

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 2017
A FREE PUBLICATION ON ELDER ISSUES
TEL: 508-879-7008

UPDATE ON JIMMO

On February 1, 2017 the United District Court for the District of Vermont; Glenda Jimmo et al. (Plaintiffs) v Sylvia Mathews Burwell, Secretary of Health and Human Services (Defendant) filed a document stating the Secretary breached Party Settlement regarding the Jimmo Settlement. The Jimmo Settlement agreement: "maintenance coverage standard which provides that skilled nursing services would be covered where such skilled nursing services are necessary to maintain the patient's current condition or prevent or slow further deterioration so long as the beneficiary requires skilled care for the services to be safely and effectively provided."

The Plaintiffs filed a motion stating the Secretary did not adequately provide education on the Jimmo settlement. The Plaintiffs

asked the courts to "carry out additional educational activities to address the inaccuracies and inadequacies of the original Educational Campaign."

Proposals were submitted by both sides. The courts made the following statement:

"The Centers for Medicare and Medicaid Services reminds the Medicare community of the Jimmo settlement Agreement (January 2014), which clarified that the Medicare program will pay for skilled nursing care and skilled rehabilitation services when a beneficiary needs skilled care in order to maintain function or to prevent or slow decline or deterioration (provided all other coverage criteria are met). Specifically, the Jimmo Settlement adopted a maintenance coverage for both skilled nursing and therapy services. Skilled nursing ser-

vices are necessary to maintain the patient's current condition or prevent or slow further deterioration so long as the beneficiary requires skilled care for the services to be safely and effectively provided. Skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist (skilled care) are necessary for the performance of a safe and effective a maintenance program. Such a maintenance program to maintain the patient's current condition or to prevent slow further deterioration is covered so long as the beneficiary (continued below)

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](#)'

UPDATE ON JIMMO (CONTINUED)

requires skilled care for the safe and effective performance of the program.

The ruling states that no later than September 4th the Department of Health and Human Services (HHS) the corrective plan must be completed with the "1. CMS publish a new web page dedicated to the Jimmo settlement agreement; 2. CMS publish a correc-

tive statement disavowing an improvement standard; 3. CMS post Frequently Asked Questions; 4. CMS develop and implement training for Medicare contractors and MA plans making coverage decisions; and 5. CMS conduct a new national call to explain the correct maintenance coverage policy. "

This will change the practice

model for providers who have continued to provide services based on the 'improvement standard.'

If you want to read more go to: <http://www.medicareadvocacy.org/medicare-info/improvement-standard/>



Certified Members:

Aging Life Care Association

POSSIBLE CHANGES IN HOME CARE AGENCIES THAT BILL MEDICARE

A new set of regulations are set to go into effect on July 13, 2017, however President Trump has the ability to delay or make changes.

The changes are beneficial to patients; strengthening their patients' rights.

Under the new plan patients will be asked what they feel comfortable doing, what are their goals this will be incorporated in their care plan.

Some agencies already ask their patients and have self centered care plans plus keep communication open to the patients and families. For some agencies this will not be a change and for other agencies this will be a change.

The home care agencies must inform their patients of all the services provided by the agency not just services that the patient is to receive as ordered by the physi-

cian.

Patients will not need to see in writing their plan of care and participate in writing the goals. Family members and caregivers will be included in discussions. The change reflects the idea that caregivers are 'potential partners in optimizing positive outcomes.'

Home health agencies will need to tell their patients of their rights both verbally and in writing and in a language they can understand. Included is information on how to voice a complaint and to be free from abuse.

The new rules also include allowable reasons for discharging a patient. An agency is not allowed to discharge someone because they do not have the staffing available to meet the patient's needs. If someone needs more care the agency is responsible for providing that care.

When someone is being discharged off

services the physician needs to be included. The physician needs to agree to the discharge, plan of care, and all changes.

Outcomes will be measured with the goal of quality improvement. This will lay the foundation for future changes.

This is the first major change in rules in almost 30 years. Though there were regulations there was room for interpretation and agencies adopted their policies based upon their interpretation of the regulations. Now there will be consistency among and standards to all agencies in all states.

If you would like to read more about the ruling go to:
<https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html> (CMS 3819)

FREQUENTLY ASKED QUESTIONS

Q: My mother requires help. I took my mother into my home years ago when she began to have some memory loss. Through the years her memory has gotten worse and now she cannot be left alone. I cook, clean, manage my mother's pills handing them to her and contacting the pharmacy for all renewals, take my mother to appointments and help her with personal care. My siblings live out of state and do not offer to help. Now I am homebound all day. Can I receive financial compensation for what I am doing?

A: Contact an Elder Law Attorney to discuss this question. Often times as Geriatric Care Managers we can assess a Senior's needs documenting the care being provided. In collaboration with an Elder Law Attorney the document can support the help you provide and place a dollar

value on what you do for your mother. Then the Elder Law Attorney can work out a contract so you can be paid for work done.

Q: My mother can be very stubborn. She is the caretaker for my father and allows his children to help on a limited basis. I worry about caregiver burnout. Now my mother was diagnosed with heart problems and she still does not want to relinquish any responsibilities to her children. How do I convince my mother to take a break?

A: The easy answer is slowly and slowly over time. Your mother feels as wife she is only person who can provide the care the way your father likes it. Visit and observe how your mother does things. Then mimic and try to do things the same way and have her

watch you. This builds up trust. Ask your mother to write down her approach and what she does. You need something in writing to follow her ways in case she ends up in the hospital. If your mother begins to feel you will not make changes but instead follow what she does she may begin to step back. There may be some battles you loose but when there is a small opening take it.

Q: My father cannot manage bill paying any more. Are there people who can help with this task?

A: Call a Geriatric Care Manager/Aging Life Specialist or Elder Law Attorney for the name of a person who is bonded and certified that can write checks, a money manager. In MA call the local Aging Service Access Points; your father may be eligible for free services for bill paying.