

Senior Insights



JULY 2016

UPCOMING EVENTS

How to Get Help With Your Medicare Costs

You may be able to get help paying your Medicare prescription drug coverage costs and Medicare Part B (medical insurance) premiums and other medical costs. Some people also may get help with their Medicare Part A (hospital insurance) costs.

Extra Help with Medicare Prescription Drug Plan Costs

The Extra Help program helps pay your Medicare prescription drug plan costs. If you have little income, few resources, and Medicare, you may be able to get Extra Help. To get Extra Help:

- Your yearly income should be less than \$17,505 if you are single, or \$23,595 if you are married and living together. Your income can be higher if you or your spouse works, other people who live with you rely on you for support, or you live in Alaska or Hawaii.
- Your resources (such as money in a bank, stocks, or bonds) should not total more than \$13,440 if you are single, or \$26,860 if you are married and living together. Certain things you own, like your house, car, life insurance, and up to \$1,500 per person in burial expenses do not count as resources.

The Medicare Savings Programs

The Medicare Savings Programs also can help with Medicare costs, like your monthly Part B premiums. To get this help, your State medical assistance (Medicaid) office may require information about your income and resources. To be eligible:

- Your monthly income should be less than \$1,333 if you are single, or \$1,790 if you are married and living together. Some States, such as Alaska and Hawaii, have higher income limits. Also, your income can be higher if you or your spouse works.
- Your resources (such as money in a bank, stocks, or bonds) should not total more than \$7,160 if you are single, or \$10,750 if you are married and living together. Some States allow you to have more. Also, your house, car, and up to \$1,500 per person in burial expenses do not count as resources.

For further information about Extra Help with Medicare Prescription Drug Plan Costs or the Medicare Savings Programs, contact one of the Benefit Counselors at the Area Agency on Aging of the Permian Basin (AAA) at 432-563-1061 or 1-

Caregiver Support Information meetings are held monthly:

Andrews Senior Center—3rd Tuesday @ 1:00

Big Spring Senior Center—2nd Tuesday @ 10:30

Fort Stockton Senior Center—2nd Wednesday @ 10:30

Dawson County Senior Center, Lamesa—3rd Tuesday @ 10:00

Memorial Health Care Center—Seminole—1st Wednesday @ 10:30

Manor Park, Midland—Last Thursday @ 10:00 and 2:00

Midland/Odessa—Parkinson's Caregivers - Call for Details

Midland Lutheran Church The Patio—2nd Thursday @ 2:00
Respite Care Available

Ward County Senior Center, Monahans—3rd Thursday @ 10:00

Odessa Regional Medical Center—4th Wednesday @ 2:00

Courtyard at Parks, Odessa—4th Tuesday @ 2:00 PM

Pecos Senior Citizens Center—2nd Wednesday @ 1:00

Rankin Senior Center—3rd Wednesday @ 10:30

Martin County Senior Center, Stanton—2nd Tuesday @ 1:00

**Permian Basin
Aging Advisory Council Meetings
are held at 10:00 a.m. on the
following dates:
July 20, 2016 & October 19, 2016
at the
Permian Basin Regional Planning
Commission**

EARLY STAGE CAREGIVING

In the early stages of Alzheimer's, a person may function independently. He or she may still drive, work and be part of social activities. Your role as care partner is an important one: to provide support and companionship, and help plan for the future.

WHAT TO EXPECT

"Early stage" refers to people, irrespective of age, who are diagnosed with Alzheimer's disease or related disorders and are in the beginning stages of the disease. A person in the early stages may experience mild changes in the ability to think and learn, but he or she continues to participate in daily activities and give-and-take dialogue. To others, the person may not appear to have dementia. The early stages of Alzheimer's can last for years.

YOUR ROLE AS A CARE PARTNER

In the early stages, you may act more like a care partner, than a caregiver. Your role is one of support, love and companionship. You are there to help with daily life, as needed, and to help the person with Alzheimer's plan for the future. Since no two people experience Alzheimer's alike, the degree of assistance needed from a care partner in this stage varies.

A person with early-stage Alzheimer's may need cues and reminders to help with memory. For example, he or she may need help with:

- Keeping appointments
- Remembering words or names
- Recalling familiar places or people
- Managing money
- Keeping track of medications
- Doing familiar tasks
- Planning or organizing

“To care for those who once
cared for us is one
of the highest honors.”

- Tia Walker, author

Tap into the person's strengths and encourage him or her to continue living as independently as possible. You can help the person stay organized with shared calendars, notes, medication schedules and other reminder systems. Establishing a daily routine and maintaining some regularity will be of benefit.

The person also will need emotional support. He or she may feel frustrated, anxious, embarrassed or isolated. You can help by:

- Encouraging the person to share his or her feelings, and asking how you can be supportive
- Encouraging the person to stay involved in activities he or she enjoys
- Helping the person locate a support group for people in the early stages and their care partners.

As a care partner, you also will go through many emotions. Know that you aren't alone. Being part of a community of people going through similar experiences can provide you with support, hope and information. For more information on the early stages of caregiving, visit the Alzheimer's Association at www.alz.org.

