



MEDICAID ESTATE RECOVERY IN MICHIGAN

Public Act 74 of 2007 establishes a Medicaid estate recovery program in Michigan. This new law is effective September 30, 2007.

Medicaid estate recovery has been mandated by the federal government since 1993. Michigan is the last state to enact an estate recovery program.

What is Estate Recovery?

Estate recovery is a program by which the Michigan Department of Community Health (MDCH) will, under certain circumstances, try to recoup the expenses paid on behalf of Medicaid recipients from their estates. MDCH will seek to recover the amount Medicaid paid for:

- nursing home services
- home and community-based services (the MI Choice program) and
- hospital and prescription drug services provided while the recipient received either of the above.

Does Estate Recovery affect all Medicaid recipients?

No. Michigan's estate recovery program only affects people who began receiving Medicaid to help pay for nursing home care or home and community-based services after September 30, 2007. In addition, federal law limits estate recovery to persons who receive Medicaid services after age 55 or who are permanently institutionalized, re-

gardless of their age.

When does estate recovery take place?

If the Medicaid recipient was single, estate recovery takes place after she or he dies.

If the Medicaid recipient was married, no estate recovery takes place during the lifetime of a surviving spouse.

No estate recovery takes place if a Medicaid recipient left a surviving child who is under age 21 or a child who is blind or permanently disabled, as determined by the Social Security Administration.

What are the resources from which Medicaid will seek recovery?

Michigan's Medicaid estate recovery law states that the property and other assets from which recovery may be made are a Medicaid recipient's "estate". Under Michigan law, an estate includes property and other assets that pass from a deceased person to her or his heirs through a probate proceeding.

Examples of property and other assets that are not part of a person's "estate" and are conveyed without a probate proceeding are jointly owned property, property owned by a trust, property subject to a life estate, and assets

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that pass to a beneficiary under a transfer on death instrument, such as life insurance proceeds.

Will Michigan impose liens against the property of Medicaid recipients?

The Michigan estate recovery law prohibits placing or recording pre-death liens on the homes of Medicaid recipients. Michigan may use post-death liens against the real estate of deceased Medicaid recipients.

Will Michigan always seek to recover from a person's homestead?

No. Estate recovery from a person's home does not take place if the Medicaid recipient has one or more of the following persons residing in the home:

- a surviving spouse
- a child who is under age 21
- a child of any age who is blind or disabled as determined by the Social Security Administration
- a "caretaker relative" who was residing in the Medicaid recipient's home for at least two years immediately before the Medicaid recipient entered a nursing home and provided care that allowed the Medicaid recipient to live at home rather than in a nursing home or
- a sibling who has an equity interest in the home and who resided in the home for at least one year immediately prior to the Medicaid recipient's admission to a nursing home.

Are there other types of property that are exempt from estate recovery?

Yes. Michigan's estate recovery law exempts the following from estate recovery:

- that part of the value of a person's homestead that is equal to or less than 50% of the average price of a home in the county where the homestead is located, as of the date of the Medicaid recipient's death;
- the part of an estate that is the primary income-producing asset of survivors, including, but not limited to, a family farm or business;

- assets that should be exempt from recovery due to "hardship". Under Michigan's estate recovery law, the MDCH must develop a definition of "hardship" and a process under which a Medicaid recipient may apply for a waiver from estate recovery due to hardship. However, if a Medicaid recipient used "estate planning methods under which assets were diverted in order to escape estate recovery", there is a rebuttable presumption that no hardship exists.

When will Michigan's estate recovery program begin?

The date is uncertain. Before Michigan begins its estate recovery program, the MDCH must:

- establish a system for tracking assets and services provided to Medicaid recipients who are subject to estate recovery
- establish policy and procedures for estate recovery activities
- obtain approval from the federal government of Michigan's estate recovery program
- create written materials for persons applying for Medicaid for nursing home or home and community-based services that describe Michigan's estate recovery program
- create written materials for Medicaid applicants that explain the process for seeking a waiver from estate recovery due to hardship

What aspects of estate recovery in Michigan are uncertain at this time?

The Michigan estate recovery law raises some important questions:

- Michigan will seek from the federal government clarification of which Medicaid recipients and which Medicaid services are subject to estate recovery. Will Michigan seek to expand estate recovery to persons who use Medicaid to help pay for health care costs other than nursing home care or home and community-based services?
- Michigan will seek from the federal government clarification of the circumstances under which estate recovery may be made from the spouse of a Medicaid

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New Estate Recovery Law to Impact Michigan Families

During its recent marathon session, the state Legislature passed a law that could have a direct effect on some Michigan seniors and their families.

