



OPTIONS FOR LONG TERM CARE

2023

Our Mission

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana and Ottawa counties—a mission compelling us to focus on older persons in greatest need and to advocate for all.

**An Area Agency on Aging serving Muskegon,
Oceana and Ottawa counties.**



Greetings

I hope you find the information in this booklet helpful as you explore various options for long term care services. For almost 50 years the mission of Senior Resources has been to promote independence and dignity for older adults and their families. In Muskegon, Oceana and Ottawa counties. We know that providing unbiased, comprehensive information is of vital importance. This is our goal, 365 days of the year!

We realize there is no way that one booklet could ever cover all the long-term care services available in our lakeshore area. The objective of this booklet is to serve as an explanation on the language of long term care, levels of eligibility for financial assistance and the various costs for differing levels of care—which can go a long way in helping people navigate a sometimes overwhelming system. Because any product ‘in-print’ is quickly outdated, we will be updating and reprinting this document on a regular basis. It is also posted on our website, www.seniorresourceswmi.org, on the Care Options page.

Senior Resources has Options Counselors to help you navigate and access older adult benefits and services. You can call 231-733-3585 and trained counselors will listen to your unique life situation, present options and help guide you to information and resources. Counselors will help you pair your own personal resources with community resources for a variety of long-term care needs.

When our counselors aren't available, I encourage you to utilize the Community Access Line of the Lakeshore (C.A.L.L. 211). By simply dialing 2-1-1 you will be connected to a call specialist who will listen to your inquiry and help direct you to the most appropriate agency or service. The 211 service is available 24 hours per day, 7 days per week.

We are pleased to provide this free informational booklet to help guide your journey into the world of long term care.

Best Wishes,

A handwritten signature in black ink that reads "Pam Curtis".

Pam Curtis, CEO
Senior Resources of West Michigan



Options for Long Term Care



Table of Contents

Topic	Page
In-Home Care Services	4 - 6
Out of Home Care Options	7
Long Term Care Ombudsman.....	8
The Language of Advance Care Planning	9
Comparing Costs of Care	10
Medicaid Eligibility Requirements.....	11
Types of Payment Options.....	11
Medicare Coverage of Skilled Care	12 - 13
Veterans' Affairs Benefits.....	14 - 15
Senior Resources' Long Term Care Services	16 - 17
Medicare / Medicaid Assistance Program.....	18
Primary Care at Home Medical Care.....	19
MI Choice Waiver Program.....	20 - 21
Program of All-Inclusive Care for the Elderly (PACE)	22
Department of Health and Human Services - Home Help	23
AgeWell Services and Meals on Wheels	24 - 25
Directory of Aging and Disability Resources	26 - 27



In-Home Care

In-home care is simply the support you need to remain safe living in your own home. This care can range from bathing and dressing assistance to homemaking help or transportation services. The level of assistance you or your loved one will need is dependent upon your illness and/or disability and the quantity of informal care support. Informal care is the care received by family, friends, and neighbors at no cost to the patient. More informal care means the person will require less formal (or paid) caregiving.

Home Care Agencies

There are many agencies that provide in-home services. Typically the price charged is based on 15-minute units and most agencies ask for a two-hour minimum. Different rates often exist based on the number of hours purchased and the type of services requested.

Home Health Aide Services can include:

- **Conversation and companionship:** Whether it's conversation and company, or just eating a meal together, having someone to sit and visit with can help make for a happier, healthier life.
- **Meal preparation:** Many seniors do not have the opportunity to eat a well-balanced meal. Caregivers can prepare a hot, nutritious meal of the client's choosing.
- **Light housekeeping:** This can include vacuuming, dusting, sweeping and mopping floors, cleaning bathrooms to include sinks, showers, tubs and toilet, cleaning kitchens, taking out the trash, straightening all rooms, organizing closets, etc.
- **Errand services:** Home Health Aides can run errands such as picking up prescriptions, going to the post office, etc.
- **Grocery shopping:** Caregivers will shop with or without the client accompanying them.
- **Respite or relief for family:** Rest and relief for family members who are assisting with the care of their loved ones. Aides can provide assistance so you can run errands, go shopping or get some much-needed rest.
- **Medication Reminders:** Although aides cannot administer medications, they can assist the individual who shares in the responsibility of taking their own medication.
- **Grooming and dressing guidance**
- **Incidental transportation:** Trips to doctor appointments, barbershops, beauty salons, shopping, etc.
- **Laundry and linen washing:** This can be done in either the client's home or the laundromat. This service includes washing, drying, ironing, and putting things away.
- **Recreational activities:** Whether it is cards, board games, or a walk in the park, home health aides can help clients stay active in mind, body and spirit.



In-Home Care

- **Mail assistance and organization:** Aides can assist the client in separating the junk mail from the important mail and let them know when bills are due.
- **Periodic review and communication with family:** On a recurring basis, aides can contact the family to discuss how things are going, answer any concerns or redefine any services that may be needed. This is a great service for clients whose families live far away and may not be in daily contact with their loved ones.
- **Telephone Reassurance:** Regularly scheduled calls to isolated and homebound individuals to provide wellness checks and socialization. This free service can not only help alleviate isolation and loneliness—both proven to be linked to physical and emotional decline—but also provide families a peace of mind knowing someone will be checking in.
- **Bathing:** Bathing is essential to an individual's health and sense of well-being. It refreshes the spirit and provides relaxation while cleansing the skin and stimulating circulation.
- **Mobility:** Activity and exercise are vital to a healthy lifestyle. The benefits of activity include increasing stamina, strengthening the heart, lowering blood pressure, improving digestion and regulating sleep. In addition, it improves mood, releases stress and increases mental alertness.
- **Transferring and positioning:** Moving or placing a person into a correct posture position encourages the functional activity of the body's many systems. It assists in eliminating pressure areas on the skin, reducing atrophy and stiffening of muscles, encourages proper breathing, digestion, and elimination.
- **Incontinence care:** The inability to control urination or defecation is embarrassing to individuals and can become unsanitary if not taken care of correctly. Home health aides understand the sensitivity of this situation and approaches to caring for individuals who need assistance.
- **Toileting:** Elimination is an important and normal body function. However, it is usually an activity that is private and one that is not openly discussed. The individual often faces embarrassment along with a sense of loss of independence. Home health aides strive to provide an acceptable, comfortable, and safe environment for all types of toileting needs.

Adult Day Services

Adult day services are one of the best-kept secrets in our area communities. Not only are they cost effective in comparison to an institution and private in-home respite programs, but they also prevent social isolation. Adult day services are community-based group programs designed to serve adults who are physically impaired or mentally confused and may require supervision, increased social opportunities, assistance with personal care or other daily living activities. Adult day centers generally operate programs during normal business hours five days a week. Some programs offer respite care services in the evenings and on weekends.



