

Connecting You to Local Dementia Services



GULF COAST
**DEMENTIA
SERVICES**



**DEMENTIA
RESOURCE** **GUIDE**

3rd Edition

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251-355-9123

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ABOUT THIS RESOURCE GUIDE/INTRODUCTION

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This Resource Guide was created to assist you if you, a friend, or a family member has a diagnosis of dementia. Even if not diagnosed with dementia and you/they know something is wrong, that they are 'slipping', this guide can provide you with some basic information and may help someone in Lower Alabama who is not sure where to go for resources and basic information.

The goal of this guide is to point you in the right direction about a specific topic related to dementia. Many common questions you may want to ask are provided. There are a lot of resources related to dementia available on the Internet and through the public library. We have provided toll free telephone numbers and included links to the Internet (where available) on our **Phone List** page for more information.

This guide provides an overview about common types of dementia, and the types of healthcare providers you may work with. The Guide also offers tips on how to talk with healthcare providers. We have also tried to explain some confusing terms used when talking about dementia. The Guide then describes some basic information related to the diagnosis and treatment of dementia. It also describes types of care and housing options, as well as agencies to provide support to individuals with dementia and their caregivers. Information about healthcare funding options is available to individuals and caregivers.

If you have any questions pertaining to this guide, please feel free to reach out to the President of Gulf Coast Dementia Services at **251-355-9123**.

Common Questions

- Have I considered other medical or mental causes?
- How will the dementia change over time?
- What treatments are available for this type of dementia at this time?
- What healthcare and legal decisions should we make now?

Dementia is not easy to describe or understand. Dementia means confusion, and is most easily described as changes in memory, thinking, language, judgement, and behavior. There are many types and causes of dementia, and not all types of dementia present the same way. Dementia is usually diagnosed in older adults but there is also early onset dementia that may be diagnosed in younger adults. Most causes of dementia cannot be stopped and will progress over time.

When we hear the word, dementia, we often think about someone being forgetful; however, forgetfulness does not mean one has dementia. Forgetfulness that gets worse over time, or changes in one's ability to do tasks, they had done before without help, is a concern. Changes in behavior like getting mad or becoming fearful is also a concern.

Some of the common types of dementia are described on the **Types of Dementia** on page 5. You should ask your healthcare providers questions about the specific type of dementia you or your loved one has, how that type of dementia is best treated, and how it progresses over time.

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DIAGNOSIS AND TYPES OF DEMENTIA

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Common Questions

- Does my loved one need to see a specialist?
- What services are available to provide assistance?
- What treatment options are available?
- If one treatment option doesn't work well, are there other options?
- Is there a local support group in my area?

Finding out if someone has dementia is not always easy. There are many health issues that can cause changes in memory, so one should not assume dementia is the problem when someone is forgetful.

When individuals begin to show changes in memory it is important that they see their primary care provider. There are at least a dozen advantages to obtaining an early and accurate diagnosis when cognitive symptoms are first noticed. Ruling out other possible causes like depression, will need to be checked.

Your primary care provider may recommend that a specialist, like a neurologist, psychiatrist, or neuropsychologist, be seen. Once a diagnosis of dementia has been made, a treatment plan can be built based on the type and stage of dementia.

Receiving a diagnosis of dementia is difficult. It is important to ask your healthcare provider about the future, so that you can make a plan for how to best move forward.

There are a number of types of dementia. Some of the more common diagnoses are described here. Do not be afraid to ask your healthcare provider questions about a specific type of dementia.

- **Alzheimer's Disease:** The most common type of dementia. Occurs most often in old age, the disease slowly and progressively destroys the brain. As the disease progresses, new symptoms will be present, and old symptoms will worsen.
- **Dementia with Lewy Bodies:** Common in individuals with Parkinson's Disease or Alzheimer's Disease, this form of dementia affects thinking, reasoning, and movement.
- **Frontotemporal Dementia:** Also known as **Pick's Disease**, this type of dementia affects more men than women and is common between 40 to 60 years of age. Behavioral changes in personality, judgement, language, and memory are common.
- **Mild Cognitive Impairment:** Problems with memory are usually the most common symptom. For some, memory improves over time, yet for others it gets worse. This diagnosis can often be the first step to a diagnosis Alzheimer's Disease.
- **Normal Pressure Hydrocephalus:** Caused by a buildup of cerebrospinal fluid in the brain, which causes enlargement. Symptoms are often confused with Alzheimer's Disease and Parkinson's Disease. Symptoms improve best when treated early.
- **Parkinson's Disease Dementia:** Associated with Parkinson's Disease and occurs later in the diagnosis. This type of dementia is similar in characteristics to Dementia with Lewy Bodies.
- **Vascular Dementia:** Sometimes called **Multi-Infarct Dementia**. This type of dementia is the result of small or large strokes, or poor blood supply to the brain.
- **Early On-Set Dementia:** Cognitive impairment usually sets in at the time of menopause or andropause (men's decline in sexual hormones). Drastic hormonal deficiencies or toxicity factors, or a combination of such with other factors is typically a trigger.

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The words used in healthcare can be confusing to many. When you do not understand medical terms, do not feel bad about asking that the information be explained to you in words that you will understand. A few common terms are described below, but others can be found online.

- **ADLs:** Activities of Daily Living (ADLs) are activities performed for self-care, such as bathing, dressing, toileting, cooking, laundry, or shopping.
- **Aphasia:** A disorder of communication, including speaking, understanding what others are saying, or naming objects.
- **Amnesia:** Memory loss.
- **Apraxia:** A deficit in voluntary motor skills.
- **Agnosia:** Inability to receive correct information from the senses of hearing, smell, taste, touch, and vision.
- **Cognition:** The process of knowing something.
- **Delirium:** Confusion and changes in brain function that appear rapidly are often short term and should not be confused with dementia.
- **Dementia:** A change in mental processes that can include memory problems, changes in personality, and changes in reasoning.
- **Diagnosis:** The cause of a medical problem.
- **Gait:** A medical term for walking.
- **Incontinent:** Difficulty or inability to control urine in the bladder, or to keep feces in the rectum. There are different types and causes.
- **Memory:** Ability to recover (remember) information from the past. With some forms of dementia, short-term (recent) memory is lost, while long-term (older) memory remains.
- **Prognosis:** The most likely outcome of the disease process.
- **Vascular:** Relating to the blood vessels.