It's called "estate recovery," and it gives Michigan the right to try to collect Medicaid bills for long-term care from an individual's estate.

It applies to nursing home care or Medicaid waivers, which allow long-term care at home. It still requires federal approval.

The new law may cost some families money, but East Lansing-based elder law attorney Doug Chalgian has a bigger concern: that high-pressure sales folks will use the new law as a lever to sell seniors financial products they don't need.

"People have said if you go through probate, it's going to take all your money," he said. "These types of things have resonance with older folks because they're afraid of that and because they're so confusing."

So, here's Chalgian's word on the new law:

Michigan isn't the first state to pass an estate recovery law.

In fact, it's the last. And if it hadn't done so, it stood to lose federal Medicaid funds.

The federal government mandated estate recovery beginning in 1993; Michigan dragged its heels in implementing a law, at least in part because former Gov. John Engler was against it.

The good news is that Michigan's estate recovery law contains a variety of safeguards to make sure heirs don't have to sell their parents' homes to pay Medicaid bills.

The new law applies only to assets that are part of an estate that passes through the traditional probate system. And at least part of the value of a home that goes through probate is protected. For example, a home in probate is worth \$100,000. The average value of a home in the county where it is located is \$150,000. Half of the value of the average home in that county is exempt, meaning \$75,000 of the \$100,000 estate would be exempt from estate recovery.

Michigan's law was designed with input from elder law attorneys, the Alzheimer's Association, the Michigan chapter of the National Association of Social Workers, the Farm Bureau and others, Chalgian said.

"There were a variety of interests that cooperated in lobbying their perspective on this issue," he said.

The goal: protect as many estates as possible. Assets that are in joint ownership, in a revocable trust or which have a designated beneficiary are exempt from estate recovery.

"That's a loophole you can drive a train through," Chalgian said. "That's a very big planning opportunity for people."

The new law also includes other exemptions. For example, a home where a child or family member of the deceased lived with them for at least two years before they entered long-term care would be exempt.

Chalgian said the best bet for people who don't fit into the law's many exemptions is to consult a qualified elder law attorney.

"This isn't the end of the world," he said. "The good advocates in our state have persuaded our lawmakers to adopt a law that isn't as punitive as it could have been."

What do you think? Send an e-mail to thenewage@lsj.com, call me at 377-1251 or write to me at The New Age, Lansing State Journal, 120 E. Lenawee St., Lansing MI 48919.

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Social Security Increase

Social Security and Supplemental Security Income beneficiaries will receive a 2.3% benefit increase for 2008. This Cost-of-Living Adjustment (COLA) is based on the increase in the Consumer Price Index from the third quarter of 2006 through the third quarter of 2007.

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- recipient. Will Michigan decide to recover from the estates of spouses of Medicaid recipients?
- What notice and hearing procedures will be available to Medicaid recipients who contest actions under Michigan's estate recovery program?
 - What definition of "hardship" will Michigan use to evaluate claims by Medicaid recipients that their property and other assets should not be subject to estate recovery? Under what circumstances will Michigan review requests for exemptions that do not meet the State's definition of "hardship"?
 - Michigan's estate recovery law states that heirs of Medicaid recipients should not be "unreasonably harmed by the provisions of this program".

What procedures will Michigan implement to ensure this?

- Michigan's estate recovery law states that recovery should not be sought if the costs of recovery exceed the amount available for recovery or if the recovery is "not in the best economic interest of the state". What standards will Michigan adopt to make these determinations and will they provide a basis for challenging estate recovery?
- Michigan's estate recovery law states that the MDCH "may" promulgate rules for the estate recovery program. Will the MDCH give the public an opportunity to review and comment on the procedures it intends to use for Michigan's estate recovery program before they are implemented?

While the basic outline of Michigan's estate recovery program is described in the new law, many of the important details of how the Michigan Department of Community Health will administer estate recovery are not yet known. Persons concerned about how estate recovery may affect them should consult with an attorney with expertise in the Medicaid program to learn whether and how estate recovery may apply to them and the options for avoiding it.

This information is accurate as of October 1, 2007.

