

# **New Mexico Aging & Long Term Services Department**

## **Person-Centered Planning Tool**



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## Instructions for using the Planning Tool

There is no right or wrong answers to the questions in this assessment. It's about what is happening in your life, and is designed to assist you to determine what you may need in order to live a healthy, safe, and fulfilling life.

This tool is for your use. By answering the questions in the assessment, you *are not* sending your information to any organization, business or other entity. Once you have completed the assessments, it can be saved and printed out for your use.

Answering the questions in this tool DOES NOT enroll you into any programs or services. Answering the questions in this tool DOES NOT guarantee that you will be eligible for any programs or services. Filling out the questions in this tool will assist you to organize your own information, which will be useful when the time comes that you may decide to apply for programs and services. However, even if you have filled out the questions in this tool, you will **STILL HAVE TO GO THROUGH THE PROPER CHANNELS TO APPLY FOR PROGRAMS AND SERVICES.**

This tool is for your personal use. Some ways in which the information gathered on these forms can be helpful:

- When talking to a family member or informal caregiver about your needs and expectations
- When going to talk to your doctor or healthcare practitioner
- When making decisions about housing options
- When exploring options for homecare services
- When speaking to a counselor at the New Mexico Aging and Disability Resource Center
- When being discharged from the hospital to your home or to a rehab or nursing facility.

Each section is organized to be filled out as a separate assessment. The sections included are:

1. **Your Everyday Life**
2. **Eligibility and Benefits / Social Services**
3. **Home Healthcare and Home Supports**
4. **Home Safety / Home Modifications**
5. **Managing Medications**
6. **Housing**

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- 7. Medical Health**
- 8. Behavioral (Mental) Health**
- 9. Financial Questions**
- 10. Legal Affairs**
- 11. Caregiver Needs (Those PROVIDING care)**
- 12. Aging in place in New Mexico**

Feel free to fill out one or all of the assessments in the tool. Some will be relevant to your needs and goals, and some will not. For example, you may want to answer questions about Your Everyday Life, Financial Needs and Healthcare Needs, but not feel it's necessary at this time to fill out the others (Housing, Caregivers, etc). Or you may want to fill out the questions in each section of the tool for a comprehensive assessment of your needs, goals, and concerns at this time.

If you find that there is more information about yourself that you want to provide, there is a place in each section for "Additional Comments." Make sure that you use this section to record any thoughts, ideas, or concerns that may not come out in your answers.

Remember, we are always growing and changing, and our life situations change as well. The answers on this assessment can and should be discussed with family, friends, support people, and healthcare practitioners regularly to make sure that they still reflect your goals, needs, and priorities. And if you find that the answers on an assessment no longer reflect you and your life, it's time to fill out a new one! You can use these forms as many times as you need – just be sure to date each assessment so you are able to track which are current.

## 1. Your Everyday Life

There is no right or wrong answers to the following questions. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
	Me
	Someone else (Parent, Spouse, Child, Partner, Friend)
	I'm a professional creating this plan for my client
List family or friends that you would like to assist you if needed:	
What is a "good" day like for you?	
What is a "bad" day like for you?	
What is most important in your life now?	
What will be most important in your life in the future?	

Do you feel safe in your home? If not, what feels unsafe?	
Did you talk to friends, relatives, or others on the telephone or through email as often as you wanted in the past week? If no, why not?	<b>Yes</b> <b>No</b>
Recently, did you spend time with someone who does not live with you as often as you wanted? That is, you went to see them or they came to visit you or did you go do things together? If no, why not?	<b>Yes</b> <b>No</b>
Are you able to attend social events or religious services as often as you like? If no, why not?	<b>Yes</b> <b>No</b>
Additional Comments?	

## 2. Eligibility and Benefits / Social Services

Every Program is different. Remember, some programs will require you to provide this information and some will not, and the criteria for involvement in certain programs changes from year to year – income and asset limits may apply.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
Me	
Someone else (Parent, Spouse, Child, Partner, Friend)	
I'm a professional creating this plan for my client	
What are your most important needs and concerns?	
List Sources of Income and amounts (Social Security, SSI, SSDI, Pension, Wages, Self Employment, Railroad Retirement, Family/Friends)	
List Assets/Resources (Name of bank with accounts, property/real estate – besides the home you live in, stocks) <i>*For your security please do not include bank account numbers.</i>	
Do you have a disability or disabling condition? If yes, what?	<b>Yes    No</b>
Do you live alone or is there someone else living in your household? If yes, who?	<b>Yes    No</b>
If someone else lives with you, does that person earn an income? If yes, how much?	<b>Yes    No</b>

Do you have any of the following health insurance?	
	Medicare Part A
	Medicare Part B
	Medicare Part C
	Medicare Part D
	Military Benefits
	Private Insurance (Employer, COBRA, etc)
	Medicaid
	Indian Health Services (IHS) Insurance
	Tricare
	No Insurance
	Other

