



ELDERCARE RESOURCE SERVICES



INFO@ELDERCARERESOURCE SERVICES.COM
WWW.ELDERCARERESOURCE SERVICES.COM
"HELPING YOU HELP YOUR LOVED ONES"

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A FREE PUBLICATION ON ELDER ISSUES

THE AMERICAN TAX RELIEF OF 2012

When Congress avoided the 'fiscal cliff' they also included some long term care changes. A Commission is going to be established on Long Term Care. The Committee will consist of fifteen members; The President, The Senate Majority leader, The Senate Minority Leader, Speaker of the House and The House Minority leader will each name three members within thirty days of the Act becoming law.

The Commission's responsibility is to put together a plan to "establish, implement, and finance a comprehensive, coordinated, and high quality system

that assures the availability of long term care services and supports for those in need of long term care."

The fifteen members "will evaluate the following: Adequacy of the number of long term care workers, Necessary development of the workforce in order to provide high quality services, Development of entities that can serve as employers and fiscal agents for homecare workers, and gaps in federal and state infrastructure that prevent the delivery of high quality long term services and supports."

NAPGCM Legislative Consultant

DEMENTIA

Dementia does not present the same way for any two people. It is a progressive disease that affects short and long term memories, and the ability to manage self care and finances. Dementia progresses differently. Some people seem to have a slow progression while other people a very quick progression of the disease. There are times that family members question themselves if their relative truly has memory loss because on that one visit their relative was sharp and more like themselves. Enjoy those special times together. It is important to take time to just be together.

ABOUT US

ElderCare Resource Services is a geriatric 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 each have over 35 years working with the geriatric population. Now is the time to plan for the future. Call us today 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 Q & A'

PSYCHOTROPIC MEDICATIONS

Many residents in Nursing Homes who present with behaviors are prescribed anti-psychotic medications. There have been several studies that showed there is an over use of the anti-psychotic medications and an under use of behavioral techniques. The Com-

monwealth of Massachusetts hopes to have a new set of regulations in effect by April 1st to enhance training and techniques to try with their residents that present with agitation or other behaviors. Often times seniors with memory loss present with behaviors

due to dementia not mental illness. Psychoactive medications were initially given to people with mental illness. Nursing Homes should try to wean seniors off medications as required by Federal Law. It is important to closely monitor anyone on psychoactive meds.



Member of:
The National Association of Professional Geriatric Care Managers

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Check us out on Facebook*

*Info@eldercareresourceservices.com
www.eldercareresourceservices.com*

*Linda Cell: 508-958-8967
Debbie Cell: 508-733-3964*

*Phone: 508-879-7008
Toll Free: 866-280-2308
Fax: 508-405-0963*

*Eldercare Resource Services
29 Gano Road
Marlboro, MA 01752*

FREQUENTLY ASKED QUESTIONS

Q: My mother and step-father are doing well at this moment. I worry that I will receive a phone call that one of them fell or a suffered a heart attack. They both do well in the home but neither can function without the other. How can I plan for the future?

A: This is a continual worry for most people. You are very wise to think about it now and put a plan together. One suggestion is to write down the first people to be called if your step-father is home alone. Put the same list together if your mother is at home. The list should include the medications, food preferences, daily routine, doctors name, and names of people who come into the home. This list should be given to family members who will be stepping in. The family member can then step into the role of the other senior to keep the routine going. Included on

this list should be name of agencies that can be called to provide in home care. The list should also have names of rehabilitation facilities should the senior in the hospital require rehab care. Continuity of care at home is important for each senior.

Q: I live out of state from my mother. My mother was recently hospitalized and sent to a rehabilitation facility. I am not able to stay on top of her medical care as I feel is necessary. My mother is less of an advocate for herself and agrees with everything the staff tells her. I worry about my mother and that no one is overseeing everything. Any ideas?

A: This is exactly how a Geriatric Care Manager can assist. Some Geriatric Care Managers are

Nurse's with the expertise of monitoring and overseeing the medical care of your mother. Some Geriatric Care Managers are Social Workers who have had experience working with Seniors. Geriatric Care Managers can read medical records, coordinate and oversee services in the home, be a liaison for your mother, and provide you with regular updates. The Geriatric Care Manager is not the decision maker but the go to person locally with you and your mother as the decision maker. The Geriatric Care Manager can facilitate and provide you with information to allow you and your mother to make good decisions. Geriatric Care Managers know how the medical system operates which will help you and your mother. Geriatric Care Managers should be certified. There is a National Organization. Debbie is now VP of the New England Chapter of Geriatric Care Managers.