Medicaid

Medicaid is a joint federal-state health care program for low income Americans. The program is administered by each state and the type of services covered differs from state to state. There are strict income requirements so it is necessary for the person to "spend down" all income and assets to poverty levels before becoming eligible. Medicaid is the major payer of nursing home care.

The Medicaid requirement to "spend down" all income and assets created a great hardship for the spouse of a person needing nursing home care. Changes in the Medicaid rules now allow the spouse to keep a monthly income and some assets, including the primary residence. The amounts allowed change, so it is important to check for current levels.

Other Insurance

Why buy other insurance? The purchase of additional insurance gives the policy holder access to a greater choice of facilities without dipping into additional financial resources. Medigap is the name given to privately-purchased supplemental health insurance. It is designed to help cover some of the gaps in Medicare coverage but does not cover long-term care. Study Medigap policies carefully to be sure they provide the protection needed and do not duplicate other health insurance.

Long-Term Care Insurance is a private insurance that is usually either an indemnity policy or part of an individual life insurance policy. An indemnity policy pays a set amount per day for nursing home or home healthcare. Under the life insurance policy, a certain percentage of the death benefit is paid for each month the policyholder requires long-term care. Policies are priced differently depending on the age of the policyholder, the deductible periods chosen, and indemnity value or duration of benefits.

Information provided by the U.S. State Department - Family Liaison Office.

CA Caregivers: A Profile

Caregivers are people “who provide assistance to someone else who is, in some degree, incapacitated and needs help: a husband who has suffered a stroke; a wife with Parkinson’s disease; a mother-in-law with cancer; a father with Alzheimer’s disease; a son with traumatic brain injury; a partner with AIDS.” There are informal caregivers such as family and friends who contribute their time and effort into caring for a relative or neighbor. There are also formal caregivers who are hired and paid for their services through different organizations and hospitals. The majority of California caregivers are women and that includes both the professional and nonprofessional caregivers. Patients are often parents and spouses who are suffering from diminishing physical or mental conditions. Caregivers can often neglect work due to their patients, therefore most caregivers are of the lower-middle-income bracket between $20,000 and $40,000. Due to the stress that caregivers receive from lack of knowledge and finance, it is important to understand the role they play and how they can improve their situation as well as the patients.

Caregiver Health

When friends and family members take on the caregiver role for individuals with disabilities they are often not prepared for the role and responsibility.

“Emotional, mental, and physical health problems arise from complex caregiving situations and the strains of caring for frail or disabled relatives” Caregivers show higher signs of depression, stress, heart disease, and death the longer they tend to their patients. They tend to be in worse physical health as well, because they neglect to take care of themselves. As a direct result of the caregiving, caregivers are known to have a higher chance of abusing alcohol and drugs. There are many ways to prevent such obstacles, but the caregiver must first recognize the importance of their role as well as their patient’s. Being able to break down the duties of their roles can help eliminate the stress and depression from being overworked.
dining room, maid service, linen service, maintenance, and transportation to shopping and cultural events, travel planning, and a pull cord to an emergency nurse. If nursing care is needed, it is provided at no extra cost.

- **Personal care homes (board and care)** are licensed in many communities to provide shelter, supervision, meals, and personal care to a small number of residents.

- **Subsidized housing for the elderly** is an option for the elderly poor in reasonably good health. Subsidized by Department of Housing and Urban Development, income limits apply. No round-the-clock care is provided but nurses are brought on site to check blood pressure and assess a resident’s functioning. Residents take meals in a dining room and may have use of a library, recreation area, or beauty shop.

**Elder Abuse & Neglect Initiative**

There is an estimate of at least two million seniors who are subject to abuse in the United States. Such abuse comes from none other than the person they depend on for care and support. Abuse and neglect is an issue that will only grow larger without proper attention and action. The first step is to acknowledge that this is a problem and it will take a collective effort to strive towards a solution. Educating the public to raise awareness on all levels of abuse including physical and financial abuse can foster a safer environment for seniors.

The Archstone Foundation has started an Elder Abuse and Neglect Initiative with projects and teams to help bring this subject to light in the communities. Information presentation and media events were set in place to ensure the best delivery of information. Victims assessment programs were also provided for both patients and professionals in the field of health care. The Archstone foundation provides the preparation for a society to meet the needs of the aging community. For more information on getting involved with this organization, please refer to the Archstone Website or contact information below.