Additional information will become available as Michigan develops and defines its estate recovery program.

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Important Case

Summary of the decision in *Duffy v. Meconi*, in which a U.S. district court held that requiring a developmentally disabled Medicaid applicant to reside in-state for a period of time before her benefits are determined violates the U.S. Constitution

<http://www.specialneedsplanners.com/resources/article.asp?id=5664§ion=3>



National Alliance to Improve Assisted Living Care

From Frith Law Firm's Legal Medicine Blog:

For years, assisted living facilities in America "flew below the radar screen" of most state and federal regulators. Additionally, there were no resident advocacy groups established to look out for those people living in assisted living facilities. That is about to change!

Fifteen elder care, elder law, and senior advocacy groups announced today the formation of the Assisted Living Consumer Alliance (ALCA). The ALCA will be a national non-profit organization advocating for stronger consumer protections for assisted living residents.

Assisted living is the fastest growing type of senior housing. Currently, over one million Americans live in assisted living facilities. Assisted living increasingly is taking the place of nursing home care for many older Americans who no longer are able to live safely on their own due to increased frailty or dementia.



This is great news!

Funding a Special Needs Trust: How Much is Enough?

As a parent or guardian, you want to ensure that your child with special needs will remain financially secure even when you are no longer there to provide support. Given the significant, ongoing expenses involved in your child's care and uncertainty about what needs may arise after you are gone or what public benefits may be available, determining how much a special needs trust (SNT) should hold is no small feat.

Fortunately, help in calculating your "special needs goal" is available from attorneys and financial planners with expertise in disability issues, as well as from special needs calculators, which are accessible free of charge on the Internet.

Here are two such calculators:

MetDesk Special Needs Calculator: <http://www.metlifeiseasier.com/metdesk> (Available on the Special Needs Answers site at: <http://www.specialneedsanswers.com/resources/calculators.asp>)

Merrill Lynch Special Needs Calculator: http://askmerrill.ml.com/tmp/marketing_centers/products/aap017_TheFamiliesofChildrenWithDisabilitiesProgram.asp?CPAO=SNEED. (Click Special Needs Calculator.)

Using one of these calculators, either on your own or with the help of an advisor, is an excellent way to begin making concrete plans for your child's future. Based on information you provide about anticipated income and expenses, the calculators offer a realistic estimate of how much your child will need in lifetime financial support. Financial planners suggest re-running this type of calculation periodically, particularly as your child nears adulthood, to ensure the estimate reflects the most accurate, up-to-date information about needs and circumstances.

Getting Started

The first step in determining the amount you must set aside in an SNT is considering your goals and expectations for your child's future. If you haven't yet created a Memorandum of Intent, also called a Letter of Intent or a Life Plan, this is the time to draft such a

document. It should address factors such as your child's medical condition, guardianship needs, ability to work and desired living arrangements, all of which will drive your special needs calculation.

Once you've considered the "big picture," you'll need to identify your child's future income sources and living expenses. The online calculators identify relevant categories for you (e.g., public benefits income, transportation costs). For additional perspectives, take a look at the income-and-expense worksheet at nichcy.org (<http://www.nichcy.org/pubs/outprint/nd18txt.htm>) or ask your attorney or financial advisor if he or she has one available.



Using one of these calculators, either on your own or with the help of an advisor, is an excellent way to begin making concrete plans for your child's future.

Next, you'll need to tackle the most arduous part of the process, placing a dollar value on each category. You can start by listing any current income or expenses likely to continue into your child's adult years. You'll need to consider income from sources such as life insurance proceeds, gifts, inheritances, and legal settlements, as well as from employment and public benefits such as Supplemental Security Income and Social Security Disability Income.

On the expenses side of the column, broad categories include, but are not necessarily limited to:

Housing: rent, a mortgage, utilities, insurance, taxes, maintenance.

Transportation: car payments, auto insurance, fuel, repairs, public transportation costs.

Medical care: doctor visits, therapy, prescription drugs.

Care assistance: respite, custodial, nursing home care.

Special equipment: wheelchairs, assistive technologies, durable medical equipment, computers, service animals.

Personal needs: grooming, hobbies, entertainment, vacations.

Education and employment costs: tuition, books, supplies, tutoring.

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Future asset replacement costs: for a car, major appliances, electronics, furnishings.

