



WHAT? MEDICARE DOESN'T PAY FOR THAT!?

Understanding what Medicare does and doesn't cover is one of the biggest challenges for new caregivers. Here are some overriding principles and a bit of the jargon which may help.

Medicare pays when skilled care is needed.

Credentialed professionals (such as RNs and physical therapists) provide *skilled care*. Examples are physical rehabilitation after an injury or surgery; wound care; and teaching how to manage medications, diabetes or heart disease.

Medicare does not pay for personal care unless the patient ALSO needs skilled care. Personal care (bathing and dressing) is typically provided by home health aides.

Medicare pays for care with new or worsening conditions. Once someone becomes *stable*, reaches their expected potential or is taught how to manage their own care, Medicare stops paying.

Medicare pays for equipment on a limited basis. Examples of *Durable Medical Equipment (DME)* are: walkers, wheelchairs, hospital beds and bedside commodes. There are specific criteria for payment associated with each item. If you meet the criteria, there needs to be a prescription submitted and in some cases, proof of *medical necessity*. The rules are often best explained by a Medicare-certified medical equipment provider.

Examples of things Medicare does NOT pay for:

Assisted Living Facilities, hearing aids, shower chairs, bathroom grab bars, non-emergency transportation, nursing home stays over 100 days and *custodial care* (on-going help with meals, cleaning, bathing, dressing, etc.).

Persons who have a *Medicare Advantage Plan* are entitled to the same services as provided under Medicare, but are subject to different *authorization requirements* and co-pays.

For more help understanding Medicare, use the new caregiver section of the Medicare website: www.Medicare.gov/caregiver/ or call a CHOICES Counselor at: 1.800.994.9422.

CAREGIVER TIPS: TAKING OVER FINANCIAL MATTERS

- After consulting with a lawyer and thoroughly understanding your obligations, obtain a Power of Attorney. A POA will give you the legal authority to manage the finances.
- Find out where financial records are kept and organize the files.
- Develop a list of all bank accounts, investments, loans, credit cards, pension, and insurance policies.
- Learn about monthly income and bills.
- Be aware of financial commitments.
- Strive to maintain the dignity of your relative as their ability to manage affairs changes. Include them as much as possible.
- Be flexible as circumstances change- what worked before may not work now.
- Be sure that all insurance policies have the correct beneficiaries listed.
- Consolidate credit cards. Notify the source and destroy the card.
- Use convenient direct deposit, automatic and internet bill paying options.
- If your relative is prone to poor decisions, get a P.O. box and re-route bills and important documents there. Use a cell phone for important calls, rather than the home number.
- Depending on your personal situation, get ongoing help from a lawyer, accountant or financial planner.

QUOTABLE QUOTE

The day after tomorrow is the third day of the rest of your life
- George Carlin

AS A FAMILY CAREGIVER...

WHAT ARE YOUR MAIN CONCERNS?

Let us know by contacting Jane Olson at 203.458.4259 or email JOlson@vna-commh.org.



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JOIN US!

Integrative Therapies Kick-off Event

Sat., May 9th, noon - 6 p.m. & Wed. May 20th, 5 - 8 p.m.

Sample new services offered by LifeTime Solutions

20 min. sessions of Massage, Reiki and Reflexology

\$10 donation to benefit the Connecticut Food Bank

To register or for details

203.458.5990 or 860.388.4455

LTScare.com



The Caregivers' Corner