Common Questions about Activities

- What type of activity program is safe and appropriate?
- How much guidance/physical assistance will they need?
- What equipment will be needed?
- Will the Occupational Therapist teach me how to manage the activity plan?
- How can I work these activities into a daily routine?

Functional Activity Considerations

Being active is important for both mental and physical health. Having a diagnosis of dementia does not mean giving up all of the activities you love. Staying active enhances quality of life and may distract from behaviors like wandering or getting upset.

Activities like taking care of yourself, working on a hobby, and playing games have been shown to improve cognition. Activity that is meaningful to the person and is done in a safe place is important. Activities should be done at a specific time of the day and in a set order, to help with memory and decrease confusion. An Occupational Therapist (OT) can create an activity plan based on what your loved one is interested in and able to do. An OT may also provide help on other ways to improve memory function.

Common Questions about Driving

- Is my loved one safe to continue driving?
- Have I planned to have a conversation about not driving?
- Do I need to talk to their physician or a specialist about their driving?
- Have I considered options for other transportation?
- Can Gulf Coast Dementia Services help?

Deciding when driving is unsafe for someone with dementia can be hard, especially if the driver is not aware that there is a problem. For many, driving is important, but allowing someone who is unsafe to drive puts them and others at risk.

Suggestions:

- Talk to them about your concern for their safety.
- Discuss options to meet their needs that require driving (i.e., shopping, church, social activities, and how those needs can be met).
- Consider asking a physician to provide a prescription that “No Driving is Allowed” when driving becomes unsafe.
- Call the Alabama Department of Public Safety and request they have your loved one retested.

EXERCISE, MEDICATION, AND DEMENTIA

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Common Questions about Exercise

- What type of exercise program is safe and appropriate?
- How much guidance/physical assistance will he/she need?
- What equipment will be needed?
- Will the Physical Therapist teach me how to manage the exercise plan?
- How long and hard should he/she work out?

Exercise Considerations

Exercise is important for both mental and physical health. Activity and exercise are important to maintaining one's balance, flexibility, strength, and endurance. All of these things help someone stay safely mobile.

Physical exercise has been shown to improve memory. Making sure exercises relate to function and are done in a safe place is important. Exercises should be done at a specific time of the day, and in a set order, to aid memory and avoid confusion. Before starting any exercise program, you should talk to your physician or physical therapist (PT). A PT will help make an exercise program specific to your loved one's ability.

Common Questions about Medication

- Are there any special instructions to follow? Do I understand those instructions?
- Is a generic (and possibly cheaper) version of the medication available?
- How will we know if the drug is helping?
- Have I made a list of medication and shared it with healthcare providers?

Individuals with dementia and their caregivers should become familiar with both prescribed and non-prescribed medications being taken. Becoming familiar with common side effects of medication, and how medications can negatively interact is important.

Keeping a list of all drugs taken, whether prescribed or over-the-counter, can be helpful in managing medication. Writing down the drug name, the amount of drug taken, and how often the drug taken is important. Your pharmacist can create this list for you if you need assistance.

When medication is prescribed, ask the healthcare provider or pharmacist about side effects and drug interactions, and when you should contact them if an unexpected reaction is noticed. Make sure you add newly prescribed drugs to your medication list and remove drugs that are no longer being prescribed or taken.

Common Questions

- If swallowing is an issue, is a swallowing evaluation needed?
- Have I reduced distractions during mealtime?
- Have I planned meals that provide proper nutrition?

Eating right is important to stay healthy. Not getting the right amount and type of nutrition can lead to behavioral changes. Following a healthy nutrition plan is important.

Mealtime can be made easier by:

- Eating in a calm and quiet place
- Avoiding things that take attention from the meal
- Serving food that is not too hot or too cold
- Don't serve too many foods at one time
- Allowing for extra time to eat if needed
- Queueing by eating with another person serves as an example of how to eat

Prepare foods that are easy to chew and swallow. If it appears that food and drinks are hard to swallow, ask your physician about a swallowing test by a speech-language pathologist (SLP) or an occupational therapist (OT). They can make an eating and swallowing plan specific to your loved one.

Do not be complacent or believe that not eating is a natural course of the dementia without exact and specific guidance from a physician and typically this would occur when the person is receiving hospice care and is near the end of life. In more advanced stages, dementia patients may simply forget to eat, and can easily fail to thrive if not closely monitored.

DEMENTIA FRIENDLY ALABAMA/CAREGIVER TIPS

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Who... can contribute to a dementia friendly community?

In a dementia friendly community, every part of the community plays a role and works together to create a dementia friendly culture. It's all about **partnerships**: Partnerships with those diagnosed with dementia, partnerships with religious organizations, partnerships with schools; and partnerships with businesses and the community to promote awareness of dementia.

What... is a dementia friendly community?

Dementia Friendly is much more than simply being kind to those impacted by dementia. A dementia friendly community is one where those living with Alzheimer's and their care partners feel respected, supported, and included in every day community life.

Why... are there dementia friendly communities?

With 10,000+ people daily turning 65, and age being the greatest risk factor for dementia, Alabama is committed to raising awareness throughout the state, striving to reduce stigma and fostering individual engagement through training and preparation within a "dementia friendly community." Having a solid community of people, we can trust enough to be vulnerable with and who will sustain us through difficult times is a foundational part of life. Imagine a community where people with dementia feel included, respected and valued, where they can participate in activities that are meaningful to them.

Caregiver Tips:

- Take time for yourself!
- Discuss important decisions early in the diagnosis of dementia.
- Include family in planning discussions, when appropriate.
- Short-term memories are usually lost first, so have conversations about things in the past they can remember.
- Music from the past can bring back memories and can be calming.
- When playing games, allow your loved one the time they need to play. If the game becomes frustrating, change to a different activity.
- Keep instructions simple. Few words are sometimes best. Don't add too many steps to instructions. Speak slowly and clearly.
- Don't assume that if you are asked for advice that your loved one cannot make a decision. Even people without dementia ask for advice and like to talk things out with family and friends.
- As memory gets worse, don't argue about things they can't remember – they aren't forgetting on purpose.
- Don't repeatedly ask if they know someone – that can lead to frustration. They may know someone without remembering their name.
- Maintain a daily routine. Change can be frustrating. Let your loved one do what they can for themselves as long as they are safe.
- If drinking with a cup is hard, use a straw so they can suck the liquid. If using a spoon or fork is too hard, let them use their hands.
- Anger can be a sign of frustration or pain. Try to recognize pain early and act appropriately.
- Search the internet for "10 Tips for Talking to Someone with Alzheimer's" for more guidance.

