in a safety deposit box, etc.
- Documents to consider: social security card/number, date and place of birth, education and military records, passport, name change documentation, copy of driver's license or other ID card, birth and death certificates, marriage certificates, divorce records, citizenship, adoption, etc.
- Keep a list of contact information for children, neighbors, close family and friends, lawyers, financial advisors, and religious contacts.
- Legal documents to consider; advance directives, powers of attorney, and trusts. Make sure they are the most up to date records with the person's original signature.
- Health information including diagnoses and medications, contact information for health care providers and specialists.
- Online banking and bill pay usernames and passwords.
- Banking information including bank(s) name, account(s) numbers for checking, savings, money market, and other accounts.
- Assets and income such as pensions, social security, IRAs, 401(k)s, and other investment income, name and contact information for financial professionals.
- List of debts and other liabilities including loans, lines of credit, and mortgages.
- Credit and debit card information, authorized users, accounts, and balances.
- Insurance information including Medicare, Medicaid, private insurance, long-term care policies and life insurance(s).
- Homeowner information including property taxes, homeowner's insurance policy, warranties, service plans, and original deed for the home.
- Car paperwork including car title, registration, car loan detail (if applicable) and auto insurance policies.
- Recent income tax returns and related documents.

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HOME MODIFICATIONS

Maintaining a safe environment is extremely important when aging, especially for those with memory loss. It is important to create a home environment that meets the basic needs of those with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) and the caregiver, while maintaining safety and decreased risk of injury. Below is a checklist that can be useful when ensuring safety in the home and preventing injury.

HOME SAFETY ASSESSMENT

- Explore physical therapy (PT) and occupational therapy (OT) consults if not already involved in the plan of care for the individuals with MCI/ADRD.
- Check to make sure all home smoke detectors or carbon monoxide detectors have batteries and are working properly.
- Install grab bars or non-slip pads in showers or tubs.
- Secure or remove rugs in the home to prevent tripping hazards.
- Store medications and cleaning supplies in a lock box or secure locking cabinet to prevent accidental consumption.
- Remove any loose or fallen items, inside and outside the home to prevent injury.
- Ensure all lights in the home have appropriate light bulbs, add night lights as needed in other rooms of the home including hallways, bathrooms, bedrooms, etc.

PHYSICAL HOME IMPROVEMENTS

- Explore options available through the AAADs, Office on Aging, Community Action Agencies, or Tennessee Housing Development Agency for home repairs and modifications.
- Discuss loans available through the Section 504 Home Repair program.
- Explore options available through local Habitat for Humanities or other home modification organizations to assist with repairs.



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IN-HOME SUPPORTS AND SERVICES

In-home supports and services assist in keeping individuals with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) in the home for as long as possible while also supporting caregivers. There are a variety of in-home supports and services that may be accessed through public and private insurance, social service organizations, non-profits, and other programs.

HOMEMAKER SERVICES

- Make a list of tasks the caregiver or individuals with MCI/ADRD may need assistance completing, such as using the phone, shopping, housekeeping, laundry, and transportation.
- Explore in-home support options through Medicare, CHOICES, OPTIONS, or private companies. Ask a Dementia Navigator or other social service representative to provide a basic overview of service availability and direct referrals.
- Keep track of paid caregiver names, time of arrival and departure, and task completion.

PERSONAL CARE

- Make a list of tasks the caregiver or individual with MCI/ADRD may need assistance completing such as bathing, walking, eating, toileting, transferring, continence, and dressing.
- Explore in-home support options through Medicare, CHOICES, OPTIONS, or private companies. Ask a Dementia Navigator or other social service representative to provide a basic overview of service availability and direct referrals.
- Keep track of paid caregiver names, time of arrival and departure, and task completion.
- Ensure regular bathing, mouth care (teeth/denture brushing), and active and passive range of motion is performed, as tolerated.

HOME DELIVERED MEALS

- Ask a Dementia Navigator to provide a direct referral to access home delivered meals.
- Explore opportunities for meal trains or meal preparation with members of the community care team.



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INSURANCE OPTIONS

Understanding insurance options can be confusing. Caregivers and those with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) are often unaware of insurance options and services available through a variety of insurances. Below is a checklist developed to help caregivers and individuals with MCI/ADRD navigate the process of considering insurance and benefit options.

MEDICARE

- Take time to review what type of services and coverages are included in standard Medicare Part A, Medicare Part B, and Medicare Part D for medical care, prescriptions, and assessments in earlier stages of dementia.
- Review what is covered and included at yearly Medicare wellness visits with a healthcare provider.
- Learn more about coverage as dementia progresses such as palliative care, hospice, in-home assistance, and long-term care coverage.

MEDICAID

- Discuss with a Dementia Navigator eligibility for TennCare CHOICES and ask for a direct referral to the Tennessee State Health Insurance Assistance Program (TN SHIP) through the AAADs and DDA.
- Learn about the options covered through TennCare for in-home supports and services, long-term care, and additional medical coverage.
- Ask a Dementia Navigator or AAAD for assistance in completing the TennCare application, if needed.

PRIVATE INSURANCE

- Explore benefits for caregivers and those with MCI/ADRD available through private insurance. A case manager may be available through the insurance company to answer specific questions.
- Learn how private insurance might work with Medicare plans.

SUPPLEMENTAL PLANS (MEDIGAP)

- Ask a Dementia Navigator about a direct referral to the Tennessee State Health Insurance Assistance Program (TN SHIP) to explore Medigap options, costs, and coverage options.
- Work with a Dementia Navigator, SHIP program or another type of professional to outline current assets to determine if supplemental plans or applying for TennCare is the best option.



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ADVANCE CARE PLANNING

Making health care decisions for the caregiver or an individual living with mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD) can be overwhelming. It is important to get a clear idea about preferences and arrangements while the individual with MCI/ADRD can make decision and participate in legal and financial planning. Below is a checklist to ensure healthcare and financial arrangements are in place before serious illness or health care crisis.

GETTING AFFAIRS IN ORDER

- Start discussions as early as possible with an individual with MCI/ADRD to ensure they can help as much as possible in making decisions.
- Create documents that communicate health care, financial management, and end of life wishes for the caregiver and the individual with MCI/ADRD, consult with a legal professional as needed.
- Review plans regularly and update documents as circumstances change.
- Put important papers in one place, make sure a trusted family member or friend knows the location and any instructions in case the caregiver is unavailable.
- Make copies of the health care directive to be placed in all medical files, including information on all medical doctors caring for the caregiver and/or the individual with MCI/ADRD.
- Reduce anxiety about funeral and burial arrangements by planning ahead and making as many decisions as possible.



