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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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SUMMER IS HERE

It's that time of year again—summertime, when many seniors choose not to put on their air conditioners because they do not feel cold. They put on a sweater when it's hot and humid outside.

It is important to keep the humidity out of the house. If your relative's house has central air conditioning consider installing a thermostat that can be seen by a family member's phone. You can check the temperature in the house and even remotely turn it on.

During the summer months purchase popsicles, make jello, and have fruit such as watermelon available, all provide fluids. It's easy to get dehydrated and not know it.

Caffeine and alcohol drinks are dehydrating. It is best to drink

water, juices, or even Gatorade but too much Gatorade is not good either.

Signs of dehydration can present with increase in confusion, chills, fever, decrease in appetite, more sleeping and difficult to rise.

When visiting, consider walking in with a milkshake or smoothie—another way to get fluids into someone who does not drink much.

The hot weather can add an additional toll to someone who is diagnosed with a chronic disease such as COPD, emphysema, or cancer. Staying in air conditioning truly makes a difference.

When going out in warm/hot sunny days sunscreen should be applied and a hat should be worn. This protects the skin as well as the eyes. Seniors often develop

cataracts or if someone has had cataract surgery they need to be especially careful in the sun.

For someone who is still working in the yard it is important to work early in the day or later in the day. Some seniors do not realize they are hot and instead feel chilled and put on a sweater when their body cannot regulate itself.

If a senior likes to sit outside consider putting up an awning or umbrella in the backyard for protection from the sun.

If someone does not wear glasses keep a few sunglasses throughout the house. These are reminders to put them on when going outside.

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](#)'

TRAVELING OUTSIDE USA

When traveling with in the USA including Puerto Rico, Guan, U.S. Virgin Islands, Northern Mariana Islands, American Samoa and District of Columbia and you have Medicare as your primary insurance with Part A and B, you are covered. However, if you travel outside the USA and a medical emergency occurs and the foreign hospital is closer than the nearest US hospital that can treat your medical condition

Medicare may cover. Medicare may pay for inpatient hospital, doctor, ambulance or dialysis.

If you are traveling through Canada (by the most direct route between Alaska and another state) and a medical emergency occurs, and if the Canadian hospital is closer than the nearest US hospital you may have coverage.

If you travel on a cruise outside US waters Medicare may cover

Medically necessary care. Medicare will not cover when a ship is more than 6 hours away from a US port. Medicare drug plans do not cover drugs.

If you have a supplemental policy check with the plan to see if there is coverage. Anyone who has an HMO must check with their plan.

Foreign hospitals are not required to bill Medicare. You will need to submit the paperwork for all bills received from a foreign hospital.



Certified Members:

Aging Life Care Association

UPDATES AND INFORMATION

Behavioral Health bill in MA legislation for 2019 budget. Legislation was passed in the Senate but not in the House.

The Senate version (Amendment S 452) will provide clinical elder behavioral health services in a client's home, community or therapists office. Services provided include: case management, elder peer support, coordination with community agencies/ services with the goal of preventing ER/Hospital/Nursing Home admissions. Evidence supports documents that home visits can decrease admissions. Instead of a crisis visits can help prevent a situation from becoming a crisis. Contact Speaker Robert DeLeo at Robert.deleo@mahouse.gov and Chair Jeffrey Sanchez at Jeffrey.sanchez@mahouse.gov to support the above senate version.

For anyone who is homebound (or wintertime with poor weather) and unable to get to the food store, there is a company called Telegrocers at 888-902-7467. Telegrocers works with Peapod and other stores that deliver. There is a charge for this service however a senior does not need to call their family member, and the senior can still feel independent by doing their own order, the use of a computer is not necessary.

In MA there are Home Care agencies that are a medical model and a non-medical model. The medical model is able to bill Medicare (they have applied to obtain a license allowing them to bill Medicare or other insurances.) for specific designated services such as Nursing, Physical Therapy, and Occupational Therapy. These benefits are short term and must be ordered by a physician. The medical model is also able to provide, for a fee, an aide. The non-medical model charges for services and does not have the ability to bill Medicare and or other insurances.

When working with a home care agency the senior (and family) should be treated with respect, receive a copy of the plan of care (and be able to make corrections if needed), and the senior's property should be respected. When there is a change in the senior's health a new care plan needs to be developed with input from the senior and family member(s).

The senior or family are able to lodge a complaint and to be free from abuse.

Some medical home care agencies are able to bill Mass Health. Here in MA this is often through the Aging Service Access Points or ASAP. There are ASAP offices throughout MA. Contact your local office to find out about services in the home billable to Mass Health. This is not just for seniors but for someone younger and disabled.

FREQUENTLY ASKED QUESTIONS

Q: My father is quite stubborn. When he has a cold he refuses to go to the doctor. He has a history of bronchitis and when he has a cold he puts off going to the doctor until

A: It is difficult to get anyone to the doctor. One suggestions is to call the doctor's office with your father nearby so he can hear the question, should my father come in for an exam? If the nurse says yes then your father may agree. Let the nurse say, come in and this may decrease the arguments.

Q: I live with my mother and I take her to all the medical appointments. My brother lives at a distance and he continually calls me asking me questions and telling me what to do. Each phone call he grills me—he does not know all the things I do yet he questions

every decision. I am the health care proxy. Any suggestions?

A: It is difficult for you and for your brother in different ways. One idea is to use Facetime, using the camera to visibly show your brother the house, look at the medications, and to have him talk with your mother (with you holding the phone). Maybe if he sees what you see he will better understand what your day is like. Another idea is to hire a Geriatric Care Manager/Aging Life Care Professional to meet with you and your mother. Have a home assessment whereby all you do is documented by a professional and this report given to your brother. Your brother can also talk with the professionals so he can get a better understanding of what your days are like.

Q: My mother is in MA in a Nurs-

ing Home. The Nursing Home has changed ownership and as a result staff turnover. I am just not happy with the care. Can I move my mother to another Nursing Home?

A: Yes you can. Tour facilities that you would consider for your mother. Ask questions about staff, ownership, and observe how the residents are attended to by the aides. If you are pleased with a particular home, put in an application. People move from facility to facility. There may be a period of increased confusion initially since there are new faces however with time and support your mother will adjust to the new facility. Everyone deserves to be treated with kindness and caring and attentive care.