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ELDERCARE RESOURCE SERVICES



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

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TEL: 508-879-7008**

MEDICARE DENIALS IN SKILLED REHAB SETTING

With the JIMMO settlement Medicare spelled out more clearly what is considered 'skilled.' It did not change the definition or expand the existing eligibility requirements but provided clarity. As months have passed we have seen how the JIMMO settlement has affected the Senior population. Many facilities were sent letters from Medicare clarifying what is considered skilled care. Unfortunately many facilities continue to deny benefits when someone is no longer making progress. Facilities continue to tell families their relative is not meeting goals or this is the new baseline and denying benefits. In the Medicare

guidelines skilled services can continue if the goal of treatment is to restore function, to prevent a slow deterioration in the patient's condition. If someone has been denied there is an appeal process. There are a number of appeal processes and one is with an Administrative Law Judge. This appeal level can take months or one year or longer. During the time the Senior is waiting for the appeal there is no therapy being provided. Without continued therapy there is no ability to improve and sometimes there is a decline. Unfortunately if the decision by the Ad-

ministrative Law Judge is in favor of the Senior the facility does not have to put someone back on skilled services. We encourage the family to ask the facility for a PT evaluation and assessment. This does not have to happen. The length of time between reviews ends up hurting the Senior's potential at recovery or returning to baseline. There is a class action suit asking that the Administrative Law Judge appeals occur within 90 days. This will benefit the Senior.

In summary, it is important to win on the first of two appeals. Get some professional help if you are going to appeal.

ABOUT US

ElderCare Resource Services is a geriatric 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](#)'

HOSPICE

Hospice is a benefit covered by Medicare and many of the HMO's to seniors living in their home, in an Assisted Living and or in a Nursing Home. Hospice provides a Nurse who is an expert on pain management, chaplain support, Social Worker support, and sometimes a volunteer. Hospice has acces-

sibility to medications that can be applied to the skin to help with pain if someone has difficulty swallowing medications. In order to qualify for Hospice a doctor needs to state that someone has less than six months to live however some

people have lived more than six months. Hospice does not provide 24/7 but a team of people coming in at intervals to help the senior. If 24/7 help is needed either family members or a home care agency must provide those services.

Certified Members of:



National and New England Associations of Professional Geriatric Care Managers

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FREQUENTLY ASKED QUESTIONS

Q: My father refuses to see a doctor. He limits his visits to once a year and calls his physician only when he absolutely positively must. What could I do to get him to a physician?

A: There may be nothing you can do if your father is competent to make his own decisions. You may want to contact your father's physician and leave your name and number in his medical record. The physician can not call you or talk to you about your father without your father's permission. You can give the physician information about your father. Maybe over time your father will allow you to obtain information from the physician.

Q: My mother's memory loss is progressing. She is not taking her medications correctly. I fill the pill box and sometimes there are

some pills left and other times there should be one day left and it's gone. What can I do?

A: Some pharmacies may deliver bubble packed prescriptions however if your mother is confused she could push out the medications taking more than she should. There are medication dispensing machines that are filled by a family member or Geriatric Care Manager. The medication dispensing machine will announce, 'time to take your medication.' The machine is programmed to the time of the day your mother takes her medications. If she pushes the button before the specific time of a medication, the machine will not dispense a medication and may say, time for your next medication is in 5 hours. If a dose is missed when the machine is opened you will see the missed

dose. Remembering to take the medications at the right time is a problem. If the medications are not given correctly there is a risk of an over dose but also they are not being effective in treating a medical problem.

Q: My sister is in her late 60's, she had a stroke a few years ago. Her husband works every day and leaves my sister alone My sister will go without lunch because it is too hard for her to get up from a chair. What can I do for my sister?

A: You may need to be strong and direct with your brother-in-law stating there are risks and it looks like he is not caring for his wife and it could be misconstrued as elder at risk. Ramifications can occur. Ask for something specific such as you visiting more, or bringing in help daily or moving to a facility. . Have a solution to the problem. He is trying the best he can.