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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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DURABLE MEDICAL EQUIPMENT

At one time it was quite easy to obtain durable medical equipment such as a hospital bed, oxygen, walker etc.

Medicare and many of the HMO's have now set strict guidelines as to who is eligible for durable, based upon diagnoses.

In order to have insurance cover durable medical equipment the physician has lengthy paperwork to complete.

In addition the doctor also needs to have notes in the patient's chart that he spoke with the patient about the equipment and the reason why equipment is necessary. The insurance wants copies of the physicians one on one visit

to discuss the durable medical equipment. And the visit needs to be within a certain time span.

The one on one visit and within a specified time is now required when a physician orders PT in the home. The VNA will only get paid if the physician has had a one on one visit within thirty days prior to the order of PT/OT, and less than thirty after PT/OT starts.

Oxygen at home also requires copies of medical records including pulse ox (the gadget put on one's finger to measure oxygen level) and physician visits.

Not all medical supply companies have contracts with Medicare and HMO's. A few years ago Medicare

changed the process and only a few medical companies opted in to bill Medicare.

If you contact your local medical supply company ask if they are able to bill Medicare. If they do not bill Medicare ask if the equipment needed is something Medicare will pay for. If the equipment needs to be paid privately then you can choose any company to purchase the equipment.

Medicare does not pay for all durable medical equipment. For example a shower chair is not covered by insurance and a walker is covered by Medicare every five years.

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](#)'

LEGISLATIVE UPDATE/REQUEST

There is a budget proposal that contains \$35.5 million for the purpose of funding a wage increase for the front-line staff in Nursing Homes. If this is passed then Nursing Homes will be able to increase wages to the aides in the facility.

The aides deserve our support to help them receive higher wages.

They are providing the hands on care with the residents in Nursing Homes and often receive the lowest wages.

The aides work hard and are devoted workers often times bringing in special gifts and items to the residents because of the bond they have. The aides are entitled to a higher

pay rate for their hard work and dedication to their job.

Let's hope Governor Baker sees value in increasing a wage hike for the workers at the front line that work very hard to care for our Seniors who need the most care.



Certified Members:

Aging Life Care Association

WHEN DOES MY RELATIVE NEED HELP?

Many people ask: is this the time I need to take over? Is this the time I need to bring in some help into the house? How do I know it really is the time to get services?

When family visits and they look around the house; is there mail piling up (more than usual)? When there are many unopened envelopes it is sometimes a sign that the mail is overwhelming and sorting may become difficult.

If family is able to look at the mail; are there overdue bills, checks being sent back because they were written in error, or is there a credit on a bill because of overpayment? This indicates that the bills are not being paid on a timely basis or properly.

Open up the cabinet and look at the pill bottles. Are there prescriptions that are ordered every 30 days and the last time meds were

ordered was 50 days ago? This indicates medications are not being taken on a daily basis.

Look at the laundry room and is there a larger than usual pile of laundry for one person? When you visit look at the sheets on the bed and are they the same sheets from the week before and the week before that?

Does the home appear more cluttered than usual with more items on the counter in both the kitchen and bathroom? Is food being kept on the counter rather than in cabinets? Check the cabinets for outdated food.

Open the refrigerator and is there old food on the shelves. Does the refrigerator look like it hasn't been cleaned recently?

Contact your relative's primary care physician and ask if there have been missed appointments. Sometimes people do not tell a family member when an

appointment was missed.

When you visit does your relative look unshaven or disshelved where once they were always very neat? The clothes—are they the same clothes as the last visit and do they look clean?

Stand next to your relative and is there body odor or a urine/feces odor? That indicates that it is becoming more difficult to shower and often times there are less showers per week.

Walk around the car and observe if there are more dents.

If the answer is yes to many of the questions then it is time to have a conversation with your relative about help in the home or if family members are able to take over to begin to visit more and maybe pay the bills, clean the house etc.

FREQUENTLY ASKED QUESTIONS

Q: My mother wants to stay in her house but it is becoming more difficult because even with one aide in the home she is beginning to require two people to get out of bed and two people for assistance. Is there any adaptive equipment that we can purchase to make transfers easier for my mother?

A: There are a few ideas. One is a hoist lift which takes your mother out of bed, elevates her and then places her in a chair. This can be used by one person but best with two people for safety. A slide lift transfers your mother from bed to chair if your mother is able to pivot stand and the machine moves your mother from one location to another. The third suggestion is a bed by a company called Next Health that does all the work. The bed conveys your mother into a wheelchair and back allow-

ing a one person to guide. It reduces the risk of an aide injuring herself transferring your mother. The website is:
<http://www.agilelifemobility.com/>

Consider having PT come back into the home for strengthening exercises to build up muscle tone in the legs.

Q: My father lives in an Assisted Living which he feels is his home. He was hospitalized and then moved to rehab. The Assisted Living does not want my father to return because they feel he is at risk of a fall and he needs more help than the staff can provide. Can the Assisted Living kick my father out?

A: You need to read the signed contract when your father was admitted and speak with an Elder Law Attorney. Every state has dif-

ferent rules and regulations specific to the rights of your father and the rights of the Assisted Living. You also have the right to contact the Attorney General in your state for more advice and information.

Q: My sister who has always been difficult was brought to the hospital and began to yell and scream and act out. The psychiatrist saw my sister and suggested an admission to a geri-psych unit. What should I expect from that admission?

A: A geri-psych unit is a specialized unit for seniors who present with behaviors. There are psychiatrists and sometimes neuro-psychiatrists and staff trained to understand behaviors in the senior population. Testing followed by medications will be tried to help your sister with her outbursts.