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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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## DRIVING—PART 1

When should someone who has dementia stop driving? What makes sense logically does not always work when asking a relative to stop driving. Driving represents independence and taking that away for many people means losing the ability to come and go independently.

There are several steps to driving: one is the actual mechanics of driving, putting a foot on the brake and accelerator, and the other step is getting from point A to point B without getting lost and remembering where the car is parked.

Medical doctors can contact the DMV if they are concerned about someone's ability to drive, but many physicians prefer to have the family make that decision. In MA if a family contacts the DMV a letter will go out to the Senior that their license is revoked. If

the Senior contacts the DMV they will inform the Senior who called. There is no confidentiality.

The Senior can contest it and for \$35 take a competency driving test. If they pass then their license is no longer revoked.

There are other agencies that can complete more detailed testing including cognitive testing to determine if someone is able to brake fast enough, slow down in enough time etc. These longer testing processes are not covered by insurance.

In MA when a license is surrendered the Senior can obtain (for free) an identify card.

Some of the questions to consider when deciding if someone is safe to drive are:

Are there more dents on the car?

Is it more difficult to park and

react quickly in certain situations.?

Does the person forget to put on their seatbelt?

Difficulty reading signs, i.e. train crossing, construction detours?

Driving slower and not keeping up with the posted speed limit?

Getting lost when going to familiar places?

AAA has a 'fit' clinic to offer suggestions such as convex mirrors, seatbelts etc.

[http://  
seniordriving.aaa.com/](http://seniordriving.aaa.com/)

RMV has reading material:  
[www.massrmv.com](http://www.massrmv.com)

## ABOUT US

**ElderCare Resource Services** is a certified aging care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitter LCSW, C-SWCM. Our unique Nurse/Social Worker team is able to provide both psychosocial and medical consultation to our clients. Linda and Debbie work together on each case. Families can consult with either of us. We are strong advocates for our clients giving them information to make them better consumers; getting their relative the best care. Together we are able to assist our clients and their families with information on Community Services, Home Care, Assisted Living, and Nursing Homes. Linda and Debbie have over 35 years working with the geriatric population. Now is the time to plan for the future. Call us if you have a question about our services. We'll be happy to chat. Look for our monthly column in the Metro West News '[Senior Questions and Answers](#)'

## DRIVING—PART 2

Some children have been able to draw up a contract with their relative stating, "if I have dementia or unable to drive safely I will give up driving when my daughter/son informs me." Some families have a written contract that is pulled out years later when the senior should stop driving.

As you contemplate contacting the DMV it is important to have

alternative plans in place when someone is not driving.

Options include hiring someone to be the driver, ordering in food from the local store and having it delivered, contacting the Senior Center to see if they provide rides to medical appointments or senior centers, food stores etc. Also will be the role. If any, for family members for rides? There

are also taxi's and Uber's that can be contacted and accounts set up so the senior needs to make a call or contact you to make arrangements with an app for a ride. Without a plan in place the senior will be isolated which can affect mood, appetite, sleep, social connections etc.



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## POSSIBLE CHANGES IN MEDICAID

A lot has happened since the inauguration and every day there is another news story. That said, we will share with you what we know today.

Medicaid may be switched to a block grant program. This change means the states would be given a certain amount of money based adjusted to a per capita program and it will be up to the states to decide where to spend the money. This amount of money would be used for the many programs for Seniors, children, disabled etc.

The current idea is to take 2016 as a base year and determine the costs per beneficiary for each state and then calculate out for medical expenses. In 2020, the block program will be based on expenses in 2016.

Right now if more money is needed by the state for some programs

the federal government and state share in the increase. Under President Trump if more money is needed for a program the state is solely responsible.

Per the Congressional budget office, states will get less money than they get now. States will need to cut programs or raise taxes to maintain some of the current programs.

Eligibility to Medicaid is based on guidelines by the Federal Government leaving some flexibility to the states. Changes could occur that eligibility will be uniform in all states. For example in MA in order to be eligible someone has to have less than \$2,000 in assets. In New York that limit is much higher.

Currently there is push back from Congress to many of these proposed changes.

When applying for Medicaid it is possible to go back three months for a start date. For many people going back three

months will cover medical expenses at a hospital or at a Nursing Home. President Trump is considering eliminating the three month retroactive rule. This means that medical settings and doctor's and Nursing Homes may not get paid for up to three months prior.

This could affect people entering Nursing Homes who intend on applying for Medicaid. Right now the Nursing Homes will admit someone who is going to apply for Medicaid but without the three month look back facilities may decide not to admit anyone without an application submitted. This could have negative consequences on seniors.

What is being proposed does not mean it will be approved by Congress. There is a lot of information in the news.

We will keep our readers updated.

## FREQUENTLY ASKED QUESTIONS

**Q: My father has dementia and there are times that he can become aggressive, agitated, angry, refuse his medications and not be redirected. The episodes seem to be more frequent and longer. I mentioned it to the PCP who suggested medications but I said no because of the side effects. As his dementia is progressing so is his mood. Right now he is paranoid and suspicious and is not taking his meds? What should I do in these situations?**

**A:** Contact the PCP. Sometimes changes can be a result of an infection such as urinary tract infection, upper respiratory or there could be other medical explanations. If your father does not have a medical reason then it may be related to the progression of the dementia and your father may need a geri-psych hospitalization and medications going for-

ward. A geri-psych admission is a dedicated unit geared for people with dementia and behaviors. The staff and psychiatrist are trained and know what to prescribe. Many people with dementia are on mood stabilizers or antipsychotic medications.

**Q: My parents are in their 80's will not share any information about their finances, their medical diagnoses, medications, doctor's, health insurance etc. My parents want to be independent. Any ideas on how to get information so we can be prepared if they get sick?**

**A:** Explain to your parents that they are independent but in this day and age someone needs to have some information on their wishes; do they want life supports, do they want resuscitation etc.

Maybe your parents would write down this information and put it in a sealed envelope in the house that can only be opened if someone is in the hospital. This gives them control and gives you the information you need in an emergency. If your parents write down their insurance, health information, MD's etc. make sure they continue to update the list as meds change and new diagnoses come up.

**Q: My sister has always had a learning disability. My parents did as much as they could for her but she still needs someone for oversight. My parents want to leave money for my sister's needs. Is this possible?**

**A:** Contact an Elder Law Attorney who is familiar with Special Needs Trusts. Their expertise will allow your parents to plan for the future.