Does Medicare Pay for That?

The Basics

Traditional Medicare

Part A: is the hospital insurance program, which helps pay for hospitalizations and post-acute care. In 2015, beneficiaries pay a deductible of about $1,200 before Medicare begins paying for hospital stays and they pay for each day of an extended stay in a facility. Most people become entitled to Part A after paying payroll taxes for 10 years and enrollment is automatic if you are receiving Social Security when you turn 65.

Part B is the supplementary medical insurance program, which helps pay for physician visits and other outpatient services. Most beneficiaries pay a monthly premium for Part B, which is about $105 in 2015, but this premium is income related meaning people with higher incomes pay a higher monthly Part B premium. Part B services are subject to a deductible and also a co-insurance of about 20%. Enrollment in Part B is voluntary but most people who are entitled to Part A also enroll in Part B.

Parts C and Part D are different from traditional Medicare because they involve the delivery of Medicare benefits through private plans.

Part C is known as Medicare Advantage, which is an alternative to traditional Medicare where beneficiaries can sign up for a private plan such as an HMO or a PPO. These plans are paid by Medicare to provide enrollees with all Part A and Part B benefits and typically also provide the Part D drug benefit. They also often provide extra benefits that Medicare does not cover such as vision and dental services. Today, about 16,000,000 people or 30% of all people on Medicare are enrolled in Medicare Advantage plans.

Part D is Medicare's prescription drug benefit. Part D coverage is voluntary, meaning that people who want the prescription drug benefit must enroll in a private plan…either a standalone prescription drug plan to supplement traditional Medicare or a Medicare Advantage plan that covers prescription drugs.

Supplemental Insurance is usually insurance through a previous/current employer ora "Medigap" plan that is purchased to cover the deductibles and 20 % that Medicare does not cover.

Medicare Advantage an option to receive Medicare benefits through private health plans, mainly health maintenance organizations (HMOs), as an alternative to the federally administered traditional Medicare program. Medicare Advantage plans are paid to provide all Medicare benefits and at least one plan that covers prescription drugs. Some plans offer vision and dental benefits.

Medicare Does NOT Pay for:

1. Custodial Long Term Care in the home or in a care facility.

2. Medicare Part B (Medical Insurance) covers a glaucoma test and check for diabetic retinopathy for those at risk once every 12 months. The screening must be done or supervised by an eye doctor who's legally allowed to do this test in your state. Medicare Part B (Medical Insurance) covers certain diagnostic tests and treatment of diseases and conditions of the eye, including treatment with certain injected drugs. Medicare covers many medically necessary surgical procedures, like cataract surgery, and following cataract surgery that implants an intraocular lens, Medicare Part B (Medical Insurance) helps pay for corrective lenses (one pair of eyeglasses or one set of contact lenses).

3. Dental services (Medicare Part A (Hospital Insurance) will pay for certain dental services that you get when you're in a hospital. Part A can pay for inpatient hospital care if you need to have emergency or complicated dental procedures, even though the dental care isn't covered

4. Medicare Part B (Medical Insurance) covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment. Medicare does not cover routine hearing exams or hearing aids.

5. Medicare doesn't cover cosmetic surgery unless it's needed because of accidental injury or to improve the function of a malformed body part. Medicare covers breast prostheses for breast reconstruction if you had a mastectomy because of breast cancer.

Your Guide to Senior Living

What it is & how much it costs in the Dallas area.

ELITE
SENIOR SOLUTIONS

972-808-6304

www.EliteSeniorSolutions.com

Independent Livng

- For seniors who don't require assistance or would like light care services.
- Communities offer a wide range of services from resort style all-inclusive to a simple apartment community for seniors.
- Prices range from $1,350 - $6,500 per month & is private pay.

Assisted Living

- For people who need help with everyday activities like bathing, dressing or have other challenges.
- Costs vary depending unit size and the types of services needed. Approx $2,800 - $7,000 & is private pay.

