



COMMUNITY RESOURCE GUIDE ADDITIONAL NOTES

The additional notes give expanded resources and specific guidance and instructions. Any questions or concerns can be addressed to Karen Richard RN BSN CCM @ Karen.Richard@Lahey.org

ADVANCED DIRECTIVE/MEDICAL ORDER DNR

MOLST Form

<http://molst-ma.org/>

A MOLST form is a medical professional's order that helps you keep control over medical care at the end of life. Like a [Comfort Care/Do Not Resuscitate \(DNR\) Order](#), the form tells emergency medical personnel and other health care providers whether or not to administer cardiopulmonary resuscitation (CPR) in the event of a medical emergency. Form is not valid without patient and physician's signature.

CAREGIVERS | SUPPORT GROUPS

Support groups for Caregivers on the North Shore

- Caregivers Together, North Shore Elders, 152 Sylvan St, Danvers First and Third Mondays 10:30-12 noon, and First and Third Wednesdays 7:00 – 8:30 p.m. (978) 750-4540
- Grandparents Support Group, grandparents with custody or responsibility for grandchildren, Second Thursday at 9:30 a.m. – 10:30 a.m. at the Beverly Senior Center (978) 921-6017.
- Caregiver Support Counseling: The second Tuesday of every month a support group meets from 10:00-11:30 a.m at the Beverly Senior Center. Call the Center to sign up in advance. This group is facilitated by a Caregiver Support Specialist, from Senior Care, Inc..
- Parkinsons Support Group: The second Monday of each month at 1pm at the Beverly Senior Center, Suite C. Please contact Raymond C. James, RN, BS, 617-638-7745 for more information.

CAREGIVERS | SUPPORT GROUPS (continued)

Spectrum Caregiver Support Group – Beverly

(Free respite care upon request)

1st & 3rd Wednesdays of every month, 1:30 p.m. to 3:00 p.m.

- Information & education about Alzheimer's disease and related memory disorders
- Increased understanding through shared experiences
- Mutual support from other caregivers
- Light refreshments will be provided

To RSVP for respite care or with questions, please call Rachael Palmacci at 978-921-5020 ext. 1135 or email her at RPALMACC@nhs-healthlink.org.

Spectrum Caregiver Support Group – North Andover

(Free respite care upon request)

2nd Wednesday of every month, 2:00 p.m. to 3:30 p.m.

- Information & education about Alzheimer's disease and related memory disorders
- Increased understanding through shared experiences
- Mutual support from other caregivers
- Light refreshments will be provided

To RSVP for respite care or with questions, please contact Brianna Martin at 978-688-3248 ext. 1102 or email Brianna.Martin@nhs-healthlink.org.

Case Management

- HeartStrings, Care solutions
 - 978-234-8024
 - mary@heartstringscare.com

CAREGIVERS | SUPPORT GROUPS (continued)

Senior Care offers Family Caregiver Support: 978-281-1750

If...

- You care for an adult aged 60 or over
- You care for an adult of any age with Alzheimer's
- You are 55 or older and caring for a grandchild or young relative under the age of 18, or a disabled person between 18-59.

We provide:

- Access assistance to caregivers to facilitate obtaining services and resources available within their communities
- Counseling for caregivers to assist them in making decisions, assessing the merits of various options, and solving problems related to their caregiver roles
- Support groups with a focus on peer support, education and training to reduce stress and develop coping skills
- Provide community presentations on relevant caregiver issues (for example caring for an Alzheimer's loved one)

Powerful Tools for Caregivers

Powerful Tools for Caregivers is a six week, evidence-based class in which caregivers develop self-care skills, learn how to communicate their needs to family members and to health care or service providers; learn how to better manage challenging situations, and make tough care giving decisions.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

4

**CAREGIVERS | SUPPORT
GROUPS (continued)**

[Caregiver Stress Quiz](#)[National Alliance for Caregiving](#)[North Shore Elder Services](#)

[Hospice of the North Shore](#)

[AARP Caregiving Page](#)

[Family Caregiver Alliance](#) Resources
Available by State

[Alzheimer's Association](#)

[National Parkinson Foundation](#)

[ALS \(Amyotrophic Lateral Sclerosis\)](#),
otherwise known as "Lou Gehrig's Disease"

[American Heart Association](#)

[American Cancer Society](#)

[SeniorCare](#) The Aging Service Access Point
for Beverly residents

[www. MultipleSystemAtrophy.org](#)
Boston Medical Center
Regular Support group
Meetings. Check website for contacts

[Resources for Massachusetts Elders and their Families](#)[Massachusetts Office of Health and Human Services](#)[Elder Affairs](#) Official Website
of the Massachusetts Executive Office of Elder
Affairs

[MassResources](#) Information about help to
seniors age 60 or older and their families,
friends, and caregivers.

[Disability.gov](#) Online Resources for People
with Disabilities

[Senior Whole Health of Massachusetts](#) (New
health care plan for people age 65 years or
older who qualify for MassHealth Standard and
live in the Senior Whole Health service area)

[Benefits CheckUp](#) Federal, State, Local, and
Private programs you may be eligible for

[Right at Home](#) In Home Care and Assistance
(Boston North)

[Quick Guide to Healthy Living](#) (US
Department of Health & Human Services)

[mmLearn.org](#) Free online videos for caregivers

CARFIT



<https://www.car-fit.org/>

Program Goals and Outcomes

What is CarFit for the older driver?

CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicles "fit" them.

The CarFit program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.

Why is CarFit important?

Older drivers are often the safest drivers in that they are more likely to wear their seatbelts, and less likely to speed or drink and drive. However, older drivers are more likely to be killed or seriously injured when a crash does occur due to the greater fragility of their aging bodies.

Driver safety programs improve adult driver safety by addressing cognitive abilities and skills, however, older drivers can also improve their safety by ensuring their cars are properly adjusted for them. A proper fit in one's car can greatly increase not only the driver's safety but also the safety of others.

How is a CarFit check completed?

At a CarFit event, a team of trained technicians and/or health professionals work with each participant to ensure they "fit" their vehicle properly for maximum comfort and safety. A CarFit check takes approximately 20 minutes to complete.

CARFIT (continued)

Frequently Asked Questions

- **What is CarFit?**

CarFit is an educational program created by the American Society on Aging and developed in collaboration with AAA (American Automobile Association), AARP and the American Occupational Therapy Association.

- **What are the Objectives of the CarFit program?**

The program is designed to help older drivers find out how well they currently fit their personal vehicle, to highlight actions they can take to improve their fit, and to promote conversations about driver safety and community mobility. A proper fit in one's personal vehicle can greatly increase not only the driver's safety but also the safety of others.

- **In What Ways Can CarFit Improve Road Safety?**

Three quick examples underscore the importance of road safety to the CarFit program, which reviews twelve key areas of the driver's fit to the personal vehicle.

1. **Example one:** Knowing how to properly adjust one's mirrors can greatly minimize blind spots for drivers who may wish to change lanes.
2. **Example two:** Good foot positioning on the gas and brake pedals is important. If the driver is reaching with his or her toes to press on the pedals, it can cause fatigue in one's leg and slowed reaction times.
3. **Example three:** Drivers run a risk of serious injury if they are sitting closer than 10 inches to the steering wheel.

- **Is CarFit effective?**

CarFit was pilot tested in 10 cities in the spring of 2005 with more than 300 older driver participants. Based on findings from the CarFit checklists completed at the events and follow-up surveys of participants, the program appears to be highly effective on multiple fronts. Some of the results show:

...over one-third (37%) had at least one critical safety issue needing addressed.

CARFIT (continued)

...one in ten (10%) were seated too close to the steering wheel.

...approximately 20% did not have a line of sight at least 3" over the steering wheel.

In addition, the vast majority of those responding to the survey indicated that as a result of having gone through the CarFit event, they made a change to improve the fit of their vehicle, their use of safety features in their vehicle and/or their willingness to discuss their driving with family and/or health care providers..

- **How Can Drivers Sign Up for a CarFit Checkup?**

Individuals wishing to take part in a CarFit Checkup should [click here](#) and look at the calendar of upcoming events.

- **How Can I Get a CarFit Brochure?**

You may download a .pdf document of the latest CarFit brochure [here](#).

- **Where can I get pedal extensions or other adaptive equipment?**

Modifications that interface with a moving vehicle can pose risk to the driver's safety, as well as exposing the person making the recommendation to risks of liability. Pedal extenders, although they may seem simple actually are a modification that directly impacts the driver's ability to safely and consistently control the vehicle both to accelerate and to stop! Adaptive equipment recommendations should be made with the same caution as advising someone to seek medication. There are extenders that could help you reach the pedals or there are hand controls available that allow you to continue to drive even if your feet can no longer control the pedals. We suggest that a driver seek the expert guidance of a driving rehabilitation specialist trained in assessing the individual's need for equipment and the identification of the equipment that fits both the person and their vehicle.

You can locate a driving rehabilitation specialist by using the specialists directory located at www.aota.org/olderdriver (see specialists directory) or www.aded.net (see CDRS directory). Specialized programs are available in every state, but not necessarily in your community.