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CAREGIVER CHECKLIST

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The following items are tasks you might consider completing when a diagnosis of dementia has been made:

- Do I know the specific type and stage of dementia?
- Have I asked about medication and other treatments available?
- Have I asked about medication and other treatments available?
- Have I or my family and friends discussed the diagnosis?
- Have we created a list of questions that we need answers for?
- Have I identified the local Area Agency on Aging and made contact?
- Have I created a plan/schedule for:
 - Medication?
 - Activity?
 - Exercise?
 - Nutrition?
- Have I thought about living arrangements?
 - Is staying at home an option? If so, are home modifications needed?
 - What supports are needed (e.g., adult day services, meals on wheels, companion services, respite services, etc.)?
 - Will a caregiver be needed? If so, what arrangements need to be made?
- Have I determined what insurance and financial supports are available? Do I need to discuss this with an insurance provider or banker?
- Have legal issues been addressed?
 - Has a Living Will for health care decisions been created?
 - Who has legal Power of Attorney for non-health issues?
 - Has a Will or Trust been created?
- As a caregiver, am I taking care of myself?
 - Do I have a backup plan if I am unable to provide care?
 - Have I planned time for me?

CAREGIVER SKILLS TO CONSIDER DEVELOPING

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Noticing Positive Events - “Each night before bed, write down one or more things that were positive, went well, or made you feel good that day.” The **Daily Positive Event** exercise is one way of being more aware of the good things that happen to you. It is designed to help you notice and remember positive events that occur throughout your day, and to end your day on a positive note by thinking and writing about these positive events.

Savoring - You can do something to **Extend, Amplify, or Capitalize** on the event – tell someone about it, take a moment to stop and savor it, write about it, revisit it in your mind later on and re-experience the positive emotions that come with that event.

Gratitude - Each Day think about one thing you were grateful for, and note it. This exercise helps you be more generally aware of things to appreciate in your life – the good things that you otherwise might not necessarily note.

Mindful Meditation Practice (with audio recordings or without) - Setting aside time to practice breath awareness can help your ability to cope with stress when it happens. Breathe in for 3 to 5 seconds, hold for the same time, exhale for 3-5 seconds, and then hold again for the same time.

Everyday Mindfulness - Mindfulness has been defined as “**paying attention in a particular way: on purpose, in the present moment with a non-judgmental and accepting attitude.**” Being **present with the activities of daily life** can help you avoid the stress of being caught in the past or future.

Positive Reappraisal - Positive reappraisal is a way of dealing with stress in which you **make a positive change in how you interpret or appraise an event.**

Self-Compassion - Sending compassionate thoughts and feelings to yourself can elevate your mood and help you cope.

Personal Strengths - Recognizing your own strengths and instances in which you use these strengths can help you better cope with stressful things in your life.

Attainable Goals - Many people experience positive emotion when they achieved a goal. When we think of goals we often think of grand, far reaching plans (become president, bring about world peace, discover the cure for the common cold) but short term, more easily achieved goals are the ones that are likely to help us experience positive emotion on a daily basis.

CAREGIVER SUPPORT GROUPS AND RESPITE CARE

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Common Questions

- Who can help with caregiving duties?
- Can my local Support Group provide assistance?
- When I need a break, who will provide care?
- If I hire a caregiver, what skills do they need to have to help?
- Do I have a plan to make sure I give myself the time and attention I need?

Caregiving can be both rewarding and stressful. Over time, the stress with dementia can become difficult. Too often, caregivers don't make time for themselves which can result in anger, sadness, or changes in their own physical health. If you are a caregiver it is important to make a plan, so that you can take breaks when needed. If you notice changes in your own health or well-being, it is important to seek support so that both you and your loved one stay as healthy and well as possible.

Caregiver Support Groups are available in many counties across the state where caregivers can attend and receive support from other caregivers. Please see the page 14 for a list of your local support groups!

Respite is a word describing a short period of rest or relief from something difficult. Caregivers overwork themselves to the point where their own health or relationships begin to decline. Sometimes caregivers need a break too – and that is okay.

Arranging respite care takes planning. Respite care is commonly offered through in-home care services, adult day services and residential facilities. If your loved one is receiving hospice care, Medicare may cover respite care on a short-term basis.

It is important not to wait for rest until the point of exhaustion as it may be some time before a respite can be scheduled. For example, if you are a caregiver and planning a trip or need to attend a family function, keep in mind that admission to a facility for respite is much the same process as admission for long term care, and may require medical examinations and testing, as well as an available bed, prior to admission. This can take days, at minimum, but could take several weeks to schedule.

Also keep in mind that the person with dementia, particularly if advanced, may take additional time to adjust even to a short respite. Planning extra hands on deck during that difficult transition, could mean the difference between a welcome break and a frantic mess.

www.AlabamaDementia.gov/respites.html

Alabama Lifespan Respite: 1-866-RESTALA (toll free)

Alabama Respite Connections: 1-256-739-8621

Local AAA: 1-800-243-5463 (toll free)

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PHONE LIST

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Name	Phone Number	Counties	Website
MEMORY CARE ASSISTED LIVING			
Proveer at Heritage Woods	251-665-9063	MO	proveeratheritagewoods.com
Proveer at Port City	251-380-0053	MO	proveeratportcity.com
Carillon Oaks	251-287-6300	MO BA	carillonoaks.com
Seabrook Pointe	251-625-6400 251-810-0334	BA	cottageassistedliving.com
The Brenny	251-626-9000 251-928-5555	BA	brennyfairhope.com brennydaphne.com
Knollwood Pointe	251-220-8320	MO	knollwoodpointe.com
The Reserve	251-270-5052	BA	thereserveatfairhope.com
Gordon Oaks	251-661-7600	MO	gordon-oaks.com
The Haven of Gulf Shores	251-923-2800	BA	communityseniorlife.org
Somerby	251-776-1455	MO	somerbyseniorliving.com
MEMORY CARE SKILLED NURSING			
Ashland Place	251-471-5431	MO BA	ashlandplacehealthandrehab.com
North Mobile Health & Rehab	251-452-0996	MO	northmobilerehabcenter.com
Fairhope Health and Rehab	251-928-2153	BA	nolandhealth.com
Robertsdale Rehab & Healthcare Ctr	251-947-1911	BA	ballhealth.com
Crowne Health Care of Mobile	251-473-8684	MO	crownehealthcare.com
Lynwood Nursing Home	251-661-5404	MO	lynwoodrehab.com
Diversicare of Foley	251-943-2781	BA	dvcr.com
William F Green Veterans	251-937-8326	BA	va.alabama.gov
EDUCATION			
Gulf Coast Dementia Services	251-355-9123	MO BA ES WA	gulfcoastdementiaservices.com
Area Agency on Aging	251-706-4680	MO BA ES	agingsouthalabama.org
PLACEMENT SERVICES			
Touching Hearts Senior Care	251-445-4204	MO BA ES	touchingheartsseniorcare.com
Care Patrol	251-317-0183	MO BA ES	carepatrol.com
SUPPORT GROUP			
Gulf Coast Dementia Services	251-355-9123	MO BA ES WA	gulfcoastdementiaservices.com
The Long Good-bye Support Group	251-471-1511	MO	dauphinwayumc.org
Frontotemporal Degeneration Support Group	251-626-5246	BA	theaftd.org
Shepard's Place	251-928-1148	BA	fairhopeumc.org

