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**ELDERCARE RESOURCE SERVICES**



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

**OCTOBER 2015**  
**A FREE PUBLICATION ON ELDER ISSUES**  
**TEL: 508-879-7008**

## **HOLIDAYS**

The holiday season is one month away starting with Thanksgiving. For some families it is a gathering of the family with rituals and routines and it is a fun day to be together. For other families it is a gathering of the family but it is stressful and not always fun. When someone in the family has a dementia it adds another level to the mix. Depending upon the stage of the dementia holidays can be stressful and cause someone with memory loss to feel agitated. Some people with memory loss need a quiet environment during part of the day. There are many people with dementia who cannot process everything that is going on in a room, with families; such as laughing, raising

their voices, joking, people moving back and forth. Anyone with dementia watches the goings on and can begin to feel agitated because the high level of activity is something they cannot distinguish properly and can begin to present with behaviors. This can be upsetting to the family members watching their relative become upset.

Closely observe your relative's mood throughout the day. If your relative is able to participate then keep them active by having them help in the kitchen if they always did this. Give them something to do that they can handle. If they never helped in the kitchen then maybe ask them to help set the table or for someone

else, have them sit down on a chair and enjoy visits by family on a one to one basis.

When someone is in a medical facility it is often best to visit them there. The facility provides the routine and pattern of the day. With advanced dementia holidays do not have the same meaning. Bring in a favorite food item and enjoy it together. Another idea is to sing some songs together, reminisce together, bring in a photo album and discuss the pictures. Your visit will allow your relative to feel good inside. There is no need to mention a family gathering as you leave.

## **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](#)'

## **COLOR**

Colors of paint have an impact on all of us. Studies have shown that some colors draw people into a room and with other colors people tend to stay away from the room. Red plates and cups can increase appetite and encourage someone with memory loss to eat more. Green can stimulate energy and at the same

time promote relaxation. Green is a good color to wear as it is often the last color people lose when their eyesight changes. Put green tape on a walker if someone needs help in reaching for it. Yellow increases feelings of happiness. Many people associate yellow with the sunshine. Studies show peo-

ple tend to smile more in yellow rooms. Blue promotes a relaxed mood and can increase concentration. White is always difficult to see when there is a white wall, white door etc. Black is often associated with frightening thoughts and can cause someone to feel scared.



Certified Members of:

**National and New England Associations of Professional Geriatric Care Managers**

## INSURANCE

Once again as in the past years it is open enrollment for Prescription Part D and open enrollment to make changes to your medical insurance plans effective January 1, 2016.

Part D covers prescription drugs. Between now and December 7, 2015 review the current prescription plan to see if the current plan will continue to be the best plan in 2016. Some Part D prescription drug companies change what medications are covered or change the cost of medications or the monthly premium or the deductible. This is why it is important to review the current plan to see if it is the best plan in 2016.

One way to review Part D is to contact the local Council on Aging and arrange for an appointment with the SHINE (Serving the Health Information Needs of El-

ders) counselor. A SHINE counselor is able to provide free health insurance information and counseling to Massachusetts residents with Medicare. They are also able to assist family members regarding their relative.

The Medicare website also has information on how to compare plans. Go to [www.medicare.gov](http://www.medicare.gov) and in the search box "part d plans for 2016" click on it and you will be able to put in the current list of medications and compare the cost of the current plan with the cost of other plans.

If you decide to change plans this can be done either on line or by a phone call. The new Part D prescription drug company will notify the old Part D prescription drug company of the change.

It is important to enroll in Part D when you turn 65. If you did not enroll and did not have coverage from another source, when you do apply for Part D there will be a financial penalty.

Part B coverage may increase for some people. For a single individual with an income above \$85,000 and a couple above \$170,000 may pay more in 2016. This increase is in the President's 2016 budget.

### EVENTS:

November 7th at the Callahan Center at 535 Union Ave in Framingham. *Ageless Grace: Timeless Fitness for Body and Mind for People with Dementia*. 9:30 AM Registration and 10:00-11:00 Presentation. RSVP to Lisa 508-532-5980 Ex.2

November 11th at New Bridge on the Charles at 6000 Great Meadow Drive in Needham. *Managing Parkinsons Disease—Partnering with Clients and Families* Presented by APDA and ALCA-NE. Registration at 8 AM. Program 8:45 AM–Noon. Free. For a brochure and to register go to: <http://www.gcmnewengland.org/>

## FREQUENTLY ASKED QUESTIONS

**Q: My brother was told by the Assisted Living that he can not longer stay in their facility. He was told that he now needs more care than provided by the staff. Can this happen and where does my brother go?**

**A:** In MA Assisted Livings are social models not medical models. As such there are guidelines about the type of care the staff is able to provide to the residents. For example if someone is a two person assist most facilities are not able to provide that level of care. If it takes two people for personal care, again the facility is not able to provide that level of care. Options include finding an Assisted Living that may provide more care or consider a move to a medical setting where there is a higher resident to staff ratio and nurses available 24/7 to monitor the medical needs of your brother. Another option is to talk with

the staff and if finances are available and consider bringing in private help for your brother to reduce the care the facility's staff is providing.

**Q: When is it time to move to a medical setting? My mother is in rehabilitation and the facility is saying to the family that my mother will not be safe at home and needs to stay at the Nursing Home. Is this possible?**

**A:** In MA the rule of thumb when considering a move to a medical setting is when someone requires hands on care with at least 3 or four of the following: bathing, grooming, dressing, ambulating, toileting, eating, and transfers. It is not curing but hands on care and or two people for care. If home is something the family is considering it is important to have 24/7 care when your mother returns home

and reduce the hours depending upon how she is doing.

**Q: My wife is unable to be left during the day due to her dementia. I still work. Is it more cost effective for me to have live-in help vs. hourly help?**

**A:** It might be more cost effective. The daily rate for live-in help is less than the hourly rate. With live-in help you have the flexibility of having someone during the day and the evening hours if you need to go out. It is important to remember that the live-in help needs a room to sleep. Also, she/he cannot work during the nighttime. They may be able to assist someone to the bathroom but not able to stay awake with someone for any length of time. Anyone who lives-in needs to sleep at night in order to be able to work during the day.