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LEGAL DOCUMENTATION

Legal documentation is extremely important in ensuring the wishes of the individual with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD) are honored, appropriate permissions are granted, and when accessing appropriate care. Understanding and accessing legal assistance is extremely important. Below is a checklist that can be useful when considering legal documentation.

FINANCIAL POWER OF ATTORNEY

- Learn about financial power of attorney (POA) and why it is important to have one in place.
- Contact an elder law attorney or Tennessee Alliance for Legal Services (TALS) to establish a financial power of attorney.
- Ask an attorney what a power of attorney is allowed to do and any limits that exist associated with the established documents.

ADVANCE DIRECTIVES

- Visit the Honoring Choices Tennessee website and review the steps required to complete an Advance Directive for Health Care document.
- Share and discuss Tennessee's model Advance Directive for Health Care document with a Dementia Navigator, primary care provider, or other social service professional to understand each section of the advanced directive.
- Complete the advanced directive model form and share the document with family members, care team members, primary care professional, and others that may need to be involved in fulfilling care needs.
- Keep a copy of the advanced directive available in case of an emergency or a doctor/hospital visit.
- Store several copies of an Advanced Directive for Health Care document in the home and electronically.

MEDICAL POWER OF ATTORNEY

- Learn about medical power of attorney and how to choose a medical power of attorney that will honor the medical care decisions of the individual with MCI/ADRD.
- Contact an elder law attorney or Tennessee Alliance for Legal Services (TALS) to establish a medical power of attorney (this document is different from the financial power of attorney).
- Consult an attorney to understand the authority granted by the Medical Power of Attorney and any limitations associated with the document.

CONSERVATORSHIP

- Understand the requirements and legal obligation of a conservatorship, recognizing the process involves court oversight.
- Contact an elder law attorney or Tennessee Alliance for Legal Services (TALS) to establish conservatorship.
- Understand the limitations and responsibilities of conservatorship.
- Ask a Dementia Navigator about connecting with the local Area Agency on Aging and Disability (AAAD) to discuss Public Guardianship and/or Conservatorship.

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CHECKLIST

MEAL & FOOD SUPPORTS

Individuals living with mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD) sometimes face obstacles accessing food or nutritional resources. These obstacles can lead to malnourishment due to the inability to maintain a healthy diet. Below is a checklist developed to help caregivers and those living with MCI/ADRD identify essential food and nutritional supports.

FOOD ACCESS & SUPPORTS

- Explore using apps on a cell phone such as MyPlate to track foods and set goals for nutrition.
- Discuss nutritional needs during yearly Medicare wellness or primary care appointments.
- Attend free cooking classes offered by local health departments, community organizations, local senior centers, etc. to help manage chronic diseases.
- Discuss with a Dementia Navigator or Area Agency on Aging and Disability (AAAD) about resources in the community such as a local farmers market, food pantries, or food banks.
- Discuss applying for the Supplemental Nutrition Assistance Program (SNAP) benefits, if eligible, with a Dementia Navigator, Area Agency on Aging and Disability (AAAD), or the Tennessee Department of Human Services.
- Explore home delivered or congregate meal options with a Dementia Navigator and ask for a direct referral to the program.
- Contact a local senior center to discuss meal options, food pantries, and other nutrition related resources available for free at the center.



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MEDICAL OPTIONS

Options for medical care for caregivers and those with mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD) are expensive. There are a few key considerations when exploring medical care options as dementia progresses. The below checklist offers some key items to consider when exploring care.

PRIMARY CARE PROVIDERS

- Discuss memory loss and any changes in behaviors with a primary care provider (PCP) at minimum yearly.
- Discuss any changes or side effects you may be experiencing of medications you are taking.
- Always take a list of questions to ask the PCP during each visit.
- Ask the PCP if specialist care is appropriate or if dementia care can be managed without a specialist.
- If referred to a specialist, ask what to expect from the specialist and what tests are being done, prior to the appointment.
- Discuss any changes in health status of the caregiver with a PCP.

SPECIALISTS

- Keep track of the specialists and what medications are prescribed.
- Always bring a list of current medications to specialist appointments including dosage amounts.
- Prior to any specialist appointments or tests, ask about insurance coverage.
- Explore the difference in specialists such as neurologists, nephrologists, geriatricians, etc.

HOSPICE CARE

- Explore options for in-home vs. facility-based hospice services and what types of services to expect in both settings.
- Work with insurance providers such as Medicare, Medigap, TennCare, or private insurers to understand what costs will and will not be covered.

PALLIATIVE CARE

- Explore palliative care options with a primary care provider and what services are included as dementia progresses.



MEMORY LANE

CHECKLIST

MENTAL HEALTH

Mental health, depression, anxiety, and feelings of despair can form for caregivers and those with mild cognitive impairment (MCI) or Alzheimer's disease and related dementias (ADRD), before and after diagnosis. Below is a checklist for individuals with MCI/ADRD and caregivers to guide conversations about mental health and how to access mental health supports.

MENTAL HEALTH CONVERSATIONS

- Monitor one's own mental health status and discuss changes with a primary care provider (PCP).
- Discuss respite needs with members of the care team to make time for the caregiver to rest.
- Discuss changes in mood, new isolation, or other changes in behavior of the person with MCI/ADRD with a primary care provider or other member of the care team.
- Discuss mental health medications with healthcare providers to ensure all medications are appropriate and do not interact with other medications.

MENTAL HEALTH SUPPORTS

- Access caregiver support groups (online or in-person) or support groups for those with MCI/ADRD.
- Discuss mental health benefits provided with one's insurance. A Dementia Navigator or other social support individual can assist with developing questions for the insurance provider.
- If ineligible for services or uninsured, consider the Behavioral Health Safety Net.
- Find a relaxing activity that can be done with the caregiver and the person with MCI/ADRD together like walking, gardening, or spending time outside.



MEMORY LANE

CHECKLIST

RESPIRE

Respite access is an important part of dementia caregiving to maintain the caregiver's physical and mental well-being. Below is a checklist designed to help caregivers understand respite services and identify what resources are available.