Adult Day Service programs offer:

- A safe, secure environment
- Social and exercise activities
- Assistance with eating, walking, toileting, medications
- Physical, speech, occupational group therapies
- Monitoring weight, blood pressure, food/liquid intake
- Nutritious meals, snacks or special diets
- Personal care, such as bathing, shampooing, shaving is usually an extra charge



In-Home Care

Durable Medical Equipment

Durable medical equipment (DME) refers to equipment that is usually used for medical purposes, used in your home, has an expected lifetime of at least 3 years, and can withstand repeated use. Examples of DME are wheelchairs, walkers, or hospital beds. DME used for home health services and prescribed by a doctor is typically paid under Medicare Part B (with participating suppliers).

Personal Emergency Response Systems (PERS)

Personal emergency response systems are home devices that connect older adults to a 24-hour call center with the push of a button. The transmitter is typically worn on a neck pendant or wristband. When your loved one pushes the button, the staff at the call center evaluates the situation, deciding whether to call an ambulance or a designated friend or family member. With most PERS setups, your loved one can talk with the call center staff from anywhere in the house.

Medication Management

A range of different solutions for medication management exist. A simple solution could be a call by family or a home health agency as a reminder to take medication. Reminder phones can also sound an electronic voice reminder. Dividing medication into an electronic pill box that sounds to remind the person to take their medication is another option. For those who cannot or should not handle their own medications, a medication dispenser can be combined with a personal emergency response system and allow only the medication that should be taken to be released. If the medication is not removed from the dispenser it will send a signal back to the personal emergency response system provider and a call will be made to a listed contact.

Monitoring Devices/Services to Protect those who Wander

There are many products that can be used to increase the safe return of repeat wanderers. Some systems are GPS based and can give an alert when a loved one leaves a designated boundary and can track via computer or smartphone. Others use a radio frequency transmitter worn on the wrist or ankle with search and recovery conducted by specially trained law officers. Some may use a QR code, or other technology, to communicate with family or others.

Hospice Care

Hospice is designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used. Hospice programs generally are home-based, but they sometimes provide services away from home – in freestanding facilities, in nursing homes, or within hospitals. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person.

Palliative Care

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.



Out-of-Home Care Options

Adult Foster Care Homes (AFC)

There are generally three types of adult foster care homes typically serving the elderly and disabled, while retaining a home-like environment:

- **Family homes** for 1 to 6 persons: The licensee (the individual who has legal responsibility for the home) is generally the primary caregiver and lives in the home.
- **Small group homes** for 1 to 12 persons: The licensee may be an individual, partnership, corporation, or limited liability company. Staffing is provided on a 24-hour basis by the licensee and/or qualified staff. These homes typically range from single-family homes to larger homes varying greatly in design and accommodations.
- **Large group homes** for 13 to 20 persons: These homes tend to have the greatest number of variations in floor plan and accommodations.



Assisted Living Facility (ALF or AL)

Generally, these are state-licensed programs offered at senior residential communities with services that could include meals, laundry, housekeeping, medication reminders, and assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The exact definition will vary from state to state, and services offered can vary from facility to facility. Assisted living is generally regarded as a step or two below skilled nursing in its level of care. Approximately 90% of the country's assisted living services are paid for with private funds, although some states, like Michigan, have adopted Medicaid waiver programs.

ALFs can range in size from small homes housing 6-12 people to large full-service facilities.

Continuing Care Retirement Community (CCRC)

This type of senior housing is planned and operated to provide a continuum of accommodations and services for seniors, including but not limited to independent living, congregate housing, assisted living, and skilled nursing care. A CCRC resident contract often involves either an entry fee or a buy-in fee in addition to the monthly service charges, which may change according to the medical services required. Entry fees may be partially or fully refundable. The fee is used primarily as a method of privately financing the development of the project and as payment for future health care. CCRCs are typically licensed by the state.

Independent Living (IL)

An IL is a multi-unit senior housing development that may provide supportive services such as meals, housekeeping, social activities, and transportation. Independent Living encourages people to socialize by providing meals in a central dining area and through scheduled social programs.

Nursing Home or Skilled Nursing Facility (SNF)

This type of facility is licensed by the state and provides 24-hour nursing care, room and board, and activities for convalescent residents and those with chronic and/or long-term illnesses. The availability of regular medical supervision and rehabilitation therapy is required, and nursing homes are eligible to participate in the Medicaid program.



Long Term Care Ombudsman Program & Respite Care

Long Term Care Ombudsman Program - Purpose and Structure

The Michigan Long Term Care Ombudsman Program strives to improve the quality of care and quality of life experienced by residents who live in licensed long-term care facilities such as: nursing homes, homes for the aged, and adult foster care homes. Ombudsmen advocate for residents in these facilities, guided by the wishes of the resident. It is funded by the federal and state government with no cost to the resident or their families.

Local Ombudsman Services

Local Ombudsmen work with the individual residents to resolve problems and promote high quality care. Local ombudsmen are practiced in explaining rights to residents, empowering residents to communicate concerns, and assist in resolving those concerns.

When to call an Ombudsman

As a resident or a family member, call the toll-free number below to speak with a local ombudsman whenever you have concerns about care in a facility, have questions about your rights as a resident, or would like more information about alternatives to long-term facility care.

Call Toll Free: 866-485-9393

Muskegon, Oceana and Ottawa county residents can call direct 231-733-3595.

Respite Care

Respite means taking a break before extreme stress and crisis occurs.

This critical service offers temporary relief for caregivers, ranging from several hours to days. This may be provided in-home or in a residential care setting such as an assisted living facility or nursing home.

Positive impacts

Studies show that respite for caregivers of frail, elderly people can lessen the burden and improve mental and physical health and can reduce the likelihood of burnout.

Types of Respite

- Asking a family member or friend to stay with the patient for an hour or two
- Taking him or her to adult day service (if ambulatory)
- Employing a professional sitter or healthcare aide for a few hours a week or month
- Hiring a college student (if skilled care is not needed)
- Placement at an assisted living or skilled nursing facility for a weekend, week or month



The Language of Advance Care Planning

Advance Directives

Plans made by adults about how they want their healthcare decisions made once they are no longer able to make the decisions themselves should be in written form, acknowledging the specific end-of-life decision that have been discussed and understood by all participants involved in the process.

Advance directives are legally valid everywhere in the United States, but laws concerning them vary from state to state. The State of Michigan has guidelines that have to be met within the advance directive. In addition to filling out advance directives, or other documents, it is important to have conversations with loved ones so they are aware of your wishes.