For more information on support groups in your area, contact Susan Frederickson, Caregiver Program Specialist with the Area Agency on Aging at (432) 563-1061.

The Work of an Ombudsman

Protecting ALF (Assisted Living Facility) Resident Rights

The mission of the Texas Long-term Care Ombudsman Program is to improve the quality of life and care for residents of nursing homes and ALFs by providing prompt, informal complaint resolution and promoting systemic change on behalf of residents’ interests.

Regular Visits

Ombudsmen are expected to make frequent, unannounced visits to facilities. The ombudsman program receives funding from the state legislature to ensure all assisted living residents have equal access to an ombudsman. On a first visit to the facility, ombudsmen use observation skills to examine the outside and inside of the facility for any unsafe conditions, greet and notify staff of their presence and explain their role to staff and residents. The majority of time during a visit is spent talking with the residents, asking about their experience at the ALF and exploring any complaints. Based on the type and size of the facility, ombudsmen are required to visit between two and six times each year (see chart). Ombudsmen may make additional visits to investigate, resolve and follow up on concerns. Ombudsmen strive to resolve concerns and build relationships with residents and facility staff. An expected outcome of ongoing contact by an ombudsman is that residents and facility staff will view the ombudsman as a resource when questions and concerns arise. Ombudsman made a total of 11,861 visits to assisted living facilities in 2015 — 1,518 more than 2014.

| Ombudsman Visits by Year | 2013 | 2014 | 2015 |
|--------------------------|-------|--------|--------|
| Facility Visits | 5,157 | 10,343 | 11,861 |

Advocating for Residents through Resolving Complaints

Ombudsmen open a case when a complaint is made. Ombudsmen opened 1,675 cases in 2015, an increase of 437 cases (26 percent) from 2014. Each case may have one or more complaints. Ombudsmen gather complaints in person, by phone and email. Complaints can come from any source, such as residents, facility staff, resident’s family members or friends, or ombudsmen. In 2015, ombudsmen received 1,915 complaints, 465 (24 percent) more than 2014. In 2015, 42 percent of complaints were reported by ombudsmen, and 39 percent by residents. Once a complaint is received, ombudsmen ask the resident’s permission to take steps to resolve the issue. With the resident’s permission, ombudsmen use problem-solving skills to advocate for the resident’s rights and reach a solution. In order of frequency, the most common complaints in 2015 involved food service, cleanliness, environmental and safety concerns, medication issues and odors. The 10 most frequent complaints account for 52 percent of all complaints received. Before a case is closed, complaints may be resolved, partially resolved, not resolved, withdrawn, referred to another agency or may require no action. On average, cases are closed in 30 days.

| Cases and Complaints by Year | 2013 | 2014 | 2015 |
|------------------------------|------|------|------|
| Cases | 711 | 1238 | 1675 |
| Complaints | 881 | 1450 | 1915 |

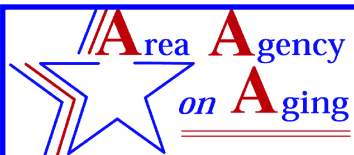
Educating on Residents’ Rights by Providing Information

Ombudsmen are resources for residents, family members and facility staff. In 2015, ombudsmen provided 1,684 consultations to residents and families and 813 to facility staff. The most common topics ombudsmen provide information on, in order of frequency, are the ombudsman program and their role; questions about care; resident rights; outside services, such as legal aid or home health; and discharge procedures and planning.

| Consultations by Year | 2013 | 2014 | 2015 |
|-----------------------|------|-------|-------|
| Consultations | 664 | 1,679 | 2,497 |

Ombudsmen also provide support and consultation by attending service plan meetings with residents that include members of the interdisciplinary team and sometimes family members. During a meeting, the team reviews service plans, discusses issues and makes changes to the plan to ensure a resident’s needs are met. Ombudsmen attend only at the request of the resident, and in 2015, attended 47. Resident council meetings allow residents to discuss topics and issues related to their homes. Resident councils can request ombudsmen to share information at their meetings about the role of the ombudsman, residents’ rights and other topics. Ombudsmen attend only at the invitation of the council, and in 2015, attended 145 resident council meetings and six family council meetings.

If you would like more information about the Ombudsman Program or would like to become a Certified Volunteer Ombudsman, contact Amy Ogle, Managing Local Ombudsman with the Area Agency on Aging at (432) 563-1061.



of the Permian Basin Regional Planning Commission

Funded by the Texas Department of Aging and Disability Services

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Plain Ole' Humor

Hospital Regulations

Hospital rules state that patients checking out must have a wheelchair.

One day a newly graduated nurse assistant came into the room to find an elderly man fully dressed. He was sitting on the bedside chair, with a piece of packed luggage at this side ready to go.

When he was shown the wheelchair, he was adamant that he was fully capable of walking himself to the parking lot.

But the assistant told him rules were rules, so he relented and let her wheel him out.

In the elevator, the assistant asked the elderly man if his wife was coming to meet him.

"I don't think so," he replied. "It takes her awhile to change her clothes, so she's probably still upstairs in the bathroom taking off of her hospital gown and getting dressed."



If you wish to stop receiving this newsletter, please call

1-800-491-4636 or 432-563-1061