Memory Care

- An assisted living for people with memory impairment. Can be in a large assisted living or in residential care home.
- Provides a secure space for those with memory impairment to maintain a level of Independence.
- Pricing ranges from $3,500 - $7,500 & is private pay.

Residential Care Homes

- An assisted living that is set up in a home.
- Smaller more personalized feel.
- Pricing ranges from $2,300 - $5,700 & is private pay.

Dallas County Probate Court Investigator's Office

- Patricia McArdle, LMSW

National & Tx Certified Guardian
Probate Court Investigator's Office, Supervisor

TYPES OF GUARDIANSHIPS

- TEMPORARY OR PERMANENT GUARDIANSHIP
  - –Person
  - –Estate
  - –Person and Estate

Independent Third Parties

- The Texas Department of Protective and Regulatory Services (DADS)
- The Senior Source in Dallas County
- The ARC
- VetGuard
- Attorneys

What Is Guardianship??

- A legal process that removes rights from an incapacitated person utilizing substituted judgment and/or Best Interest Standards
- Protects vulnerable persons from abuse, neglect (including self-neglect), and exploitation.
- Provides for care and management

Initiation of Guardianship

- Private Application through an Attorney
- The Texas Department of Aging and Disability Services (DADS) through referral from APS or CPS aging out.
- 1102 Referral to the Court

Other Alternatives...

- ***Power of Attorney***
  - ***– Durable Power of Attorney***
  - ***– Durable Power of Attorney for Health Care***
- ***Directive to Physicians***
- ***Representative Payee (Social Security, ETC.)***
- ***Trusts***
- ***Texas Health & Safety Code***

Guardianship is Granted...

- Based upon medial evidence, testimony, expert witness testimony, and physical evidence

Guardianship Qualifications

- The Probate Code dictates and prioritizes persons who are eligible to become guardians:
  Designee in Designation of Guardian before The Need as preferred, Spouse, adult children, nearest kin—must be qualified.

Criminal Background and CPS/APS checks are always done.

Court Monitoring

- Court Visitor Program
- Annual Reports:
  - Person
  - Estate

Ethical Issues of Intervening: Sexuality and Dementia

Laura W. Reese, LMSW DAGS Fall Forum October 15, 2015

"Any partner…has the right to say no…at what point in dementia do you lose the right to say yes?" Katherine C. Pearson, professor, Penn State Dickinson School of Law

NOTES

Why is it so important to support resident sexuality?

Why is it important for facilities to have formal policies in place that address residents' sexual rights?

Identify several reasons why facilities often fail to support the sexual needs of their residents with dementia.

We discussed many points to consider when deciding how to approach resident sexuality. List a few that stood out to you or gave you new insight/perspective.

What is the difference between substituted judgment and the best interest standard?

What are some practical changes you can make in your practice setting to better support residents' sexual rights?

Ethical Issues of Intervening: Sexuality and Dementia

Laura W. Reese, LMSW DAGS Fall Forum October 15, 2015

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Important Legal Documents In Case of Incapacity

Durable Power of Attorney

A Durable POA allows someone to name another person to make financial decisions and carryout financial transactions on their behalf. *Durable* means that the document is valid even if a person becomes incapacitated.

Power of Attorney for Healthcare

A Healthcare POA allows an individual to name another person to make healthcare or end-of-life decisions when the person is not able to do so themselves. The Healthcare POA is only in effect while the person is incapacitated.

Living Will

A Living Will, also known as a Directive to Physician, specifies a person's care and treatment wishes, including artificial life support. A Living Will is used to guide treatment decisions for patients with a terminal condition in a hospital setting.

HIPAA Authorization

A general HIPAA Authorization is used to inform medical providers who they can legally share protected health information with. A person can name individuals or classes of providers to include or exclude.