There are several kinds of advance directives: durable power of attorney for health care/appointment of patient advocate, living will, Do Not Resuscitate (DNR), Physician Order for Life-Sustaining Treatment (POLST), and declaration of anatomical gift (upon death). We will discuss some of the more common medical related information here:

Living Will

Written instructions that tell physicians and family members what life-sustaining treatment one does or does not want at some future time if a person becomes unable to make decisions.

Legal Guardian

A person appointed by a judge to make another's (the ward's) personal decisions, including consenting to or refusing medical treatment.

Power of Attorney for Healthcare

Also known as a health care proxy or advocate – you appoint someone to make medical decisions and related care decisions for you when you can no longer make them for yourself. This is legally binding and in writing and witnessed. You may appoint a second person as patient advocate in case the first is unable to serve.

Do Not Resuscitate (DNR) Order

This is a written document in which you express your wish that if you stop breathing and have no heartbeat, you do not want anyone to resuscitate you. These forms are signed by the individual (or patient advocate if needed) and a physician.

For More Information on Advance Directives

Contact Harbor Hospice:

231-728-3442 or 800-497-9559. Appointments can be scheduled at no charge.

Visit:

www.harborhospicemi.org/services/advance-care-planning for additional information and to download an advance directive.



Comparing Costs of Care

Skilled Nursing Home \$331* a day shared room/\$336* a day private room

A nursing home is for those people who may need a higher level of supervision and care than in an assisted living facility. They offer residents personal care, room and board, supervision, medication, therapies and rehabilitation, as well as skilled nursing care 24 hours a day.

Assisted Living \$4,257* per month**

Assisted living facilities are living arrangements that provide personal care and health service for people who may need assistance with activities of daily living, but who wish to live as independently as possible and who do not need the level of care provided by a nursing home. It's important to note that assisted living is not an alternative to a nursing home, but an intermediate level of long-term care.

****Depending on the level of care that the individual needs this rate can be much higher. A resident with higher level needs for care only receives on average approximately 3 hours per day of direct services.**

Homemaker \$35* per hour

This service makes it possible for people to live in their own homes by helping complete household tasks that they can't manage alone. Homemakers can clean, cook meals, and/or run errands.

Home Health Care \$35* per hour

Personal and home health aides help those who are elderly, disabled, or ill to live in their own homes or in residential care facilities instead of in nursing homes. Home health aides may offer care to people who need more extensive personal care than family or friends are able to or have the time or resources to provide.

Yearly average rates based on above listed costs of care

Nursing Home Private room	Nursing Home Semi-Private	Assisted Living One bedroom	Home Health Aide 3 hrs/day	Homemaker Services 4 hrs/week
\$122,751	\$120,815	\$51,082	\$38,515	\$7,336

Nursing Services- Staff Ratio Requirements for the State of Michigan

A licensee shall maintain a nursing home staff sufficient to provide not less than **2.25** hours of nursing care by employed nursing care personnel per patient per day. The ratio of patients to nursing care personnel during a morning shift shall not exceed 8 patients to 1 nursing care personnel; the ratio of patients to nursing care personnel during an afternoon shift shall not exceed 12 patients to 1 nursing care personnel; and the ratio of patients to nursing care personnel during a nighttime shift shall not exceed 15 patients to 1 nursing care personnel and there shall be sufficient nursing care personnel available on duty to assure coverage for patients at all times during the shift.

Custodial Care in the Home

Traditional Medicare does not cover custodial care, however some Medicare Advantage plans may offer it. Check with your plan to find out what services may be covered. Custodial care is care that helps you with usual daily activities like getting in and out of bed, eating, bathing, dressing, and using the bathroom. It may also include care that most people do themselves, like using eye drops, oxygen, and taking care of colostomy or bladder catheters.



*Annual Care Cost Statistics provided by Genworth Financial

Medicaid Eligibility Requirements & Types of Payment Options

Medicaid Eligibility Requirements

Long Term Care Medicaid Eligibility for Programs

	Single	Married
Income	Must be less than \$2,742 with Medicare premium	The individual applying must be under \$2,742 with their Medicare premium
Assets	Cannot have more than \$2,000 in Cash, IRAs, Mutual funds, Stocks, Savings, Checking, Life Insurance etc. Does not count home or 1 car	Community Spouse can keep \$29,724 to \$148,620 depending on total asset amount on first day of 30 days of care The spouse receiving Medicaid cannot have more than \$2,000 in their name after asset declaration and spend down*

Long Term Care Medicaid Eligibility for Skilled Nursing Facilities

	Single	Married
Income	Any income less than monthly cost of care	Spouse often can keep most of the income but will have a patient pay amount based on income
Assets	Must have less than \$2,000 Must plan to return home for home not to count as an asset	Community Spouse can keep \$29,724 to \$148,620 depending on total asset amount on first day of 30 days of care The spouse receiving Medicaid cannot have more than \$2,000 in their name after asset declaration and spend down*

*Spend down refers to spending any money over the amount of \$2,000 in order to qualify for Medicaid. There are approved ways of spending the money. The money can never be gifted. The money must be used in either the care of the individual or paying bills or needs of the individual. Examples: Tax bills, utilities, clothing, remodeling the home, upgrading appliances, burial trust.

Types of Payment Options

Type	Home Health	Adult Day Services	Assisted Living	Skilled Nursing Facility
Private Pay	Average per hour \$30.00 - \$40.00	Average per hour \$15-17	Average \$140 per day	Average \$336 per day for private room
Medicare	Yes; short term only while skilled care is in place. Usually less than 3 mos and less than 4 hrs per day.	No	No	Yes; with 3-day hospitalization. Days 1-20 are 100% covered. Days 21-100 with a co-pay. Over 100 days is private pay or Medicaid.
Private Health Insurance	Yes; short term only while skilled care is in place. Usually less than 3 mos and less than 4 hrs per day.	No	No	Yes; will usually cover co-pay for days 21-100. Check details of each plan.
Veterans Affairs*	Yes; must show financial need. Use criteria to triage priority.	Yes	Yes; Aide and Attendance	Yes; in Veteran's facilities
Medicaid	Yes; options include MI Choice, PACE or Adult Home Help	Yes; with MI Choice or PACE at their facility	Yes, with facilities that accept	Yes; with patient pay each month of entire income minus \$60
Long Term Care Insurance**	Yes; check details in plan	Yes; as detailed in plan	Yes; as detailed in plan	Yes; as detailed in plan

*See page 15. **Each Long Term Care Insurance product is unique. It is your responsibility to read and fully understand your policy and the extent of its coverage.



Frequently Asked Questions about Medicare Coverage of Skilled Care

When and how long does Medicare cover care in a skilled nursing facility?

- Up to 100 days if you continue to meet Medicare's requirements.

How much is covered by the Original Medicare Plan?

