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ELDERCARE RESOURCE SERVICES



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"HELPING YOU HELP YOUR LOVED ONES"

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PROPOSED NURSING HOME CHANGES

Approximately two thirds of people living in nursing homes are covered by Mass Health. The reimbursement is \$37 per day below the cost of caring for the senior. This directly affects patient care. With more money going to facilities it is hoped that wages will be increased and benefits will be provided to employees. It is hoped that the gap between Medicaid payments and the cost of providing care will be closed.

There is proposed legislation in Massachusetts to close that gap between the cost of providing care and the Medicaid payment.

The proposal is to require the Executive Office of Health and Human Services to update nursing home rates through an inflation factor established by Medicare. This would establish yearly increases to the nursing homes.

The other proposal is to require the state to update Mass Health payments to nursing homes using 2014 costs. Right now the nursing homes are getting paid based on 2007 costs.

Currently if a facility is below a 96% occupancy there are additional financial penalties. This is something the nursing home industry would like to see prohibited. More people are staying home and facilities are not able to have a 96% occupancy rate on a monthly basis.

The Commonwealth Corporation would like to establish a career ladder for nursing home employees. This is subject to the state budget. In previous budgets this was funded allowing some employees to advance their skills and receive degrees.

The Department of Public Health

would like to establish a scholarship program for long term care workers. Again, this is dependent on the budget. This scholarship would be offered to anyone in the industry who requires financial assistance for direct care training.

Senator Harriette Chandler has filed "An Act Relative to Stabilizing the Commonwealth's Nursing Facilities." Bill: SB336 and Representative Thomas Goldfen has filed HB2072 and together they will directly add more money to nursing homes (which is important for patient care/staffing) and will allow staff to have an upward career .

Contact your state rep to support this bill.

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'

OBSERVATION CLASS ACTION SUIT

When Nancy Niemi , 84 years old, was brought to the hospital emergency room she was hospitalized for 39 days under Medicare. Nancy was categorized as 'observation or out-patient' which is covered under Part B.

When Nancy was transferred to rehab because she was on observation status her rehab stay was not covered costing her thousands of dollars.

Nancy was never given the chance to appeal the observation.

One study in 2009 found that 918,180 people brought to the emergency room with Medicare as the payer source were placed on observation.

In 2011 Justice in Aging filed a lawsuit along with the Center for Medicare Advocacy which was dismissed. The case is now Alexander v. Price, <https://>

www.forbes.com/sites/howardgleckman/2017/08/02/federal-judge-oks-a-class-action-lawsuit-over-medicare-observation-appeals/#432fbfd9e35

The plaintiffs then appealed to the 2nd Circuit court. The plaintiffs allege that Medicare must allow beneficiaries the ability to challenge the observation status decision. The class certification order was issued on July 31, 2017.



Certified Members:

Aging Life Care Association

PREPARING FOR WINTER

Although it is fall, winter will be here before we know it. Many people have relatives living at home who insist on staying in their own home. So before the first snow is the time to get the house ready.

Make sure there are flashlights and that the batteries still work. Check dates of all batteries not only in the flashlight but in smoke detectors, alarms, carbon monoxide alarms etc. If the house does not have a carbon monoxide detection device purchase one.

Purchase a portable radio with batteries. Many seniors grew up on portable radios and this can be helpful.

Have the furnace checked. Let the gas company or the fuel company know there is a senior in the house and heat is needed.

Consider putting a 'bug' or device

on the water heater and furnace. If either should not work a family member can be contacted. Some seniors try to stay in the house even if it's cold thinking the heat will come back or they do not want to bother their children.

If there is a cell phone remind your relative to charge it daily. This will be helpful if there is an outage, the phone will be able to work.

Consider purchasing battery operated lights. This is a safer way to light up hallways or bedrooms than candles.

If there is a prediction of a hurricane contact the local police to let them know there is a senior at home. Begin to think about evacuation plans for your relative. Is it your house or another family member?

If getting out to shop for food becomes difficult or fearful due to ice/snow then remind your relative that Peapod or another food company can deliver food.

Contact a home care agency that can bring someone into the house to prepare food, go food shopping, clean bathrooms, pick up medications at the pharmacy, and floors, do laundry etc.—this keeps your relative safe. Consider calling the agency to start the paperwork in case help is needed.

EMT's are trained to go to the outside of the refrigerator to look for a medication list and health care proxy etc. A file of life keeps all the information in one place. Check that the information is current with names, medications etc.

Talk with a contractor about making outside steps safe with non-stick tread.

If prescriptions are picked up monthly call the physician to ask if a 90 day supply can be called into the pharmacy.

FREQUENTLY ASKED QUESTIONS

Q: My father was brought to the emergency room twice for the same reason; falls. He was placed on observation and brought up to the floor. Each time, I tried to explain to the case manager that my father should not be home any more and he was too weak. The suggestion was rehab but the insurance would not cover because he was not admitted. I tried to speak with the physician who said very little and agreed with the case manager. This was so frustrating. Do you have any suggestions if this happens again?

A: Consider calling your father's primary care physician to ask him/her to call the hospitalist at the hospital. It is important to base an appeal on factual medical information. If that is not helpful then talk about an appeal however most people loose on the first appeal. You

could try to speak with the Administrator of the hospital to express your displeasure. The general rule of thumb is after 48 hours anyone in the hospital should be switched to 'admitted' status.

Q: I am going to have knee surgery and my doctor recommended rehab after the hospitalization. How can I find a good rehab setting? My goal is to get back to driving.

A: There is rehab (in MA) at a hospital level that provides extensive services on a daily basis and there is rehab in a nursing home. The rehab in a nursing home is slower paced. Both have licensed Physical and Occupational Therapists but the difference is the rehab at the hospital level offers longer hours of therapy per day allowing someone to return home quicker.

You know your ability to participate in rehab and the decision for either option should be based on what you can do with therapy.

Q: My parents refuse to see that they need help in the house. My mother is more stubborn than my father. They both think they can do everything but in reality they are not eating well, changing the beds, and lately I have noticed dirty clothes and body odor. What can I do?

A: Schedule a visit with the physician. The day of, or the day before, fax a letter to the MD stating confidential and tell the MD what is going on in the house. Ask the MD to tell your parents to bring in help. Go into the office visit. Reinforce to your parents the doctor suggested help. Maybe they will accept help that way.