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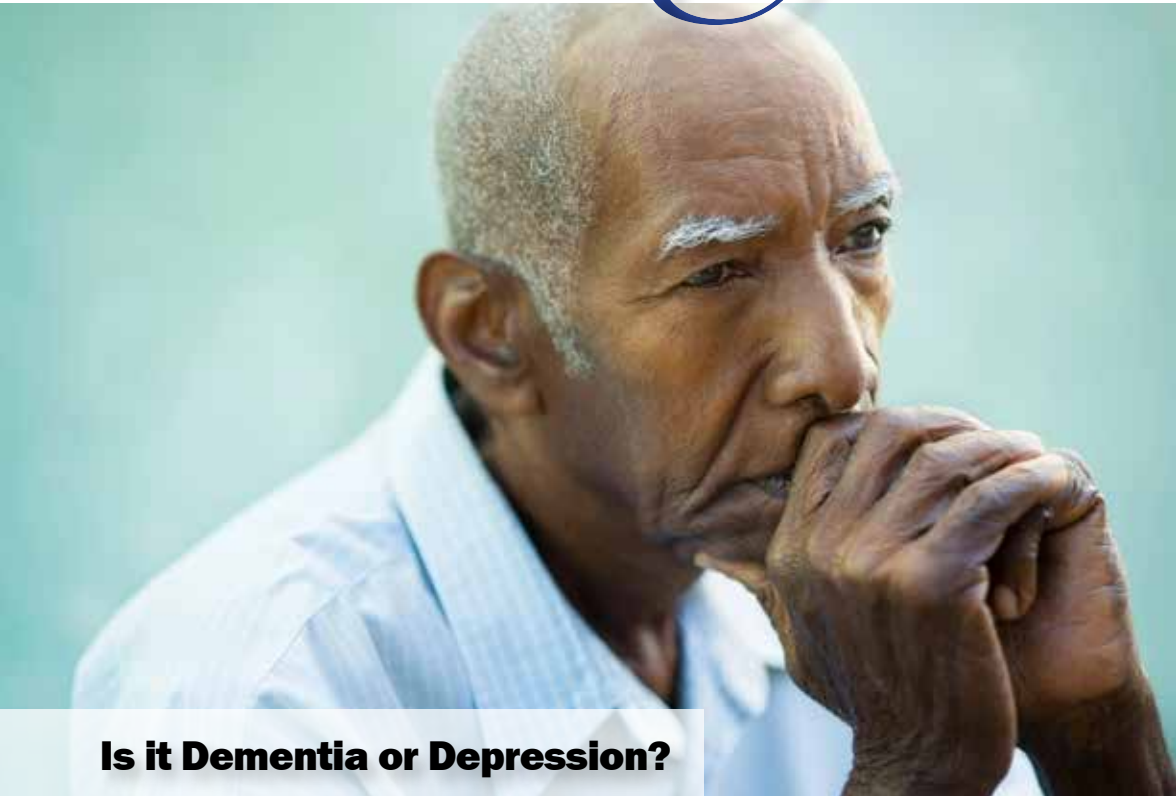


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Is it Dementia or Depression?

In older adults who experience intellectual decline, it's sometimes difficult to tell whether the cause is dementia or depression. Both disorders are common in later years, and each can lead to the other.

Depression in the elderly can also lead to a phenomenon called pseudo-dementia—an apparent intellectual decline that stems from a lack of energy or effort. People with this problem are often forgetful, move slowly, and have low motivation as well as mental slowing. They may or may not appear depressed. This syndrome responds well to treatments for depression. As mood

improves, a person's energy, ability to concentrate, and intellectual functioning usually return to previous levels.

Although depression and dementia share certain traits, there are some differences that help distinguish one from the other:

Decline in mental functioning tends to be more rapid with depression than with Alzheimer's or another type of dementia.

Unlike people with Alzheimer's, people with depression are usually not disoriented.

People with depression have difficulty concentrating, whereas those affected by

Alzheimer's have problems with short-term memory.