- Medicare provides full coverage for days 1-20. The co-payment (your share) is up to \$226 per day in the year 2023 for days 21-100. It can change each year. If you have a Medigap (Medicare Supplement Insurance) policy with the Original Medicare Plan, or are in a Medicare Advantage Plan, your costs may be different, or you may have additional coverage.

What is skilled care?

- Skilled care is health care given when you need skilled nursing or rehabilitation staffs to treat, manage, observe, and evaluate your care. Examples of skilled care include intravenous injections and physical therapy. It is given in a Skilled Nursing Facility (SNF). Care that can be given by non-professional staff isn't considered skilled care. People don't usually stay in a SNF until they are completely recovered. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days). Skilled care requires the involvement of skilled nursing or rehabilitative staff in order to be given safely and effectively. Skilled nursing and rehabilitation staff includes:
 - › registered nurses
 - › licensed practical and vocational nurses
 - › physical and occupational therapists
 - › speech-language pathologists
 - › audiologists

Why would I need skilled nursing or rehabilitation care?

- You get skilled nursing care to help improve your condition or maintain your current condition and prevent it from getting worse.
- You get skilled rehabilitation care to help improve your condition within a predetermined time period or set up a maintenance program designed to maintain your current condition and prevent it from getting worse.

When will Medicare cover skilled care?

Medicare will cover skilled care only if **all** of the following are true:

1. You have Medicare Part A (Hospital Insurance) and have days left in your benefit period available to use.
2. You have a qualifying hospital stay. This means an inpatient hospital stay of 3 consecutive days or more, starting with the day the hospital admits you as an inpatient, but not including the day you leave the hospital. You must enter the Skilled Nursing Facility (SNF) within a short period of time (generally 30 days) of leaving the hospital. After you leave the SNF, if you re-enter the same or another SNF within 30 days, you may not need another 3-day qualifying hospital stay to get additional SNF benefits. This is also true if you stop getting skilled care while in the SNF and then start getting skilled care again within 30 days.



Frequently Asked Questions about Medicare Coverage of Skilled Care

3. Your doctor has ordered the services you need for SNF care, which require the skills of professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists, or audiologists, and are furnished by, or under the supervision of, these skilled personnel.
4. You require the skilled care on a daily basis, and the services must be ones that, as a practical matter, can only be provided in a SNF on an inpatient basis. If you are in a SNF for skilled rehabilitation services only, your care is considered daily care even if the therapy services are offered just 5 or 6 days a week.
5. You need these skilled services for a medical condition that was treated during a qualifying 3-day hospital stay or started while you were getting SNF care for a medical condition that was treated during a qualifying 3-day hospital stay. For example, if you are in a SNF because you broke your hip and then have a stroke, Medicare may cover rehabilitation services for the stroke, even if you no longer need rehabilitation for your hip.
6. The skilled services must be reasonable and necessary for the diagnosis or treatment of your condition.
7. You get these skilled services in a SNF that is certified by Medicare.

How long does Medicare cover my Skilled Nursing Facility (SNF) care?

Medicare uses a period of time called a benefit period to keep track of how many days of SNF benefits you use, and how many are still available. A benefit period begins on the day you start using hospital or SNF benefits under Part A of Medicare. You can get up to 100 days of SNF coverage in a benefit period. Once you use those 100 days, your current benefit period must end before you can renew your SNF benefits. Your benefit period ends when you have not been in a SNF or a hospital for at least 60 days in a row, OR if you remain in a SNF, when you haven't received skilled care there for at least 60 days in a row. There is no limit to the number of benefit periods you can have. However, once a benefit period ends, you must have another 3-day qualifying hospital stay and meet the Medicare requirements before you can get up to another 100 days of SNF benefits.



For Additional Information:

Refer to the Medicare/Medicaid Assistance Program on page 18.

To learn more about available services, simply dial 2-1-1 any day of the week, any time of day!



Frequently Asked Questions: Veteran's Affairs Aid & Attendance Benefits

Who is Eligible for Veterans Affairs Basic Pension and Aid and Attendance?

A pension is a benefit that the VA pays to wartime veterans who have limited or no income and who are at least 65 years old or, if under 65, are permanently or completely disabled. There are also "Death Pensions," which are needs based for a surviving spouse of a deceased wartime veteran who has not remarried.

What are the Service Requirements for Aid and Attendance?

A veteran or the veteran's surviving spouse may be eligible if the veteran:

- Was discharged from a branch of the United States Armed Forces under conditions that were not dishonorable AND
- Served at least one day (did not have to be served in combat) during the following wartime periods and had 90 days of continuous military service:
 - › World War II: December 7, 1941, through December 31, 1946
 - › Korean War: June 27, 1950, through January 31, 1955
 - › Vietnam War: August 5, 1964 (February 28, 1961, for veterans who served "in country" before August 5, 1964), through May 7, 1975
 - › Gulf War: August 2, 1990, through a future date to be set by Presidential Proclamation or Law.

If the veteran entered active duty after September 7, 1980, generally he/she must have served at least 24 months of the full period for which called or ordered to active duty (there are no exceptions to this rule).

What are the Disability Requirements for Aid and Attendance?

Veterans, spouses of veterans or surviving spouses can be eligible for Aid and Attendance benefits if they meet the following disability requirements:

- The aid of another person is needed in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, toileting, adjusting prosthetic devices, or protecting himself/herself from the hazards of his/her daily environment; or
- The claimant is bedridden, in that his/her disability or disabilities require that he/she remain in bed apart from any prescribed course of convalescence or treatment; or
- The claimant is in a nursing home due to mental or physical incapacity; or
- The claimant is blind, or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less.

What are the Income Requirements for Aid and Attendance?

The claimant's countable family income must be below a yearly limit set by law. Countable Income means income received by the claimant and his or her dependents. It includes earnings, disability and retirement payments, interest and dividends, and net income from farming or business. A claimant must report all income, but the VA will exclude any income that the law allows. Public assistance, like SSI, is not counted as part of countable income. The annual income limits for the Aid and Attendance program are higher than those set for the basic pension. The maximum Aid and Attendance benefit that can be paid monthly to a single veteran is \$2,229 but the veteran must have countable income of \$0 to receive the maximum benefit.



Frequently Asked Questions: Veteran's Affairs Aid & Attendance Benefits

Aid and Attendance

Maximum Annual Pension Rate Category <i>If you are a...</i>	Maximum Monthly Pension Rates
Single Veteran	\$2,229
Veteran with Spouse/Dependent	\$2,642
Surviving Spouse	\$1,432

Veterans Affairs
National Caregiver
Support Line:
855-260-3274

Unreimbursed Medical Expenses

Most veterans have some countable income, but there are exclusions that may reduce countable income, including a portion of unreimbursed medical expenses paid by claimants.