DEMENTIA

Social Day Care Programs

Social day care programs are similar to adult day health programs but do not offer medical supervision. Participants receive lunch and snack. These programs are based on a social model; offering supervision, as well as recreational and social activities.

Supportive Adult Day Program at Danvers Council on Aging
25 Stone Street
Danvers, MA 01923
978-762-0208

Torigian Community Life Center
79 Central Street
Peabody, MA 01960
978-531-2254

The Center at Punchard
30 Whittier Court
Andover, MA
978-623-8321

www.andoverseniorcenter.org
Cooperative Elder Services
37 B Street

Gloucester Adult Social Day Program
6 Manuel F. Lewis Street
Gloucester, MA 01930
978-281-9765

SPECTRUM ADULT DAY HEALTH PROGRAM

<http://spectrumdayprogram.org/>

600 Cummings Center, Suite 176X · **Beverly**, MA 01915
Phone: 978-921-5020 | Fax: 978-739-4627 |

Email: spectrum@nhs-healthlink.org

1820 Turnpike Street, Unit 106 · **North Andover**, MA 01845

Phone: 978-688-3248 | Fax: 978-688-3517 | Email: spectrum@nhs-healthlink.org

ELDER SERVICES

SeniorCare

Elder Services | Information | Solutions

49 Blackburn Center, Gloucester, MA USA

978-281-1750

<http://www.seniorcareinc.org/>

SeniorCare Inc., a consumer centered organization, provides and coordinates services to elders and others, enabling them to live independently at home or in a setting of their choice while remaining part of their community. SeniorCare serves nine communities on Boston's North Shore, including: Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester by-the-Sea, Rockport, Topsfield, and Wenham.

Homecare & Care Management

Many people who enter a nursing facility might have been able to remain in their own homes longer if they had a bit of help with everyday tasks. SeniorCare's homecare services may include:

Homemaking, Shopping, Personal care, Medical transportation, Pawsitive Connections, Meal preparation, Housing Assistance, Referrals to Legal Services, Meals on Wheels, Laundry, Adult Day Health, Money Management, Caregiver Respite, Options Counseling, Care Transitions, Medication Management Assistance.

ELDER SERVICES (continued)



300 Rosewood Drive, Suite 200, Danvers, MA 01923 PHONE: 978-750-4540

<http://nselder.org/>

NSES offers a variety of successful elder care programs in the **Danvers, Salem, Peabody, Middleton & Marblehead area**, to ensure older adults can live life to the fullest. Most of the services are free, while others are low cost, and all are proven to deliver results. As part of an interdisciplinary team, a care manager assesses an individual's needs, then develops and monitors the plan of elder care. Several programs offer an increased level of services for frail elders at home.

Home of North Shore Elder Services flagship programs include:

Home Care Services are available to meet the needs of elders and persons with disabilities. A variety of **senior services** are available to maintain independence at home, such as: personal care and homemaking; home delivered meals; personal emergency response; companion; laundry; caregiver respite; and more.

Nutrition Program provides Home Delivered Meals to qualified North Shore residents age 60 or older who are home-bound and unable to prepare their own meals. Senior Dining locations throughout the North Shore offer older adults an opportunity to share a hot nutritious meal with good company.

Over the Rainbow Dinner Club, part of North Shore Elder Services' **Over the Rainbow Coalition**, is an event for our LGBT (lesbian, gay, bisexual and transgender) elders on the North Shore meets the 2nd Tuesday of every month at the House of the Seven Gables in Salem, MA at 5:00PM.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

11

ELDER SERVICES (continued)



MA 01843
978 683-7747

280 Merrimack St Suite 400, Lawrence,

<http://www.esmv.org/>

Elder Services Care Managers assist elders, families, and caregivers to determine the services and programs that will help them manage a person's need for care. There are a variety of ways to be assisted within the agency to find the Programs and/ or service to fit your needs.

Our primary service area is the Merrimack Valley, including 23 cities and towns within Greater Haverhill, Greater Lawrence, and Greater Lowell. The 23 cities and towns are: Amesbury Andover Billerica Boxford Chelmsford Dracut Dunstable Georgetown Groveland Haverhill Lawrence Lowell Merrimac Methuen Newbury Newburyport North Andover Rowley Salisbury Tewksbury Tyngsboro Westford West Newbury

Programs/Services include:

Age Information Department, Alternative To Nursing Home Care, Behavioral Health Services, Care Transition Program

Family Caregivers Support, Financial Resource Program, Healthy Living Program, Home Care, Housing Options, Long Term Care Ombudsman Program, Managed Care Options, Nutrition Program (Meals on Wheels), Protective Services, Shine Program

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

12

ELDER SERVICES (continued)



Greater Lynn Senior Services

LYNN • LYNNFIELD • NAHANT • SAUGUS • SWAMPSCOTT

Greater Lynn Senior Services.

8 Silsbee Street
Lynn, MA 01901
<http://www.glss.net>

Phone: 1-781-599-0110
Phone: 1-800-594-5164
TTY: 781-477-9632
TTY Toll Free: 844-580-1926

Greater Lynn Senior Services provides a wide range of social services—**information, transportation, meals, advocacy, homecare, housing, and more**—for one reason: to help those 60 and older in **Lynn, Lynnfield, Nahant, Saugus and Swampscott** live fuller, more independent lives, safely and with dignity.

- homemaking (cleaning, laundry)
- personal care (bathing, dressing, getting in and out of bed)
- heavy chores
- grocery shopping
- personal emergency response systems
- adult day health programs
- respite care for caregivers

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

13

ELDER SERVICES (continued)



300 Commercial Street, #19
Malden, MA 02148

781-324-7705

<https://www.mves.org>

Supporting the wellbeing, dignity and independence of elders, adults living with disabilities, and caregivers residing in Chelsea, Everett, Malden, Medford, Melrose, North Reading, Reading, Revere, Stoneham, Wakefield and Winthrop.

- Housekeeping
- Laundry
- Grocery shopping
- Personal care and hygiene
- Companionship
- Personal care attendants
- [Meals on Wheels](#)
- Transportation
- [Help managing your diet and nutrition](#)
- In-home counseling to address emotional, mental, or behavioral health and wellbeing
- Daytime programming, including programming specifically for adults living with dementia
- Adult Family Care Programs
- Home health services
- Help organizing and dispensing your medication
- Personal Emergency Response System
- Modifications to your home to make it safer

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

14

GUARDIANSHIP

<http://www.massguardianshipassociation.org/information/guardianship-of-an-adult-2/>

1. What is Guardianship of an Adult?

Guardianship can be considered for an adult with a clinically diagnosed medical condition where the adult is unable to make effective personal decisions about their everyday self-care, health, and safety.

For example, guardianship may be appropriate for:

- A spouse or an elder diagnosed with dementia or Alzheimer's disease;
- A young adult with an intellectual or developmental disability turning 18 years old;
- A relative diagnosed with a mental health condition at risk for not receiving care;
- A friend or family member with a brain injury, a chronic illness, or a physical impairment.

If the adult has not previously signed a Health Care Proxy giving a Health Care Agent the right to make personal decisions on the adult's behalf if the adult becomes incapacitated, the Massachusetts court can step in to protect the adult's rights and appoint a Guardian. The court can transfer some or all rights for personal decision making to the Guardian, limited to areas where the adult is impaired. The Guardian protects the incapacitated adult's rights and independence and arranges for care and services.

On July 1, 2009, the revised and modernized Guardianship law went into effect in Massachusetts. The goal of the revised law is to maximize the self-reliance and independence of adults with disabilities, while ensuring adults receive essential care for their health, safety, and wellbeing.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

15

GUARDIANSHIP (continued)

2. Who is an incapacitated person?

The law defines an incapacitated person as an adult who has a clinically diagnosed medical condition that results in an inability to receive and evaluate information or make or communicate decisions. The adult lacks the ability to make some or all effective decisions about his or her everyday personal care, health and safety. If the Massachusetts court determines the adult is an incapacitated person and that guardianship is appropriate, it may appoint a Guardian to advocate for the adult's autonomy and make personal and medical decisions on the adult's behalf.

3. What is a Limited Guardianship?

A Limited Guardianship is favored under the law and recognizes that an adult may lack the ability to make decisions in some areas, and still have the ability to make personal decisions in many other areas of his or her life. The court tailors the guardianship to preserve the adult's rights and liberties to the fullest extent, and limits the Guardian's decision making powers to areas where the adult can no longer make effective decisions. At a Guardianship hearing, the court sets out the Guardian's specific decision-making powers and duties in the Decree and Order and Letters of Appointment.

4. Who can be appointed Guardian of an incapacitated person?

Any qualified adult can be appointed Guardian: a relative, a friend, a professional or an agency.

5. What does a Guardian do?

A Guardian makes personal and medical care decisions for an incapacitated adult only as necessary to protect the adult from harm according to the decision-making powers stated in the court's Decree and Order. A Guardian's duties generally include arranging for:

- A safe and appropriate (least restrictive) living situation

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

16

GUARDIANSHIP (continued)

- Everyday basic needs and safety
- Ordinary medical treatment and doctor visits
- Social, educational, and recreational needs
- Application for health insurance and other benefits
- Payment of adult's expenses using the adult's income
- Future needs and expenses

A Guardian's duties have expanded under the revised law. A Guardian is required to consider the adult's expressed desires and personal values in decision-making and act in the adult's best interest, encourage the adult to participate in decision-making whenever possible, and help the adult develop or regain the capacity to manage his or her own personal affairs.