RESPIRE BENEFITS & RESOURCES

- Review the National Institute for Aging respite website to learn about the benefits of respite.
- Complete the Coordinating Caregiver Responsibilities worksheet included in the Memory Lane workbook.
- Discuss needs with friends, family members, neighbors, or individuals that are trusted and may be able to assist with care.
- Discuss respite services covered under TennCare CHOICES or Medicare (usually under hospice for a certain amount of time) with a Medicare or insurance professional.
- Review respite services available through the AAAD National Family Caregiving Support Program. Ask a Dementia Navigator for a direct referral to the program.
- Explore respite options available through the Tennessee Caregiver Coalition. Ask a Dementia Navigator for a direct referral to the program.
- Explore options available through adult day centers, long-term care facilities, or faith organizations that may have adult respite programs.
- Consider applying for a grant through "Mind What Matters" to fund respite services.
- Inquire with Mental Health America of the Midsouth about their Caregiver Support Program. Ask a Dementia Navigator to assist in learning more about this resource.



MEMORY LANE

CHECKLIST

SUPPORT GROUPS

Dementia caregiving is rewarding but can be stressful and difficult to navigate. It is important that caregivers have an outlet and access to supports. Below is a checklist that can be useful for caregivers to support mental health and provide guidance for caregiving. This will assist with understanding caregiving supports and tips for performing the role of caregiver.

CAREGIVING SUPPORT GROUPS

- Explore benefits of support groups with a Dementia Navigator, another caregiver, or someone with the Alzheimer's Association TN Chapter or Alzheimer's Tennessee.
- Discuss support group options available in the area with a Dementia Navigator or websites that highlight support groups such as the Alzheimer's Association TN Chapter or Alzheimer's Tennessee websites.
- Consider if online or in-person support groups would work best.
- Consider registering with ALZConnected through the Alzheimer's Association to share experiences and learn from others.

BASIC CAREGIVING TIPS

- Explore the Caregiver Tip Sheets available through the Department of Disability and Aging (also included in the Memory Lane Documents).
- Consider participating in the STAR-C program. Discuss with a Dementia Navigator to see if the program will be of benefit.
- Watch the Caregiver Academy videos available through Alzheimer's Tennessee located on their website.
- Utilize the "Pat's Gameplan" caregiver tool kit, made available through the Pat Summitt Foundation and can be found online.



MEMORY LANE

CHECKLIST

TRANSPORTATION SERVICES

Lack of transportation can be a barrier for accessing medical care and necessities such as food and medications. Below is a checklist that can be useful for caregivers and individuals with mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD) when considering if transportation services or assistance is needed.

TRANSPORTATION CONSIDERATIONS

- Talk to a healthcare provider about when it is no longer safe to drive for both the caregiver and the individual with MCI/ADRD.
- Ask a Dementia Navigator about transportation options available in the area and for a direct referral and assistance in accessing services.
- Explore what transportation services exist through the AAADs, or organizations established for older adults in your county or region. Ask a Dementia Navigator for a direct referral.
- Explore using technology like Uber or Lyft to assist in securing transportation.
- Explore if there are transportation options available through local faith organizations, friends, or family members.



MEMORY LANE

CHECKLIST

VETERANS' BENEFITS

Veterans and caregivers of veterans are often unaware of the resources available to them. Below is a checklist that can be useful for caregivers and veterans with mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD), that could assist in exploring services available to veterans.

VETERAN'S BENEFITS

- Explore what clinical requirements exist for respite services available through Veterans Affairs.
- Review the Veterans Affairs Dementia Care website with a Dementia Navigator or independently.
- Review the resources available for caregivers on the Veterans Affairs website including their tip sheets, communication tips, and videos.
- Consider participating in the Program of General Caregiver Support Services (PGCSS) that provides skills, coaching, and other services for caregivers.
- Contact Veterans Affairs or the local Veterans Affairs office to discuss benefit options for individuals with MCI/ADRD and caregivers. Ask a Dementia Navigator to assist with a referral.





MEMORY LANE

WORKSHEETS

MEMORY LANE

WORKSHEETS

IMPORTANT DOCUMENTS AND PAPERWORK WORKSHEET

It can be helpful to store an older person's official records and legal documents together in one place so they can be accessed quickly when needed. It is best to keep these materials somewhere safe and easy to find, such as a fireproof safe or lock box. This worksheet can be used to help organize documents.

PERSONAL RECORDS	
PERSONAL INFORMATION	Social Security number, date and place of birth, education, and military records.
IDENTITY DOCUMENTS	Social Security card, passport, name change documentation, copy of driver's license or other photo ID card.
VITAL RECORDS	Birth certificate, any death certificates, certificate of marriage, divorce papers, citizenship documentation, adoption documentation.
CONTACT INFORMATION	All contact information for children, neighbors, close family and friends, lawyers, financial advisors, insurance providers, medical providers, religious contacts, etc.
LEGAL DOCUMENTS	Advance Directives, powers of attorney, trusts, most up-to-date Last Will and Testament, Conservatorships, etc.
HEALTH INFORMATION	Current list of medical diagnosis, medication list including dosage and schedule, pharmacy contact information, home health documents, therapy documents, etc.
USERNAMES & PASSWORDS	Online banking, bill pay information, insurances, and any other critical services.

MEMORY LANE

WORKSHEETS

IMPORTANT DOCUMENTS AND PAPERWORK WORKSHEET *(Continued)*

FINANCIAL RECORDS	
BANKING INFORMATION	Name of bank(s) with account numbers for checking, savings, money market, and other accounts. Location and key for safe deposit box.
ASSETS & INCOME	Paperwork for any pensions from an employer, Social Security, IRAs, 401(k)s, and other investment income. Include the name and contact information for any financial professionals.
DEBTS & LIABILITIES	Name and documentation for any loans, lines of credit, and mortgages.
CREDIT & DEBIT CARD	List of companies, authorized users, account numbers, and balances.
INSURANCE INFORMATION	Medicare, Medicaid, private insurance, long-term care policy, life insurance, etc. Include policy number, name, and contact information of insurance company and agent(s).
HOMEOWNER INFORMATION	Property tax documentation, homeowner insurance policy, warranties or service plans, home deed, or trust documentation.
VEHICLE PAPERWORK	Car title, registration, any car loan details, auto insurance policy, etc.
INCOME TAX DOCUMENTATION	Copy of most current income tax return and related documentation.