Counties: BA = Baldwin County MO = Mobile County WA = Washington County ES = Escambia County CL = Clarke County

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Name	Phone Number	Counties	Website
HOME HEALTH			
Enhabit Home Health	251-661-5313	MO BA WA	enhab.com
Amedisys Home Health – Mobile	251-380-0492	MO	amedisys.com
Amedisys Home Health – Bay Minette	251-580-8236	BA ES	amedisys.com
Amedisys Home Health – Foley	251-971-1436	BA	amedisys.com
Aveanna Home Health	251-304-3158	MO BA	aveanna.com
Centerwell Home Health	251-316-0917 251-943-3002 850-434-8662	MO BA ES	centerwellhomehealth.com
ComfortCare Home Health	251-304-3158 251-621-4431	MO BA	comfortcarehomehealth.com
SAAD Healthcare	251-343-9600 251-424-1998	MO BA ES WA	saadhealthcare.com
Springhill Home Health	251-433-8172 251-626-5895	MO BA	springhillhomecare.com
ProHealth Gulf Coast	251-517-7556	MO BA	prohealthgroup.com
Coastal Home Health	251-990-9200	BA ES	ihcgroup.com
Thomas Home Health	251-215-6857	BA	ihcgroup.com
Infirmiry Home Health	251-450-3300	MO	ihcgroup.com
HOSPICE CARE			
Alabama Hospice Care of Mobile	251-345-1023	MO BA ES	Lhcgroup.com
Enhabit HH & G	251-661-5313	MO BA ES	enhab.com
Amedisys Hospice	251-343-0989 251-943-6094	MO BA	amedisys.com
Aveanna Hospice	251-304-3135 251-304-3158	MO BA ES	aveanna.com
Arabella Healthcare Management	251-479-0551 251-928-2177	MO BA	arabellahcm.com
Community Hospice	251-943-5015	MO BA	communityhospiceal.org
Gentiva Hospice	251-478-9900 251-340-6387 251-621-2500	MO BA	gentivahsp.com
SAAD Hospice & Inpatient Retreat Facility	251-380-3310 251-424-1998	MO BA	saadhealthcare.com
Springhill Hospice	215-433-8172 251-626-5895	MO BA	springhillhomecare.com

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Name	Phone Number	Counties	Website
HOSPICE CARE CONT.			
Southern Care Hospice	251-621-2844	MO BA ES	southerncarehospice.com
Vital Caring Group	241-246-2727	MO WA	vitalcaring.com
Covenant Care	855-227-3665	MO BA ES	choosecovenant.org
Legacy Hospice	251-843-5355	CL WA	legacyhospice.net
St. Joseph Hospice	251-675-7555	MO BA ES WA	thecarpenterhealthnetwork.com
IN-HOME CERTIFIED DEMENTIA CAREGIVERS			
Touching Hearts Senior Care	251-445-4204	MO BA ES	touchingheartsseniorcare.com
LEGAL			
Ladd Firm	251-431-6014	MO BA	laddfirm.com
Davis & Associates	251-434-6848	MO BA	davisfinancialgroup.org
Aging in Alabama	251-281-8120	MO BA	elderconsults.com
INSURANCE			
Blue Cross Blue Shield of Alabama	877-278-7007	MO BA WA ES CL	bcbosal.org
Cigna Healthspring of Alabama, Inc	800-477-7061	MO BA WA ES CL	cigna.com/medicare
Humana Insurance Company	800-866-0581	MO BA WA ES CL	humana.com
Viva Medicare Plus	888-830-8482	MO	vivahealth.com/medicare
Mercy Life – A PACE Organization	855-367-6562 251-287-8427	MO BA	trinityhealthpace.org
United Healthcare – AARP Medicare Complete	855-416-1466	MO BA WA ES CL	aarpmedicareplans.com/health-plans
Optum Medicare Advantage	888-445-8745	MO BA WA ES CL	optum.com
GOVERNMENT BENEFITS			
Alabama Medicaid	334-242-5000	MO BA WA ES CL	medicaid.alabama.gov
Area Agency on Aging	251-706-4679 251-972-8506 251-368-1032	MO BA ES	agingsouthalabama.org
Elderly & Disabled Medicaid Waiver	251-706-4680	MO	medicaid.alabama.gov
Veterans Affairs	800-827-1000	MO BA WA ES CL	va.gov

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Name	Phone Number	Counties	Website
LONG-TERM CARE			
Thrivent Financial	251-443-5661	MO BA	thrivent.com
ADULT DAY CARE			
Mercy Life – PACE Organization	855-367-6562 251-287-8427	MO BA	trinityhealthpace.org
Affinity Care	251-202-3971	BA	affinitydaycare.com
Grandfriends Adult Daycare	251-470-5222	MO	viamobile.org
Just Like Home Adult Daycare LLC	251-408-9013	MO	jladllc.com
Shepherd's Place	251-928-1148	BA	fairhopeumc.org
GERIATRICS			
David Ross, MD	251-435-1200	MO	
Marcia Littles, MD	251-633-3662	MO	
Shyla Reddy, MD	251-434-3475	MO	
Thomas H. McCulloch, MD	251-990-8860	BA	
Melissa Ogden, Ph.D	251-478-3044	MO	
Randall Hall	251-990-8860	BA	
Jacquise L Taliaferro, NP	251-450-8289	MO	
Tawanda Taylor, NP	251-450-8289	MO	
PRESCRIPTION ASSISTANCE			
AAA SenioRx	251-706-4680 251-937-0358 251-867-0257	MO	alabamaageline.gov
Franklin Primary Health	251-633-3662	MO	franklinprimary.org
Medicare Part D Prescription Drug Program	800-633-4227	MO BA WA ES CL	medicare.gov/part-d
Mobile County Health Dept.	251-690-8889	BA	mchd.org
Mostellar Medical Center	251-824-2174	MO	mostellarmedical.org
Ozanam Charitable Pharmacy	251-432-4111 251-937-0358 251-867-5765	BA	ozanampharmacy.org
Partnership for Prescription Assistance	251-450-8289	MO	pparx.org
Alabama Free Clinic	251-937-8096	MO BA	alabamafreeclinic.org
Pure Life – RX Pharmacy	251-424-1544	MO	pureliferx.com/rxangels
Catholic Social Services	251-434-1550	MO	catholicsocialservices.org/ministries-and-services
Ecumenical Ministries of Baldwin County	251-943-3445 251-943-3452	BA	baldwinemi.org