6. What is the difference between a Guardian and a Conservator?

A Guardian is appointed to make personal decisions on behalf of an incapacitated adult. A Conservator is appointed to make financial decisions regarding money, property, and business affairs on behalf of an impaired or incapacitated adult. A Guardian can receive moderate amounts of the incapacitated adult's money and apply it for the adult's care and support. If there is a substantial amount of money under the Guardian's control, or for example, a bank account to manage, the court may require a Conservator be appointed.

One person can be appointed both Guardian and Conservator by filing separate petitions: A Petition for Guardianship and a Petition for Conservatorship. A Guardian and Conservator are two separate roles with different responsibilities to the adult and to the court.

7. Who can petition the court for Guardianship?

Any person interested in the adult's welfare, or the adult, can file a Petition for Guardianship asking the court to appoint a Guardian. The Petitioner, the person who files the Petition, is often the same person who asks to be appointed Guardian. However, the Petitioner and Guardian can be two different people or agencies.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

17

GUARDIANSHIP (continued)

8. What are the rights of a proposed incapacitated person or respondent?

After a Petition for Guardianship is filed with the court by the Petitioner, a guardianship hearing is scheduled. The adult who is the subject of the guardianship is referred to as a proposed incapacitated person or the respondent. At a hearing the court will determine if the respondent is incapacitated, and if so, whether a guardianship is appropriate. Before making a protective appointment of a Guardian, the court must consider the respondent's due process rights. Those rights include:

- The right to an attorney, where the incapacitated adult or anyone on the adult's behalf can request an attorney be appointed, anytime during the guardianship process. The court may appoint an attorney if it determines the adult's interests are not adequately protected.
- The right to notice that a petition has been filed and the date, time, and place of the hearing. Notice must be properly given to all interested persons, which has been expanded under the revised law to include the adult, his/her heirs, domestic partners or anyone the adult has lived with 60 days prior to filing the petition, and others.
- The right to a hearing and the right to be present at the hearing.
- The right to object to the appointment of a Guardian and present evidence and cross-examine witnesses.

9. What if there is an emergency situation and a proposed incapacitated person needs help right away and there is no one with the authority to make legal decisions on the adult's behalf?

A Temporary Guardian may be appointed if the court finds a true emergency exists that would likely result in immediate and substantial harm to the adult, and there is no one with the legal authority to make decisions. The Temporary Guardian can be appointed for up to 90 days to act on the adult's behalf to prevent the harm, while a Petitioner completes the necessary steps to obtain a permanent guardianship.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

18

GUARDIANSHIP (continued)

10. What are the limits to a Guardian's decision-making authority?

A Guardian's decision-making authority is limited to what the court grants in the Decree and Order and Letters of Appointment at the guardianship hearing. If not in the Decree and Order, a Guardian must ask for the court's approval to:

- Expand, lessen, or change his or her decision-making powers
- Admit an adult to a nursing home facility
- Admit or commit an adult to a mental health or a developmentally disabled facility
- Authorize the use of anti-psychotic drugs
- Resign or terminate the guardianship while the adult is alive
- Revoke a Health Care Proxy

11. What is a Guardian's Care Plan/Report?

Serving as Guardian means you have an on-going legal relationship with the court. The court oversees the guardianship and monitors the well-being of the adult. Every Guardian has a duty to fill out and submit a Guardian's Care Plan/Report to the court. The Care Plan/Report is a fill-in-the blank court form that asks the Guardian to report on the incapacitated adult's current condition, living arrangements, financial matters, and future care.

The first Care Plan/Report that a Guardian submits is called an *Initial 60 Day Care Plan* and is due within 60 days from the date the Guardian was appointed. The Guardian must also submit an *Annual Report*, due every year on the anniversary date of the appointment, for as long as one remains Guardian.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

19

HOME CARE

List of Private Agencies

Lahey Health At Home
Private Duty Services
600 Cummings Center
Suite 275Z
Beverly, MA 01915
978-922-7062
LaheyHealthatHome.org

All Care Resources, Inc.*
210 Market Street
Lynn, MA 01901
781-598-2454

<http://www.allcare.org/>

Bring Care Home*
10 South Main Street, Suite 208
Topsfield, MA 01983
978-887-4171

<http://bringcarehome.com/>

Comfort Keepers*
129 Dodge Street, Suite one
Beverly, MA 01915
978-232-9988
<http://beverly-254.comfortkeepers.com/>

Associated Home Care*
100 Cummings Center, Suite 106B
Beverly, MA 01915
978-922-0745
www.associatedhomecare.com

Best Home Care n'More*
130 South Main Street
Middleton, MA 01949
978-774-2005
www.bestmakesithappen.com

Confidential Care
16 Anderson Street
Marblehead, MA 01945
781-639-4759
www.confidentialcareathome.com

Freedom Home Care
39 Cross Street, Suite 303
Peabody, MA 01960
978-531-6122

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

20

HOME CARE (Continued)

Home Instead Senior Care
231 Sutton Street, Suite 2H
North Andover, MA 01845
www.homeinstead.com
978-739-4036

Intercity Homemaker Services*
84 Highland Avenue, Suite 308
978-745-7842
Salem MA 01970
www.intercityhomecare.com

Multicultural Home Care, Inc.*
330 Lynnway, Suite 103
Lynn, MA 01901
781-593-7174

<http://www.multiculturalhomecare.com/>

Jewish Family & Children's Service
175 Andover Street, Suite 203
Danvers, MA 01923
978-741-7878
www.jfcsboston.org

North Shore Community Action Programs, Inc.*
119 Rear Foster Street, Building 13
Peabody, MA 01960
978-531-0767
www.nscap.org

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

21

HOME CARE: Chore Services

Chore services are designed to provide heavy household cleaning and assistance with home maintenance tasks such as moving furniture, washing windows, defrosting refrigerators, clearing and/or removing rubbish and hanging draperies.

Anodyne Homemaker Services
1 Market Street, Suite 201
Lynn, MA 01901
800-442-5581

Associated Home Care
100 Cummings Center, Suite 106B
Beverly, MA 01915
978-922-0745
www.associatedhomecare.com

Intercity Home Care
84 Highland Avenue, Suite 308
Salem, MA 01970
800-779-6302

North Shore Community Action Program
119 Rear Foster Street, Building 13
Peabody, MA 01960
978-531-0767
www.nscap.org

Professional Profiles
85 Constitution Lane, Suite 200A
Danvers, MA 01923
978-774-0022
www.professionalprofiles.us

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

22

HOME HEALTH AGENCIES

Home health agency services include skilled nursing, physical and occupational therapy, social work, and home health aide while under professional supervision. Home health care agencies focus more on the skilled medical aspects of care.

All Care VNA and Hospice
210 Market Street
Lynn, MA 01901
781-598-7066 & 781-598-2454
www.allcare.org

Home Health VNA
7 Essex Green Drive, Suite 7
Peabody, MA 01960
978-977-9191
www.homehealthfoundation.org

Hospice Services of Massachusetts
391 Broadway Street
Everett, MA 02149
617-381-7015
www.hospiceservicesofma.com

Lahey Health At Home
600 Cummings Center, Suite 270X
Beverly, MA 01915
978-921-2615
www.laheyhealthathome.org

Partners Health Care At Home
152 Conant Street, 3rd Floor
Beverly, MA 01915
978-236-1300 , www.partnershomecare.org

Premium Home HealthCare
100 Cummings Center, Suite 325C
Beverly, MA 01915
978-969-6292
www.premiumhhc.com

Privatus Care Solutions
Lexington, MA
617 -275-4050
www.privatuscare.com

Restoration Health Care
484 Lowell Street, Suite 2B-1
Peabody, MA 01960
978-587-2040
www.restorationhomehealth.com

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

23

HOME HEALTH AGENCIES

Standards Home Care
100 Cummings Center, Suite 235C
Beverly, MA 01915
978-922-0088
www.standardsincare.com

VNA Care Network & Hospice
199 Rosewood Drive, Suite 180
Danvers, MA 01923
978-777-6100
www.vnacarenetwork.org

HOME SAFETY EVALUATION

A Home Safety Evaluation is a consideration for many circumstances may arise in a primary care setting. If the following situations arise and /or there is a question about the patient's safety at home due to a physical, behavioral health or social reason then a home safety evaluation by a certified home care agency is a good option.

The certified home agency can be contacted and an order can be placed for a home safety evaluation with skilled nursing to evaluate medication adherence and provide a complete nursing assessment head to toe. Physical therapy and occupational therapy can be requested to determine a potential for fall risk and to provide strategies and tools to decrease the risk. Social services can be added if there are financial, caregiving or behavioral problems.

After a home safety evaluation need is determined, this is a good time to contact the nurse care manager at Northeast PHO for a referral so that they can coordinate and extend the care needed.