Unreimbursed medical expenses include: cost of a long-term care institution or assisted living, health related insurance premiums (including Medicare premiums), diabetic supplies, private caregivers, incontinence supplies, prescriptions and dialysis not covered by any other health plan.

What are the Asset Requirements for Aid and Attendance?

Net Worth (the value of your assets) also affects eligibility. VA pensions are a need-based benefit, and a large net worth might affect your eligibility. All personal goods are exempt from the net worth. These goods include the home you live in, a vehicle used for the care of the claimant, and household goods and personal effects such as clothes, jewelry, and furniture. There is no asset limit set by law, and the determination of eligibility can be made at the discretion of a VA caseworker.

How to Apply for Veterans Affairs Benefits?

Applying for VA pension is often complicated and may take some time. It is a good idea to keep copies of all unreimbursed medical bills for at least twelve months. The average wait for approval is six months. However, the benefits are retroactive to the date of application. There are several ways to apply for non-service connected pensions:

1. **Contact the VA:** 800-827-1000
2. **Apply online:** <http://vabenefits.vba.va.gov/vonapp/main.asp>

VA Home and Community Based Services

Veterans Health Administration (VHA): Offers services to qualifying veterans in their homes.



Services can include:

- Homemaker/Home Health Aide Program – must require personal care assistance
- Respite Care (In-Home) – Rest for Caregiver at Home
- Adult Day Health Care
- Respite Care (Inpatient)
- Home Based Primary Care
- Other VHA Services:
 - Skilled Nursing Care
 - Palliative Care & Hospice
 - Care Coordination Home Telehealth (CCHT)

Note: There are eligibility requirements. Contact Veteran Affairs Benefits at 800-827-1000 for more information and an assessment.



Senior Resources of West Michigan - Long Term Care Services



One of sixteen Area Agencies on Aging in the state of Michigan, our focus is to support the independence, dignity, and overall well-being of older adults and adults living with a disability in Muskegon, Oceana, and Ottawa counties. We provide unbiased care options allowing for an informed choice for long term care.

Care Options Counselors

Care options vary and depend on the level of care needed and how that care is delivered and funded. Trained Options Counselors provide guidance to help pair personal resources with community resources to fit each unique situation for a variety of long term care needs. The service is free and conducted over the phone, in person or individuals may begin the care option review process online by submitting a Care Options Referral form.

Who is Eligible?

- Adults age 60+
- Adults age 65+ or 18-64 and certified disabled for the MI Choice Waiver Program
- Needs assistance with daily living tasks to remain independent
- Reside in Muskegon, Oceana or Ottawa County

Care Program Options

Care options provided in partnership with a network of over 100 screened service partners may include, but are not limited to:

- Adult day care
- Homemaking
- Respite
- Personal care
- Medication management

Services are given both in or out of the home. Primary Care at Home, a home-based medical care, can be included with any care program, see page 19 for program description.

Case Coordination and Support

For individuals requiring a higher level of supervision and care that are experiencing difficulty with daily living activities; allowing them to stay safely in the home. Funded in part by federal and state funds allocated under the Older Americans Act and Older Michigianians Act.

Care Management

For individuals requiring a higher level of supervision and care that are not Medicaid eligible. A Supports Coordinator and Registered Nurse assess need and arrange for in-home services. Funds are restricted. Participants may be limited to services only once or twice per week. Participants asked to cost-share if able. Funded in part by federal and state funds allocated under the Older Americans Act and Older Michigianians Act. For those able to pay for services, an in-home assessment can be arranged, determine what level of care is required, coordinate services with area providers and bundle the services in one monthly invoice.



Senior Resources of West Michigan - Long Term Care Services

Targeted Care Management

For individuals requiring a higher level of supervision and care who are Medicaid eligible and not enrolled in the MI Choice Waiver program. Supports Coordinators offer assessment services, care planning, service coordination, follow-up and re-assessment. Funded through a combination of Older Americans Act, Older Michiganians Act, and Department of Health and Human Services' Independent Living Program.

MI Choice Waiver

Available to individuals that are Medicaid eligible that meet medical, income, and asset criteria. See page 20-21 for program description.

Additional Programs, Services, and Resources

Caregiver Support

For individuals who care for loved ones who may need a place to talk openly, guidance and support during the caregiver journey. Program is coordinated by trained Caregiver Support Specialist. Available support and resources include:

- Individualized short-term emotional support
- Educational resources
- Problem-solving
- Respite services
- Referral services
- Support group counseling

Medical Loan Closet

The agency maintains a Medical Loan Closet that offers a variety of new and donated items for use by older adults. Items available include:

- Bath Benches
- Crutches
- Magnifiers
- Seat Assist
- Wheelchairs
- Bed Rail & Versa Frames
- Gait Belts
- Medication Trays
- Shoe Horns
- Wrist/Knee Brace
- Bedside Tables
- Grab Bars
- Pill Crushers/Splitters
- Sock Aids
- Canes
- Knee Scooter
- Reachers
- Walkers

The agency also provides counseling on Medicare/Medicaid benefits described on page 18, serves as an advocate for older adults and possesses a wealth of information/resources to help promote and assist the independence of older adults.



For More Information

Senior Resources Intake Line:

231-733-3585 or 800-442-0054 Ext. 3585
231-559-0331 in Oceana County

Email:

ContactOptions@seniorresourceswmi.org

Visit:

www.seniorresourceswmi.org

Caregiver Support Specialist:

231-733-3531 or 231-683-4760

Medical Loan Closet:

231-733-3570



The Medicare/Medicaid Assistance Program (MMAP)

What is MMAP?

MMAP (pronounced “map”) is a free counseling service for Medicare/Medicaid beneficiaries and their families. Since 1984, MMAP has provided education and counseling assistance to Michigan’s Medicare and Medicaid beneficiaries and their families or representatives.

MMAP is funded by a grant from the Aging, Community Living and Supports Bureau through funding received from the Centers for Medicare and Medicaid Services, the Medicare agency and a grant from the Administration on Aging, and is not affiliated with the insurance industry. Nationally, this program is called the State Health Assistance Program (SHIP).

MMAP, Inc. is a free health-benefit counseling service. MMAP’s goal is to help individuals find their way through the Medicare health benefits maze. MMAP accomplishes its mission through MMAP sites housed in regional Area Agencies on Aging, County Departments on Aging, Senior Services Agencies, Commissions on Aging and other similar organizations located throughout Michigan.

How MMAP Can Help You:

Call **231-733-3572** or **800-803-7174** to be connected with a local MMAP counselor who can help you:

- Identify resources for prescription drug assistance
- Explain Medicare Health Plan Options
- Understand doctor bills, hospital bills and Medicare Summary Notices
- Understand Medicare/Medicaid eligibility, enrollment, coverage, claims and appeals
- Enroll in Medicare Savings Programs
- Review your Medicare supplemental (“Medigap”) insurance needs, compare policies and pursue claims and refunds
- Explore long term care financing options, including long term care insurance
- Identify and report Medicare/Medicaid fraud and abuse

If you are an out-of-state family member, you can work with a MMAP counselor by calling: **800-803-7174**.