Running the Calculation

Prior to running the calculation, you may need to indicate your child's life expectancy and the number of years remaining until your retirement. Once you've input all required data, the calculator automatically will run an analysis of your funding needs based on preset assumptions about the rate of inflation and your after-tax investment returns. Both calculators indicate the amount of annual savings required to meet your goal. The Merrill Lynch calculation includes a lump-sum savings goal that must be met by retirement, as well as a year-by-year cash-flow analysis indicating any shortfalls or surpluses for a given year.

Considering 'What Ifs'

Financial planners advise that running alternative calculations can help you plan adequately for worst- and best-case scenarios. One variable to consider is your child's ability to earn income. For example, if he or she is able to work more than expected, earned income may cover more expenses, but SSI payments will likely be reduced. As your child's disability advances, he or she may need to leave the workforce, potentially increasing SSI payments but also adding new expenses.

Another critical factor is the impact of higher or lower investment returns on the amount you must set aside. If your child is very young, you may plan to invest aggressively, pursuing a higher rate of return than if he were nearing adulthood. The reason – an investment rule of thumb – is that you generally can take somewhat greater risks with a longer-term investment because you have more time to recover from dips in the market. If you anticipate a lower rate of return for any reason, you will need to compensate by setting aside more in savings.

As you can see, to some extent this is more of an art than a science. You can make your best guess or work with a financial planner who specializes in this field and who can bring to bear her experience with many families in similar situations.

Finding the Funds

Once you have a realistic estimate in hand, you'll need to consider how to fund this need without sacrificing such financial goals as college and retirement. You may also need to balance the needs of your child with special

needs with your wish to benefit other children as well as covering your current needs. You may not be able to completely fund the dollar amount resulting from the above calculations, but having a target can assist your planning.

Many families find that a second-to-die life insurance policy is the most realistic option to fund an SNT because the premiums are often lower and the trust is funded when it is most needed, after both parents have passed away. In short, how much you fund your SNT and how large an insurance policy to purchase will be a question of balance among your current needs, your retirement funding, the needs of your other children, if any, and the anticipated needs of your child with special needs.

Finally, be sure to create or update an estate plan and determine which of your assets you'll leave to the SNT. Also advise relatives of the need to direct gifts and bequests to the SNT, rather than the child, to avoid the risk of disqualifying the child from eligibility for public benefits.

From Academy of Special Needs Planners 9/24/07

Our Siblings with Disabilities

New organization forming: Joy Nagy welcomes you to join her in establishing this not-for-profit support & networking group. It will offer support, information and advocacy for the siblings of people with ALL disabilities.

The website will be up and running in 2-3 months, and in the meantime, here's an email address for contact: oursiblingswithdisabilities@yahoo.com



Thousands of Kids with Special Needs Are Living in Nursing Homes

Thousands of children with special needs are growing up in nursing homes across the country and the number is slowly increasing, the Wall Street Journal reports.

While the Medicaid program guarantees long-term care for the disabled, many states have insufficient resources to pay for care at home. As a consequence, families with children who have severe disabilities are often forced to place their children in nursing homes primarily meant for the elderly in order for the children to get the care they need. The Centers for Medicare and Medicaid Services estimates that about 4,000 children nationwide are living in nursing homes, many against their parents' wishes.



These are children like Danny Shirey who has muscular dystrophy and spent six years in a Columbus, Ohio, geriatric nursing facility, starting when he was nine. "Compared to the other residents, I was healthier, physically and mentally," says Shirey, now 26.

Where home health care is available, the cost is substantially less than that of nursing home care. The University of Minnesota Research and Training Center on Community Living estimates that yearly community care runs about \$26,000 a person versus \$81,000 for nursing home care (based on rates in Georgia). But resources for home care are scarce. Some 93,000 people of all ages who have special needs are on waiting lists for home and community based services. A family may wait years for such services because there are simply not enough nurses, therapists and home health care workers to serve those in need. For these families, private insurance may not cover medical equipment, in-home nursing care or therapy - costs that could run as high as \$50,000 a year, depending on a child's needs. Families are often left with no option but to place their child in a nursing home where care may be lacking or focused on the elderly.

Some states are moving to get the kids out of nursing homes. The Georgia legislature has developed a plan to move some 140 institutionalized children, of which 87 are in nursing homes, back to their families. Last year, Oregon lawmakers passed a law that will ensure Medicaid coverage for all severely disabled children living at home, regardless of income.