Counties: BA = Baldwin County MO = Mobile County WA = Washington County ES = Escambia County CL = Clarke County

PHONE LIST

www.gulfcoastdementiaservices.com

251-355-9123

Name	Phone Number	Counties	Website
RESPIRE CARE FOR DEMENTIA			
Touching Hearts Senior Care	251-445-4204	MO BA ES	touchingheartsseniorcare.com
Alabama Cares Family Caregiver Program	251-706-4680	MO BA WA	agingsouthalabama.org
Ashland Place Health & Rehabilitation	251-471-5431	MO	ashlandplacehealthandrehab.com
Gulf Coast Health & Rehabilitation	251-634-8002		gulfcoasthealthandrehab.com
Lynwood Nursing & Rehab	251-661-5404	MO	lynwoodrehab.com
Mercy Life	251-287-8420	MO BA	trinityhealthpace.org
Murray House	251-432-2272	MO	murrayhouseliving.com
Palm Gardens Health & Rehabilitation	251-450-2800	MO	palmgardenshealthandrehab.com
Shepherd's Place	251-270-0097	BA	shepherdsplacerespite.com
Haven of Gulf Shores	251-923-2800	BA	communityseniorlife.org
Proveer at Heritage Woods	251-665-9063	MO	proveeratheritagewoods.com
Proveer at Port City	251-380-0053	MO	proveeratportcity.com
Knollwood Pointe	251-220-8320	MO	knollwoodpointe.com
Gordon Oaks	251-661-7600	MO	gordon-oaks.com
Carillon Oaks	251-287-6300	MO BA	carillonoaks.com
Little Sisters of the Poor	251-476-6335	MO	littlesistersofthepoor.com
Crowne Healthcare Mobile	251-473-8684	MO	crownehealthcare.com
PSYCH IN-PATIENT CARE			
North Baldwin Sr. Behavioral Unit	251-937-5521	BA	infirmiryhealth.org
Mobile Infirmary	251-435-2400	MO	infirmiryhealth.org
DEMENTIA COUNSELING			
Touching Hearts Senior Care	251-445-4204	MO BA ES	touchingheartsseniorcare.com

Counties: BA = Baldwin County MO = Mobile County WA = Washington County ES = Escambia County CL = Clarke County

AREA AGENCIES ON AGING/ ALABAMA DEPT OF SENIOR SERVICES

www.gulfcoastdementiaservices.com

251-355-9123

www.AlabamaDementia.gov/aaa.html

Alzheimer's Association 24/7 Helpline 1-800-272-3900

The Area Agency on Aging (AAA), covering 67 counties in Alabama, is a resource for older adults, their families, and caregivers with a goal of helping individuals stay in their homes for as long as safely possible. The range of options allow older adults and people with disabilities to choose the home and community-based services and living arrangements that suit their needs. If services are offered in your area, contact them about services offered such as:

- Free Screenings
- Meals on Wheels
- Sitter Services
- Transportation Services

The Area Agency on Aging (AAA) serve as Alabama's Aging and Disability Resource centers — AccessAlabama.

www.Alabama.Dementia.gov/Alabama

The Alabama Department of Senior Services advocates and provides assistance to the aging public and people of any age with a disability. The Alabama Department of Senior Services acts on behalf of consumers by administering programs and services locally through the 13 Area Agencies on Aging (AAA) and other partners to see that an older person's care, health, safety and well-being needs are met. They help with:

Caregiver assistance

- Diet and nutrition
- Elder abuse prevention
- Accessing medication
- Legal Issues
- Long-term cared issues
- Medicaid/Medicare and insurance counseling
- Ombudsman services

ELDER ABUSE PREVENTION

www.gulfcoastdementiaservices.com

251-355-9123

Adult Abuse Hotline 1-800-458-7214

The hotline is available 24 hours, 7 days a week. Reports can be also be made to the local County DHR office or local law enforcement. Reports can be anonymous

Elder abuse can occur anywhere. Elders are most abused by family members or those in a position of trust. It is defined as:

- **Abandonment** – Desertion of an elder by anyone responsible for their care or custody of the elder.
- **Emotional Abuse** – Inflicting mental pain, anguish, or distress on an elder verbally or through nonverbal acts.
- **Financial Exploitation** – The illegal taking, misuse, or concealment of funds, property, or assets of an elder for someone else’s benefit.
- **Neglect** – Failure to provide food, shelter, health care, or protection of an elder.
- **Physical Abuse** – Inflicting physical pain or injury on an elder.
- **Sexual Abuse** – Non-consensual sexual contact of any kind.

It is everyone’s responsibility to prevent and report elder abuse. Alabama Department of Senior Services (Alabama Department of Senior Services) as Free Elder Abuse Protection Toolkit available with important information on how to identify, prevent, and report elder abuse. **To receive a FREE toolkit, call Alabama Department of Senior Services at 1-800-243-5463.**

www.AlabamaDementia.gov/ADSS.html

Alabama Department of Senior Services: 1-800-AGE-LINE (243-5463)

www.AlabamaDementia.gov/ombudsman.html

Alabama Long-Term Care Ombudsman Representative: 1-800-243-5463

Assisted Living Complaint Hotline: 1-800-873-0366

Elder Abuse Hotline: 1-800-458-7214

Alabama’s Long-Term Care Ombudsmen Representatives advocate to protect the health, safety, welfare, and rights of Alabama’s long-term care residents of long-term care facilities including Nursing Homes, Board and Care Homes, Specialty Care, and Assisted Living Communities. They work to protect the heal, safety, welfare and rights of Alabama

Ombudsmen investigate and resolve complaints, ensure residents receiving quality care, educate residents, families, and faculty/staff about resident’s rights, provide information to the public, and represent resident’s interests regarding laws, regulations and policies. Complaints can be filed in writing, phone, or in person. **DO NOT FEEL AFRAID TO ASK FOR OMBUDSMEN ASSISTANCE.** They can help, and you can remain anonymous.