About MMAP Counselors:

MMAP counselors are specialists trained in Medicare and Medicaid law and regulations, health insurance counseling and relevant insurance products. MMAP counselors are not connected with any insurance company, nor are they licensed to sell insurance. Their purpose is to serve you objectively and confidentially. Currently, MMAP has hundreds of highly trained and certified counselors. These dedicated and compassionate people, many of them seniors, answer questions and act as guides through the Medicare and Medicaid programs. MMAP counselors have assisted many thousands of Michigan’s elder and disabled citizens and saved them many millions of dollars in out-of-pocket expenses, bringing peace of mind to those who are often confused and frightened when they deal with unfamiliar and difficult government systems.



MMAP
MICHIGAN MEDICARE/MEDICAID
ASSISTANCE PROGRAM



Navigating Medicare



Primary Care at Home

What is Primary Care at Home?

Primary Care at Home is home-based medical care for older adults and adults living with a disability, designed to lessen emergency room visits and hospitalizations.

Who is Eligible?

- Adults age 60+ or adults age 18-64 who are certified disabled
- Enrolled in Medicare
- Have at least two chronic health condition – a condition(s) that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both
- Home-bound or home-limited – have barriers that make it challenging to leave home
- Reside in Muskegon, Oceana, or Ottawa County



How Does Primary Care at Home Work?

A dedicated medical team will make regularly scheduled home visits that allow the patient to stay safely in their home. The team assesses the patient, provides a personalized, inclusive care plan that addresses total health and overall well-being and monitors their possible changing needs. Plans may include:

- Nurse Practitioners with collaboration and oversight by a Medical Director provide:
 - › Home and telehealth visits
 - › Health education
 - › Comprehensive care plan
- Licensed Masters Level Social Workers provide:
 - › In-home counseling
- Cognitive health assessments to address pain, depression and anxiety issues
- After-hours urgent telephone response
- Remote patient monitoring and chronic care management
- Pharmacist medication review
- Mobile X-Ray, Ultrasound, EKG, and laboratory tests
- Referral to other programs and services within Senior Resources and/or community partners

For More Information

Primary Care at Home team:
231-737-4041

Visit:

www.seniorresourceswmi.org to submit a Primary Care at Home Enrollment Form.



MI Choice Waiver Program*

MI Choice is a home and community-based long-term care program. Eligible adults must meet financial requirements and must be medically appropriate for nursing home care. This program allows the individual to access services in the community along with receiving support in their own home or other residential setting. Each participant can obtain basic Medicaid covered services and must receive one or more MI Choice Waiver services on a continual basis such as:

- Adult day services
- Personal care
- Personal emergency response system
- Environmental modifications
- Homemaker services
- Counseling
- Home delivered meals
- Non-emergency medical transportation
- Medical equipment and supplies
- In-home/out of home respite care
- Non-medical transportation
- Community living supports
- Chore services
- Private duty nursing
- Fiscal intermediary services

MI Choice is a statewide program funded through the Michigan Department of Health and Human Services (MDHHS). The two MI Choice Waiver agents that serve Muskegon, Oceana and Ottawa counties are Reliance Community Care Partners and Senior Resources of West Michigan.* See following page or directory for contact information.

MI Choice Eligibility Requirements:

- Adults age 65+
- Adults age 18-64 and certified disabled
- Must meet Michigan Medicaid nursing facility level of care criteria
- Individual income no higher than \$2,742/month
- Assets less than \$2,000 countable for a single person
- If the client has a spouse living in the community, the federal Protected Spousal Asset Guidelines are utilized. Minimum protected amount \$29,724. Maximum protected amount \$148,620. (Included in this are-vacant property not adjoining, recreational vehicles, and cash value of life insurance)
- Financial eligibility determined by the Department of Health and Human Services (Medicaid eligibility)

MI Choice Waiver in Residential Settings

What will MI Choice Waiver pay for in a licensed residential setting?

MI Choice Waiver will pay for care services that are above the normal and customary services that are included in the room and board charges. This amount will vary with every Waiver participant admitted into a residential setting, as the person's needs and care will vary.

What MI Choice Waiver services may be provided in a residential setting?

Activities of Daily Living (ADL) such as: bathing, eating, dressing, and personal hygiene that do not replace what is considered usual and customary for the licensed setting. Homemaking tasks incidental to the provision of assistance with ADLs that do not replace what is considered usual and customary for the licensed setting.

*The MI Choice Waiver Program and its subprograms are funded by Medicaid and administered by the Michigan Department of Community Health.



MI Choice Waiver Program

Community Transition Services

The goal of the Community Transition Services (CTS) is to provide persons currently residing in a nursing home with the opportunity to return to community-based living. This may be a private home, an apartment, the home of a family member or friend, or an assisted living residence.

Who Qualifies?

- A person is in a nursing home and has pending or active Medicaid.
- Desires to return to community-based living.
- Has a barrier to being able to transition to the community.

Transition Process:

- **Referral:** A referral may be made by a person living in a nursing home, a social worker, family member or friend.
- **Interview:** At the first interview, the transition process will be explained to the person and important information will be gathered to help in the process.* An assessment of needs will also be completed.

The following agencies can assist with Community Transition Services:

- Area Agency on Aging of West Michigan: 888-456-5664 or 616-456-5664
- Reliance Community Care Partners (RCCP): 800-447-3007
- Senior Resources: 800-442-0054 or 231-733-3585; 231-559-0331 in Oceana County

***Note: An individual may stop the Community Transition Services process at any time if they decide to stay in the nursing home.**



For More Information

Senior Resources:

231-733-3585 or 800-442-0054 Ext. 3585;
231-559-0331 in Oceana County

Email:

ContactOptions@seniorresourceswmi.org

Visit:

www.seniorresourceswmi.org to submit a Care Options Referral Form



Program of All-inclusive Care for the Elderly - PACE®

The Program of All-inclusive Care for the Elderly, often referred to as the PACE program, offers an alternative to living in a nursing home for qualified individuals age 55+. LifeCircles serves eligible seniors living in Muskegon and Ottawa counties; Care Resources serves those living in eastern Ottawa counties; and Community PACE serves Oceana County. This innovative program offers a full spectrum of health services including preventative, primary, and acute/chronic medical services, as well as opportunities for social interaction. The primary focus is on preventative measures to maintain the health and well-being of elderly participants, allowing them to remain in their homes for as long as possible.



