

July 2021

Senior Insights



COVID-19 Vaccine Scams

UPCOMING EVENTS

Permian Basin Aging Advisory Council Meetings are held at 10:00am on the following dates:
July 21 and October 20
at the Permian Basin Regional Planning Commission

PBRPC Board Meetings are held at 1:30pm on the following dates:

**July 14, August 11,
September 8**

Offices will be closed on the following dates:

**July 5th
September 6th**

The number of people and communities affected by the COVID-19 pandemic has grown over the last year along with scams. Scammers are using public health emergencies as an opportunity to take advantage of the older population.

Being vigilant is the first step to protect yourself from potential fraud concerning COVID-19 vaccines and treatments, such as:

- ✓ You are told you must pay out of pocket for the vaccine.
- ✓ You are told you must pay to be put on a waiting list to get the vaccine.
- ✓ Be aware of advertisements, especially from unknown sources.
- ✓ Be aware of marketers "offering" to sell or ship doses of the vaccine for a fee.

If you believe you have been the victim of a COVID-19 scam, please report them by calling:

1. HHS—OIG Hotline: 1-800-HHS-TIPS (1-800-447-8477)
2. FBI Hotline: 1-800-CALL-FBI (1-800-225-5234)
3. CMS/Medicare Hotline: 1-800-MEDICARE (1-800-633-4227)

For up-to-date information regarding COVID-19, you can visit any of the following sources:

OIG.HHS.GOV/CORONAVIRUS

FBI.GOV/CORONAVIRUS

JUSTICE.GOV/CORONAVIRUS

If you would like more Information on scams, medicare and other benefits, please call 1-800-491-4636 or 432-563-1061 to speak with a benefits counselor. All information will be kept confidential.



Anticipatory Grief When Caring For a Loved One With Dementia

Your loved one with dementia may still be alive, but you may be deep in the throes of grief already, feeling the weight and pain of the impending loss. This is called anticipatory grief and it refers to the emotional pain of losing a loved one in advance of the person's death — a common phenomenon among people who care for the terminally ill. Support groups and other bereavement support services are in place to ease anticipatory guilt among caregivers.

Goodbyes are always painful, especially long-drawn-out ones such as those involving Alzheimer's. Anticipatory grief for your loved one in this situation is inevitable due to the slow, incurable and progressive nature of the disease. Researchers out of Indianapolis polled 400 caregivers this question: "What is the biggest barrier you face as a caregiver?" More than 80 percent said it was the loss of the person they used to know. Anticipatory grief can hurt just as much as when your loved one dies. Sometimes, it makes the ultimate loss after death a bit easier, but this isn't always the case. Allow yourself to feel the grief, process it and try to appreciate the time you have left with your loved one.

Dementia Grief

People who are informal caregivers for people with Alzheimer's tend to experience a unique version of anticipatory grief — something many doctors refer to as "dementia grief". This is when the condition affects people caring for patients with AD or other cognitive diseases. The memory loss and personality changes that a person with dementia exhibits often leave personal caregivers such as spouses or children feeling like their loved one is already gone. Despite the fact that they are still physically present, psychologically the patient is no longer the same person, which is something referred to as ambiguous loss.

From a lost sense of companionship to loss of intimacy, there are many factors that put caregivers in a sort of limbo state as they "wait" for their loved one to die. Caregivers of loved ones with dementia differ from caregivers of those with other illnesses when it comes to the opportunity to say goodbye. In someone with, say, cancer, expressions of love and the resolution of past conflicts are all possible. Not so with someone suffering from dementia, as they often lack the ability to communicate or remember.

As the caregiver, many feelings may overcome you, from anxiety to dread to sadness as you await their passing. In addition, you could feel a sense of loss and longing as your "old life" seems out of reach. You no longer have your independence and freedom because you are spending so much time caring for your loved one. These feelings can lead to guilt, anger, bitterness, and resentment. Just remember that these are all common, normal feelings and you shouldn't feel bad.

Getting Help

As a caregiver who is always willing to help when needed, you may have a hard time reaching out for help for YOU. However, it's important to know when to pick up the phone, call a friend, or join a support group. There are many other people going through the same thing you are. Here are some steps you can take to ease the anticipatory grief you are feeling:

- Ask friends or family for help around the house as well as emotional support.
- Try to live for the moment without focusing so much on the future.
- Keep a journal and write down your feelings every day.
- Appreciate what your loved one can still offer, from a smile to holding hands to giving a hug.