**Please select programs that you would like to learn more about:**

<input type="checkbox"/>	Adult Protective Services (APS)
<input type="checkbox"/>	Alzheimer's / Memory Loss Programs and Supports
<input type="checkbox"/>	Behavioral Health Services and Supports (Mental Health &/or Substance Abuse)
<input type="checkbox"/>	Caregiver Support Programs
<input type="checkbox"/>	Employment Programs
<input type="checkbox"/>	Food Assistance, Food Banks
<input type="checkbox"/>	Health Insurance Counseling
<input type="checkbox"/>	Health/Medical Programs about Diabetes, Arthritis, Stroke, Heart Disease, etc.
<input type="checkbox"/>	Prescription Drug Assistance Programs
<input type="checkbox"/>	Home and Community-based Programs- i.e. Medicaid Centennial Care Waiver Programs
<input type="checkbox"/>	Home Modifications & Weatherization
<input type="checkbox"/>	Independent Living Resource Centers
<input type="checkbox"/>	Legal Assistance Programs
<input type="checkbox"/>	Living Options (Low Income, Senior Housing, Assisted Living, Nursing Facilities, Board and Care facilities, etc)
<input type="checkbox"/>	Long-Term Care Ombudsman Program (Resident Advocacy in nursing homes)
<input type="checkbox"/>	Medicaid or Medicare Benefits
<input type="checkbox"/>	Programs for Deaf and Hard of Hearing
<input type="checkbox"/>	Programs for Blind and Visually Impaired
<input type="checkbox"/>	Senior Centers
<input type="checkbox"/>	Utility Assistance (Heating, Cooling, Water)
<input type="checkbox"/>	Volunteer Opportunities Senior Companion, Foster Grandparent, Retired and Senior Volunteer Program, Ombudsman, State Health Insurance Assistance



### 3. Home Healthcare and Home Supports

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age		
County	Gender		
Zip Code	Date of Assessment		
Who is this plan for?			
Me			
Someone else (Parent, Spouse, Child, Partner, Friend)			
I'm a professional creating this plan for my client			
When you are in your home, what are your most important needs and concerns?			
What do you feel would be most helpful for you if you had assistance in your home?			
Is there someone who helps you care for your home, helps you in your home, or who regularly helps with errands or other things? If yes, who?	<table border="1"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> </table>	<b>Yes</b>	<b>No</b>
<b>Yes</b>	<b>No</b>		

The following questions will help you understand what kinds of assistance might help make living in your home easier for you. Some may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.

Rate each of the following questions according to scale below:

- 1 I need no help or supervision**
- 2 I need some help or occasional supervision**
- 3 I need a lot of help or constant supervision**
- 4 I can't do it at all**

Are you able to walk around inside your house?	1 2 3 4
Are you able to walk outside on flat ground?	1 2 3 4
Can you walk up and down stairs?	1 2 3 4
Can you walk or stand without a cane, walker or other support (tables, chairs, railings, etc)	1 2 3 4
Are you able to get in and out of bed?	1 2 3 4
Are you able to get in and out of a chair or car?	1 2 3 4
Are you able to get in and out of the bathtub?	1 2 3 4
Can you wash and dry your entire body and hair?	1 2 3 4
Are you able to dress and undress yourself including buttons and shoelaces?	1 2 3 4
Are you able to get on and off the toilet?	1 2 3 4
Are you able to clean yourself and arrange clothes?	1 2 3 4
If you use incontinence pads can you manage them?	1 2 3 4
Are you able to cut your food?	1 2 3 4
Are you able to lift a full cup to your mouth?	1 2 3 4
Are you generally able to open new food or household goods packages?	1 2 3 4
How well are you able to make a phone call?	1 2 3 4
How well are you able to answer the phone?	1 2 3 4
How well are you able to shop for food and other things you need?	1 2 3 4
How well are you able to prepare meals for yourself?	1 2 3 4
How well can you manage light housekeeping like dishes and sweeping?	1 2 3 4



#### 4. Home Safety / Home Modifications

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age		
County	Gender		
Zip Code	Date of Assessment		
Who is this plan for?			
Me _____			
Someone else (Parent, Spouse, Child, Partner, Friend)			
I'm a professional creating this plan for my client			
Have you had a recent fall in your home or are you concerned about falling in your home?	Yes	No	
If you have fallen, have you told anyone about your fall?	Yes	No	
Do you feel you would benefit from having "grab bars" (bars bolted to wall next to the bed, chair, toilet, bathtub, etc. to assist you as you stand up or sit/lay down)? If yes, where?	Yes	No	
Do you feel you would benefit from having something to assist you with any stairs in your home (ramps, lifts, reorganizing your home so that you can stay on one level)?	Yes	No	
Do you feel you would benefit from better lighting in your home? If yes, where?	Yes	No	
Do you feel you would benefit from wider doorways / more space to move throughout your home?	Yes	No	
Can you afford to make the needed home modifications noted above?	Yes	No	

The following questions will help you understand what kinds of modification or devices might help make living in your home easier for you. Some may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.