COMMUNITY RESOURCE GUIDE ADDITIONAL NOTES

24

HOSPICE / PALLIATIVE CARE



<https://hospicefoundation.org/>

There are three basic care options to consider if you or a loved one is facing a diagnosis that has a poor prognosis. Spiritual, cultural, social and economic diversity may influence your thinking and preferences. Yet often, it is a lack of information that precludes an informed conversation and decision. Understanding options informs both a conversation and a decision, whether you decide to:

Continue efforts to cure

Some people do not want to stop attempts to cure or treat an illness or condition until death occurs, although there is a chance that such attempts may become emotionally and financially stressful and physically intolerable. At some point in the course of illness, curative treatment may need to come to a halt because the person cannot physically withstand, for example, additional surgery or chemotherapy.

Receive palliative care alongside of curative care or receive palliative care alone

Palliative care, or pain and symptom management and relief, can be administered in conjunction with curative treatment if palliative care expertise is available in your area. This may be a good option for individuals uncertain of prognosis or not ready or willing to stop curative efforts. Some people may need or opt for palliative care early in their illness while they are receiving curative treatment and move later into hospice care. In fact, hospice clinicians are expert palliative care providers and many hospices now offer palliative care service that are distinct from their hospice services. Palliative care may also be provided if curative efforts stop, and it may be administered in an outpatient or inpatient basis, including at a patient's residence.

Choose hospice care, opting for comfort measures that support both you and your family

Hospice care provides care to the patient and the entire family unit. With hospice, curative attempts are replaced by palliative care to eliminate or greatly reduce pain and symptoms associated with the illness. Hospice also provides supplies and equipment (such as a hospital bed or oxygen), seeking to improve the quality of life of the patient while also supporting the family helping to care for the patient. Most hospice care is provided at a person's residence, which is broadly defined. Hospice care offers its range of services for a variety of illnesses and conditions through a team approach, offering

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

25

HOSPICE/PALLIATIVE CARE (continued)

a package that is physically, psychologically, socially and spiritually supportive. Patients and families can choose to use some or all of the services offered. Hospice also offers bereavement counseling to family members for at least a year following a death. Studies have shown that in some cases, hospice care can extend a person's life expectancy.

At the present time, curative treatment cannot be provided with hospice care, but the federal government is running trial programs to test the idea. Hospice Foundation of America supports this effort.

Speaking with loved ones

Discussing a care path or a change in the goal for care may be difficult for family members and close friends. Unless they have had a previous experience with someone living with advanced, progressive illness, they may be frightened, stressed and exhausted. Families and friends may not be familiar with hospice and all that it can do for both the patient and the caregiver(s). Hospice professionals are experienced in dealing with such circumstances and can help facilitate such discussion. It is better to initiate such discussions as soon as possible. The most common comment that HFA hears from patients and families is that they wish they had experienced hospice care earlier in the illness.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

26

HOUSING IN THE COMMONWEALTH

- <http://www.mass.gov/elders/housing/finding-housing-in-the-commonwealth.html>
- MassOptions can help connect people in need of housing with available resources. 1-844-422-6277

In addition, the following agencies may also be of assistance to people looking for housing:

- [LeadingAge Massachusetts](#)
- [MassAccess Housing Registry](#)
- [Massachusetts Assisted Living Association](#)
- [Massachusetts Department of Housing and Community Development](#)
- [MassHousing](#)
- [U.S. Housing and Urban Development](#)
- www.Mass.gov/elders/housing/supportive-housing
- www.mass.gov/elders/housing/congregate-housing/

Local Housing Authority Contacts and Subsidized Housing by Town

BEVERLY HOUSING AUTHORITY

(978) 922-3100

Privately owned in Beverly, subsidized:

Apple Village,
600 Manor Road (232 units)
978-927-2606

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

27

HOUSING IN THE COMMONWEALTH (continued)

Jaclen Towers,
215 Rantoul Street (100 units)
978-927-6500

The Millery,
99-105 Rantoul Street
978-927-9117

Northridge,
Sohier Road &
Brimbal Avenue (98 units)
978-922-6514

Turtle Creek,
401 Essex Street (110 units)
978-922-1112

Fairweather,
245 Elliott Street (66 units)
978-927-1966

Turtle Woods,
399 Essex Street (67 units)
978-927-1256

Centerville Woods,
393-395 Essex Street (73 units)
978-922-5043

Harborlight Community Partners
978-922-1305

DANVERS HOUSING AUTHORITY

Street 978-777-0909

Privately owned, subsidized:

Fairweather Apts,
11 Porter Street
978-774-8806

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

28

HOUSING IN THE COMMONWEALTH (continued)

PEABODY HOUSING AUTHORITY

978-531-1938

Privately owned, subsidized:
Fairweather Apts,
20 Central Street
978-532-2798

Peabody House,
18 Walnut Street
978-532-1516

Tannery,
12 Crowninshield Street
978-531-6800

Penelope 120 Apts, 98-100 Central Street
978-531-5883

MARBLEHEAD HOUSING AUTHORITY

781-631-2580

MIDDLETON HOUSING AUTHORITY

978-774-4333

Privately owned, subsidized:
Oak Knoll,
61 North Main Street 978-774-8098

SALEM HOUSING AUTHORITY

978-744-4431

Privately owned, subsidized:
Fairweather Apts,
40 R Highland Avenue
978-744-7835

Loring Towers,
1000 Loring Avenue
978-745-2055

Pequot Highlands,
12 First Street
978-745-4884

Salem Heights,
12 Pope Street
978-744-0537

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

29

HOUSING IN THE COMMONWEALTH (continued)

ESSEX HOUSING AUTHORITY

978-768-6821

GLOUCESTER HOUSING AUTHORITY

978-281-4770

HAMILTON HOUSING AUTHORITY

978-468-3981

IPSWICH HOUSING AUTHORITY

978-356-2860

Privately owned, subsidized:

Cable Gardens,
126 County Road
978-356-1199

Oak Hill,
35 Central Street
978-356-2860

MANCHESTER HOUSING AUTHORITY

608 978-526-1850

ROCKPORT HOUSING AUTHORITY

978-546-3181

Privately owned, subsidized:

Pigeon Cove Ledges,
13 Curtis Street
978-546-7410

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

30

HOUSING IN THE COMMONWEALTH (continued)

TOPSFIELD HOUSING AUTHORITY

978-887-8407

Privately owned, subsidized:
Washington Meadows,
92 Washington Street
978-887-5388

WENHAM HOUSING AUTHORITY

978-468-1532

SWAMPSCOTT HOUSING AUTHORITY

781-593-5516

SAUGUS HOUSING AUTHORITY

781-233-2166

Privately owned, subsidized:
Saugus Commons,
63 Newhall Street
781-233-8477

VETERANS HOUSING

There are two Soldiers' Homes in Massachusetts:

- Holyoke 413-532-9475
 - www.Mass.Gov-Holyoke.
 - .
- Contact your local Veterans Agent at your City or Town Hall for additional information about Veterans Services
- For Chelsea, 617-884-5660
 - www.Mass.Gov-Chelsea

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

31

HOUSING IN THE COMMONWEALTH (continued)

ASSISTED LIVING FACILITIES

List of certified Assisted Living Residences in Massachusetts:

<http://www.mass.gov/elders/docs/assisted-living/residences.pdf>

[Massachusetts Assisted Living Facility](#) – Massalfa.org

The Herrick House

Beverly, MA
978-922-1999

The Landmark at Oceanview

Beverly, MA
978-927-4227

Putnam Farm at Danvers

9 Summer Street
Danvers, MA 01923
978-774-5959

Brightview

Danvers, MA
50 Endicott Street
Danvers, MA 01923
978-750-6111

Seasons of Danvers

44 Summer Street
Danvers, MA 01923
978-777-0230

Brookdale Danvers

220 Conant Street
Danvers, MA 01923
978-777-5717

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

32

HOUSING IN THE COMMONWEALTH (continued)

The Atrium at Veronica Drive

1 Veronica Drive
Danvers, MA 01923
978-762-7625

Kaplan Estates (formerly Woodbridge/Aviv Center for Living)

240 Lynnfield St
Peabody, MA 01960
(781) 586-1166

The Residence at Riverbend

Ipswich, MA 01938
(978) 356-1300



100 Cummings Center, Suite 406F, Beverly, MA 01915

978-395-6919 support@elderhomeoptions.com www.heart-homes.com

H.E.A.R.T. Homes house four to six frail older adults who need assistance with routine care. The individualized around-the-clock care they receive is unsurpassed in options for elders who otherwise would be at risk of long-term nursing home placement.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

33

HOUSING IN THE COMMONWEALTH (continued)

Continuing Care Retirement Communities (CCRC)

CCRCs are communities that usually allow an individual to “age in place” with options for independent living, assisted living and nursing level care. For more information call the Executive Office of Elder Affairs at 617-727-7750 , or 1-800-AGE-INFO (or 800-243-4636) or TTY/TTD (800) 872-0166.

Some Local Continuing Care Retirement Communities

Brooksby Village

100 Brooksby Village Drive

Peabody, MA 01960

Phone: 978-536-7810 or 800-978-7276

Website: www.ericksonliving.com/brooksby-village/welcome-brooksby-village-retirement-community

Edgewood

575 Osgood Street

North Andover, MA 01845

978-725-3300

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

34

HOUSING IN THE COMMONWEALTH (continued)

There is an online source of information about Assisted Living Facilities.