Accept that you may not always be the best person to handle your loved one's needs. At some point, you may have to get them full-time care in a facility or hire home health care professionals.

Doing what you can to ease the emotional pain of caring for your loved one with dementia is a smart step, especially since it's been shown that those suffering from anticipatory grief are at increased risk for complicated grief. This is a more severe form of grief that affects about 20 percent of people who care for individuals with dementia, characterized by distracting thoughts, inability to accept the loss, and more.

**For More Information Contact
Susan Frederickson
Caregiver Program Specialist**

Phone: 432.262.4962
Fax: 432.563.1728
Email:
sfrederickson@aaapb.com

If you're having trouble with anticipatory grief, speak with your doctor, who can refer you to support groups, professional counseling, and other resources.

Original article: Anticipatory Grief When Caring For a Loved One Dementia | Pathways
(pathwayshealth.org)

The Time for Change is Now

We have finally reached the point so many residents and families dreamed of. Nursing facilities are now open, but things are far from business as usual for facilities. The pandemic shed light on an already broken long-term care system. The current system cannot support the growing needs of the aging population. In Texas alone 3.2 million people are 65 and older. By 2050 the population is expected to increase by 20 percent.

Before the Covid-19 Pandemic began, facilities were already struggling with a high turnover rate due to the taxing nature of the job, retaining a skilled workforce, and securing adequate financing. The pandemic only further exasperated the need for proper funding, skilled workers and more in-home care options.

The primary source of payment for long term care is Medicaid. Medicare, the country's insurance program for the elderly, does not pay for most long-term care services. In order to qualify for Medicaid, older adults must be within a specific poverty level to qualify. In most states the monthly allowable income is under \$2,382 and under \$2,000 or less in assets to qualify. These income guidelines exclude middle-income Americans, leaving many with no way to pay for the high cost of care and unable to qualify for Medicaid until they have depleted their savings and assets, and even then, there are still gaps in coverage.

Either way, nursing homes are not fully reimbursed for all services rendered to residents on Medicaid. They are only reimbursed 70 to 80 percent of the actual cost. Insufficient funding makes it difficult to pay employees a higher wage and retain them, affecting the quality of care provided to residents.

Access to care is based on income and resources. Paying for care is one of the biggest issues in the system. Nursing Home care in Texas on average could cost anywhere from \$5,019 a month for a semi-private room or \$6,388 per month for a private room. What about in-home care? In-home care services through Medicaid vary from state to state and often depend on the type of Medicaid program the individual is enrolled. However, it all goes back to being able to qualify for Medicaid. If you don't qualify, you are looking at an average cost of \$22.00 or more an hour depending on where you live. Many elders end up having to depend on unpaid family to provide care for them.

The Covid-19 Pandemic has put a spotlight on the broken system and created a unique opportunity to invest in an effective long term care system that can be sustained throughout the years with the growing population. It will not be easy to fix but the time for change is now.

Reference:

Abrams, A. (2021, June 15). How COVID-19 Exposed America's Broken Elder Care System. *Time*. <https://time.com/6071582/elder-care-after-covid-19/>.

MedicaidPlanningAssistance.org. (2020, December 17). Texas Medicaid Income & Asset Limits for Nursing Homes & In-Home Long Term Care. Medicaid Planning Assistance. <https://www.medicaidplanningassistance.org/medicaid-eligibility-texas/>.

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VOLUNTEER OPPORTUNITY

Ombudsmen are working hard to advocate for all residents and their families. However, we could always use a little help. The AAA Ombudsman Program is seeking individuals who are empathetic and willing to be a volunteer. As an Ombudsman you will learn valuable skills in communication, assertiveness, and diplomacy. If you are interested in visiting facility residents and ensuring their rights are protected, please contact the Area Agency on Aging, and speak to:

Yasmin Galvan, Managing Local Ombudsman

Email: ygalvan@aaapb.com

Office: 432-262-4906

Cell: 432-557-5932



of the Permian Basin Regional Planning Commission

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@AreaAgencyonAgingPB

If you're
over 60 we
can....

help with
utility bills!



We can also
help you
apply for
food stamps



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at 1-800-491-4636 or 432-563-1061 or
e-mail mtaylor@aaapb.com*