CommunityPACE
At Home, INC. A Program of All-Inclusive Care for the Elderly



PACE benefits include, but are not limited to:

- Primary medical care and specialty care as needed
- Routine preventative care such as dentistry, optometry, and podiatry
- Rehabilitation therapy (physical, occupational, speech) and recreational therapy
- Home health care and personal care
- Social services
- Dietitian services, hot meals in center, and home delivered meals as necessary
- Transportation to and from the center; to and from scheduled off-site medical visits; and emergency medical transport
- Acute hospital and nursing home care
- Prescription drugs and necessary health care related equipment and supplies
- Caregiver respite services as needed
- Adult day social programming
- Personal emergency response systems as needed
- Environmental modifications as needed

LifeCircles

560 Seminole Road
Norton Shores, MI 49444
616-347-3477

Holland Location:

12330 James Street
Holland Township, MI 49424
616-347-3477
www.lifecircles-pace.org

Care Resources

1471 Grace Street SE
Grand Rapids, MI 49506
616-913-2006 or 800-610-6299
www.careresources.org

Community PACE

231 W. Pine
Newaygo MI 49337
231-652-4618
info@communityplace.com



Department of Health & Human Services Adult Home Help Program

What Is the Adult Home Help Program?

Home Help is administered by the Michigan Department of Health & Human Services (MDHHS). It is designed to give support to individuals who are unable to care for themselves adequately at home. This program provides funding for individuals to hire helpers to assist with daily activities. This allows people to live in their own homes rather than live in nursing homes, adult foster care homes, or homes for the aged.

What Services Are Included?

- Feeding
- Dressing
- Transferring from one position to another
- Light housework
- Bathing
- Taking medicine
- Moving around the home
- Shopping for essential items
- Grooming
- Doing laundry
- Preparing meals and cleaning up

Who Is Eligible?

To receive Home Help Services, a person must be eligible for Medicaid and need physical help to perform these activities. A Medical Needs form (DHS-54A) signed by an approved Medicaid enrolled provider indicating personal care is needed must be obtained before payment for services can begin.

People with high medical bills or extensive personal care needs and income that exceeds Medicaid standards can still become eligible for Medicaid and this service. Ask a MDHHS Adult Services worker about the “deductible” and “personal care option.”

Who Provides the Services?

Home Help clients employ their own providers. Providers are not employed by MDHHS or the state of Michigan. Providers may be friends, relatives, neighbors, or employees of home help agencies. A client’s spouse or a parent caring for a child under 18 cannot be paid by MDHHS. If a client has difficulty finding a provider, they may contact the Michigan Quality Community Care Council (MQC3) at 800-979-4662. They maintain a registry of qualified providers.

How Much Are Providers Paid?

The Adult Services worker, with the client and provider, will agree on how much help the client needs every month. This is based on the client’s physical and mental condition and home situation. The Adult Services worker will conduct a comprehensive assessment to determine the amount of time needed to complete each task.



What Services Are Not Covered?

- Yard work, heavy housework, and home repairs
- Transportation (MDHHS can direct you to other resources to assist with this)
- Supervision
- Prompting or reminding someone to complete a task

How Do I Apply for Home Help?

The person in need of services or someone they choose to represent them can call or visit the Adult Services Unit of their local county Department of Health and Human Services.





Home Delivered Meals

Meals are delivered to your door to assist you. If shopping or cooking is difficult or if you are recovering from illness, injury, or surgery, AgeWell can help whether you need meals for a week, month, a year, or more.

Meal Options: offerings include hot meals for lunch, frozen meals for lunch, evenings, weekends, or salad and sandwich meals.

Are you eligible?

The person must be:

- 60 years of age or older, or the spouse of someone at least 60 years of age and eligible to receive meals;
- homebound: i.e., does not leave his/her home under normal conditions;
- unable to participate in a congregate nutrition program;
- able to feed him/herself; and
- at home when meals are delivered or contact the program when absence is unavoidable.

All Meals on Wheels clients are assessed by professional staff with a home visit within 14 days of beginning the program.

Clients are reassessed every 6 months while they remain with the program.

Full Pay Meals

If under 60, or not otherwise eligible, and able to pay full cost, this program is for you.

Prepay each month, no assessment, and healthy meals are delivered daily or weekly to your home.

Lunch and Activity Sites *(contact Agewell or check online for current locations)*

AgeWell Services offers many different congregate meal sites where not only nutritious meals are served but there are many different social opportunities as well. All are welcome! For those under 60, there is a minimum cost per meal. For those 60 and older, donations are accepted.



Call AgeWell Services for schedules and additional information regarding these sites:

Muskegon County

Muskegon

Egelcraft Park
Jefferson Towers
Orchard View Senior Center
Pine Grove Manor
Driftwood Café

Whitehall

S.H.A.W.L. Apartments

Oceana County

Hart

Oceana Council on Aging

Shelby

The Ladder Community Center

Ottawa County

Grand Haven

Four Pointes

Holland

Evergreen Commons

Jenison

Georgetown Connection

Senior Medical Transportation

The senior medical transportation program provides door-to-door non-emergency medical transportation for Muskegon County older adults who have low incomes. The service operates Monday-Friday from 8:30 a.m. to 5 p.m. Participants must be 60 or older and at or below 150% of the federal poverty level. For more information, call 231-726-7090.

Elder Abuse Awareness

AgeWell Services hosts SafeSeniors, the elder abuse awareness collaborative that works to identify, advocate, and seek justice for adult victims of abuse, neglect, and financial exploitation in Muskegon, Oceana, and Ottawa counties. The SafeSeniors team educates law enforcement, health care providers, financial institutions, older adults, and the general population by providing educational workshops, issuing scam alerts, and promoting awareness. Members advocate for policies and programs that ensure the safety of older adults, and the multi-disciplinary teams investigate and prosecute perpetrators of these crimes to seek justice for victims.

To report abuse, neglect, or financial exploitation, call 855-444-3911 24 hours a day, 7 days a week.



Wellness and Enrichment Programs

A variety of wellness and enrichment programs are available to benefit adults. At their premier location, Tanglewood Park, individuals can participate in fitness classes, work out in the fitness room, take education classes and much more. Programs are open to all ages with an emphasis on programming for 50+. Visit any of AgeWell's Muskegon County Lunch and Activity Centers for additional wellness and enrichment programs available for those 60+ and a Muskegon County resident. All programs provided by AgeWell Services focuses on the whole person aspect of health and wellness by using the SPINS model (social, physical, intellectual, nutritional and spiritual wellbeing) as a guide in planning.

Contact AgeWell Services for a schedule of classes at any of their locations.