[HTTP://WWW.APLACEFORMOM.COM/SENIOR-CARE-RESOURCES/ARTICLES/ASSISTED-LIVING-RESIDENCE-CHECKLIST](http://www.aplaceformom.com/senior-care-resources/articles/assisted-living-residence-checklist)

QUESTIONS TO ASK WHEN YOU CALL OR VISIT

1. What is your staff-to-resident ratio?
2. What kind of experience and training does your staff possess?
3. How many staffers are on duty overnight?
4. Can staff administer medications?
5. Do you have a nurse on staff 24/7?
6. Do you have any experience with (issues or diagnosis of your care recipient)?
7. Do you do an initial assessment prior to admission?
8. What types of apartments are available?
9. What is the monthly cost per apartment type?
10. If there is a wait list, how many are on it and what is the policy?
11. Tell me about some of the current residents.
12. Do you have any outdoor space?
13. What is your discharge policy?
14. What additional services are available if the needs of a resident change?
15. What are your billing and payment policies?
16. Are all services included in the monthly fee? If not, what and how much are additional services?

COMMUNITY RESOURCE GUIDE ADDITIONAL NOTES

35

HOUSING IN THE COMMONWEALTH (continued)

<http://www.aplaceformom.com/senior-care-resources/articles/tour-nursing-homes>

Questions to Ask When Touring a Nursing Home

Touring skilled nursing homes in person is an essential part of finding the right care for your loved one. Many people recommend making multiple visits during your decision making process. For your first visit, make an appointment with the admissions director to tour on a weekday. Late morning and mid-day hours are usually the best times to get a feeling for the day-to-day operations of a home.

Watch out for homes with bad smells, residents who are strapped into wheelchairs and staff who seem to ignore the residents. One of the most important things you can do is to talk to the residents and ask how they're doing. Above all, trust your instincts; first impressions matter.

WHAT TO ASK

As you visit the nursing home, be sure to ask the admissions director a lot of questions. Don't worry about taking up their time. Verify any information you were told over the phone.

- Is the facility a non-profit or for-profit?
- What types of care do they offer?
- Is the facility certified by Medicaid and Medicare?
- What is the average length of stay?
- What are the qualifications of the staff in the therapy department?
- What makes this nursing home different from others?
- Does the facility include family members in resident care plans?

MEDICARE AND MEDICAID-CERTIFIED NURSING HOMES

We recommend using the [Medicare Nursing Home Compare](#) site to view recent state inspection survey results for the homes you're considering. Nursing Home Compare gives detailed information about past performance of every Medicare and Medicaid certified nursing home in the country. Compare the number of deficiencies cited to the state average. If the facility has received a citation in a particular service area, be sure to ask questions about this area. Beware of choosing a facility with a very high number of deficiencies compared to other facilities in the area and the state average.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

36

LEGAL

Legal issues:

What is a health Care Proxy and how do I get one?

<http://www.massmed.org/healthcareproxy/#.WJt1qqMo6Uk>

Guardianship Information

<http://www.massguardianshipassociation.org/>



Mass Bar Association

Elder Law Education Program: <http://www.massbar.org/for-the-public/public-information/elder-law-education-program>

MassLegal
Services

<http://www.masslegalservices.org/library-directory/elder>



<http://www.northeastlegalaid.org/>

Call at 978-458-1465

Mission: To offer free high quality civil legal services to the poor and elderly in Northeastern Massachusetts.

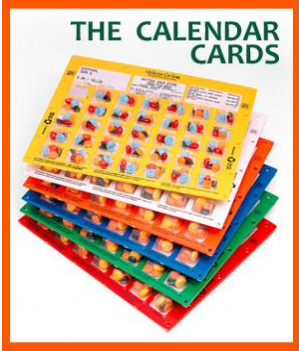
COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

37

MEDICATION ASSISTANCE

Patients who are on multiple medications, often from several different providers, may benefit from medication management systems that remind, simplify and can be automatically ordered and delivered to their door.

For any NEPHO patients, contact Carol Freedman RPh, BCGP cfreed@nhs-healthlink.org (978-236-1774) or Erin Vega, CPhT erin.vega@nhs-healthlink.org (978-236-1728) for more information.

Medication Delivery_Adherence_Compounding Systems from Local Pharmacies:					
Location	Cost	Type	Adv / Disadv	Comments	Delivery Area
Central Street Pharmacy 50 Central Street Georgetown 351-207-5132 Shaun Thompson shaun@winchesterrx.com Winchester Pharmacy 568 Main Street Winchester 781-570-2320	FREE for system; pt only pays copay		No Cost to patient Pharmacy visits with pt to perform med reconciliation. Free Delivery - 30 day pill pak Automatic refills	Med list provided to patient / family / physician	Essex & Middlesex Counties
Conleys Pharmacy 7 Railroad Ave. Gloucester MA 01930 978-283-3131 Alex Doyle RPh	\$15/ Month	Dispill Med Dispensing System: a. Multiple med blister pak b. Weekly card supply c. Break off dose packs for travel	Preferred Blister Pak System: Color coded - Morning (yellow); Noon (white); Evening (orange); Bedtime (blue) Portable - can be torn off Easy to open	Med list provided to patient / family / physician	Essex Gloucester Ipswich Rockport

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

38

<div>MEDICATION ASSISTANCE</div> <div>Conleys Pharmacy 146 High St. Ipswich MA 01938 978-356-2121 Alex Doyle RPh</div>		<div>Rx map Blister Pak System:</div> <div>a. Weekly card b. For patients who have been using this system they will continue but Dispill has more benefits</div>	<div>Weekly card NOT perforated for portability</div>	
<div>Village Pharmacy of Lynnfield, MA 590 Main Street Lynnfield, MA 01940 781-334-3133</div>	<div>\$20/ Month</div> <div>No charge for delivery</div>	<div>Parata Pass system</div>	<div>Customizable bag designs with up to 19 lines of text</div> <div><div><div>A</div><div>B</div><div>C</div><div>D</div><div>E</div></div><div><div><div><div>Patient name</div><div>Smith, Jim</div></div><div><div>Time of administration</div><div>Breakfast</div></div><div><div>Medication names and strengths</div><div>DAILY VITE TABLET RED COMBO + 1 50536347</div></div><div><div>Directions</div><div>GLYBURIDE MET TABLET YELLOW 1/24 551110887</div></div><div><div>Optional bar code for bedside scanning</div><div>ROPINIROLE HCL TABLET PURPLE 07.43 553030140</div></div></div><div>Unit or multi-dose options</div><div><div><div>Unit</div><div>Multi-dose</div></div><div><div>Parata Systems</div><div>800.842.7663</div><div>www.parata.com</div></div></div></div></div> <div>Lynnfield Peabody</div>	
<div>Pill Pack Med Delivery System - Mail Order</div> <div>www.pillpack.com</div>	<div>FREE for system; pt only pays copay</div>	<div>Roll of packets with meds per fill time sent to home; 2 week supply Narcotics cannot be include in packets</div>	<div><div>8:00 AM Saturday 1:00 PM Saturday 8:00 PM Saturday</div></div>	<div>Med list provided to patient/family/physician</div> <div>New England</div>
<div>Allens Pharmacy 40 Beach St # F Manchester-by-the-Sea MA 01944 (978) 526-1321</div>	<div>\$15 per month: Free delivery to Manchester Patients</div>	<div>Blister pak system</div>		<div>Manchester Only</div>

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

39

MEDICATION ASSISTANCE	
COMPOUNDING PHARMACIES	
<p><i>Custom Medicine Pharmacenter</i> 25 Cabot Street Beverly, MA 01915 978 524 4800 FAX 978 524 4809 wbeckman@custommedicine.com</p>	
<p><i>Johnson Compounding & Wellness</i> 577 Main Street Waltham, MA 02452 781.893.3870 Toll Free: 888-335-5577 http://www.naturalcompounder.com john@naturalcompounder.com</p>	
PHONE APPS - MEDICATION REMINDERS	
<p><i>My Med Schedule Phone App</i></p>	<ul style="list-style-type: none"> •FREE reminders to take meds by text or email; refill reminders also <ul style="list-style-type: none"> •Print schedules that are easy to create, read, and update •Keep track of all medications •Bring your pill schedule to all your medical and dental appointments <ul style="list-style-type: none"> •Print schedules in English or Spanish
<p>www.mymedschedule.com</p>	
<p><i>Medi Safe Phone App</i></p>	<ul style="list-style-type: none"> •FREE reminder app with audible alarm •Allows family, friends & caregivers to aid (if you so choose) by being alerted as to whether or not you took your medication.
<p>www.medisafe.com</p>	

COMMUNITY RESOURCE GUIDE ADDITIONAL NOTES

40

MEDICATION ASSISTANCE



PATIENT MEDICATION COST SAVINGS TIPS

1) Basic Tips

- Requesting a generic medication or alternative to brand name medication will provide savings.
- Talk to your doctor about costs; don't be afraid to ask for help. Duplicate or overlapping drugs or supplements can sometimes be eliminated.
- Shop around for pharmacies. Try Costco; you don't need to be a member to use its pharmacy. Always ask, "Is this your lowest price?"
- Don't always use your health insurance. Walmart's \$4 prescription program offers many common generic medications for \$4. Visit [Walmart.com/cp/1078664#fourDollar](https://www.walmart.com/cp/1078664#fourDollar).
- Fill a 90 day-supply at the pharmacy; many plans offer a discount when filling 3 months at a time.
- Use your prescription plan's services: Use mail order if available, find the lowest tier (cheapest) drug by calling the plan or visiting their website, and use the plan's preferred pharmacy.
- A "tier exception" for a drug can be requested by the prescribing doctor. If approved, this will lower the cost of the copay for that specific medication.
- Compare insurance plans. This is important for Medicare Part D plans which may change preferred medications annually. Plan changes can only be made during "open enrollment" usually during October / November each year.
- Don't skip doses. This can make the medication less effective and can lead to serious health problems.