The law will help 83 children in state nursing homes return home.

Although the Bush administration supports a system of home care, the Journal reports a slow increase in the number of institutionalized children. Acknowledging this increase, the Centers for Disease Control and Prevention has set a goal of 2010 for all children with special needs to be removed from "congregate settings," that is, facilities with four or more persons with special needs.

From Academy of Special Needs Planners 7/19/07

Info About Dementia and Other Medical Problems

Here is a site devoted to sharing ethnic specific information about dementia and other medical problems experienced by ethnically diverse populations: www.ethnicelderscare.net/

Alzheimer's Association.Org

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research. Go to www.alz.org.

Can Tea Ward Off Alzheimers?



New scientific research suggests that drinking tea may lower an individual's risk of developing dementia and other neurodegenerative disorders such as Parkinson's and Alzheimer's diseases. This and other new research that suggests drinking tea may improve and maintain brain health and function was presented at the recent Fourth International Scientific Symposium on Tea and Human Health in Washington. The body of research shows that tea probably directly impacts brain health by maintaining cell function and assisting in the repair of damaged cells, says Carol Greenwood, a professor of nutritional sciences at the University of Toronto. "Drinking tea may further help because it reduces the risk of developing other disorders which increase the risk of cognitive decline and dementia," she says.

Source: Elder Law Prof Blog

<http://www.theglobeandmail.com/servlet/story/LAC.20071016.LWTEA16/TPStory/Life>

Letter to the Department of Community Health From Elder Law and Disability Rights Section of the State Bar of Michigan

Dear Mr. Reinhart:

This letter is written on behalf of the Elder Law and Disability Rights Section of the State Bar of Michigan. As elder law attorneys, many members of our Section are closely involved in assisting long-term care patients with care and placement issues. This letter is to request the Department's assistance in resolving one of the perennial problems facing patients, their families, and their counsel: Facilities with "distinct part certification" that demand removal of Medicaid-eligible patients from Medicare beds at the termination of their Medicare SNF eligibility. Discharge practices that primarily serve the financial interests of the nursing home, rather than the well-being of the residents, are facilitated by distinct part certification where Medicare beds are not also Medicaid-certified.

One of the most important protections federal law affords a long-term care patient is equal access to quality care, despite source of payment. According to Medicare regulation, "A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all individuals regardless of source of payment." 42 CFR § 483.12(c) (1). Facilities that have Medicare beds that are not Medicaid-certified present an equal-access problem for Medicare patients who become eligible for Medicaid. The patient and the patient's family are often urged by the nursing home's administration to find another facility because of a claim that all the Medicaid beds are filled and there is a waiting list.

Many patients are moved by their families without a challenge when they are told that there is no Medicaid bed available. This is very disruptive to the patient's care and places additional stress on the patient and family. It is also unfair to families that cannot afford the assistance of an attorney or that do not know that an attorney can help them contest a proposed discharge. Facilities nearly always back down when families refuse to move the patient and contest an involuntary discharge, especially if the family is assisted by counsel. Therefore, the consequences of this oppressive behavior falls most heavily on the least financially secure and

requirement that every Medicare-certified bed in a nursing facility must be also certified for Medicaid. The statute provides as follows:

[A]s a condition of skilled nursing facility certification and participation in [Medicare], a nursing home shall be concurrently certified for and give evidence of active participation in [Medicaid]. A nursing facility that is not concurrently certified for [Medicaid] shall make application for concurrent certification not later than its next application for licensure and certification. A failure to make application shall result in the skilled nursing facility being decertified or refused certification as a provider in [Medicare]. Nursing home or nursing care facility participation in [Medicaid] under the requirements for concurrent certification shall be effective not later than the beginning of the first accounting year following the home's or facility's [Medicaid] certification.

Continuing to permit facilities to flout the requirement to certify all Medicare beds for Medicaid wrongly encourages a multi-tiered system of facilities.

As a condition of skilled nursing facility certification, a nursing home shall obtain concurrent certification under [Medicaid] for each bed that is certified to provide skilled care under [Medicare]. Skilled care certification shall not be renewed unless the requirements of this subsection are met. MCL § 333.21718.