**Paying for Long-Term Care**

Although many people believe that Medicare will cover their long-term care needs, current coverage does not extend for all expenses. Many forms of insurance and government support should be considered, and healthcare planning should ideally include a consultation with an expert in the types of insurance available to cover likely contingencies.

**Medicare**

Medicare is a federal health insurance program which helps defray many of the medical expenses of most Americans over the age of 65. Medicare has two parts:

- **(Part A) Hospital Insurance** helps pay the cost of inpatient hospital care. The number of days in the hospital paid for by Medicare is governed by a system based upon patient diagnosis and medical necessity for hospital care. Once it is no longer medically necessary for the person to remain in the hospital, the physician will begin the discharge process. If the person or the family disagrees with this decision, they may appeal to the state’s Peer Review Organization.

Medicare does not pay for custodial care or nursing home care. It will, however, cover up to 60 days in a nursing home as part of convalescence after hospitalization.

- **(Part B) Medical Insurance** pays for many medically necessary doctors’ services, outpatient services, and some other medical services. Enrollees pay a monthly premium.
grocery stores, pharmacies, limousine service, or shopping services.

Recent technological advances often make aging in place easier, such as: Velcro fasteners, lightweight wheelchairs, devices to control appliances, and dial telephone numbers. There is even a "walk-in bathtub" for people who have difficulty climbing into an ordinary bath. Many services are available to help the elderly person stay in his/her home.

- **Home care services** are available in many communities, providing appropriate, supervised personnel to help older persons with either health-care (giving medications, changing dressings, catheter care, etc.) or personal care (bathing, dressing, and grooming).

- **Meals and transportation** are available to the elderly to help them retain some independence. Group or home-delivered meal programs help ensure an adequate diet. Meals-On-Wheels programs are available in most parts of the United States. A number of communities offer door-to-door transportation services to help older people get to and from medical facilities, community facilities, and other services.

- **Adult day care** is similar to child day care. The elderly person goes to a community facility daily or 2 to 3 days per week. Activities include exercise programs, singing, guest lectures, and current events discussions. Cost varies and there are often long waiting lists at such centers.

- **Respite care** brings a trained person into the home to give the full-time caregiver time off to get a haircut, visit the dentist, or take a vacation. Service is generally offered through area Departments of Social Services and is based on a sliding fee scale.

### Other Housing Options

There are several types of retirement communities that provide living arrangements and services to meet the needs of both independent seniors and those who need assistance. Large hotel corporations are in this field and other facilities are set up for members of a certain organizations (retired military, Elks, etc.). It is important when investigating these housing options to understand completely the services provided and the cost.

- **Adult congregate communities** are designed for the fully able-bodied, 55 and older. Residents buy co-ops or condominiums and pay a monthly fee for grass mowing, leaf raking, and snow shoveling. A pay-as-you-go medical center is on site and a nurse is on duty 24 hours a day to make home visits in emergencies. Leisure World is the most famous example of an adult congregate community.

- **Assisted living communities** are rental retirement communities for independent seniors who need some assistance. A homelike atmosphere; three meals a day; maid, linen, and laundry service; availability of a registered nurse; and many personal care services are provided in the all-inclusive rent.

- **Rental retirement communities** with fee-for-service nursing units charge residents an entrance fee plus a substantial monthly rent. When the need for nursing care arises, residents pay an extra daily fee and stay in a nursing unit, usually located on-site or nearby.

- **Life care or continuing care communities** provide a continuum of care from independent living to nursing home care on the premises. The individual must be independent when they enter the community. These communities require a substantial entrance fee and monthly service fee. Residents get one meal a day in a
When a Lifestyle Change May Be Necessary

Physicians and geriatric social workers warn of a number of danger signs that indicate an elderly person needs extra help or a change in living arrangement. Any marked change in personality or behavior should be heeded. However, no change in lifestyle should be made without discussions with the elderly person, other family members, and doctors or other health professionals.

Danger Signals

- **Sudden weight loss** could be an indication that the elderly person is simply not eating or not preparing foods.