Trusts

A revocable or irrevocable living trust is created to ensure that property is managed according to the creator's wishes, and often can enable an estate to avoid probate. Some trusts may be used to qualify for Medicaid or other benefits

Guardianship

A Guardian may be appointed by a court to make decisions about an incapacitated person's care and property if the individual did not designate Powers of Attorney prior to incapacity, or if the Power of Attorney is no longer able to perform their duties.

972-661-5114

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Experience ◆ Competence ◆ Value

Your Conversation Starter Kit

The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.

Name:_____

Date:_____

the conversation project

Institute *for* Healthcare Improvement

Created by The Conversation Project and the Institute for Healthcare Improvement

This Starter Kit doesn't answer every question, but it will help you get your thoughts together, and then have the conversation with your loved ones.

You can use it whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes.

Take your time. This kit is not meant to be completed in one sitting. It's meant to be completed as you need it, throughout many conversations.

Step 1: Get Ready 1

Step 2: Get Set 3

Step 3: Go 6

Step 4: Keep Going 9

Step 1: Get Ready

There are a million reasons to avoid having the conversation. But it's critically important. And you can do it.

Consider the facts.

90% of people say that talking with their loved ones about end-of-life care is important.

27% have actually done so.

Source: The Conversation Project National Survey (2013)

60% of people say that making sure their family is not burdened by tough decisions is extremely important.

56% have not communicated their end-of life wishes.

Source: Survey of Californians by the California HealthCare Foundation (2012)

80% of people say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment toward the end of their life.

7% report having had this conversation with their doctor.

Source: Survey of Californians by the California HealthCare Foundation (2012)

82% of people say it's important to put their wishes in writing.

23% have actually done it.

Source: Survey of Californians by the California HealthCare Foundation (2012)

One conversation can make all the difference.

Remember:

- You don't need to have the conversation just yet. It's okay to just start thinking about it.
- You can start out by writing a letter—to yourself, a loved one, or a friend.
- You might consider having a practice conversation with a friend.
- Having the conversation may reveal that you and your loved ones disagree. **That's okay.** It's important to simply know this, and to continue talking about it now—not during a medical crisis.
- Having the conversation isn't just a one-time thing. It's the first in a series of conversations over time.

What do you need to think about or do before you feel ready to have the conversation?

Do you have any particular concerns that you want to be sure to talk about?
(For example, making sure finances are in order; or making sure a particular family member is taken care of.)

Step 2: Get Set

What's most important to you as you think about how you want to live at the end of your life? What do you value most?

Thinking about this will help you get ready to have the conversation.

Now finish this sentence:
What matters to me at the end of life is...

Sharing your "what matters to me" statement with your loved ones could be a big help down the road. It could help them communicate to your doctor what abilities are most important to you—what's worth pursuing treatment for, and what isn't.

Where I Stand Scales

Use the scales below to figure out how you want your end-of-life care to be. Select the number that best represents your feelings on the given scenario.

As a patient, I'd like to know...

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Only the basics about my condition and my treatment				All the details about my condition and my treatment

As doctors treat me, I would like...

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
My doctors to do what they think is best				To have a say in every decision

If I had a terminal illness, I would prefer to...

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Not know how quickly it is progressing				Know my doctor's best estimation for how long I have to live

Look at your answers.

What kind of role do you want to play in the decision-making process?

How long do you want to receive medical care?

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Indefinitely, no matter how uncomfortable treatments are				Quality of life is more important to me than quantity

What are your concerns about treatment?

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
I'm worried that I won't get enough care				I'm worried that I'll get overly aggressive care

What are your preferences about where you want to be?

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
I wouldn't mind spending my last days in a hospital				I want to spend my last days at home

Look at your answers.

What do you notice about the kind of care you want to receive?

How involved do you want your loved ones to be?

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
I want my loved ones to do exactly what I've said, even if it makes them a little uncomfortable				I want my loved ones to do what brings them peace, even if it goes against what I've said

When it comes to your privacy...

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
When the time comes, I want to be alone				I want to be surrounded by my loved ones

When it comes to sharing information...

◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
I don't want my loved ones to know everything about my health				I am comfortable with those close to me knowing everything about my health

Look at your answers.

What role do you want your loved ones to play? Do you think that your loved ones know what you want or do you think they have no idea?

What do you feel are the three most important things that you want your friends, family and/or doctors to understand about your wishes for end-of-life care?

1. _____

2. _____

3. _____

Step 3: Go

When you're ready to have the conversation, think about the basics.

Mark all that apply:

Who do you want to talk to?

- ☐ Mom
- ☐ Dad
- ☐ Child/Children
- ☐ Partner/Spouse
- ☐ Sister/Brother
- ☐ Faith leader (Minister, Priest, Rabbi, Imam, etc.)
- ☐ Friend
- ☐ Doctor
- ☐ Caregiver
- ☐ Other: _____

When would be a good time to talk?

- ☐ The next big holiday
- ☐ Before my kid goes to college
- ☐ Before my next trip
- ☐ Before I get sick again
- ☐ Before the baby arrives
- ☐ The next time I visit my parents/adult children
- ☐ At the next family gathering
- ☐ Other: _____

Where would you feel comfortable talking?

- ☐ At the kitchen table
- ☐ At a favorite restaurant
- ☐ In the car
- ☐ On a walk
- ☐ Sitting in a park
- ☐ At my place of worship
- ☐ Other: _____

What do you want to be sure to say?

If you wrote down your three most important things at the end of Step 2, you can use those here.

How to start

Here are some ways you could break the ice:

- "I need your help with something."
- "Remember how someone in the family died—was it a 'good' death or a 'hard' death? How will yours be different?"
- "I was thinking about what happened to _____ , and it made me realize..."
- "Even though I'm okay right now, I'm worried that _____, and I want to be prepared."
- "I need to think about the future. Will you help me?"
- "I just answered some questions about how I want the end of my life to be. I want you to see my answers. And I'm wondering what your answers would be."

What to talk about

- [ ] When you think about the last phase of your life, what's most important to you? How would you like this phase to be?
- [ ] Do you have any particular concerns about your health? About the last phase of your life?
- [ ] What affairs do you need to get in order, or talk to your loved ones about? *(Personal finances, property, relationships)*
- [ ] Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you're not able to? *(This person is your health care proxy.)*
- [ ] Would you prefer to be actively involved in decisions about your care? Or would you rather have your doctors do what they think is best?
- [ ] Are there any disagreements or family tensions that you're concerned about?
- [ ] Are there important milestones you'd like to be there for, if possible? *(The birth of your grandchild, your 80th birthday)*

- [ ] Where do you want (or not want) to receive care? *(Home, nursing facility, hospital)*
- [ ] Are there kinds of treatment you would want (or not want)? *(Resuscitation if your heart stops, breathing machine, feeding tube)*
- [ ] When would it be okay to shift from a focus on curative care to a focus on comfort care alone?

This list doesn't cover everything you may need to think about, but it's a good place to start. Talk to your doctor or nurse if you're looking for more end-of-life care questions.

Remember:

- Be patient. Some people may need a little more time to think.
- You don't have to steer the conversation; just let it happen.
- Don't judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your loved ones can always change your minds as circumstances shift.
- Every attempt at the conversation is valuable.
- This is the first of many conversations—you don't have to cover everyone or everything right now.

Now, just go for it!

Each conversation will empower you and your loved ones. You are getting ready to help each other live and die in a way that you choose.

Step 4: Keep Going

Congratulations!

Now that you have had the conversation, here are some legal and medical documents you should know about. Use them to record your wishes so they can be honored when the time comes.