HOME SAFETY CHECKLIST

WORKSHEET

The following room-by-room checklist can alert the caregiver to any potential hazards in the home. Use this worksheet to identify any changes or repairs that may be needed to help keep the home safe. Keep in mind that it may not be necessary to make all of the suggested changes. It is important to reevaluate home safety as the care receiver's behavior and needs change.

THROUGHOUT THE HOME	
	Are any repairs needed?
	Is the house well lit, inside and out, particularly at the top and bottom of stairs? Do any lightbulbs need to be replaced?
	Are emergency phone numbers (ambulance, Poison Control, doctors, hospital, etc.) and the home address written down and in an easy to find place? Make sure it is written in large, easy to read print.
	Is there clutter, which can cause disorientation and confusion and increase the risk of falling?
	Do not rearrange furniture unnecessarily. Keep things as consistent as possible.
	Are sofas and chairs at an appropriate height to make sitting and standing easy?
	Is mail, recycling, or trash piling up? Does there need to be more trash and recycling containers around the house?
	Is each bottle of prescription medicine clearly labeled with the care receiver's name, name of the medication, strength, dosage frequency, and expiration date?
	Are all firearms within the home locked up and unloaded, with ammunition stored separately?
	Have smoke and carbon monoxide alarms been installed near the kitchen and in all bedrooms? Have alarms and batteries been checked recently to be sure they are working properly?
	Have frequently used items in an easy to reach place.
	Consider labeling doors with signs (bathroom, bedroom, closet, etc.)
	Are doorknob extenders needed to make grabbing the handle easier?
	Is the use of safety latches needed for cabinets containing medications and cleaning supplies?
	Be sure there is a readily accessible, fully stocked first aid kit in the home.

HOME SAFETY CHECKLIST

WORKSHEET (continued)

FLOORS

Are there any tripping hazards at exterior entrances or inside the home (throw rugs, clutter, cords, etc.)

Are there non-slip strips or mats on tile and wood floors or surfaces that may get wet? Are carpets affixed firmly to the floor?

Are walking areas free of furniture and electrical cords?

STAIRS

Are the stairs manageable, or is a ramp or gate needed?

Could handrails be installed on both sides of the staircase?

Is there at least one handrail that extends beyond the first and last steps on each flight of stairs?

Are outdoor steps sturdy and textured to prevent falls in wet or icy weather?

Are all stairs well lit, both inside and out?

Mark the edges of steps with bright or reflective tape to prevent falls.

Are there light switches at both the top and bottom of stairs?

BATHROOMS

Are there grab bars near toilets and in the tub or shower?

Is a toilet seat extended needed to make sitting and standing easier?

Have nonskid adhesive strips, decals, or mats been placed in the tub and/or shower?

If the bathroom is uncarpeted, consider placing nonskid strips next to the tub, toilet and sink.

Has a plastic shower stool and a hand-held shower head been installed to make bathing easier?

Is there water heater set at or below 120 degrees to avoid scalding?

HOME SAFETY CHECKLIST

WORKSHEET (continued)

BATHROOMS (CONTINUED)

Color code faucet handles (red – hot, blue – cold) to prevent scalding.

Is there a night light to make overnight trips to the bathroom safer?

Consider removing locks on doors.

Use a soft sponge like material to cover faucets to prevent injury in case of falls.

KITCHEN

Are there safety knobs and an automatic shut-off switch on the stove?

Is there enough food in the fridge? Is any of it spoiled?

Are there staple foods such as cereal, sugar, canned soup, etc., in the cabinet(s)?

Has a drain trap been installed in the kitchen sink to catch anything that may otherwise become lost or clog the plumbing?

Are knives and other sharp utensils secured to prevent injury?

Is there an up-to-date fire extinguisher in the kitchen and easy to find?

Is the use of adaptive eating devices needed to make eating meals easier?
(*weighted spoon, divided plates, etc.*)

BEDROOM

Are emergency phone numbers easily accessible and easy to read?

Keep frequently used items near the bed to reduce the need to get out of bed multiple times.

Is a grab bar needed to make getting in and out of bed easier?

Is there adequate lighting? Install nightlights as needed.

Make sure there is a working flashlight near the bed.

HOME SAFETY CHECKLIST

WORKSHEET (continued)

BEDROOM (CONTINUED)

Consider removing or covering mirrors or reflective surfaces to prevent hallucinations.

OUTDOORS

Are there secure locks on all doors leading to the outside and windows?

If a walker or wheelchair is needed, can the entrances to the home be modified by adding a ramp if needed?

Is there a small bench or table by the entry door to hold bags and packages while unlocking the door?

Is outside lighting adequate? Consider installing light sensors that automatically turn on and off as someone approaches the house or as lighting changes.

Have bushes and foliage been pruned away from walkways and doorways?

Is there a swimming pool? If so, does it have a fence and gate that can be locked when not in use?

Have uneven surfaces or walkways been addressed?

Are hoses and other objects that may be a tripping hazard been secured?

Secure balcony and deck railing to prevent accidents or injury.

MOVING AN OLDER ADULT INTO YOUR HOME

WORKSHEET

In some cases, it may be necessary for an older parent, relative, or friend to move into a family members home. Use this worksheet to determine if this is the right arrangement before making the move.

	Is there space in the home for the older adult to live?
	Is the home safe and accessible for an older adult?
	How does the older adult feel about moving into another home?
	How do others in the household feel about the older adult moving in the home?
	Does everyone get along well?
	Is there someone available to help the older adult during the day?
	Is transportation available and easily accessible?
	What is the older adult able to do for themselves? What do they need help with?
	What personal care are those in the household willing and able to provide? Examples include help with transferring from chair to bed or toilet, giving medications, changing incontinence pads, bathing, etc.
	Are there other family, friends, or neighbors nearby who can help care for the older adult, if needed?
	What services for the older adult are available in the community?
	What kind of specialized medical care is available nearby? Will the older adult have to switch doctors or other health care providers?
	What other living options are available? Have these alternatives been considered?
	What type of financial impact will adding the older adult to the household have on the family?

HIRING A CARE PROVIDER

WORKSHEET

Before signing an agreement for home health care or geriatric care management, get as much information as available about the services, fees, terms, and restrictions. The questions listed below can be used to help collect information about each service that is being considered. If multiple services are being considered, additional copies of this worksheet may be needed.