Rate each of the following activities according to scale below:

- 1 I can do this without assistance
- 2 I need an object for support and balance
- 3 I need someone to help me
- 4 I can't do it at all

Getting in and out of bed	1	2	3	4
Sitting down and getting up off the toilet	1	2	3	4
Getting in and out of the shower/bath	1	2	3	4
Going up and down stairs	1	2	3	4
Turning doorknobs / locking and unlocking doors	1	2	3	4
Walking on uncarpeted floors / floors with throw rugs	1	2	3	4
Seeing what you are doing in the kitchen and bathroom/ When organizing medications	1	2	3	4
Seeing well as you walk from one place to another in your house	1	2	3	4
Answering the phone / making a phone call (including cellular phones if it applies to you)	1	2	3	4
Turning on and off the TV, radio, lights, and/or stove	1	2	3	4
Getting items you need from cupboards and shelves	1	2	3	4
Adjusting the heat or air conditioning in your house	1	2	3	4
Checking and changing the batteries in your smoke and carbon monoxide detectors	1	2	3	4
<b>Additional Comments:</b>				

## 5. Managing Medications

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
Me _____	
Someone else (Parent, Spouse, Child, Partner, Friend)	
I'm a professional creating this plan for my client	
How many medications do you take each day?	<b>I don't take any medications</b> <b>1-3 per day</b> <b>3-6 per day</b> <b>6-10 per day</b> <b>More than 10 per day</b>
Can you afford your medication?	<b>Yes</b> <b>No</b>
Are you taking your medications according to your health care provider's instructions?	<b>Yes</b> <b>No</b>
Do you know what each of your medications is for?	<b>Yes</b> <b>No</b>
Are you a veteran (or spouse of a veteran)? If yes, are you aware of possible Veterans' Prescription drug benefits?	<b>Yes</b> <b>No</b>
Do you have a Medicare Part D Prescription Drug Plan or other insurance coverage for your medications?	<b>Yes</b> <b>No</b>
Are you able to get your prescriptions either from the pharmacy or mail order or have them delivered to you?	<b>Yes</b> <b>No</b>
When was the last time you had an assessment of the medications you are taking?	<b>In the last 6 month</b> <b>In the last year</b> <b>In the last 2 years</b> <b>Never</b>

The following questions will help you understand what type of assistance might make managing your medications easier for you. Some may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.

Rate each of the following activities according to scale below:

- 1 I need no help or supervision**
- 2 I need some help or occasional supervision**
- 3 I need a lot of help or constant supervision**
- 4 I can't do it at all**

Taking your medications on time?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Identifying correct medications?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Organizing your medications for the week or the day?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Disposing of medications you no longer need?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Additional Comments:</b>				

## 6. Housing

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
Me _____	
Someone else (Parent, Spouse, Child, Partner, Friend)	
I'm a professional creating this plan for my client	
In what type of Housing do you currently live?	
Your own house or apartment Rental Manufactured (mobile) Home Board and Care home Relative's Home Nursing Facility Assisted Living Subsidized Housing Homeless Other	
Do you want to continue living where you are now?	<b>Yes</b> <b>No</b>
Are you interested in exploring other living options?	<b>Yes</b> <b>No</b>
Are you comfortable in your home?	<b>Yes</b> <b>No</b>
Do you have problems with the cost of maintaining your home?	<b>Yes</b> <b>No</b>
Do you feel safe living where you are now?	<b>Yes</b> <b>No</b>
Have you ever had a home safety evaluation?	<b>Yes</b> <b>No</b>
Number of people in your household:	
List the ages of people living in your household:	
How many people in your household are ages 60 or older:	
Do you or anyone in your household have a disabling condition?	
Are you interested in learning more about programs that may assist with paying for your housing? (ex: HUD, Section 8 voucher, Institutional Medicaid-to pay for a nursing home stay)	<b>Yes</b> <b>No</b>



If you believe you may need some assisted living in the future, have you begun to search for information? If yes, what have you researched:

**Yes**

**No**

**Additional Comments:**

## 7. Medical/Health

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
Me	
Someone else (Parent, Spouse, Child, Partner, Friend)	
I'm a professional creating this plan for my client	
Some of the following questions may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.	
What are your greatest healthcare needs and concerns?	
Do you have someone who could stay with you for a while if needed to or if you were sick? If yes, who? <b>Yes No</b>	
If you have health problems or disabilities that you are dealing with, how does that make you feel?	
Is there anyone who you would NOT want to be involved with your care if you were sick or needed help? If yes, who? <b>Yes No</b>	

How would you rate your overall health?		Excellent	
		Good	
		Fair	
		Poor	
		I don't know	
Do you have a regular doctor or medical practitioner?		Yes	No
Are you seeing any other doctors/specialists besides your regular doctor? If you are, what are you seeing them for?		Yes	No
Have you been having any trouble with your hearing? If yes, when does this trouble happen?		Yes	No
Have you been having any trouble seeing? If yes, when does this trouble happen?		Yes	No
Have you been having any trouble remembering things? If yes, when does this trouble happen?		Yes	No
Have you seen a dentist in the past year?		Yes	No
Are you in need of dental care?		Yes	No
Are you experiencing pain in your mouth (toothache, mouth sores, etc)		Yes	No
How often have you seen your doctor/specialist in the past 6 months?	<b>I have not seen a doctor in the past 6 months</b> <b>1-3 times</b> <b>3-6 times</b> <b>6-10 times</b> <b>More than 10 times</b>		