Unfortunately, there are many Michigan nursing homes that do not follow the requirements of MCL § 333.21718. This is not merely a failure to adhere to an administrative requirement. Patients are suffering due to unnecessary discharges to other facilities. Continuing to permit facilities to flout the requirement to certify all Medicare beds for Medicaid wrongly encourages a multi-tiered system of facilities. Sub-standard facilities do not have to improve their level of care to attract patients, since they can absorb the Medicaid patient spill-off from partially-certified skilled nursing facilities.

The Elder Law and Disability Rights Section of the State Bar of Michigan urges the Department's active enforcement of MCL § 333.21718. The negative con-

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sequences of this failure to enforce the dual-certification mandate are heartbreaking to our clients who must deal with these circumstances far too often.

We request that nursing facility inspection and certification protocols and practices be amended to include review of Medicare bed certification to require that all Medicare-certified beds adhere to dual-certification requirements set forth in MCL § 333.21718. We welcome the opportunity to discuss these concerns with you in greater detail informally thereby avoiding the need for advocates to seek other forms of relief.

Very truly yours,
Sanford J. Mall

Chairperson, Elder Law & Disability Rights Section
State Bar of Michigan

What's the Securities and Exchange Commission Up To?

There are many links here for those of you who want to learn more about what the Securities and Exchange Commission is doing.



<http://www.sec.gov/spotlight/seniors/sec2007seniorsmediakit.htm>

How to Check a Broker's History

From the Bottom Line/Personal:

Check a broker's history with the *BrokerCheck* feature at nasd.com to find out if he/she has run afoul of securities regulations. For a full history, contact your state's securities commission - go to nasaa.org to find yours. If your broker gives you investment advice, get his ADV form - *Uniform Application for Investment Advisor Registration* - which lists disciplinary actions, from the Securities and Exchange Commission or your state securities office.

---Mary L. Schapiro, chairman and CEO, National Association of Securities Dealers, 1735 K. St. NW, Washington, DC 20006



Money Saving Tips

Prescription Discount Card

Oakland County, through the Board of Commissioners, is offering a prescription discount card. No charge for the card. It is not insurance, but does provide some discount for any prescription not covered by insurance, Medicare (good for the gap in coverage), or Medicaid. Anyone can use it at participating pharmacies or by mail service. Contact your commissioner. If you don't know how, call 248-858-0100.

Compare Product Prices

Compare product prices by phone. Sign up for a free account at Fruccall.com and use your cell phone to compare the prices of products in retail stores with prices on-line. Call Fruccall (888-363-7822), enter the product's bar code and the service will tell you how much it is selling for on-line. You also can buy items directly from on-line merchants by using your phone.

Veterinary Expenses

Manage your aging dog's veterinary expenses by setting aside a savings account before the animal shows signs of illness. Make a deposit to the account each month. If a veterinary bill is unexpectedly high: Ask your vet about a weekly or monthly payment plan.

Also, consider *CareCredit*, a health-care credit card that offers no- and low-interest payment plans (800-677-0718 - carecredit.com) or AAA's *Show Your Card and Save* program for 20% discounts on pet medications that can be filled at a local pharmacy (866-AAA-SAVE - aaa.com/prescriptions).

See if you qualify for assistance at the Senior Dogs Project Web site (srdogs.com), or ask your vet to apply for a grant on your behalf for up to \$500.00 from the American Animal Hospital Association's Helping Pets Fund (866-4HELPETS - aahahelpingpets.org).



Fire Precautions for Those With Disabilities

Approximately 4,000 Americans die and 20,000 are injured in fires each year. The risk of death or injury from fire is even greater for people with physical, mental or sensory disabilities. The good news is that deaths resulting from failed emergency escapes are preventable through preparation.

The United States Fire Administration (USFA) and the Disabled American Veterans (DAV) want people with disabilities, their caregivers and all Americans to know that there are special precautions you can take to protect yourself and your home from fire.

Understanding the Risk

People with disabilities should be more cautious because of physical limitations and a decreased ability to react in an emergency. People with disabilities are typically independent and do not wish to alter their lives from those of the general public. However, this can lead them to ignore their special fire safety needs. In some cases people with disabilities may need the help of a caregiver to practice proper fire safety precautions.

Plan your escape around your capabilities. Know at least two exits from every room.



Install and Maintain Smoke Alarms

People with disabilities should be aware of the special fire warning devices that are available.

Smoke alarms with a vibrating pad or flashing light are available for the deaf or hard of hearing. Additionally, smoke alarms with a strobe light outside the house to catch the attention of neighbors, and emergency call systems for summoning help are also available.