SERVICE PROVIDER INFORMATION	
Name of Service Provider:	
Contact Person:	
Phone Number:	
Is your service licensed and accredited by the state or local government and/or a professional association?	
How long have you been providing care management services?	
What are your fees? Will you provide information or fees in writing prior to starting services?	
What is included and not included in your services?	
How many days per week and hours per day will a care provider come to my home?	
Is there a minimum number of hours required?	
Will it be the same provider each time?	
How do you check the background and experience of your care providers? Can you provide references?	
How do you train your care providers?	
Are you available for emergencies around the clock? What types of emergency care can you provide?	
How will you communicate information to me?	
Who do I contact if there is a problem?	

HIRING A CARE PROVIDER

WORKSHEET (continued)

If I wish to discontinue services, how much notice do you require?	
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NOTES

COORDINATING CAREGIVING RESPONSIBILITIES

WORKSHEET

Caregiving comes with many responsibilities, from helping with housework, to driving an older adult to doctor's appointments. It can be helpful to divide up the caregiving duties among family and friends. This worksheet can be used to help coordinate care. It is arranged by type of task, such as "health and medical care". Add other activities as needed and note who is taking care of each one in the "caregiver" column.

TYPE OF TASK	RELATED ACTIVITIES	CAREGIVER
Household Needs	Do laundry and other housework.	
	Prepare meals, with awareness of any special diets or dietary restrictions.	
	Shop for food and other necessities.	
	Assist with home maintenance, such as making repairs and doing yardwork.	
	Provide transportation, such as car rides to appointments or events.	
Self-care, Supervision, & Mobility	Assist with personal care, such as bathing, dressing, eating, and using the toilet.	
	Help with getting in and out of beds and chairs.	
	Getting around inside or outside the home.	
Emotional & Social Support	Provide companionship and someone to talk to	
	Encourage the person to participate in hobbies and other leisure activities.	
	Help the person manage their feelings.	
	Trouble shoot problems that come up.	
	Provide respite care to a primary caregiver.	

COORDINATING CAREGIVING RESPONSIBILITIES

WORKSHEET (continued)

TYPE OF TASK	RELATED ACTIVITIES	CAREGIVER
Health & Medical Care	Encourage a healthy lifestyle and self-care.	
	Keep track of medications and make sure they are taken at the correct time(s) and dosage.	
	Manage other medical care at home, such as wound care or giving shots.	
	Respond to acute needs and emergencies.	
Coordinating Care	Keep other caregivers up to date on changing conditions.	
	Manage a shared notebook and calendar to coordinate care among family members and friends.	
	Communicate with doctors, nurses, pharmacists, and other health care providers.	
	Locate, arrange, and supervise nurses, social workers, home care aids, and other service providers.	
	Coordinate medical appointments.	
	Participate in treatment decisions.	
	Order and pick up prescription medicines.	
Financial & Legal	Handle financial matters, such as paying bills and managing a budget.	
	Manage legal matters, including official records such as wills and insurance policies.	
	Participate in advanced care planning.	

COORDINATING CAREGIVING RESPONSIBILITIES

WORKSHEET (continued)

TYPE OF TASK	RELATED ACTIVITIES	CAREGIVER
Other Tasks		

These worksheets have been adapted from "The Caregiver's Handbook" published by the National Institute on Aging and from Alzheimer's Tennessee's Home Safety Guide.

BASELINE ABILITIES & CHARACTERISTICS

WORKSHEET

Understanding baseline abilities will help create a person-centered care plan and help caregivers understand the personality and abilities of the care receiver. Describe the individual's abilities that are/were typical of what he/she can/could do throughout adulthood. Be as descriptive as possible.

Care Receiver Name: _____

Date Completed: _____

<p>Function</p>	<p>How independent was the individual in performing self-care tasks throughout lifetime - i.e., bathing, dressing, toileting, grooming, eating, and walking?</p>
<p>Skills</p>	<p>What academic skills were achieved? What chores or responsibilities could the individual perform around the house? What jobs has he/she held? What activities would he/she typically do during the day? Any other talents or abilities throughout lifetime? Hobbies, sports, other favorite activities?</p>
<p>Memory</p>	<p>Could the individual learn and recall names of familiar people? Keep track of the day of the week and daily or weekly schedule? Know his/her way around familiar areas? Reliably remember short term or newly learned information. Could he/she reliably recall recent past events? Any particular memory talents or skills?</p>
<p>Behavior</p>	<p>What behaviors have been present throughout adulthood? Self-injurious behaviors? Aggression towards others, either verbal or physical? Self-talk or imaginary friends? Any other quirks or rituals? Has the individual required a behavior plan? If so, what strategies have been helpful? Any other typical pattern or triggers to behaviors over lifetime?</p>
<p>Language</p>	<p>Could the individual express him/herself verbally to let his/her basic needs be known? Speak in full sentences? Hold a conversation? If he/she was never verbal, how were needs expressed? Could the individual understand verbal language and answer questions appropriately or follow a verbal instruction?</p>
<p>Personality</p>	<p>Did the individual seek out peer relationships? Was he/she social? Well-liked by others? Did he or she show preference for routine and structure? How else would you describe his or her personality?</p>
<p>Mood</p>	<p>What was the individual's mood most days? Were there mood swings? Any mood/psychiatric issues that recurred or persisted throughout adulthood? Did he/she receive psychiatrist or therapist? Any past psychiatric hospitalizations?</p>

CURRENT ABILITIES & CHARACTERISTICS

WORKSHEET

Noting current abilities and characteristics will help medical professionals see how the disease may be progressing and help create a more person-centered care plan. Describe the individual's current abilities – highlighting, when applicable, the areas in which changes are noted compared to what was described in the baseline assessment.