Have you completed an Advanced Directive/Medical Power of Attorney? If so, have copies been provided to your physician, hospital, family and other people who may need to have this information readily available?	Yes No
Are you interested in attending any medical support groups? If yes, for what condition?	Yes No
<b>Additional Comments:</b>	

## 8. Behavioral Health (Mental Health & Substance Abuse)

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
Me _____	
Someone else (Parent, Spouse, Child, Partner, Friend)	
I'm a professional creating this plan for my client	
Some of the following questions may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.	
Have you been experiencing a depressed mood, irritable mood, loss of interest or pleasure in activities you used to enjoy?	<b>Yes</b> <b>No</b>
Have you had a significant change in your appetite?	<b>Yes</b> <b>No</b>
Have you gained or lost a significant amount of weight without wanting to? (more than 10 lbs for a 200 lb person, 7 lbs for a 150 lb person)	<b>Yes</b> <b>No</b>
Have you been having trouble sleeping, trouble waking up, been sleeping significantly more, waking up early or not able to stay asleep?	<b>Yes</b> <b>No</b>
Have you been feeling agitated (for example, experiencing inability to sit still/pacing/hand wringing/pulling or rubbing of the skin, clothing, or other objects; slowed speech/thinking and body movements)	<b>Yes</b> <b>No</b>
Are you feeling tired or weak without knowing why?	<b>Yes</b> <b>No</b>
Have you seen or heard things that other people didn't see or hear?	<b>Yes</b> <b>No</b>
Have you become physically aggressive, or made any threats to harm anyone?	<b>Yes</b> <b>No</b>
Have you made any threat to harm or kill yourself?	<b>Yes</b> <b>No</b>
Have you found yourself thinking about death or dying more than usuallately?	<b>Yes</b> <b>No</b>
Do you have a history of depression?	<b>Yes</b> <b>No</b>

If yes, what has worked to help the depression?	
If yes, what has NOT worked to help the depression?	
Do you have a history of anxiety?	<b>Yes</b> <b>No</b>
If yes, what has worked to help the anxiety?	
If yes, what has NOT worked to help the anxiety?	
Do you have someone to confide in when you have problems? If yes, who?	<b>Yes</b> <b>No</b>
Would you like someone to talk to about anything that is bothering you? If yes, what?	<b>Yes</b> <b>No</b>
Do you drink alcohol more than twice a week? If yes, how many drinks a week do you have?	<b>Yes</b> <b>No</b>
Have you ever taken more than the recommended dose of your prescription medications? If yes, why?	<b>Yes</b> <b>No</b>
Have you ever talked with your doctor or pharmacist about whether drinking alcohol interacts with your medications?	<b>Yes</b> <b>No</b>
<b>Additional Comments:</b>	

## 9. Financial Questions

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of assessment
Who is this plan for?	
<input type="checkbox"/> Me	
<input type="checkbox"/> Someone else (Parent, Spouse, Child, Partner, Friend)	
<input type="checkbox"/> I'm a professional creating this plan for my client	
<p>The following questions will help you understand what kinds of assistance might help you to manage your finances. Some may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment. <i>*Please do not include any financial identification numbers for your own financial safety.</i></p>	
<p>What are your greatest financial needs and concerns?</p>	
<p>If you have a rent or mortgage payment are you able to pay it each month without assistance? <span style="float: right;"><b>Yes</b>   <b>No</b></span></p>	
<p>Are you able to pay for medications and doctor's visits? <span style="float: right;"><b>Yes</b>   <b>No</b></span></p>	
<p>Are you able to pay for food and other necessary everyday items? <span style="float: right;"><b>Yes</b>   <b>No</b></span></p>	
<p>Are you able to pay your heating/cooling bills? <span style="float: right;"><b>Yes</b>   <b>No</b></span></p>	
<p>Is there someone taking money, medications or possessions from you without your permission? <span style="float: right;"><b>Yes</b>   <b>No</b></span></p>	
<p>Do you feel pressured to give money, medications, or possessions to someone else? <span style="float: right;"><b>Yes</b>   <b>No</b></span></p>	

Rate each of the following questions according to scale below:

- 1 I need no help or supervision
- 2 I need some help or occasional supervision
- 3 I need a lot help or constant supervision
- 4 I can't do it at all

Can you balance your checkbook?	1	2	3	4
Can you organize and pay bills on time?	1	2	3	4
Can you organize, fill out, and pay your taxes?	1	2	3	4
Can you fill out forms for insurance and/or other programs?	1	2	3	4