Writing, speaking, and motor skills aren't usually impaired in depression.

Depressed people are more likely to notice and comment on their memory problems, while those with Alzheimer's may seem indifferent to such changes.

Since there is no simple test that can

reveal whether someone has depression or dementia, treatment is often worth trying. If depression is at the root, treatment can produce dramatic improvement.

Harvard Health Publishing



Geriatric Care Managers Advocate for Older Adults — and Their Caregivers

With changing times come changes in the way we care for our elders. In the past, extended families often shared the job of tending to older loved ones. These days, families may live farther apart, and the responsibility for care can fall on one overwhelmed family.

The good news is that geriatric care managers can help.

These professionals, sometimes called aging life care managers, are usually licensed nurses or social workers trained in caring for older adults. They act as private advocates and guides for family members who want to ensure their loved one is in the best hands, and they generally serve clients and families

whose incomes are too high to qualify for publicly financed services.

“Caring for a senior can often be an overwhelming process,” says Cathryn A. Devons, an assistant clinical professor of geriatrics and palliative medicine at Mount Sinai Hospital in New York City. “Geriatric care managers seek to make the process easier by serving as an advocate or counselor — taking the pressure off of family members who often have other commitments, such as parenting and workplace responsibilities.”

As the population ages — the number of Americans age 65 and older is projected to nearly double to 95 million by 2060, according to the Washington,

D.C.-based Population Research Bureau — the number of caregivers needing help will likely increase as well. The COVID-19 pandemic accelerated the trend, according to geriatric care managers, who report more families turning to them for assistance.

“Seniors were in their homes and not getting out and about, and their functioning really declined,” says Debra Feldman, board president of the Aging Life Care Association, a professional organization for geriatric care managers. “What we’re encountering now are the adult children seeing their parents who declined so much.”

The association, formed in 1985 and based in Tucson, Arizona, has more than 2,000 care managers as members.

How geriatric care managers can help

Many care managers started out in nursing, occupational therapy, physical therapy or social work, often with a focus on geriatrics, and decided to switch careers to meet clients’ needs for broader care services, Wagner says.

Keep in mind that many people can refer to themselves as care managers without having the proper qualifications, so check carefully.

What they do now is a range of assessments and coordination of care. Initial assessments of clients and their living situations largely moved online when the pandemic struck, but that was far from ideal, Feldman says, and managers have mostly resumed in-person visits.

Establishing a human connection with care recipients and caregivers is a big part of what care managers do, she says. Plus, an in-person assessment can reveal details that aren’t always captured on a screen, such as rugs that might be tripping hazards.

Along with assessments, other care management services may include:
Evaluating, arranging for and monitoring hired caregivers such as home health aides.
Coordinating medical appointments and arranging transportation.
Identifying social services and programs

that could help the care recipient. Making referrals to financial, legal or medical professionals and suggesting ways to avert problems.

Explaining complex or difficult topics to care recipients and their families.

Creating short- and long-term care plans that could include assisted living or a rehab center.

Acting as a liaison to families who may be hundreds of miles away.

Answering questions and addressing emotional concerns of caregivers and their loved ones.

Arranging for relief or respite care for stressed-out caregivers.

“The manager ensures that the senior’s personal and practical needs are met and can help with more mundane tasks, freeing up family members so that they can enjoy more quality, stress-free time with their loved one,” Devons says. “Very often, we see geriatric care managers become a much-valued part of the family.”

Count on paying out of pocket

The cost of an initial assessment can vary widely by region, says Julie Wagner, CEO of the Aging Life Care Association. Hourly rates for ongoing services range from \$125 to \$250 per hour.

Some care managers also charge for long-distance calls, mileage and travel time. Be sure to find out about these billing details and get them in writing before you agree to the services.

Neither Medicare nor Medicaid will pay for geriatric care management services. Long-term care insurance may cover some of the costs of care coordination, but most private insurance policies, including Medigap and Medicare Advantage plans, do not.