Ask the manager of your building, or a friend or relative to install at least one smoke alarm on each level of your home.

Make sure your smoke alarms are tested monthly and change the batteries at least once a year.

Live Near an Exit

Although you have the legal right to live where you choose, you'll be safest on the ground floor if you live in an apartment building.

If you live in a multi-story home, arrange to sleep on

the first floor. Being on the ground floor and near an exit will make your escape easier.

Plan Your Escape

Plan your escape around your capabilities. Know at least two exits from every room.

If you use a walker or wheelchair, check all exits to be sure you get through the doorways.

Make any necessary accommodations, such as providing exit ramps and widening doorways, to facilitate an emergency escape.

Don't Isolate Yourself

People with disabilities have often been excluded from the development and practicing of escape plans and fire safety drills. As a result, their vital input is omitted and their fire safety needs remain unfulfilled. Speak up to ensure that all parties receive the fire safety information that everyone deserves.

Speak to your family members, building manager, or neighbors about your fire safety plan and practice it with them.

Contact your local fire department's non-emergency line and explain your special needs. They will probably suggest escape plan ideas, and may perform a home fire safety inspection and offer suggestions about smoke alarm placement and maintenance.

Ask emergency providers to keep your special needs information on file.

Keep a phone near your bed and be ready to call 911 or your local emergency number if a fire occurs.

Know Your Abilities

Remember, fire safety is your personal responsibility ... fire stops with you!

For More Information

Visit the U.S. Fire Administration website at www.usfa.fema.gov.

From Caring Right at Home (July 1, 2007):

Group Forms to Advocate on Behalf of Assisted Living Residents

Fifteen elder care, elder law, and senior advocacy groups have formed the Assisted Living Consumer Alliance (ALCA), a national non-profit organization advocating for stronger consumer protections for assisted living residents.

The ALCA website provides news and information for both consumers and professionals, including consumer advice and summaries of each state's assisted living rules.

www.assistedlivingconsumers.org

The group is filling a large information gap. While assisted living is the fastest growing sector of senior housing in the country, most consumers know little about it. Assisted living standards vary greatly from state to state and usually give a great deal of discretion to individual facilities.

Too frequently, assisted living rules and policies are based on the facility's convenience rather than the residents' needs and preferences. Meanwhile, assisted living has received scant attention from the federal government.

Assisted living residents are vulnerable to a host of serious problems, ranging from medication mismanagement to inadequate health care to financial or physical abuse. The absence of national standards, combined with uneven state standards, results in consumers often not having adequate recourse when problems occur, even when those problems result in injury or eviction.

"Consumer voices are vitally important in making sure that assisted living facilities provide adequate care to their vulnerable residents," said ALCA's President, Eric Carlson, a staff attorney with the National Senior Citizens Law Center, one of the new group's founding organizations. ALCA Vice-President Toby S. Edelman added: "Assisted living care is too frequently substandard. ALCA and its members are working for necessary reforms, including appropriate standards and meaningful oversight."

From Elder Law Answers (10/19/07)

Using Music to Heal



Be it jazz, pop, country, rock 'n' roll or some other creation of notes, music is a part of life. Music is everywhere and certain songs can even trigger specific memories that have been long forgotten. But does music have the power to heal? Music therapy faculty and students in MSU's Music Therapy Program believe that music therapy interventions can boost the healing process and are working to bring the field of music therapy to the next level, one beat at a time. "It is an old field that has grown so much," said Cindy Edgerton, a music therapist in the Community Music School at MSU. "The field started with veterans during World War II and now has increased to so many areas, including patients in hospitals and workshops for businessmen," Edgerton said. The Music Therapy Program in the College of Music was established in 1944 as the first of its kind in the world. "There is a basic, primitive part of us that likes to respond to music, as well as our intellectual and artistic side," said Roger Smeltekop, associate professor of music therapy and supervisor of the Music Therapy Clinic at MSU. The field of music therapy is not completely understood yet, but by flooding the sensory system with other sensations, the perception of pain may be blocked. This is called the 'Gate-Control Mechanism.' "Of course, it's not quite as simple as that," said Smeltekop, "but music stimuli have been used quite successfully as an analgesic for pain."