2) Patient Assistance Programs (PAP) – Programs offered through a drug's manufacturer to help lower the cost paid at the pharmacy. Each program has guidelines that must be met to qualify.

Try to find an appropriate PAP, if available:

- NeedyMeds [NeedyMeds.org](https://www.needy meds.org) or call 800-503-6897.
- PAN Foundation [Panfoundation.org/index.php/en/](https://panfoundation.org/index.php/en/) or call 866-316-7263.

3) Pre-packaged Medication and Home Delivery – some pharmacies/delivery services offer free packaging and home delivery; some require a monthly fee. Unless the plan requires use of a specific pharmacy, copays should remain the same. Monthly fees are in addition to copays.

- Central Street Pharmacy/Winchester Pharmacy: call 351-207-5132 or 781-570-2320; free delivery and packaging.
- Conley's Drug Store: call 978-283-3131 or 978-356-2121; \$15/month in addition to copays.
- CVS Multi-dose Packs: medications dispensed in packets, available at [CVS.com/Multidose](https://www.cvs.com/Multidose) or call 844-650-1637; free at select stores with pick-up at pharmacy.
-

COMMUNITY RESOURCE GUIDE ADDITIONAL NOTES

41

MEDICATION ASSISTANCE

- Phillips Medication Dispensing: automated pill dispenser, available at [Lifeline.philips.com/health-solutions/health-mdp.html](https://lifelink.philips.com/health-solutions/health-mdp.html) or call 855-332-7799, \$60/month in addition to copays.

4) Other Tools

- MedCenter Talking Alarm Clock: set up to 4 daily alarms for reminders to take medication; available at [Amazon.com](https://www.amazon.com).
- Pill boxes: (get one free weekly pill box at [Goodrx.com](https://www.goodrx.com)), also available at drug and dollar stores.
- Free Smart Phone Apps: [Mymedschedule.com](https://www.mymedschedule.com), [Medisafe.com](https://www.medisafe.com), [Care4today.com](https://www.care4today.com), [Mangohealth.com](https://www.mangohealth.com)

5) Other Resources

- [GoodRx.com](https://www.goodrx.com): find lowest prices on meds, discount coupons and links for Patient Assistance Programs
- SHINE (Serving the Health Insurance Needs of Everyone): assists elders in understanding their Medicare benefits and other health insurance options. Ensures MA residents with Medicare have access to accurate, unbiased and up-to-date information about their health care options; call 800-243-4636, option #5.
- Medicare Extra Help (or Low Income Subsidy (LIS)): Medicare program to help people with limited income and resources pay Medicare prescription drug costs, like premiums, deductibles, and coinsurance: 800-633-4227

(TTY 877-486-2048) or visit [Medicare.gov](https://www.medicare.gov).

- MA Prescription Advantage: state-sponsored prescription drug assistance program for seniors: [Prescriptionadvantagemma.org/](https://prescriptionadvantagemma.org/) or call 800-243-4636, option 2.
- AARP discount program: discount program for prescriptions and other healthcare needs (for a yearly fee): [AARP.benefits.catamaranrx.com/rxpublic/portal/memberMain](https://aarp.benefits.catamaranrx.com/rxpublic/portal/memberMain) or 800-566-0242.
- [Wellcardsavings.com](https://www.wellcardsavings.com): discount card for prescriptions.

MassMedline: Program offered through Mass College of Pharmacy and Health Sciences; provides information to reduce the cost of your medication, can review your medications and help you to understand your Medicare prescription

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

42

PROTECTIVE SERVICES

Elder abuse is “an act or omission which results in a serious physical or emotional injury to an elderly person or financial exploitation of an elderly person; or the failure, inability or resistance of an elderly person to provide for himself or herself one or more of the necessities essential for physical and emotional well-being without which the elderly person would be unable to safely remain in the community.” The Commonwealth recognizes anyone age 60 or over as an elder.

Reportable Conditions

Physical Abuse: The non-accidental infliction of serious injury to an elderly person.

Sexual Abuse: Sexual assault, rape, sexual misuse or exploitation of an elder, or threats of sexual abuse with intent and capacity to carry out such threats.

Emotional Abuse: The non-accidental infliction of serious emotional injury to an elderly person.

Neglect: Failure of a caretaker to provide one or more of the necessities essential for physical, intellectual, and emotional well-being, such as food, clothing, shelter, social contact, personal care and medical care which results in serious physical or emotional injury, or severe self-neglect.

Self-neglect: The failure or refusal of an elder to provide for himself or herself one or more necessities essential for physical or emotional well-being, which has resulted in, or where there is a substantial reason to believe that such failure or refusal will immediately result in serious harm, and prevents the elder from remaining safely in the community.

Financial Exploitation: The non-accidental act or omission by another person, without the consent of the elder, causing substantial monetary/property loss to the elder and gain to another which otherwise might benefit the elder.

Who Should Report? *Anyone who suspects elder abuse or neglect should report it, but some individuals are mandated to report, and are subject to a \$1,000 fine for failure to do so. If you are a mandated reporter, you must complete a Mandated Reporter Form within 48 hours of your verbal report.*

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

43

PROTECTIVE SERVICES (continued)

Mandated reporters who are subject to fine for failure to report include:

Licensed Physicians, Licensed Dentists, Medical Interns, Family Counselors, Licensed Registered Nurses, Licensed Practical Nurses, Police Officers, Social Workers, Emergency Medical Technicians, Probation Officers, Licensed Psychologists, Licensed Podiatrists, Coroners, Firefighters, Physician Assistants, Licensed Occupational Therapists, Licensed Physical Therapists, Executive Directors of Homemaker Service Agencies, and Public Employee Workers Who Meet Equivalency Requirements for Licensing.

Mandated reporters (not subject to fine):

Executive Directors of Homecare Corporations, Homemakers, Home Health Aides, Care Managers or other staff of Homecare Corporations, Licensed Home Health or Homemaker Agency.

To report elder abuse:

1 -800-922 2275 24 hours a day/7 days a week

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

44

RESPIRATORY

Vendors that accept Medicare currently, are:



CPAP Machines:

1 (888) 492-7742

CPAP Supplies:

1 (877) 265-2426

Oxygen and Oxygen Supplies call:

1 (888) 492-7742



To reach Lincare, please call our toll-free number at (800) 281-0005 or 781-246-4100 Or visit our website at www.lincare.com.



<https://www.rotech.com/respiratory-services/home-oxygen-therapy>

Woburn 508-279-6200 com Christopher Champagne 617-512-4722

COMMUNITY RESOURCE GUIDE ADDITIONAL NOTES

45

RESPIRATORY

Medicare: Lincare can supply Nebulizer Machine and Nebulizer Solution

Medicaid/Private Insurance: Lincare can only supply Nebulizer Machine. Nebulizer Solutions must be Filled at Local Retail Pharmacy.

Documentation required:

1. Demographics for the patient
2. Chart note: Documentation must include order for machine and nebulizer solution being prescribed. *if patient has already picked up medication from another pharmacy that must be documented in note*
3. Two options for ordering: **Form** generated by Lincare or order written on Pad Prescription.
 - a. Required information can be phoned into Lincare for Nebulizer Machine & Nebulizer Solution (for Medicare Patients). Lincare generates an order **form** that will be faxed over for Md's signature and NPI number.

OR

- b. Written order on Pad Prescription can be faxed. Two prescriptions will be needed, one for Nebulizer **Machine** and one for Nebulizer **Solution**. Both prescriptions must contain the following information:
 - Name, Address, Date of Birth
 - Diagnosis
 - Must state *Nebulizer Machine and supplies for a life time*
 - Md's signature, date, and NPI number

Medicaid: After receipt of all above documentation Lincare will fax over an additional 3 (three) forms that are required to be filled out and faxed back in order for Medicaid to approve payment.

Medicare Recipients:

Once on medication Program through Lincare Medicare covers Home Visit from Lincare Respiratory Therapist for Care Check. Lincare automatically generates order form and sends to Md for signature.

Once Lincare receives all necessary documentation and insurance approves payment Nebulizer Machine will be deliver the following day.