**Additional Comments:**



## 10. Legal Affairs

There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of Assessment
Who is this plan for?	
<input type="checkbox"/> Me <input type="checkbox"/> Someone else (Parent, Spouse, Child, Partner, Friend) <input type="checkbox"/> I'm a professional creating this plan for my client	
Do you have a current signed will? If so, are the location/contents of the will known to everyone responsible for carrying out the directives of the contents?	<b>Yes</b> <b>No</b>
Would you like information about Guardianship? Guardianship is a legal proceeding; a person is determined to be incapacitated by a judge and will assign a guardian(s) who can make decisions for the incapacitated person and supervise certain aspects of the person's life. Guardians must follow the orders from the court.	<b>Yes</b> <b>No</b>
Are you able to make decisions on your own behalf?	<b>Yes</b> <b>No</b>
Have you made arrangements for someone to legally handle your financial matters if you are not able to?	<b>Yes</b> <b>No</b>
Do you have your burial wishes taken care of, including person(s) to be acting on your behalf to make your wishes known others?	<b>Yes</b> <b>No</b>
Have you completed an Advanced Directive/Medical Power of Attorney? If so, have copies been provided to your physician, hospital, family and other people who may need to have this information readily available?	<b>Yes</b> <b>No</b>
Do you have someone that you trust to help with your legal and property needs? If yes, who:	<b>Yes</b> <b>No</b>

Do you need legal assistance to solve problems with any program or services you receive through the State or Federal government (Ex: Medicaid, Medicare, SSI, SSDI, VA, Retirement System)	Yes	No
Are you a grandparent raising a grandchild and seeking legal guardianship?	Yes	No
Are you in a domestic partnership and seeking legal protections?	Yes	No
<b>Additional Comments:</b>		

## 11. Caregivers'/Service Provider Needs

This assessment is to be filled out by someone *PROVIDING* care-giving services. There is no right or wrong answers to the questions below. Answer them honestly and as fully as you can.

Name	Age
County	Gender
Zip Code	Date of assessment
Who is this plan for?	
Me _____	
Someone else (Parent, Spouse, Child, Partner, Friend)	
I'm a professional creating this plan for my client	
Some of the following questions may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.	
Are you in danger of losing a job because of your care giving responsibilities?	<b>Yes</b> <b>No</b>
Are relationships suffering due to the demands of being a caregiver (possibly due to stress, expenses, time off work, etc.)? If yes, how?	<b>Yes</b> <b>No</b>
Are you experiencing any health problems? If yes, what?	<b>Yes</b> <b>No</b>
Are you experiencing any mental/behavioral health problems? If yes, what?	<b>Yes</b> <b>No</b>

Would you like information about caregiver education and training?	Yes	No
Would you like information about caregiver support groups?	Yes	No
Would you like the websites that offer information for caregivers?	Yes	No
Do you feel you could benefit from respite services? (Respite is when a paid professional takes over care giving for a short time to give the caregiver a break)	Yes	No
Do know how to access information about Medicare/Medicaid/other health coverage for the person you care for, including ID numbers? In an emergency, could you provide this information to hospitals and other medical providers quickly and accurately? If no, what are some ways to make this information accessible?	Yes	No
Are there times when you feel overwhelmed by care giving?	Yes	No
Do you have support available? If yes, who?	Yes	No
Have you experienced any of the following?		
Anger		_____
Withdrawal (from social activities, family, friends) Denial		_____
Anxiety/Irritability		_____
Problems with sleep		_____
Exhaustion		_____
Health Problems		_____
Problems concentrating		_____
Additional Comments:		

## 12. Aging in Place in New Mexico

Aging in Place means living in the residence of your choice without having to move in order to access the supports and services needed as abilities change. This choice often means that a person wishes to remain in their own home, safely and comfortably. To successfully age in place, one should be aware of potential physical and sensory changes that may take place, such as declining eyesight or the need to use a wheelchair for mobility.

Planning for the future should include both knowing how much money will be available to you and also having a realistic estimate of your future costs. Are you planning to continue working full-time or do you wish to reduce your work hours? Do you know if your desired lifestyle will be possible, given the amount of money that you will have available? Where do you want to live? What would you like to do in the future? ***In the event that there was a natural disaster, do you have an evacuation plan?*** Do you have a plan for your pets? This assessment encourages you to plan for your future.

Name	Age
County	Gender
Zip Code	Date of assessment
Who is this plan for?	
	Me
	Someone else (Parent, Spouse, Child, Partner, Friend)
	I'm a professional creating this plan for my client

Some of the following questions may seem somewhat personal. Answer questions that are comfortable for you, but remember, in order to get a true assessment of your needs and help you in the best way possible, some people may need to know the answers to all questions in this assessment.

"Picture your future life in this section. What would it be like? Where do you want to live? Do you live with other people such as your spouse/partner? If so, are your plans for the future compatible with theirs?"

What supports and services are important to you now or that you feel may be important in the future? For instance, some people want to live close to family/friends. Some people would like to live within a few miles of shopping, medical care, a church, etc.

Do you have any known health conditions that could lead to the need for continuing care such as in-home health care?

Do you live farther than 20 miles from the nearest hospital or are you planning to relocate to an area that is farther than 20 miles from the nearest hospital?

Do you live farther than 20 miles from the nearest physician or medical practitioner/clinic/medical provider?	<b>Yes</b>	<b>No</b>
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Do you have access to a pharmacy (either at a physical location or online)	<b>Yes</b>	<b>No</b>
----------------------------------------------------------------------------	------------	-----------

Do you know how to use and/or have access to a computer?	<b>Yes</b>	<b>No</b>
----------------------------------------------------------	------------	-----------

What kind of social activities are you interested in? Do you have access to them?	<b>Yes</b>	<b>No</b>
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Are you able to financially care for your pet(s)?	<b>Yes</b>	<b>No</b>
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If something was to happen and you experienced decreased physical or mental ability, what plans have you made to meet the possible demands of such changes? For instance, if you had to use a wheelchair (even for a short recuperation time), will your home, leisure and work environments be accessible to you?