Music may also help stimulate immobile or semi-conscious late-stage Alzheimer's patients. "The links still seem to be there," said Smeltekop about the response of Alzheimer's patients to music. "Sometimes a non-verbal patient will be able to sing a complete song." The program offers a unique experience for students to get hands-on interaction with patients from the moment they begin classes. Students do clinical work in the MSU Music Therapy Clinic, which started in 1969 and is now directed by Smeltekop and Edgerton. Students work closely with board-certified supervisors, and by junior year are making their own therapy plans for clients who have special needs. All plans are approved by a supervisor to ensure that clients are getting proper care. The program also facilitates a bridge between the community and music therapy students through assignments in local hospitals and nursing homes. The goal of any music therapist is to relieve patients' pain and suffering. "We want to make patients' lives as comfortable and meaningful as possible," Smeltekop said.

From MSU Today — by Katie Kelly, Student writer
<http://www.msutoday.msu.edu/12Oct2007-9>

P.S. I have worked with both music therapists and art therapists—they are wonderful resources!

MSU's Family Research Initiative to Focus on Aging

The aging of the massive baby boom generation – and the challenges that presents – is the first major focus of an MSU research initiative that explores critical issues facing Michigan families.

The Family Research Initiative, a university-wide effort, will investigate a host of aging-related family topics such as medical care, proper nutrition and family support. Researchers in a variety of colleges will be hired to study and support the fast-growing elderly population this academic year and beyond.

According to the census, the number of U.S. residents 65 and older is expected to more than double in 50 years – from 22 million in 2000 to 48 million in 2050 – making it the fastest growing age group.

And that makes gerontology, or the study of aging, critical, said Janet Bokemeier, director of the initiative and chairperson of MSU's sociology department.

"The stress that the baby boomers are going to place on our system is shared by all," Bokemeier said. "Aging and issues related to aging will touch everybody's lives, whether we're looking at health issues, political issues or community and social issues."

MSU has a history of family research with more than \$68 million in grant funding over the past six years and some 120 faculty conducting related research. Bokemeier said the Family Research Initiative will, for the first time, highlight and expand on these research strengths.

Proposed in 2005, the initiative has essentially been in the planning phase for two years as existing family research and potential focus areas were identified, said Bokemeier, who led the planning with Hiram Fitzgerald, associate provost for University Outreach and Engagement.

The goal – supported by MSU President Lou Anna K. Simon, Provost Kim Wilcox and Ian Gray, vice president for research and graduate studies – is to create a leading national research program on the family that cuts across disciplinary boundaries.

Over the next two years, about 10 to 15 new faculty mem-

bers will be hired to directly support the Family Research Initiative, Bokemeier said. About half of the new faculty will focus on aging-related issues. A second area of focus will be determined next year, she said. "This is going to be a multimillion-dollar commitment," Bokemeier said of the overall project.

Most, if not all, of MSU's colleges will eventually have a role in the initiative. Among the efforts planned for the initial focus include the creation of a research team focusing on geriatrics and gerontology in the College of Human Medicine's (CHM) Department of Family Medicine.

"The stress that the baby boomers are going to place on our system is shared by all," Bokemeier said. "Aging and issues related to aging will touch everybody's lives, whether we're looking at health issues, political issues or community and social issues."

Jeffrey Dwyer, acting associate dean for research in CHM, said the college is recruiting a nationally known physician-researcher to direct the effort. The director will hire and oversee a team of three faculty researchers and possibly several more that will build on family medicine's aging-related research efforts, he said.

Also expected to play a key role in the aging research are the colleges of Nursing and Social Science, and MSU Extension (MSUE), Bokemeier said.

As an example of one potential project, Dwyer said agriculture officials could establish "hoophouses" – mobile, easily-constructed greenhouses – to provide hard-to-get fresh fruits and vegetables during the winter months for poor, elderly residents in Michigan's Upper Peninsula.

"Extension's role in the Family Research Initiative is to take the cutting-edge research that we do and develop educational programs and outreach efforts to serve Michigan's population," added Bokemeier, who noted that MSUE has offices in all 83 Michigan counties.

From MSU Today: (Oct. 12, 2007) by Andy Henion

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Ms. Strain focuses her practice in the areas of workers' compensation law, family law and litigation. Her practice has been focused primarily in the area of workers' compensation for the entire 15 years she has been in practice. She is a former member of the Council for the Workers' Compensation Section of the State Bar of Michigan. Debbie is a dear friend and we wish her continued success!