PRESCRIPTION ASSISTANCE

www.gulfcoastdementiaservices.com

251-355-9123

SenioRx Program 1-800-243-5463

The SenioRx Program is a state funded prescription drug assistance program that obtains free or low-cost prescription drugs from pharmaceutical companies. Qualified individuals must be an Alabama resident and meet one set of the follow criteria:

If you are 55 and Older and

- Have a chronic medical condition(s) and
- Have no prescription drug insurance, and
- Meet certain income limits.

OR

If you have a disability at any age

- You have been deemed disabled by Social Security, or have applied for disability and are waiting on a decision, or have a doctor's declaration of disability, or
- You are in the 24-month Medicare waiting period, or
- You have Medicare and have reached your Medicare Part D coverage gap (donut hole).

www.medicare.gov

LIS or Low Income Subsidies are available for those already on Medicare who meet income and asset restrictions.

Medicare Savings Programs

Lower income beneficiaries may qualify for assistance with paying Medicare premiums as well as paying for prescription drugs. Contact the Alabama Medicaid office, as Medicaid in Alabama DOES NOT consider assets, interests, or dividends of seniors in qualification under QMB, SLMB, or QI programs. If you go through your Social Security office or medicare.gov, they will consider your assets.

SENIOR CENTERS/ADULT DAY SERVICES

www.gulfcoastdementiaservices.com

251-355-9123

www.AlabamaDementia.gov

1-800-AGE-LINE (243-5463)

Senior Centers act as a focal point for older adults to receive many aging services. They are a vital part of the aging network. Alabama has over 350 local Senior Centers (one in each county). Senior Centers are community-based and may provide many services including:

- Daily fun activities
- Nutritious meals
- Health and wellness education
- Arts and humanities
- Transportation services
- Volunteer opportunities
- Educational opportunities
- Leisure travel programs

www.AlabamaDementia.gov/dayservices.html

Eldercare Locator 1-800-677-1116

Medical and Social Models of Service

Adult daycare bridges the gap between living alone and high levels of care. Services may offer help for caregivers who are unable to watch their loved ones during the day. By providing safe and proper care. SoCal models of adult day services are designed to provide activities that allow participants to use cognitive, motor, language and social skills. Medical models provide health and rehabilitation service in addition to social interaction activities. The type of adult day services may be determined by the level of care required. A representative will help you determine the right fit for your needs.

ASSISTED LIVING/HOME HEALTH CARE AND HOSPICE

www.gulfcoastdementiaservices.com

251-355-9123

Assisted Living Environment www.AlabamaDementia.gov/assisted.html

Assisted Living Association of Alabama 1-800-826-9410

Assisted Living Facilities Complaint Line 1-866-873-0366

An Assisted Living Facility is a long-term care option that provides individuals personal care and assistance with daily activities as needed. Assisted Living community provides housing, meals, housekeeping, medication management, transportation and social activities. Many facilities also have Specialized Care Assisted Living Facilities (SCALF) that can provide more specialized support to individuals with dementia. Residents are assessed upon move in or when the patient's condition changes and used for an Individualized Service Plan.

Costs for facility residency vary and require pay.

www.AlabamaDementia.gov/homecare.html

National Association for Home Care & Hospice 1-202-547-7424

Medical care at home may be an option for some. This option helps many to stay at home longer. Home Health Care is a benefit under Medicare (Part A hospital benefit) and may also be covered by private insurance. Home Health service must be related to a current diagnosis that makes someone homebound. Homebound means leaving the home a "taxing effort" and must be ordered by a physician.

Home health agencies may offer both medical and non-medical services. Health services include skilled care provided by a nurse, certified nurse aid, occupational therapist, physical therapist, speech-language pathologist and/ or medical social worker. Additional services such as sitting, and housekeepers are also available for a fee.

www.AlabamaDementia.gov/hospics.html

Alabama Hospice and Palliative Care Organization: 1-334-421-8884

National Association for Home Care & Hospice: 1-202-547-7424

Hospice care ensures our loved ones are comfortable and supported at the end of life. Hospice care also supports caregivers and family members during this difficult time.

A physician must order hospice care. Its focus is to provide care that ensures comfort and dignity at the end of life. Healthcare services similar to those available in-home health care are available. Patients with Medicare, hospice services are covered under Part A of their health care benefits. Once admitted to hospice services, caregivers will have access to respite support services that may be covered by Medicare. Hospice services provide counseling, spiritual/religious support, and social work services to the family.

NURSING HOME CARE/VETERANS HOMES

www.gulfcoastdementiaservices.com

251-355-9123

www.AlabamaDementia.gov/longterm.html

Alabama Medicaid Call Center: 1-800-362-1504

Alabama Long-term Care Ombudsmen Representative: 1-800-243-5463

Alabama Nursing Home Association 1-334-271-6214

Health Care Facilities Complain Line: 1-800-356-9596

For those who have needs beyond those that can be provided by adult day services, home health care, or thither residential care, or when it becomes too difficult on the caregiver to provide adequate and safe care, long-term care (also known as nursing home care) may be required.

There are more than 220 nursing homes in Alabama with a total of more than 26,000 beds. Medicare.gov recommends the following when finding a nursing home that meets your needs:

- Find a nursing homes in your area
- Compare the quality of the nursing homes you are considering
- Visit the nursing homes you are interested in, or have someone visit for you
- Ask specifically about dementia care services.

Choose the nursing home that meets both you and your loved ones needs. Keep in mind that except for long term care insurance, and a small amount of skilled care benefit under Medicare, no insurance pays for long term care, and Medicare has strict eligibility requirements.

www.AlabamaDementia.gov/vahomes.html

www.benefits.va.gov

William F. Green State Veterans Home (Bay Minette) 251-851-2807

Alabama Veterans Administration (VA) Homes may provide living options for veterans with long-term health conditions. There are four VA Homes in Alabama. The VA decides who can receive services. To find out about BA programs, you should contact a facility of the Department of Veterans Affairs.