If you were no longer able to drive, how would you get to the places you want/need to go to, such as the grocery store, doctor's appointments, or visiting family/friends? There may be limited or no public transportation options available in your area.

In the event of a Natural Disaster, do you have enough of the following items stored in your home to last you at least 3 days:

Food	Yes	No
Water	Yes	No
Medication	Yes	No
First Aid Kits	Yes	No
Batteries	Yes	No
Radios	Yes	No
Warm Clothing	Yes	No
Flash Lights	Yes	No
Blankets	Yes	No
If you live alone, does someone know that you are alone and will they contact the authorities?	Yes	No

If you were to have an accident, illness or other condition that could cause a disability, how concerned are you about being able to manage the following everyday tasks:

- 1 Not at all concerned**
- 2 Somewhat concerned**
- 3 Extremely concerned**

Using the phone?	1	2	3
Shopping for food and other things you need?	1	2	3
Preparing meals?	1	2	3
Navigating stairs in your home?	1	2	3
Light housekeeping like dishwashing and sweeping?	1	2	3
Heavy housekeeping like yard work and trash disposal (not laundry)	1	2	3
Doing laundry completely (gathering dirty laundry, starting and stopping the washer and dryer, loading dryer, etc)	1	2	3

Getting in and out of bed	1	2	3
Sitting down and getting up off the toilet	1	2	3
Getting in and out of the shower/bath	1	2	3
Going up and down stairs	1	2	3
Getting items from cupboards and shelves	1	2	3
Adjusting the heat or air conditioning when needed	1	2	3
Checking and changing the batteries in smoke/ carbon monoxide detectors	1	2	3
Mowing the lawn	1	2	3
Minor repairs inside your home	1	2	3
Minor repairs outside your home	1	2	3
Are you able to financially care for your pet?	1	2	3
Do you need assistance with food or vet bills?	1	2	3
Are you able to give your pet exercise and grooming if needed?	1	2	3
Are you able to physically care for your pet if you become ill?	1	2	3
Have you made arrangements for your pet in case of emergency?	1	2	3

**Additional Comments:**



One step in planning for the future could be developing a monthly budget to help you manage your money. By seeing where your money goes, you can make decisions that will help you age in place. This could include having the retirement lifestyle that you would like, being able to help your family, reducing your work hours, or whatever your goals may be. Budget calculators are available, such as the AARP Home Budget Calculator and the AARP Retirement Planning Calculator, both available at [www.aarp.org](http://www.aarp.org). You can also access the AARP Longevity Calculator on the web site. AARP has available many publications and additional information relating to planning your future and aging in place. The phone number for AARP is (888) 687-2277.

An estimate of the retirement benefits you will receive from the Social Security Administration (SSA) may be obtained by going to [www.ssa.gov](http://www.ssa.gov). You can also apply online for benefits, including disability benefits. The toll-free phone number for SSA is (800) 772-1213.

There are many books available that could be helpful. The following list includes some titles. The posting of these books is not an endorsement of the content of the books.

- *Aging in Place: Safely Living In Your "Home Sweet Home" Until You're 100 Plus* by Donna Christner-Lile
- *Universal Design for the Home: Great-Looking, Great-Living Design for All Ages, Abilities, and Circumstances* by Wendy A. Jordan
- *Retirement Life By Design: "Living Well with Health, Wisdom and Authenticity: Achieve Aging in Place, Manage Elder Care, Master Caregiving"* by Pamela Pope
- *When Women Retire: "The Problems They Face and How to Solve Them"* by Carole Sinclair

Additional information is available through the internet. Some website resources are provided below. This is not a complete resource list; please be aware while doing any research that some sites are commercial in content and are designed to market products/services. The posting of internet resources is not an endorsement of the organization or the site content.

## Selected Resource Website List And Other Contact Information

### Aging & Long Term Services Department Social Services Resource Center

2550 Cerrillos Road  
Santa Fe NM 87505  
505-476-4846 Local Santa Fe Office  
800-432-2080 In-state  
505-476-4846 Out of NM  
[www.nmresourcedirectory.org](http://www.nmresourcedirectory.org)  
[www.nmaging.state.nm.us](http://www.nmaging.state.nm.us)