Lincare driver teaches patient how to operate Machine at time of delivery Nebulizer Solution is shipped next day via UPS from Lincare Pharmacy for receipt within 5-7 business days.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

46

TRANSPORTATION



<http://www.mass.gov/eohhs/docs/masshealth/bull-2009/all-192.pdf>

Who qualifies for MassHealth Transportation?

Any MassHealth member within a category that includes transportation-eligible coverage (Standard, CommonHealth, CarePlus, or others) can qualify.

If eligible, how would I apply for service?

Your MassHealth medical provider must complete and sign a Prescription for Transportation (PT-1) form on your behalf. This form can be completed online, faxed, or mailed to the CSC.

How long will it take to process my PT-1 form?

It can take up to three business days for us to process it once we receive it. If you need transportation sooner, your medical provider can contact the CSC at 1-800-841-2900 (TTY: 1-800-497-4648) for a verbal authorization.

Local Councils on Aging

Most local COA offer Volunteer Driver Medical Transportation program to their residents.

Beverly

90 Colon St.
Beverly, MA 01915

978-921-6017
978-927-8397 (fax)
978-921-6078 (Transportation)

<http://www.beverlyma.gov/departments/council-on-aging/>

Hamilton

299 Bay Road
South Hamilton, MA 01982

(978) 468-5595

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

47

TRANSPORTATION (continued)

http://www.hamiltonma.gov/Pages/hamiltonma_coa/index

Wenham

Jim Reynolds, Council on Aging Director
Phone: 978-468-5529
Fax: 978-468-5533

Senior Center/American Legion Building
10 School Street
Wenham, MA 01984

http://www.wenhamma.gov/departments/council_on_aging.php

Essex

Essex Senior Center, 17 Pickering Street
Essex, MA 01929

978-768-7932

http://www.essexma.org/Pages/EssexMA_Senior/index

Danvers

25 Stone Street Danvers MA 01923 Phone: (978) 762-0208

<http://www.dcoa.org/transportation-services/4560028040>

Peabody

75R Central Street
Peabody, MA 01960
978) 531-2254

<http://peabodycoa.org/transportation.html>

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

48

TRANSPORTATION (continued)

Gloucester

Rose Baker Senior Center
6 Manuel F. Lewis Street
Gloucester, MA 01930

Ph: (978) 281-9765
Fx: (978) 282-1350

<http://gloucester-ma.gov/index.aspx?NID=297>



DIAL-A-RIDE SERVICE

CATA's Dial-a-Ride service is a door to door service for persons who are over 60 years of age, and for adults (over 18 years of age) who have a physical, mental or cognitive disability.

Service is available in Gloucester, Rockport, Essex and Ipswich and for organized trips outside Cape Ann.

DIAL-A-RIDE ELIGIBILITY

To qualify for CATA's Dial-a-Ride service, you must complete a "Dial-a-Ride Application Form" by calling (978) 283-7916. Persons over 60 must present proof of age. Individuals with disabilities must also complete Parts B and C. Part C must be completed by a health care professional who is familiar with your disability.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

49

TRANSPORTATION (continued)



**Massachusetts Bay
Transportation Authority**

THE RIDE is a paratransit service for people with disabilities (mental or physical) who are unable to independently use general public transportation. It is an origin-to-origin destination, accessible shared ride service for people who are eligible under the Americans with Disabilities act (ADA) guidelines.

SUICIDALITY MANAGEMENT

Suggestion of Procedure for patients with:

Passive Suicidality (wishes to be dead but they are clear that they would never do it, “just wishes they would wake up “dead”)

A. Suggest counseling

- Lahey Behavioral Health Services Beverly **978 921-1190** (offers a walk-in every week day) or Gloucester **978 283-0296**
- Names of Counselors you are comfortable with

B. Give 24 hours hotlines

- National Suicide Prevention Lifeline **1 800 273-8255**
- Samaritans 24/7 Crisis Service **1 877 870-4673**, for patients or friends/family who are concerned about patients.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

50

SUICIDALITY MANAGEMENT (continued)

Active Suicidality (have intent, plan and desire)

- A. Contact Lahey Health Behavioral Services Psychiatric Crisis Team **1 866 523-1216**
They can come to the patient or the patient can go to them and they evaluate patients in hospitals too.
- B. If you are immediately concerned about their safety, please **contact 911 or police**.

In Massachusetts, Section 12 of Chapter 123 of the Massachusetts General Laws controls the admission of an individual to a general or psychiatric hospital for psychiatric evaluation and, potentially, treatment. Section 12(a) allows for an individual to be brought against his or her will to such a hospital for evaluation. Section 12(b) allows for an individual to be admitted to a psychiatric unit for up to three business days against the individual's will or without the individual's consent.

If the paper is signed by a physician who does not qualify as a "designated physician" under DMH regulations, or is signed by a qualified psychologist, by a licensed independent clinical social worker, by a qualified psychiatric nurse, or by a police officer, it is considered only an application for hospitalization; a designated physician at the facility must still actually examine the person and determine whether he/she meets the standard for involuntary admission. The examination must occur within two hours of reception at the facility.

SUBSTANCE ABUSE MANAGEMENT

Suggestion of Procedure for patients with:

Substance Use/Abuse wishes to get some help but does not need to be detoxed.

- A. **Suggest counseling**
 - Lahey Behavioral Health Services Beverly **978 921-1190** (offers a walk-in every week day) or Gloucester **978 283-0296**
 - Names of SA Counselors you are comfortable with
- B. **Give 24 hours hotlines**
 - <http://www.aa.org/> or **1 800 327-5050**

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

51

SUBSTANCE ABUSE MANAGEMENT

- Samaritans 24/7 Crisis Service **1 877 870-4673**, for patients or friends/family who are concerned about patients.

C. If needing more structure:

- Intensive Outpatient Program (IOP) for Adults: outpatient option for men and women who want to aggressively address their drug or alcohol use, while maintaining their daily commitments, both morning and evening programs. **978.745.8890 or 978 921-1190**
- DISCOVER Program at AGH, **978 283-4000 ext 422**. A 2 week day program that runs 8:00AM-4:30PM
- Court Programs: for men and women mandated to treatment for DUI first and second offenses. Programs available for youth involved with Salem and Lynn juvenile courts for non-violent, drug-related crimes, **978.745.8890**
- Buprenorphine (Suboxone®) Outpatient Treatment: an approved medication for relatively stable patients dependent on prescription or illegal opioids, **978.777.2121**
- Methadone Maintenance Treatment: highly regulated program for opioids users, **978.777.2121**

IF needing **DETOX**

INPATIENT

- Medically supervised detoxification services, counseling and case management therapy and aftercare planning: **CAB Danvers 978.777.2121** and Boston, 617.247.1001
- If patient is under the influence, best (if safe) to go to ED.

SECTION 12



j. Involuntary Admission under “Section 12”

- i. Massachusetts General Law Chapter 123 Section 12: Emergency restraint and hospitalization of persons posing risk of serious harm by reason of mental illness
- ii. Application for 3 day commitment for mental illness

iii. What is a Section 12?

1. In Massachusetts, Section 12 of Chapter 123 of the Massachusetts General Laws controls the admission of an individual to a general or psychiatric hospital for psychiatric evaluation and, potentially, treatment. Section 12(a) allows for an individual to be brought against his or her will to such a hospital for evaluation. Section 12(b) allows for an individual to be admitted to a psychiatric unit for up to three business days against the individual’s will or without the individual’s consent.

iv. What is the standard for an application for admission under Section 12(a)?

- 1. The standard is whether the individual would "create a likelihood of serious harm by reason of mental illness.” “Likelihood of serious harm" means one of three things:
 - a. The person poses a substantial risk of physical harm to him/herself as manifested by evidence, threats of, or attempts at suicide or serious bodily injury; or
 - b. The person poses a substantial risk of physical harm to others as evidenced by homicidal or violent behavior or evidence that others are in reasonable fear of violent behavior and serious physical harm from that person; or

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

53

SECTION 12 (continued)

c. The person's judgment is so affected that there is a very substantial risk that the person cannot protect himself or herself from physical impairment or injury, and no reasonable provision to protect against this risk is available in the community.

v. What happens after admission?

1. Following this procedure, an individual may be admitted to a psychiatric facility without a court hearing and against his or her will for up to three business days, provided that a physician designated by the hospital has examined the person and signed the admission papers.
2. If the paper is signed by a physician who does not qualify as a "designated physician" under DMH regulations, or is signed by a qualified psychologist, by a licensed independent clinical social worker, by a qualified psychiatric nurse, or by a police officer, it is considered only an application for hospitalization; a designated physician at the facility must still actually examine the person and determine whether he/she meets the standard for involuntary admission. The examination must occur within two hours of reception at the facility.

vi. What can the hospital do during these first three days?

1. At any time during these three business days, the hospital may: discharge your loved one if the hospital determines that he or she is not in need of care and treatment.
2. File a petition for involuntary commitment with the district court.

vii. What can my loved one do during these first three days?

1. At any time during the three days, an individual may: apply to the hospital to change one's status to that of a conditional voluntary patient. (The hospital should accept the application if the individual is competent to understand the conditional voluntary and three-day notice provisions, wants treatment and the facility is suitable to provide treatment). The person has a right to consult with an attorney before signing the conditional voluntary.