- **Failure to take medication or over-dosing** may indicate confusion, forgetfulness, or a misunderstanding of the doctor’s instructions.

- **Burns or injury marks** may indicate physical problems involving general weakness, forgetfulness, or a possible misuse of alcohol.

- **Deterioration of personal habits** such as infrequent bathing and shampooing, not shaving, or not wearing dentures could be the result of either mental or physical problems.

- **Increased car accidents** can indicate slowed reflexes, poor vision, physical weakness, or general inability to handle a vehicle.

- **General forgetfulness** such as not paying bills, missing appointments, or consistently forgetting name, address, phone number, and meal times could be a signal.

- **Extreme suspiciousness** could indicate some thought disorder. Your parents thinking that their neighbors, friends, family, doctor, and lawyer are all conspiring against them would be an example. Intense ungrounded fears about dire consequences may be a danger signal.

- **A series of small fires** could be caused by dozing off, forgetting to turn off the stove or appliances, or carelessness with matches. They may indicate blackouts or dizzy spells.

- **Bizarre behavior of any kind** could be a warning sign. This behavior could range from dressing in heavy gloves and overcoat in 90 degree weather or going outside without shoes when it's snowing. Also, watch for uncharacteristic actions or speech.

- **Disorientation of a consistent nature** may indicate a need for help. Examples include not knowing who one is, where one is, who the family is, or talking to people who are not there.

Elder Care Options

If you see danger signals in your parent's behavior, it is important to discuss the changes and do some research. There are many housing options available to the elderly. Choosing the best one will depend on the elderly person's preference, age, health, and financial condition.

Aging in Place

Under this option, the elderly person continues to live in his/her own apartment. Many elderly people live in Naturally Occurring Retirement Communities (NORCs), apartment buildings, condominiums, or cooperatives not designed as retirement communities but where at least 50 percent of the residents are 62 years old or older. These buildings often have amenities such as
**Advocacy Tips for Caregivers**

The majority of the care given to physically and mentally disabled people is done by caregivers, not institutional service. Therefore, “personal experience with community agencies, round-the-clock care, and financial hardships mean families know what the important issues are” and “can educate elected officials charged with development of public policy and funding priorities”iii. There are several ways that caregivers can help change public policy on caregiving. Caregivers can write letters or send e-mail to their elected representative about pressing issues or concerns. Another alternative would be to directly visit their elected representative. Staying updated with information on healthcare and voicing out for a change is a great way to stay active within the health advocacy community.

**Alzheimer’s Disease & Dementia vs. Normal Memory Changes**

As people age, their memory inevitably deteriorates. Slower thinking and difficulty paying attention are common. Things like high blood pressure and lack of sleep can contribute to normal memory change. Things like giving yourself time to remember and keeping a calendar can help improve memory. The top two ways to improve memory are controlling blood pressure and getting enough sleep.

Abnormal memory changes can sometimes be attributed to Alzheimer’s disease and dementia. Alzheimer’s disease can be described as “a continuous shrinking of brain tissue. It can cause problems with memory, thinking, reasoning, and judgment skills.”iv Things like problems with language and changes in personality can be attributed to this disease. On the other hand, dementia is a loss of mental abilities that causes problems with daily activities. It described symptoms of certain diseases like Alzheimer’s disease. Symptoms such as short-term memory loss and confusion can be attributed to dementia.

It is important to remember that patients suffering from such conditions can often feel like an outsider. Caregivers who are aware of their patient’s situation can help eliminate such feelings and improve their conditions. Patients suffering memory loss are slower at deciphering information and may need extra care.

**Managing Difficult Behaviors**

Dementia causes people to behave difficultly. This may occur because the person is physically uncomfortable or is frustrated by completing simple activities. Communication is key to helping someone with dementia. For example, give one direction at a time or avoid negative statements. When the person is angry or agitated, it may indicate a need or desire for something tangible such as an item of significant value or food. Other areas of concern that would need attention for someone with dementia would be paranoia, traveling, and bathing, appetite, dressing, and sleeping through the night. The caregiver should offer “lots of praise and hugs” and “set routines.” By getting such compliments from the caregiver, it will boost the patient’s mood and make it easier for caregivers to manage difficult behaviors. One tip to all caregiver is to remember to take care of yourself first before you can take care of someone else.

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