You may be able to get help from your workplace, Wagner says. Some employee assistance programs cover some geriatric care management fees because the services a manager provides can help family caregivers stay focused on their paying jobs and miss less work time.

Roughly 3 out of 5 family caregivers work full or part time, and of that group, more than half report having to go in

late, leave early or take time off from their job to attend to caregiving responsibilities, according to a 2020 study by AARP and the National Alliance for Caregiving.

Check references and credentials

Unlike medical doctors and registered nurses, geriatric care managers don't have state-level license requirements. But because many started in health care or social work, they often maintain certifications in their original field.

Two nonprofit organizations, the Commission for Case Manager Certification (CCMC) in Mount Laurel, New Jersey, and the National Academy of Certified Case Managers (NACCM) in

Tucson, Oklahoma, offer certification programs. Both require specialized degrees, experience and successful completion of an examination.

Those who fulfill CCMC requirements become certified case managers and must renew the certification every five years, a process that requires continuing education and another exam. Those who satisfy NACCM requirements become certified care managers. They must renew every three years and meet continuing education requirements.

Source: Aging Life Care Association



How Is Home Health Care Different From Personal Care?

The terms home health care and home care sound alike. When you or a family member need support at home, it's essential to understand the difference. That one word—health—signifies that home health care is medical in nature. Care typically begins with a doctor's prescription for at-home

support provided by licensed medical professionals.

The visiting health care team may include registered nurses, licensed practical nurses, therapists, medical social workers, or home health aides. They are trained to help people regain strength, maintain independence, and prevent unplanned

emergency care or rehospitalizations. Understanding the difference between home health care vs. personal care is crucial so that you or your loved one receives the care they need.

What Is Home Health Care?

Home health care is sometimes called skilled home health or medical home health. It is at-home support for people discharged from a hospital or skilled nursing facility who cannot safely travel to a doctor's office or clinic. It can also be prescribed for rehabilitation after a fall, other injuries, or chronic severe health conditions.

Home health care can include:

- Administering prescription medicines, including IVs
- Fall prevention and mobility assessments
- Medical assessments
- Monitoring health status
- Physical and occupational therapy
- Wound care

Most home health care services are covered by insurance. When prescribed by a doctor, home health visits are generally covered by Medicare, veterans benefits, and some long-term care or private insurance policies. Medicare pays up to 20% of the cost for durable medical equipment approved in a care plan. It does not pay for 24-hour care at home.

What Is Home Care?

Home care is non-medical and does not require a doctor's referral. It supports people who need help maintaining their independence and daily routines at home. The non-medical care staff doesn't provide wound care or dispense prescription medications. However, they can offer medication reminders and inform families about general wellness.

Most non-medical home care is private pay. Some long-term care policies, Medicaid or Medicare Advantage (part D) plans, include home care benefits. War-time veterans, 65 years and older, may be covered by the Aid and Attendance benefit from the Department of Veteran Affairs.

Home Health Care Vs. Personal Care

Home health care does not provide physical assistance. Caregivers might perform light housekeeping, meal preparation, shopping, or transportation. An important task is enabling seniors to maintain social connections and activities that preserve their quality of life.

While personal care includes the duties of companion care plus in-depth, hands-on support, caregivers help with the activities of daily living, including assistance with bathing, feeding, dressing, grooming, and incontinence care. Personal care is sometimes referred to as "custodial" or skilled nursing home care. Many states require personal care staff to have the training and continuing education.

In summary, home health care focuses on medical needs and is covered by insurance. In contrast, home care assists with basic daily activities and may be private pay or covered by insurance.

Home Health Care Vs. Companion Care

Choosing home health care or companion care for yourself or a loved one can be daunting. It is important to weigh the pros and cons of each type of service. Home health care gives the individual access to a range of experienced professionals, including nurses and physical therapists, who provide personalized medical services in the home to help promote recovery and stability.