Care Receiver Name: _____

Date Completed: _____

Function	Lately, how independent is the individual in performing self-care tasks? Bathing, dressing, toileting, grooming, eating, and walking? Have changes been observed in functional abilities compared to baseline?
Skills	Compared to what was outlined at baseline, how have typical daily skills and abilities changed? Is the individual still participating in baseline abilities, routine tasks, and household chores? Has job performance or participation in daily activities changes?
Memory	What concerns are there about memory skills? Increased forgetfulness, confusion, disorientation, poor concentration? Repeated stores or repeated questions? Forgetting names, messing up days of the week, etc.? What has changed compared to baseline?
Behavior	How have behaviors been lately? Are new behaviors emerging? Has there been a change in the frequency or intensity of typical behavior patterns? Any other new triggers for behaviors noted? What tends to make behaviors better?
Language	Have language abilities changed lately? Is the individual able to let his/her needs known per usual? Has vocabulary gotten smaller or verbal output declined overall? Difficulty finding words? Difficulty hearing and answering questions, or difficulty following verbal instructions?
Personality	Any recent shifts in personality? Increased irritability, stubbornness, intolerance to change, withdrawal? Any other observed changes compared to baseline?
Mood	Have there been observed changed in typical mood? Increased mod swings, tearfulness, sadness, withdrawal? Hearing voices? Seeing or hearing things that are not there?



MEMORY LANE

QUICK TIPS

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QUICK TIPS

HOSPITAL OR DOCTOR VISITS

- Bring the most up to date medication list, physicians who prescribed, and an outline when and how they are taken.
- Have a copy of the current Advanced Directive or Physician Orders for Scope of Treatment (POST).
- Take a copy of the Medical or Financial Power of Attorney (POA) or Conservatorship.
- Make a list of any new concerns or behaviors.
- Make a list of questions for the healthcare provider related to medications and/or disease progression.
- Report any new family history.
- If the care receiver has had a hospital stay or emergency room (ER) visit, have dates, notes, etc., and let the medical provider know what led to the visit.
- Never assume medical providers know of recent changes, have new medications, services, plan of care, etc., available and always discuss changes directly.

LEGAL, FINANCIAL, & LONG-TERM CARE PLANNING

- Ensure medical and financial POA is updated throughout the disease process as changes occur.
- Work with a professional to identify and understand sources of income and assets such as retirement accounts, pensions, insurances, home deeds, investments, most recent income tax return documents, and any other assets that may be utilized to pay for services, bills, or care.
- Set up a third-party mandate, direct debits, or a designated payee to handle all bills or payments.
- Consider chip or signature cards for payments and assign a trusted individual to manage pins, passwords, or personal identification numbers.
- Ensure all beneficiaries for life insurances, checking accounts, savings accounts, and retirement accounts are up to date.
- Explore options for in-home supports and services, long-term care, wishes upon death (funeral arrangements, organ donation, etc.), and future needs with insurers and legal experts.
- Secure important documents in a safe location and ensure a trusted loved one is aware of the location.

SAFETY

- Ensure hallways and rooms are well lit in the home.
- Secure or remove rugs, carpets, wires, and any clutter that may be on the floor to reduce fall risks.
- Ensure the care receiver gets up slowly when moving from a sitting to a standing position and when getting out of bed.
- Ensure the care receiver wears shoes, non-slip socks, or slippers with grips that cannot be easily removed.
- Have access to assistive devices for the care receiver, if needed, to avoid bending, reaching, or stooping.
- Make sure the care receiver has appropriate assistance when doing activities on their own.
- Consider installing grab rails, life alert devices, medical identification (ID) bracelets, and emergency kits for the home.
- Ask the medical provider if a referral to an Occupational Therapist (OT) is recommended for the care receiver.
- Discuss driving evaluations, assessments, or transportation needs.

CAREGIVING

- Consider respite services or other assistance through insurance, Tennessee Caregiver Coalition, Area Agencies on Aging and Disability (AAAD), faith-based organizations, and community resources.
- Focus on maintaining health by exercising, having regular medical check-ups, a healthy diet, and getting regular sleep.
- Seek mental health resources such as therapy, support groups, or medical mental health treatments.
- Utilize technology such as calendars, phone apps, and reminders to keep track of appointments, medications, and other needs.



MEMORY LANE

DEFINITIONS

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DEFINITIONS

Advanced Directive: A document that can be completed, which outlines healthcare preferences when someone is unable to communicate their healthcare wishes.

Alzheimer's Disease Program Initiative (ADPI): Funding opportunity made available through federal funding that supports the development and expansion of dementia-capable home and community-based (HCBS) service systems.

Alzheimer's Disease and Related Dementias (ADRD): Debilitating conditions that impair memory, thought processes, and functioning; primarily among older adults. Symptoms include, but are not limited to memory loss, speech difficulties, spatial reasoning, and hallucinations.

Area Agency on Aging and Disability (AAAD): These private or nonprofit organizations exist throughout the United States to address the needs and concerns of older adults at a regional or local level. These organizations are designated by states, in Tennessee they are arranged regionally. AAADs in Tennessee coordinate and offer services that help older adults remain independent and safe in their communities, aided by services such as home-delivered meals, homemaker services, and additional support services.

Behaviors: Dementia can cause people to act in ways that may seem out of character for them, due to changes in the brain. Behaviors can include agitation, anger, hallucinations, suspicion, and repetition.

Building Our Largest Dementia Infrastructure (BOLD): In December 2018, the BOLD Infrastructure for Alzheimer's Act was passed into law. The activities outlined in BOLD are designed to create a uniform national health infrastructure, with a focus on issues such as increasing early detection and diagnosis of dementia, risk reduction, prevention of avoidable hospitalizations and supporting dementia caregiving.

Caregiving: Includes a wide variety of tasks to meet the individual needs of the person supported. Level of effort can vary significantly, from assistance with one or more tasks, to live-in assistance that includes medical tasks. It most often describes the support provided as allowing people to remain independent and live in their preferred homes and communities; it can also include support of individuals in institutional settings.

Centers for Disease Control and Prevention: The United States' leading public health organization leading efforts to prevent diseases, provide evidenced-based resources, and provide data analysis that support individuals and communities in supporting health.

Cognitive Impairment: Difficulties with a person's ability to think, learn, use judgement, and make decisions. Dementia: A general term that describes the decline in memory, reasoning, and/or cognitive abilities that can disrupt a person's daily life and functioning.

Employer based insurance: Insurance selected and purchased by an employer, offered to eligible employees and their dependents.

Family Caregiver: An adult relative or close associate who provides often unpaid assistance to an individual with a chronic and/or other health conditions, disability, or functional limitation.

Federally Qualified Health Center (FQHC): These organizations provide services such as preventative health services, dental services, mental health services, and specialty care for underserved areas. Services are provided on a sliding fee scale but also accepts other types of insurances.

Home and Community Based Services (HCBS): Services that help eligible individuals with disabilities and other adults stay in their homes and communities.