For More Information

AgeWell: 231-755-0434 or 800-442-6769

Visit: www.agewellservices.org



Directory of Aging and Disability Resources

Adult Day Care Centers

DayBreak Adult Day Services-Norton Shores

572 Lake Forest Lane, Muskegon, MI 49441
Phone: 231-780-2229

Day Center of Evergreen

55 West 16th Street, Holland, MI 49423
Phone: 616-355-5118 or 888-201-9145

The Little Red House

311 E. Exchange Street, Spring Lake, MI 49456
Phone: 616-846-5720

Our Friend's House

621 East Main Street, Hart, MI 49420
Phone: 231-873-4461

AgeWell Services

Tanglewood Park

560 Seminole Road, Norton Shores, MI 49444
Phone: 231-755-0434 Toll Free: 800-442-6769
www.agewellservices.org

Alzheimer's Association

24/7 Helpline: 800-272-3900
www.alz.org/gmc
Muskegon Office: 231-780-1922

Community Access Line of the Lakeshore (C.A.L.L. 2-1-1)

Phone: 2-1-1 or 231-733-1155 Toll Free: 800-211-5253
www.call-211.org

Community Mental Health Services:

HealthWest

376 E. Apple Avenue, Muskegon, MI 49442
Customer Service: 231-720-3201
Emergency Line: 231-722-HELP (4357)

Oceana County CMH

105 Lincoln Street, Hart, MI 49420
Customer Service: 231-873-2108
Emergency Line: 800-992-2061

Ottawa County CMH

12265 James Street, Holland, MI 49424
Customer Service: 616-494-5545
Other Areas of Ottawa County: 866-512-HELP (4357)

Department of Health and Human Services

Muskegon County

2700 Baker Street, Muskegon Heights, MI 49444
Phone: 231-733-3700
Adult Protective Services: 855-444-3911

Department of Health and Human Services, *continued*

Oceana County

4081 West Polk Road, Hart, MI 49420
Phone: 231-873-7251
Adult Protective Services: 855-444-3911

Ottawa County

12185 James Street, Holland, MI 49424
Phone: 616-394-7200
Adult Protective Services: 855-444-3911

Disability Network West Michigan

27 E. Clay Avenue, Muskegon, MI 49442
Phone: 231-722-0088
www.dcilmi.org

Disability Network of the Lakeshore

442 Century Lane, Holland, MI 49423
Phone: 616-396-5326
www.dnlakeshore.org

Elder Law of Michigan

3815 W. St. Joseph, Lansing, MI 48917
Phone: 866-400-9164
www.elderlawofmi.org

Evergreen Commons

480 State Street, Holland, MI 49423
Phone: 616-396-7100
www.evergreencommons.org

Four Pointes Center for Successful Aging

1051 S. Beacon Boulevard, Grand Haven, MI 49417
Phone: 616-842-9210
www.fourpointes.org

GT Connections (Georgetown Senior Center)

7100 8th Avenue, Jenison, MI 49428
Phone: 616-457-1170
www.georgetown-mi.gov

Health Project HUB of the Lakeshore

Trinity Health - Muskegon Health Project

1675 Leahy St., Suite 210B, Muskegon, MI 49440
Phone: 231-672-3201

Hospitals

Holland Hospital

602 Michigan Avenue, Holland, MI 49423
Phone: 616-392-5141



Directory of Aging and Disability Resources

Hospitals, *continued*

Trinity Health

Shelby Hospital

72 S. State Street, Shelby, MI 49455

Phone: 231-861-2156

Muskegon Hospital

1500 East Sherman Boulevard, Muskegon, MI 49444

Phone: 231-672-2000

Trinity Health Grand Haven

1309 Sheldon Road, Grand Haven, MI 49417

Phone: 616-842-3600

Corewell Health/Spectrum Health

Spectrum Health - Zeeland Community Hospital

8333 Felch Street, Zeeland, MI 49464

Phone: 616-772-4644

Spectrum Health - Ludington Hospital

1 North Atkinson Drive, Ludington, MI 49431

Phone: 231-843-2591

Spectrum Health - Gerber Memorial Hospital

212 South Sullivan Avenue, Fremont, MI 49412

Phone: 231-924-3300

Legal Aid of West Michigan

450 Morris Avenue, Muskegon, MI 49440

Phone: 231-726-4887

LifeCircles – Program of All inclusive Care for the Elderly (PACE)

Muskegon:

Tanglewood Park,

560 Seminole Road, Norton Shores, MI 49444

Phone: 231-733-8686

Holland:

12330 James Street, Holland Township, MI 49424

Phone: 616-582-3100 www.lifecircles-pace.org

Medicare/Medicaid Assistance Program (MMAP)

Regional office located at

Tanglewood Park

560 Seminole Road, Norton Shores, MI 49444.

Phone: 800-803-7174, 231-733-3572

www.mmapinc.org

MOKA – Assisting People Living with Disabilities

715 Terrace Street Suite 201, Muskegon, MI 49440.

Phone: 231-830-9376 TTY: 800-649-3777

Ottawa Regional Offices:

100 Pine Street Suite 397, Zeeland, MI 49464

Phone: 616-748-6511 TTY: 800-649-3777

www.moka.org

Oceana County Council on Aging

4250 W. Tyler Road, Hart, MI 49420

Phone: 231-873-4461

Email: info@oceanacountycouncilonaging.com

Orchard View Senior Programs

1765 Ada Avenue, Muskegon, MI 49442

Phone: 231-760-1350

www.orchardviewce.org

Reliance Community Care Partners

2100 Raybrook SE Suite 203, Grand Rapids, MI 49456

Phone: 616-956-9440

Email: info@RelianceCCP.org

Senior Resources of West Michigan

Located at Tanglewood Park

560 Seminole Road, Norton Shores, MI 49444

Phone: 231-733-3585 Toll Free: 800-442-0054;

Oceana County 231-559-0331

www.seniorresourceswmi.org

Tanglewood Park, location of:

AgeWell Services, LifeCircles, Senior Resources

560 Seminole Road, Norton Shores 49444

Phone: 231-733-8699

www.tanglewoodpark.info

Veterans Affairs Offices

1903 Marquette, Muskegon, MI 49442

Phone: 231-724-7143

844 South Griswold Street Suite 100, Hart, MI 49420

Phone: 231-873-6834

Veterans Benefit Administration (for financial assistance)

Phone: 800-698-2411

www.va.gov

Battle Creek VA Medical Center (for medical assistance)

5500 Armstrong Road, Battle Creek, MI 49037

Phone: 296-966-5600

Mental Health Care: 888-214-1247 x33680

www.va.gov/battle-creek-health-care

White Lake Senior Center

8741 Ferry Street, Montague, MI 49437

Phone: 231-894-9493





Located at Tanglewood Park
560 Seminole Road
Muskegon, MI 49444
Phone: 231-733-3585
Toll Free: 800-442-0054
www.seniorresourceswmi.org

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