SECTION 35

RIGHTS REGARDING INVOLUNTARY CIVIL COMMITMENT FOR ALCOHOL AND SUBSTANCE ABUSE IN MASSACHUSETTS

**Prepared by the Mental Health Legal Advisors Committee
January 2015**

What is Massachusetts General Law Chapter 123, Section 35?

Section 35 is a Massachusetts law that allows a person to request a court order requiring someone to be civilly committed and treated involuntarily for alcohol or substance abuse.¹

A court may commit a person under Section 35 if the court concludes that:

- the person is abusing alcohol or any drugs to the extent that the person's health is substantially injured,
- the person's work, socializing, or other functioning is substantially impacted, **or**
- the person cannot restrain themselves from using alcohol or drugs.²

Who can petition the court for a Section 35 commitment?

The following people can petition the court to request a Section 35 civil commitment for someone:

- Police officer;
- Physician, or doctor;
- Spouse;
- Blood relative;
- Guardian;
- Court official.³

How does the commitment process work?

A petition for civil commitment under Section 35 can be filed at any district court or juvenile court. Once the court receives a petition for commitment, the person subject to the petition will receive a summons, an order to appear in court before a judge. The person has

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

55

SECTION 35 (continued)

the right to be represented by an attorney. If the court finds that the person is too poor to afford a lawyer, the court will immediately appoint an attorney for the person.⁴

At the summons hearing, the court will determine whether or not to involuntarily commit the person based upon testimony on the person's medical diagnosis and other relevant factors. The court shall order an evaluation of the person's physical and mental health by a qualified physician, psychologist or social worker.⁵ The person's attorney may present independent expert testimony or other testimony from family, friends, employers and others concerned. 2

For the person to be committed, there also must be a likelihood of serious physical harm directly related to the person's current use of a substance.⁶ A judge may order a commitment under Section 35 only when less restrictive alternatives to such a commitment are unavailable.⁷

If the person does not appear at court as indicated in the summons and if any delay would put the person's physical health at risk, the court can issue a warrant for the person to be arrested and presented before the court.⁸

What happens if the court orders the person to be civilly committed under Section 35?

An order may require that the person submit to treatment for up to 90 days. The court may only commit the person to a licensed inpatient substance abuse treatment facility: the Women's Addiction Treatment Center (WATC) facility in New Bedford; the Men's Addiction Treatment Center (MATC) in Brockton; or another community treatment center.⁹ If these facilities are full and cannot accept more patients, the court may commit the person to Bridgewater State Hospital if male, or Framingham Correctional Institution if female, keeping the person separate from convicted criminals as mandated by Section 35.¹⁰

Treatment consists of an assessment of the person's need for detoxification and rehabilitation. If necessary, the person is provided detoxification treatment. In rehabilitation, the person learns more about addiction, how to stay sober, and how to prevent relapse. Counselors encourage the person to engage in aftercare treatment services and supports.¹¹ All inpatient services for the care and treatment of alcoholism or substance abuse must be approved by the Department of Public Health.¹²

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

56

SECTION 35 (continued)

What other rights does a person have under Section 35?

A person's need for commitment must be reviewed by the facility's superintendent on days 30, 45, 60, and 75 as long as the commitment continues. A person can be released prior to the expiration of the commitment period if the superintendent states in writing that releasing the person will not likely result in serious harm to that person. Upon release, the person will have access to further treatment, including the option to remain at the facility voluntarily.¹³

Every person committed under Section 35 should receive an individualized treatment plan and at least four hours of treatment per day.¹⁴ Persons may not be subject to strip searches, body cavity searches, or similar measures.¹⁵ Physical restraint in any form is prohibited.¹⁶

What issues should one be aware of regarding a Section 35 commitment?

Historically, there have not been enough beds for persons committed under Section 35 to all be treated at licensed inpatient treatment facilities. As a result, persons are routinely committed under Section 35 to prisons. Persons committed to such facilities have expressed concerns about limited treatment programs, the stigma associated with the prison setting, and some provisions of Section 35 – such as the separation of patients from convicts – not being followed.¹⁷

A person who has been committed under Section 35 is prohibited from being issued a firearm identification card or a license to carry. After five years from the date of commitment, a person may petition for relief. Relief may be granted if the Court finds that the person is not likely to act in a manner that is dangerous to public safety. If the petition is denied, a person may appeal to the appellate division of the district court.¹⁸

What are some resources on substance abuse treatment and Section 35?

- [The Substance Abuse and Mental Health Services Administration](#). A website with behavioral health resources.
- [Department of Health and Human Services, Section 35 – FAQ](#). Another flyer on § 35.
- [Committee for Public Counsel Services](#). The state agency that provides legal representation for those who cannot afford an attorney.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

57

HEARING LOSS

Basic Communication Tips Regarding Hearing Loss* (Excerpts from Hearing Loss Association of America website)

Communication is a two-way street. Here are tips for the person who hears well, and for the person who has the hearing loss:

Tips for Hearing Person to Communicate with Person who has a Hearing Loss

Set Your Stage

- Face person directly.
- Spotlight your face (no backlighting).
- Avoid noisy backgrounds – ie TV, radio etc
- Get attention first.
- Ask how you can facilitate communication.
- When audio and acoustics are poor, emphasize the visual.
- Don't put anything in front of your face like a newspaper, book etc.

Get the Point Across

- Don't shout.
- Speak clearly, at moderate pace, not over-emphasizing words.
- Don't hide your mouth, chew food, gum, or smoke while talking.
- Re-phrase if you are not understood.
- Use facial expressions, gestures.
- Give clues when changing subjects or say "new subject."
- Provide written information if appropriate

Establish Empathy with Your Audience

- Be patient if response seems slow.
- Talk **to** a hard of hearing person, not about him or her to another person.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

58

HEARING LOSS (continued)

-
- Show respect to help build confidence and have a constructive conversation.
- Maintain a sense of humor, stay positive and relaxed.
-

Tips for the Person with Hearing Loss to Communicate with Hearing People

Set Your Stage

- Tell others how best to talk to you – example “Face to Face” (in all settings: restaurant, doctor’s office, etc). Ask them not to talk from another room, or behind you.
- Pick your best spot (light, quiet area, close to speaker).
- Anticipate difficult situations, plan how to minimize them.

Do Your Part

- Pay attention.
- Concentrate on speaker.
- Look for visual clues.
- If you only hear part of what is said, instead of saying “what?”, say “I heard you say....., but I missed the last part”.
- Ask for written cues if needed.
- Don’t interrupt. Let conversation flow to fill in the blanks and gain more meaning.
- Maintain a sense of humor, stay positive and relaxed.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

59

HEARING LOSS (continued)

Establish Empathy with the person you are talking with

- React. Let the speaker know how well he or she is conveying the information.
- Don't bluff. Admit it when you don't understand.
- If too tired to concentrate, ask for discussion later.
- Thank the speaker for trying
- **Don't hesitate to ask someone to clarify information you may have missed.**

Setting:

In a restaurant, ask to be seated in a quiet area – such as an alcove, or near a wall. Not near the kitchen, hostess stands etc.

Assisted Listening Devices

There are various devices to help with hearing loss. An audiologist can discuss the types of devices that can help with daily living – such as listening to TV, talking on the phone etc. There are a number of companies that offer devices:

- **Learning, Sight and Sound Products.**
 - Their website is lssproducts.com
 - Call 1-800-468-4789 to order their catalog.
- Amazon.com has numerous products as well.

Free or Low cost phones

Mass EDP – Massachusetts Equipment Distribution Program – free or low cost phones for people with hearing loss, vision loss, blindness, memory loss, mobility issues.

The Massachusetts Equipment Distribution Program (MassEDP) is a service that provides residents with a permanent disability access to the telephone network in their homes. By offering specialized telephones for free or at a reduced cost, depending on income, this program fosters independence, empowerment, and freedom of choice....

Get an application by calling 1-800-300-5658 or download an application from www.mass.gov/eopss/agencies/massedp or just look up Mass EDP

The Ethics Committee...Who We Are

The Ethics Committee is available to help patients, families or caregivers when they are faced with ethical dilemmas. The Ethics Committee is made up of doctors, nurses, social workers, clergy and community representatives. Advances in medical care can create ethical challenges for health care professionals, patients and families. These situations may be confusing and often need extensive discussion of available options at an Ethics Consultation.

Some of the issues for which ethics consultations may be requested include:

- Advance Directive/Health Care Proxy
- Surrogate decision making
- Refusal of treatment
- Conflicts with caregivers
- Withholding or withdrawing treatment
- "Do Not Resuscitate" orders
- Other problems perceived as ethical dilemmas

An Ethics Consultation can be initiated by any one of the following:

- Discussing it with a physician or nurse
- Contacting Social Services
 - Beverly Hospital at ext 2710
 - Addison Gilbert Hospital at ext 648
- Contacting the Unit Manager
- Notifying the Patient Advocate at ext 7971

You will be asked about the nature of the ethical problem and how you can be reached.

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES

COMMUNITY RESOURCE GUIDE
ADDITIONAL NOTES