MEMORY LANE

DEFINITIONS

Information and Assistance (I&A): The I&A program is a way to connect people to health and human services needs, as well as provide information of a more general nature. I&A is administered through the Department of Disability and Aging (DDA) and Area Agencies on Aging and Disability (AAAD).

Local Health Departments (LHD): Part of the Tennessee Department of Health (TDH), LHDs are in 89 of 95 rural counties. They provide a variety of services including, but not limited to, immunizations, primary care, women, infants, and children (WIC) services, chronic disease management, and dental services.

Long-term Care: A range of medical and non-medical services provided to individuals who can no longer perform daily activities due to chronic illness or disability, encompassing a variety of care models including home and community-based care and residential care, such as assisted living, nursing homes, or homes for the aged.

Medicaid: Tennessee calls their Medicaid program TennCare. TennCare is funded through federal and state appropriations to assist in covering medical costs for people with limited income and resources. Eligibility requirements are different in each state.

Medicare: Medicare is a federal health insurance program for individuals 65 or older, people with disabilities, and those with end stage renal disease (ESRD). Medicare consist of parts A, B, C, and D.

Medigap: Medigap is a supplemental health insurance plan purchased through a private third-party insurance company that can assist in paying out of pocket costs not covered by original Medicare.

National Institute on Aging (NIA): One of 27 Institutes and Centers of National Institutes of health, which leads the federal government in research on aging and Alzheimer's disease and related dementias; providing resources, scientific updates, and tools to support communities and individuals.

National Institutes of Health (NIH): A federal organization that is part of the United States Department of Health and Human Services. NIH is the nation's medical research agency and provides funding, tools, research findings, and other resources to improve the health and lives of those in the U.S. and around the world.

Older Americans Act (OAA): Signed into law in 1965, the OAA provides grants to states to fund community planning and social services, research and development projects, and personnel training focused on aging.

Palliative Care: Palliative care is specialized care for people facing serious illness, focusing on providing relief or suffering (physical, psychosocial, and spiritual), to maximize quality of life for both the patient and family.

Persons Living with Diagnosis (PLWD): An individual living with an active diagnosis of dementia, Alzheimer's, mild cognitive impairment, or other cognitive related diagnosis.

Private Insurance: Health insurance that is purchased by an individual through a private company as opposed to government sponsored health insurance.

Primary Care Provider (PCP): A healthcare provider such as a nurse practitioner, physician assistant, or physician that serves as the first point of contact in the healthcare system. These individuals treat common acute and chronic medical issues, provide preventative care, and health promotion.

Public Health Infrastructure Grant (PHIG): Federal funding intended to meet short-term infrastructure needs of public health organizations after the COVID-19 pandemic and investments to support public health agencies long-term.

Regional Health Departments (RHD): Part of Tennessee Department of Health (TDH), RHDs administer services through the Local Health Departments, provide regional grant support, and assist in regional strategy.

MEMORY LANE

DEFINITIONS

STAR-Caregiver (STAR-C): A training program focused on improving the quality of life for individuals with Alzheimer's disease, other dementias, and their caregivers, by teaching caregivers how to effectively manage behavioral issues by monitoring problematic behaviors and identify triggers that may cause these issues.

Tennessee Department of Disability and Aging (DDA): A state agency that provides support and services to people with disabilities and older adults. DDA's mission is, "Empower, support, and enhance the lives of people with disabilities and older Tennesseans by promoting independence, inclusion, and lifelong health".

Tennessee Department of Health (TDH): A state's public health organization. TDH's mission statement is, "Protect, Promote, and Improve the Health and well-being of all people in Tennessee". TDH oversees local health departments in 89 rural counties, seven regional offices, and a central office located in Nashville, TN.

For additional definitions, visit the Alzheimer's Association website at alz.org to view their glossary.



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RESOURCE LIST

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RESOURCE LIST

The following list of resources and their websites are a few resources available for caregivers of those living with a mild cognitive impairment (MCI) or Alzheimer's disease and related dementia (ADRD). There are many other resources available, but this list includes those resources referenced in the Memory Lane Guide.

AARP of Tennessee

AARP is a nonprofit, nonpartisan organization that empowers people to choose how they live as they age. AARP works to protect Social Security, improve health care and Medicare, reduce prescription drug costs, empower family caregivers, and stopping fraud just to name a few of their many initiatives.

states.aarp.org/tennessee

Alzheimer's Association, Tennessee Chapter

The Alzheimer's Association, Tennessee Chapter provides support services, care options and education for families and caregivers in Nashville, Knoxville and Memphis.

www.alz.org/tn

Alzheimer's Foundation of America (AFA)

AFA was created to be that resource for families in their time of need. AFA operates a national toll-free helpline (866-232-8484), staffed entirely by licensed social workers, which provides support and assistance to callers, as well as connect them with resources in their area, no matter where in the United States they live.

alzfdn.org

Alzheimer's Tennessee

Alzheimer's Tennessee, Inc. Provides family support, offers community and professional education, advocates for the needs and rights of those with Alzheimer's disease and related dementias, as well as research for its prevention, cure and treatment.

www.alztennessee.org

Behavioral Health Safety Net of Tennessee

Services provided by this program include assessment, evaluation, diagnostic, therapeutic intervention, case management, transportation, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management and pharmacy assistance, and coordination.

www.tn.gov/behavioral-health/bhsn.html

CareVirtue: Caregiving Support App

CareVirtue is an evidence-informed platform that helps professionals increase productivity and caseloads, move away from phone calls and paper forms, and drive revenue with personalized service referrals. It provides valuable resources and tools from one centralized account, reduces isolation, and encourages support from a trusted care team.

carevirtue.com

Centers for Disease Control; Healthy Aging

Healthy aging resources from the Centers for Disease Control (CDC) including healthy habits, preventing chronic diseases, social connection and may other resources.

www.cdc.gov/healthy-aging/about/index.html

Community Resource Finder

The community resource finder is made possible by the Alzheimer's Association and AARP. It is a database of dementia and aging-related resources. The online tool makes it easy for people living with Alzheimer's and other dementias, family caregivers and those involved in making care-related decisions to find local programs and services.

