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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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A FREE PUBLICATION ON ELDER ISSUES
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ASSISTED LIVINGS

When looking at an Assisted Living, all facilities are required to disclose their fee schedule including charges for 'other services' such as incontinence supplies and medication management.

Also, families should receive a copy of the EOEA consumer guide.

The disclosure statements must provide information on subsidy programs covered and what is not covered, staffing information on all shifts, the role of the nurse in the building, a statement on when the Assisted Living can no longer provide care to someone, the number of staff able to provide CPR in the building and under what circumstances it will be administered.

The Assisted Living is a social model and that the resident has

the right to manage their own financial affairs unless there is a court order stating otherwise, choose their own physician; either one that comes to the community or one outside of the community, manage their own medications, and voice a complaint and make suggestions in procedures and policies to anyone without retributions.

The Assisted Livings follow the state guidelines under landlord-tenant law. This means that someone could be evicted if the Assisted Livings follow that law; General Laws Chapter 186-239 which must include an eviction notice. Included in the eviction notice is information on who to contact such as the Ombudsman with the name, telephone number and address.

It is important to have an Elder

Law Attorney read all the paperwork including the lease from an Assisted Living. The resident or family must know what is needed when it is time to exit the Assisted Living. The leases and other paperwork were written by an Attorney representing the Assisted Living. It is important to have an Elder Law Attorney read the document to explain all pieces to the family/resident prior to signing on the line. This is the best way to be a good consumer.

Assisted Livings provide oversight, socialization, outings, meals and a setting that can provide a high quality of life.

Many Assisted Livings offer respite and winter is a good time to take advantage of this program.

ABOUT US

ElderCare Resource Services is a certified aging care management company co-owned by Linda Sullivan RN, CMC, and Debbie Gitner 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](#)'

MEDICARE

Everyone is eligible to apply for Medicare at age 65. If you are still working full time check with your employer and Social Security. Applying when eligible can avoid penalties later on. You can sign up for Medicare Part A during your initial enrollment period which is three months before your 65th birthday and up to three months after your 65th birthday. This is also the time to sign up for

Medicare Part B. If you do not sign up for Part B then your premium may go up 10% for each 12 month period that you could have had Part B and did not sign up. Your Medicare Part D premium will increase at least 1 % for every month you wait to sign up as well. You may be exempt from these penalties but again check with your employer and Social Security.

Part A covers hospital inpatient, rehab in a skilled facilities such as a Nursing Home, hospital level rehab, and hospice. Part B covers medical appointments, durable medical equipment, labs such as blood work and x-rays, and PT/OT/Speech. Part D covers prescriptions – not over the counter medications.



Certified Members:

Aging Life Care Association

NEW REGULATIONS FOR NURSING HOMES

CMS (Medicare) has implemented some new changes. The new rules will be implemented this year and through 2019.

The changes state that the food must be 'nourishing, palatable' dietary options that meet the residents preferences and nutritional needs. The Nursing Home must have an infectious disease and control program. The facility must develop a care plan within 48 hours that is "person-centered", and a nurses aide and dietary staff member must contribute to the plan of care.

Going forward, when someone is transferred or discharged a note needs to be written in the medical chart and specific information be exchanged with the receiving facility.

All facilities must develop and implement a discharge planning pro-

cess that focuses on discharge goals and on reaching that goal. It is important that the plan of care be followed to attain the highest practical level of care. The purpose is to reduce re-admissions to the facility.

Another new regulation: if dentures are lost at the facility it is now the facility's responsibility to reimburse the resident/family. The facility must have a policy on lost dentures. A referral must be made within three business days unless there is documentation to state otherwise. If someone is on Mass Health then it is the facility's responsibility to make a referral to and assist the resident/family in obtaining new dentures from a dentist that accepts Mass Health.

Changes in the contract no longer include arbitration as means to resolve problems. Facilities can no longer include pre-dispute binding arbitration.

Other changes include the need for all

facilities to have an ethics program with standards and policies.

There are new standards for training all staff both current and new on how to care for a person with dementia and in preventing elder abuse.

It is important for all facilities to have staff that have the skill sets and competencies to care for their residents.

For more information the final rule is available on the Federal Register at <https://www.federalregister.gov/public-inspection>.

Another website is:

Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents"
<http://innovation.cms.gov/initiatives/rahnfr/>

FREQUENTLY ASKED QUESTIONS

Q: My father was living at home doing well until he fell and broke his hip. Now he needs total care and he is on a puree diet. I do not believe he has a quality of life any more because of the care he now requires. When can my father go on hospice?

A: Hospice is a program for someone who has less than six months to live if the disease runs its course naturally. Some people outlive the six months and stay on hospice longer, as long as they continue to qualify. There are a number of criteria that can qualify someone for hospice; weight loss, multiple co-morbidities, increase in hospitalizations, and functional decline. Talk with the primary care physician about your thoughts. If your father is in a skilled facility talk with the staff to see if your father qualifies. If your father is at home then talk with a hospice agen-

cy. Your father can be evaluated at home or in a skilled facility to see if he meets the eligibility criteria.

Q: I live with my 92 year old sister who can be quite stubborn. My sister and I both live in the house we grew up in and both of us never married. As the younger sister I try to talk with my sister about slowing down and going out less as I am fearful something will happen to her. My sister will not listen to me and goes out just about every morning to the diner for breakfast where she meets her friends, she plays bingo a few nights per week and she goes for walks outside even on cold days. I worry every time she goes out she will slip outside or something will happen to her. My sister will not listen to me. Can I stop my sister from going

out?

A: You cannot stop your sister from living her life as she chooses. If your sister does go out make sure she has your name and telephone number on her body in case there is a problem so you can be called. If your sister has the same habits and goes to the same places, most likely the people know her will watch out for her. Your sister is able to come and go as she chooses and will continue to keep her daily routine until she must stop. Keeping busy is important and studies show exercise, good diet, and getting a good night's sleep is important to living a long life. By going out your sister is getting exercise and staying active. Of course you are worried for your sister. You want to keep your sister safe. Wishing our readers a Happy and Healthy New Year!