Eligibility for service sand the level of funding available is not the same for everyone. The VA will decide how much finding is available note BA offers a number of guides related to housing services, including a Shared Decision-Making Worksheet and a Caregivers Self-Assessment Worksheet. These worksheets can help individuals and their caregivers determine what type of care might be best, at a given point in time.

www.gulfcoastdementiaservices.com

251-355-9123

ACUTE PSYCHIATRIC CARE/AGING IN PLACE

www.gulfcoastdementiaservices.com

251-355-9123

www.AlabamaDementia.gov/psychiatric.html

At some point, someone with dementia may have need for assessment and treatment at an inpatient psychiatric center. This type of care may be needed if your loved one has another mental health condition besides dementia. Using this type of hospital is done to help find out what your loved one needs, “not to “put them away”. Your loved one’s primary care provide will be able to guide you if this option needs to be considered.

In-patient psychiatric care is beneficial when patients have severe agitation, poor sleep, poor appetite, or other conditions. The facility will evaluation your loved one’s mental and physical health and suggest a treatment plan.

Other than psychiatrists (physicians who specialize in mental health), healthcare providers who may work with your loved one in a facility might include nurses, social workers, psychologist, occupational therapists, recreation therapists and others If your loved one is admitted to a psychiatric inpatient facility, begin working with a social worker early to determine what will happen next.

www.aarp.org/liveablecommunities/publications or www.AlabamaDementia.gov/staying.html

American Occupational Therapy Association: 1-800-729-2682

National Association of Home Builders: 1-800-368-5242

Order your AARP Home Fit Guide: 1-800-243-5463

Staying at home (aging in place) for as long as possible is the goal for many individuals and their families. Staying in a familiar place is comforting for mean and may decrease confusion. Individuals with dementia may benefit from changes to their homes that could help them stay at home longer.

Examples are:

- Change paint color to make things easier to see;
- Put safety bars in the bathroom;
- Make things in the kitchen safe to avoid burns, cuts, and fires; and
- Move furniture and other things that could cause fails.

Occupational therapists who make home evaluations and safety checks can help. Many professionals like builders and interior designers can also provide assistance. Use licensed or certified providers when possible, always get a contract, with any changes or modifications in writing and signed by yourself and the contractor.

REAL ESTATE TRANSITIONS/INSURANCE

www.gulfcoastdementiaservices.com

251-355-9123

It takes time and patience to properly transition into other housing. Once the tough decision to move is made, it is critical to get expert advice to help plan the logistics and handle details. An exhausted caregiver and elderly homeowner will quickly become overwhelmed.

Do you sell or rent? What is a fair rent or sales price? Is it a favorable market? Is the area desirable or declining? Will I have to make repairs to attract buyers? Can we afford to make recommended repairs or are there alternatives that could save my equity without breaking the bank? What upgrades should we make to maximize the sales price and which updates are a waste of money? If I have to go to a nursing home, what sales price must I get for the home in order to avoid penalties? How can we safely and efficiently downsize our stuff as well as our house? If we rent, how do I know the tenants won't be terrible and cost a fortune to get out of the house? How do I know the tenants won't destroy the house? How do I arrange getting repairs made for the tenants while occupied?

Just like you shouldn't change your car engine, unless you have the experience of a well-established broker, you should seek expert advice. Having a friendly Real Estate Expert by your side can make the move a much more pleasant experience. Having someone there every step of the way, searching for your new home, finding a buyer for your current place, being by your side for all negotiations, making sure the process goes smoothly by attending to all of the details. Preparation really is key to ensure that this difficult process is stress free and set a positive tone for the transition.

Insurance Coverage:

- Does the individual have an insurance policy to cover health, at home care and/or long-term care?
- Does the individual qualify for Medicare coverage due to disability?
- How much will Medicare cover, what does it cover and for how long?
- Does the individual know what it takes to qualify for Medicaid?
- What is the quality of care or choice of care if the individual qualifies for Medicaid?
- Can or will the family take care of the individual?
- Can the individual afford to self-pay for care? If so, what will be left for the surviving spouse or family?
- What are the tax consequences of liquidating investments?

Insurance coverage varies by the policy. It is very important to understand what is covered and what is not, especially dealing with Medicare and Medicaid. It is important to create a long-term care strategy to decide where and how care is to be delivered, how involved the family will be in the care of the individual, and how the care will be funded, while protecting assets if able. Check the **Telephone Listings** portion of the guide.

Medicaid is a state/federal program that pays for medical and long-term care services for the low-income pregnant women, children, certain people on Medicare, individuals with disabilities, and nursing home residents. These individuals must meet certain income and other requirements.

To qualify for Medicaid, all individuals must:

- Be an Alabama resident;
- Be a US citizen or be in this country legally; and
- Meet income and age requirements (varies according to program).

Those individuals applying for assistance through a program for the elderly or disabled must also:

- Meet certain medical criteria; and
- Have resources below a certain limit (varies according to program).

The three agencies that certify a Medicaid recipient are the Social Security Administration, the Department of Human Resources, and the Alabama Medicaid Agency. Your local Aging and Disability Resource Center will also screen and help you apply for Medicaid benefits.

Medicaid Waiver Program:

- Does the individual qualify for Medicaid?
- Does the individual's current level of care qualify for Waiver Services?
- Does the individual have all the documentation (financial, legal, medical) needed to apply for services?
- Can my local Area Agency on Aging help?

Alabama Department of Senior Services operates this and four other Medicaid Waiver programs that are available to eligible individuals. Please call 1-800-243-5463 for eligibility requirements. They will screen and help individuals apply for Medicaid Waiver programs and services.

The Alabama Medicaid Elderly & Disability Waiver Program is designed to provide services to older adults and others whose needs would qualify for placement in a long-term care facility.

This program is for those who qualify for Medicaid and would require placement in a long-term care facility if they did not get help in their home. The kinds of help available to those who qualify include:

- Case management
- Personal care
- Homemaker services
- Companion services
- Respite care
- Adult day services (where available)
- Nutrition and meals

Waiver program enrollment is limited, and a waiting period may be required.

MEDICARE/LONG TERM CARE COVERAGE

www.gulfcoastdementiaservices.com

251-355-9123

Medicare coverage for dementia is dependent on the patient's need. Medicare covers services that are "reasonable and medically necessary" for the treatment of any condition that has resulted in a loss in abilities and health. Medicare cannot deny services because of a diagnosis of dementia. Medicare does cover home health care services for patients with dementia, if the person requires the skills of a qualified provider.