- **Advance Care Planning (ACP):** the process of thinking about your wishes—exactly what you have been working on here.
- **Advance Directive (AD):** a document that describes your wishes.
- **Health Care Proxy (HCP):** identifies your health care agent (often called a "proxy"), the person you trust to act on your behalf if you are unable to make health care decisions or communicate your wishes. In some states, this is called the Durable Power of Attorney for Health Care. This is probably the most important document. Make sure you have many conversations with your proxy.
- **Living Will:** specifies which medical treatments you want or don't want at the end of your life, or if you are no longer able to make decisions on your own (e.g. in a coma).

You can find more information about these documents from the link in the "Keep Going" section of the website Starter Kit at ***theconversationproject.org***. Remember, this was the first of many conversations. You can use the questions below to collect your thoughts about how your first talk went, and then look back to them when you prepare for future conversations.

Is there something you need to clarify that you feel was misunderstood or misinterpreted?

Who do you want to talk to next time? Are there people who should hear things at the same time (like siblings who tend to disagree)?

How did this conversation make you feel? What do you want to remember? What do you want your loved ones to remember?

What do you want to make sure to ask or talk about next time?

We hope you will share this Starter Kit with others.

You have helped us get one conversation closer to our goal: that everyone's end-of-life wishes are expressed and respected.

DAGS Fall Forum- Community

What really is "Normal"?

Jeryn Laengrich MS,CCC/SLP
Chief Service Officer
Cariloop

Memory as we age:

This presentation will explore our perceptions of what we assume is normal aging. We will discuss the areas of memory loss and sexual behaviors. But is this reality?

Definition of Normal (vocabulary.com): If something conforms to a general pattern, standard, or average, we describe it as normal, but of course, that standard can change over time. What's normal today may be "abnormal" in the future.

Typical age-related memory loss and other changes compared to Alzheimer's (alz.org)

Signs of Alzheimer's	Typical age-related changes
Poor judgment and decision making	Making a bad decision once in a while
Inability to manage a budget	Missing a monthly payment
Losing track of the date or the season	Forgetting which day it is and remembering later
Difficulty having a conversation	Sometimes forgetting which word to use
Misplacing things and being unable to retrace steps to find them	Losing things from time to time

Normal age-related forgetfulness: Other examples

The following types of memory lapses are normal among older adults and generally are not considered warning signs of dementia:

- Occasionally forgetting where you left things you use regularly, such as glasses or keys.
- Forgetting names of acquaintances or blocking one memory with a similar one, such as calling a grandson by your son's name.
- Occasionally forgetting an appointment.
- Having trouble remembering what you've just read, or the details of a conversation.
- Walking into a room and forgetting why you entered.
- Becoming easily distracted.
- Not quite being able to retrieve information you have "on the tip of your tongue."

Subjective Cognitive Decline: The experience of worsening or more frequent confusion or memory loss (often referred to as subjective cognitive decline) is one of the earliest warning signs of Alzheimer's disease and may be a way to identify people who are at high risk of developing Alzheimer's and other dementias as well as MCI (Mild Cognitive Impairment)

Mild Cognitive Impairment: is an intermediate stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It can involve problems with memory, language, thinking and judgment that are greater than normal age-related changes.

Online Resources:

10 Waring Signs of Alzheimer's: http://www.alz.org/national/documents/checklist_10signs.pdf

Alzheimer's Facts and Figures 2015: https://www.alz.org/facts/downloads/facts_figures_2015.pdf

Reversible Causes of Memory Loss:

it's important to remember that memory loss doesn't automatically mean that you have dementia. There are many other reasons why you may be experiencing cognitive problems. That's why it's so important to go to a doctor to get an official diagnosis if you're experiencing problems. Sometimes, even what looks like significant memory loss can be caused by treatable conditions and reversible external factors, such as:

- Depression.
- Vitamin B12 deficiency
- Thyroid problems
- Alcohol abuse
- Dehydration
- Side effects of medication

Sex as we age:

The Golden Girls

AARP: Sex in the Nursing Home: http://www.aarp.org/home-family/caregiving/info-2015/sex-in-assisted-living-facilities.html

Alzheimer's Society: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=129