<b>Adult Protective Services</b>	<p>New Mexico Adult Protective Services Division. Please call this agency if you or another adult is suspected of being abused, neglected (including self-neglect), and/or financially exploited. The phone number for NM Adult Protective Services is (866) 654-3219 or (505) 476-4912 (if calling from outside New Mexico). If someone is in immediate danger call 911 or the local law enforcement in the area for immediate assistance.</p> <p><a href="http://www.nmaging.state.nm.us/adult_protectiveservices.aspx">HTTP://WWW.NMAGING.STATE.NM.US/ADULT_PROTECTIVESERVICES.ASPX</a></p>
<b>National Center on Elder Abuse (NCEA)</b>	<p><a href="http://www.ncea.aoa.gov">www.ncea.aoa.gov</a></p>
<b>AARP</b>	<p><a href="http://www.aarp.org">www.aarp.org</a> – this is a nonprofit organization that helps people 50 and over improve the quality of their lives.</p> <p><a href="http://www.aarp.org/family/housing/articles/emergency_preparedness.html">http://www.aarp.org/family/housing/articles/emergency_preparedness.html</a></p> <p><a href="https://www.benefitscheckup.org">https://www.benefitscheckup.org</a></p> <p>Toll-Free Nationwide: 1-888-687-2277</p> <p>Toll-Free TTY: 1-877-434-7598 Toll-Free Spanish: 1-877-627-3350</p> <p>New Mexico State Office, AARP: 1-866-389-5636</p>

<b>Administration on Aging</b>	<a href="http://www.aoa.gov">www.aoa.gov</a>
<b>Area Agency on Aging (AAA)</b>	<a href="http://www.ncnmedd.com/aaa.htm">http://www.ncnmedd.com/aaa.htm</a> or <a href="http://www.n4a.org">www.n4a.org</a>
<b>Alzheimer's</b>	<a href="http://www.alz.org/newmexico/">www.alz.org/newmexico/</a> <a href="http://www.rebuildingtogether.org">http://www.rebuildingtogether.org</a> <a href="http://www.alz.org/safereturn">www.alz.org/safereturn</a>
<b>American Red Cross</b>	<a href="http://www.redcross.org/newmexico">http://www.redcross.org/newmexico</a>  (505) 266-8514 Albuquerque, NM
<b>CHAMP VA - American Military Retirees Association</b>	<a href="http://www.va.gov/purchasedcare/programs/dependents/champva/index.asp">http://www.va.gov/purchasedcare/programs/dependents/champva/index.asp</a>  (800) 733-8387 Denver, CO
<b>Coordination of Benefits Contractor - to get information on whether Medicare or your other insurance pays first.</b>	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>  (800) 999-1118 TTY: (800) 318-8782
<b>Corporation for National &amp; Community Service</b>	<a href="http://www.nationalservice.gov">http://www.nationalservice.gov</a>

<p><b>Eldercare Locator</b>, a public service of the U.S. Administration on Aging (AoA). The Eldercare Locator connects older Americans and their caregivers with information on senior services.</p>	<p>Toll-Free: (800) 677-1116</p> <p><a href="http://www.eldercare.gov">www.eldercare.gov</a></p>
<p><b>Emergency Preparedness</b></p>	<p><a href="http://www.redcross.org/prepare/location/home-family">http://www.redcross.org/prepare/location/home-family</a></p> <p><a href="http://www.aarp.org/money/insurance/info-08-2011/prepare-for-hurricane-irene.html">http://www.aarp.org/money/insurance/info-08-2011/prepare-for-hurricane-irene.html</a></p> <p><a href="http://www.ready.gov/">http://www.ready.gov/</a></p> <p><a href="http://www.humanesociety.org/animals/resources/tips/protect_pets_winter.html">http://www.humanesociety.org/animals/resources/tips/protect_pets_winter.html</a></p>
<p><b>Fraud – Federal Trade Commission Consumer Protection</b></p>	<p><a href="http://www.consumer.ftc.gov/">http://www.consumer.ftc.gov/</a></p> <p>Regional Contact 877-438-4338</p>
<p><b>Fraud – Crime – Identity Theft</b></p>	<p>(Suspicions of waste fraud or abuse may be reported to the ALTSD Toll free number, ADRC, 1-800-432-2080, and also to Medicare’s New Site: <a href="http://www.stopMedicarefraud.gov">www.stopMedicarefraud.gov</a>;</p> <p>Customer Service Center phone, 1-800-MEDICARE; for questions about billing procedures, billing errors, or questionable billing practices, contact local Medicare Contractor – <u>this is a zip link to contact your Medicare Contractor</u>; for NM, it is Trailblazer</p> <p>For Part C and D Medicare Fraud - MEDIC South Contact: Health Integrity Complaint Line -- 877-7SAFERX (877-772-3379)</p> <p><a href="mailto:HHSTips@oig.hhs.gov">HHSTips@oig.hhs.gov</a></p>