Medicare does not pay for long term nursing home care, as many believe. Medicare will only pay for up to 100 days of "skilled nursing care" or rehabilitation, if you are qualified under their rules, which typically requires at least two different types of therapies ordered after a 3-day hospital stay. This benefit resets after a 60-day period. The first 20 days of skilled care has a \$0 copay but days 21-100 carry a daily copay, which in 2018 is \$167.50 per day. Many supplemental policies will cover the additional days but usually have a higher premium. In Alabama, the most common type of "medigap" policy that covers day 21-100 is known as "Plan F."

It is important that you understand your coverage prior to entering rehabilitation and ensure that your insurance company will pay the bill, particularly if you have a Medicare Advantage plan or HMO or PPO, which may exclude some providers or may only pay a reduced rate. The cost of private skilled care is very high, so this is an important part of planning that should not be overlooked.

Long Term Care Insurance:

While Medicare or other health care policies cover medical charges, prescriptions and doctor bills, a Long-term care insurance policy should cover other expenses to help fill in the gaps. The LTC policy should help fund the care needed, but also help to minimize the stress.

At a minimum the policy should cover:

- **Care coordination services:** Identifying services needed, locating local caregivers and facilities, assist in developing, implementing and coordinating a plan of care, plus monitoring the ongoing care.
- **Home care services:** Modifications and alterations to the home if needed for safety, special equipment, caregiver training and respite care.
- **Facilities:** Assisted living, adult day care, nursing homes/memory care, hospice care.

Additional Benefits could include:

- **Alternate Care:** Helps pay for care services identified in your plan of care as a cost-effective alternative to covered services.
- **Bed reservation:** Covers cost to hold the patient's bed up to 60 days in a calendar year if you need to temporarily leave the facility; i.e. Hospital stays.
- **International care:** Provides limited benefits if you are outside the US and receiving qualified long-term services.

Most policies have additional riders – review with your agent what is available.

With so many, confusing roads to travel when helping someone with dementia, the only one that is most often overlooked is the legal one, although arguably it is one of the most important. There are several questions you should be asking EARLY:

1. Do we have the paperwork we need? Do not assume that your paperwork is comprehensive enough to navigate the various medical and financial routes you will need to travel. It is better to get a consultation as early as possible after diagnosis (or preferably before) in order to maximize your assets your income and your peace of mind.
2. Is there an elder law attorney in the area? A lot of attorneys write wills and state that they handle “estate planning.” This area of the law deals with property division after death and the attorneys who practice it may not be well versed in healthcare and government benefits, as well as a myriad of other legal issues that you may require. Look for an attorney in your area that is recommended as an “elder law attorney.”
3. Can someone else step in to handle my finances if I become unable, and particularly if I begin making unwise decisions? Make sure you have a durable financial and health care power of attorney that will put someone else in charge and, preferably, have a backup for that person. You can also nominate a “guardian” to serve if it is necessary that the agent go to court or guidance and oversight.
4. Are my assets at risk? Medicaid has a five-year lookback period when you are admitted to the nursing home, which means that you must produce all financial records for five years upon admission. If you have given away any property for any reason, Medicaid will likely issue a “penalty”, which is a time period they will not pay a nursing home bill due to the transfer of assets. Get timely advice to avoid losing your property or being unable to get medical help when you need it. Notify your bank and freeze your credit to prevent loss of your assets as well.
5. Is my spouse protected? If you are the breadwinner, then going to a nursing home will financially devastate your spouse. It is important to plan early to restructure debt and expenses prior to spending a huge chunk of your assets on other levels of care. AND If I pass away, are my dependents protected? Do you have a will or trust in place? Is it updated, and funded? Often, people think they have protection that they do not actually have in place. Make sure you bring up your estate plans with your elder law attorney as well.

MISTAKES AND MYTHS (All of these are false)

If I appoint someone as my agent in a power of attorney, then I am giving up my free will and my agent in a power of attorney, they are financially liable for my debt. My doctor said it wasn't time to start doing our living will or power of attorney since I was just diagnosed. If I get a will, it will avoid probate. If I spend all my money, then Medicaid has to cover my nursing home bill. If I deal in cash, Medicaid won't know what I did with my money, and there will be no problems. If I give property to the people who are supposed to get them if I die, then there are no Medicaid problems. The money that I set aside for my grandchildren is protected.

DEMENTIA GUIDE DISCLAIMER

www.gulfcoastdementiaservices.com

251-355-9123

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www.gulfcoastdementiaservices.com

251-355-9123



GULF COAST
**DEMENTIA
SERVICES**

Meeting information:

Dementia Support Group meetings are for caregivers or anyone interested in information about the disease.

Support groups are FREE, however a RSVP is encouraged, 251-445-4204.

Our support groups are designed to provide educational, emotional and social support for family and friends of individuals living with the disease. We encourage individuals to share their experiences and ask questions to help develop solutions to their concerns and challenges.

We meet every first Thursday of the month at 2p – 3p and the third Thursday of the month at 10a – 11a.

Location:

Touching Hearts Senior Care
Gulf Coast Dementia Services
2100 No. Demetropolis Rd.
Mobile AL 36693

251-445-4204 – RSVP AND DIRECTIONS

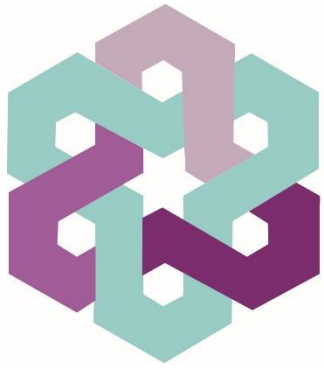
DEMENTIA SUPPORT GROUP

All information is kept confidential, we are here to help you with your situation.



Gulf Coast Dementia Services is a non-profit supporting individuals and their families who suffer from Alzheimer's and Dementia.





**GULF COAST
DEMENTIA
SERVICES**

HOW... can your area become a dementia friendly community? Gulf Coast Dementia Services is responsible for providing programs to foster dementia friendliness in your local community. Current programs promoting dementia friendliness include:

- Dementia Friendly Businesses
- Dementia Friendly Schools
- Dementia Resource Guide
- Memory Screenings
- Project Life Saver/Tracking Technology for Individuals with Cognitive Disorders
- Speaking Opportunities
- Virtual Dementia Tours

For more information about dementia friendly programs in Alabama,
please contact:

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