On the other hand, companion care provides companionship and safety at home as well as light household tasks such as meal prep, laundry, and shopping assistance. This type of home care centers around offering supportive encouragement to patients while they manage their daily activities and routines. Some benefits of home health care include:

- Access to experienced professionals who provide medical oversight and support
- Individualized medical services tailored to your needs

Your unique home-care needs should ultimately guide your decision between home health care and companion care.



Memory loss: 7 Tips to Improve Your Memory

Can't find your car keys? Forget your grocery list? Can't remember the name of the personal trainer you liked at the gym? You're not alone. Everyone forgets things once in a while. Still, memory loss is nothing to take lightly.

Although there are no guarantees when it comes to preventing memory loss or dementia, some activities might help. Consider seven simple ways to sharpen your memory. And know when to get help for memory loss.

1. Be physically active every day

Physical activity raises blood flow to the whole body, including the brain. This might help keep your memory sharp.

For most healthy adults, the Department of Health and Human Services recommends at least 150 minutes a week of moderate aerobic activity, such as brisk walking, or 75 minutes a week of vigorous aerobic activity, such as jogging. It's best if this activity is spread throughout the week. If you don't

have time for a full workout, try a few 10-minute walks throughout the day.

2. Stay mentally active

Just as physical activity keeps your body in shape, activities that engage your mind help keep your brain in shape. And those activities might help prevent some memory loss. Do crossword puzzles. Read. Play games. Learn to play a musical instrument. Try a new hobby. Volunteer at a local school or with a community group.

3. Spend time with others

Social interaction helps ward off depression and stress. Both of those can contribute to memory loss. Look for opportunities to get together with loved ones, friends and other people, especially if you live alone.

4. Stay organized

You're more likely to forget things if your home is cluttered or your notes are in disarray. Keep track of tasks, appointments and other events in a note-

book, calendar or electronic planner. You might even repeat each entry out loud as you write it down to help keep it in your memory. Keep to-do lists up to date. Check off items you've finished. Keep your wallet, keys, glasses and other essential items in a set place in your home so they are easy to find.

Limit distractions. Don't do too many things at once. If you focus on the information that you're trying to remember, you're more likely to recall it later. It also might help to connect what you're trying to remember to a favorite song or a familiar saying or idea.

5. Sleep well

Not getting enough sleep has been linked to memory loss. So has restless sleep and sleep that gets disturbed often. Make getting enough healthy sleep a priority. Adults should sleep 7 to 9 hours a night on a regular basis. If snoring disrupts sleep, make an appointment to see your health care provider. Snoring could be a sign of a sleep disorder, such as sleep apnea.

6. Eat a healthy diet

A healthy diet is good for your brain. Eat fruits, vegetables and whole grains. Choose low-fat protein sources, such as fish, beans and skinless poultry. What

you drink also counts. Too much alcohol can lead to confusion and memory loss.

7. Manage chronic health problems

Follow your health care provider's advice for dealing with medical conditions, such as high blood pressure, diabetes, depression, hearing loss and obesity. The better you take care of yourself, the better your memory is likely to be. Regularly review the medicines you take with your health care provider. Some medicines can affect memory.

When to get help for memory loss

If you're worried about memory loss, make an appointment with your health care provider. If memory loss affects your ability to do your daily activities, if you notice your memory getting worse, or if a family member or friend is concerned about your memory loss, it's particularly important to get help.

At your appointment, your provider likely will do a physical exam and check your memory and problem-solving skills. Sometimes other tests may be needed too. Treatment depends on what's causing memory loss.

By Mayo Clinic Staff

EMPLOYEE OF THE MONTH

Independent You is committed to providing compassionate and high-quality care for our clients.

We feel our caregivers are truly the best and are one of the reasons for our success here at Independent You.

We would like to recognize **Deysis B.** as our October Caregiver of the Month. Deysis has been with the agency for many years and consistently continues to be an asset to the company and her clients. She has a passion for assisting and supporting the needs of her clients and brings a positive attitude to everything she does.

Congratulations to Deysis and we are fortunate to have her as part of our Independent You team. Thank you, Deysis!





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