www.communityresourcefinder.org

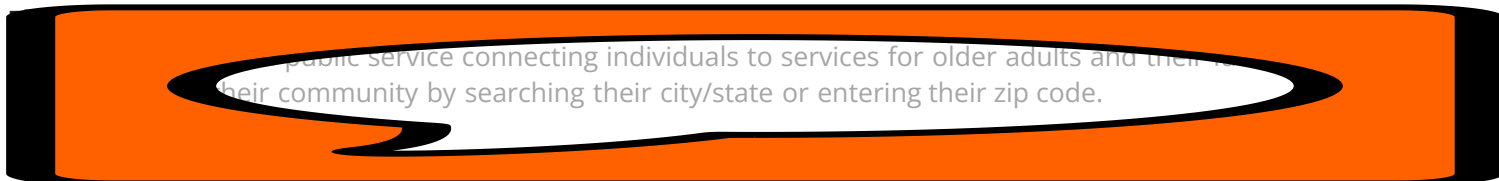
MEMORY LANE

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Elbi: Dementia Caregiving Support App

elbi is an on-demand decision-making support platform for caregivers. It supports successful aging in place by empowering caregivers with the tools and resources they need to support their loved ones living with dementia or Alzheimer's at home.

www.askelbi.com



Five Wishes: Advanced Care Planning

The first advance care plan (ACP) to address personal, emotional, and spiritual wishes, in addition to medical treatment.

www.fivewishes.org

Habitat for Humanity of Tennessee

Habitat for Humanity of Tennessee is a statewide coalition of 37 independent Habitat affiliates, each serving their local communities across the state. Habitat Tennessee plays a vital role in supporting these affiliates by coordinating advocacy efforts, offering training and technical assistance, and providing disaster recovery support.

www.habitattn.org

Honoring Choices Tennessee

Honoring Choices® Tennessee is a dedicated statewide coalition of public and private healthcare organizations committed to the mission that all Tennesseans discuss and complete an advance directive--healthcare power of attorney and living will.

www.honoringchoicestn.org

Mayo Clinic Dementia Resources

The long-term goals of the Mayo Clinic Study of Aging are to develop tools to predict and prevent cognitive decline and dementia, develop risk-prediction models for cognitive impairment, and conduct aging-related research to promote successful aging.

www.mayo.edu/research/centers-programs/alzheimers-disease-research/research-activities/mayo-clinic-study-aging/patients-families/resources

Medicare

Medicare is a federal health insurance program for individuals 65 or older, people with disabilities, and those with end stage renal disease. Medicare consists of parts A, B, C, and D.

www.medicare.gov

Mental Health American of the Mid-South (MHA)

MHA of the Mid-South identifies vital mental health needs and facilitates the development of programs to meet those challenges and address service gaps. MHA of the Mid-South is a 501(c)3 charitable organization committed to education and support surrounding mental health.

mhamidsouth.org

Mind What Matters

A nonprofit committed to advancing brain health education and providing support for families affected by memory disease. Mind What Matters aims to reduce caregiver burden and improve the quality of their lives. They also strive to promote awareness and education around brain health and how to prevent as many cases of Alzheimer's and cognitive decline as possible.

www.wearemindwhatmatters.org

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MyPlate: Nutrition Resources

MyPlate helps individuals make healthier food choices for themselves, discover budget-friendly food ideas, and find easy, low-cost recipes.

www.myplate.gov

National Institute on Aging (NIA)

One of the 27 Institutes and Centers of the National Institute on Health, leads a broad scientific effort to understand that nature of aging and to extend the healthy, active years of life. NIA is the primary Federal agency supporting and conducting Alzheimer's disease and related dementias research.

www.nia.nih.gov/

National Institute on Health (NIH)

The National Institute of Health (NIH) seeks to enhance health, lengthen life, and reduce illness and disability. Thanks to NIH-funded medical research, Americans today are living longer and healthier.

www.nih.gov

Pat's Gameplan, Resources for Caregivers

Pat's Gameplan seeks to uplift and empower the devoted caregivers of those living with Alzheimer's disease or related dementia. This gameplan offers them the resources, support, and recognition they truly deserve.

patsgameplan.org

Pat Summitt Foundation

The Foundation focuses on advancing research for treatment and a cure, providing care and support for patients and caregivers, and educating the public about Alzheimer's disease.

patsummitt.org

TennCare

TennCare is TN's Medicaid program and is funded through federal and state appropriations to assist in covering medical costs for people with limited income and resources. Eligibility requirements are different in each state.

www.tn.gov/tenncare.html

Tennessee Alliance of Legal Services (TALS)

The Tennessee Alliance for Legal Services (TALS) is a statewide nonprofit organization that strengthens the delivery of civil legal help to vulnerable Tennesseans.

www.tals.org

Tennessee Caregiver Coalition

The mission of the TN Caregiver Coalition is to be responsive to the needs of caregivers by providing relief and support services.

tncaregiver.org/about

Tennessee Department of Disability and Aging

Tennessee's state organization that focuses on serving those with disabilities and older adults in Tennessee. Services aiding older adults may include, but are not limited to, the Aging Nutrition Program, Caregiver Supports, the Tennessee State Health Insurance Assistance Program (TN SHIP), and Home & Community Based Services.

www.tn.gov/disability-and-aging.html

Tennessee Department of Health

TDH oversees local health departments in 89 rural counties, seven regional offices, and a central office located in Nashville, TN. Their Office of Health Aging (OHA) partners with local, regional, state, and national organizations and leaders to enhance the health and well-being of older adults and their caregivers.

www.tn.gov/health.html

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Tennessee Department of Mental Health and Substance Abuse Services

Tennessee's state department of mental health and substance abuse. The mission of the department is, "creating collaborative pathways to resiliency, recovery, and independence for Tennesseans living with mental illness and substance use disorders".

www.tn.gov/behavioral-health.html

Tennessee Department of Veterans Affairs

The mission of the TN Department of Veterans Affairs is to serve veterans of all eras through passionate advocacy, informative outreach, and an honorable final resting place.

www.tn.gov/veteran.html

Tennessee Disability Pathfinder

Tennessee Disability Pathfinder ("Pathfinder") helps people with disabilities, their family members, the community, and professional support partners find and access resources, support, and services available to meet their needs.

www.tnpathfinder.org

Tennessee Housing Development Agency (THDA)

Created in 1973 as the state's housing finance agency, THDA promotes the production of more affordable new housing units for very low, low, and moderate-income individuals and families in Tennessee.

thda.org