

To receive your newsletter via email send a request to eldercarerresource@hotmail.com



ELDERCARE RESOURCE SERVICES



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

MARCH 2016
A FREE PUBLICATION ON ELDER ISSUES
TEL: 508-879-7008

UPDATE ON JIMMO

Jimmo vs. Sebelius was a landmark case three years ago. This case was brought on behalf of Medicare beneficiaries who were denied coverage as well as access of care because they did not show 'improvement' or show sufficient potential for improvement.

The Jimmo settlement clearly stated that it is not necessary to improve in order to obtain Medicare coverage for skilled services. Medicare can cover to 'maintain an individual's condition or slow deterioration.'

Since the settlement, providers have continued to illegally deny Medicare coverage and have contin-

ued to cover under the 'improvement standard.'

Many facilities have denied benefits stating there is no improvement or stating this is the new functional baseline. Sometimes that determination is made in less than two weeks.

The CMS (Centers for Medicare and Medicaid Services) has not provided enough education to skilled facilities.

As a result of facilities still using the 'improvement standard', the Center for Medicare Advocacy and Vermont Legal Aid has filed a Motion for Resolution of Non-Compliance with the Settlement Agreement.

Medicare should cover for

observation and assessment to maintain a chronic condition. Other times coverage has been denied based on slow progress.

To read more about this case google Jimmo v Sebelius.

As with any lawsuit a decision is not quickly decided. When we hear more about this case, we will inform you.

The Center for Medicare Advocacy offers assistance with denials. We are also able to assist families. Always read the denial notice and contact the agency by the specified deadline in the appeal notice to start the first appeal.

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](#)'

CERTIFICATION IN DEMENTIA CARE

Linda and Debbie attended a one day workshop at The Residence at Valley Farm in Ashland Assisted Living to become certified as Dementia Practitioners from The National Council of Certified Dementia Practitioners. The workshop gave practical ways to communicate with someone with dementia as well as

better understand the non-verbal behaviors. There was a chapter on adapting the environment, personal care, activities, and end of life issues. This workshop provided Linda and Debbie with even more knowledge on dementia that we will share with our clients and families. Dementia is a progressive disease that

affects the brain. With each stage modifications must be made to keep the person safe and making sure cleanliness is happening. Sometimes it is easy to do and other times when behaviors are present it is not as easy. We are here to help families—call us.



Certified Members:

Aging Life Care Association

ESTATE RECOVERY PROGRAM

Massachusetts Governor Charlie Baker in his 2017 includes a proposal to expand Mass Health recovery to include non-probate property. This could be property jointly owned by the deceased, assets in trust, or real estate in life estates.

Governor Baker is asking to change the language to state, "if an individual became eligible for medical assistance on or after July 1, 2016 the term estate shall mean any interest in real and personal property and other assets in which the individual immediately prior to death had any legal title or interest to the extent of such interest. This shall include interests in real and personal property and other assets that would pass to a survivor, heir, or assignee of the decedent through joint tenancy, tenancy by the entirety, life estate, living trust right of survivorship, beneficiary designa-

tion or other arrangement. This shall not include annuities and life insurance held on the life of a decedent, with the exception of payments otherwise includable in the decedent's probate estate."

The estate recovery program would allow for the state to be reimbursed after the death for payments made under The Mass Health program if there are assets that can be attached. Mass Health is looking for ways to retrieve cash.

If the recovery program is expanded it could affect many estate plans currently in place; that were established with the assistance of Elder Law Attorneys.

There are a lot of questions such as how would the claim be enforced, would this create title problems, how will "the extent of such interest" be determined etc.

In 2003 the legislature passed a similar law that expanded estate recovery to include non-probate property. It was

repealed in 2004 when real estate lawyers argued that it would create barriers to the sale of real estate and from constituents.

This is a proposal and has not been passed by the legislature. It will be important to see what happens next. As in 2003/2004 many phone calls to state representatives changed the outcome of that law.

It will be important to follow this proposal by Governor Baker and contact your state representative to keep the current system in place if this proposal is discussed at the State House.

We will keep everyone informed as we hear more. Watch our Facebook page for updates.

FREQUENTLY ASKED QUESTIONS

Q: My mother has an aggressive type of cancer and she is currently living in an Assisted Living. My mother looks tired and has been hospitalized twice within the last month for pneumonia and for dehydration. I am pushing and encouraging my mother to do more and more and she is not doing more and more. When is enough enough; and how do I accept the fact that my mother is unable to do more. It is hard for me to accept that my mother may be dying.

A: It is never ever easy to stop being an advocate for your mother. You want to see your mother get back to herself; you love your mother. However sometimes that is not possible. Ask yourself; is my mother telling me verbally and non-verbally that her body is tired. Is she content to sleep because this is what her body wants to do. Is she eating less and less

food and it does not taste quite right. It may be time to investigate hospice. Hospice can provide supportive services to you plus provide the comfort to your mother. Hospice does not mean your mother is actively dying; it just is allowing for your mother a quality of life with the time she has left. Ask the Assisted Living if they can arrange a meeting with the Hospice team that comes into the facility. Ask questions and think about their program.

Q: My sister and I do not agree on the care of my mother. My sister wants to keep my mother at home and I think my mother should move to an Assisted Living. We discuss this continually and my mother ends up staying at her house. I believe my mother is isolated, depressed, not eating properly and not having a

high quality of life. She has stopped changing her clothes and is not showering daily. Who is right?

A: What does your mother want? It is important to talk with your mother or have an impartial assessment by a Geriatric Care Manager. The Geriatric Care Manager can complete a home assessment looking at the home, services, what your mother is able to do and assess if Assisted Living is the best option. Your mother has the vote but if she is hearing her two daughter's discuss this topic she is most likely not sure what to do.

The changes in your mother could be due to depression, lack of socialization, dementia, anemia etc. Talk with her primary care physician about the changes to rule out a medical reason for the changes with your mother.