<p><u>(cont).</u></p> <p><b>Fraud – Crime – Identity Theft</b></p>	<p><a href="http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-oct2014.pdf">http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-oct2014.pdf</a></p> <p><a href="http://tlsc.org/programs/vicars.asp">http://tlsc.org/programs/vicars.asp</a> Victims Initiative for Counseling, Advocacy, and Restoration of the Southwest (VICARS) - provides direct legal assistance to victims of identity theft and financial fraud in Texas, New Mexico, Colorado, and Oklahoma; helps crime victims Re-acquire their identity, Restore their credit, Recoup their losses, Regain control over their finances; offers a free victim's toolkit and program resources. 888-343-4414</p> <p>WWW: <a href="http://newmexicoandsouthwestcolorado.bbb.org">http://newmexicoandsouthwestcolorado.bbb.org</a> - Better Business Bureau of NM and SW Colorado – (505) 346-0110</p>
<p><b>Home Education Livelihood Program (HELP)</b></p>	<p><a href="http://www.helpnm.com">http://www.helpnm.com</a></p>
<p><b>HUD</b></p>	<p><a href="http://www.hud.gov/local/index.cfm?state=nm">http://www.hud.gov/local/index.cfm?state=nm</a></p>
<p><b>Legal Issues</b></p>	<p><a href="http://www.lawhelpnewmexico.org">www.lawhelpnewmexico.org</a></p> <p><a href="http://www.nmbar.org">www.nmbar.org</a>. - This website includes information about Lawyer Referral for the Elderly (LREP), a program of the New Mexico State Bar Foundation that provides legal information, advice, and referrals to New Mexicans 55 years of age or older. The toll-free number for LREP is (800) 876-6657. For Albuquerque and surrounding communities, please call (505) 797-6005.</p> <p><a href="http://sclonm.org/">http://sclonm.org/</a> - Senior Citizens' Law Office (SCLO) – free civil legal services to over 60 in Bernalillo, Valencia, Torrance, &amp; Sandoval Counties – 505-265-2300</p>
<p><b>Medicaid</b></p>	<p>1-888-997-2583 – MAD Client Services Bureau</p>
<p><b>Medicare</b></p>	<p><a href="http://www.medicare.gov">www.medicare.gov</a> 1-800-633-4227 – TTY 1-877-486-2048</p> <p><a href="http://www.MyMedicare.gov">www.MyMedicare.gov</a> –secure online service for accessing your personal Medicare information, Medicare Summary Notice (MSN) or Explanation of benefits</p>

<p>(Cont).</p> <p><b>Medicare</b></p>	<p>Claims-requires requesting a password. Sublink to MSP's: <a href="http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html">http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html</a></p> <p>Medicare.gov Tool Plan finder comparison links – for new yearly RX drug comparison, and for saved Rx drug list – <a href="http://www.medicare.gov">www.medicare.gov</a></p> <p>Medicare Toll-Free Number: (800) 633-4227 Medicare TTY: (877) 486-2048 Medicare Rights Center Consumer Hotline: (800) 333-4114 Quality Improvement Organization (QIO), to ask questions or report a complaint about the quality of care for a Medicare-covered service: (800) 633-4227, to get the telephone number for the appropriate QIO.</p>
<p><b>National Council on Aging</b></p>	<p><a href="http://www.ncoa.org">www.ncoa.org</a></p>
<p><b>NM Housing Authorities:</b></p>	<p><a href="http://www.hud.gov">http://www.hud.gov</a></p> <p>(800) 955-2232, for information about HUD rental programs, including Section 8 vouchers (505) 346-6923, NM Native Americans Program (505) 346-6463, for the Albuquerque Field Office</p> <p><b><u>Office of Personnel Management.</u></b> to get information about the Federal Employee Health Benefits Program for current and retired Federal employees.</p> <p>(888) 767-6738 TTY: (800) 878-5707</p>
<p><b>Railroad Retirement Board</b></p>	<p><a href="http://www.rrb.gov/">www.rrb.gov/</a></p> <p>(877) 772-5772</p>

<b>State Health Insurance Program (SHIP)</b>	<p>To get free personalized health insurance counseling, including information on programs for people with limited incomes and resources, and help with claims, billing, and appeals.  <a href="http://www.shiptalk.org">www.shiptalk.org</a></p> <p>New Mexico SHIP- (800) 432-2080</p> <p><a href="http://www.smpresource.org">www.smpresource.org</a> - New Mexico SMP – 800 -432-2080 – Empowering seniors to prevent healthcare fraud through outreach and education.</p>
<b>Social Security Administration (SSA)</b>	<p><a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a></p> <p><a href="http://www.ssa.gov/online">www.ssa.gov/online</a></p> <p><a href="http://www.socialsecurity.gov/prescriptionhelp">www.socialsecurity.gov/prescriptionhelp</a></p> <p>Social Security Toll-Free (800) 772-1213  Social Security TTY: (800) 325-0778</p>
<b>NM Social Services Resource Directory</b>	<p><a href="http://www.nmresourcedirectory.org/">http://www.nmresourcedirectory.org/</a></p>
<b>USDA Rural Development (Statewide) –</b>	<p>National Website  <a href="http://www.rurdev.usda.gov">www.rurdev.usda.gov</a></p> <p>NM Information  <a href="http://www.rd.usda.gov/nm">http://www.rd.usda.gov/nm</a></p> <p>National Toll-Free number: (800) 670-6553  New Mexico Phone: (505) 761-4950</p>
<b>Department of Veteran Affairs</b>	<p>Benefits Administration Home Page  <a href="http://www.va.gov/">http://www.va.gov/</a></p> <p>Health Care Eligibility and Enrollment  <a href="https://www.ebenefits.va.gov/ebenefits/homepage">https://www.ebenefits.va.gov/ebenefits/homepage</a>  (800) 827-1000  TTY: (800) 829-4833</p>